UNITAID/EGPAF
Catalyzing Pediatric TB Innovations (CaP TB)

Unitaid/EGPAF
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

West Africa (Cameroon and Côte d’Ivoire)
- Francophone countries
- Highly centralized pediatric TB services
- Comparatively lower TB/HIV co-infection rates
- Low private sector expenditure on health

Côte d’Ivoire
Lower TB/HIV co-infection rates (from proposed countries)

Cameroon
Placed 2nd order in 2006 via GDF, but order in 2007 is lower; requires additional support to place order directly with the manufacturer for new FL TDC

Democratic Republic of Congo
- Country where UNITAID can have the highest impact (USAID proposed countries)

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

Uganda
Country where implementing CapT TDF will be the least costly (from proposed countries)

Kenya
Most cheering settings to donors; refugee camps; only country to place order directly with the manufacturer for new FL TDC

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

Malawi
Only country that hasn’t yet ordered any FL TDC; strong push is needed

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

Southern Africa (Lesotho, Malawi, Zimbabwe)
- Comparatively high TB/HIV co-infection rates
- High private sector expenditure on health
- Strong prioritization of pediatric TB by national governments

Lesotho
EID project country
- University of Bordeaux TB-SPEED project country
- Aurum Institute DFACCT-TB project country
- High TB Prevalence
- GDF 2nd tier country, where CapT TB funding will be allocated support GDF Technical Assistance
- Regional "locomotives"
- Engagement with private sector
<table>
<thead>
<tr>
<th>Problem</th>
<th>Input</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
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| • TB is a top 10 cause of death in children  
  • 140,000 children die each year from TB | • Implementation of innovative models of TB care and treatment  
  • Generation of evidence for scale up  
  • Enabling policy and regulatory environment  
  • Sustainable scale up | • 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 | • Contribute to reduction in morbidity and mortality from TB in children  
  • Cost and health system efficiencies from early case identification |

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<tr>
<th>Outline theory of change</th>
<th>Potential Unitaid Financing</th>
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| • 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 |