

Patients from marginalized key affected populations in affiliated clinic.

# IMPROVED TB/HIV PREVENTION & CARE – BUILDING MODELS FOR THE FUTURE

The 'Improved TB/HIV Prevention & Care - Building Models for the Future' project aims to improve TB and HIV prevention and care in line with the Global End TB Strategy, the Sustainable Development Goals and the Fast-Track Strategy to End AIDS.

TB remains the leading cause of death for people living with HIV (PLHIV). Of the globally 36.7 million PLHIV, approximately 47% do not have access to treatment, and 30% do not know their status.

Lead partner of the project is KNCV Tuberculosis Foundation. To provide greater strength to our interventions, we partnered with three Dutch NGO's with complimentary skills and expertise: AFEW International, Hivos and PharmAccess. The financing is provided by the Dutch Ministry of Foreign Affairs, the Directorate-General for

International Cooperation (DGIS) as part of their Global Fund support. We are active in six countries: Nigeria, Kazakhstan, the Philippines, Nepal, Indonesia and Swaziland.

The project focuses on system related barriers to quality of care in the non-governmental and private health care delivery sectors, and to remove human rights and gender related access barriers to TB and HIV care and prevention. The aim is to ensure access to affordable quality care for vulnerable and marginalized key affected populations.

### MISSING PERSONS WITH TB

The Global Plan to End TB 2016-2020 calls for a "paradigm shift" to be on course to end TB by 2030. The World Health Organization estimates that approximately 4 million persons with TB are "missed" by programs worldwide. Country experience shows that in many cases up to 70% of these "missing persons with TB" are in contact with health service providers who are not formally linked to the national programs, and thus are neither reporting, nor being quality assured. "Engaging all providers" is an essential part of the Global Plan to End TB and HIV.

# Project goals achieved through 3 key approaches/pillars:

The three project pillars correspond to three levels of influence that are being targeted Pillar I:
IMPLEMENTATION
LEVEL

Improve TB and HIV prevention and care by strengthening engagement of the non-public sector (private sector and civil society) through creation of replicable and sustainable partnership models.

Pillar II: NATIONAL STRATEGY, POLICY & PROGRAM LEVEL

Improve Global Fund implementation through quality Long Term Technical Assistance to National TB Control Programs to make sure Global Fund grant and National Strategic Plan strategic objectives are met.

Pillar III: INTERNATIONAL STRATEGY & POLICY LEVEL

Optimize Global Fund Grant performance through strengthening of Global Fund governance and enhanced TB and HIV policies.

# Pillar I: Applied theory of change

### Long-term outcomes Intervention areas **Impact** Government endorses role of PHCPs & CSOs in partnerships for improved harriers provision related to Civil society access to human Models rights & as active participant that **Improved** affordable PHCPs provide patient-centered TB/ HIV accor-ding to national guidelines enabling effective quality services discrimination TB & HIV partnerships between monitors quality services prevention Government. & ensures reduction of Develop policy, Provide technical PHCPs, CSOs & GF & care assistance & capacity strengthening quality systems & sustainable discrimination financing mechanisms Access to affordable quality

PHCP - Private Health Care Providers, CSO - Civil Society Organization, HMIS - Health Management Information Systems, GF - Global Fund

care & service providers

# **Country models**

Kazakhstan, Nigeria and the Philippines were selected for Pillar I based on in-country presence, capacities and perceived needs to strengthen engagement of the non-public sector.

### Kazakhstan Model



1. Support the mechanisms and legal framework of collaboration between public and non-public/private sector



Establish and strengthen a network of NGOs providing a full range of patient centered activities for vulnerable and key affected populations



3. Reduce stigma and discrimination



KNCV and AFEW

# Nigeria Model



 Improve the quality of TB and HIV services in the non-public sector through the use of the internationally accredited SafeCare standards and International Standards for Tuberculosis Care (ISTC)



2. Increase case finding through integration in the quality improvement approach and increase access to services



Strengthen the role of the non-public/private sector to complement the public sector in improving TB and HIV prevention and care



KNCV and PharmAccess

# **Philippines Model**



 Improve quality of care, case finding & treatment success for TB and HIV in the non-public sector from a human rights perspective



Facilitate meaningful engagement of civil society and key populations in decision-making and monitoring of TB and HIV services



Pilot a result-based accreditation and incentive scheme for non-public sector healthcare providers to become 'one-stop-shops' for patient centered TB and HIV care



KNCV and HIVOS

## **Partnership**

KNCV Tuberculosis Foundation is the world's leading TB expert organization. Established in 1903, KNCV delivers evidence for policy and technical assistance for impact in TB care and

**AFEW International** provides technical support to and strengthens the capacity of local NGOs and CSOs to improve health care

HIVOS is an international humanist organization working to end discrimination, inequality, abuse of power and the unsustainable use of our planet's resources.

PharmAccess is an international organization with a digital agenda dedicated to connecting more people in sub-Saharan Africa to better healthcare.







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