msh
Management Sciences for Health

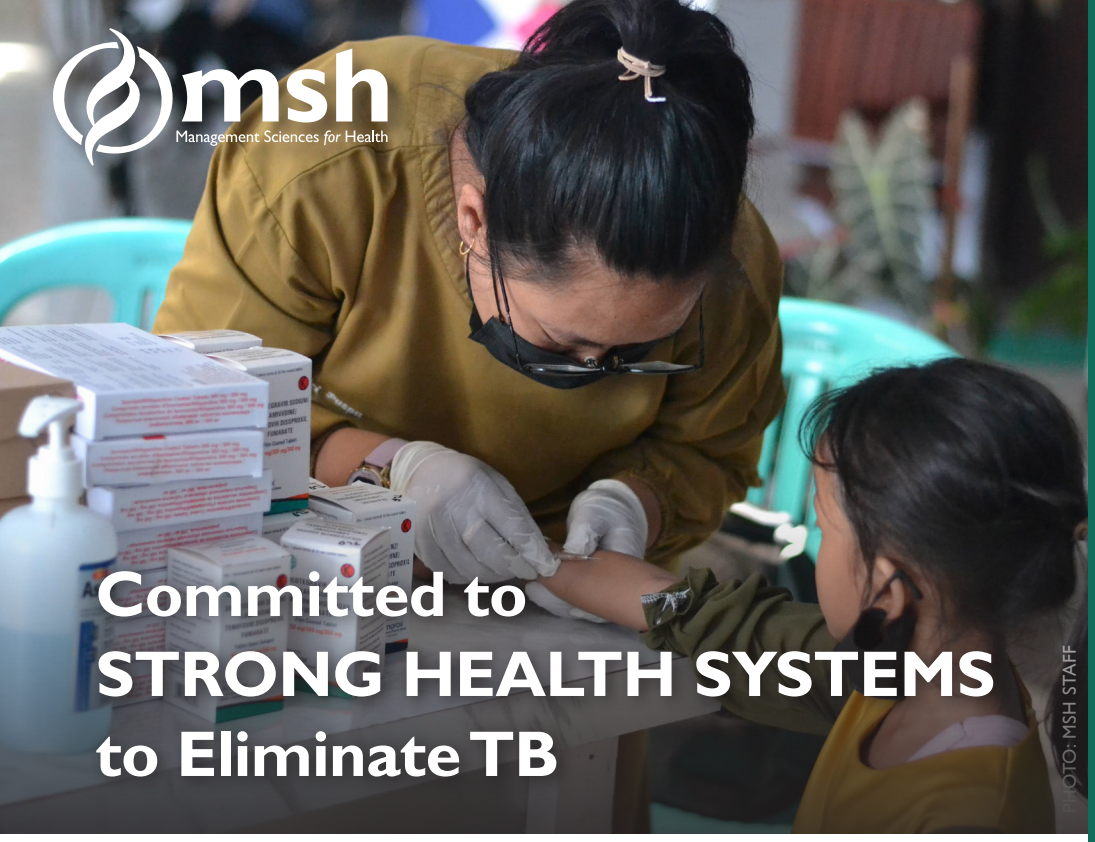

PHOTO: MSH STAFF

Committed to STRONG HEALTH SYSTEMS to Eliminate TB

Despite being largely preventable, treatable, and curable, tuberculosis (TB) still infects more than 10 million people and claims more lives than HIV and AIDS and malaria combined each year. The burden remains high among low-income and marginalized populations. With the combined threats of HIV, diabetes, and other chronic diseases, as well as the spread of multidrug-resistant TB (MDR-TB), the challenges of the disease are overwhelming national health systems.

Working together, governments, donors, the private sector, affected communities, and civil society organizations can fund and execute an accelerated response to end the TB epidemic. Management Sciences for Health (MSH) develops innovative strategies to bring diagnostic, preventive, and treatment services to high-risk populations—contacts; children; displaced persons; and those living with HIV, diabetes, or other diseases. We consistently apply evidence-informed knowledge and technical expertise to highly complex environments and fragile states where TB services are most desperately needed.

MSH works with international, national, and local partners to strengthen the capacity of health systems, national TB programs, and health managers to prevent the spread of TB and improve the lives of those affected by it. Better health system performance begins with inspired and inspiring leadership; sound management; and consistent, transparent governance. With more than 20 years of TB leadership, our approach strengthens health systems—building skills and sustainability, strengthening laboratory systems, ensuring continuous availability of medicines and supplies, integrating TB into HIV and other health services, bolstering local leadership and management, and sharing lessons learned when it comes to delivering TB services in conflict- and other shock-affected settings.

Scan our code for more information on MSH's TB work.

MSHHealthImpact
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MSH TB EXPERIENCES (CORE PROJECTS)

- Tamatisha TB (Kenya) (2024–2029)
- BEBAS-TB (Indonesia) (2023–2028)
- Eliminate TB Project (Ethiopia) (2020–2025)
- HS4TB (2020–2025)
- TB REACH (Ethiopia) (2018–2020)
- Challenge TB (2014–2019)
- TRACK TB (Uganda) (2013–2018)
- HEAL TB (Ethiopia) (2011–2018)
- TB CARE I (2010–2015)
- TB IQC (2009–2014)
- TB Control Assistance Program (2005–2011)

STRENGTHENING LAB CAPACITY

The **USAID Eliminate TB (ETB) Project** in Ethiopia, led by MSH, builds on contributions to Ethiopia's TB-control efforts that go back more than 15 years. Collaborating with long-time partner KNCV Tuberculosis Foundation and three local partners, we work to accelerate and sustain a decrease in TB incidence and demonstrate a pathway to eliminating TB in Ethiopia. A key component of the project's approach is working to increase patients' access to early TB diagnosis and treatment. To do so, the project focuses on expanding and improving laboratory services through state-of-the-art WHO-recommended molecular rapid diagnostic tests such as those done with GeneXpert machines. This sophisticated equipment delivers results in a matter of hours rather than the weeks needed to process microscopic tests, thereby enabling earlier treatment for patients and minimizing backlogs and increasing efficiency at high TB burden facilities.

STRONG LOCALLY LED SUPPLY CHAINS

In Ukraine, with support from USAID, our **Safe, Affordable, and Effective Medicines (SAFEMed) for Ukrainians Activity** (2017–2025) is helping ensure last-mile delivery of HIV, TB, and hepatitis medicines, even in war zones, while supporting long-term supply chain, procurement, and regulatory reforms. And in Kenya, through the USAID Tamatisha TB project, we are partnering with Centre for Health Solutions–Kenya, a local not-for-profit organization, to strengthen pharmaceutical management systems for TB commodities, improve quality of care for TB patients, enhance laboratory commodity management, and strengthen capacity and sustainability for TB control.

SUSTAINING SYSTEMS TO ENSURE PATIENT SAFETY

Access to effective and affordable TB treatments requires that countries have a well-functioning pharmaceutical system. Through the **USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program**, MSH has supported countries in reaching the global goal of ending TB by improving access to high-quality TB, drug-resistant TB, and TB/HIV services; preventing TB transmission and progression; strengthening TB service delivery platforms; and accelerating research and innovation.

In Bangladesh, MTaPS built on information systems and tools to increase data transparency and accountability, allowing for real-time stock tracking, accurate quantification, rational procurement, and uninterrupted supply to treatment sites. e-TB Manager was rolled out to all 868 TB sites to manage cases electronically. As a result, 80% of these sites began exporting data to DHIS2, the national health information system, which policymakers used to monitor and improve TB program performance. Transitioning from a paper-based system to e-TB Manager reduced reporting time from around two months to just a few minutes.

Pharmacovigilance (PV) comprises activities that detect, assess, and prevent medicine- or vaccine-related problems, including adverse effects after a product is on the market. In the Philippines, MTaPS supported the rollout of a PV monitoring system to 199 facilities and trained and mentored their staff to track TB medicines, resulting in more than 500 adverse events reported and causality assessments conducted.

WHERE MSH WORKS TO ELIMINATE TB

Over the past few decades, MSH has worked with partners to introduce, scale, optimize, and sustain TB services and technologies in Africa (including Democratic Republic of the Congo, Ethiopia, Kenya, Nigeria, South Sudan, Tanzania, and Uganda) as well as in Afghanistan, Bangladesh, Indonesia, the Philippines, and India.

Financing and Governance Strategies for High-Burden Countries

A surge in TB-related fatalities during the COVID-19 pandemic required renewed efforts and fresh and inventive approaches in service delivery to make up for lost ground in combating this age-old disease. In Bangladesh, India, Kenya, and Ethiopia, **USAID's Health Systems for Tuberculosis (HS4TB)** project has collaborated with countries burdened by high TB prevalence. HS4TB has helped these countries mobilize additional domestic funding and outsource TB services to private-sector entities and nongovernmental organizations to improve service delivery and expand access to TB testing, treatment, and prevention. In the last year, HS4TB has also launched two global initiatives. The TB Financial Sustainability Index (TB FSI) is a self-assessment tool to help countries identify both challenges and opportunities for sustainably financing efforts to end TB. As of October 2024, eight countries have signed up to use the TB FSI. The Collaborative on Contracting Organizations for Health-Related Services brings together 40 health sector leaders from 12 countries for practical peer learning on effective government-led contracting.

A Focused Approach for TB Elimination in Indonesia

With the second highest TB burden in the world, Indonesia is working to control and eliminate the disease with support from the **USAID *Bersama Menuju Eliminasi dan Bebas dari TB* (BEBAS-TB)** project. MSH leads a consortium of partners, providing strategic leadership, mentorship, and technical support to address gaps in Indonesia's National TB Program and working to establish a resilient, decentralized health care system that is built in collaboration with the communities it serves. USAID BEBAS-TB partners with local governments to hold active case finding events that target individuals vulnerable to TB and are pivotal in fighting the disease, especially uncovering latent asymptomatic cases. In 2024 alone, USAID BEBAS-TB supported 147 health facilities across 19 districts to screen more than 260,000 outpatients for TB.

Integrated, Person-Centered Services

Afghanistan faces a unique set of challenges in combatting TB, especially for women who make up some 54% of TB infections in the country. Restricted mobility and difficulties accessing medical care make women more vulnerable to TB, as does a widespread lack of knowledge about the disease. Through the **USAID-funded Assistance for Families and Indigent Afghans to Thrive (AFIAT) Program** (2020–2025), we focus on active case finding and support integration of TB activities with maternal and child health interventions. MSH strengthens the way samples are transported for diagnosis and referral systems in rural areas, utilizing community groups and public- and private-sector partners and exploring new ways to engage the public in TB detection and treatment. Many health workers rely on insufficient diagnostic tools that run the risk of giving sick patients false-negative results. To combat this in the Takhar Province, AFIAT installed a GeneXpert machine, which has a precision rate of 99.5%, to help lab technicians achieve an accurate TB diagnosis.

Also in Afghanistan, MSH conducts technical TB activities under the **USAID-funded Urban Health Initiative** (2020–2025) program, led by Jhpiego. Our work addresses MDR-TB, TB lab diagnostics, TB/MDR-TB surveillance systems, and drug management issues in line with the directly observed treatment, short-course program in Kabul and five provinces.

Scan our code for more information on MSH's presence at Union Lung 2024.

For more information about MSH's work in TB, visit **www.msh.org** or email us at **communications@msh.org**.

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