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○ Issue 1 | ○ January 2012

TBTEAM times

MAXIMIZING THE IMPACT OF TECHNICAL ASSISTANCE THROUGH NATIONAL PLANNING AND THE EFFECTIVE USE OF RESOURCES.

High praise in Hong Kong for WHO's STB case-finding tool

The 3rd Asia Pacific Region (APR) Conference of the International Union Against Tuberculosis and Lung Disease (The Union) was held in Hong Kong in July this year. The theme was "Current Challenges in Tuberculosis and Lung Health".

Dr. Nobuyuki Nishikiori from the Stop TB unit at the World Health Organization's Western Pacific Regional Office (WPRO) gave a talk on the issues and challenges in intensified case finding among TB high-risk populations. According to Dr. Nishikiori, this is one of the fundamental shortfalls of current TB control in countries due to its inherent complexity.

First, it is not always straightforward to identify potential target groups and, even more challenging, to prioritize them. Given the current economic climate and strain on resources, it is simply impossible to target all risk groups. A second issue is knowing how to design appropriate diagnostic algorithms based on cost-effectiveness (for each additional dollar invested, what is the TB suspect or patient yield?). Furthermore, it is unethical to diagnose patients without the means to treat them, so it is extremely important to understand the consequences (both good and bad) of each option.

To assist countries with some of these challenges, Dr. Nishikiori has developed an innovative, web-based tool, which uses country data and inputs to design setting-specific, cost-effective case-finding approaches. With support from **USAID**, this tool will be modified and piloted to be relevant for drug-resistant TB as well. Country, regional and global partners alike can access this revolutionary tool. Indeed, many partners have taken an interest in WHO's approach and hope to collaborate in this area. To access the tool, visit www.tuberculosisresearch.org/ACF/



Dr Nobuyuki Nishikiori delivering a talk on the importance of intensified case-finding among high-risk groups



Global Fund WATCH



It is now widely known that at the recent Board Meeting in Accra, Ghana, the Global Fund announced the cancellation of Round 11. This is because the estimated funds available for Round 11 have declined from \$1.6 billion (in May 2011) to negative \$0.6 billion following the decision of some donors to cancel or delay their contributions. The global economic downturn has clearly affected everyone, including the Global Fund. The question is, "how are countries who were depending on Round 11 going to manage," and how will the TBTEAM help? The Transitional Funding Mechanism (details not yet released by the Global Fund) will ensure the continuation of essential prevention, treatment and care under existing grants, but it is not yet clear what the process for this analysis and reprogramming will be. Once the information becomes available, the TBTEAM will coordinate support and provide guidance to relevant countries. As for the "non-essential" and unfunded activities, it is hoped that national governments (on both the donor and recipient side) will step up to the plate. Stay tuned...



Stories From the Frontline...

"Development is not the acquisition of more goods and services, but the enhanced freedom to choose, the freedom to lead the kind of life one values."

- Amartya Sen

1| Cambodia successful in mobilizing US\$1.3 million through TBREACH Wave 2

TBREACH, launched in January 2010, is an initiative supported by the Canadian International Development Agency (CIDA) to promote early and increased TB case detection and treatment. TBREACH encourages the development and application of ground-breaking, efficient approaches, and, as suggested by its name, focuses on "reaching" people who have limited or no access to TB services. Recently, with the help of WHO's Case-Finding Tool (see Front Page article), and **USAID** funding support, Cambodia succeeded in securing over US\$1.3 million for three Active Case-Finding proposals targeting *TB contacts* (National Centre for Tuberculosis and Leprosy Control (CENAT)), *urban poor* (Sihanouk Hospital Center of HOPE) and *cross-border migrants* (International Organization for Migration (IOM)) (photograph). It is hoped that TBREACH funds will fill the human and financial resource gap needed to have a significant impact on overall case notification. A broader goal, however, is to generate data and evidence through these smaller-scale projects in order to expand them nation-wide. This "pilot-phased" approach is an excellent means of formulating sound policies for TB control.



Cambodian migrants stepping off a bus from detention centers in Thailand.

2| Papua New Guinea moving ahead with MDR-TB in Southern Province

Due to a shift in Australian federal funding, Queensland is planning to phase-out its TB services for Papua New Guinea (PNG) nationals within Australian borders. The announcement mobilized a number of stakeholders into action, including the Ministry of Health in PNG, the Australian Agency for International Development (AusAID), WHO and World Vision. It should be noted that Australia's intention is not to halt TB services. To the contrary, the funding "shift" constitutes an increase in AusAID resources to help strengthen health services in PNG, including its capacity to diagnose and treat TB and MDR-TB patients. The rationale is that when services are provided closer to home, treatment is more likely to be completed. Since July this year, WHO has mobilized nearly \$100,000 for support to PNG (in addition to AusAID and other donor resources), and several missions have been carried out by development partners in close collaboration with the National TB Programme (NTP) in PNG.

Following these needs assessments, with funding support from the **Lilly MDR-TB Partnership**, at least one capacity-building workshop has been conducted, with more to follow. The workshop organized by WHO aimed to train clinicians and programme officers from the NTP (central and provincial levels) on the

"When services are provided closer to home, treatment is more likely to be completed".

Framework for the Programmatic Management of Drug Resistant TB (PMDT). Training materials were provided to the trainees for use in future courses in their respective provinces and areas. Prior to this, the NTP had successfully spearheaded the finalization of the MDR-TB country guidelines in collaboration with TB partners and WHO. Despite the original concerns surrounding Australia's decision, two concrete, positive outcomes should be noted. First, the development partners responded collectively to PNG's need for technical support and capacity-building with lightning speed. This demonstrates to development aid critics that both collaboration/coordination and expediency are possible under urgent circumstances.

Second, and more important, this may have been the push PNG needed to catalyze progress in PMDT. To date, progress has been slow, and limited to certain provinces. The collective attention and level of support (both financially and technically) will not only bolster what has been achieved thus far, but it will also expand PMDT activities to other parts of the country, and eventually nation-wide. AusAID, WHO, World Vision and other partners are dedicated to supporting the NTP throughout this process to ensure quality and breadth of services for TB patients.

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3| Partners collaborate on “TB Control in Prisons” project in the Philippines

Over the past two years, TB control in Philippine prisons has made great leaps. Basic DOTS, intensified case finding and quality patient care within the penal system are being implemented thanks to the efforts of the many partners involved. The National TB Programme, prison authorities, the International Committee of the Red Cross (ICRC), WHO (**USAID- and Japan-supported**) and the Global Fund have collaborated closely on this project, which is now in the expansion phase, aiming to cover all prison institutions in the country by 2015. WHO's primary contribution to the project has been in assisting with the establishment of the strategic information collection system through regular monitoring and supervision (M&E handbook for TB control in jails and prisons). The experience gleaned from this project will be extremely useful in terms of developing Regional policies on TB control for vulnerable populations.



Prison staff a unpacking a microscope for prison laboratory.

4| Building a team of trainers for MDR-TB in China

Multidrug-Resistant TB poses one of the major challenges in TB prevention and control in China. As in other countries, there is an urgent need to build national level, country-specific expertise in this area. To overcome this issue, the National Center for TB Prevention and Control, China CDC (NCTB), the WHO (**USAID-supported**) and the Union have collaborated to organize nine MDR-TB clinical training courses between 2008 and 2011.

In total, about 350 participants from the national level, Global Fund Pro-grammatic Management of Drug-resistant TB (PMDT) sites, National Major Research Project PMDT sites, Gates Project PMDT sites, and Damien project PMDT sites were trained. The result has been a gradual shift from trainings that are fully facilitated by international experts to those that are mainly relying on domestic trainers.

From the third course in 2009, this shift became apparent as many of the trainers were domestic experts. By 2011, national experts were covering 50% of the training topics. Many aspects of TB control are most effective when country-specific approaches are adopted. This includes the area of training. While regional training on MDR-TB (e.g. Training of Trainers) is important, national-level training is crucial for PMDT scale-up, and would be best delivered through national-level training schemes, such as the one established by China. Other countries are encouraged to follow suit as it is sure to take time to build a team of national experts. The TBTEAM is a good starting point for countries who seek guidance in this area.

Other headlines...

- ◆ **The Programme for Appropriate Technology in Health (PATH) successful in identifying TB patient to be elected as CCM member in Viet Nam.**
- ◆ **The arrival of new LED microscopes make headlines in the Solomon Islands.** Says the *Solomon Star*, “The higher sensitivity of LED microscopes compared with normal microscopes will make it easy to detect about 10% more TB cases than what traditional microscopes allow.”
- ◆ **WHO Medical Officer, Viet Nam, invited by Global Fund representative to accompany high-level media group to visit MDR-TB sites in Ho Chi Minh City (Guardian, le Monde and other European journals).**





Donor News

"Be the change you want to see in the world." – Mahatma Ghandi

Australia & Asian Development Bank: Improving health services in PNG

Australia has announced that it will contribute US\$ 40 million to a US\$ 80 million project managed by the Asian Development Bank (ADB). The project aims to strengthen rural health services in Papua New Guinea (PNG) through the delivery of 32 new community health posts, 128 refurbished health centres and housing for 224 health staff. According to Australian Foreign Minister Kevin Rudd, "some 80% of the population in PNG live in rural and very remote areas where health services are poor or non-existent, and they are dying of preventable and treatable diseases." Mr Rudd's official press release states that, in 2010, only 70% of all aid posts were open and that health facilities were further weakened by a shortage of drugs and resources. In addition to the US\$ 40 million, Australia will provide a further US\$ 24 million to purchase medical supplies, such as vaccines and birthing kits for all 3,000 health centres and aid posts in 2012. Service delivery partnerships will be established with churches and the private sector will also be involved in improving the skills of health workers in 16 districts across eight provinces in PNG. See Kevin Rudd's press release: http://foreignminister.gov.au/releases/2011/kr_mr_111001.html

World Bank to further invest in improving access to health services in Lao PDR

On October 11, 2011, in Vientiane, the Vice Minister of Finance of Lao PDR, H.E. Mme. Viengthong Siphandone, signed a US\$ 10 million grant agreement with the World Bank (International Development Association). US\$ 2.4 million is co-financed from the Health Results Innovation Grants. This financing boost will support the Government of Lao PDR to strengthen the health sector by improving the quality of and access to basic health care services. The project will expand activities and improve effectiveness of health outcomes for the rural poor, particularly women and children, who will receive an opportunity to access free health care services in the five southern provinces of the country – Attapeu, Champasack, Salavan, Savanakheth, and Sekong. The funding focuses on the following areas: malaria (17%), child health (17%), health system performance (33%), nutrition and food security (16%) and population and reproductive health (17%). The US 2.4 million co-financing from the Health Results Innovation Grants will apply specifically to Results-Based Financing (RBF) activities and will be a financing mechanism to expand service coverage.

United States and Australia cooperate in international development

At the 2011 Australia-United States Ministerial in San Francisco this month, U.S. Secretary of State Hillary Clinton and Australian Foreign Minister Kevin Rudd announced areas of development cooperation in several regions around the world, including East Asia. The Australia-USA combined package of US\$ 18.1 million will support development projects in East Asia, particularly in the lower Mekong region, to mitigate HIV and other pandemic diseases, address the impact of global climate change and to advance food security. USAID and AusAID will foster opportunities for collaboration to improve efficiency and enhance the impact of their programs – a key goal of the U.S. Quadrennial Diplomacy and Development Review and Australia's Independent Review of Aid Effectiveness. Read more: <http://www.usaid.gov/press/releases/2011/pr110916.html>

Australian Government's commitment to addressing NCDs in the Pacific

Australia will provide US\$ 25 million over the next four years to help prevent and control chronic diseases like diabetes and cardiovascular disease across the Pacific. Funds will be used to conduct "healthy lifestyle" campaigns, assist countries to introduce tobacco and alcohol legislation and support diabetes clinics. As part of the program Australia will also provide an additional US\$ 1 million to expand its existing Australian Sports Outreach Program (ASOP) to help tackle disease in the Pacific. Kiribati will receive US\$ 500,000 to encourage residents to exercise and remain physically fit. This builds on previous programs that have funded 21 Pacific Island Countries and territories to implement their national non-communicable disease strategies and provided 73 grants to non-governmental organisations in the Pacific for community activities focusing on disease prevention. Read more: <http://www.pm.gov.au/press-office/australia-helping-tackle-chronic-diseases-across-pacific>

WHAT IS THE TBTEAM?

The TB TEchnical Assistance Mechanism, established in 2007 by the Stop TB Partnership and housed within the World Health Organization, aims to maximize the impact of technical assistance (TA) through national planning and the effective use of resources. In fact, the former is considered a requirement for the latter.

TBTEAM addresses three major weaknesses: 1) inefficient TA delivery; 2) Inconsistent quality of TA and 3) Lack of sufficient resources for TA (human and financial). How?

- The **TBTEAM Website** is a publicly-accessible repository of information on planned and past TA missions in countries, including consultants and mission reports. The data can be used to forecast country needs for TA in each TB technical area so that TA providers can meet the demand.

- The **TA mission feedback form** is completed by TA beneficiaries. The data are used to improve TA quality and service provision overall.

- The **Roster of Experts** contains over 200 names of highly experience, qualified consultants. Their performance is monitored through the TA mission feedback form.

TBTEAM enhances the effective use of Global Fund and other external resources, and facilitates implementation of the Stop TB Strategy towards the achievement of the 2015 Millennium Development Goals.

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

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