

MEETING REPORT
“TB Technical Assistance planning including GF in the African Region” 1
30th November – 2nd December 2011



This meeting was organized by WHO African Regional Tuberculosis Programme and TBTEAM with inputs from partners in Tuberculosis control and financial support from USAID. This meeting took place immediately after the 1st meeting of AFRO Advisory Committee of Experts on Tuberculosis,

The TB Technical assistance mechanism coordinates technical assistance for Tuberculosis control. This was the first African regional meeting called to discuss technical assistance using this mechanism.

Meeting objectives:

Main Objective:

To strengthen country capacity to plan for technical assistance needs in the participating countries

Specific Objectives

To provide participants with an overview of TBTEAM, Global Fund TA plans, and

technical assistance planning at country level.

To update participants on latest developments in the Stop TB strategy and link to technical assistance

To review existing country and regional TBTEAM plans for technical assistance for 2011-2012

To develop/update country specific and regional TBTEAM technical assistance plans the period 2011-2013.

Meeting Outcomes:

The meeting participants reviewed the strength and weaknesses of technical assistance received during the 2010 and 2011 calendar years and suggested next steps with future TA missions. Participants, received updates on latest WHO policies for MDR-TB, TB/HIV, Community engagement, laboratory tools, TB Technical assistance mechanism and developing

national TA plans with partner engagement as well as updates from the Global Fund. The country participants also prepared first drafts of annual TA plans for 2013 during the meeting.

Key message

Technical assistance needs to be planned with partners, needs to include national capacity building, and should be properly planned coordinated and documented using the Stop TB Technical Assistance Mechanism (TBTEAM). TA Recommendations should take into consideration local situation. These messages came loud and clear from the 82 participants of a three day African regional TBTEAM technical assistance planning meeting

The participants from 25 African countries included NTP managers and staff, and 11 TB partners including WHO USAID, the Global Fund, TBCARE I, TBCARE II, KNCV, the UNION, CDC, MSH, GLRA, RCQHC (Regional Centre for quality Health Care). WHO regional & HQ staff also represented the Green Light Committee, the Global laboratory Initiative and the Global Drug Facility. The 25 countries were invited on the basis of being TB high burden countries in Africa with Global Fund grants, hosting TBCARE I and II projects, and reflecting a balance of Francophone, Lusophone and Anglophone Africa. About 21% of the participants were women. Of the 11 countries with TBTEAM focal points, 7 attended the meeting.

The meeting used a mixture of plenary and group work sessions, countries were asked to prepare slides with country specific information.

The meetings keynote opening speech by Dr Oladapo Walker (Coordinator of the East-Southern Africa Inter Country Support team of WHO) highlighted the recent Global Fund strategic shift towards performance based outcome and impact measures, supported by real time monitoring data, He encouraged the audience to realize that in

the future GF money would be harder to come by and retain.

The first session on new developments in Tuberculosis control consisted of slide presentations on the Global Laboratory initiative, the changing architecture of MDR-TB GLC, Community engagement and TB/HIV. These were well received by the audience.

The Review of the Global Fund Board decisions in Nov 2011, in Accra-Ghana, and implication for Round 11 and Phase 2 reprogramming were then presented. With the cancellation of round 11, countries that are eligible for Global Fund transitional funding to maintain essential prevention, treatment and care services will be those who run out of Global Fund money before the 1st quarter of 2014. Countries will need to move fast to access this funding mechanism as applications need to be in before end of March 2012. What will be funded as “essential” has not yet been defined by the Global Fund, but countries will need to demonstrate that existing funds cannot be made to stretch, and that the state or other partners cannot fund these services at local level. This will require strategic planning updates in the country and a willingness to plan together with all partners as well as clearly identifying essential services requiring external funding. For existing grant renewals, funding constraints from the Global Fund mean that there will be cuts to the money available for the second phase. These cuts will be grant performance based and cuts for poor performance may possibly result in up to 20% and 50% of cuts out of grants that have A2/B1 and B2 respectively. Grants with a C rating may lose up to three quarters (75%) of their funding. Countries undergoing Phase 2 renewals, (also called periodic reviews in the case of single stream funding), will need to show impact on disease and added value of the funds spent. Countries need to consider what technical assistance might be useful to keep Performance indicator scores high. Also National TB programme reviews are encouraged, as these can demonstrate programmatic impact on disease burden and

highlight high impact interventions for possible reprogramming of funds. These reviews are encouraged by the Global Fund to inform the difficult upcoming funding decisions, and countries may be able to use funds allocated to M&E to fund these. Concerns of participants were allayed, that round 10 grants in countries not yet signed off will be honored.

Countries were requested to provide the meeting three sets of Power point slides during the meeting. (templates link)

1st set:

Drug 1st and 2nd line and laboratory supplies, NTP organogram, and country experience of TA assistance for Global Fund rounds.

2nd set:

Partner mapping, source of funding, NTP priorities and challenges.

3rd set:

Gaps for Technical Assistance, Outline draft of TA plan 2012, next steps at country level.

In order to ascertain which countries are likely to run into funding difficulties before 2014, the information on funding of first & second line drugs, and laboratory supplies until the end of 2014 was analyzed. All country specific results are uploaded on the TBTEAM website (link). Analysis of the results show that Zambia Tanzania and Mozambique are likely to run into drug troubles before 2014 (Table 1). Nigerian attendees stated that first line drugs run out June 2013, but they have single stream GF funding: Some countries state that their lab supplies and MDR supplies will run out before 2014: these are Angola, Uganda, Kenya and Niger these may require negotiations related to their GF rounds covering this time period: are among these.

Table 1: Countries who express doubts over funding sources for drugs and lab supplies by 2014

Country	GF	Commodity	2012	SOURCE	2013	SOURCE	2014	SOURCE
Angola	4,9,	SECOND LINE	NO		NO		NO	
Angola	4,9,	LABORATORY SUPPLIES	YES	GOV and GF	YES	GOV and GF	NO	NO
Kenya	2,5,6,s;s	SECOND LINE	YES	TB-SSF/UNITAID	NO	Negotiating with USAID & MoH	NO	Negotiating with USAID & MoH
Mozambique	2,7,	FIRST LINE	YES	GF	YES	WB	NO	
Mozambique	2,7,	SECOND LINE	NO	WB	YES	WB	NO	
Mozambique	2,7,	LABORATORY SUPPLIES	YES	WB	YES	WB	NO	
Niger	5,10	SECOND LINE	Oui	Action Damien	OUI	Action Damien	NA	
Nigeria	5,5,s,s	FIRST LINE	Yes	Global Fund	Yes	Up till June 2013	No	
Tanzania	6,	FIRST LINE	Adult Pediatric	GDF-? GDF-yes	Adult Pediatric	GoT/GDF? GDF	Adult Pediatric	GoT/GDF? GDF
Tanzania	6,	SECOND LINE	250-300 patients	?GF	250-300 patients	?GF	250-300 patients	?GF
Tanzania	6,	LABORATORY SUPPLIES	Microscopy Culture/DST LPA	GF ? ?FIND ?FIND ?Partners	Microscopy Culture/DST LPA	?GF ?GF Partners	Microscopy Culture/DST LPA	?GF ?GF Partners
Uganda	2,6,10	LABORATORY SUPPLIES	Yes	CDC credit line, Italian Coop'n, UNITAID, TBREACH	Partially		?	
Zambia	1,7	FIRST LINE	YES	GF & GRZ	NO	GRZ WILL HAVE TO FIND RESOURCES	NO	GRZ WILL HAVE TO FIND RESOURCES
Zambia	1,7	SECOND LINE	YES	GF & GRZ	NO	GRZ WILL HAVE TO FIND RESOURCES	NO	GRZ WILL HAVE TO FIND RESOURCES
Zambia	1,7	LABORATORY SUPPLIES	YES	GF, GRZ & TB CARE 1	NO	GRZ WILL HAVE TO FIND RESOURCES	NO	GRZ WILL HAVE TO FIND RESOURCES

Challenges to technical assistance
Inadequate local capacity building, limited/lack of country engagement with partners over the development of TORs or choosing the consultant were all cited as challenges faced by TA provided in 2011. This was the outcome of the group work on the first day.

Meeting participants were organized in 5 groups (3 anglo & 2 franco/lusophone) to discuss technical assistance provided at country level in 2011 and produce 3 slides with the commonalities of their TA successes, challenges faced and recommendations for a way forward.

All groups described the major areas in which successful TA was provided in 2011: this included Global Fund proposal writing, grant negotiation, consolidation, and implementation. Strategic TB documents were also produced with the aid of consultancies. Specific mention was made of laboratory-Gen-Xpert, GDF and GLC missions, as well as consultancies related to infection control community care and prevalence surveys.

Success stories highlighted the competency of the consultant, the availability of long term TA from partners such as WHO, and cost sharing of TA with partners.

There were many more challenges however and these included broadly speaking four categories: within country capacity building, coordination concerns, budgetary concerns, and quality concerns.

Capacity building:

A major concern expressed was the failure of countries and partners to utilize external technical assistance to build local capacity. The lack of continuity of TA was also lamented. Longer term TA such as provided by WHO was seen as being more productive. Countries also felt they needed support in the development of appropriate Terms of reference for consultants.

Way forward suggested:

Capacity building days should be written into the terms of reference of all consultants.

Countries need to be assisted in developing Terms of Reference for Technical assistance. Build in- country capacity through long-term TA for high burden countries

Coordination concerns:

The main technical assistance coordination concerns centred around lack of proper timing of TA requests, the inadequate engagement of the country with partners when organizing TA, with countries often having no role in the selection of the consultants. All of this due to the absence of a regular technical assistance planning mechanism engaging with all the partners. Three countries mentioned that they have regular meetings with partners where collaboration is discussed: Ethiopia who is holding these monthly, Zambia and Swaziland.

Way forward suggested:

Countries/NTPs should carry out partner mapping for Tuberculosis control. Countries/NTPs should establish a coordination mechanism between the NTP and all Partners that meets regularly. Carefully plan and budget TA needs at meetings held regularly with all country TB partners. Partners should involve countries in the selection of consultants (countries should be proactive in the selection process).

Budgetary concerns:

The absence of a state budget line for technical assistance was cited as a challenge. Limited funding for TA meant also that the best consultants and agencies were not be available at the rate suggested leading to a poorer TA quality product. Consultants rates vary considerably e.g. WHO will pay between 400 and 650 US daily while some partners need to charge 800 to 1300 US/ day, and countries felt that as a result it is difficult to plan appropriate TA budgets .

Way forward suggested:

Establishing Programme budget line for Technical assistance for TB.

Making available more explicit information early in planning for consultancies on consultancy rates and on funds available for this consultancy.

Quality concerns:

Countries felt that sometimes the deliverables in the terms of reference were not met or were partly met. Some consultants did not know or take account of the local context and made recommendations which were not adapted to the local context with no in-country capacity to implement the recommendations. Limited availability of experts in certain programme areas, e.g. infection control meant that sometimes appropriate consultants were just not available. In some instances the feedback from the consultancy was not made available to the programme, or came in late.

Way forward suggested:

The establishment of a routine feedback mechanism engaging the NTP and partners at the end of missions, again should be part of terms of reference of consultants.

A regional pool of experts more likely to give local contextual advice should be nurtured.

Technical assistance country plans and the TBTEAM planning tools.

The TBTEAM concept was introduced. The recent focus on engagement with partners for TA planning at country level was explained. The functions of the TBTEAM coordinator, the website TA coordination platform with the pool of TBTEAM consultants and partners were explored. Dr Salomao presented the first part of the TBTEAM modular training course in French and in English to participants:

(These modules can be viewed on-line at <http://stoptb.org/countries/tbteam/gdocs.asp>

The TBTEAM website tries to capture all TB related technical assistance in countries.

<http://www.stoptb.org/countries/tbteam/>

The African regional data was presented by Dr Kibuga. Around 31% of all global TA registered on the website went to the African Region- this corresponds approximately to the regional burden of disease. In a one year period (Oct 10- Sept 11), 168 missions were recorded in 37 countries on the continent. These missions were mainly conducted by the UNION, KNCV and CDC with under reporting from other partners e.g. WHO missions., see table 2. There is a need to better utilize the tool to get a full picture of TA provided. It was emphasized that most missions are not entered at country level and that currently only around half of countries have designated Country TBTEAM Coordinators. In order to maximize inputs and avoid duplication the TBTEAM mechanism needs to be embraced by all partners. Dr Kibuga suggested three action points from this meeting which were adopted

Recommendations from the TBTEAM session:

- **Countries to complete the draft TA plans for 2012 – 2013 by end of January 2012**
- **Countries without focal points to designate one as soon as possible**
- **All TA needs for the next year to be posted on the Website by February 2012 and be regularly updated**

Partner mapping

Partner mapping is an important first step in the national TA planning process as it helps to identify how should be invited to participate in the regular national TA planning stakeholders consultations. During the workshop all countries were asked to prepare four slides overnight on partner mapping and NTP priorities and challenges. (All will be placed on the WHO TBTEAM website together with the meeting presentations and meeting report).

Draft zero of the national TA plan 2012 were prepared by country NTP WHO and partner staff in the afternoon of the second day. Participants were asked to complete 3 power point slides showing

- i) gaps for TA,
- ii) an outline TA plan for 2012 showing task, cost ,available funding, partner involved, and time-frame.
- iii) next steps to be undertaken at country level

These were filled in by all participants and are being posted on the TBTEAM website (reference). These plans should be updated once participants return to their home-countries and are able to organize a TA planning stakeholders meeting.

Several countries were asked to present and discuss their presentations in the plenary session. Namibia presented a plan with 13 TA events, all of them, bar the mid-term programme review with funding from partners or GF available.

A review of the unfunded TA will provide the regional TBTEAM/ WHO TUB to prioritize the search for external resources for TA.

Discussions on Partner support to regional and country TBTEAM planning

The third day was dedicated to discussions on regional TA planning and partner engagement. Several partners including TBCARE 1, the Union, KNCV, WHO and UNODC presented aspect of their TB programme related activities in the region. KNCV presented on their annual planning cycle for technical assistance (link) which aims to have individual country work plans available by October , final TA plan by December with quarterly review and updates. A second presentation was on KNCV consultancy principles. Different roles of consultants were highlighted depending on degree of local capacity building and consultant responsibility for project results Table 3.

The TBCARE projects are the successors to TBCAP and TBCARE consortia are active in 14 African countries. A presentation on TBCARE 1 activities and building of Infection Control capacity was presented by Max Meiss. (link) TBCARE projects within

Table 3 Different roles of consultants.

Different roles			
++ Consulting responsibility for strengthening client capacity --	Counselor "You do it, I will be your sounding board"	Coach "You did well, you can add this next time"	Partner "We will do it together and learn from each other"
	Facilitator "You do it, I will attend to the process"	Trainer "Here are some principles you use to solve problems of this type"	Modeler "I will do it, you watch so you can learn from me"
	Reflective observer "You do it, I will watch and tell you what I see and hear"	Technical advisor "I will answer your questions as you go along"	Hands-on expert "I will do it for you, I will tell you what to do"

countries aim to support the NTP and are carried out by a consortium of TB partners. Work-plans are developed annually (from Oct to Sept). These include TA plans based on annual gap analysis.

TBCARE is also engaged in training of trainers at country level and for regional use in PMDT IC and Laboratory services.

Global training of consultants in Infection control including architects and engineers trained at Harvard, has resulted in a pool of 4 architects with infection control specialization available for consultancies in Africa. These are currently being registered as consultants with TBTEAM.

UNODC presented on its work with HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings in Southern Africa" which was implemented in Namibia, Mozambique, Swaziland and Zambia. This incorporates tuberculosis both in prison assessments, and in projects. In collaboration with CDC, a National HIV / TB in Prisons Surveillance Plan is to be developed in 2012. As a result of these initiatives links to TB coordinating mechanisms have been strengthened. In Zambia the Prison Service is now a member of the National TB coordinating body at the Ministry of Health and chairs the TB in

prisons sub-committee. Inclusion of Prison and UNODC activities should be considered during national TA planning processes.

The meeting participants expressed the felt need to have more frequent engagement with partners in a forum and to be updated on activities on resources and opportunities for training, and availability of trained consultants.

All countries prepared partners map, resource map and draft TA plan. These materials will be uploaded in TBTEAM website (link) . It was recognized that complete TA and resource mapping (country by country) is essential to coordinate and monitor TA provision. Countries were encouraged to finalize and update those.

A separate side meeting of technical partners alone also took place on the second day of the meeting.

Recommendations:

1. Countries should work on developing annual TA plans for TB with regular quarterly Partner meetings to develop and monitor plans.
2. TBTEAM mechanism needs to have regular communication with national TBTEAM and Partners (monthly) to provide feedback from the website, exchange country progress and receive updates from Partners.
3. There is the need of a regular forum for sharing of new developments by partners through TBTEAM .
4. 4. Local capacity building activities should always be embedded into the terms of reference of all consultants.
5. 5. Countries need to be assisted in developing Terms of Reference for Technical assistance.
6. 6. The establishment of a routine feedback mechanism engaging the NTP and partners at the end of missions again should be part of terms of reference of consultants. A regional pool of experts more likely to give local contextual advice should be nurtured.

Meeting evaluation:

A meeting evaluation form was circulated at lunchtime on the third day. 66 replies were received and the score was overwhelmingly positive: in 4 out of 6 questions over 90% of participants made a positive evaluation. (See Annex 1) Training materials and presentations would have benefitted from being produced in both French and English and being distributed before the meeting. Comments for workshop improvement and themes that should be covered in more detail include: Qualities of a good consultant; Training in TOR development; How to utilize Technical assistance for Local Capacity building; Reviewing individual country TA plans; Information on TA costing ; Evaluation of a TB control program; More information on the Global Fund mechanisms.

Participants felt that more group work, advanced distribution of slides translated into French and English, and more time for discussion with facilitators could make this workshop more effective.

PARTICIPANT LIST:

Dr Maria Da Conceicao De Palma CALDAS; Ms Boingotlo Gasennelwe; Mr Gasekgale Moalosi; Dr Fundi Ramazani Djumbe; Dr Françoise Bigirimana; Dr Eric Ismaël Zougrana; Dr Serge Potiandi Diagbouga; Dr Jeanine Ntibanyiha; Dr Aristide Desire Nzonzo; Dr Abdou Bacar HISSANI; Dr Abdou Salam ABDEREMANE; Dr Jean Claude EMEKA, MPH; Dr Hermann Judicael ONGOUO; Dr Marie Catherine BAROUAN; Dr Amenan KOUAME; Dr Souleymane SIDIBE; Dr Nicolas Masheni Nkiere; Dr Teto Mamona Fondacaro; Dr Gani Akorede Alabi Dr Abera Bekele Leta; Mr Desalegn Gebreyesus Gebrselassie; Mr Kebba Gibba; Mr Musa B Jallow; Dr Sally-Ann Ohene; Mr Rhehab Chimzizi; Dr Frank Adae Bonsu; Dr Joel Karimi Kangangi; Dr Bernard K. Langat; Mr Tseliso Isaac Marata; Dr Llang Bridget Maama – Maime; Mr Ishmael Nyasulu Mr Isaias Leo Dambe; Dr James Upile Mpunga; Dr Modibo Traore; Dr Kassim Traore; Dr Nayé Bah; Ms Ivone Da Piedade Martins Dourado; Mr Lourenço Nhocuana; Dr Desta Tiruneh; Dr Nunurai Ruswa; Dr Ayodele Olubukunwi Awe; Dr Mustapha Gidado; Dr Abdoulaye Mariama; Dr Balle Boubakar ; Dr Lo Bocar Mame; Dr Awa Helene Diop; Dr Ndella Diakhate; Mr Henry Gilbert Bastienne; Mr Justin Freminot; Dr Kefas Samson; Mr Themba Dlamini; Mr Sandile M Ginindza; Dr Neema Gideon Simkoko Dr Ali Omar ALI; Dr Joseph Fry Imoko; Mrs Lydia Martha Nakasumba; Dr Francis Engwau Adatu; Dr Mwendaweli Maboshe; Dr Dean Stephen Phiri; Mr Moffat Malukutu; Dr Charles Sandy; Dr Tonderayi Clive Murimwa; Dr Christine Chakanyuka; Dr Patrick Hazangwe Ya Diul Mukadi (USAID) Dr Sevim Ahmedov (USAID); Dr Barnet Nyathi (UNION); René L'Herminez (KNCV) Dr Joost Butenop (GLRA) Dr Chilunga Puta (RCQHC) Dr Tomaz A. Salomao(SADC); Max Meis (TBCARE 1) Ehab Salah (UNODC); David Kim (Global Fund) Dr Celia Woodfill (CDC) Facilitators from WHO Dr Christian Gunneberg; Dr Tauhid Islam; Dr Bah Keita; Dr Daniel K. Kibuga; Dr Wilfred A.C Nkhoma; Dr. M. Angelica Salomao; Dr Henriette Wembanyama. Dr. Jean De Dieu Iragena.

Workshop Evaluation Annex 1							
Question	No of Responses	Strongly Disagree	Somewhat Disagree	No Opinion	Somewhat Agree	Strongly Agree	% Favourable
1. My knowledge, understanding, and/or skills have increased/improved as a result of this workshop.	66	2%	0%	3%	48%	47%	95%
2. The intended outcomes for the workshop were met.	65	2%	2%	0%	49%	49%	98%
3. The material was presented in an organized, easily understood manner.	62	0%	2%	3%	61%	35%	97%
4. The presenters were engaging and attended to the group's needs.	66	2%	3%	8%	65%	23%	88%
5. The training materials were valuable and will be useful in the future.	62	0%	0%	21%	42%	37%	79%
6. How likely are you to implement what you've learned as a result of the training?	64	Very Unlikely 0%	Somewhat Unlikely 2%	Perhaps 0%	Somewhat likely 30%	Very likely 60%	90%
Sixty six participants responded to the questionnaires in English and French Table for annex							
Additional Questions	A selection of typical responses						
1. Would you like to elaborate on ratings above	Facilitation of the group work was not adequate Translation of slides into French						
What other training topics would you suggest	Qualities of a good consultant Training in TOR development How to utilise Technical assistance for Local Capacity building Reviewing individual country TA plans. Information on TA costings . Evaluation of a TB control programme						
How could this workshop be improved	More Group work less lecturing with less slides More coaching and mentoring of countries Advance distribution of background materials More discussions with facilitators More information on the Global Fund mechanisms.						
Are there any other comments you would like to make	The workshop will help in coordinating PAs activities. Need to follow up the workshop with TBTEAM contact at country level Agenda of day three was not clear. Workshop could be reduced to 2 days- Avoid holding workshop during World AIDS day						