Rational Pharmaceutical Management Plus
Workshop on Evaluating TB Enablers and Incentives: Trip Report
Paris, France
November 3-4, 2003

Alexandra Beith
Sangeeta Mookherji
Chinwe Owunna

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The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Abstract

Following the International Union Against Tuberculosis and Lung Disease (IUATLD) annual conference in 2003, an interactive workshop was held to explore the design, monitoring and evaluation of enabler and incentive schemes that seek to improve tuberculosis (TB) control programs by increasing the motivation and performance of patients, providers, and others engaged in DOTS (Directly Observed Therapy, Short-course) programs. This workshop, sponsored by Management Sciences for Health’s (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program in conjunction with the Stop TB partnership, engaged partners who had results to share from recently designed, implemented, or evaluated schemes and those seeking to assess whether to pursue such approaches. The workshop emphasized discussion and debate on measuring effectiveness, impact, control of perverse effects, generalizability, and feasibility of replication and/or scale-up of approaches.

Recommended Citation


Key Words and Terms
Tuberculosis, adherence, case detection, operations research, evaluation, incentive, enabler
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## Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFRO</td>
<td>WHO regional office for Africa</td>
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<tr>
<td>ANE</td>
<td>USAID Bureau for Asia and the Near East</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention [USA]</td>
</tr>
<tr>
<td>CIDA</td>
<td>Canadian International Development Agency</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly Observed Treatment, Short Course</td>
</tr>
<tr>
<td>ICC</td>
<td>International Child Care [an NGO]</td>
</tr>
<tr>
<td>I&amp;E</td>
<td>Incentives and enablers</td>
</tr>
<tr>
<td>IUATLD</td>
<td>International Union Against Tuberculosis and Lung Disease</td>
</tr>
<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
</tr>
<tr>
<td>NTP</td>
<td>national tuberculosis program</td>
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<tr>
<td>OR&amp;E</td>
<td>Operations research and evaluation</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PiH</td>
<td>Partners in Health</td>
</tr>
<tr>
<td>PPM</td>
<td>Public private mix</td>
</tr>
<tr>
<td>RPM Plus</td>
<td>Rational Pharmaceutical Management Plus Program</td>
</tr>
<tr>
<td>SO5</td>
<td>(USAID) Strategic Objective 5</td>
</tr>
<tr>
<td>SOW</td>
<td>scope of work</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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</table>
Background

DOTS-based TB control programs are being launched and expanded worldwide. Critical challenges faced by TB programs are to ensure that identified patients consume the full course of required drugs, and that all patients are being diagnosed and treated. Some DOTS programs are implementing models that provide incentives to patients and providers to comply with a full drug regimen. Anecdotal evidence exists that some incentive programs generate promising results while other incentive programs may produce unintended or perverse results. Limited information is available on the results of current experiences yet new schemes are being initiated, often without sufficient evidence and typically without an explicit plan to evaluate design, implementation or impact.

As part of its contribution to USAID’s strategic objective (SO) 5—*reduce the threat of infectious diseases of major public health importance*, the Rational Pharmaceutical Management (RPM) Plus program, in partnership with Stop TB/WHO and the World Bank, has conducted a number of activities since 2001 which seek to strengthen the knowledge base of what incentives and enablers are being used in TB control programs, what schemes work, and what factors contribute to the success or failure of individual schemes. The team is now focusing on identifying ongoing evaluation efforts and stimulating new evaluation efforts to build the evidence base on the impact and cost-effectiveness of incentive and enabler schemes, and, when possible, to compare this with other interventions to improve TB control.

Purpose of Trip

Sangeeta Mookherji, Alexandra Beith and Chinwe Owunna traveled to Paris, France, to participate in the IUATLD 2003 World Conference and to conduct a workshop on “Evaluating TB enablers and incentives”. With support from Stop TB, Diana Weil (World Bank) also participated as a workshop facilitator. This one and a half day workshop brought together individuals with direct experience with incentive and/or enabler schemes with the aim of sharing experience in evaluation of such schemes. It was sponsored by the USAID-funded RPM Plus project in collaboration with the Stop TB Partnership Secretariat.
Workshop Overview

1. RPM Plus, through its MSH staff and in collaboration with Stop TB, conducted the workshop, “Evaluating TB Enablers and Incentives.”

The workshop was held on November 3-4, 2003 in Paris, France at the Palais des Congrès and was facilitated by RPM Plus supported staff in conjunction with Diana Weil of the World Bank and Stop TB/WHO. See Annex 1 for the workshop agenda.\(^1\)

The workshop venue was selected because most of the participants were already attending the IUATLD Conference. Resources were therefore primarily used to support participants’ extra days to attend the workshop. As a result of this leveraging of funds a number of participants’ attendance was supported.

2. A total of 55 participants (NTP managers, NGO representatives, WHO/Stop TB staff, academic and research institute staff and representatives of international and donor organizations) attended the workshop.

Participants represented experiences with (and, in several cases, evaluation of) incentives and enablers in the following countries: Bangladesh, Brazil, Cambodia, China, Congo, Czech Republic, El Salvador, Georgia, Haiti, India, Kazakhstan, Peru, Romania, Russian Federation, South Africa, Tajikistan and Tanzania.

Workshop participants included NTP managers and NGO representatives who have experience with using (and, in some cases, evaluating) incentives and enablers in their TB programs. USAID was represented by two staff from the Global office, and four from various missions (Brazil (2), CAR and the Russian Federation). WHO was represented by staff from Stop TB, AFRO, PAHO and WHO/Russia. The World Bank, CIDA, CDC and IUATLD were also represented. Finally, participation from academic institutions included staff from the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine and Yale University.

The participation of two individuals (both from NGOs in Bangladesh) was entirely supported by RPM Plus/ANE funds. Six other participants received partial assistance from RPM Plus/SO5 TB funding for additional per diem allowing them to attend the workshop. Participants who received this funding were from Brazil, Czech Republic, Haiti, India, and South Africa (2). Finally RPM Plus/SO5 TB funds also supported the services and additional per diem days of a translator for the Russian-speaking participants (Russian/English). A number of other participants were either fully or partially supported by Stop TB.

See Annex 2 for a complete list of participants with contact information.

\(^1\) A summary of workshop proceedings is presently being developed. For a copy please contact abeith@msh.org.
3. **The objectives of the workshop were:**

- To enable participants to share information on recently designed, implemented, or evaluated schemes that provide incentives or enablers to patients and/or providers engaged in DOTS interventions and to discuss evaluation challenges
- To review frameworks and methods for local workshops to “map” the incentive environment at the health system, service, and community levels
- To present, assess the need for and seek input to a draft operations research and evaluation (OR&E) guide, developed by RPM Plus and field-tested in Bangladesh with ANE support prior to the workshop
- To identify common interests and concerns in organizing several different forms of incentive and enabler schemes (e.g., food support; patient-focused schemes, formal provider-focused schemes and non-formal provider interventions), in evaluating them and in coordinating to advance research and improve outcomes

This workshop was a follow-on to an earlier workshop on the use of incentives and enablers held following the IUATLD Annual Congress in 2001 which was also cosponsored by the Stop TB Partnership and RPM Plus. While the 2001 workshop emphasized sharing of experiences with design and implementation of incentive and enabler schemes, this 2003 workshop focused on evaluation of such schemes. Specifically, the 2003 workshop engaged partners who had results to share from completed evaluations or recently designed evaluation or operations research studies to assess the impact of incentives or enablers, and those seeking to assess the impact of their own schemes. It emphasized discussion and debate on methods and challenges for designing rigorous studies, for measuring cost-effectiveness and incremental impact, controlling for perverse effects, generalizability, and feasibility of replication and/or scale-up of approaches.

The workshop structure was kept intentionally informal in nature in order to encourage maximum involvement and sharing of experiences. On November 3rd following initial presentations by facilitators, two panel sessions were held during which country representatives presented their experiences with evaluation research activities (Panel 1 focused on findings from recent incentive/enabler studies while Panel 2 emphasized ongoing or proposed evaluation research). Both panels emphasized study objectives, methodology, findings (in the case of Panel 1) and key challenges.

The afternoon of November 3rd was dedicated to discussion of methods for evaluating the impact of an incentive or enabler. RPM Plus presented a framework for evaluating incentive and enablers in TB, of which an OR&E guide specific to TB I&E was proposed as a key tool. This OR&E guide is currently under development by RPM Plus, and was field-tested with 3 NGOs in Bangladesh prior to the workshop, using ANE funds. One of these organizations, Damien Foundation, presented the study design that resulted from using the OR&E guide during the previous panel session. After discussion about the need for and elements of an evaluation framework for TB I&E, workshop participants separated into working groups as follows:
Activities

Group 1: Evaluating on-going enabler/incentive schemes
Group 2: Designing and evaluating new enabler/incentive interventions
Group 3: Interpreting findings and attributing results
Group 4: Addressing challenges to scale-up and replication

The morning of November 4th began with a presentation on the WHO’s Public Private Mix (PPM) Working Group’s experience with facilitating operations research using a common framework. This was followed by working groups emphasizing knowledge sharing on specific measurement and analytic concerns, strengthened collaboration and resource mobilization on selected thematic issues as follows:

- **Group 1**: Food support for patients
- **Group 2**: Other incentives/enablers for patients
  (Focus on Eastern Europe and Former Soviet Union)
- **Group 3**: Incentives/enablers for formal TB service providers
- **Group 4**: Incentives/enablers for informal TB service providers

An evaluation form was distributed to all participants. Returned completed forms are summarized in Annex 3.

Collaborators and Partners

Diana Weil, Senior Public Health Specialist, seconded to the World Bank by Stop TB/WHO
Next Steps

Immediate Follow-up Activities

The RPM Plus/Stop TB team will continue to work actively with interested workshop participants and possible funders (USAID and others) to determine where rigorous evaluations might be conducted to increase the evidence base of how and to what extent incentives and enablers contribute to improving TB program performance. RPM Plus will finalize the OR&E guide and make it widely available to further stimulate operations research and evaluation of TB incentives and enablers impact on TB control. RPM Plus will explore providing small scale support to OR&E studies in the ANE region, using ANE funds. RPM Plus will encourage those conducting operations research and evaluation studies to share their findings through linking with or direct posting to RPM Plus’ website www.msh.org/rpmplus/tb (follow link to “incentives and enablers”), and through publication.
Annex 1: Agenda

Workshop on “Evaluating TB Enablers and Incentives”
Sponsored by the Stop TB Partnership and
the Rational Pharmaceutical Management Plus Program/MSH
Room 342B, Palais des Congres, Paris, France
November 3 & 4, 2003

3 November

8:30-9:00 Registration

9:00-9:20 Introduction and overview of workshop objectives

9:20-10:00 Overview of process/findings/next steps from “motivation mapping”
workshops: Experiences in China, Uganda and Tanzania.
- Moderator/introduction: D. Weil
- Presenters:
  1. D. Weil, on behalf of F Adatu – NTLP, Uganda
  2. J. Liu and F. Zhao – NTP, China
  3. S. Egwaga – NTLP, Tanzania
- Discussion

Brief overview of FIDELIS – D. Enarson, IUATLD

10:00-10:20 Coffee break

10:20-11:30 Panel I: Findings from recent incentive and enabler studies
- Moderator: S. Egwaga
- Presenters:
  1. El Salvador (A. Miranda – CDC)
  2. Haiti (E. Nicolas – ICC-CAT)
  3. Ivanovo Oblast, Russia (O. Medvedeva – TB program Ivanovo Oblast /P. Cegielski – CDC)
  4. Peru and other experiences (D. Barry – PiH)
  5. Cambodia (S. Mookherji – MSH/M. Eang – NTP, Cambodia)
- Discussion

11:30-12:30 Panel II: Ongoing or proposed research
- Moderator: P. Cegielski
- Presenters:
  1. Kazakhstan (P. Robinson – American Red Cross)
  2. Tajikistan (T. Mohr – Project HOPE)
  3. Bangladesh (H. Salim – Damien Foundation)
  4. Czech Republic (L. Trnka – NTP, Czech Republic)
- Discussion

12:30-13:30 Lunch provided
13:30-14:30  Introduction to methods for assessing incentive/enabler interventions and sample protocol frameworks:
- S. Mookherji
- Discussants:  G. Mann – Liverpool School of Tropical Medicine (qualitative and quantitative methods); P. Cegielski (quasi-experimental designs) and D. Weil, on behalf of C. Hanson (survey methods)
- Discussion

14:30-15:15  Working groups to identify key issues for plenary discussion under each theme (participants to self-select to working groups)
Group 1:  Evaluating on-going enabler/incentive schemes
Group 2:  Designing and evaluating new enabler/incentive interventions
Group 3:  Interpreting findings and attributing results
Group 4:  Addressing challenges to scale-up and replication

15:15-15:35  Coffee Break

15:35-17:30  Presentations by rapporteurs and general discussion
- Moderator:  S. Mookherji

4 November

8:30-8:50  Summary of key points from Day 1’s research theme discussions (by facilitators) and introduction to morning session

8:50-9:15  Facilitating common research:
- K. Lonnroth (WHO) on the Public-Private Mix (PPM) sub-group of the DOTS Expansion Working Group
- Discussion

9:15-11:00  Break-out sessions focusing on selected thematic issues (To be confirmed on day 1 of the workshop):
Group 1:  Food support for patients
Group 2:  Other incentives/enablers for patients
  (Focus on Eastern Europe and Former Soviet Union)
Group 3:  Incentives/enablers for formal TB service providers
Group 4:  Incentives/enablers for informal TB service providers
Potential focus of group discussions: knowledge sharing on specific measurement and analytic concerns, strengthened collaboration and resource mobilization
(includes coffee break)

11:00-11:30  Feedback reports from session rapporteurs
- Moderator (D. Weil)

11:30-12:00  Final discussion and conclusions
## Annex 2: Participant List

### WORKSHOP ON EVALUATING TB ENABLERS AND INCENTIVES
**Nov. 3-4, 2003**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Company/Institution</th>
<th>Address/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica Agapova</td>
<td>Chief TB Specialist</td>
<td>Russian Red Cross</td>
<td>5 Cheryomushkinsky pr 117036 Russia, Moscow Tel/Fax: 7-095-126-46-20/126-00-74 Email: <a href="mailto:agapova@redcross.ru">agapova@redcross.ru</a></td>
</tr>
<tr>
<td>Jalaluddin Ahmed</td>
<td>NTP Manager, Deputy Director and Programme Manager</td>
<td>CDC, Director of the General of Health Services</td>
<td>Bangladesh, Kohakadle, Dhaka 1212 Tel/Fax: 8802-8813839/880-2-9884656 Email: <a href="mailto:Jahal_uddin_ahmed@yahoo.com">Jahal_uddin_ahmed@yahoo.com</a></td>
</tr>
<tr>
<td>Indira Aitmagambetova</td>
<td>USAID/CAR</td>
<td>41 Kazibek Bi Street, Almaty, Kazakhstan Tel/Fax: 3272-507617/507635 Email: <a href="mailto:iaitmagambetova@usaid.gov">iaitmagambetova@usaid.gov</a></td>
<td></td>
</tr>
<tr>
<td>Téa Akhaladze</td>
<td>Program Deputy Director/MSCI</td>
<td>3 Sarajishvili str. Apt #2, Tbilisi, Georgia Tel/Fax: 995-32-44-1830 Email: <a href="mailto:tea.msci@caucasus.net">tea.msci@caucasus.net</a></td>
<td></td>
</tr>
<tr>
<td>Gustavo Aquino</td>
<td>Centers for Disease Control &amp; Prevention USAID/Russia</td>
<td>Novinsky Boulevard 19/23, 121099 Moscow, RF Tel/Fax: 095-728-5000, ext 4630 Email: <a href="mailto:gaquino@usaid.gov">gaquino@usaid.gov</a></td>
<td></td>
</tr>
<tr>
<td>Donna Barry</td>
<td>Partners in Health (PiH)</td>
<td>641 Huntington Ave., 1st Floor Boston, MA 02115 Tel: 1 617 432 5256 Fax: 1 617 432 5300 Email: <a href="mailto:dbarry@pih.org">dbarry@pih.org</a></td>
<td></td>
</tr>
<tr>
<td>Alix Beith</td>
<td>Senior Program Associate</td>
<td>Management Sciences for Health (MSH) 4301 N. Fairfax Drive Arlington VA, 22203-1627 Tel: 1 703 524 6575 Fax: 1 703 524 7898 Email: <a href="mailto:abeith@msh.org">abeith@msh.org</a></td>
<td></td>
</tr>
<tr>
<td>Karen Bissell</td>
<td>International Union Against Tuberculosis and Lung Disease (IUATLD)</td>
<td>68 boulevard Saint Michel 75006 Paris - FRANCE. Tel: +33-1 44.32.03.60. Fax: +33-1 43.29.90.87 Email: <a href="mailto:kbissell@iuatld.org">kbissell@iuatld.org</a></td>
<td></td>
</tr>
<tr>
<td>Amy Bloom</td>
<td>Sr. Technical Advisor/USAID</td>
<td>BGH/OHIV/TLRD 5-10-45, 5th Floor, RRB Washington, DC 20523-5100 Tel/Fax: (202) 712-8693/(202) 216-3015 Email: <a href="mailto:abloom@usaid.gov">abloom@usaid.gov</a></td>
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</tr>
</tbody>
</table>
Peter Cegielski  
CDC  
1600 Clifton Road  
Mailstop E-10  
Atlanta, GA  30333  
Tel/Fax:  (404) 639-5329/1566  
Email:  pcegielski@cdc.gov

Dan Chin  
Medical Officer, Country Advisor in TB  
Room 401, Dongwai Diplomatic Office Building  
23, Dongzhimenwai Dajie, Chaoyang District  
Beijing 100600, China  
Tel:  86 10 65327190, ext, 628  
Fax:  86 10 65322359  
Email:  chind@chn.wpro.who.int

Irine Danilova  
WHO Russia  
28 Ostozhenke Pt.  
Moscow, Russia  
Tel/Fax:  7-095-7872176  
Email:  i.danilova@who.org.ru

Mao Tan Eang  
Director, National Center for TB and Leprosy Control, MOH  
St. 278/95 Boeung Kengkang II, Chamkamorn  
Phnom Penh, Cambodia  
Tel/Fax:  85512-916503/85523-218090  
Email:  mao@bigpond.com.kh

Saidi M. Egwaga  
Program Manager, NTLP  
P.O. Box 71818  
Dar es Salaam, Tanzania  
Tel/Fax:  255-22-2124500  
Email:  tantci@intafrica.com

Zhao Fengzeng  
Advisor, National Center for TB Control and Prevention, China  
No 27 Naumei Road  
Beijing, China  100050  
Tel/Fax:  86-10-63167543  
Email:  fengzengzhao@sohu.com

Denise Garrett, MD MSC  
USAID/CDC/IUATLD  
Consultant Brazilian MOH  
SHIS QL22 Conj Cosa 16-Lago SW  
Brasilia, DF Brasil 71650-235  
Tel/Fax:  55-61-99786560  
Email:  ddo0@cdc.gov

Felicity Gibbs  
National Manager  
Operation Hunger  
Box 32257  
Braamfontein 2017 South Africa  
Tel/Fax:  27-12-9026000  
Email:  felicity@sn.apc.org

Jules P. Grand-Pierre  
Child Survival/TB Advisor  
Child Survival/TB Advisor  
#5 Impasse Beaudieu Eutice Villa d’Accueil, Musseau  
BP 908 Port-au-Prince, Haiti  
Tel/Fax:  (305) 510-9901/9902/9903  
Email:  jgrandpierre@hs2004.org

Ria Grant  
Manager, TB Care Association  
P.O. Box 2589  
Cape Town 8000 South Africa  
Tel/Fax:  27-217625059  
Email:  rgrant@inds-ct.co.za  
Website:  www.tbcare.com
Christy Hanson  
Stop TB Department  
WHO  
Avenue Appia  
1211 Geneva 27  
Switzerland  
Fax: +(41) 22 791 4886

Moinul Haque  
NGO Service Delivery Program (NSDP)  
“Dhanshiri”, H# NE(N)–5, Rd #88 Gulshan Dhaka, Bangladesh  
Tel/Fax: 880-2-9886994-95/880-2-9883634  
Email: MHaque@nsdp.org or haquemoinul@hotmail.com

Petra Heitkamp  
Stop TB Partnership Secretariat/WHO-Stop TB  
90 Avenue Appia 27  
1211 CH  
Geneva, Switzerland  
Tel/Fax: 41-22-7912879/41-22-7914199/4886  
Email: heitkampp@who.int

Timothy Holtz  
MD, MPH (Epidemiologist at CDC)  
1600 Clifton Rd MS E-10  
Atlanta, GA  30333  
Tel/Fax: (404) 639-5218’ (404) 639-1566  
Email: tkh3@cdc.gov

Iuliana Husar  
Supervisor of the NTP Romania  
SOS Viilor NR 90-Sector 5  
Bucharest, Romania  
Tel/Fax: 40-21-315-82-01  
Email: ihusar2000@yahoo.com

Vary Jacquet  
NTP (Ministry of Health) – Haiti  
NTP-Haiti Impasse Theodule #1  
Bourdon, Port-au-Prince, Haiti  
Tel/Fax: (509) 513-9680/9682/(509) 409-0754  
Email: varyj@yahoo.com

Luc Janssens  
Country Representative, Medical Service Corporation International  
3a Sarajishvii str. Apt #1  
Tbilisi, 0107, Georgia  
Tel/Fax: 995-32-44-18-30/995-32-44-18-31  
Email: luc.msci@caucasus.net

M.S. Jawahar  
Tuberculosis Research Centre  
Mayor VR Ramanthan Salai Chetput  
Chennai 600031 India  
Tel/Fax: 91-44-28362443  
Email: shaheedjawahar@hotmail.com

Liu Jian Jun  
National Center for TB Control & Prevention, China CDL  
No. 27 Nanwei Road  
Beijing, China 100050  
Tel/Fax: 86-10-63167545/86-10-6316543  
Email: liujj@chinatb.ORG

Deus V. Kamara  
NTLP-Tanzania  
Box 9083  
Dar es Salaam, Tanzania  
Tel/Fax: 255-22-2124500  
Email: vedastusk@yahoo.com

Alexey Kazakov  
Deputy Head of Division for Organization of Medical Care of Infectious Diseases  
Ministry of Health of the Russian Federation  
Moscow, Rakhmanorsky per., d3  
Tel/Fax: 095-292-07-95/921-7855 (fax)  
Email: tb.mohrf@who.org.ru
Kaveh Khoshnood  
Assistant Professor  
Yale School of Public Health  
60 College St.  
New Haven, CT 06520  
Tel/Fax: (203) 785-2920/(203) 785-7552  
Email: kaveh.khoshnood@yale.edu

Daniel Kibuga  
World Health Organisation - Regional Office for Africa (AFRO)  
Cite du Djoue, P.O.Box 06  
Brazzaville, Congo  
Tel: + (47 241) 39100 / + 242 8 39100  
Fax: + (47 241) 39503 / + 242 8 39503

Deborah Lans  
USAID, Bureau for Global Health  
Washington, DC 20523  
Tel/Fax: (202) 712-4625/(202) 216-3704  
Email: dlans@usaid.gov

Knut Lonnroth  
Medical Officer, WHO Geneva  
TBS/STB/WHO  
20 Avenue Appia  
1211 Geneva  
Tel/Fax: 0041-22-7911628  
Email: lonnrothk@who.int

Gillian Mann  
Research Fellow, Health Economics  
Liverpool School of Tropical Medicine  
P.O. Box 2019  
Blantyre, Malawi  
Tel/Fax: 265-04-672933/265-08-832760  
Email: gmann@liv.ac.uk

Olga Medvedeva  
Ivanovo TB Hospital  
27 Kimlizsksy Pl  
Ivanovo, Russia  
Tel/Fax: 7-0932-327688

Abraham Miranda  
CDC  
1600 Clifton Rd MS E-10  
Atlanta, GA 30333  
Tel/Fax: (404) 639-8965  
Email: amiranda@cdc.gov

Tom Mohr  
Program Manager  
Project HOPE  
53 Buoro Str.  
Dushanbe, Tajikistan 734025  
Tel/Fax: 992-372-23-33-28  
Email: HOPE@tojikiston.com

Sangeeta Mookherji  
Senior Program Associate  
Management Sciences for Health (MSH)  
(Based in Jerusalem)  
Mailing address: 4310 N. Fairfax Dr.  
Suite 400  
Arlington, VA 22203  
Tel: + (972) 57-621-914  
Email: smookherji@msh.org

Catherine Mundy  
Management Sciences for Health (MSH)  
TB/HIV Unit, CHSS  
891 Centre St.  
Boston, MA 02130-2796  
Tel/Fax: (617) 524-7766/(617) 524-1363  
Email: cmundy@msh.org

Elie Nicolas  
International Child Care Health  
Delmas 31, No. 38  
Delmas, Haiti  
Email: drelienicolas@hotmail.com
Annex 2: Participant List

Chinwe Owunna
Program Associate
Management Sciences for Health (MSH)
4301 N. Fairfax Drive
Arlington VA, 22203-1627
Tel: 1 703 524 6575
Fax: 1 703 524 7898
Email: cowunna@msh.org

Patricia Paine
HIV-AIDS/TB Advisor, USAID/Brazil
SMLN ML 13, Casa 4
Lago Norte
Brasilia, DF Brazil 71540-130
Tel/Fax: 55-61-312-7255
Email: ppaine@usaid.gov

George Peegnasty
Russia
Email: antonag@orc.ru

Victor Punga
Central Research Institute Russia
Yayckaya allea 2 Moskow
CTRI
Tel/Fax: 263-80-55
Email: cniitram@online.ru
citrann@online.ru

Paul Robinson
Public Health Officer, Central Asia
American Red Cross-International Services
2025 E Street, NW
Washington, DC 20006
Tel/Fax: (202) 303-5052/(202) 303-0051
Email: robinsonp@usa.redcross.org

Dr. Md. Abdul Hamid Salim
Country Director
Damien Foundation Bangladesh
House #24, Road No 18, Block-A Banani Modeltown, Dhaka-1213
Bangladesh
Tel/Fax: 88-02-8822189
Email: dfsalim@citechco.net

Carolyn Shelton
PAHO
525 23rd St., NW
Washington, DC
Tel/Fax: (202) 974-3289/(202) 974-36911
Email: Sheltonc@paho.org

Deborah J. Smith
London School of Hygiene & Tropical Medicine
Keppel SF
London
WC1
Email: deborah.smith@lshtm.ac.uk

Elizabeth Cristina Coelho Soares
Vice Manager of Rio De Janeiro City TB Control Program
Av. Prefeito Dulcidio Cardoso, 2500 Bl. 5/150
Rio De Janeiro – RJ Brasil 22630-021
Tel/Fax: 55-21-25032234/55-21-2293-3210
Email: eccsoares@pcrj.rj.gov.br

Joel Spicer
C.I.D.A.
200 Promenade du Portage
Gatineau, QC
Tel/Fax: 819-953-0488
Email: joel_spicer@acdi-cida.gc.ca

Ludek Trnka
Nat. TB Surv. Unit, Univ. Hosp.
Prague 8-Bulovka
Czech Republic
Tel/Fax: 42 (0) 283840513
Email: survtbc@mbox.vol.cz
Annex 3: Summary of Workshop Evaluations

Key Evaluation Findings:
- Participants felt strongly that the workshop was worth their time, that evaluation of incentives and enablers is relevant to their work, that there should be continued exchange of experiences in this area and that an OR&E I&E guide is useful.
- All sessions were received positively revealing that chosen topics are appropriate and timely.
- While it was clear that participants liked the workshop’s emphasis on working groups, several individuals expressed the desire for more time dedicated to working group sessions and general discussion (the assumption being less time for formal presentations).
- There was considerable interest in further collaboration/more frequent discussion on evaluation efforts to determine the incremental impact of incentives/enablers on TB control.

Response Rate
- Of 55 participants (including facilitators) 25 completed workshop evaluation forms.
- All participants who did not previously submit an evaluation form were encouraged to fill out the form on the workshop CD (compiled by RPM Plus) which will be sent to all participants.

General Comments (in no particular order):
- “More translation service; more time for discussion” (needed)’
- “Thanks for your invitation and I can get chance to learn from other countries’ experiences.”
- “Working groups need more structured agenda, outputs etc.”
- “Excellent facilitators – this could be a conference on its own. We all have so much to share.”
- “More time for workshop discussions might be necessary”
- “Should be more time for working groups”
- “Overall excellent. Needed more time for focused working groups faced with similar challenges. A pre-workshop “needs assessment” can help identify workshop participant priorities that they would like to discuss during the workshop.”
- “Websites/addresses of possible donors for projects/research needed”
- “Having attended the full conference, very tired – not sure whether the workshop would be better before the conference? Need to use what has come out of the workshop for advocacy to government so please can we have the CD asap?”
- “We should be careful in designing the project proposal not to spoil the health service providing opportunity to become corrupt”
- “It would be beneficial to organize such workshops at least once in a year”
- “The workshop should be organized each year to share the experiences and find out different enabling factors and incentive schemes”
• “A great opportunity for discussion after the individual country presentations on day 1 could have provided a better opportunity to learn from each other’s experiences. Perhaps the room could have also been set up in less “classroom” fashion

• “This type of works should be continued beyond workshops and in the future”

• “Emphasis on working groups good but not enough time. Let’s talk about structural barriers too. Should spend more time on methodology. I think that’s the weak point/link”