PATH Annual Report

GHN-I-00-09-00006-01, Task Order 01
(or TB IQC Task Order 2015)

October 1, 2011 through September 30, 2012

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Summary

COUNTRY	RDMA	REPORTING PERIOD	October 1, 2011 - September 30, 2012

FUNDING SOURCE	TO2015 FY10 carryover funds

OVERVIEW

The US Agency for International Development (USAID) Regional Development Mission for Asia (RDMA) requested PATH to help identify opportunities for the provision of regional support to help build capacity for the programmatic management of multidrug-resistant tuberculosis (PMDT) in nine high-burden countries: Bangladesh, Burma, Cambodia, China, India, Indonesia, Philippines, Thailand, and Vietnam. The project began in October 2010 and was granted a no-cost extension through December 2011.

ACHIEVEMENTS

Findings of regional MDR-TB assessment shared and discussed with stakeholders The RDMA landscape analysis report, which analyzed the burden of MDR-TB in the nine high TB burden countries in Asia, their progress toward universal access to MDR-TB diagnosis and treatment, the remaining gaps, and current international technical support to countries as they devise solutions, was shared with all regional partners to solicit their input prior to the PMDT Capacity-Building Options Workshop: Moving from Theory to Practice. The workshop, held in Bangkok, Thailand, December 12–13, 2011, brought together a broad range of stakeholders, including NTPs, and technical agencies, WHO, and USAID working in the region to discuss pressing challenges and next steps for moving toward solutions. Eight of the nine priority countries were represented by NTP or national reference laboratory staff. A total of 46 participants attended, including 14 from NTPs, reference laboratories, or major treatment facilities; 13 from technical assistance agencies; 11 from WHO headquarters, regional, and country offices; and eight from USAID. The variation across countries in terms of MDR-TB scale-up, models of care, and approaches to common challenges provided a forum for rich discussion and cross-country learning. Stakeholders were able to better understand the overall status of PMDT across the region and translate some of the barriers to PMDT scale-up into competencies needed for successful scale-up.

Technical assistance needs for PMDT scale-up identified by regional stakeholders

1. Technical assistance aligned with national strategies that supports the NTP rather than replacing its authority: National planning processes were identified as a logical entry point for technical assistance planning—that these activities should occur as part of one comprehensive process engaging all stakeholders at the country level, rather than being driven from outside the country.
2. Support for strategy development.
3. Country control when selecting technical assistance partners (rather than having donors dictate which providers are available).
4. Individual consultants who are expert, who speak the language, and who understand the country context well.
5. A shift to longer-term technical assistance to build local capacity, rather than repeated short-term visits (depending on the topic area and need, however—in other words, technical assistance appropriate to need).
6. A formal country-level platform for coordination among technical assistance partners, donors, and the NTP to ensure synergy, avoid duplication of effort, and reduce the time the NTP must spend in coordination.
7. Reduced and streamlined reporting so the NTP spends less time preparing information for donors and partners.
8. More national-level political commitment to ensure sustainability of the collective efforts of NTPs and technical assistance providers, and help in creating that political will.

CHALLENGES

Challenge	How is PATH addressing this challenge?
Flooding in Bangkok resulted in PATH requesting a no-cost extension to delay the stakeholders' workshop until December. Shifting dates caused a number of logistical challenges.	PATH conducted careful planning, and the workshop was held.

CHANGES TO WORK PLAN

Change	Why is PATH making this change?	Approval from USAID
TO2015 FY10 RDMA work plan.	Activity 2.1 was canceled. It was agreed that the only consultative meeting among all partners will be the workshop in December. However, over the last few months, the PATH team participated in various workshops/meetings (Berlin meeting in November, WHO SEARO meeting in December, WHO WPRO meeting in September) where stakeholders were present and took the opportunity to engage participants and discuss in length MDR-TB capacity-building needs for scale-up.	This change was approved by USAID.

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for assessments and training. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

Global Indicators

Not applicable for this project.

Activity Monitoring

TO2015 FY10 RDMA Work Plan				
Activity	**OUTPUTS**	**TARGETS**	**STATUS AS OF SEPT 30, 2012**	**PROGRESS TO DATE**
1 Conduct a landscape analysis of current PMDT activities, available resources, strengths, gaps, and technical assistance needs at both regional and country levels that will inform design considerations for a Regional MDR-TB Model Center.	Introductory emails, meetings, and teleconferences with USAID missions and other stakeholders.	Email sent from RDMA to missions and other relevant stakeholders by December 1, 2010. Initial contacts list completed by March 30, 2011, and updated as discussions expand to other stakeholders. Meetings with other stakeholders held in Berlin in November 2010 and in Bangkok in November 2010 and March 2011.	Completed	The project introductory activity was completed. Communication with countries, key stakeholders, and missions is ongoing. The stakeholder contacts list is final and has been shared with the RDMA team. First stakeholder meeting held in Berlin in November 2010.
	Data collection and analysis plan developed for USAID review and approval.	Data collection plan and report outline approved by USAID by March 30, 2011.	Completed	Data collection and analysis plan are final and were used to gather the information for the country profile reports and the regional landscape analysis report. However, RDMA continues to provide inputs to the report outline and analysis plan to ensure appropriate representation of findings.

	Available data gathered from existing publications and desk reviews conducted for the region and each country; project introduced and interviews conducted with key stakeholders to augment available information; results summarized in overview report.	Regional landscape analysis report delivered to USAID by May 31, 2011.	Completed	The Landscape Analysis Report was submitted to RDMA and shared with all in-country partners and technical agencies. The report was developed in collaboration with PATH, American Society for Microbiology, Management Sciences for Health, and Initiatives Inc.
	Assessments of country-level capacity for PMDT and technical assistance needs conducted.	Country reports identifying priority needs for technical assistance in PMDT scale-up completed for each of the nine high-burden countries and delivered to USAID as part of landscape analysis by May 31, 2011.	Completed	Information from all nine countries was gathered through desk research of key country documents, country visits, and face-to-face interviews with key individuals. Reports from all RDMA partners were compiled and a final draft of each of the nine country profile reports was shared with RDMA and key country stakeholders for accuracy. A number of countries provided feedback.
	All information synthesized for discussion with USAID and stakeholders.	PowerPoint presentation developed and presented to USAID by May 31, 2011.	Completed	A PowerPoint presentation on the MDR-TB regional situation was delivered to RDMA in April 2011. The information gathered was also used to guide discussions with key country stakeholders.

2 Develop a proposed MDR-TB Regional Model Center design in close consultation with all key stakeholders.	Consultative meetings scheduled and conducted with all key stakeholders to present findings and discuss options for MDR-TB Regional Model Center configuration.	Meetings include all stakeholders and provide relevant input to begin consensus-building on the Regional Model Center. Reports on outcomes of all meetings are delivered to USAID within two weeks of meeting completion. Mechanisms are established to ensure ongoing information exchange as the options are refined.	Completed	The workshop was conducted in Bangkok in December 2011 for 42 participants from NTPs, technical agencies, and USAID missions. Other participants included the RDMA team, USAID/Washington, and the PATH team. Canceled. It was agreed that the only consultative meeting among all partners will be the workshop in December. However, over the last few months, the PATH team participated in various workshops/meetings (Berlin meeting in November, WHO SEARO meeting in December, WHO WPRO meeting in September) where stakeholders were present and took the opportunity to engage participants and discuss in length MDR-TB capacity-building needs for scale-up.
	Up to three “seed” institutions identified and assessed that can form the basis for a Regional Model Center network.	Institutions approved by USAID for further assessment. Final assessment report delivered to USAID with recommendations for capacity-building of these institutions by September 30, 2011.	Completed	Please see final RDMA report.
	Final recommendations developed for the MDR-TB Regional Model Center based on consultations.	Final report defining proposed structure, functions, objectives, and rationale for recommendations delivered to USAID by September 30, 2011. Report includes proposed roles for key stakeholders in providing regional technical assistance and supporting Regional Model Center.	Completed	The Options Report was finalized based on the information we gathered during the stakeholder workshop, and submitted to RDMA.

Graphs and tables

Not applicable for this project.

Evaluation and operational research

Not applicable for this project.

Deliverables

TO2015 FY10 RDMA Work Plan

Activty in Work Plan in FY10 RDMA Work Plan	Deliverable	Target Date of Completion (must be completed by Dec 2012)	Status as of September 30, 2012	Name of deliverable file	Dissemination
Conduct a landscape analysis of current PMDT activities, available resources, strengths, gaps, and technical assistance needs at both regional and country levels that will inform design considerations for a Regional MDR-TB Model Center.	A regional MDR-TB landscape analysis report to include a description of current responses, funding and technical resources available, and challenges or gaps to implement and scale up PMDT at a regional level and in each of the nine HBCs. (Proposed outline provided separately)	n/a	Completed	Landscape Analysis Report (Regional, Part I; Country, Part II).	USAID HQ, Regional Development Mission for Asia
				Workshop report (including PowerPoint summarizing findings).	
				RDMA Final Options Report.	

GeneXpert ® Procurement

Not applicable for this project.

Inventory

No commodities costing more than $500 were procured during this reporting period.

Success story

Not applicable to this project.

Acronyms

FY	Fiscal Year
MDR-TB	multidrug-resistant tuberculosis
NTP	National Tuberculosis Program
PIH	Partners in Health
PMDT	programmatic management of drug-resistant tuberculosis
RDMA	USAID Regional Development Mission for Asia
SEARO	WHO Regional Office for South-East Asia
TB	tuberculosis
USAID	US Agency for International Development
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific