Global Fund Strategic Framework: Investing for Impact

M&E: Capturing data to improve services

Workshop to Scale Up the Implementation of Collaborative TB/HIV Activities in Africa
10-11 April, 2013; Maputo, Mozambique
TB Burden: Global & Regional

Global:
- Estimated 8.7 million TB cases globally in 2011 (13% co-infected with HIV)
- 1.4 million deaths; 30% among those who were HIV positive

Regional: Africa
- 26% of the incident cases (2.3 million)
- 39% of incident TB cases are HIV positive
- 22% of the TB deaths (excluding deaths among HIV positive TB cases)

Sub-Saharan Africa
- Includes 8 of the 22 high burden countries
- In addition, Swaziland, Lesotho, Namibia, Botswana, Zambia have one of the highest TB incidence rates, driven by HIV epidemic
Trends in TB Burden

**Global**

- Reduced incidence and mortality trends in all regions
  - European and African Region yet not on track to halve 1990 levels of mortality by 2015

- Wide uncertainty over estimates of burden in African Region

- Vital Registration systems weak
  - Even hospital reporting of mortality weak/not analyzed

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**African Region**
DOTS Expansion: Case Notification

Ex. Case notification Trends

- Case notification trends in most countries in region - flat or declining
- In absence of good estimates of burden, difficult to diagnose the reasons for observed trends
- Need for data driven appropriate and targeted strategies for improving case notification
- Linking investments to expected outcomes
  - Ex. Community mobilization

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<tbody>
<tr>
<td>CDR %</td>
<td>72%</td>
<td>81%</td>
<td>34%</td>
<td>76%</td>
<td>69%</td>
<td>73%</td>
<td>50%</td>
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<td>(low-hi estimates)</td>
<td>(55-96%)</td>
<td>(78-85%)</td>
<td>(25-49%)</td>
<td>(71-81%)</td>
<td>(57-86%)</td>
<td>(66-81%)</td>
<td>(40-65%)</td>
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Challenges in TB control Programs in the Region

• Weak estimates of burden
  – On-going efforts - TB prevalence surveys

• High rates of TB/HIV co-infection
  – Low coverage rates for ART in co-infected
  – Inadequate information on HIV cases tested for HIV ????
  – Monitoring of treatment outcomes among TB/HIV co-infected ????

• Stagnating case notification rates
  – Weak health systems – inadequate access ??
  – Variable quality of implementation of community DOTS
  – Role of private sector uncertain?? (outside the national notification systems)

• Assessment of quality of surveillance system and quality of program implementation
  – Need for institutionalizing periodic data quality audits and program reviews
TB/HIV Collaborative Services

- Generalized HIV epidemic in all countries in the region
- Very high co-infection rates among those tested
- Major scale-up in screening of TB patients for HIV since 2005
- Initiation of TB/HIV co-infected on CPT is high
- Initiation of TB/HIV co-infected on ART is sub-optimal
  - Ranging from 29% - 67%

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<tr>
<td>HIV Pr %</td>
<td>1.3%</td>
<td>6.3%</td>
<td>11.5%</td>
<td>5.6%</td>
<td>7.3%</td>
<td>13.5%</td>
<td>14.3%</td>
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<tr>
<td>% tested positive for HIV</td>
<td>8%</td>
<td>39%</td>
<td>63%</td>
<td>38%</td>
<td>53%</td>
<td>64%</td>
<td>60%</td>
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Data Gaps in TB/HIV

Well established systems for TB recording and reporting systems for monitoring TB/HIV collaborative activities: **GAPS DO EXIST**

- **TB programs**
  - CPT coverage high (data quality issues)
  - ART coverage sub-optimal
  - 8/14 countries do not report disaggregated treatment outcomes by HIV status

- Insufficient information to monitor the 3 “I”s of TB/HIV Strategy
  - Intensified TB case finding
    - 9/14 countries report on screening of TB among HIV patients
    - However, reporting completeness is grossly sub-optimal
  - Isoniazid preventive therapy
    - 5/14 countries reporting on IPT
  - Infection control for TB
    - Weak monitoring indicators

- Weak linkages with HIV program to assess overall performance
Why do we need comprehensive data?

• To measure trends in disease burden and assess progress towards MDG

• To assess programmatic performance and make investment decisions
  – Assess coverage and outcomes
  – Link investments to measurement of outcomes/coverage
  – PBF will focus on coverage/outcome/impact
    • Moving away from lower level indicators - process/input

• To improve planning, targeting and budgeting of programs and grants

• To mobilize resources at country and global level
Actions initiated

- New evaluation strategy agreed by TERG*, June 2012
- Coordinated effort and Joint Work program with WHO to strengthen investments in M&E systems (health sector, TB, HIV, malaria)
  - On-going engagement globally and at country level with PEPFAR, GAVI and World Bank to coordinate efforts for strengthening investments in data system
- Systematic assessment of routine surveillance and M&E capacity linked with M&E investment plans
- Building on ongoing programme reviews and evaluations together with partners to improve assessment of program performance and impact

* Global Fund's Technical Evaluation Reference Group
Thank you