Proposed Discussion on Local and Regional Capacity-Building through Technical Assistance

Background
Technical assistance organizations based in high-income countries have been the traditional source of much of the TA for tuberculosis control that is provided to high-burden countries. Through short-term consultancies, training, and longer-term project work, these organizations have made significant contributions to moving TB control forward in line with international standards.

However, the supply of TA is far outstripped by the need for competent advice on all aspects of TB control, from management to infection control to patient care. In order to provide the most effective support to high-burden countries to scale up TB, TB/HIV, and M/XDR-TB control activities and achieve the global target of elimination by 2050, TA organizations must reach beyond their own human resources to develop local and regional staff with the experience and expertise to design, implement, and evaluate all aspects of TB control in roles as consultants and TB program staff.

While all TA organizations strive to accomplish this goal, we have confronted a number of challenges in doing so. For instance, short-term assignments leave little room for adequate capacity-building of local staff, as deadlines are often tight and resources in short supply. Human resource shortages, particularly in the African region, make it difficult to find local counterparts whose time is available to engage on other work where learning is possible. Staff turnover at local levels makes it difficult to sustain capacity even when concerted efforts are being made to develop it. Budget constraints, shifting MOH priorities, lack of political will, and lack of ongoing opportunities for mentoring all play a role in creating barriers to effective capacity-building that can positively affect the long-term competence of national TB control programs.

Proposed Discussion Points
All of our organizations are working to address these challenges. TB TEAM provides us with a unique opportunity to come together as a group to discuss several important issues:

1) What our role should be in local and regional capacity-building
2) What models have been successful in different settings and why. For example, TA providers for other technical areas such as M&E and/or other disease areas have been working on capacity building, so what can we learn from these experiences?
3) What work is already being done and what is feasible to propose
4) What we anticipate as priority areas of specific need for capacity building (e.g., increased capacity in lab strengthening, infection control, programmatic management of MDR-TB)
5) How we can work together to ensure a systematic, conscious approach to the capacity-building work we are doing, with rigorous monitoring and evaluation to identify best practices and then replicate them
6) What resources are available to help support this initiative through partners, TB TEAM, and donors

7) What advocacy around capacity-building this group might be suited to support at international, national, or local level. For example, should we work towards some “minimum standards” around how we can build capacity through the provision of TA on a short and long term basis?