

CROSS-CUTTING EVALUATION

TUBERCULOSIS

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END DATE:

04/2024

BACKGROUND

This cross-cutting evaluation looks at five projects that aim to combat tuberculosis (TB) and contribute to implementing the national «end TB» strategies in Vietnam, Cambodia, Cameroon, Madagascar, Laos and Côte d'Ivoire. Tuberculosis is the leading cause of death as a result of an infectious disease and remains a major challenge in these regions due to limited access to diagnostic tools and care for vulnerable populations, including people who use drugs, people living with HIV and remote communities.

METHODOLOGY

An evaluation of the five projects was carried out based on eight criteria (relevance, coherence, effectiveness, efficiency, outcomes/impact, sustainability, gender and capacity strengthening), and through the lens of two areas of intervention common to all projects : **TB prevention using Tuberculosis Prevention Treatment (TPT) and screening of key populations.**

Individual evaluations of each project were conducted in a participatory manner with stakeholders and project beneficiaries and separate reports produced. A cross-cutting analysis report was then produced, and recommendations were discussed in a workshop with the project leads and L'Initiative members.

PROJECTS EVALUATED

Projects	Themes	Lead organizations
Zero TB Vietnam	TB <u>screening</u> for key populations TPT <u>prevention</u> among child TB contact cases	NTP (lead), FIT NGO
OPTICAM Cambodia	TPT <u>prevention</u> among PLHIV	Institut Pasteur (lead), CENAT NCHADS
APRECIT Cameroon, Madagascar	<u>Prevention</u> through screening for TB infection among adult contacts of TB cases	Mérieux Foundation (lead), Institut Pasteur
Y a pas drap Côte Ivoire	TB <u>screening</u> among people who use drugs (+ care and support)	Médecins du Monde
CHIAS Laos	Community-Based TB <u>screening</u>	CHIAS (lead), HPP

KEY LESSONS LEARNED

Strengths and weaknesses

Strengths of the projects evaluated include: (a) effectiveness in meeting the targets even if this is not sufficient to confirm the effectiveness of the projects; (b) acceptable efficiency levels; (c) impact on transmission even if impossible to quantify; (d) accuracy of screening in all projects; (e) additionality sometimes demonstrated with project attribution; (f) added value of the community approach; (g) continuity of screening-prevention services; (h) training of human resources; (i) potential to increase TPT coverage; (j) screening/treatment of particularly discriminated key populations; (k) innovative research and publications; (l) adoption of the project model in national strategies; (m) involvement of the National Tuberculosis Control Program (NTCP).

Projects weaknesses include: a) a lack of data analysis due to a lack of skills in TB monitoring and evaluation of project leads and a lack of support from L'Initiative; b) insufficient relevant innovation; c) many missed opportunities for project sustainability despite the relevance of the themes addressed due to a lack of programmatic analysis; d) a lack of involvement of NTCPs; e) triage without initial systematic radiography and f) lack of a gender strategy for men.

Obstacles and challenges for L'Initiative

- **Projects that target a single disease** seem to have less focus in L'Initiative's calls for projects than multi-disease projects.
- The **network of CSOs** involved in TB control is limited.
- Technical support from L'Initiative on **programmatic TB monitoring** is needed to improve the analytical skills of lead organizations.
- A **data collection tool** at the beginning of the intervention would help to inform outcome indicators and access to the country's electronic information system.
- **Identifying TB priorities** beyond prevention and screening is necessary.



Conclusions and recommendations

It is recommended that TB project leads:

- 1. Address infection screening, TB disease screening and short TPT prevention** at the same time.
- 2. Build capacity for TB epidemiological and programmatic analysis, a performance framework** with outcome indicators, linkage with the national information system.
- 3. Launch at the project mid-term a cost-effectiveness analysis, advocacy** around results, **identification of national and international funding** and an exit or continuity plan.
- 4. Develop strategies targeting men**, including in the workplace.
- 5. Include chest X-rays** as an initial and systematic examination in triage/screening for TB prevention and screening.
- 6. Include the NTCP as key partner** to facilitate scale-up and making changes to standards.
- 7. Promote demand for TPT** by eligible populations by including the social sciences.
- 8. Train community providers** working on TB around TB monitoring and evaluation to use the DHIS2 type national data registration system.

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