



Technical support for the Management of Drug-Resistant TB in the African region

Introduction of shorter regimens

- WHO recommended shorter, all-oral treatment regimens could be game-changers in the fight against multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB).
- Countries started the programmatic introduction of these regimens. However, the uptake of these shorter regimens is still low.
- Development of an implementation plan is necessary to support and guide a smooth introduction of the WHO recommended shorter regimens.

Our role in the fight against DR-TB

- KNCV Tuberculosis Foundation (KNCV) and Damien Foundation have a track record in designing and deploying integrated MDR/RR-TB care with proven health impact and propose an effective technical support package/model tailored to countries' needs for the rapid programmatic introduction of recent WHO recommendations.
- Both partners share the ambition to end DR-TB and the philosophy of putting people affected by TB disease at the heart of our action.
- Have an existing close collaboration with the Global Fund and many of its partners.

Advantages

- We have competencies, tools and evidence-based models readily at hand to deploy them and a wide geographical presence that enables us to act fast and transfer knowledge on a regional level.
- With our technical support, countries would take the lead (ownership) by adopting the available tools in their respective country settings to strengthen laboratory capacity, improve clinical monitoring and adverse event management, have an effective aDSM system in place, strengthen patient-centered care, and stigma reduction and prevention approaches.
- We intend to mainstream the latest DR-TB diagnosis, treatment, and care recommendations, whilst strengthening aDSM, people centered approaches, and the use of innovative technologies (digital adherence tools, ECG mobile devices and screening tests for Lzd adverse events) to give more autonomy to patients to play an active role in their treatment.

- We apply a holistic modular approach to provide short- or long-term TA based on and tailored to the respective countries' needs using our competencies and evidence-based model.

The main pillars of our approach are:

- Supporting a self-assessment and action planning with NTP and in-country partners using a self-assessment and planning tool
- With the self-assessment checklist and planning tool, countries will conduct a self-assessment of health facilities, national TB service provision and the respective stakeholders supporting Dr-TB management and care.
- Design a roadmap and a technical assistant plan based on the identified gaps and coordinate with respective stakeholders for an impactful intervention.
- The following modular package would be the basis to provide the required TA. The actual package will be redefined based on the country's needs and identified gaps.

- A) Training on clinical management for clinicians and treatment councils, support to adaptation of training materials, job aids, guidelines to accommodate the new regimens.
- B) Strengthening of aDSM as a collaboration between the NTP and the country's pharmacovigilance unit. Starting with a joint assessment of the current aDSM system and training needs, the module will contain joint planning for building up or strengthening the aDSM system, trainings tailored to the needs of the different health cadres involved, support to adjustment of paper/electronic surveillance systems, introduction of useful aDSM tools, SOPs etc. as required, as well as mentoring, on-the-job training, and supportive supervision. We will work with countries to establish clinical referral lines and discussion platforms to increase treatment safety. Together with the NTP and stakeholders, we will explore all possibilities of decentralizing aDSM and clinical laboratory monitoring to PHC level.
- C) Laboratory strengthening, especially for the management of DR-TB: implementation and expansion of testing for all people with rifampicin resistant strains for at least FQ resistance; capacity building for phenotypic testing for re-

sistance against Bdq, Lzd, Cfz, Dlm (and Pa); design and support to operationalization of sample transportation networks; and support to the planning and management of calibration, maintenance and repairs of the laboratory network, especially also regarding Xpert.

- D) Review and update of the national DR-TB guidelines for the introduction and scale-up of BPAL (M) and other all-oral short regimens as appropriate in the situation of the country.
- E) Assistance to the establishment and/or strengthening of collaboration with CSO's and representatives of affected communities for support to patients and their families, development/adjustment of capacity building materials to accommodate the new treatment regimens.
- F) All patients are to be offered a comprehensive care package, including food, reimbursement of transportation fees, and home visits for all patients in low-burden countries and selected patients in high-burden settings.
- G) Capacity building on stigma reduction and people centred care for all cadres of health staff; adaptation of the "Allies" approach to the country setting, training of trainers, technical assistance to implementation.
- H) If requested and in collaboration with the GDF, support countries in conducting drug forecasting using QuanTB, adjusting drug orders for the new regimens, and phasing out of older regimens/transitioning in the new regimens, and organizing procurement and supply chain management.
- I) Remote TA for implementation challenges and discussion of complicated clinical cases using digital technology platforms. This will be a platform where implementation challenges and difficult to manage cases can be presented to expert committees to have their opinion on the management to foster good clinical care and smooth implementation process.
- J) Review and update the existing TB surveillance systems and monitoring and evaluation frameworks to accommodate the post-2021 WHO definitions for TB cases and treatment outcomes.

