Tuberculosis

Technical Working Group

Report

Three Sections

1) The Process

2) Key Strategic Changes / Differences between Phase 1 and Phase 2

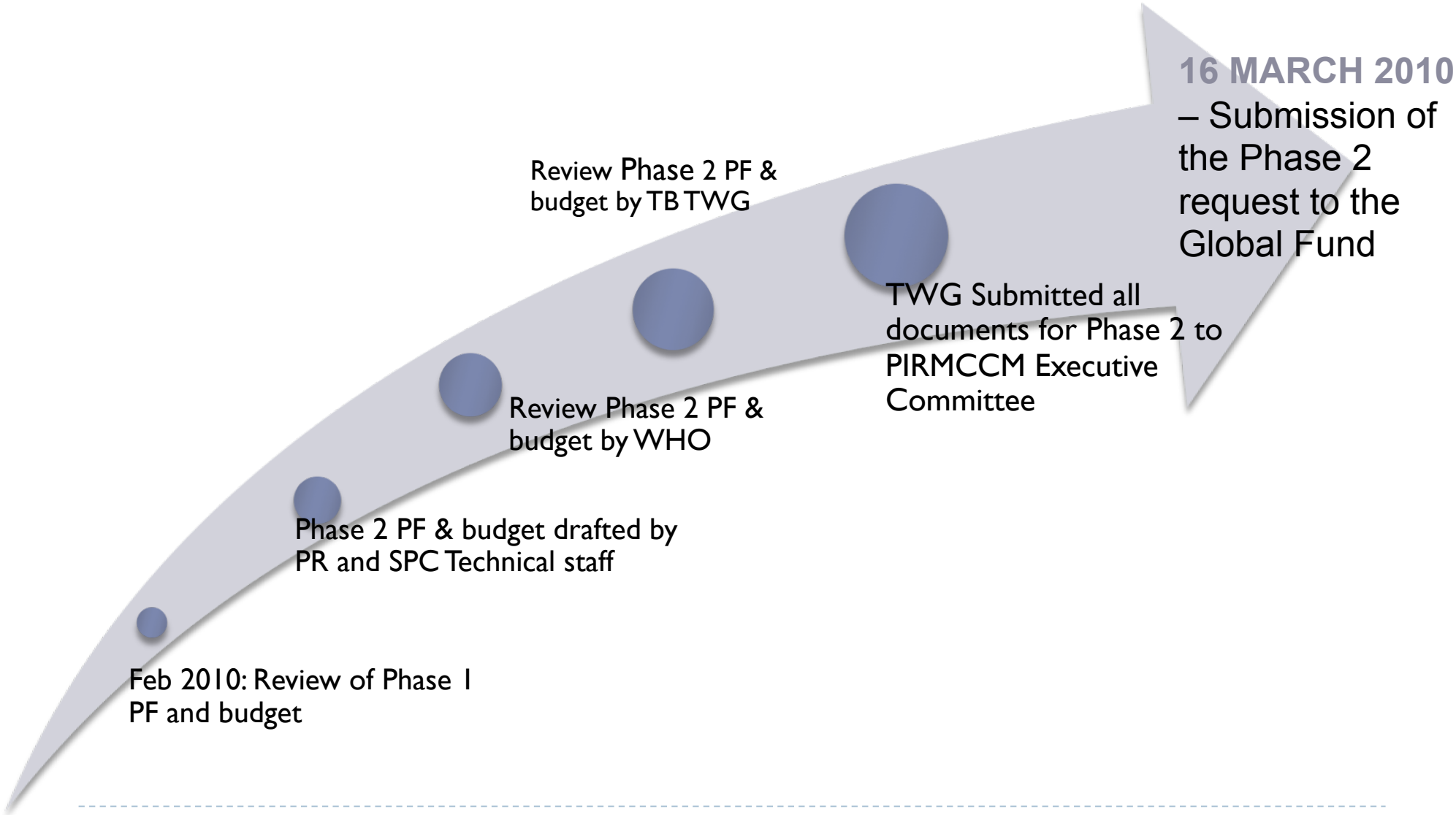
3) Next Steps

1) The Process

The Phase 2 Performance Framework was developed by the Principal Recipient with input from:

- National TB Program staff in the 11 participating Pacific island countries and territories (PICTs);
- Technical staff from the Secretariat of the Pacific Community (SPC);
- World Health Organization (WHO); and,
- PIRMCCM TB Technical Working Group (TWG).

The different steps of the process



2) Key Strategic Changes / Differences between Phase 1 and Phase 2

- Re-prioritisation

  Across the whole grant, a re-prioritisation took place toward core DOTS activities. However, this was not the case for all PICTs

Objecti ve→	1: Sustaining and opti mising quality of DOTS	2: Equitable Access to high quality TB care for all people with TB	3: Adapt DOTS to respond to MDR-TB and TB/HIV co-infecti on
Original from proposal	77%	11%	12%
March 2010 Phase 2 applicati on	83%	9%	8%

Unchanged Indicators

- Five (5) indicators remained unchanged from Phase 1. These indicators were deemed to be relevant, applicable, technically sound and important indicators for measuring grant performance going into Phase 2. (Numbers refer to Performance Framework [Annex 15] numbering.)

5 unchanged indicators

1.1. High quality DOTS - Number and % of new SS+ cases that successfully complete their treatment among the new ss+ cases registered over a 12 month calendar year. Successful completion entails clinical success with or without bacteriological confirmation

1.2. High quality DOTS - Number of new smear-positive TB cases detected (diagnosed and reported to the national health authority) each calendar year

1.4. M&E - Number and % of national DOTS centers submitting accurate epidemiologic and programmatic reports every quarter

2.1. Procurement and supply management (first line drugs) - Number and % of health facilities providing DOTS with no drug stock outs of anti-TB drugs during the last 3 months lasting more than 1 week

3.3. TB/HIV Co-infection - Number of registered TB patients who are tested for HIV, after giving consent, as a proportion of the total number of registered TB cases over a 12 month period

3 Indicators removed

Three (3) Phase 1 Performance Framework indicators were removed altogether. These indicators were deemed to be more relevant to Phase 1 only.

3 Indicators removed

4. Number of PICTs with costed M&E action plan with measures to strengthen National M&E systems (including routine data collection and surveillance systems) to monitor and evaluate National Strategic Plan for TB.

- This indicator was designed as a phase 1 specific indicator and in period 3 all Pacific island countries and territories developed costed M&E action plans. Ongoing monitoring of implementation of these plans will occur in monitoring and evaluation visits and in sub regional and regional workshops.

9. Number of laboratory staff in Category I PICTs trained or retrained to meet minimum PATLAB requirements (inclusive of national and regional trainings)

- Laboratory staff are now included in the indicator in indicator #2.2, number of health workers trained for providing TB services, which now includes laboratory staff.

13. Number and % of National TB Programs with comprehensive strategies and guidelines to address MDR-TB

- Replaced with 2 indicators on MDR-TB (3.1 and 3.2 below). All Pacific island countries and territories will have national TB guidelines developed over the Phase 2 term and MDR-TB will be included in these guidelines.

6 Indicators modified

- Six (6) indicators modified
  - Two indicators were the same - but for different categories of countries (higher burden, compared to lower TB burden) were combined into 1 indicator.
  - Two training indicators were combined into one indicator (and re-defined to match the indicator definition in the M&E Toolkit).
  - The two high risk groups indicators were refined to make them more relevant to Phase 2, and the contact tracing indicator was improved to make it more technically correct.

Combined indicators

6. Number and % of national TB laboratories in Category I countries (FSM, NA, RMI, SA, TU) assessed and meeting external quality assurance standards (confirmed through the PATLAB network).

7. Number and % of national TB laboratories in Category II Countries (CI, KI, NI, PA, TO, VA) assessed and meeting external quality assurance standards (confirmed through the PATLAB network)

These two are now combined under:

1.3 Number and percentage of national TB laboratories participating in external quality assessment

Combined indicators

8. Number of NTP staff trained and retrained in TB case management and the use of recording and reporting registers and forms in Category II countries (includes in-country, sub regional and regional level trainings)

9. Number of laboratory staff in Category I PICTs trained or retrained to meet minimum PATLAB requirements (inclusive of national and regional trainings)

These two are now combined under:

2.2 Number of health workers (including volunteers) trained for providing TB services

11. Number and % of people receiving active contact tracing at urban sentinel sites among the total number of people in targeted villages/enumeration areas

Was revised to read:

2.4 Number of contacts of sputum smear positive TB patients screened for TB according to national policies

Combined indicators

12. Number of prisoners (subset of vulnerable population) screened for TB as a proportion of the total prisoner population in the 11 PICTs within a 12 month period.

Was revised to read:

2.5 Number of people in high risk groups (i.e. prisoners, seafarers, migrants, diabetics) screened, TB according to national policies

Combined indicators

An additional two indicators (one on advocacy, communication and social mobilization [ACSM], and one on MDR-TB) were refined to make them more appropriate moving into Phase 2 in the Pacific context.

10. Number of PICTs that have developed National ACSM strategies (inclusive of NGO inputs)

Was revised to read:

2.3 Number and percentage of national level DOTS centers conducting regular advocacy, communication and social mobilization activities within a 12 month period

Combined indicators

14. Number of MDR-TB patients enrolled on second line treatment

- Was revised to read:

3.1 Number and percentage of retreatment patients receiving diagnostic drug susceptibility testing for MDR-TB among the total number of retreatment patients

2 new indicators

- Finally, 2 new indicators were introduced. One is a revised MDR-TB indicator which will aim to measure treatment success in MDR-TB patients, and the other is an indicator about operational research.

3.2 Number and percentage of MDR-TB patients successfully treated (cured plus completed treatment) among those enrolled in second line anti TB treatment during a 12 month period

3.4 Number of National TB Programs whose interventions and decision making are informed by operational research

Key decision: Intensified Evaluation

- Reflecting challenges faced in implementation in Phase 1, two new evaluation activities have been incorporated into the workplan
  - Independent financial audit – occurring on a yearly basis.
  - External TB Program Evaluation – occurring at the end of 2011.
- Regional level position to support M&E particularly around MDR-TB in the Northern Pacific

LFA and GF Phase 2 Review

- The LFA and GF are in the process of reviewing the Phase 2 workplan. Detail on the questions asked and answers provided is tabled as part of the PIRMCCM Documentation. The main issues discussed are:
  - Frequency of training
  - Clarifying the roles and responsibilities of positions
  - General queries to check on potential duplications in the budget

3) Next Steps

- A continuing theme in Phase 2 will be the necessary ongoing support of routine, high quality in-country technical assistance to support the fragile health systems in which many National Tuberculosis Programs exist.

What are the next steps

I. Addressing health work force strengthening needs within National TB Programmes

II. Improving access to reliable routine surveillance to make informed program decisions

III. Responding to vertical program pressures that impact case detection and access to TB care

IV. Bringing cost-effective measures to address MDR-TB outbreak issues

Next steps

The efforts identified above will attempt to achieve three objectives to ensure that NTP focused activities strengthen the overall health system:

1. Help to improve the capacity of the general health system to effectively deliver TB control services;

2. Optimize the positive impact in the general health system of specific TB Program activities through adequate co-ordination and harmonization of financing, planning and service delivery; and,

3. Ensure that core functions for effective TB control are maintained and sustained.

Conclusion

- The process of grant review and phase 2 preparation encompassed the workplan, the budget and the performance framework
- Generally there was a shift towards core DOTS implementation as a result of PICT consultations
- The grant is now more consolidated in terms of activities, with fewer milestones and some tailoring in terms of performance measures. There's also a stronger focus on evaluation.
- Currently we are in the process of discussions with the GF and a result should be known by mid June.

That's all folks.

Thank you for your attention.

Quiz tomorrow.

Good luck!

Decision Point for PIRMCCM TB TWG Presentation

- The PIRMCCM acknowledges the excellent work of the PIRMCCM TB Technical Working Group and thanks country and regional partners for their work to meet the 15 March 2010 submission date.

- The PIRMCCM requests the TB TWG to continue to support the PIRMCCM Executive Committee in any steps that may be required to finalize information for the Phase 2 decision making process by the Global Fund.

- It is noted that the Global Fund will advise the PIRMCCM Secretariat and the PIRMCCM members of the outcome of the Phase 2 decision making process for the Round 7 Phase 2 term in June 2010.