LHL International

**Management's response to the external evaluation of "Filling the gap – finally addressing post-TB disabilities in Sub Saharan Africa" (Malawi, Tanzania and Sudan)**

| KNCV finding/ recommendation | LHL International Response | LHL International Action |
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| **Approach 1: Identification of people with post TB disabilities.** | | |
| **Top recommendation:**<br>Conduct or assist country-level surveys to establish an estimate of the number of people with post TB lung disease (PTLD), as the basis for national planning and preparing adequate resources to address PTLD. Alongside, a system for long term follow-up of the people who underwent lung rehabilitation should be established to get a better view on the long-term impact. (Malawi, Tanzania, Sudan) | We agree that a country level survey to estimate the number of people with PTLD would be interesting, and LHLI could support NTP in this if funding is available. Nevertheless, it is a very time- and resource consuming activity, and it should not delay the implementation of programs such as PTLD prevention and lung rehabilitation. | LHLI and the partner organizations at country level are working closely with NTP and are consulted in planning and implementation of PTLD activities. There is some funding for PTLD activities through Global Fund after advocacy from this project. |
| **Approach 2: Collaboration between local health system and community-based organisations.** | | |
| **Top recommendation:**<br>Continue to engage community volunteers, for post TB disability (PTBD) and lung rehabilitation as they know the clients better and can follow them up easily. Malawi, Tanzania, Sudan) | We agree fully that community volunteers, in collaboration with the local health system, are key players for PTLD and other TB activities. | LHLI will continue to strengthen and empower community- led organizations in all our programs. |
| **Approach 3: Development and implementation of a local and volunteer-based lung rehabilitation.** | | |
| **Top recommendations:**<br>1. Utilize the upcoming experience in Temeke district (urban high burden TB district, different conditions than Siha and Mirerani) to prepare a care package suitable for Tanzania conditions and other low-resource settings. (Tanzania) | 1. It is a very good idea to use the Temeke experience, as it is showing how it can be done in an urban setting, with less budget and close link between the patient organization and the municipality which are both our program partners- | 1.We have now completed the first cohort of lung rehabilitation in one urban district of Temeke, with good results. Through time-limited Global Fund grant, MKUTA will do five more cohorts in five districts of Temeke in beginning of 2024. Based on this we will be |

| | | able to come up with recommendations and a model of implementation. |
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| 2. Develop guidance and a simple booklet in local languages, as was done in the “PRP step-by-step” booklet in Malawi, to guide community health workers and other partners with establishing additional lung rehabilitation centers. (Malawi, Tanzania, Sudan) | 2. We agree that this will be a very useful tool. | 2. The booklet from Malawi is already shared with the other countries that receive GF grant for PTLD: This also includes Kenya and Uganda. All countries will work on guideline development that includes how to set up lung rehabilitation. |
| **Approach 4: Social and medical support to people with post TB disabilities.** | | |
| **Top recommendation:**<br>Promote that each project that involves TB community outreach services integrates PTBD/PTLD components into their existing activities. This specifically applies to integration into other programs working at community levels, for example concerning disability, income generation, nutrition, and poverty reduction. (Malawi, Tanzania, Sudan) | PTBD has been a neglected issue for a long time, and we agree there is a high need to promote its integration where possible, also within other sectors | Both LHLI and partner organizations are promoting and informing about PTBD when possible, from village level to global actors. It is important to screen for PTLD at community level, but it needs to be linked to services, i.e., lung rehabilitation. We are applying for funds for this.<br><br>Most countries have a multisectoral framework (MAF) for TB, and we will work to include PTBD here. |
| **Approach 5: Capacity building of health workers and volunteers on Inclusive health communication, Post TB disabilities and lung rehabilitation.** | | |
| **Top recommendation:**<br>Inclusive health communication, PTBDs and lung rehabilitation should be introduced as part of all TB training sessions for health care workers, using TOT and a training cascade. The national TB programs could make use of courses and curricula developed by LHL International. (Malawi, Tanzania, Sudan) | This is the way forward to ensure that all health care workers have the required knowledge. | This will be part of our advocacy to NTPs.<br>The curricula that were developed in Malawi can be shared with other countries. E-learning in inclusive health communication is available for free in local languages. |
| **Approach 6: Share results and advocate to regional and national health authorities.** | | |
| **Top recommendations:**<br>1. Strengthen advocacy work to effectively disseminate project achievements and best practices with key in-country | 1. There is a clear need for advocacy at all levels for PTBD, and especially to ensure financing. | 1.The project had high level stakeholder dissemination meetings in Malawi and Tanzania, and a digital meeting sharing the |

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| stakeholders (national and subnational) and funders (such as GF, USAID, CDC) to lobby for policy revision to include PTBD care in the TB space and other sectors that can provide support to persons with PTBD. This includes program grant making. (Malawi, Tanzania, Sudan) | | evaluation results. NTP managers, Global Fund, and Stop TB Partnership participated. We also shared our work on the global launch of WHO policy brief on TB- associated disbailities, and at the post TB symposium in Stellenbosch. Global Fund has included PTBD in their grants. We will continue to be spokesperson for PTBD |
| 2. Distribute information on the "fourth 90" policy (90% of persons with PTLD receive social and medical support) to all national and subnational authorities in high burden countries, accompanied by advocacy and adoption strategies. (Malawi, Tanzania, Sudan) | 2. We agree it is important to include this in the advocacy. Malnutrition is also a major risk factor in developing PTLD. | 2. This has been part of the advocacy, and we will continue to advocate for patients' rights to comprehensive social and medical support in all our projects. |