

Health Systems for Tuberculosis (HS4TB) Project



Photo Credit: Jenn Gardella/MSH

ABOUT THE PROJECT

Tuberculosis (TB) is the world's top disease killer. National TB programs need strong health systems to increase the effectiveness of their TB response and save lives. Launched in 2020, USAID's Health Systems for TB (HS4TB) project supports high TB burden countries with financing and governance strategies, tools, and approaches to achieve TB elimination goals. HS4TB ensures both that TB care and prevention approaches have a strong under-pinning in health system concepts, and that health system approaches are directly tied to improved TB outcomes.

Working in Bangladesh, Ethiopia, India, and Kenya, HS4TB has supported policy reforms for increased and improved domestic contracting of TB services, greater domestic financing, and more efficient use of resources. It has helped build in-country financial and managerial skills and leadership to implement these reforms. The project is also engaged in two global activities to strengthen sustainable financing for TB..



Representatives from the Tana River county of Kenya evaluate the pros and cons of a sample TB disbursement tracker developed by HS4TB. Photo credit: Andrew Carlson/MSH

Funded by USAID and implemented by Management Sciences for Health (MSH), HS4TB focuses on two objectives:

1. Increase the ability of health system actors to use health financing to drive effective achievement of improved TB outcomes.
2. Increase the effectiveness of TB governance by providing:
 - solutions for countries with decentralized governance
 - investment and allocation strategies that align with the local political landscape and meet the needs of modern TB service delivery
 - improvements in the coherence and communication between different actors

COUNTRY WORK

In Bangladesh, the project is supporting the government to design and implement a pathway for government-funded procurement of TB services through competitive contracting with non-government entities. The project assisted the government to develop a roadmap for establishing domestic contracting and to define a regulatory pathway. A pilot to test competitive contracting of TB services is being launched soon.



In Ethiopia the project assisted the national government in scoping an approach for cofinancing between national and subnational levels, and increased domestic financing for essential health services, including TB. This work has been documented in an inception report, a TB Domestic Resource Mobilization and Sustainability Roadmap, and policy briefs on the prospects for co-financing, and the implications for the TB program from the revision of the exempted health services package.

In India, the project is working with the Central TB Division and governments in five states to improve government contracting of private sector agencies and network intermediaries providing TB support services. Expected outcomes include, improved responsiveness to program needs, more timely contracting and payment processes leading to increased TB service coverage. HS4TB is also establishing innovative financing mechanisms to help TB support organizations access working capital and working with private employers and insurers to extend wage loss coverage to TB patients.

In Kenya, the project supported the National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P) to: develop a TB financing roadmap; assess the planning and budgeting capacities of county-level TB coordinators; develop a capacity-building plan and related training modules for county-level TB resource mobilization; institutionalize a TB financial resource tracking tool at the county level (as documented in this evidence brief); and assess the potential for contracting out selected TB services to private organizations (resulting in this guide for conducting such a process). Bringing together all of these elements, the processes and prospects for implementing the TB financing roadmap were outlined in this reference document.

GLOBAL WORK

HS4TB has published a technical report on the state of TB financing, the economic case for the TB response, and the interdependence between health and the economy.

HS4TB has conducted a study on current **approaches to establishing the contracting** of health services to non-state providers (by identifying promising legal, regulatory, policy, procedural and operational practices); this was then distilled into a policy primer. That policy primer forms the framework for a Collaborative on contracting, in which countries are learning from each other how to establish, improve, or expand contracting for TB and other health-related services. The Collaborative is a partnership between HS4TB and the Joint Learning Network for UHC (JLN).

Additionally, the project has launched a global TB Sustainability Index (TB FSI), a self-assessment tool comprising a set of indicators on various dimensions of TB financing and governance that will help countries assess and ensure sustainable financing of their TB programs. The TB FSI is being implemented in up to twelve high-burden TB countries; results from the assessment will be published in a global report.

To learn more about HS4TB,
scan the code below.

For questions related to the HS4TB project, please contact Kamiar Khajavi,
Project Director, HS4TB, MSH kkhajavi@msh.org or USAID TOCOR:
Cheri Vincent, cvincent@usaid.gov



This product is made possible by the generous support of American people through the US Agency for International Development (USAID) under contract award 7200AA18D00025, Task Order 7200AA20F00009. The contents are the responsibility of MSH and do not necessarily reflect the views of USAID or the US Government.