TBTEAM - Technical Assistance Mechanism for TB

The Stop TB Partnership aims to facilitate and sustain the TBTEAM mechanism to coordinate in-country and international technical assistance to countries to implement effective and comprehensive TB control activities and to strengthen management capacity to effectively absorb national and external funding.

The Stop TB Partnership, through its working groups, provides the platform for coordinated technical assistance to countries, consensus on unified approaches and frameworks for M&E, and assistance to National TB Programmes (NTPs). This summary (of a longer paper) outlines the current and planned Stop TB technical assistance coordination at country, regional and global level with a focus on high TB burden countries, high prevalence TB/HIV countries, and high prevalence MDR-TB countries.

The TBTEAM structure operates through the following existing system:

- WHO is the Secretariat of the DOTS Expansion, TB/HIV and MDR-TB Working Groups of the STB Partnership
- The Stop TB Partnership Secretariat houses the Secretariat of the ACSM Working Group and the Global Drug Facility
- WHO works closely with NTPs
- NTPs (through the CCMs) request assistance from WHO and partners through all phases of the Global Fund to fight AIDS, TB and Malaria (the Global Fund) and support in all aspects of implementing the Stop TB Strategy
- WHO (in country, at regional level and headquarters (HQ) coordinates with partners to identify the correct assistance, avoid duplication and confusion, information sharing
- TB staff based in countries (WHO, the Union, CDC, GLRA, KNCV) provide ongoing support to countries

1.1. Objectives of Stop TB Technical Assistance Coordination through TBTEAM

- To promote internationally accepted standards for TB control and care in countries, in line with the Stop TB Strategy and Global Plan to Stop TB, 2006–2015.
• To facilitate, coordinate and harmonize the efforts of TB partners at global, regional and country levels to optimize the use of resources to reinforce and strengthen NTPs.

• To build technical assistance capacity at global, regional and country level among known TB partners and countries to maintain and expand available human resources in all components of the Stop TB Strategy and funding mechanism (Global Fund, World Bank, bilateral assistance), in all regions of the world and several languages.

• To provide strategic and technical assistance to countries along the TB control management cycle including preparing country and regional plans to reach MDGs, preparing proposals for funding TB control, monitoring implementation, assessing gaps and results, and revise planning. Strategic assistance is linked to efforts to help boost political commitment in countries and among multilateral and bilateral donors in order to increase resources for TB control.

• To ensure coordinated visits to countries avoiding duplication of work and inundation of countries.

1.2. **Content of technical assistance**

− Supporting all phases of the Stop TB Strategy implementation (such as: laboratory strengthening, Public Private Mix (PPM), Practical Approach to Lung Health (PAL), drug management and procurement (GDF/GLC), M&E/prevalence surveys, Community TB Care, ACSM, TB/HIV, MDR-TB, human resource development, and additional areas¹)

− Strengthening laboratory capacity to ensure access to high quality bacteriology including culture and Drug Susceptibility Testing (DST).

− Monitoring the implementation of the Global Plan to Stop TB, 2006–2015 by routine evaluation through the use of standard recording and reporting systems (in use for a decade, now under revision), and through the development of new indicators over time as needed to better evaluate the implementation of new technology (i.e. new diagnostics).

− Monitoring and evaluating the impact of TB control and progress in reducing incidence, prevalence and mortality in line with the MDGs.

− Monitoring the financial resources required by the NTPs and health systems to support TB control, and to estimate resource needs and budget gaps.

- Supporting operational research and policy development in all areas of TB control at country, regional and global levels.

- Support national efforts at resource mobilization from various donors. This involves giving support to all phases of Global Fund preparation and implementation including:
  - Proposal preparation (TB coordinated efforts have yielded higher success rates for proposal approval),
  - Technical assistance with TRP clarifications,
  - Grant agreement negotiation (and preparation of related plans: M&E, Procurement and Supply Management, work plan),
  - Ongoing assistance in implementation of all aspects of the Stop TB Strategy (funded via the Global Fund) and reporting to the Global Fund
  - Preparation for phase 2
  - Ad hoc emergency support

1.3. Methods of providing technical assistance to achieve above objectives

Routine monitoring of NTPs is a central part of the DOTS strategy and technical assistance in this aspect is linked with overall technical assistance to the NTP. This occurs in the following ways:

- In-country support
  Supervision and monitoring visits occurs in the following levels:
    - District supervising health unit (frequency: monthly)
    - Region supervising district (frequency: monthly-quarterly)
    - TB Central Unit supervising region (frequency: 2-4 times per year)

It is a general rule that supervision of staff is intensified after training to ensure the health workers or community members are correctly implementing the national policies.

- External Technical Assistance
  Monitoring missions are requested by the country to technical agencies (WHO or other STB partners) and may focus on a single area of implementation of the Stop TB Strategy or look at all aspects of the programme in order to identify bottlenecks in programme implementation. These missions occur as needed, usually 3-4 times per year.

  Programme review missions are also requested by the country to technical agencies (WHO with other STB partners). It is a nationwide review that focuses on overall programme performance, programme structure in the health system and implementation of the Stop TB Strategy. These missions take place usually every 3-4 years.

  Training and workshops are organized at country, regional and global level on all aspects of the Stop TB Strategy (including M&E, TB/HIV, laboratory
strengthening and others) and additionally on mechanisms of accessing sufficient financial resources such as through the Global Fund.

Meetings of NTP Managers are organized annually at the regional level to update on policy and share experience among countries.

Technical assistance on special non-routine studies, such as prevalence surveys, is specialized and draws on the skills of a small group of TB experts. The Stop TB Department, WHO, and other STB partners including KNCV, the Union and RIT/JATA, currently provide assistance to countries and are building capacity in technical expertise in this area.

NEXT STEPS/TIMELINE

- Meeting held on 23 October 2006 with the Global Fund, WHO (H, T, M), UNAIDS, World Bank, Stop TB Partnership and Roll Back Malaria
- All partners completed a Partner mapping exercise in which they identified current status of TA coordination
- Preparation of Joint Policy Paper to be presented to the Global Fund Board Committees and Board Feb/March 2007 (first draft end December 2006)
- Resource Mobilization Strategy

QUESTIONS FOR BOARD CONSIDERATION IN DISCUSSION WITH GLOBAL FUND

1. Would the Board encourage the development of a Joint Policy Paper to be presented to the Global Fund Executive Board and the Stop TB Partnership Coordinating Board ensuring discussions on technical assistance are taken forward?

2. Will the Board support joint development of a resource mobilization strategy for TBTEAM (to be endorsed by both Boards)?