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CHALLENGE TB



Challenge TB - Core Bedaquiline Coordination Year 2

Quarterly Monitoring Report April - June 2016

Submission date: July 29,2016

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Cover photo: Mr. Abdul Mazid, the first patient to be treated with a bedaquiline containing regimen under the Revised National TB Control Program of India, receiving his first dose of treatment from Dr. R Bhuyan, Directorate of Health Services, Assam, on 6 June 2016, at Guwahati Medical College, Assam, India.

Credit: State TB Cell, Assam, India

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1. Quarterly Overview

Core	Bedaquiline (BDQ) Coordination project
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Operations:

The work plan was approved in November 2015. Dr Fraser Wares started working for KNCV from 14 March 2016 and took over as coordinator of this project from 1 April 2016 from Dr. Agnes Gebhard and Susan van den Hof who had fulfilled this role for the interim period.

The core project team consists of:

- Fraser Wares, project coordinator (since 1/4/16)
- Susan van den Hof, leading the operational research and pharmacovigilance
- Antonia Kwiecien (MSH/SIAPS), leading the PSCM aspects
- Agnes Gebhard, regional/country level overview and training (since 1/4/16)
- Gunta Dravniece, clinical management
- Ieva Leimane, training and capacity building
- Edine Tiemersma, PV and operational research
- Stephanie Borsboom and Millicent Ngicho, project operational support

Summary progress report

Highlights of quarter

- To date, 31 technical assistance missions to 14 countries
- Continued progress in respective CTB supported countries, with increasing number of countries enrolling patients on new drugs and shorter regimens (see below and Annex 2)
- 31 March – 1 April 2016 Challenge TB BDQ core project workshop with CTB coalition partners, with submitted workplan approved
- 16 – 18 June, CTB workshop for the introduction of shorter regimens and BDQ containing regimens for drug-resistant tuberculosis, with submitted workplan approved
- Workplan proposal for support to BDQ introduction in Kazakhstan with the NTP using core project funding, approved in June 2016

Activities under the project:

Participants at the “CTB BDQ core project workshop”, held with the CTB coalition partners, from 31 March to 1 April 2016, concluded that there was the need of building human resources capacity on the introduction of new drugs and regimens (ND&Rs) within the CTB coalition partners and the wider TB community. Within CTB, this was felt to require building capacity in the CTB country offices. A training for CTB country teams was therefore planned in June 2016 prior to the Country Directors’ meeting week in The Hague.

Crucially in May 2016, the WHO issued updated policy guidelines regarding the use of second line drugs susceptibility testing (SL DST) and treatment of drug-resistant TB (DR-TB), including a recommendation for the consideration of the so-called 9 to 12 month “shorter” treatment regimen (SR). In the view of the release of these updated WHO policy guidelines, the scope of the training was widened to include the SR as well as BDQ and delamanid (DLM). Also in view of the current continuing slow uptake of the new drugs and shorter regimen, the bringing together of all the CTB country partners offered an opportunity to not just raise awareness and knowledge about ND&Rs and their introduction, but also to feed into the CTB APA3 planning cycle and to make any possible adjustments to APA2 Quarter 4 implementation. Hence the planned training became a workshop, and the duration of the workshop was extended from 2 to 3 days from 16 to 18 June 2016 in The Hague, The Netherlands.

The overall goal of the workshop was to ensure capacity is available within global, regional and country level CTB offices to support countries rapidly introduce ND&Rs for the DR-TB, with a focus on the 9 month SR and BDQ containing regimens. The workshop was attended by representatives from USAID, Washington DC, USA, CTB In-Country PMDT / Technical Officers from 14 countries, CTB Country Directors from 2 countries, staff from the KNCV Regional Offices in Kazakhstan and Kenya, representatives from four CTB partners’ central offices (ATS, MSH, The Union and WHO), CTB Country Technical Focal Points, KNCV Technical Consultants and Operations Division staff,

and staff from the KNCV/PMU. As for the workshop in March/April 2016 (6 participants), a small number of participants (4) from the CTB coalition partner organizations were supported through the core project budget to attend the workshop. All participants were updated on current relevant policies, and introduced to the "Generic programmatic and clinical guide", and "Planning tool for the introduction of ND&Rs". During country specific group work participants used said tools to begin planning for the required activities in-country to introduce ND&Rs by the reprogramming of APA 2 funds and including the required activities in their APA 3 workplans. The next steps for the coming months were developed from the workshop. The workshop summary report is attached as Annex 1. One immediate next step was a briefing to the CTB Country Directors' meeting on the outcomes of the workshop, which took place on June 21 2016. In-country follow up discussions are required as soon as possible to modify wherever possible the Q4 APA 2 workplans and include relevant activities in the respective APA 3 workplans.

Taking into consideration all the discussions and suggestions provided during the June 2016 ND&R Workshop, an updated draft version of the "Generic programmatic and clinical guide for the introduction of shorter regimens and new drugs for treatment of MDR-/XDR-TB", was submitted to USAID DC for review at the end of June 2016. Once a number of final technical areas are agreed upon, the guide will be finalized and approved by USAID. In the meanwhile, the latest draft document has been shared with selected countries to inform the ongoing discussions on the development of the country specific guides.

A workplan proposal, developed by KNCV HQ and RO staff, for support to BDQ introduction in Kazakhstan with the NTP using core project funding, was submitted to and approved by USAID Washington DC in June 2016. The approved activities are planned to be completed by the end of September 2016. These include: i. Undertake an assessment of the MDR-(XDR-)TB situation to define the needs for national roll out of ND&Rs for MDR-(XDR-)TB treatment in the country; and ii. Support a National workshop to develop a National action plan on roll-out of new MDR-(XDR-)TB treatment regimens. Expected milestones include: i. Assessment report available by July-August 2016; ii. Number of patients eligible for BDQ estimated, and needs of BDQ and companion drugs, and SRs, calculated by August 2016; iii. National workshop held by end of September 2016; and iv. National action plan on roll out of new drugs, including aDSM, developed and agreed by end September 2016.

During the reporting period, the KNCV team developed materials for an ND&R related training to be held in Kyrgyzstan in July 2016. Access to the collected inventory of available training and supportive materials, which is nearly complete, needs to be now made user friendly via the most relevant website.

The BDQ core project team continues to participate in and contribute to the DR STAT core group meetings (with discussions focused on Haiti and Mexico in May 2016 call, a discussion with GDF focused on the availability of DLM in April 2016, and a discussion with WHO Geneva regarding the updated WHO guidelines on the treatment of DR-TB).

Progress in countries since the project approval:

- *Vietnam:* started treatment of patients with BDQ as from December 2015. As of 30 June 2016, a cumulative total of 44 pre-XDR and XDR-TB patients in 3 pilot provinces have been enrolled on a BDQ-containing treatment regimen. In addition, since April 2016, the same 3 sites have also implementing treatment of eligible MDR-TB patients with the shorter (9-month) regimen. As of 30 June 2016, 68 MDR-TB patients have been enrolled on the shorter regimen.
- *India:* The Revised National TB Control Programme of India published its implementation guidelines for use of BDQ in February 2016. The drug will be available under a Conditional Access Programme (CAP) at 6 identified pilot sites across the country. This rollout is being facilitated by The Union, through the CTB project via the provision of additional human resources at the 6 pilot sites for coordinating enrolment of patients, counselling, monitoring adherence and pharmacovigilance. Technical support and the facilitation of review meetings and training activities are also supported. The first patients were enrolled on treatment at Guwahati, Assam, and Chennai, Tamil Nadu, in June 2016. The remaining sites are expected to initiate the patients during July to September 2016. The initial 600 patient courses of BDQ have been donated by Janssen directly to the Government of India. Initial discussions in regard to introduction of the SR in India are ongoing at national level.
- *Ethiopia:* Along with the scaling up of PMDT services in Ethiopia, the NTP/MoH in collaboration with its technical partners, has embarked on the planning for the introduction of the ND&Rs for those MDR-TB patients who require these drugs and regimens. CTB hosted a 2-day consultative workshop in May 2016 at which the "National implementation plan for the

introduction of new and repurposed drugs” and “Clinical and programmatic guide for new and repurposed drugs” were finalized. Selection and preparation of the pilot sites, and other necessary preparatory activities are ongoing. To date, NTP has started 2 pre-XDR TB patients on BDQ containing regimens (in collaboration with PIH). Enrolment at the 2 pilot sites is planned to start in the coming months.

- Indonesia: started treatment of patients on BDQ containing regimens as from October 2015. By the end of June 2016, 37 patients had been enrolled on treatment.
- Bangladesh: Discussions are ongoing regarding the expansion of the shorter regimen to the whole of the country from those areas of the country supported by Damien Foundation. Any expansion of the SR should be accompanied by expansion of the community PMDT package (cPMDT) which has been successfully been piloted in the country. To date, 18 patients have been enrolled on BDQ containing regimens (under the endTB Project).
- Ukraine: All critical steps for the introduction of BDQ have been completed. Final discussions on the design of the shorter treatment regimen will be held during the APA3 planning week from 18-22 July and the clinical guidelines should be endorsed in the near future. The expected enrolment of the first patients on BDQ containing regimens in November 2016. BDQ has been ordered by the NTP and will be supplied to the country via humanitarian mechanism, registration of drug in country pending. Training is planned to be conducted in September 2016.
- Tajikistan: Optimized diagnostic algorithms and clinical protocols for the treatment of non-complicated MDR-TB cases and pre-XDR-TB and XDR-TB patients with new drugs and shorter regimens developed, translated to Russian language, awaiting finalization and subsequent endorsement by NTP. To date, 15 XDR-TB patients have been enrolled on BDQ containing regimens with the support of MSF. CTB patient enrolment is planned during Q1 of APA3. Training is planned to be held in September 2016.
- Kyrgyzstan: All critical steps for the introduction of BDQ have been completed. with the enrolment of the first patients on BDQ containing regimens expected in November 2016. The delay in enrolment is related to the delivery of the BDQ, companion drugs, and drugs for the SR, which will now only arrive in the country in November 2016. Training is planned to be held in July 2016.
- Nigeria: APA2 plan has been approved. In August 2016, a PMDT STTA mission is planned to assist NTP in development of introduction plan for ND&R and the country specific adaptation of the CTB generic programmatic and clinical guide. Enrolment of the first patients on new drug containing regimens and the SR is expected to start in January 2017.
- Botswana: APA2 MoT is pending approval. After approval, a STTA mission is planned in August/September 2016 to assist the NTP in development of its introduction plan for ND&R and the country specific adaptation of the CTB generic programmatic and clinical guide.

Technical/administrative challenges and actions to overcome them:

The preliminary analyses of the status of introduction of ND&Rs conducted during the March 2016 workshop, and the further work done during the June 2016 workshop, highlighted the wide differences between the respective CTB countries in their stage of implementation. Challenges were identified at all stages of the introduction of ND&Rs and were highly country specific.

Subsequent to the 16-18 June 2016 workshop and the briefing of the CTB Country Directors meeting on 22 June 2016, there needs to be urgent discussions in-country between the CTB teams and with the respective NTPs to, wherever possible, reprogram funds for appropriate Q4 APA2 activities in order to accelerate the introduction of new drugs. In addition, detailed discussions are required which feed into the APA3 planning cycle, to obtain CTB country buy-in, prioritization of this work area in discussions with NTP, and inclusion of essential steps into the APA3 work plans. The core project team will continue to reach out to all CTB coalition partners in order to be on hand for any in-country discussions that requires input on this area of work. The use of regional fora and workshops should be explored also to move this area of work forwards.

Although most of the essential tools and training materials for the introduction of ND&Rs, are available, they may need editing and need to be made readily accessible in a user friendly site to enable their adaptation and use by the respective countries and/or partners. Their collecting together and provision via a relevant website, needs to be completed. The partner organizations need to continue their work as members of the WHO’s Task Force on implementation of aDSM, including the putting together and making available a draft training package on aDSM.

Once the updated “Generic programmatic and clinical guide for the introduction of shorter regimens and new drugs for treatment of MDR-/XDR-TB”, has been finalized and approved,

discussions for its adaption and implementation in appropriate countries need to be held. The input of a professional editor should be sought to produce the final document.

The opportunity of the Union World Lung Health Conference to be held in Liverpool, UK, in October 2016, should be used to the full to raise awareness of the wider TB community of the importance of this area of work and to showcase the achievements of the CTB project. Fact sheets on the project and its achievement should be developed and be available for distribution at the conference, in addition to the conducting of the workshop on the "Lessons learned from increasing access to BDQ and DLM for management of drug resistant TB" on 26 October 2016.

Planning for the next phase of the core project needs to be started during the coming quarter. Ideally, following the workshop and briefing at the Country Directors meeting in June 2016, there will be widespread buy-in to the introduction of ND&Rs at the country level under the respective APA3 workplan. However, to maintain momentum and overall coordination of said activities under CTB, it is likely that there will be continued need for certain activities which can only be supported from the "global level". In addition, where there is no country buy-in under APA3 for this area of work, but there are specific country activities required, these too could be considered to be covered under the core project as is the current provision. A potential example could be that of Kazakhstan where the ongoing ND&R related activities have been approved to be supported from the core project budget, however it is as yet unknown whether there will be country buy-in for any continued activities under APA3 workplan.

2. Year 2 activity progress

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenge only) enes, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015 - June 2016		
Development of detailed strategy per CTB country	1	2 countries	4 countries (planned to include Tajikistan, Nigeria)	6 countries (planned to include Kazakhstan, Botswana, DRC)	8 countries (planned to include Ethiopia, Burma)	10 countries have strategies developed (Bangladesh, DR Congo, Ethiopia, India [BDQ only], Indonesia, Kyrgyzstan, Nigeria, Tajikistan, Ukraine and Vietnam). Bangladesh, Burma, DR Congo, Ethiopia, India, Indonesia, Kazakhstan, Tajikistan, Uzbekistan and Vietnam are enrolling patients on BDQ containing regimens (under CTB, endTB Project, and other mechanisms)	Met	CTB TA funded though CTB country budgets – ongoing discussions on reprogramming APA2 funds and inclusion in APA3 workplans
Development of generic training modules, to be used in all countries	2	Drafts ready: based on inventory and CTB/SIAPS developed modules	Full set ready: development of additionally required modules	Dissemination of training modules to CTB partners. Use of training modules in countries ready to start using new drugs and regimens	Use of training modules in other countries ready to start using new drugs and regimens (to be determined)	An inventory of training modules made. Materials developed for an ND&R related training to be held in Kyrgyzstan in July 2016.	Partially met	Inventory in final stage of development. If shown to be useful, the materials developed for the ND&R related training to be held in Kyrgyzstan in July 2016, could be used in subsequent trainings.

				(Kyrgyzstan, Ukraine, Tajikistan)				
Development of generic materials and protocols, to be adjusted per country	3	Draft ready: Development draft generic protocol	Full set ready: Share generic protocol and materials with partners for comments and finalize Development country-specific protocols and materials (Kyrgyzstan, Ukraine, Tajikistan) Orientation/capacity building CTB partners	Capacity building rGLCs and others	Continued updating generic materials base Capacity building rGLCs and others	Generic programmatic and clinical guide, and planning tool for the introduction of ND&Rs almost finalized (work led by KNCV). Work on electronic PV recording system and PViMS ongoing (led by SIAPS).	Partially met	Generic programmatic and clinical guide, and planning tool for the introduction of ND&Rs to be finalized in July 2016. Approved country specific guidelines already available in some countries (e.g. India), awaiting approval in others (eg Ukraine). Country specific TA to be continued to facilitate further development and approval of country specific documents.
Coordination with USAID/SIAPS/CTB partners and support data collection for evidence related to ND&R introduction	4	CTB partners appointed focal points for BDQ TA Core Project	- all CTB FP's have up to date information on the project - identify needs for capacity building on ND&R introduction among CTB partners - partners familiar with project M&E	Data collection	Data collection	CTB staff from 15 countries and 2 KNCV Regional Offices, and representatives from 4 CTB partners' central offices (ATS, MSH, The Union and WHO), attended a CTB workshop for the introduction of SRs and BDQ containing regimens for DR-TB, in The Hague from 16 to 18 June 2016. All were updated on current relevant policies, and introduced to the	Partially met	Ongoing discussions with all coalition partners and their respective country teams to prioritize the area of work, preferably through reprogramming of APA2 funding and inclusion in draft APA3 work plans. Finalization of the "Generic programmatic and clinical guide", and "Planning tool for the

			Integration of qualitative M&E on ND&R implementation into the CTB management system			Generic programmatic and clinical guide, and planning tool for the introduction of ND&Rs. Country specific group work used said tools to begin planning for the required activities in-country to introduce ND&Rs, and to record and report the required data.		introduction of ND&Rs" anticipated in July 2016. Using the tools, discussions are ongoing with CTB supported countries on the introduction of ND&Rs.
Additional support visits from HQ to Challenge TB countries when needed	5	1 country	3 countries	4 countries	5 countries	31 Missions to 14 countries as detailed in section 3 were conducted. All missions were funded from country project funds, not with core project funding.	Met	The modified APA2 workplan, developed by KNCV HQ and RO staff, for support to BDQ introduction in Kazakhstan with the NTP using core project funding, was approved by USAID Washington DC in June 2016.

3. Challenge TB-supported international visits (technical and management-related trips to this project)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Susan van den Hof, Gunta Dravniece	x				Kyrgyzstan Facilitation of workshop on development of national guidance for the introduction of ND&Rs	Complete	28/09/-03/10/15	5	Reported in country QMR
2	KNCV / PATH	Gunta Dravniece	x				Ukraine Assessment of the M/XDR-TB situation, preparedness of the NTP for implementation of ND&Rs	Complete	19/-22/10/15	4	Reported in country QMR
3	KNCV	Gunta Dravniece	x				Nigeria Facilitation of introductory workshop on ND&Rs	Complete	23/-27/11/15	5	Reported in country QMR
4	KNCV / PATH	Gunta Dravniece	x				Ukraine Development of OR protocol for ND&Rs	Complete	30/11/-04/12/15	5	Reported in country QMR
5	KNCV / WHO	Svetlana Pak	x				Kyrgyzstan Co-facilitation the workshop on aDSM	Complete	08/ - 11/12/15	4	The workshop was organized by WHO and funded by USAID country mission. KNCV was invited to co-facilitate the workshop.
6	KNCV	Svetlana Pak	x				Tajikistan Co facilitation of aDSM workshop	Complete	13/ - 18/12/15	5	Reported country QMR
7	KNCV	Suzanne Verver	x				Tajikistan Co facilitation of aDSM workshop	Complete	13/ - 18/12/15	5	Reported in country QMR
8	KNCV	Agnes Gebhard	x				Vietnam Monitoring mission on	Complete	12/ - 19/12/15	7	GFATM funded

						BDQ				
9	KNCV	Edine Tiemersma	x			Indonesia Monitoring mission for PV	Complete	02/ - 13/11/15	12	Reported in country QMR
10	KNCV / PATH	Sandra Kik, Maria Idrissova, Gunta Dravniece		x		Ukraine Development of the OR protocol for introduction of ND&Rs for MDR-TB treatment in Ukraine	Complete	24/ - 27/01/16	4	Reported in country QMR
11	KNCV	Valentina Anisimova, Svetlana Pak		x		Tajikistan Optimization of diagnostic algorithm for implementation of ND&Rs	Complete	24/ - 30/01/16	6	Reported in country QMR
12	KNCV	Gunta Dravniece		x		Botswana Analysis of MDR-TB situation and readiness of NTP for implementation of ND&Rs for MDR-TB treatment	Complete	08/-18/01/16	10	Reported in country QMR
13	KNCV	Susan van den Hof, Gunta Dravniece		x		Kyrgyzstan Development of operational research protocol for the introduction of ND&Rs for MDR-TB treatment	Complete	28/02/ - 04/03/16	5	Reported in country QMR
14	KNCV	Maria Idrissova, Gunta Dravniece		x		Tajikistan Development of Clinical protocols for treatment of non-complicated MDR-TB cases with shortened (9-month) regimens and pre-XDR-TB and XDR-TB patients	Complete	09/ -18/03/16	10	Reported in country QMR
15	KNCV / PATH	Gunta Dravniece		x		Ukraine Development of NTP for 2017-2021	Complete	30/03/ - 01/04 /16	3	Reported in country QMR
16	The Union	Sarabjit Chadha		x		India Finalisation of the BDQ CAP guidelines and training of trainers	Complete	05/ - 08/01/16	4	Reported in country QMR

17	The Union	Sarabjit Chadha		x			India Constitution of the DSM Committee for BDQ CAP	Complete	08/02/16	0.5	Reported in country QMR
18	KNCV	Petra de Haas Moses Joloba		X			Nigeria Support to a USAID-led assessment of the TB laboratory network	Complete	12/ - 25/03/16	13	Reported in country QMR
19	KNCV	Marleen Heus		X			Tanzania Support to the decentralization of PMDT care - piloting of training materials for ambulatory care	Complete	16/ - 25/01/16	9	Reported in country QMR
20	KNCV	Jerod Scholten		X			Tanzania Supervision and monitoring, including to the Kibong'oto Infectious Diseases Hospital (the only current PMDT service site in the country)	Complete	22/2/ - 2/03/16	8	Reported in country QMR
21	KNCV	Kathleen England		X			Cambodia Support for 2 nd line DST capacity Burma (Myanmar) TA for 2 nd line DST implementation	Complete	6/03/2016 - 2/4/2016	27	Reported in country QMRs
22	KNCV, The Union, WHO	Jerod Scholten Nico Kalisvaart Matteo Zignol Wilfred Nkhoma Ronald Ncube Kelvin Charambira		X			Zimbabwe Mid-term review of TB drug resistance survey	Complete	7/ -11/03/16	5	Reported in country QMR
23	KNCV	Mamel Quelapio			X		Viet Nam Support for the implementation and roll out of PMDT, especially of ND (BDQ) & Rs	Complete	30/05-03/06/16	5	Reported in country QMR
24	KNCV	Edine Tiemersma			X		Viet Nam Support to the implementation, M&E, OR and PV for ND (BDQ) & Rs	Complete	28/05-07/06/16	10	Reported in country QMR

25	KNCV	Edine Tiemersma			X		<u>Indonesia</u> Assistance to the implementation of PV for ND (currently BDQ) & Rs	Complete	13-22/04/16	10	Reported in country QMR
26	The Union	Nadia Ai Khaled			X		<u>DR Congo</u> Situational analyses for introduction of ND&Rs; Essential steps for the introduction of ND&Rs and implementation protocol based on the KNCV generic protocol drafted	Complete	09-13/05/16	5	Peer experience exchange program. The Union consultant visited KNCV HQ, The Hague, to work with KNCV consultants on planning of introduction of ND&R in DR Congo. Reported in country QMR
27	KNCV	Maria Quelapio			X		<u>Burma (Myanmar)</u> Annual NTP Review and Evaluation; TA to the NTP for introduction of new and repurposed drugs and necessary aDSM and other related topics	Complete	21-28/05/16	7	Reported in country QMR
28	KNCV	Mamuka Djibuti & Ali Habib (IRD consultant)			X		<u>Tajikistan</u> Situational analyses for implementation of PV / aDSM implementation for BDQ and OpenMRS implementation; Functional design of PV/aDSM module in OpenMRS developed	Complete	11-15/04/16	5	Reported in country QMR
29	KNCV	Valentina Anisimova & Svetlana Pak			X		<u>Tajikistan</u> Assessment of pre-selected clinical laboratories for clinical monitoring of patients on treatment with ND&Rs; Finalization of SOPs on sample collection and	Complete	14-21/05/16 & 14-20/05/16	8 & 7	Reported in country QMR

						transportation for laboratory testing, and communication of test results				
30	KNCV	Maria Idrissova			X	Tajikistan Data collection forms developed; Meeting facilitated on data cohort analysis of M/XDR TB cohort with TB PV TWG members	Complete	03-06/05/16	4	Reported in country QMR
31	KNCV	Miranda Brouwer			X	Mozambique Assessment of diagnosis and treatment of MDR-TB cases in CTB supported Provinces	Complete	10-28/04/16	20	Reported in country QMR
Total number of visits conducted (cumulative for fiscal year)							31 (31 reported in the country QMR's, and all supported from country project funding)			
Total number of visits conducted from core project funding							0			
<i>Total number of visits planned in approved core project funding / country work plan funding</i>							5			
<i>Percent of planned international consultant visits conducted from core project funding / country workplan funding</i>							0 (instead country project funding was used)			

Annex 1 is the draft summary report (which has 4 annexures, with the last one being the requested consolidated folder with the 18 country summary PPTs from session 7 of the workshop).



Annex 4.zip

Annex 2 Country summaries

Country (18)	Planned Key Activities for the Current Year		Patient numbers					
	Development of detailed strategy per CTB country Planned milestone: 6 countries YES or NO	Coordination with USAID/SIAPS/CTB partners and support data collection for evidence related to ND&R introduction Planned milestone: Data collection YES or NO	Number (#) of patients (pts) on bedaquiline (Bdq) containing regimens by end of June 2016	# of pts on Delamanid (Dlm) containing regimens by end of June 2016	# of pts on Shorter Regimens (SR) by end of June 2016	# of pts planned to be enrolled on Bdq containing regimens by end of 2016	# of pts planned to be enrolled on Dlm containing regimens by end of 2016	# of pts planned to be enrolled on SRs by end of 2016
Bangladesh	Yes	No	18	0	0	56	30	Under process of planning
Burma / Myanmar	No	No	6	1	0	15	10	0
Cambodia	No	No	0	0	0	0	0	0
CAR – Kazakhstan	No	No	94 (PIH/endTB project)	0	Not applicable (NA)	273	Not available	NA
CAR – Kyrgyzstan	Yes	No	0	0	0	38	TBD	100
CAR – Tajikistan	Yes	Yes	15 XDR-TB (MSF)	No	No	50 (CTB)	No	100 (CTB)
CAR – Uzbekistan	Yes (Planned)	Yes (Planned)	120 (without CTB support)	0	Not available	60 (to 120)	0	200 (provisional)

DR Congo	Yes	Yes	2	0	79	25	0	394
Ethiopia	Yes	Yes	2	1	0	42	25	0
India	Yes (Bdq)	Yes	3	0	0	50	0	0
Indonesia	Yes (Bdq)	Yes (Bdq)	37	NA	NA	63	NA	NA
Malawi	No	No	0	0	0	0	0	0
Mozambique	No	No	1 (MSF)	0	30 (MSF)	119	NA	75
Namibia	No	Yes	7	1	0	15	3	20
Nigeria	Yes	Yes	0	0	0	0 (Pilot at 3 sites to start in Jan 2017)	0 (Pilot at 3 sites to start in Jan 2017)	0 (Pilot at 3 sites to start in Jan 2017)
Ukraine	Yes	Yes	0	0	0	50	0	50
Viet Nam	Yes	Yes	44	Not application	68	50 (100 for 2016-2017)	NA	100
Zimbabwe	No	No	0	0	0	0	0	0
Totals	Yes 11	Yes 10	349	3	177	906	68	1039

4. Financial overview

Challenge TB Quarterly financial report

Country	Bedaquiline
Lead partner	KNCV
Other partners	ATS, IRD, MSH, PATH, The Union, WHO

Period: Apr 2016 - Jun 2016

	Total	Coordination Year 2	Workshop April 2016	Workshop June 2016	Kazakhstan
Total obligation	500,000				
Total budgeted	417,518	305,766	34,756	45,570	31,426
Funds to be programmed	82,482				
Total expenditures	215,583	164,144	22,980	26,246	2,214
Pipeline obligation	284,417				
Pipeline approved budget	201,934	141,622	11,776	19,324	29,212
Remarks to this overview					

Expenses	Total
Apr 2016 - Jun 2016	151,159
Jan 2016 - March 2016	48,707
Oct 2015 - Dec 2015	15,717
Jul 2015 - Sep 2015	0
Average quarterly burn rate	71,861
Pipeline in quarters	4
Average monthly burn rate	23,954
Pipeline in months	11.87

Coordination Year 2

Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	282,833	50,091	95,420	-	145,511	137,322	51%
ACF	22,932	14,333	4,300	-	18,633	4,300	81%
TOTAL	305,766	64,424	99,720	-	164,144	141,622	54%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	158,631	29,690	55,662		85,352	73,279	54%
Travel and transportation	14,945	-	1,299		1,299	13,647	9%
Other Direct Costs	500	-	296		296	204	59%
Indirect costs	108,757	20,402	38,162		58,564	50,193	54%
ACF	22,932	14,333	4,300		18,633	4,300	81%
TOTAL	305,766	64,424	99,720	-	164,144	141,622	54%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Staffing and operations	282,833	50,091	95,420	-	145,511	137,322	51%
ACF	22,932	14,333	4,300	-	18,633	4,300	81%
TOTAL	305,766	64,424	99,720	-	164,144	141,622	54%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	305,766	64,424	99,720	-	164,144	141,622	54%
TOTAL	305,766	64,424	99,720	-	164,144	141,622	54%

Workshop April 2016

Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	12,762	-	1,883	-	1,883	10,880	15%
ATS	3,244	-	3,244	-	3,244	0	100%
IRD	1,662	-	2,319	-	2,319	-657	140%
MSH	3,100	-	-	-	-	3,100	0%
PATH	6,171	-	8,498	-	8,498	-2,327	138%
The Union	3,121	-	2,342	-	2,342	779	75%
WHO	2,088	-	2,088	-	2,088	-	100%
ACF	2,607	-	2,607	-	2,607	-	100%
TOTAL	34,756	-	22,980	-	22,980	11,776	66%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	10,011	-	4,263	-	4,263	5,748	43%
Fringe benefits	497	-	1,019	-	1,019	-522	205%
Travel and transportation	13,960	-	9,508	-	9,508	4,453	68%
Contractual	-	-	1,298	-	1,298	-1,298	0%
Other Direct Costs	500	-	582	-	582	-82	116%
Indirect costs	7,181	-	3,704	-	3,704	3,478	52%
ACF	2,607	-	2,607	-	2,607	-	100%
TOTAL	34,756	-	22,980	-	22,980	11,776	66%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Staffing and operations	32,149	-	20,373	-	20,373	11,776	63%
ACF	2,607	-	2,607	-	2,607	-	100%
TOTAL	34,756	-	22,980	-	22,980	11,776	66%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	34,756	-	21,015	-	21,015	13,741	60%
Local costs	-	-	1,965	-	1,965	-1,965	0%
TOTAL	34,756	-	22,980	-	22,980	11,776	66%

Workshop June 2016

Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	19,139	-	10,642	-	10,642	8,497	56%
ATS	9,321	-	9,321	-	9,321	-0	100%
MSH	4,571	-	-	-	-	4,571	0%
PATH	6,162	-	816	-	816	5,346	13%
The Union	2,960	-	2,050	-	2,050	911	69%
ACF	3,418	-	3,418	-	3,418	-	100%
TOTAL	45,570	-	26,246	-	26,246	19,324	58%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	16,844	-	11,009	-	11,009	5,835	65%
Fringe benefits	2,524	-	2,103	-	2,103	421	83%
Travel and transportation	12,723	-	4,825	-	4,825	7,898	38%
Other Direct Costs	2,195	-	-	-	-	2,195	0%
Indirect costs	7,866	-	4,891	-	4,891	2,975	62%
ACF	3,418	-	3,418	-	3,418	-	100%
TOTAL	45,570	-	26,246	-	26,246	19,324	58%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
9. Drug and commodity management systems	28,649	-	12,187	-	12,187	16,462	43%
Staffing and operations	13,504	-	10,642	-	10,642	2,862	79%
ACF	3,418	-	3,418	-	3,418	-	100%
TOTAL	45,570	-	26,246	-	26,246	19,324	58%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	45,570	-	22,358	-	22,358	23,212	49%
Local costs	-	-	3,888	-	3,888	-3,888	0%
TOTAL	45,570	-	26,246	-	26,246	19,324	58%

Kazakhstan

Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	29,069	-	1,035	-	1,035	28,034	4%
ACF	2,357	-	1,178	-	1,178	1,178	50%
TOTAL	31,426	-	2,214	-	2,214	29,212	7%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	16,482	-	807	-	807	15,675	5%
Travel and transportation	4,150	-	-	-	-	4,150	0%
Supplies	30	-	-	-	-	30	0%
Other Direct Costs	750	-	-	-	-	750	0%
Indirect costs	7,657	-	228	-	228	7,429	3%
ACF	2,357	-	1,178	-	1,178	1,178	50%
TOTAL	31,426	-	2,214	-	2,214	29,212	7%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
3. Patient-centered care and treatment	8,481	-	-	-	-	8,481	0%
Staffing and operations	20,588	-	1,035	-	1,035	19,553	5%
ACF	2,357	-	1,178	-	1,178	1,178	50%
TOTAL	31,426	-	2,214	-	2,214	29,212	7%

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	21,181	-	1,739	-	1,739	19,442	8%
Local costs	10,244	-	474	-	474	9,770	5%
TOTAL	31,426	-	2,214	-	2,214	29,212	7%