# Principal Recipient Report

# Round 7 TB Grant:

## Multi Country Program to Fight Tuberculosis

11th Annual PIRMCCM Meeting

31 May to 3 June, 2011
Nadi, Fiji Islands
Kerri Viney: TB Technical Officer, SPC

# Session Outline

## A. Grant Overview

- Grant under management and fund utilization

## B. Implementation Progress

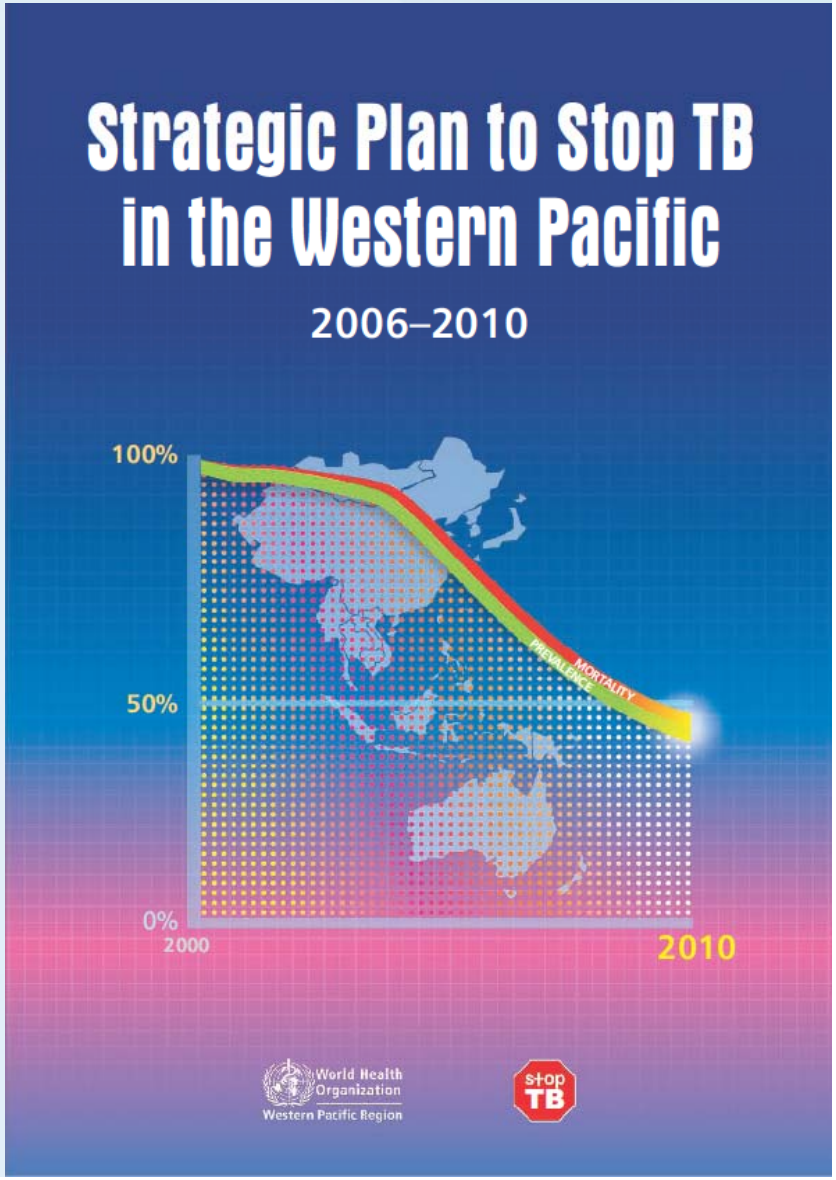
- Phase 1 performance
- Phase 2 performance
- 2010 On-Site Data Verification (OSDV) visits
- Master Training Plans
- Grant ratings – July 2008 to December 2010

## C. Beyond Period 6

# A. Grant Overview

**Goal:**
To reduce the prevalence and mortality from all forms of TB by half by 2015 relative to 2000, thereby contributing to the achievement of the United Nations Millennium Development Goals

**Objectives:**
1. To sustain and optimize the quality of DOTS and go beyond the '70/85' targets
2. To ensure equitable access to high quality TB care for all people with TB
3. To adapt DOTS to respond to MDR-TB and the TB-HIV co-infection



# A. Grant Overview

**13 Sub-Recipients: 11 countries, SPC and WHO**

| Jul 2008 – Jun 2009 | Jul 2009 – Jun 2010 | Jul 2010 – Jun 2011 | Jul 2011 – Jun 2012 | Jul 2012 – Jun 2013 |
|---|---|---|---|---|

**Phase 1** **Phase 2**

| Grant | Status | Maximum Upper Ceiling | Funds Drawn Down | Time Elapsed |
|---|---|---|---|---|
| R7 TB Ph1 | Completed | USD 5.64 million | USD 4.55 million (81%) | 24 months (100%) |
| R7 TB Ph2 | Ongoing | USD 7.36 million | USD 2.25 million (31%) | 11 months (30%) |

Finance update will discuss fund utilization at the SR level

# B. Implementation Progress

**Phase 1 performance/ implementation**

1. Key achievements and outcomes to June 2010
2. Summary of grant performance
3. Implementation successes
4. Implementation challenges
5. Summary of SR performance in Phase 1

**Phase 2 performance/ implementation**

6. Period 5 performance
7. Summary of Period 5 performance
8. 2010 OSDV
9. Master Training Plans
10. Grant ratings – July 2008 to December 2010

# B.1 Key achievements and outcomes to June 2010

- **Objective 1:** To sustain and optimize the quality of DOTS and go beyond the '70/85' targets
- **Service Delivery Area:** High quality DOTS
- **Indicator:** Treatment success: New sputum smear positive cases
- **Indicator level**: Outcome/ 3 People reached
- **Achievement**: On target (exceeded by a small amount)

| | ***RESULTS*** | | | ***TARGET*** |
|---|---|---|---|---|
| | ***Jul-Dec 2008**** | ***Jan-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num/ Denom*** | ***239/276*** | ***297/323*** | ***143/152*** | ***178/190*** |
| ***%*** | ***86%*** | ***92%*** | ***94.1%*** | ***93.7%*** |

*Result is for Jan-Dec, 2008

# B.1 Key achievements and outcomes to June 2010

- **Objective 1:** To sustain and optimize the quality of DOTS and go beyond the '70/85' targets
- **Service Delivery Area:** Improving diagnosis
- **Indicator:** Case detection: new sputum smear positive cases
- **Indicator level**: Outcome/ 3 People reached
- **Achievement:** Under achieved (Achieved 75% of target - consistently below target)

| | ***RESULTS*** | | | ***TARGET*** |
|---|---|---|---|---|
| | ***Jul-Dec 2008**** | ***Jan-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num*** | ***315*** | ***339*** | ***144*** | ***191*** |

*Result is for Jan-Dec, 2008

# B.1 Key achievements and outcomes to June 2010

- **Objective 1:** To sustain and optimize the quality of DOTS and go beyond the '70/85' targets
- **Service Delivery Area:** Health systems strengthening (beyond TB)
- **Indicator:** Number and proportion of health facilities with no stock outs of TB drugs
- **Indicator level**: 2 Service points supported
- **Achievement:** Achieved (exceeded by a small amount)

| | ***RESULTS*** | | | | ***TARGET*** |
|---|---|---|---|---|---|
| | ***Jul-Dec 2008*** | ***Jan-Jun 2009*** | ***Jul-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num/ Denom*** | ***10/37*** | ***15/37*** | ***21/37*** | ***28/37*** | ***26/37*** |
| ***%*** | ***27%*** | ***41%*** | ***55%*** | ***75.7%*** | ***70.3%*** |

# B.1 Key achievements and outcomes to June 2010

- **Objective 1:** To sustain and optimize the quality of DOTS and go beyond the '70/85' targets
- **Service Delivery Area:** Health systems strengthening (beyond TB)
- **Indicator:** Number of NTP staff trained and retrained
- **Indicator level**: 1 People trained
- **Achievement:** Over-achieved (consistently above target)

| | ***RESULTS*** | | | | ***TARGET*** |
|---|---|---|---|---|---|
| | ***Jul-Dec 2008*** | ***Jan-Jun 2009*** | ***Jul-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num*** | ***157*** | ***265*** | ***105*** | ***193*** | ***127*** |

# B.1 Key achievements and outcomes to June 2010

- **Objective 2:** To ensure adequate access to high quality TB care for all people with TB
- **Service Delivery Area:** High risk groups
- **Indicator:** Number of prisoners screened
- **Indicator level**: 3 People reached
- **Achievement:** Under achieved (Achieved 83% of target – consistently below target)

| | ***RESULTS*** | | | ***TARGET*** |
|---|---|---|---|---|
| | ***Jul-Dec 2008*** | ***Jan-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num*** | ***20*** | ***233*** | ***367*** | ***443*** |

# B.1 Key achievements and outcomes to June 2010

- **Objective 2:** To adapt DOTS to respond to MDR-TB and TB/HIV infection
- **Service Delivery Area:** MDR-TB
- **Indicator:** Number of MDR-TB patients enrolled on second line treatment
- **Indicator level**: 3 People reached
- **Achievement:** Achieved (exceeded by a small amount)

| | ***RESULTS*** | | | ***TARGET*** |
|---|---|---|---|---|
| | ***Jul-Dec 2008*** | ***Jan-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num*** | ***6*** | ***21*** | ***21*** | ***20*** |

# B.1 Key achievements and outcomes to June 2010

- **Objective 2:** To adapt DOTS to respond to MDR-TB and TB/HIV infection
- **Service Delivery Area**: TB-HIV
- **Indicator:** Number of TB patients who are tested for HIV
- **Indicator level**: 3 People reached
- **Achievement:** Achieved (exceeded by a small amount)

| | ***RESULTS*** | | | | ***TARGET*** |
|---|---|---|---|---|---|
| | ***Jul-Dec 2008*** | ***Jan-Jun 2009*** | ***Jul-Dec 2009*** | ***Jan-Jun 2010*** | ***Jan-Jun 2010*** |
| ***Num*** | ***70*** | ***168*** | ***161*** | ***309*** | ***301*** |

# B.1 Key achievements and outcomes to June 2010

## Summary:

- **Treatment success has improved from 89% to 94%** (679/751 successfully treated)
- **798 infectious cases detected; however case detection has been consistently below target**
- **720 National TB Program staff have been trained or retrained**
- **76 laboratory staff have been trained**
- **Stock outs of TB drugs occur less frequently** (9 health facilities had a stock out in period 4, compared to 34 at baseline)
- **708 TB patients counseled and tested for HIV**
- **48 MDR-TB patients treated**
- **3011 TB contacts received contact tracing**
- **Improved external quality assessment for TB laboratories** (9 out of 11 laboratories performed adequately in EQA in period 4, compared to 0 at baseline)

# B.2 Summary of grant performance (Period 4)

| Performance Result | Rate | Indicators (n=15) |
|---|---|---|
| Met or exceeded targets | 100% or more | 1. Treatment success (sputum smear positive)<br>2. Acceptable EQA in Category I countries*<br>3. Acceptable EQA in Category II countries*<br>4. Submission of accurate and timely data reports<br>5. Costed M&E action plans developed<br>6. No stock outs of anti TB drugs<br>7. No. of NTP staff trained<br>8. No. of lab staff trained in Category I countries<br>9. No. of countries with an MDR-TB strategy<br>10. No. of MDR-TB patients enrolled on second line tx<br>11. Number of TB patients tested for HIV |
| Performed well | 70% to 99% | 12. Case detection (sputum smear positive)<br>13. No. of countries with ACSM strategies<br>14. No. of prisoners screened for TB |
| Made some progress | 55% to 69% | - |
| Underachieved | 54% and below | - |
| Could not calculate | NA | 15. No. of people receiving TB contact tracing |

*Category I countries: FSM, Nauru, RMI, Samoa, Tuvalu. Category II countries: Cook Islands, Kiribati, Niue, Palau, Tonga, Vanuatu.

# B.3 Implementation successes

1. High rates of treatment completion (94%)
2. High risk groups screened for TB (i.e. prisoners, TB contacts)
3. TB-HIV collaborative activities have been scaled up (although still require further scaling up)
4. Large number of staff trained and/ or retrained
5. EQA has improved (although further progress is needed)
6. Growing confidence among National TB Program Managers/ Co-ordinators to manage grants/ workplans
7. Regional stock pile of second line drugs to treat MDR-TB in Manila, Philippines
8. Regional Pacific Stop TB meeting (May, 2010), involving new partners

## B.4 Implementation challenges

1. Overly ambitious workplans in Phase 1 which were too detailed and contained too many activities
2. Phase 1 Performance Framework required some additional work to better define some indicators
3. Some delays in implementation due to tsunami, pandemic influenza, Phase 1-2 transition, etc.
4. Balancing programmatic management vs grant management
5. Ensuring timely, accurate reporting of programmatic and financial information, including submission of quality supporting documents
6. Case detection targets were not attained; need to determine cause

# B.5 Assessment of SR performance in Phase 1

| SR | Implementation progress | Contribution to regional targets | Cash "burn rate" (vs disbursed $) | Spending rate (vs budget) | Reporting performance |
|---|---|---|---|---|---|
| Cook Islands | Good | Yes | 105% | 69% | Good |
| FSM | Satisfactory-Good | Yes | 74% | 58% | Good |
| Kiribati | Good | Yes | 93% | 77% | Good |
| Nauru | Delayed-Satisfactory | Yes | 66% | 34% | Satisfactory |
| Niue | Delayed-Satisfactory | Yes | 38% | 26% | Satisfactory |
| Palau | Good | Yes | 71% | 60% | Good |
| RMI | Satisfactory | Yes | 68% | 50% | Good |
| Samoa | Delayed | Yes | 25% | 19% | Needs improvement |
| Tonga | Satisfactory | Yes | 40% | 38% | Good |
| Tuvalu | Delayed | Yes | 16% | 16% | Needs improvement |
| Vanuatu | Good | Yes | 61% | 60% | Good |

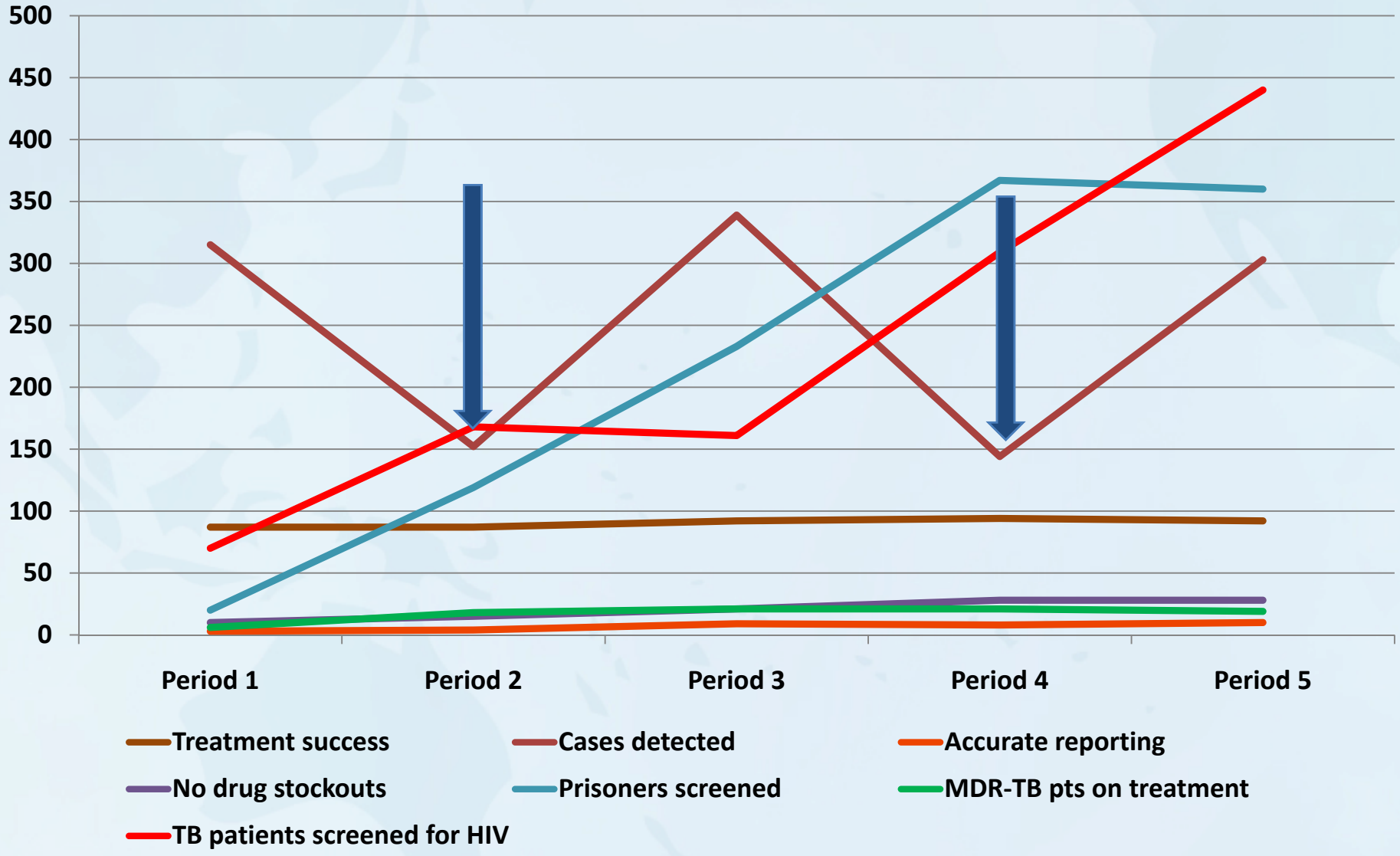
# B.5 Assessment of SR performance in Phase 1

| SR | Implementation progress | Contribution to regional targets | Cash "burn rate" (vs disbursed $) | Spending rate (vs budget) | Reporting performance |
|---|---|---|---|---|---|
| SPC (TB Team) | Satisfactory-Good | Yes | 54% | 54% | Good |
| WHO WPRO | Good | Yes | 78% | 37% | Good |

# B.6 Period 5 performance

- As part of the Phase 2 application, a new Performance Framework was developed
- Only seven indicators now permit a trend analysis from periods 1-5
- Seven new indicators introduced in Phase 2
- Evidence of improved capacity to deliver against most key indicators within the grant
- Growing confidence observed among NTP Managers and staff to deliver against a more comprehensive range of services
- However, quality of data and supporting documentation in Period 5 was poor compared to Period 4
- There were delays in submission of supporting documentation from the SRs and these documents were, at times, of poor quality
- In particular, training documentation required more attention

# B.6 Period 5 performance: trend analysis



## B.6 Period 5 performance

- Treatment success (sputum smear positive): 92%
- 303 sputum smear positive cases detected
- No stock outs of anti- TB drugs reported for most health facilities (i.e. 28/37)
- 279 national staff trained
- 360 prisoners screened for TB
- 635 TB contacts screened for TB
- 19 MDR-TB patients enrolled on treatment
- 440 TB patients counseled and tested for TB

# B.7 Summary of Period 5 performance

| Performance Result | Rate | Indicators |
|---|---|---|
| Met or exceeded targets | 100% or more | 1. Treatment success rate (sputum smear positive)<br>2. No. of labs participating in EQA<br>3. No. of accurate and timely data reports<br>4. No stock outs of anti TB drugs<br>5. No. of health care workers trained<br>6. No. of TB contacts screened<br>7. No. of prisoners screened for TB<br>8. No. and % of MDR-TB patients successfully treated<br>9. No of TB patients counseled and tested for HV |
| Performed well | 70% to 99% | 10. Case detection: sputum smear positive TB<br>11. No. of MDR-TB patients enrolled on second line tx |
| Made some progress | 55% to 69% | - |
| Underachieved | 54% and below | 12. No. of retreatment patients receiving drug susceptibility testing |
| No result required | NA | 13. ACSM activities in past 12 months<br>14. Operational research studies informing the NTP |

# B.8 On-site Data Verification visit (OSDV)

**a. September 2010 – third under the Round 7 TB grant**

- PICTs visited – FSM (Pohnpei and Chuuk States) and Palau

**b. Indicator choice**

- Selected and approved by the Global Fund
- **Indicator 1:** Number and percentage of new sputum smear positive cases that successfully complete their treatment among the new sputum smear positive cases registered over a 12 month calendar year
- **Indicator 12:** Number of prisoners screened for TB as a proportion of the total prisoner population in the 11 PICTs within a 12 month period
- **Indicator 15**: Numbered 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

# B.8 On-site Data Verification visit (OSDV)

## c. Compliance Requirements and Recommendations

| Action Point | Recommendation |
|---|---|
| Sign-off of TB treatment card | **Recommendation (All three sites)**<br>Provision should be made on the TB Treatment Card for the DOTS administrator National TB Coordinator to sign the TB Treatment card. |
| Management and updating of information in the TB Register | **Recommendation (Palau)**<br>Communicable Disease Clinic staff should more regularly update the TB Register based on established guidelines.<br>**Recommendation (Chuuk)**<br>Doctor- in charge should more regularly check TB Register. Better collaboration between TB and HIV programs. More regular supervisory visits. Improve infection control practices. |
| Reporting of confirmed and suspected cases of TB to the National TB Coordinator | **Recommendation (Palau)**<br>Clinics should report confirmed and suspected cases of TB to the National TB Coordinator within one working day of notification. |

# B.8 On-site Data Verification visit (OSDV)

d. Lessons learned

- PR shared information (with LFA and FSM/ Palau) and assisted in the coordination/facilitation of the visits
- Opportunity to further evaluate national TB program's data quality and management
- Program data quality and management needs some improvement, however this can be viewed differently by the LFA/ GF and the NTPs/ PR
- Additional assistance can be provided to further strengthen data quality and management (i.e. abridged version of Data Quality Assessment tool and strengthening national supervisory visits)

# B.9 Master Training Plans

- Master Training Plans now a requirement of the Global Fund for all grants
- Rationale for this: Office of the Inspector General advised the Global Fund Secretariat of fraud in training activities; therefore the Global Fund has taken steps globally to significantly increase its scrutiny of training activities
- Sub-Recipients required to develop Master Training Plans to cover period 1 April-31 December, 2011
- All Master Training Plans now completed, have been submitted and approved by the LFA and Global Fund
- Sub –Recipients will need to better monitor and document all training activities, including training reports, attendance sheets, financial acquittals and post course evaluations (at a minimum)
- Principal Recipient will put into place measures to enhance monitoring of all training activities (see Training Monitoring Tool)
- Principal Recipients will need to submit a Master Training Plan to accompany each Disbursement Request, for the same time period covered by the Disbursement Request

# B.10 Grant ratings – July 2008 to December 2010 (Phase 1 and Period 5 of Phase 2)

| | |
|---|---|
| A1 | Exceeding expectations |
| A2 | Meeting expectations |
| B1 | Adequate |
| B2 | Inadequate, potential demonstrated |
| C | Unacceptable |

| Grant | Phase 1 | | | | Phase 2 |
|---|---|---|---|---|---|
| | Period 1 (Jul -Dec 08) | Period 2 (Jan-Jun 09) | Period 3 (Jul-Dec 09) | Period 4 (Jan-Jun 10) | Period 5 (Jul-Dec 10) |
| MWP R7 TB | A2 | B1 | B1 | B1 | B1 |

# C. Beyond Period 6

1. Rate of **implementation of activities** needs to be maintained and in some instances, accelerated

2. **Data quality** needs significant attention at the SR and PR levels – includes quality of data and quality of supporting documentation

3. **Training implementation and documentation** will require more attention in Period 6 and beyond

4. **Programmatic management of TB** should not suffer as a consequence of demands of grant management

5. **Financial monitoring and reporting** should be better integrated with programmatic monitoring and reporting

# Thank you. Questions/ comments welcome.

**Acknowledgments: Albert Concepcion and Semisi Fukofuka**