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# ADVANCING PREVENTION

20–24 OCTOBER 2020  
VIRTUAL EVENT

# Using the People-Centred Framework for NSP development while on lock-down due to COVID-19

## Rwanda Experience

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Head of TB program/ Rwanda



# CONFLICT OF INTEREST DISCLOSURE

I have no Conflict of Interest to report.

I have the following Conflict of Interest(s) to report:

**Please tick the type of affiliation / financial interest and specify the name of the organisation:**

Receipt of grants/research supports: \_\_\_\_\_

Receipt of honoraria or consultation fees: \_\_\_\_\_

Participation in a company sponsored speaker's bureau: \_\_\_\_\_

Tobacco-industry and tobacco corporate affiliate: \_\_\_\_\_

Stock shareholder: \_\_\_\_\_

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Other: \_\_\_\_\_ XX

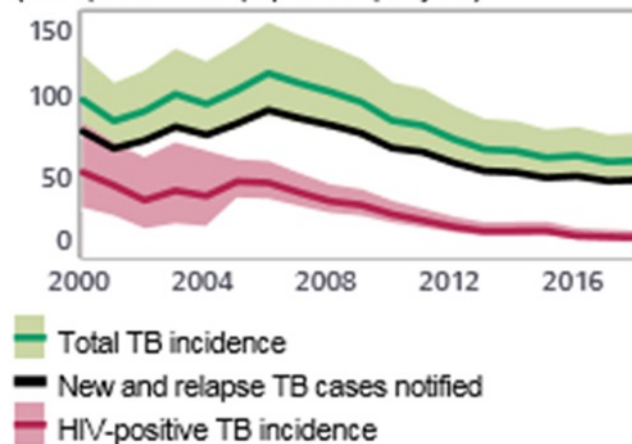
## OUTLINE

- **Background**
- **People-centered framework**
  - **Data consolidation**
  - **Patient pathways analysis**
- **TIME modeling**
- **Lessons learned**
- **Challenges**

## BACKGROUND

- Rwanda has adopted the End TB strategy
- To meet the End TB targets and milestones, there is need of use prompt and accurate diagnostic tools, implement ACF strategies in HRG, provide effective treatment to all TB cases, management of LTBI and use of data to drive policy, supervision and research
- Rwanda developed a new TB NSP 2019-2020 using people-centered framework to rethink our approach to analysis, planning, programing and monitoring the performance of TB program but this approach was integrated in mid development of NSP

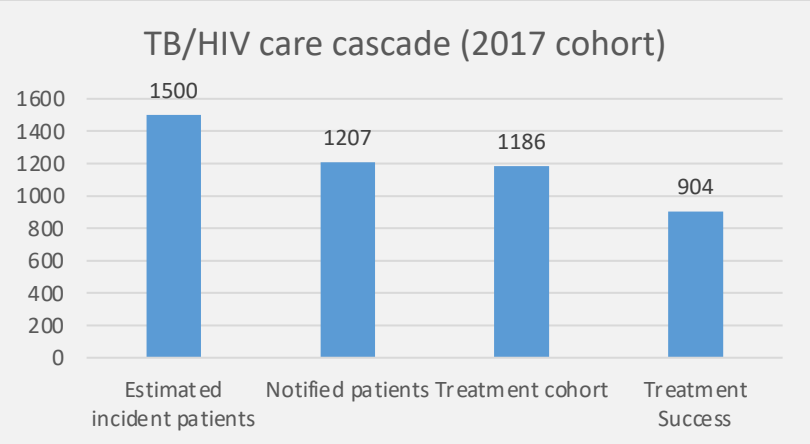
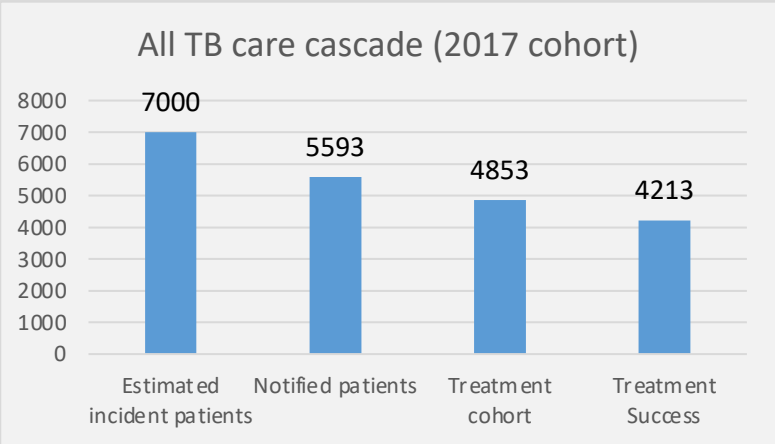
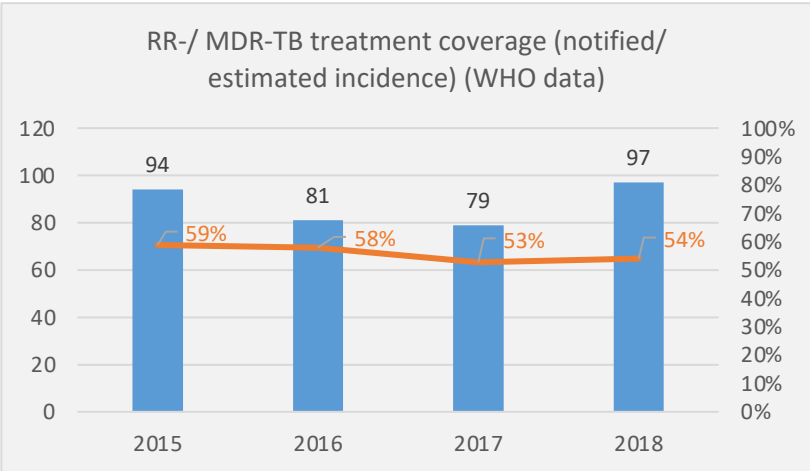
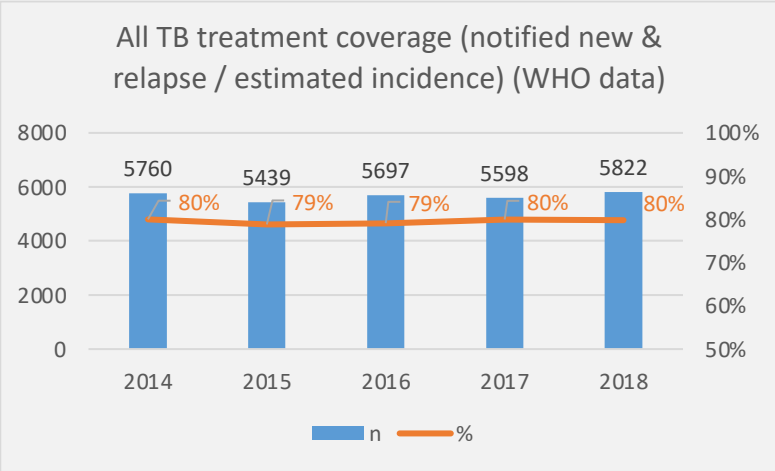
(Rate per 100 000 population per year)



Treatment Coverage  
**80%**

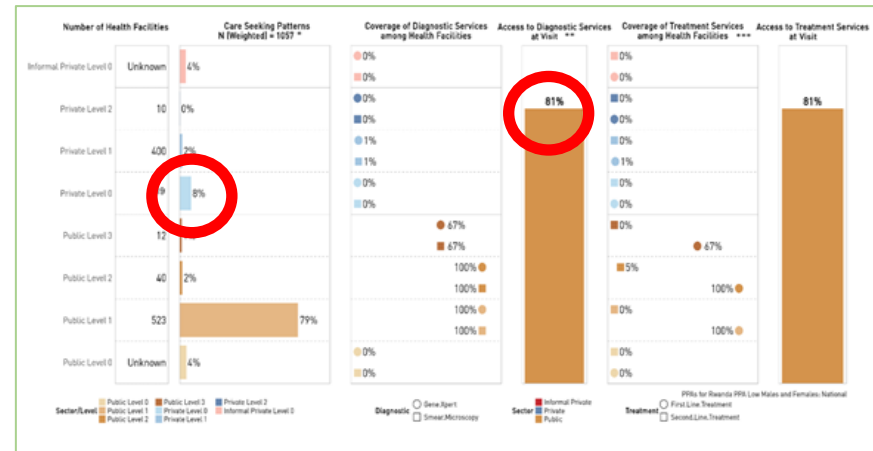
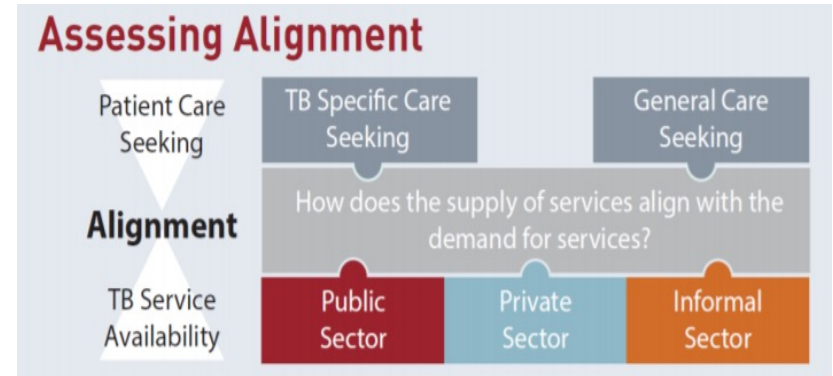


# PEOPLE-CENTERED FRAMEWORK: DATA CONSOLIDATION EXAMPLE



# PEOPLE-CENTERED FRAMEWORK: PATIENT PATHWAY ANALYSIS

- PPA was conducted during the lockdown with KNCV support. It helps to know where patient seeks care and availability of TB services
- We mapped the availability of services by level - from community to specialized - using master facility list
- The PPA was completed at national level
- We measured the place of initial care seeking, TB diagnostic and TB treatment locations using data from DHS 2014/2015
- 81% of people access the diagnostic sites of which 25% access facilities with diagnostic service and 56% using sample transportation system





# PEOPLE-CENTERED FRAMEWORK: EXAMPLE

People not accessing the health service

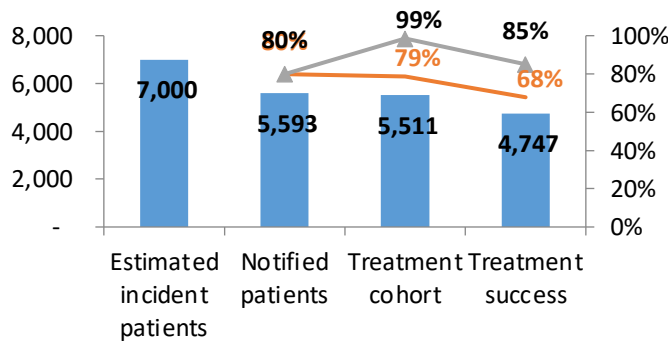
People with TB seeking care but either not diagnosed or not notified

People notified as TB cases but not successfully treated

- 20% of TB cases are missing
- Treatment of latent TB is not provided to PLHIV and HH contact below 5 years

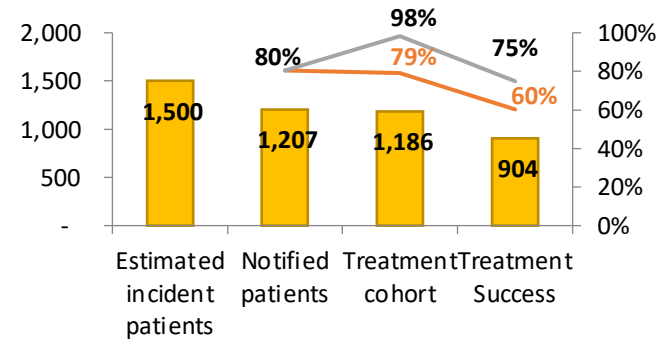
- 19% of people seeking care doesn't have access to TB diagnostic capacity
- 8% of people consult private HF level 0 without TB diagnostic capacity

All TB Care Cascade (population 2017)



■ n    — % Estimated    ▲ % Notified

TB/HIV Care Cascade (2017 population)

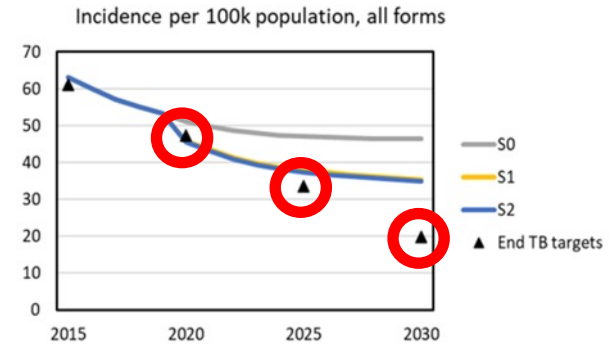
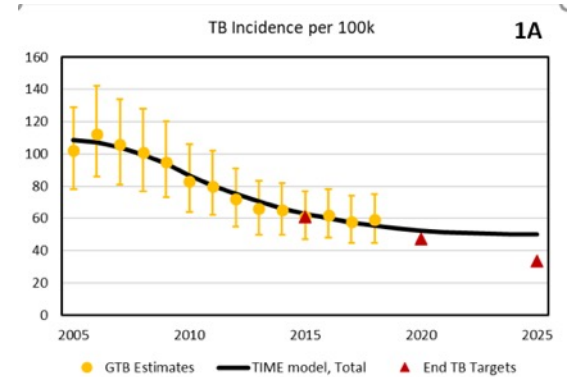


■ n    — % Estimated    ▲ % Notified

- %estimated is number notified divided by estimated incident case
- %Notified is number the country notified

# TB IMPACT MODELING AND ESTIMATES

- TIME Impact is an epidemiological transmission model used to develop strategic responses and strategies for TB and to produce projections that inform funding applications
- The model was calibrated with participation of NTP and partners. The model produced very good trends on incidence and notification, but the mortality was roughly double the WHO estimate
- **Three scenarios** were developed to measure the impact toward End TB strategy - **current, ambitious but feasible and very ambitious**
- Following intervention showed impact for Rwanda to reach post 2020 End TB mile-stone: **contact investigation, preventive therapy, GeneXpert and chest x-ray diagnostics, and screening among high risk groups.**



## LESSONS LEARNED

- Using PCF helps to inform the program to develop strategies using the three blocks of care continuum
- PCF is good tool which helps the program to organize data for better visualization and decision making by generating evidence-based data.
- People centered framework should be done priori of TB NSP development to help prioritize intervention to cover the gap and select interventions to meet End TB strategy and promote quality of service.
- Remote TA is possible and this was done during the lockdown where our national staff worked with consultant abroad. **Key to success:**
  - Staff committed to work closely in remote
  - Good surveillance system with most accurate date facilitate the remote support
  - Availability and devotion of TA
  - M&E team well organized and use of DHIS2 as reporting system platform

## LESSONS LEARNED

- The quality of data is key for good information on PPA
- Country input to improve outcome of TIME (model) is very crucial and important
- It is important that partners reinforce local capacity to generate this analysis
- Using PCF and TIME modelling helps to develop the funding request to GF which was successfully approved by Technical Review Panel of GF
- The PCF approach makes our TB NSP more evidence based.

# CHALLENGES

- Insufficient time to conduct sub regional analysis
- Missing up-to-date data on care seeking and outdated available data (TB prevalence survey conducted 2012)
- **COVID-19** lockdown doesn't allow to travel and country team didn't gain sufficient knowledge on tools used for PPA

## THANK YOU FOR YOUR ATTENTION

Additional information can be found under:

<https://www.kncvtbc.org/en/people-centered-framework-for-tb-programming/>

or here:



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