



**USAID GRANT TO
THE STOP TB PARTNERSHIP**

**GRANT NO.
GHA-G-00-08-00005-00**

PROGRESS REPORT

**FOR THE PERIOD
1 OCTOBER 2009 TO 30 SEPTEMBER 2010**

STOP TB Partnership Grant
Progress Report for the period
1 October 2009 to 30 September 2010

Executive Summary

The purpose of the Stop TB Partnership is to realize the goal of elimination of TB as a public health problem, and ultimately to obtain a world free of TB. Its mission is to : (i) To ensure that every TB patient has access to effective diagnosis, treatment, and cure; (ii) to stop transmission of TB; (iii) To reduce the inequitable social and economic toll of TB; (iv) to develop and implement new preventive, diagnostic, and therapeutic tools and strategies to stop TB.

Securing USAID support for the work of the Stop TB Partnership Secretariat, administered by WHO in Geneva, is critical to facilitating the decisions taken by governing bodies, notably the Coordinating Board, as well as strengthening the Secretariat of the Partnership and the further development of its Working Groups, the Global Drug Facility; implementation of the Global Plan to Stop TB 2006-2015; and the work of the TBTEAM.

This report provides an update on progress for the period 1 October 2009 to 30 September 2010. Below is an executive summary for each of the three main areas of work supported by the USAID grant: GDF; Stop TB Partnership Secretariat; and TBTEAM.

The Global Drug Facility: GDF continued to deliver services to endemic countries with an aim to realizing its overarching objectives of: supplying 25 million patient treatments by 2015, and preventing 50 million TB cases by 2020. The services include: (i) Grant Service whereby first and second-line anti-TB drugs are granted to eligible and approved countries which require donor support to meet their drug needs; (ii) Direct Procurement Service for governments, donors and non-governmental organizations to purchase drugs and diagnostic kits for use in programmes in countries that have sufficient finances but lack adequate procurement capacity, including a robust quality assurance system; and (iii) Country Support Service whereby GDF Grant and Direct Procurement services are combined with technical assistance for in-country drug management through the provision of in-country monitoring and evaluation missions.

Furthermore, in 2010, GDF, in coordination with the Boston Consulting Group (BCG), performed an analysis to determine GDF's future role in the current TB landscape in order to best serve countries in need. The key areas of change are outlined in more detail in the report that follows and include: organization and governance; performance management; order process; market development; and country support for drug management.

.The Stop TB Partnership Secretariat: Major achievements under this portion of the grant included preparation and finalization of the update of the Global Plan to Stop TB 2006-2015. A third round of the Challenge Facility for Civil Society was also supported under this grant, bringing the cumulative number of grassroots organizations supported to 66 in 29 different countries across Africa, Asia, South America, Eastern Europe and Central Asia. During the reporting period, the Stop TB National Partnership movement continued to grow with seven new national partnerships launched: in Afghanistan, the Dominican Republic, Kenya, Morocco, Nigeria, Swaziland and Syria, bringing the total number of national partnerships to 32. In addition,

a new two-year advocacy theme was prepared focusing on innovation following extensive discussions with partners. As foreseen under the grant, two Coordinating Board meetings were held, facilitating high level decision making for the partnership, including a review and endorsement of the Rio Recommendations stemming from the 3rd Partners Forum held in Spring 2009.

TBTEAM: The work of the Technical Assistance Mechanism (TBTEAM) of the Partnership continued and taken further to improve Global Fund TB grant performance and relieve bottlenecks to grant implementation by linking countries with technical assistance. This is achieved through three objectives.

- Improving Global Fund grant performance: 26 of the 47 Grant Agreement prepared for 35 countries that were approved for funding in Round 9 for TB grants, signed phase 1 grant agreements during October 2009 - September 2010 and were supported by TBTEAM. This corresponds to 45 % of unsigned R9 TB grants; a better score than for malaria reaching 60% grant unsigned (15 unsigned over approved 25 R9 malaria) and for HIV with 49% unsigned grants (25 unsigned over 51 R9 HIV approved grants). Reasons delaying the signature are mainly due to late budget clarification and technical quantification. Moreover, 84% of TB grants have ratings of A-B compared to 79% of HIV grants and 70% of malaria grants
- Strengthening TB TEAM and TA Coordination: This grant promote the use TBTEAM website and TA coordination through TBTEAM by partners. Included in the TBTEAM website 170 missions funded by this grant has catalyzed 780 additional missions from several other funding sources conducted by TBTEAM partners
- Contribution to TA plan development The grant contributed to establishment of 73 national TBTEAMS (see attached TORs). Most of them have agreed to develop national TA plans through consultation with all national stakeholders based on the annual operational plan of the TB programme, taking into account TA that is funded through several sources including this grant

Table 1: Summary Budget

	Line Item	Cost US\$
GDF	A. Cost of drugs, including quality control, pre-shipment inspection and cost of insurance, shipping and freight	10,922,330 ¹
	B. WHO Programme Support Costs for A	327,670
	C. GDF Operational Costs including Staff, Technical Assistance and Monitoring	3,504,673 ²
	D. WHO Programme Support Costs for C	245,327
	GDF Sub-total	15,000,000
Partnership Secretariat	Strengthening the STB Partnership Secretariat	150,000
	Global Communications	100,000
	Advocacy, Communication and Social Mobilization	150,000
	Building Partnerships	150,000
	Challenge Facility for Civil Society	120,000
	Global Plan Monitoring & Updating	150,000
	Partnership Secretariat Sub-total*	820,000
TBTEAM	On-site technical support and external missions	1,650,000

¹ 75% of funding

² 25% of funding

	Capacity building workshops - GF grant implementation	375,000
	Coordination of support to countries	795,000
	Grant Monitoring and Evaluation, and Reporting	180,000
	TBTEAM Sub-total	3,000,000
Grant Grand Total		18,820,000

Activity 1 – Global TB Drug Facility (GDF)

Since 2001, GDF has improved access to treatment worldwide by providing first-line anti-TB drugs (FLDs) to 99 countries. In total over 17.3 million FLD patient treatments were supplied by 30 June 2010.

Since the inception of the GDF, the tuberculosis (TB) landscape has evolved significantly. New partners have joined the fight against TB and new needs have emerged –particularly in relation to multi-drug-resistant TB (MDR-TB), diagnostics, and laboratory equipment. Over time, GDF has expanded its services to support the changing needs of countries. As a result, GDF offers a wider range of products than before: having initially concentrated on first-line drugs (FLDs), it has now added pediatric drugs, second-line drugs (SLDs) and diagnostics. GDF has also moved from offering mainly “grants-in-kind” to offering an equal proportion of grants and direct procurement.

In 2010, GDF, in coordination with the Boston Consulting Group (BCG), performed an analysis to determine GDF's future role in the current TB landscape in order to best serve countries in need. The recommendations from this analysis centered around 5 clear areas where GDF could provide added value: Rapid Response to stock-out and emergency situations; Grants - targeted to emergency and scale up situations; Country Support - consolidating the knowledge relating to country TA needs gathered during monitoring and evaluation missions and interactions with countries and linking it with the TB TEAM mechanism in order to coordinate with TA providers and TA funders for countries' technical assistance needs to be addressed in the area of procurement and supply management;; Market Shaping - increasing the availability of quality assured first and second line medicines while fostering treatment cost containment or reduction; Basic Procurement and Logistics continuing to provide comprehensive procurement services of quality assured FLD and SLD anti-TB medicines and diagnostics to countries through its grant and direct pooled procurement mechanisms.

After being mandated to do so by the Executive Committee of the Stop TB Partnership Coordinating Board in June 2010, GDF began drafting an Implementation and Restructuring Action Plan (IRAP) outlining the required actions to turn the above recommendations into a realistic operational model. The IRAP document was successfully presented to the Stop TB Coordinating Board in Johannesburg in October 2010. GDF will begin in November 2010 to make the necessary human resource and process modifications to transition to its desired end state. It is anticipated that the transition of GDF from its current structure and functioning to its completed new operational set up will take until the end of 2011. The continued support of USAID will play a critical role in the successful transformation of GDF.

Some of the key area of change are listed below:

1) Organization and Governance

- Redesign the organizational structure around three teams, aligned to GDF's main activities and stakeholders: a Country Supply team with focus on improved country service, a Market Development team with an emphasis on increased access to quality assured anti-TB medicines and a Business Services team dedicated to resources, performance management and communications.

2) Performance Management

- Instill a performance-oriented culture with a robust performance-tracking process, updated Key Performance Indicators (KPIs) and clear targets, personal performance tied to KPIs, and a strong commitment from Stop TB leadership to support GDF in improving performance.
- Conduct rigorous performance management of GDF vendors, to ensure that GDF's service providers meet the same high standards that GDF itself does.

3) Order process

- Use a low-stock warning system/surveillance system based on country stock data, institute a dedicated rapid-response process, and a reporting process to capture the lessons learned.
- Upgrade/Improve the country order process by streamlining order management so that it resides with one team; create a functioning revolving fund for use with all orders where applicable; and draw on rotating stockpiles for all first line drugs (FLDs) and second line drugs (SLDs).
- Explore the development of a cost-recovery mechanism to recover costs associated with direct procurement and mitigate the risks of changes in GDF donor funding.

4) Market development

- Strengthen vendor sourcing and management by: creating a Vendor Relations position; improving performance management of vendors; implementing a supplier sourcing strategy aimed at increasing the number of quality-assured FLD and SLD manufacturers and products; and developing better tools to support pricing negotiation and quality improvement.
- Develop and introduce online country data-collection and forecasting system for FLDs and SLDs by linking with countries' electronic drug-management systems when such systems exist, and coordinate with existing WHO and partner systems to avoid duplication of efforts.
- Create a functioning revolving fund and expand its coverage to cover FLDs in addition to SLDs.
- For maximum effectiveness, enhance current models used for FLD / SLD stockpiles and maintain sufficient levels of stockpiling across products.

5) Country support for drug management

- Refocus GDF efforts towards assessing technical assistance needs in procurement and supply management. Continue to organize drug-management monitoring missions for FLDs and SLDs to all GDF serviced countries. Work closely with TB TEAM to help countries identify TA providers and track the quantity and quality of TA provided.

GDF Objectives: 2010 - 2015

- Supply 25 million patient treatments by 2015.

- Provide quality assured anti-TB medicines to eligible countries in need.
- Mitigate the emergence of drug resistance through the uninterrupted supply of quality-assured FLDs in fixed-dose combinations and quality-assured second-line drugs (SLDs)
- Partner with the Global Laboratory Initiative (GLI) and the Foundation for Innovative New Diagnostics (FIND) to support increased case-finding and detection of MDR-TB.
- Improve the quality of TB drugs world-wide via support to the WHO Prequalification Programme.
- Provide rationalized procurement mechanisms to improve cost effectiveness of drug purchasing.
- Contribute to the prevention of in-country stockouts with a robust rapid response system.
- Support TB/HIV collaborative activities through the provision of treatment for Intensified Preventive Therapies
- Implement a comprehensive forecasting mechanism for both FLD and SLD medicines.
- Institute a SMART performance management system including the development and implementation of relevant KPIs

Table 2: Progress Update on Expected Outcomes and Performance indicators for October 1, 2009 to 30 September 2010³

Indicator	Reporting Period: 1 October 2009 - 30 September 2010 (* = January - June 2010)
<i>Number of countries serviced through GDF's FLD grant mechanism (includes adult and paediatric medicines)</i>	46
<i>Number of adult FLD patient treatments supplied via the Grant Service</i>	Pending further data, will be forwarded to USAID upon availability
<i>US\$ value of FLD Grant orders placed (includes adult and paediatric FLD medicines)</i>	\$21,656,344
<i>Number of countries serviced through GDF's direct procurement mechanism</i>	43
<i>US\$ value of Direct Procurement orders placed (includes adult and paediatric FLD medicines and FLD diagnostics)</i>	\$37,323,247
<i>Number of patient treatments supplied via the Direct Procurement Service</i>	588,512*
<i>Number of patient treatments delivered (includes Adult and Paediatric Grant and DP orders)</i>	Pending further data, will be forwarded to USAID upon availability
<i>Number of countries procuring Diagnostic Kits</i>	11
<i>Number of Monitoring and Evaluation Missions provided</i>	84 (including 17 joint missions)
<i>Number of Drug Management Workshops and Capacity Building Missions</i>	6 (workshops) , 9 (capacity building)
<i>Average Lead Time for Emergency orders</i>	64
<i>Median Lead Time for Emergency orders</i>	48
<i>Cost of FLD adult patient treatment</i>	\$13.62 ⁴

³ Where data up to September 2010 not available, data up to June 30, 2010 will be inputted for reference indicated with *.

⁴ Cat. I & III - 2(RHZE)/4(RH)

<i>Number of new applications for a Grant reviewed by TRC (does not include direct procurement applications)'</i>	TRC 21: November 2009: 1 new adult grant, 1 emergency grant, 2 adult grand monitoring, 6 paediatric monitoring grants. Grants approved estimated at US\$ 6,782,177 . Results of TRC 22: April 2010, 1 new adult grant, 3 Emergency grants, 1 adult grant monitoring, 1 paediatric grant monitoring, 2 direct procurement applications. Grants approved estimated at USD \$800,558 .
<i>Average lead time for FLD Grant orders (defined as from order placed with supplier to first shipment received in country.)</i>	96
<i>Median lead time for FLD Grant orders (defined as from order placed with supplier to first shipment received in country.)</i>	77
<i>Average lead time for FLD DP orders (defined as from order placed with supplier to first shipment received in country.)</i>	83
<i>Median lead time for FLD Grant orders (defined as from order placed with supplier to first shipment received in country.)</i>	82

Quality Assured Medicines

During this reporting period, further efforts were made to ensure a continuous supply of adequate quality-assured medicines procurement services. For products where there are less than three quality-assured finished pharmaceutical products (FPP) available for one specific item, GDF coordinated a new Expressions of Interest (EoI) for first, second and third-line for both product and manufacturing site evaluations on the basis of a quality and clinical risk assessment in collaboration with the Global Fund. This joint procedure will allow both organizations to standardize processes, cost efficiency through pooling of activities and sharing of results, transparency and competition. The EoI was launched in July 2010.

Results are expected by end of October 2010. Subsequent invitations for EoI will be published from time to time as needed.

Additional performance indicators for calendar year 2009 are available in GDF's annual progress report 13 for 2009 located at:

<http://www.stoptb.org/assets/documents/gdf/whatis/GDF%20Annual%20Report%202009%20FINAL.pdf>

Program Description and Planned Activities for upcoming USAID support to the GDF

Following the Stop TB Partnership's Coordinating Board endorsement of GDF Strategic Directions, the following activities will be implemented:

- **Applications and Review:** GDF's Country Supply Officers will be in regular communication with national programme focal points to provide continuous support in: (a) determining the needs for FLDs, including pediatrics, and diagnostics and SLD's, for both grants and direct procurement and assisting countries with order preparation; (b) assisting countries to implement the Stop TB Strategy by improving the supply of FLDs and SLDs; (c) under the

guidance of the TRC and GLC⁵ implement recommendations for which countries will receive GDF anti-TB drugs and diagnostics and prepare them for receiving these commodities.

- **Monitoring:** (a) Through its annual monitoring and evaluation missions, GDF works with partners and technical agencies in-country to monitor TB program performance with a focus on procurement and supply management, and to ensure compliance with GDF terms and conditions of support; Grant mission reports are reviewed by external auditors as well as GDF's Technical Review Committee for FLD's and the GLC for SLD's with follow up recommendations for improvements and required actions indicated as needed. These missions will support technical assistance needs assessment (see drug management) (b) Systematic use of a low stock warning and surveillance system based on country stock data, and implementation of a dedicated rapid-response process, and a reporting process to capture the lessons learned. **Procurement:** (a) to facilitate treatment access by providing quality assured and affordable FLD and MDR anti-TB drugs in a timely manner, procured via a transparent, competitive bidding process; (b) to ensure that all GDF supported countries and approved projects have access to high quality diagnostics and laboratory equipment; (c) to develop a Rapid Response mechanism to ensure proactive and timely response to emergency requests from countries combined with a follow up analysis aimed at determining cause of emergency request and ensuring prevention of future re-occurrences.
- **Drug Management:** (a) Working in collaboration with TBTEAM, Regional Support Officers, Technical Assistance agencies and countries to identify country drug management needs and link with appropriate funding and technical assistance provider; (b) collaborate in the organization and facilitation of drug management workshops organized with partner agencies and TB TEAM.
- **General Management and Support:** (a) to define comprehensive communication, advocacy and resource mobilization strategies for the GDF; (b) to ensure that GDF operations are supported by a comprehensive unified internal quality management and information system and that is ISO 9001:2000 certification is maintained; (c) streamlined Key Performance Indicators measuring GDF's activities and linking individual staff performance to GDF's overarching objectives.
- **Performance Management and Market Shaping:** Following the recommendations for the Strategic Direction for GDF, GDF will be introducing several new activities. Technical assistance will be supported to carry out new strategic functions in the area of Market Shaping including direct negotiations and competitive tenders aimed at price reduction/containment of FLD and SLD quality assured medicines. Improved supplier performance management systems to ensure GDF vendors adhere to GDF's high quality standards; continued ISO maintenance, licensing requirements and quality management output that will support development of a more efficient and streamlined order management system with enhanced reporting capability, as well as improved program data quality and collection.
- **Forecasting:** To continue improving its existing forecasting activities, GDF is developing a mechanism to link with countries to receive real time data critical to Market Shaping activities

Activity 2 – Support for STB Partnership Secretariat and other Technical Areas

The purpose of the Stop TB Partnership is to realize the goal of elimination of TB as a public health problem, and ultimately to obtain a world free of TB. The Partnership aims to empower

⁵ The GLC mechanism is currently undergoing a remodelling. GDF will continue to work with the GLC mechanism and its replacement to provide quality SLDs to countries in need.

partners for sustained action, to create synergies and catalyse innovation, in order to achieve the Partnership's 2015 TB targets linked to the MDGs.

With the support of donors such as USAID, the Stop TB Partnership continues to gain strength and expand. The Secretariat acts as a bridge between partners around the world by bringing together the technical expertise and resources needed to achieve the common goal of eliminating TB by 2050. During the reporting period, 341 new partners joined the Partnership for a total of 1455 partners by the end of September 2010

USAID support for the work of the Stop TB Partnership Secretariat, administered by WHO in Geneva, is critical to facilitating the implementation of the decisions taken by governing bodies, notably the Coordinating Board, as well as the further development of the seven Working Groups, the Global Drug Facility and the implementation and monitoring of Global Plan to Stop TB 2006-2015.

This grant will provide catalytic support to the Partnership's work during the coming year. USAID funds will focus on the growth and development of Stop TB Partnerships at the global and national-level, the continued evolution of advocacy, communication and social mobilization activities, and ensuring that coordinated and strategic outreach to key communities and constituencies of the Stop TB Partnership takes place e.g. by direct support to the Civil Society.

The major work components of Activity 2 of the Stop TB Partnership grant are as follows:

1. Strengthening the Stop TB Partnership Secretariat
2. Global Communications
3. Advocacy, Communication and Social Mobilization
4. Building National Partnerships
5. Challenge Facility for Civil Society
6. Monitoring & Updating the Global Plan 2006 2015

Progress and Achievements for the period 1 October 2009 to 30 September 2010

1. Strengthening the STB Partnership Secretariat

Two Coordinating Board meetings, with full documentation and meeting reports, including the Rio Recommendations Report

Two Coordinating Board meetings have been held as planned under the current grant, the first of which took place in Geneva in November 2009 and the latter of which was convened in Hanoi, Viet Nam in May 2010. Notable decisions taken at the Geneva meeting include: approval of the 2010-2011 Partnership Work Plan and Budget; establishment of a Task Force of the Board to review the Partnership architecture in place to facilitate action on MDR at the country level; and endorsement of the major output documents from the 3rd Partners Forum in Rio, including the Rio Recommendations and the Partnership response to the recommendations.

In Hanoi, the Board approved the draft Compact between UNAIDS and the Partnership; endorsed recommendations from the Proposal Review Committee regarding grant applications to be funded under the TB REACH initiative; agreed to establish a Task Force of the Board to engage in the Global Fund's review of its eligibility criteria; and endorsed the strategic approach to engage at the MDG Summit in September and called upon the Secretariat and the Advocacy Advisory

Committee to work closely with key partners and Board members to develop messages on TB successes. All meeting documents, decisions and presentations from the Geneva and Hanoi CB meeting are available at: <http://www.stoptb.org/about/cb/meetings/>. In addition, all output documents of the Rio Partners Forum can be accessed at: www.stoptb.org/events/meetings/partners_forum/2009/

Financial management, monitoring and reporting

The 2009 Partnership Annual Report was circulated to the Coordinating Board for review in summer 2010 and published in early Fall 2010. The full text of the report can be downloaded at: <http://www.stoptb.org/resources/publications/>. Included in this report were summary financial management reports for both the Partnership, including TBREACH, and GDF specifically. In addition, a detailed financial statement with notes for the Partnership and GDF was prepared ahead of the 19th Coordinating Board meeting in Johannesburg, South Africa in October 2010. Periodic technical and financial reports have been prepared for donors according to reporting schedules as laid out in respective donor agreements.

Information Technology

The Stop TB Partnership website, www.stoptb.org, was completely redesigned allowing for increased usability with a more modern interface and improved information architecture. The website is now much more consistent in its presentation of information and makes use of newer technologies such as embedded videos and interactive maps while still remaining "light" enough to be accessed by all of our audiences. The TBTEAM website was merged into the main Stop TB website and an information system was developed to facilitate the needs of the TBTEAM secretariat as well as the countries and partners involved.

The Order Management System used by the GDF has been significantly enhanced to capture more information, manage additional processes and offer greater reporting capabilities. In addition, security was strengthened on all of the Partnership's information systems to ensure that they remain safe from attack. The computer equipment of all the Secretariat staff was upgraded to improve productivity and additional software licenses were purchased to facilitate their work.

2. Global Communications

World TB Day

A new two-year campaign was launched for World TB Day in March 2010 following extensive international consultations with partners in 2009. The two-year World TB Day (2010/11) campaign will build on theme of Innovation. The slogan *On the move against tuberculosis* reflects this theme through a simple, flexible and easily translatable phrase. The World TB Day Blog was re-launched for World TB Day 2010, providing a space where organizations and national TB programs could post their news, reports and audiovisual materials about their local observance of World TB Day; and others could comment.

Redesign of the Partnership Website

In the Spring of 2010, the Stop TB Partnership website was completely redesigned allowing for increased usability with a more modern interface and improved information architecture. The website is now much more consistent in its presentation of information and makes use of newer

technologies such as embedded videos and interactive maps while still remaining "light" enough to be accessed by all of our audiences. Development and production of web news, the newsletter, e-alerts, articles and features, e-brochures are ongoing. Early in 2010, Google acknowledged the independence and value of news produced by the Secretariat by including our news stories in Google News. The Stop TB Partnership YouTube channel and Facebook site were developed and are now being used to reach broader audiences.

VIPs and Special Events

As part of the VIP and Special Events program, a number of new communications products were produced featuring the Goodwill Ambassadors of the Stop TB Partnership. A broadcast quality DVD of the Stop TB World Cup animated cartoon has been produced in 6 languages and has been distributed at global events. It has also been broadcasted in 80 countries around the world.. A series of videos featuring the newly announced Goodwill Ambassador are being launched weekly on the web, and tracking web site coverage of the new ambassador has confirmed that the TB message is reaching a much broader and diverse audience.

Journalist Outreach

The Partnership continued to reach out to journalists, produce press releases and other media materials. In December, the secretariat participated in a training workshop for journalists from all six WHO regions, held during the World Lung Conference in Mexico.

3. Advocacy, Communication and Social Mobilization (ACSM)

Advocacy Advisory Committee (AAC)

In the fall of 2009, the Advocacy Advisory Committee (AAC) held their annual meeting. The Advocacy Framework developed by the ACC for 2010 was developed and was endorsed at the CB meeting in November 2009. The AAC contributed to shaping the Advocacy theme for 2010-2011, and helped develop messaging and ways of disseminating them through key visible events. In collaboration with the Research Movement, advocacy materials were developed and distributed highlighting the funding gaps for Research and Development compared to the STOP TB Partnership's Global Plan targets. These were distributed at events with key stakeholders between 2009 and 2010. The Secretariat ensured the New Tools Working Group messages were visible and highlighted through key advocacy events, policy briefs and brochures were distributed during World TB Day events and bilateral high-level meetings with donors.

Additional consultations and regular conference calls were held with the Advocacy Advisory Committee and participation from the AAC in advocacy efforts around the MDG Summit in New York in September 2010 was also provided by the Secretariat. This included development and distribution in print and electronically to the Advocacy Network targeted messaging/brochures on TB and the MDGs for the MDG Summit.

ACSM at Country Level (for better TB control)

- Production of the **ACSM good practice document**. Printed version will be made available at the document launch scheduled to happen at the Stop TB Symposium on 11 November 2010. The document will also be available at the Stop TB Partnership Booth and also will be

discussed during the ACSM Symposium which is part of the Union Conference agenda and will take place on 14 November 2010 at the Berlin Conference Centre.

- There were a lot of lessons learnt in the long time it took to produce the document. The variety of submissions received showed the many different ways ACSM is implemented but also a general weakness in linking those activities to TB control challenges. Another big weakness that was noticed was the lack of specific M&E schemes to assess impact of the ACSM activities, which made it hard to then link TB indicators (such as case detection or treatment success) to the activities that were implemented.
- Acknowledging the critical need for monitoring and evaluating ACSM, the Secretariat, in collaboration with the ACSM Core Group began the development of a document to guide country-level implementers in coming up with an M&E plan specific for their ACSM activities. This document is currently under revision and a draft will be shared with Subgroup members for comments during the Subgroup meeting in Berlin on 14 November 2010. It will also be shared with the CORE Group for their valuable feedback.
- As stated in previous grant reports, collection of good practices will continue, but will be documented on the web site instead of a physical document.
- The Partnership Secretariat and members of the ACSM Core Group provided input to a standardized ACSM training curriculum, developed by PATH. This curriculum was pilot tested in Tanzania in 2009. Funds from this grant supported two Regional Workshops held in 2010.
 1. **AFRO Regional ACSM Workshop, Tanzania, 26-30 April 2010:** For this workshop, the Secretariat worked closely with PATH to run an application process for attending the workshop. This was done to ensure that those most active in ACSM and also representing various stakeholders (i.e. government, NGOs, patient groups) attended the workshop. A total of 24 participants from five⁶ countries attended the week-long course aimed at building ACSM skills at the national and local levels to support a sustained contribution of ACSM interventions to TB control program improvements. PATH was responsible for the organization and facilitation of the workshop. The Partnership gave technical input into the curriculum, ran the selection process, and with funds from this grant, supported the travel of all participants (except those already in Tanzania). At the end the workshop, participants drafted country action plans specific to their settings and based on analysis of barriers and opportunities and created follow-up technical assistance plans for moving forward with ACSM. .
 2. **SEARO Regional ACSM Workshop, Sri Lanka, September 2010:** This workshop was organized by the South East Asia Regional Office. PATH was responsible for the facilitation, using an abbreviated version of the above-mentioned ACSM curriculum. This workshop happened during the annual NTP manager's meeting, and proved beneficial not only to increase understanding of ACSM in TB control but also to get buy in from high-ranking government officials. For this workshop, the Stop TB Partnership had a small role, sending one facilitator (Lisbeth Oey) with funds from this grant. A total of 36 people participated in this workshop.
 3. Between April and September of the reporting period, the ACSM focal point at the Secretariat was on maternity leave and thus no further Secretariat-led workshops were held in this period.
- Funds from this grant were also used to support two additional activities:
 1. Printing of 2000 copies of the French version of the document: [*Advocacy, communication and social mobilization for TB control: a handbook for country*](#)

⁶ Ethiopia, Nigeria, Tanzania, South Africa, Uganda

programmes. The French version was translated and produced in the WHO Eastern Mediterranean Regional Office and has been posted online. Copies will be available at the Union Conference and other key TB events.

2. Funds from this grant were used to start the development of the M&E for ACSM document. A task force has been formed with ACSM Core Group members, Secretariat and M&E experts who provide feedback and guide the development of the document.

4. Building Partnerships

Strengthening national, regional, global Partnerships

The Stop TB National Partnership movement continued to grow in 2009 and 2010. Seven national partnerships were launched: in Afghanistan, the Dominican Republic, Kenya, Morocco, Nigeria, Swaziland and Syria, bringing the total number of national partnerships to 32. Communications with and among national Stop TB partnerships was improved with the development of a dedicated website and establishment of a Google group, which resulted, among other outcomes, in the meeting of the network of national Stop TB partnerships. The 32 national Stop TB partnerships share material related to their partnering process (both good practices and lessons learned) on a regular basis. A concept paper on the partnering process was developed, submitted for comments to existing national Stop TB partnerships and finalized. The concept paper, available in French and Spanish, is accompanied by presentations and tools aimed at assisting countries in the exploration, building and maintenance phases of national partnerships. All material is available on the new webpage on national stop TB partnerships.

The Partners' Directory has been updated by deleting duplicates and approving/rejecting a backlog of applications, as well as putting in place certain measures to facilitate the engagement of new applicants. 341 new partners joined the Partnership from September 2009 to September 2010 for a total of 1455 partners. 226 of the new partners belonged to the NGO constituency. 318 organizations declared to be interested in being involved in the Working Groups, a 12,5% increase from last year. A consultancy is being carried out with the aim 1) to develop standard operating procedures for the Stop TB Partners' Directory; 2) to develop a strategy for a greater engagement of the constituency of nongovernmental organizations (NGOs). The results of this consultancy will be used to strengthen the bi-directional communications between the representatives of the NGO constituency in the Coordinating Board and their members.

Training Course on "Empower people with TB, and communities through partnership" (Component 5 of Stop TB Strategy): The training of consultants was held in February 2010. It was composed of four modules: advocacy, communications and social mobilization, community involvement, partnering initiatives and Challenge Facility for Civil Society. 26 consultants were trained and advised to enrol in the TBTEAM expert roster. Five participants of the above-mentioned course guided and/or participated in proposal preparation and mock reviews for Round 10 of GF for the following countries: Afghanistan, Djibouti, Dominican Republic, Egypt, Eritrea, Jordan, Morocco, Somalia, Sudan South, Swaziland, Syria, and Timor Leste.

5. Challenge Facility for Civil Society

Since its inception, 66 grants in 29 different countries across Africa, Asia, South America, Eastern Europe and Central Asia have been provided to grassroots organizations through three successive grant rounds. At the end of 2009 and with the support of McKinsey, an internal review was

conducted to improve the performance of the grant giving mechanism. The review included site visits to 10 grantees in Ghana, India and Kenya that permitted to assess the outcome of advocacy, communication and social mobilization activities implemented. Results show that grantees contributed to finding potential TB cases in their communities and referring them to health centers for testing. In addition, awarded NGOs created a vast awareness on TB and TB/HIV issues in the target communities through trainings, sensitization sessions and patient support groups. Following this review, a third round was launched, with new grants being awarded in 2010 to 21 grassroots' organizations. For a list of all organizations that have received grants through the 3 rounds, please visit: <http://www.stoptb.org/global/awards/cfcs/grants.asp>

Currently, the Secretariat is monitoring and giving support to the grant recipients through regular telephone calls. Furthermore, preparations for the fourth round of CFCS are underway.

6. Global Plan Monitoring & Updating

Global Plan Monitoring and Updating: A revision process was recently completed in Fall 2010 to update the Global Plan to Stop TB 2006-2015. The update process used a common approach for each activity covered by the 7 working groups (WGs) (DOTS Expansion, MDR-TB, TB/HIV, GLI, New Drugs, New Diagnosis, New Vaccines). For each of these, a detailed logical framework matrix (logframe) has been developed, that includes a clear definition of the vision, goal, objectives, targets/indicators, major activities, in a consistent format, taking into account the objectives initially set for 2015 and the present status. The update process has been divided into two parts: the implementation part that includes the first 4 WGs, and the research part that includes the 3 new tools WGs. For the "implementation" WGs, the process is also the methods with which to define burden, trends, targets and costs. The updated Global Plan was circulated to the Board on 12 August, and later, with additional documents, on 20 August for review. During September the plan was finalized and published. Just prior to the 19th Coordinating Board meeting in Johannesburg, South Africa, the Global Plan was successfully launched on 13 October 2010.

Activity 3 - Stop TB Partnership Technical Assistance Mechanism (TBTEAM) help in overcoming bottlenecks in implementing TB grants from the Global Fund

The following describes progress made on the grant given to the Stop TB Partnership Trust Fund from the U.S. Government Office of the Global AIDS Coordinator, through the United States Agency for International Development (USAID). This annual report provides an overview of grant implementation during the period (*October 2009 - September 2010*) including summaries of major activities that were included in quarterly reports submitted during this period and adding reports on activities implemented during the July-September 2010 quarter.

Aims of the grant and disbursement

The first purpose of the grant is to improve Global Fund TB grant performance by linking countries with technical assistance (TA) especially in countries where TA is not included in the Global Fund grants. A second general aim of this grant is to promote TBTEAM coordination functions at every level and its TBTEAM website as a support for transparent and shared

information related to TA. The objective is to promote country TA plan development which is also an outcome of the first 2 objectives.

In September 2009, TBTEAM received \$3 million from PEPFAR for the third year of funding support for technical assistance to countries to implement Global Fund TB grants. US\$ 2,327,078 of the US\$3 million was spent by end September 2010 according to programmatic implementation representing 78 % disbursement rate . US\$ 662,000 remaining will be spent on technical assistance during October – December 2010 as was planning through distribution in July 2010 of the ad hoc funding and leftover budget from the capacity building workshops in order to reach 100% disbursement rate.

Overall achievements

Objective 1: Contribution to improve Global Fund grant performance

- Filled a funding gap for 14 partners to respond to country requests due to increased technical assistance needs as expressed by countries given increased financial resources, expanding programmes, complicated new activities and donors requirements.
- Collaborative and proactive planning for 145 TA based on country needs in order to successfully implement the TB work plan
- 26 of the 47 Grant Agreement prepared for 35 countries that were approved for funding in Round 9 for TB grants, signed phase 1 grant agreements during October 2009 - September 2010 and were supported by TBTEAM. This corresponds to 45 % of unsigned R9 TB grants; a better score than for malaria reaching 60% grant unsigned (15 unsigned over approved 25 R9 malaria) and for HIV with 49% unsigned grants (25 unsigned over 51 R9 HIV approved grants). Reasons delaying the signature are mainly due to late budget clarification and technical quantification. Discussion on the effectiveness of such a workshop is being held and tends to conclude on the need to reiterate such workshop with additional follow up afterward
- 22 of the 41 grants in 37 countries that signed phase 2 during October 2009 - September 2010 were supported by TBTEAM. However this information does not include consolidated signed grants. Therefore analysis on phase 2 signature is currently not possible due to lack of accurate information provided by the Global Fund Secretariat.
- 84% of TB grants have ratings of A-B compared to 79% of HIV grants and 70% of malaria grants.

Objective 2: Contribution to strengthen TBTEAM and TA coordination

- This grant promote the use TBTEAM website and TA coordination through TBTEAM by partners. Included in the TBTEAM website 170 missions funded by this grant has catalyzed 780 additional missions from several other funding sources conducted by TBTEAM partners..

Between 1 October 2009 and 30 September 2010, 868 missions and events were entered into the TBTEAM website by 33 partners (Agence de Médecine Préventive (AMP), ATS., Center for Disease Control and Prevention (CDC), Damien Foundation, Family Health International (FHI), GDF, GIP Esther, Grant Management Solutions Project (GMS), GLC, KNCV, NTP, Project Hope, TBREACH, The Global Fund, The union, and WHO Regions) including missions funded and organized by multiple sources and partners within the TBTEAM network. Of those, 44 were technical assistance requests.

- In order to promote and monitor quality of data within the website through, a data quality control tool was piloted indicating that that the status of many mission entries were not being updated following mission completion and exact mission dates were conflicting in

some cases. Use of the quality control tool prompted correction of past data and encouraged pattern of good practices for future website data management.

- The reports function within the website was strengthened in that it now ensures appropriate levels of confidentiality for those mission reports that are uploaded into the website. This should remove the previously expressed barrier to uploading mission reports and allow for an increasing number of mission reports to be available for consultation and continuity of technical assistance.

Objective 3: Contribution to TA plan development

- The grant facilitate sharing of information on TA. 70 countries have access to shared information in the TBTEAM website to facilitate posting TA needs and firm plans for identification of TA and coordination thereof. To complement country entry of missions, information is provided by over 35 global and regional partners.
- The grant contributed to establishment of 73 national TBTEAMS (see attached TORs). Most of them have agreed to develop national TA plans through consultation with all national stakeholders based on the annual operational plan of the TB programme, taking into account TA that is funded through several sources including this grant.. Therefore, more organized discussion on TA needs has helped Stop TB partners to prepare plans to support the countries using funding from this grant.
- In order to encourage collaboration among all relevant stakeholders concerning missions that are entered into the website, an email flagging system became operational in June 2010. Each time a mission is entered by any focal point, an email alert is sent to the national TBTEAM or other country focal point, partners operating in country as indicated in the TB partner mapping, technical area focal point, and regional TBTEAM focal point. It is triggered when missions are entered as planned, confirmed and alerts the organizer when it goes beyond the end date of the mission to ensure missions have been completed and mission reports are uploaded.

The four main components of the grant

1) On-site technical support and external missions

Technical assistance plan development for the period of October 2009-September 2010 was done in October-December 2009. Funding was provided in the beginning of 2010 to GIP ESTHER, RIT/JATA, KNCV, GLRA, PATH, Project Hope and WHO (6 regions + HQ, including Impact Measurement Task Force and Advocacy, Communications and Social Mobilization sub-group) to conduct 145 missions in 65 countries totaling US\$ 1.4 million.

TBTEAM called all TBTEAM partners and all working groups of the Stop TB Partnership to submit TA plans requesting funds through this grant for the period October 2009 - September 2010. TBTEAM partners submitted plans by 30 October 2009. The TBTEAM grant review committee comprised of TB experts and technical partners familiar with the countries and regions (representing the DOTS Expansion Working Group, WHO, Stop TB Partnership Secretariat, TBTEAM Secretariat, USAID) met on 5 November 2009 to assess the plans submitted by Stop TB partners and subsequently reviewed line by line all the requests.

Decisions on how the funding was divided among Stop TB partners that provide technical assistance to countries are according to the following criteria:

- The planned technical assistance (TA) is consistent with the terms of the USG grant;
- The planned TA addresses a need related to an approved Global Fund grant;

- The planned activity(s) have clearly specified deliverables in terms of how the TA addresses grant implementation bottlenecks and/or implementation of the grant work plan;
- Past implementation rate by the partner, missions included in TBTEAM website, mission reports uploaded in the TBTEAM website (for those partners that received funding during fiscal year 2009-2010);
- Equitable balance of TA funding by region, to meet the needs of most countries, and among partners

US\$ 295,000 was set aside ad hoc missions that would arise during the year according to new needs, or to provide funding for missions that were not able to be funded by another source. In July 2010, as only a small percentage had been used, these funds were made available to partners to develop plans based on discussion with countries.

64% of the planned technical missions for the period October 2009 - September 2010 were completed by end September 2010 equaling a programmatic financial expenditure of US\$1,169,050 for this component of the grant as of end September 2010. By the end of December 2010, 96% of missions will have been completed for a total of US\$ 1,815,067 programmatic financial expenditure. Missions were delayed beyond the planned timing due to changes in country priorities (e.g. Global Fund proposal preparation for Round 10 became a priority in many countries during the development phase over and above implementing existing grants) and in some cases countries had security issues, rendering external missions not possible.

Year 3 mission plan implementation

Table: Summary of technical assistance plans including ad hoc missions identified July 2010

(Funds obligated 9/2009) (Implementation period October 1, 2009 – Dec. 30, 2010)	Missions by Quarter					Total missions year 3 Oct 2009 - Sept 2010	cancelled	Completed Missions year 3	Planned funds US\$	Programmatic expenditure US\$	Implementation rate
	Completed				Planned						
	Oct-Dec 2009	Jan-Mar 2010	April-June 2010	July-Sept 2010							
WHO/AFRO				10		10		10	60,000	60,000	100%
WHO/AMRO			0	10	3	13	1	10	90,120	69,323	77%
WHO/EMRO		4	6	12	31	53		22	367,850	152,692	42%
WHO/EURO		0	0	3	3	6		3	88,950	44,475	50%
WHO/SEARO			1	7	7	15		8	72,556	38,697	53%
WHO/WPRO		3	3	5	4	15	2	11	155,520	114,048	73%
GIP/ESTHER				5	1	6	2	5	81,270	67,725	83%
GLRA		1	3		1	5		4	85,208	68,166	80%
KNCV		4	4	3	6	17		11	341,364	220,883	65%
PATH			0	3		3		3	30,640	30,640	100%
RIT/JATA		1	1	2		4		4	113,099	113,099	100%
Project Hope			1		1	2		1	37,671	18,836	50%
Union*		2				2		2	38,400	38,400	100%
Impact Msrmt TF (incl CDC)			4	7	4	15	1	11	75,800	55,587	73%

DRS, GLC, ACSM, WHO HQ		1				1		1	57,876		
All planned missions		16	23	67	61	167	6	106	1,696,324		63%

Totals		16	23	67	61	167	6	106	1,696,324	1,092,570	64%
Including 7% PSC									1,815,067	1,169,050	

*2009-2010 funding

Below are some examples of successful missions conducted through this mechanism:

WPRO provided support to Lao People's Democratic Republic in June 2010 for the completion and submission of the Global Fund Round 7 Phase 2 request for continued funding. The timely submission of the request will ensure smooth continuation of funding in Phase 2 of the Round 7 grant without interruption or delay. Specifically, the request required (1) an analysis of progress reports during the first 18 months of the grant, (2) alignment of indicators, (3) revision of targets in the performance frame work based on actual performance in coordination with Principal and Sub Recipients (PR and SR) Monitoring and Evaluation (M&E) units, (4) a review of the detailed budget and work plan, (5) a review and completion of the list of medical products and other equipment, (6) a review and completion of the Procurement and supply management (PSM) plan in coordination with SR and PR procurement units and (7) coordination with PR, oversight committee of Country Coordinating Mechanism (CCM) and CCM Secretariat. The specific deliverable, the Phase 2 Request for Continued Funding, was submitted to the Global Fund on time.

From 27 April to 6 May, 2010, an epidemiologic consultant from KNCV visited the NTP of Zambia for consolidating workplans in GF grants 1 (2nd phase) and 7 to complete the necessary budget for a TB prevalence survey. The harmonization of the two grants is not yet completed and therefore round 7 activities including the prevalence survey are delayed. In addition, the consultant (1) assisted in further developing the prevalence survey protocol and standard operating procedures (SOPs); (2) guided the NLTP in developing training materials and (3) conducted a field trip with NTP to various sites conducting a prevalence survey. Progress was made regarding the further development of the prevalence survey protocol and the SOPs and next steps have been discussed, proposed and agreed upon including a follow-up meeting to clearly discuss the delegation tasks and assign deadlines.

EMRO visited Pakistan from 16 to 23 June, 2010 to enhance the NTP's capacity for forecasting the quantities of pharmaceuticals and other health products needed within the Global Fund Round 8. This also covered the heightened capacity of monitoring the precision of forecasts and their constant comparison to actual consumption and enable the NTP to report regularly. This also strengthened the capacity of internal follow-up of procurement and supply activities, the planning of ensuring and monitoring uninterrupted supply of local buffer stocks. Support was given to coordinate timely delivery of drugs and maintenance of reliable inventory management; first-in first-out stock controls; internal audit systems and good governance structures to ensure transparent operations. The mission equally addressed the need to further improve the NTP in overseeing correct handling, storage and the overall inventory procedures.

GLRA conducted a mission to Sierra Leone in January 2010 to plan a level 3 Biosafety TB-Reference Laboratory together with the National Leprosy & Tuberculosis Control Programme according to requirements of Round 7 TB grant. Although theoretical knowledge of culturing and resistance testing is available in Sierra Leone, the actual implementation of these sophisticated techniques still needs regular technical advice from outside. Details for the establishment of a level 3 Biosafety Lab like actual architectural planning of the site, engineering needs for the set-up of a level 3 lab (including infection control) and advice on laboratory equipment for culturing and resistance testing were given. The report states recommendations for construction, necessary lab equipment, maintenance of lab equipment, waste management, logistical implications for referral system of lab specimen and budget implications.

WHO visited Rwanda the week of 10 March 2010 in order to improve the ongoing ability to monitor and report on activities within the Global Fund TB grants (rounds 4, 6 and 9). The Routine Data Quality Audit (RDQA) draft tool was used for this purpose. This was an opportunity to build local Rwandan capacity on this tool and to introduce the Recording and reporting quality control measurement as regular Global Fund grant activity to ensure quality of data entered on the TB information system countrywide. Ensuring regular measurement of the TB Recording and reporting quality control indicator is equivalent to the laboratory quality control activity. This activity contributes to GF good performance measurement and can also be used as reference by the LFA instead of the On Site Data Verification (OSDV) tool and in case a Data Quality Assessment (DQA) is conducted by external auditor.

The Union conducted a mission in Uganda from January 31-February 9, 2010. The main challenge facing the round 6 Global Fund grant implementation remained less than optimal program performance at several levels. The mission identified issues related to staff shortages, as well as inadequate supervision and training of staff. While the TB strategic plan and revised NTP guidelines had almost been completed at the time of the visit, the absence of an annual plan with partner-specific roles will continue to hamper program implementation. Drug stocks remained a concerning issue with unbalanced stock levels and critically low stock levels for some drugs at the central level. The accelerated procurement of GDF drugs utilizing the Global Fund grant was highlighted as a crucial action to prevent further drug shortages. Of note, the consultant highlighted the lack of attention to previous mission recommendations and the need to receive and address recommendations made during the technical visit. This mission provided an overall assessment of the DOT program and again included detailed recommendations.

PAHO assisted Suriname in August 2010 to (1) Assess the plan and capacity of the national TB program to expand access for AFB Smear microscopy, including external quality assessment (EQA) and capacity for conducting Drug Susceptibility Testing (DST), and (2) Assess and assist in the revision of the global fund round 9 performance Framework indicators and budget in support laboratories activities, as requested by Global Fund. The assessment contributed to completion of the (1) Detailed report with conclusions and recommendations, and (2) Draft plan for technical assistance to be funded by global fund project.

EURO visited Turkmenistan from 8-13 August 2010 for supporting preparation of the grant agreement of round 9 for signing. EURO assisted the NTP of Turkmenistan, Turkmenistan National TB laboratory and UNOPS to review M&E and laboratory parts of grant agreement. The deliverable was to provide recommendations on (1) TKM laboratory concept, (2) algorithm for MDR-TB diagnosis, (3) advice on lab equipment to be procured in the framework of GFTAM project (specifications, amount). The deliverables were completed to the satisfaction of the country

and the recommendations will be implemented to formulate achievable and realistic goals and milestones in the final grant agreement.

EMRO visited Amman from 4-7 Oct to assist NTP Iraq develop a one year ACSM operational plan including a plan of activities to set up and operationalize national partnership to stop TB in Iraq. The plan was developed in collaboration with NTP and WHO Iraq teams and was based on approved Round 9 grant . The plan will be used in R9 grant implementation which is expected to start in October 2010. The plan specifies clear activities with description of how to conduct and also provides M&E indicators. The plan will help NTP Iraq and WHO Country Office Iraq (SR of R9 grant) implement grant activities timely and effectively

2) Capacity building workshops

From 29 March - 1 April 2010, the Stop TB Global Fund Grant Negotiation workshop for Round 9 and National Strategy Applications gathered more than 140 participants in Geneva, Switzerland from twenty-seven countries (including National TB Programmes and Principal Recipient representatives, Stop TB technical partners KNCV and UNDP, World Health Organization and Global Fund staff).

The workshop aimed to accelerate the process of grant negotiation and improve partnerships approach with Global Fund Secretariat, Principal Recipients, National TB Programmes and Stop TB partners. The initial outcome of the workshop was to finalize clarification process for at least 4 countries, kick off the negotiation process for more than 20 countries and negotiate with the Global Fund secretariat for 5 countries in advance stage of the process. However, as of 30 September 2010 grant signatures for Round 9 remains slow: 26 of 47 were signed corresponding to 45 % of unsigned R9 TB grants; a better score than for malaria reaching 60% grant unsigned (15 unsigned over approved 25 R9 malaria) and for HIV with 49% unsigned grants (25 unsigned over 51 R9 HIV approved grants). Reasons delaying the signature are mainly due to budget clarification and top some extend technical quantification. Discussion on the effectiveness of such a workshop is being held and tends to conclude on the need to reiterate such workshop with additional follow up afterwards. The Global Fund is interested in pursuing this tactic at a regional level within the 2010-2011 fiscal year as was initiated through this grant in 2007 and we are discussing possibilities to add regular twice monthly follow up with FPM, LFAs, PRs and NTP managers through videoconference and eventually visits (at country level or/and in Geneva). Their greater involvement would be essential to the success of this type of support to countries. A longer description of this workshop can be found in the January - March 2010 quarterly report.

The Global Drug Facility organized a workshop on 13-16 September 2010 in Accra, Ghana. It focused on the specific phase of each Global Fund TB grant in the participant countries and related procurement and supply management strengthening needs. A full report including deliverables per country is included at the end of this report.

3) Coordination of support to countries

The TBTEAM website <http://www.stoptb.org/wg/tbteam/ta/> houses a listing of missions by all partners, an expert roster, and partner mapping facilitating coordination of missions to countries and identification of experts.

Regional TBTEAM focal points

US\$795,000 out of US\$795,000 FY2009 was obligated for complementary salary of six regional TBTEAM focal points and 1.5 staff in global TBTEAM. Funding was made available to AFRO for the first time to start with the recruitment of a TBTEAM regional focal point and the post was advertised in June with a deadline for applicants in August 2010, however due to some delays in recruitment, the individual is not yet in place and a Medical Officer in AFRO who has multiple other roles, also functions as TBTEAM focal point.

Responsibilities for regional focal points include conducting on-site technical support, coordinating with partners to fulfill country needs for technical assistance, and ensuring the TBTEAM missions/events database is current. Usually about half of the time (range 20-80% of time) of the regional focal point is spent on conducting technical assistance missions to countries to assist them in overcoming bottlenecks to implementing Global Fund TB grants.

Specifically the terms of reference for regional TBTEAM focal points are as follows:

- To facilitate identification of the national TBTEAM focal point(s) in collaboration with all national and external partners involved in respective countries. Build capacity in countries to perform this work and regularly monitor functioning of national TBTEAM to ensure information is up to date and that they are performing the tasks in the standard terms of reference for a national TBTEAM focal point.
- To encourage countries to develop and upload into the TBTEAM webpage <http://www.stoptb.org/wg/tbteam/ta/> a yearly national plan for technical assistance in collaboration with all national and external partners involved in respective countries and update it regularly
- To regularly consult and update the TBTEAM webpage log of Missions & Events
- To check validity and accuracy of data provided in the TBTEAM webpage by all TBTEAM focal points (HQ, partners, Region) and ensure data quality/make necessary corrections
- To check validity and accuracy of data provided in the TBTEAM webpage by all TBTEAM focal points (HQ, partners, Region) and ensure data quality/make necessary corrections
- After discussion and in agreement with the national TBTEAM focal point enter upcoming Missions & Events (confirmed and tentative) that are not entered by the national TBTEAM focal point or other partner organization focal points
- Monitor requests for TA that are posted by national TBTEAM or enter requests on behalf of national TBTEAM and follow request through to fulfillment (search for support within known regional network and if not sufficient, flag to global level for additional support, review TB experts database when needed)
- Provide direct technical assistance to countries to support Global Fund grant implementation.

The Regional TBTEAM focal points work with the countries and providing guidance to improve country level coordination of technical assistance through national-level TBTEAMS. As a result,

there are now 70 countries with access to enter information in the TBTEAM tool that will complete their TA plans that includes information provided by over 35 global and regional partners.

The mission quality feedback mechanism is still at an early stage and has not been further developed due to the lack of human resources to adequately focus on it and lack of funds to start its implementation.

The TA feedback strategy plan to recruit mission auditing agencies to audit 20% of the mission conducted, establishment of partners expert committee to review audited mission found with low performance. The result of the auditing and reviews is to be linked with expert roster.

Meanwhile, TBTEAM has developed and piloted a questionnaire to provide beneficiary feedback on the quality of TA provided to countries (50 completed forms online). Currently, however, most of the mission quality assessment relies on informal and un-documented post mission follow up including discussion on whether the terms of reference were met. TBTEAM is also working on the use of anonymous beneficiary assessments.

Annual Meeting

A TBTEAM Meeting was held at the John Knox Centre, Geneva, Switzerland, including regional TBTEAM focal points, main Stop TB technical partners and GMS. Funding from this grant enabled the participation of 6 regional plus 2 subregional TBTEAM focal points. The meeting took advantage of an existing WHO global TB staff meeting that included technical partners. It reviewed ongoing TBTEAM activities, including (1) status of National TBTEAMS, (2) update on the changes of the web site, including the email alert system, (3) USG contribution update and planning for next round of funding, and (4) the quality control for the TBTEAM web site.

Presentations can be accessed here: TBTEAM meeting - 25 June 2010
<http://www.who.int/tb/dots/tbteam/en/index.html>

This TBTEAM meeting was combined with a one day discussion on 24 June 2010 on Global Fund specific policies and procedures with the Global Fund Secretariat. Topics included the new grant architecture (consolidation), phase 1 monitoring, data quality audit tools and update on the overall situation of TB and the Global Fund including Round 10 status. This meeting underlined the importance of aligning TB programmatic cycles and activities in Regions and Countries with the Global Fund.

Presentations can be accessed here: Global Fund meeting - 24 June 2010
http://www.who.int/tb/dots/planningframeworks/GF_Meeting_2010/en/index.html

The annual planning meeting that normally takes place during the Union conference, is being substituted by two events: the above described TBTEAM meeting in June 2010 and a booth to be held at the Union meeting in November 2010. TBTEAM Secretariat will arrange individual meetings with (1) country representatives from those countries where national TBTEAMS have been established and who will attend the Union conference; (2) TBTEAM partners; (3) broaden TBTEAM reach to individuals who approach the booth. Discussion with countries will focus on the functioning of the national technical coordinating body and the process of discussing and planning for technical assistance needs according to the national TB plan in consultation with all

relevant stakeholders. Discussion with partners will be to finalize plans for funding with this grant for the fiscal year 2010-2011.

4) Grant monitoring, evaluation and reporting

Salary US\$180,000 (of US\$180,000 budgeted) has been spent as of end September 2010 for the staff in the Stop TB Partnership responsible for overall management, monitoring and quality assurance for the USG grant to TBTEAM.

Annex 1: Indicators and expected results (targets)

	OUTCOME Indicator	FY08 Results	FY09 Results	FY10 Targets	FY11 Targets	*Cumulative
Stop TB Strategy elements	# countries rolling out activities with at least 3 components of the Stop TB Strategy*	50	63	65	65	Annex 2: Indicators and expected results (targets) for capacity building workshops
Grant Negotiation	# finalized work plans/budget		10			
	# phase 1 TB grants signed and US\$ secured	15	9 US\$10	70% R108	70% R11	
Implementation, Phase I	Time (months) between board approval and signature of grant agreement	15 9.6 mos.	0,277,0 97 9.3 months	mos.	8 mos.	
	% countries reaching (or above) the expected (%) disbursement rate based on % grant period elapsed since program start date		85%	85%	85%	
	% TB grants with rating of A or B1	39	>60	85%	85%	
National TBTEAM	# phase 2 TB grants signed and US dollars secured		Xx/ 15	30	30	
National TA plan	National TBTEAM focal persons		50/73	80	100	
Regional TA plan	National TA plan developed			20	50	
	Regional TA plan developed			4	6	

Sub-activity	OUTPUT Indicator	FY09 results	FY10 Targets	FY11 Targets
Capacity building workshops including NTP staff, PR, external TB expert	# of grants with representatives from SR, PR and main external partner participating in workshop	25	24	70% R11
	# first draft M&E plans during workshop	15	24	70% R11
	# first draft PSM plans during workshop	15	24	70% R11
	# work plans finalized during workshop	27	24	70% R11
	# technical assistance plans developed during workshop	20	24	70% R11

Annex 3 GDF Drug Management Workshop for National TB Programmes September 2010, Ghana

In September 2010 PEPFAR funds were used for a regional drug management workshop for National TB Programmes (NTPs) in Africa that was held in Accra, Ghana.

As part of GDF's capacity building services, regional drug management (DM) workshops have been an integral part of the technical assistance activities GDF provides to its supported countries. GDF conducts the drug management workshops in collaboration with Green Light Committee (GLC) and its partner Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) Project.

The workshop targeted NTP managers and central medical store chief pharmacists so to strengthen the skills and capacity of these responsible staff in the management of anti-TB drugs. It was designed as 'follow-on' to the DM workshop conducted by MSH/SPS, GDF and World Health Organization/AFRO in the Republic of Uganda in August 2009 and its primary objective was to provide participants, programme managers and key staff with further technical assistance on practical implementation of activities identified on the country improvement plans that were developed during the 2009 workshop. During the workshop, the participants reviewed TB pharmaceutical management principles, including quantification, quality assurance, monitoring and supervision, as a refresher of the first workshop, and worked closely with drug management experts to resolve their identified bottlenecks in the implementation of the country DM improvement plans.

Sessions included the following topics:

- overview of TB pharmaceutical management principles, including quantification, quality assurance, monitoring and supervision, as a refresher of the first workshop;
- discussions of drug susceptible TB and MDR-TB drug management components and responsibilities in place in participant's NTPs;
- presentation and discussion on status of country plans, developed during the Republic of Uganda workshop, to improve TB pharmaceutical management, including barriers encountered to date;
- discussions on the selected (baseline) criteria to monitor the progress of the improvement plans and the performance of pharmaceutical management systems;
- discussion of specific strategies for overcoming barriers to implementation of improvement plans.

In terms of addressing bottlenecks in the implementation of Global Fund (GF) grants, the workshop addressed issues related to strengthening DM, including—but not limited to—budget planning for anti-TB drugs, quality control assurance, and distribution and warehousing. All these aspects contribute to well functioning NTPs and their ability to implement activities related to procurement and supply management (PSM) in the GF workplans. Below are specific results of the workshop:

Anglophone Africa Regional Drug Management Workshop
13-16 September 2010
Accra, Ghana

Country	Global Fund Round related to TA	Planned activities developed in the country DM improvement plans during the 1 st workshop in Uganda in 2009	Activities undertaken to resolve bottlenecks identified in the DM improvement plans for the 2 nd workshop in Ghana in 2010	Next steps discussed and addressed during the 2 nd workshop in Ghana 2010
Angola	Round 4	<ul style="list-style-type: none"> - Organize quarterly distribution of drugs to health facilities with support of the GF, Hamset, and USAID; - Recruit a staff member to manage logistics at the central store; - Create and distribute registries to improve TB drug management; - Introduce software for LMIS; - Ensure quarterly reports are produced; - Conduct IEC sessions for patients; - Produce and disseminate IEC materials (pamphlets, etc); - Organize community theatre sessions twice a month on use of medicines. 	<ul style="list-style-type: none"> - Implemented quarterly distribution of drugs to health facilities; - Employed a staff member to manage logistics at the national level/central store; - Developed and distributed registries to improve TB drug management; 	<ul style="list-style-type: none"> - Implement the new and updated records for TB drug management; - Train 18 provincial supervisors and 18 Provincial Pharmacists in TB Drug Management; - Introduce TB drug management concepts in the training curriculum of DOTS nurses; - Continue producing and disseminating IEC materials (pamphlets, etc) - Organize community theatre sessions twice a month on use of medicines
Eritrea	Round 6	<ul style="list-style-type: none"> - Conduct drug management trainings; - Strengthening of quantification 	<ul style="list-style-type: none"> - Communicated with the NTP Director and staff to coordinate workshops as discussed in the 1st workshop; - Conducted two drug management workshops (five days) focusing on quantification for six zonal coordinators, 21 TB focal persons from each hospitals, six zonal pharmacists, and 21 hospital pharmacists and laboratory technicians. 	<ul style="list-style-type: none"> - Train MDR-TB health workers on drug management; - Train national CDC coordinators on drug management; - TOT for zonal pharmacists and Referral hospital pharmacist (specific drug management); - Conduct step down trainings to train pharmacists in the zones (50)
Ethiopia	Round 6	<ul style="list-style-type: none"> - Finalize action plan, secure consensus 	<ul style="list-style-type: none"> - Developed concept paper for 	<ul style="list-style-type: none"> - Conduct training on coordinated

Country	Global Fund Round related to TA	Planned activities developed in the country DM improvement plans during the 1 st workshop in Uganda in 2009	Activities undertaken to resolve bottlenecks identified in the DM improvement plans for the 2 nd workshop in Ghana in 2010	Next steps discussed and addressed during the 2 nd workshop in Ghana 2010
		and approval on the plan; - Conduct sensitization/consensus building workshop with RHB and other key stakeholders on RH vs. EH - pilot vs nationwide implementation; - Develop national implementation guideline for community DOTS and regimen change; - Follow up procurement of RH; monitor EH stock status; - Train professionals on RH implementation plan; - Monitor implementation of the regimen change.	situational analysis regarding implementation of RH regimen change; - Developed action points based on current operational issues and opportunities; - Placed an order for RH placed with GDF - Prepared timeline for implementation of RH regimen.	work with national TB/HIV working group; - Convene regular and ad/hoc meetings among training participants to discuss progress and decide way forward; - Monitor stock status of EH at all levels in close collaboration with partners - Assess situation and seek TA from MOH, partners or WHO as required; - Document achievements and challenges.
Ghana	Round 5	Train supply management staff on: - TB LMIS - Printing of LMIS forms - Distribution of LMIS forms to health facilities and regional stores - Quarterly reporting on stock status by HFs and regions - Support visit to HFs and RMSs to assess the use of LMIS forms and offer on-the-job training.	- Trained 6 out of 10 regions on the LMIS; - Provided LMIS tools for regions; - Provided logistics data reporting support to central level; - Monitored drug supply pipeline using data provided by regions; - Disseminated stock status report to stakeholders; - Planned LMIS training for remaining 4 regions in the 2nd quarters of 2010 (NTP would fund these trainings)	- Advocate for inclusion of Regional LMIS Master Trainers in monitoring teams; - Advocate for GHS to issue a directive enforcing the use of the newly designed LMIS Forms after capacity has been built at all levels; - Create capacity for management of LMIS data generated at each level for decision making.
Liberia	Round 7	To strengthen quantification: - Install an automated computer system at the central level - Make patient data available to be utilized for analysis.	- Conducted TB/Leprosy Drugs management workshop for 15 Pharmacists from 15 counties in Liberia (representing all counties in Liberia). Emphasis was placed on	- Train 50% of health workers in TB drug management over a six month period; - Train County TB/HIV focal person and County pharmacist on

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		<ul style="list-style-type: none"> - Link the data base at the National Drug Service with the program data base. Back-up data at program with periodic inventories. - Train health workers on the use of the integrated SOP for drug management. - Supervise facilities to monitor drug management - Train the health workers at the facility to do quantification - Calculate safety stock for all level of the drug supply system <p>To strengthen Medicines Use:</p> <ul style="list-style-type: none"> - Train health workers in TB case management. 	<ul style="list-style-type: none"> - quantification of TB/Leprosy drugs; - Conducted workshop for dispensers working with TB health facilities in the 15 counties. 	<ul style="list-style-type: none"> - monitoring and supervision of anti-TB drugs; - Conduct supervision of facilities in one region per quarter (by supply chain manager); - Conduct quarterly supervision by county TB/HIV focal person.
Nigeria	Round 5	<ul style="list-style-type: none"> - Conduct advocacy for MGT and partners' buy-in - Review LMIS training manual - Conduct TOT workshop - Design plan for step-down training - Conduct step down trainings in all 37 states 	<ul style="list-style-type: none"> - Conducted advocacy for MGT and partners' buy-in - Reviewed LMIS training manual - Conducted TOT workshop - Designed plan for step-down training - Conducted step down trainings in all 37 states 	<ul style="list-style-type: none"> - Organize quarterly Monitoring and Supportive Supervision visits - LMIS upgrade data mgt systems at state, zonal and central levels - LMIS review SOP in line with recent amendments in DM System - Review the existing performance appraisal system (to include elements of motivation, incentives, awards, caution, counselling and sanctions) - Routine check of the stock levels and drug utilization - Conduct advocacy campaigns; - Integrate MDR-TB Drug management into the existing overall essential medicines logistics system; - Review and update SOPs inline with the use of patient kits in all centers

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				and switch to 6 month regimen
Sierra Leone	Round 7	<ul style="list-style-type: none"> - Coordinate sensitization meetings with the district TB supervisors on the intended change to six month regimen; - Conduct training of health care providers on the six month regimen; - Procure six month regimen medicines; - Review existing training manuals and incorporate management of anti-tuberculosis drugs; - Train health care providers on the rational use of anti-tuberculosis drugs; - Monitor and evaluate rational anti-TB medicines use. 	<ul style="list-style-type: none"> - Conducted briefings and trainings of support supervisors - Performed procurement of anti-TB drugs through GDF - Conducted cascade training of health workers on change from EH to RH - Conducted training of health workers in the regions on rational use of anti-TB drugs 	<ul style="list-style-type: none"> - Train health workers at District level on rational use of anti-TB drugs; - Produce a revised training manual for rational use of anti-TB drugs; - Review training manuals and incorporate management of anti-TB drugs; - Continue training of health care providers on the rational use of anti-TB drugs - Monitor and evaluate rational anti-TB medicines use; - Support the pharmacist to carry out on sight verification of the use of anti-TB drugs; - Support the pharmacy board to do quality assurance at all levels in line with pharmacovigilance policy.
Uganda	Round 6	<ul style="list-style-type: none"> - To improve reporting and recording system, train district supervisors and health workers in poorly performing health facilities on the LMIS; - Provide targeted support supervision to poorly performing health facilities. 	<ul style="list-style-type: none"> - Training: a centrally constituted training team has trained a total of 240 health workers from 16 of the targeted 26 poorly performing districts on LMIS - Zonal level support supervision carried out in a number of targeted poorly performing facilities 	<ul style="list-style-type: none"> - Quantify the needs of the country for anti-tuberculosis medicines; - Identify funds within the Government budget; - Tender for the supplies; - Continue LMIS training of district supervisors & health workers in poorly performing health facilities - Continue targeted support supervision to poorly performing health facilities
Zimbabwe	Round 5 & 8	<ul style="list-style-type: none"> - Conduct training on stock management; - Carry out support supervision; 	<ul style="list-style-type: none"> - Drug distribution system has been piloted in the Midlands province and 	<ul style="list-style-type: none"> - Conduct training on distribution system and stock management at

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		<ul style="list-style-type: none"> - Monitor stock levels at facilities; - Conduct training of health facility staff on TB case management; - Conduct training on DOTS; - Conduct training of health facility staff on TB case management. 	<ul style="list-style-type: none"> - rolled out to the rest of the country; - Trained at least two Pharmacy Managers from each district and one Provincial Pharmacy Manager as team leaders on drug distribution system; - Trained Provincial and District team members on the distribution system; - Trained 783 facility staff on stock management; - Secured funding from other partners to train at least two primary care level staff and Dispensary Assistants on drug management; - Facility staff (1119) trained on use of FDCs; - Trained 610 Community TB supporters. 	<ul style="list-style-type: none"> - district level; - Support and supervision - Conducting on-the-Job training on stock management; - Quantification: analyze consumption vs. morbidity data for 2009, Quantify 1st line TB requirements for 2011 – 2012; - Develop a clear supply plan for 2nd line drugs; - Finalize and print revised TB Manual; - Develop TB case management training modules; - Train on TB case management using latest guidelines; - Review existing guidelines on programmatic management of MDR TB; - Establish a core team of National MDR TB trainers; - Train key health staff at MDR centers.