Proposal for filling data gaps for TB policy modelling

Session – Wed AM

- Focus on epidemiological and programmatic data gaps commonly encountered when models are used for country level resource allocation
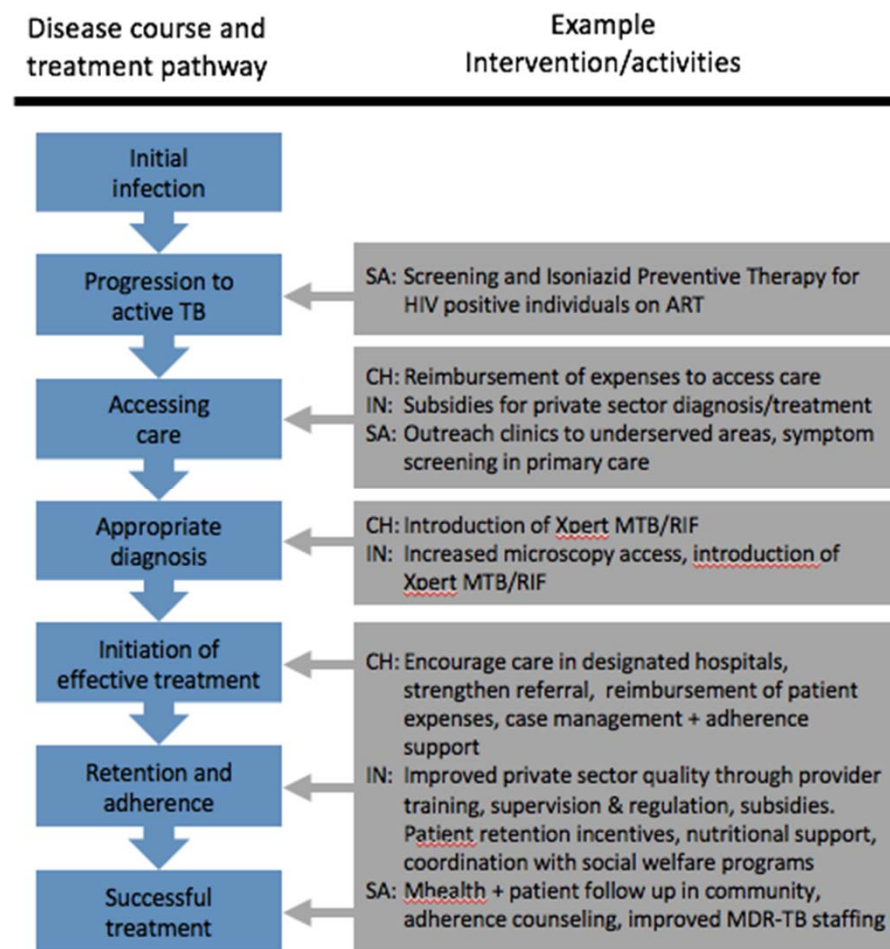
Objectives

1. Define common epi data gaps encountered during country-level TB modelling

2. Locate these data gaps within the more general field of programmatic data collection analysis and use

3. Discuss options for resolving data gaps to improve quality of model-based policy analysis

Draft Proposal

- Note: aim is to start/stimulate discussion
  - – your questions/comments/suggestions warmly invited

- Principles
  - <u>Get started</u>: urgent, well-recognised and persistent need to address data gaps to improve quality of model-based policy analysis
  - <u>Walking before running</u>: collate first, then make informed proposals for collection
  - <u>Go broad</u>: cover range of TB intervention and geographical areas

Phase 1: Data collation and mapping gaps

- Identify gaps along care cascade

- Collate existing data for those gaps
  - Reporting from/to funding organisations (e.g. GFATM grants)
  - Published literature
  - NTPs, NGOs
  - Local research activities (including modelling efforts)

- Analyse/process data for use in models

Disease course and treatment pathway	Example Intervention/activities
Initial infection	
Progression to active TB	SA: Screening and Isoniazid Preventive Therapy for HIV positive individuals on ART
Accessing care	CH: Reimbursement of expenses to access care IN: Subsidies for private sector diagnosis/treatment SA: Outreach clinics to underserved areas, symptom screening in primary care
Appropriate diagnosis	CH: Introduction of Xpert MTB/RIF IN: Increased microscopy access, introduction of Xpert MTB/RIF
Initiation of effective treatment	CH: Encourage care in designated hospitals, strengthen referral, reimbursement of patient expenses, case management + adherence support
Retention and adherence	IN: Improved private sector quality through provider training, supervision & regulation, subsidies. Patient retention incentives, nutritional support, coordination with social welfare programs
Successful treatment	SA: Mhealth + patient follow up in community, adherence counseling, improved MDR-TB staffing

Phase 1: Deliverables and coordination

- Deliverables Phase 1
  - Overview of data gaps – mapped onto TB Care Cascade (**TB MAC**)
  - Completed data gaps: collated and analysed/processed data in online repository/publication (**dedicated staff**)
  - Remaining key data gaps: Requests for Applications (**Phase 2**)

- Coordination
  - <u>Overall coordination</u> within modelling Stream within WHO-GTB Task force
    - Facilitate contact with agencies, countries
  - <u>Day to day management</u> by TB MAC
  - Align with ongoing efforts in countries, including TB modelling roadmap (high priority countries)
  - Align with WHO-GTB programme of work to coordinate in-country support efforts
  - Coordinate definitions and data structure with GHCC

Phase 2: Data collection

- Scale/resource need depends on remaining data gaps

- Decision on which Requests for Application are funded

- Send out RFAs, successful applicants deliver on data to fill gaps

Resource need

- Phase 1
  - 1.5 fte
  - 18 months
  - Include country visits for data collation
  - Approximately 300k USD

- Phase 2
  - Depends on type of data needed, number of countries

Questions

- Principles appropriate?
  - Get started
  - Collate before collect
  - Go broad (across care cascade, geography) in Phase 1

- Coordination mechanism

- Resource needs

Epi impact

Activity

Resource allocation

www.tb-mac.org