

UNITAID/EGPAF Catalyzing Pediatric TB Innovations (CaP TB)

Unitaid/EGPAF



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Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

EGPAF's Reach and Impact

With offices in 15 countries, EGPAF's global team of experts provides technical support in areas including TB and TB/HIV, HIV testing, pediatric and adult care and treatment, PMTCT, laboratory services, community engagement, strategic information and evaluation, and health systems strengthening.

As of December 2016:

- EGPAF has reached **over 26 million** pregnant women with services to prevent transmission of HIV to their babies.
- Over **1 million people** are currently on ART, including over **80,000 children**.
- More than **1.7 million** pregnant women have received antiretroviral medications through our programs.
- Over **300,000** HIV infections were averted by EGPAF activities to prevent mother-to-child HIV transmission.
- EGPAF currently supports integrated health services in **nearly 6,000 sites**.



Project Country Map



India

India

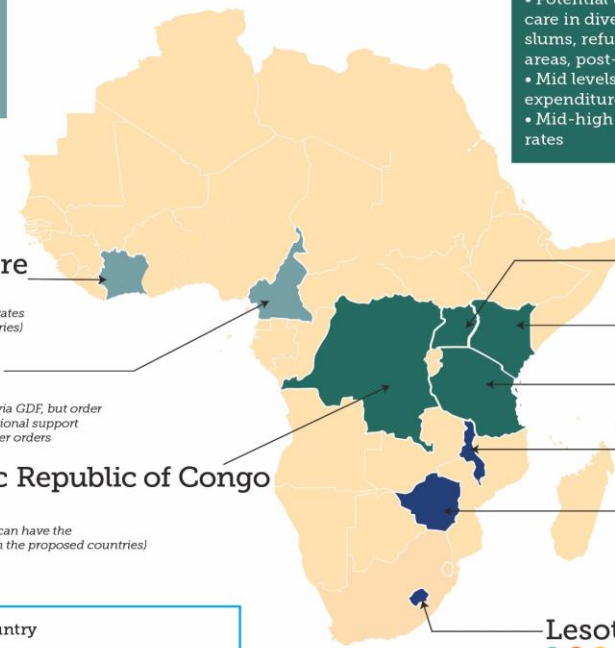
- Build model to integrate public and private responses to paediatric TB
- Producer of paediatric TB FL FDC

West Africa
(Cameroon and Cote d'Ivoire)

- Francophone countries
- Highly centralized pediatric TB services
- Comparatively lower TB/HIV co-infection rates
- Low private sector expenditure on health

East Africa
(DRC, Kenya, Tanzania, Uganda)

- Potential to demonstrate models of care in diverse settings (e.g. urban slums, refugee camps, decentralized areas, post-conflict settings)
- Mid levels of private sector expenditure on health
- Mid-high TB/HIV co-infection rates



Côte d'Ivoire

- Lowest HIV co-infection rates (from the proposed countries)

Cameroon

- Placed first order in 2016 via GDF, but order is for 2 months only, additional support is needed to plan for further orders

Democratic Republic of Congo

- Country where UNTAID can have the highest impact (YLS) (from the proposed countries)

Uganda Country where implementing CaP TB will be the least costly (from the proposed countries)

Kenya Most diverse settings (ie slums, refugee camps); only country to place order directly with the manufacturer for new FL FDCs

Tanzania Country where the cost per patient is potentially the lowest, but push is needed to accelerate submission of dossier for drug registration by manufacturers

Malawi Only country that hasn't yet ordered any FL FDC. Strong push is needed.

Zimbabwe Country where CaP TB will potentially reach the highest number of patients (from the proposed countries)

- EGPAF POC EID project country
- University of Bordeaux TB-SPEED project country
- Aurum Institute IMPAACT-TB project country
- High TB prevalence
- GDF 2nd tier country, where CaP TB funding will be allocated support GDF Technical Assistance
- Regional "locomotive"
- Engagement with private sector

Lesotho

EGPAF is the primary implementing partner for both CDC & USAID, ability to leverage current projects

Southern Africa
(Lesotho, Malawi, Zimbabwe)

- Comparatively high TB/HIV co-infection
- High private sector expenditure on health
- Strong prioritization of pediatric TB by national governments

Problem	<ul style="list-style-type: none"> • TB is a top 10 cause of death in children • 140,000 children die each year from TB 	<ul style="list-style-type: none"> • An estimated 1 million children require TB treatment per year • However, only 39% of all pediatric TB cases are diagnosed and reported 	<ul style="list-style-type: none"> • More sensitive, child-friendly diagnostic tools, improved capacity for clinical diagnosis, intensified case-finding strategies and improved reporting are required to bridge the gap 	<ul style="list-style-type: none"> • New child-friendly TB treatments are now available • But a number of barriers remain to ensure their in country uptake and scale-up
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Outline theory of change	<p>Input</p> <p>Potential Unitaid Financing</p>	<p>Output</p> <ul style="list-style-type: none"> • Implementation of innovative models of TB care and treatment • Generation of evidence for scale up • Enabling policy and regulatory environment • Sustainable scale up 	<p>Outcome</p> <ul style="list-style-type: none"> • Integration of innovative models of care • Improved case detection, treatment initiation and success in children • Country preparedness for scale-up of paediatric TB prevention and treatment 	<p>Impact</p> <ul style="list-style-type: none"> • Contribute to reduction in morbidity and mortality from TB in children • Cost and health system efficiencies from early case identification
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Key success factors	<ul style="list-style-type: none"> • Improvements in the evidence base around improved case finding for pediatric TB • Improvements in the evidence base around pediatric treatment outcomes • Integrating pediatric TB care into other health service pathways and decentralization of capacity to deliver and manage pediatric TB care • Expanded use of existing diagnostic tools, in light of a weak innovation pipeline for new diagnostic technologies • Adoption and use of new fixed dose combinations, i.e., displacement of old formulations
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