Tracking progress towards SDG Target 3.3 and other SDG targets that impact the TB epidemic is critical for building accountability and advancing the TB response.
Moderator: Jaap Broekmans, Chair, WHO Global Task Force on TB Impact Measurement

Panellists:
- Myint Htwe, Minister of Health and Sports, Myanmar
- Chitalu Chilufya, Minister of Health, Zambia
- William Ndoleriire, Assistant Commissioner, Ministry of Finance, Planning and Economic Development, Uganda
- Davaajantsan Sarangerel, Minister of Health, Mongolia
- Yelzhan Birtanov, Minister of Healthcare, Kazakhstan
- Pak Myong Su, Vice Minister of Health, Democratic People’s Republic of Korea
- Álvaro Terrazas Peláez, Vice Minister of Health and Promotion, Bolivia
- Jose Miguel de la Rosa, Undersecretary, National Economic and Development Authority, Philippines
- Kitty van Weezenbeek, Executive Director, KNCV Tuberculosis Foundation
Accelerate case detection with the outreach initiatives for hard to reach populations such as ethnic minorities, urban poor and prisoners

Stronger tie with private sector with mandatory case notification by law and universal access to DST

First workshop on Multi-sector engagement to enhance supports to TB and MDR-TB care and control to prevent catastrophic payment
MONITORING AND EVALUATION

Key Actions

HONOURABLE DR. CHITALU CHILUFYA, MP
MINISTRY OF HEALTH-ZAMBIA

e-health is now an integral part of the 7th National Development Plan

Implementation of the e-Health Strategy

Measures are in place to capture key variables Vital Registration with Verbal Autopsy (SAVVY)
Enhanced TB case findings initiatives underway to find TB Special outreach initiatives prioritizing most at risk groups – HIV pos, Children, slum dwellers, private sector involvement.

Investments in X-rays

Parliamentary caucus for TB launched expected to advocate for TB, TB/HIV services and funding

National Coordination committee for TB - Top MOH level
National coordination committee for TB/HIV in Place - TB/HIV program level

Integration of TB/HIV /MRACH to form one stop shop for TB services
Key Actions

- Systematic TB screening among high risk groups
- Strengthening multi-sectoral collaboration at the national and local levels
- Improve the electronic case-based reporting and recording system and increase capacity for data use and analysis at all levels
Key Actions

FINANCING: introducing sensitive reimbursement to cover real costs -> better access to quick diagnostic tests for MDR TB & effective medicines for MDR TB

HUMAN RESOURCES: improving training of health professionals, introducing multidisciplinary teams, motivation to participate in TB surveillance

STANDARDIZED CARE: based on National TB Register data, changed TB diagnosis algorithm and TB treatment schemes

INFRASTRUCTURE: integrating TB inpatient facilities vertically with national TB center and horizontally with primary care & intersectoral – prisons, migrants
Establishment of intranet-based national electronic surveillance system for TB case notification and management

Strengthening multi-sectoral approaches with other government authorities and health programs

Strengthening active case finding to find out more missing cases especially in adult smokers, the elderly by optimizing algorithm
The TB Law shall be the mandate for all care providers, including the private sector.

Legislation and PhilHealth Insurance shall ensure quality in private sector.

Evidence on true burden of TB necessitates immense collaboration across all sectors.
Key Actions

Measure with pleasure, for context specific strategies, advocacy and accountability

Include the private sector and public hospitals in ‘win-win’ TB data collection

Accept and prepare for the cost per patient to rise with decreasing incidence
In Bolivia there are 9 Social Security Institutions that cover 37% of the population. Probably 7% of TB cases are captured by Social Security.

Social security has its own information systems, which are not compatible with the Ministry's national system. This leads to a lack of knowledge of the true national incidence of TB.

The Ministry has decided to create a new Single Health Information System with the following characteristics: to concentrate and analyze the information generated by each health sub-sector, in the context of mandatory compliance regulations. It is expected that by 2020 all subsectors will be incorporated into this System.
Together we will END TB