TB and HIV: Improving Efficiency, Saving Lives

Presentation at the World Bank Conference on “Improving Efficiency in Health”

Jane Coyne, Office of the UN Special Envoy on Tuberculosis, UCSF
Determining how we best use our resources to:

• Diagnose and treat more people
• Make it easier for patients to succeed
PEPFAR 2.0

“Transitioning from emergency phase to sustainable country programs”

- Country owned and country driven
- Address HIV within a broader health and development context
- Build upon strengths and increase efficiencies
- GET MORE PATIENTS ON TREATMENT
People receiving antiretroviral therapy 2000–2015

Source: UNAIDS 2014 estimates. Numbers receiving antiretroviral therapy through March 2015 provided by selected countries in sub-Saharan Africa.
Strengthening a data driven approach

STANDARD OF CARE
Today → Tomorrow

HEALTH SYSTEM NEEDS

HEALTH SYSTEM CAPACITY

RIGOROUS MEASUREMENT
Achieving “Value for Money”

Identify GAPS in service
End DUPLICATION of services
Recognize the CONTRIBUTION of countries
Providing a common language and highlighting goals

The Care Cascade

Sources:
1. UNAIDS 2013 estimates.
2. Demographic and Health Surveys, 2007-2012 and Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Oncoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press. 45% is the mid-point between the low and high bounds. The low bound (33%) is the percentage of people living with HIV who are very likely to know their status (tested positive in the survey and report receiving the results of an HIV test in the previous twelve months). The high bound (57%) is calculated as the percentage who tested positive in the survey who self-report ever being tested for HIV (the test conducted in the survey is not disclosed to the recipients). Those persons who report never having been tested for HIV do not know their HIV status and make up the remaining 43%.
Creating greater efficiencies

- Generic Drugs
- Supply Chain Management
- Transportation
- Laboratory Management
Moving from disease-silos to ONE health infrastructure

Disease focused interventions created:
- Competing demand for resources
- Inefficient delivery of services

One health infrastructure:
- One-stop-shop for care
Empowering partner countries

Recognition of country contributions stimulates shifts in accountability and responsibility.
Lessons learned

- Data driven decisions
- Country lead partnerships
- Service integration → UHC
# TB Today

<table>
<thead>
<tr>
<th>Deadliest infectious disease</th>
<th>Important mortality reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6 million cases missed</td>
<td>6 million cases reported</td>
</tr>
<tr>
<td>Weakness in base science</td>
<td>1st new tools in years</td>
</tr>
<tr>
<td>Rising resistance</td>
<td>Treatment that works</td>
</tr>
</tbody>
</table>

## Fatigue Opportunity
Challenge for TB

Building on what we already know

• Be ambitious
• Enable data driven decisions
• Integrate patient services and support services