



## **Background Paper for the Stop TB Coordinating Board Special Session on Technical Assistance needs**

### **I. Introduction**

Tuberculosis (TB) kills nearly two million people a year and 80% of those deaths occur in the developing world. It affects millions more. Close to nine million new cases develop every year and about one-third of the world's population is infected with *Mycobacterium tuberculosis*. TB has become the leading cause of death among people living with HIV/AIDS and infection with HIV is the most potent risk factor for a latent TB infection to convert to active TB. Multidrug-resistant TB has emerged in nearly every country of the world.

The substantially increased financial resources available for TB control provide a unique opportunity to accelerate response to tackle the epidemic. The study conducted in 2005 by the HLSP Institute and the Stop TB Partnership Secretariat, reveals that contributions of development agencies to TB control activities in high-burden countries more than doubled between 1999 and 2004 (US\$ 135,571,022 in 1999 and US\$ 393,053,293 in 2004). With the increasing political commitment of national governments and additional resources from bilateral and multilateral donors, particularly the Global Fund to fight AIDS, TB and Malaria (GFATM) and the World Bank, important progress in addressing the TB epidemic has been achieved. A total of 182 countries were implementing the DOTS strategy and piloting or scaling-up new approaches within the expanded DOTS framework during 2003. Treatment has accelerated and over 20 million patients have now been treated worldwide under DOTS, with global case detection reaching 52%<sup>1</sup> by the end of 2004 and treatment success rates more than 80%. Mortality and incidence are declining or stabilizing in almost all regions.

### **II. Weaknesses in the current technical assistance system**

#### 1. Needs at country level - human resource and health system crisis

Progress is not sufficient to achieve global TB targets of 70% case detection and 85% cure rate by the end of 2005. Many countries are encountering tremendous difficulties in significantly scaling up programme implementation. The rapid increase of DOTS coverage has put high demand on programme management, supervision and quality

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<sup>1</sup> Preliminary data as of October 2005

control. In many countries it is difficult to meet these demands due to generally weak health systems and lack of competent human resources. As a result, quality of DOTS is becoming uncertain when programme implementation is not supported by technical expertise and subsequent monitoring and supervision doesn't take place. In addition, planning and implementing DOTS programmes in settings with high rates of HIV associated TB and multidrug-resistant TB (MDR-TB), and reaching all those in need of care are significant challenges especially in Sub-Saharan Africa and Eastern Europe. The crisis in human resources (HR) for health is worsening especially in Africa. Issues affecting effective TB control are **insufficient quantity, quality and distribution of staff**. In 2003, national TB programme managers from 18 out of the 22 TB high burden countries, ranked inadequate HR first within the top five constraints to reach the global TB control targets. Insufficient numbers, lack of adequately qualified or trained staff at different service levels, inadequate distribution, low motivation and poor staff retention were commonly described. These are problems not specific to TB control and most require action at national or health sector-wide levels, including: 1/improvements in educational policies; 2/revision of financial ceilings for recruitment; 3/human resource planning covering skills mix and distribution; 4/policies to improve staff recruitment, retention and accountability, and 5/budgets to ensure adequate remuneration. Overall weakness of health systems also inhibits effective response to the demand for service. People in remote rural areas and the growing population of urban poor: the slum dwellers, the homeless, and the migrants have severe problems utilizing services unless sufficiently decentralized. Developing appropriate pro-poor strategies requires a broad approach involving communities, civil society, non-governmental organizations, and all relevant health care providers. Much attention will be needed in the future to ensure that international standards of TB care are applied across all relevant health care providers. Stigma and poor health awareness contribute to underutilization of available services and increase the social costs of TB. Once truly accessible services of high quality are available, it is essential to devise communication strategies to raise awareness of TB and its available diagnostic and treatment options.

Capacity gaps in many areas of programme management and service delivery have been identified as a major obstacle to implementation and achievement of the TB control targets and the Millennium Development Goals (MDGs). Experience with the evaluation of performance of grants from GFATM reveals, however, that those countries which have received technical support have significantly outperformed those which have not. During the round 5 proposal preparation period, WHO and Stop TB partners assisted 46 of the 48 proposals that were reviewed by the Technical Review Panel (TRP). The quality of the assistance was enhanced by participation in a proposal preparation workshop (funded by CIDA and organized by Stop TB) held in February 2005. As a result, 14 of 22 (64%) countries that were approved by the GFATM were successfully assisted by consultants who attended the workshop.

## 2. Current technical assistance efforts

Consistent and focused technical assistance to support implementation of DOTS has been a mainstay of accelerated TB control scale up in high-TB-burden countries over the last

decade. National TB Programmes (NTPs) as well as non-governmental providers have benefited from guidance and assistance in planning, resource mobilization, focused implementation problem-solving, monitoring and evaluation. In addition to WHO, other key Stop TB technical partners traditionally providing technical assistance to the NTPs include the KNCV Tuberculosis Foundation, the International Union against TB and Lung Disease (The Union), the US Centers for Disease Control (CDC), the German Leprosy Relief Association (GLRA), Damien Foundation, Research Institute of Tuberculosis/Japanese Anti-TB Association (RIT/JATA), American Thoracic Society (ATS), Management Sciences for Health, PATH, Family Health International etc.

In the past decade, major donors have greatly increased demand for the services of these agencies. With the creation of GFATM more resources is available to countries in need, yet, this increased flow of resources has not been matched by an increase in funding for technical support. Stop TB technical partners are currently caught in a vicious circle. On one hand, the advent of the GFATM has forced them to meet the sharply increasing demand for technical support but on the other, the current structure, mechanisms, and approach to funding international technical assistance do not provide the additional resources to do so. Essentially, Stop TB partners are facing an unfunded mandate. Lead technical agencies in the Stop TB Partnership such as WHO, KNCV, and The Union, have reallocated resources from limited budgets to try to meet the increasing demand for technical assistance but the lack of additional funding is restricting their capacity to provide the support that countries need.

In addition, sufficient capacity and needs assessments in priority countries are missing which may lead to inefficient allocation of available resources. Poor coordination among numerous technical agencies and the donors is leading to redundancy in some cases as well as undersupply of needed support in other areas. Finally, poorly structured technical interactions have resulted in prioritization of support activities by the diverse outside groups providing it, rather than governments whose responsibility is to coordinate the implementation of TB programmes at country level.

### **III. The proposed solution: A STOP TB Technical Assistance Coalition**

Examples on how to provide technical assistance to priority countries in a comprehensive coordinated manner exists. One of them is the Tuberculosis Coalition for Technical Assistance (TBCTA)<sup>2</sup> established in 2001 through funding from USAID. TBCTA is now well recognized as an innovative partnership that speaks with a single voice on major TB issues in countries where USAID works. Recently the Coalition was selected by USAID for the award of the Tuberculosis Control Assistance Programme (TB CAP) cooperative agreement. However, the activities of TBCTA are limited to USAID priority countries (which does not include all 22 high TB burden countries) and can only address the TB-

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<sup>2</sup> TBCTA consists of 8 members: KNCV, The Union, CDC, ATS, and WHO (since 2001). Three more organizations: Family Health International (FHI), Management Sciences for Health (MSH), and the Research Institute for Tuberculosis/Japanese Anti-TB Association (RIT/JATA) joined the coalition in 2005.

CAP priority areas. TBCTA serves as a good model of how to successfully collaborate to address international and national issues that have limited the expansion of DOTS and has demonstrated that it is much more than the sum of its individual partner institutions.

Building up on the TBCTA *modus operandi*, a much broader **STOP TB Technical Assistance Coalition** comprised of major technical partners of Stop TB Partnership needs to be established to ensure adequate technical support is readily available to countries to strengthen capacity to absorb external funding and implement effective TB control programmes. The strategic direction for the **STOP TB Technical Assistance Coalition** activities over the next decade will be provided in the second Global Plan to Stop TB (2006-2015) which will be launched in January 2006 and which builds on the proposed Stop TB Strategy. The Plan will set out the actions needed to reach the Stop TB Partnership's 2015 global targets for TB control, which are linked to the MDGs.

For the HIV/AIDS community, the Global Joint Problem Solving and Implementation Support Team (GIST) was created to harmonize AIDS procedures and practices with a view to support country-led decisions and action, particularly concerning external reporting harmonization. The GFATM Board is in favour of such mechanisms in order to better coordinate support to countries for GFATM grants. The equivalent for the GIST for TB is included in the Stop TB Technical Assistance Coalition.

The **STOP TB Technical Assistance Coalition** support will focus on 22 high TB burden countries, high TB/HIV burden countries, high MDR-TB burden countries and other countries as needed. It will address the following three main activity areas:

#### 1. Country support and assistance to GFATM grants implementation

- Strategic and technical support to countries: Strengthening DOTS and scaling up new approaches will need intensified country level technical support. This includes additional help in preparing country and regional plans to reach MDGs, preparation of proposals for funding TB control and continuous technical assistance for programme implementation, supervision, monitoring and evaluation. Strategic support will be linked to efforts to help boost political commitment in countries and among multilateral and bilateral donors in order to increase resources for TB control.
- Capacity building at global, regional and national levels: This includes human resource development plans, development of training tools, training of trainers and consultants through regional and global workshops and courses. Approaches to improve access to quality TB care, including Private-Public Mix (PPM DOTS), Community-based DOTS, and Practical Approach to Lung Health (PAL), are still in an early stage in most countries. Continued documentation and evaluation of barriers and enablers for scaling up these initiatives is required. Scaling up of those approaches, recommended by the Stop TB Strategy, will require capacity and expertise at country level to address TB/HIV and MDR-TB, implement community based TB care, organize advocacy campaigns to raise awareness on

TB etc. In order to utilize existing surveillance data more efficiently, efforts will be required to increase the analytical capacity on regional, country and local levels.

## 2. Monitoring the implementation of TB control, and progress towards the Millennium Development Goals

- Monitoring implementation of the second Global Plan to Stop TB (GP2, 2006-15): Guided by the Stop TB Strategy, GP2 is the blueprint for making progress towards the MDGs. Routine evaluation is needed of the extent to which countries have implemented GP2, making use of standard recording and reporting systems. New indicators may be needed over the next decade to evaluate the implementation of new technology, such as better TB diagnostics.
- Monitoring progress towards targets: Special efforts in the field will be required to monitor and evaluate the impact of TB control, and especially progress in reducing incidence, prevalence and mortality, as specified by the MDGs. In a major scale-up of monitoring activities, all countries will have to strengthen their routine TB surveillance systems, and many will need to carry out population-based surveys. A discussion of the best way to measure the impact of TB control is now underway, stimulated by WHO's Strategic and Technical Advisory Group (STAG). The issues are laid out in the attached discussion paper.
- Monitoring financial flows: Financial resources for TB control are those required specifically by national TB control programmes, and those required by health systems to support TB control programmes. Building on WHO's unique financial database, future monitoring activities will include the estimation of resource needs and budget gaps, the tracking of expenditures, and evaluations of the efficiency with which funds are translated into effective TB control.

## 3. Operational research and policy development

This includes continued testing of new "beyond-DOTS" approaches recommended by the Stop TB Strategy, facilitating assessment of new tools and analysis of barriers and enablers for scaling up initiatives. Such evaluations and research will inform the development of Stop TB Strategy documents and guidelines. More in-depth analysis of hard-to-reach segments of the population and barriers to access health services are needed. **The STOP TB Technical Assistance Coalition** will play an important role in setting the agenda and supporting operational research in this field. TB control programmes will need to adapt to accommodate the expansion of TB/HIV collaborative activities and treatment of MDR TB. Furthermore, during the coming 10 years it is expected that new tools to prevent, diagnose and treat TB (new vaccine, new diagnostics and new drugs) will become available. TB control programmes will be the main vehicle for introduction of these new tools.

The mechanisms of delivering the activities will include:

- In-country support through long term national and international TB experts supported directly by **the STOP TB Technical Assistance Coalition** partners
- Regional and country TB advisers in regional/country offices of WHO and partners based at the regional and country level
- Country programme reviews and monitoring missions
- Ad hoc missions for technical assistance in specific activity areas
- Development and dissemination of tools, guidelines and generic training material
- Global, Regional and national training workshops and courses
- Global and regional consultations on specific technical issues
- Operational research
- International and national seminars, workshops and conferences

Financing of **the STOP TB Technical Assistance Coalition** could be channelled in two ways.

- Donor financing directly to individual technical agencies and/or subgroups of partners. Today, there are a number of agreements of this type including the TBCTA model funded by USAID. However, all are funding a relatively small subset of countries.
- Pooled donor financing for various technical partners, via the Stop TB Partnership Trust Fund. It can reduce the transaction costs for donors and carries low administrative overhead. It also could enhance coherent coordination of technical cooperation for a large range of recipients.

#### **IV. Coordination mechanism**

Recognizing the need for coordination and prioritization of support to countries, a monitoring and coordinating mechanism for the **STOP TB Technical Assistance Coalition** will be established around the three implementation working groups of the Stop TB partnership: DOTS Expansion, TB/HIV and DOTS Plus for MDR-TB, including the Global Drug Facility (GDF) and the Green Light Committee (GLC) mechanisms. The coordination activities will include:

1. Needs assessment for capacity building and technical assistance in priority countries;
2. Inventory of currently provided support, especially identifying overlaps and gaps;
3. Receiving requests for technical support from countries and channelling them to appropriate partners for action (for example, TBCTA may be requested to respond to requests from countries under the umbrella of TB - CAP).
4. Maintenance of the technical assistance data base and available resources
5. Monitoring the provided support and evaluating progress

An annual coordination meeting with major partners will be held to develop workplan for activities and allocate resources. Report on the progress of implementation will be provided on a 6-monthly basis to the Stop TB Partnership.

## V. Budget

Areas of work		Amount in US\$ (per year)
<b>1. Capacity building and support to countries,</b>		<b>110,518,000</b>
<ul style="list-style-type: none"> <li>• Capacity building, including drug management, DOTS Plus for MDR-TB, TB/HIV, laboratory capacity strengthening, and other areas</li> </ul>		
<ul style="list-style-type: none"> <li>• Strategic and technical guidance to NTP and other service providers at country level, including the staff cost</li> </ul>		
<b>2. Other activities</b>		<b>86,220,000</b>
<ul style="list-style-type: none"> <li>• Monitoring and evaluation (including monitoring of progress towards targets and monitoring of the Global Plan implementation)</li> </ul>		
<ul style="list-style-type: none"> <li>• Operational research and policy development</li> </ul>		
<ul style="list-style-type: none"> <li>• Advocacy, communications and social mobilization</li> </ul>		
<ul style="list-style-type: none"> <li>• Partnership building</li> </ul>		
<b>Sub-total budget</b>		<b>196,738,000</b>
<b>Funding currently available</b>		<b>59,600,000</b>
<b>FUNDING GAP</b>		<b>137,137,000</b>