

Objectives

- Facilitate country adoption and uptake of digital adherence technologies
- 2. Generate crucial evidence for optimal use and scale

3.

4.

- Address global market access barriers for digital adherence technologies
- Engagement sharing knowledge, stakeholder engagement globally and in-country



Objectives

- 1. Provide **technical assistance** to NTPs for the introduction and scale up of DATs
- 2. Facilitate global collaboration through the DAT Task Force to address aspects related to Implementation, Evidence, Policy & Funding, Market Access, Innovation



TBIPLUS

FINANCIAL SECURITY

- Nutrition
- Travel costs to facility
- Job retention
- Out of pocket expenses for treatment

MEDICAL CONDITION

- Side effects
- Psychological condition (clinical diagnosis)
- Co-morbidities / co-infections
- BMI
- Condition deteriorating?
- Length of treatment

PRACTICAL CIRCUMSTANCES

- Distance to healthcare facility
- HCF opening hours
- Patient working hours
- Family responsibilities

HEALTHCARE SYSTEM CAPACITY

- Patient follow-up and adherence support
- Education

FACTORS INFLUENCING SUCCESSFUL TREATMENT COMPLETION

STIGMA

- Self-stigma & enacted stigma
- Community and cultural messaging
- Psychological condition (depression; anxiety)
- Cultural norms for health-seeking

SUPPORT

- Social support
- Healthcare system provided support
- Level of adherence support
- Level of community support/advocacy (normalize treatment; previous TB champions; peer support)
- Psychological condition (depression; anxiety)

EDUCATION

- Overall level of education
- TB treatment and care related education for care providers
- TB related education for PwTB (side effects; treatment duration; infectiousness; adherence; cause; prognosis)

PSYCHOSOCIAL / MENTAL STATE

- Pill taking behaviour
- Frame of mind
- Motivation to seek care and complete treatment
- Support (financial and emotional)
- Depression; anxiety; alcoholism; drug addiction; etc



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PwTB as victims



PwTB | Persons affected (families; communities) | HCPs & CHWs

VICTIM

- Feels persecuted, oppressed, powerless & at the mercy of life's circumstances
- Problem-oriented
- Limited capacity or willingness to make decisions, solve problems

KNCV

TB|PLUS

EXAMPLES FROM FORTUNE 500 COMPANIES

Microsoft CEO: Satya Nadella at company all-staff Q&A meeting Employee: 'when will Microsoft gain market share and traction in the mobile space?'' Nadella: **'When we build something customers want'**

T-Mobile former CEO John Legere *'Listen to your employees, listen to your customer, [be quiet], and do what they tell you'*

KNCV

'What do you need to complete your treatment?'



PwTB as creators

- ✤ Solutions-oriented
- Take responsibility for choosing their response
- Owns power to choose and respond
- Focus on resolving the difference between current reality and envisioned goal / outcome

CREATOR

PwTB | Persons affected (families; communities) | HCPs & CHWs

- 'How will you do it?'
- Sees the creator as capable of making choices and of solving their own problems
- Ask questions intended to help individual to make informed choices & see possibilities for positive action

COACH

NTPs | Expert agencies | NGOs / CSOs | Funders

THE EMPOWERMENT DYNAMIC

- A person (or situation) that forces the creator to clarify their needs
- Evokes / provokes action

CHALLENGER



TB disease | Medication and Treatment Duration | Socio-economic circumstances | Community

Moving from a patient mindset to a customer mindset

Hypothesis:

If we change our narrative and approach, to *innovate for optimal adherence*, away from patient (victim of circumstance) to a *customer (creator) who knows what they want and need* to remain adherent and complete treatment, then we would *collaboratively create interventions* that *enable adherence* in a *holistic, targeted and relevant way*, with the ultimate impact of *avoiding resistance to new TB regimens*, and more *comprehensive guidance from WHO* on supporting adherence.