Summary
The annual TBTEAM meeting of the Tuberculosis Technical assistance mechanism TBTEAM was held on 22-23 June 2011 in Geneva. This meeting brought together 60 participants representing civil society, National TB Programmes, WHO country and regional offices, TA technical partners, and donors. The meeting objectives were to review the TBTEAM new strategic direction, plan support to countries to prepare comprehensive TA plans, discuss a system for monitoring TA quality, and discuss improving support to countries for Global Fund grant preparation, negotiation and implementation. During plenary discussion and group work, participants contributed to the finalization of the TA plan guidance paper, designed to improve national TA planning. The meeting participants debated the monitoring TA quality concept paper which will strengthen the quality assurance of the TA provided through TBTEAM. Group work provided valuable revision to the indicators designed to measure TBTEAM contribution to Global Fund grant performance, to plan for greater engagement of TA providers in addressing Global Fund grant implementation concerns, and to provide input into the Round 11 proposal preparation strategy. All presentations are available online: http://www.who.int/tb/dots/tbteam/en/index.html. This report summarizes key findings, conclusions and recommendations of the meeting.
Background

TBTEAM (the TB Technical Assistance Mechanism) was established in 2007 by the Stop TB Partnership to strengthen national planning and coordination among partners resulting in comprehensive TA plans and more coherent TB technical assistance (TA) that would contribute to the improved implementation of the Global Fund TB grants. This local level planning and coordination is supported by strategic analysis and assistance at the regional and global levels to ensure that TA is relevant to country needs and of high quality. TBTEAM’s work enables the most effective use of Global Fund and other external resources, and facilitates implementation of the Stop TB Strategy and the achievement of the 2015 Millennium Development Goals. TBTEAM functions through the network of 67 (and growing) national TBTEAM focal points and 6 regional TBTEAM focal points, that link with 34 TA providers and are supported by a secretariat in the Stop TB Department in the World Health Organization.

TBTEAM has also established an online platform to share details of an increasing number of TA missions, requests, events and associated reports. The website also features a roster of technical experts and mapping of partners by country operations and expertise. An online planning tool is currently being developed to facilitate the follow-up in the TA implementation and continuous updating with partners through an easily accessible platform.

However, more work is needed to integrate the National TB Programme strategic 5 year plans, TA plans of the Global Fund and other partners (such as TBCARE), into a national TA plan. These plans should be central to defining country TA needs, but are not yet in place in most countries. While there are approximately 81 countries that have prospective TA missions entered in the website for 2011, only a few countries have prepared comprehensive TA plans. Although there are 67 national focal points, not all of them are active and providing the needed support to the National TB Programmes (NTPs).

Building on progress made thus far, TBTEAM is adapting its strategy to strengthen the capacity of National TB Programmes to better plan and coordinate TA and on providing strategic and systematic analysis of Global Fund grant performance, technical area priorities and the provision of quality TA.
Annual TBTEAM Meeting

Given TBTEAMs revised strategic direction the Annual TBTEAM meeting held from 22 to 23 June 2011 focussed on the revised strategic directions of TBTEAM, capacity building for country coordination and planning TA in priority countries, monitoring quality of technical assistance and measuring the impact of TA on global grant performance. Discussion also included updates on the latest Global Fund policies and procedures regarding the evolving grant architecture and TBTEAM TA plans for Round 11 proposal preparations.

Objectives

The objectives of the meeting were to:

1. Familiarise participants with the revised strategic direction of TBTEAM.

2. Present the draft country TA plan framework in order for participants to
   - comment;
   - share best practices;
   - make recommendations on capacity building for country TA planning, based on sound strategic plans.

3. Familiarise participants with the draft TBTEAM Roster and Feedback strategy to obtain input to the confidentiality and quality issues.

4. Discuss how to improve and assess TA offered for Global fund implementation, grant negotiation and other needs related to existing grants.

5. Present the update on technical support to countries applying to Global Fund Round 11.
Participation

The Annual TBTEAM meeting was organized just after the meeting of the Strategic and Technical Advisory Group for TB (STAG-TB) and just before the Stop TB Global Planning meeting for WHO staff which provided a possibility for regional and National TBTEAM coordinators as well as main Stop TB technical partners (national Jewish Health, PATH, RIT/JATA, TBCAP, Global Fund, CDC, FIND, FHI, Union, GMS, UNDP, USAID, Project hope, MSH) to attend the meeting and provide updates on current TBTEAM activities. The meeting was also attended by National TB Programme Managers from five countries (Brazil, Cambodia, Indonesia, Kenya and Nigeria). In addition, the WHO staff (and some national TBTEAM coordinators) from the countries were also present (Swaziland, Nigeria, Ethiopia, Zimbabwe, Djibouti, Iraq, Somalia, South Sudan, Sudan, Afghanistan, Myanmar, Nepal, and China).

Overview

TBTEAM presented its revised strategic direction driven by the need to increase the voice of the countries. The newly established framework on guiding countries to develop a generic country Technical Assistance Plan was presented and supported by country examples. Updates on the latest Global Fund policies and procedures regarding the evolving grant architecture and the Round 11 preparations were also discussed. The main area of deliberation was the draft paper describing a TA quality assurance strategy that aims to clearly define criteria for experts’ inclusion in the TBTEAM Expert Roster and on-going feedback on the TA provided by these experts. The meeting participants in plenary were supportive of the revised strategic direction and highlighted additional issues for consideration, as described throughout this report.
TBTEAMs revised direction

Building on progress made thus far, TBTEAM is adapting its strategy to better facilitate national TA planning and coordination. The new TBTEAM strategy outlines approaches that contribute to TBTEAM’s overall objective of improved coordination of TA. A core group of TBTEAM partners will be established and advise on the implementation of this strategy.

The objective of this session was to present participants with TBTEAMs revised strategic direction focusing on functions, the challenges it faces and new directions with its link to country benefits.

TBTEAM will build national capacity to produce comprehensive national TA plans (based on countries strategic plans and including needs, available human and financial resources, and gaps). Countries will develop TA plans with the support provided from the regional TBTEAM focal points. Particular attention will be devoted to removing conditions precedent, achieving Phase II renewals, and successfully negotiating new grants efficiently. Regional TBTEAM focal points will coordinate with partners in providing support to countries through regional meetings, direct support to countries and establishing a system to capture information on emerging TA needs.

The TBTEAM secretariat will work with major TA providing partners, Global Fund country teams, regional WHO focal points, as well as representation from global technical Stop TB initiatives and donors to develop a system for analysing country TA needs. This will be done by reviewing country TA plans, information from Stop TB technical area initiatives, as well as Global Fund grant performance together with NTP staff and other relevant stakeholders.

WHY TBTEAM?

To enable the most effective use of Global Fund and other external resources and to coordinate support to new rounds applications.

To build up national capacity and ownership of countries’ own TA plans and implementation

To help countries and international agencies coordinate TA through a well-organized network of technical partners.

To help countries and partners with ad-hoc requests for assistance that could be provided by a consultant within a large pool of qualified experts

To supply, coordinate and monitor global and regional TA

To carry out resource mobilization for TB technical assistance.
Following prioritization of needs, short to long term TA will be provided to selected countries to address Global Fund grant implementation processes and for specific technical areas including, but not limited to:

- MDR TB scale up
- Rolling out Xpert MTB/RIF
- Drug and laboratory supply management
- Engaging civil society/community

### How does TBTEAM function?

**National TBTEAM**
- **Coordinator:** NTP staff, bi/multi-lateral (who has capacity)
- **Role:** TA planning, coordinating, & monitoring, GF bottleneck removal, short & longer-term TA

**Regional TBTEAM**
- **Focal Point:** Regional level
- **Role:** support to country (NTP) in TA development, provide strategic support, monitor on-going GF TB grants, responding to urgent and routine TA requests

**Global TBTEAM**
- **Role:** monitor and analyze GF grant progress, coordinate with partners to respond to TA requests, monitor, evaluated and report on all TBTEAM activities, Support Regional and National TBTEAM

**International Partners**
Recommendations

➢ TBTEAM to increase the pool of consultants and support training and mentorship programs where appropriate.

➢ TBTEAM should also lend its support for regular external TB program monitoring missions (e.g. 6 monthly, with small teams of 3 to 4 of consultants with a longer term country association, at the country’s request) to be supported in a time of increasing specialization of TA provided, to keep sight of the bigger picture.

➢ Create an advisory group for a transparent process in evaluating the quality of technical assistance provided by experts through TBTEAM.

➢ Organize regional workshops for TA (linked to National TB Programme managers’ meetings or other events) to facilitate the expression of regional TA priority needs.

➢ TBTEAM needs to show that TA is making a difference and will explore ways of measuring the impact of TA; and in particular on the implementation of Global Fund grants in countries.

➢ Define outcome indicators and indicators for Global and Regional TBTEAM.
Country TA planning Framework

TBTEAM facilitates the identification of TB technical assistance needs at country level and coordination of partners who provide technical assistance to countries. Support is provided to countries on all aspects of planning for and implementing of the Stop TB Strategy and on accessing and implementing Global Fund grants. The framework was developed by TBTEAM in order to guide countries to prepare, implement and monitor comprehensive technical assistance plans. These plans should be developed in discussion with national partners and based on national strategic plans and related operational plans, including technical assistance needs with timeline, available human and financial resources, and gap analysis. TA Plan development exercises have revealed that financial gap analyses for TA are still inadequate in many countries. In comparison with the identified needs, very little TA is actually requested through Global Fund grants, even when 3-5% is allocated to the TA budget line. A TA plan is only useful if it can be implemented, thus, there is an urgent need to mobilize resources for well-coordinated, quality TA to countries.

It is important to note that TA does not have to come from external providers and as much as possible, national TA should be encouraged, where appropriate. Without strong ownership and capacity by the National TB Programme, TA could be seen as a bottleneck to any scaling up of activities. Capacity to develop terms of reference is essential to matching the expertise to the need.

Benefits for countries?

- NTP is in charge of its own TA needs and plans
- Technical partners assist in development of TA plan and engage in process of implementation (upon the request from NTP)
- Better coordination and planning of TA missions
- Ability to track TA missions and view possible scheduling conflicts
- Engaging all partners - national and international
- Coordinates use of resources for TA and identifies gaps
- Quality assurance to evaluate TA
The objective of this session was to present the draft country TA plan framework in order for participants to comment and share best practices. During this session, participants also made recommendations on capacity building for country TA planning, based on sound strategic plans, and ownership of these.

The discussants perceived the technical assistance plan framework as very clear and feasible for implementation. It was noted that the framework was beneficial for countries to harmonize incoming technical assistance but that it should also be used with a flexible approach drawing on existing coordination mechanisms, working groups and partnerships in country. There was general support for having the National TB Programme Manager lead the technical assistance coordination process, it was highlighted that the National TB Programme Manager does not necessarily have to be the person who executes the process (as he or she may be too busy and would not be able to devote their time). This could be someone sitting in a bi or multi-lateral agency, or NGO. Lack of coordination between all in-country district and provincial partners/stakeholders was considered as a challenge especially for those large countries which can also include Ministries of Interior and Justice, and civil society or any other partner that is providing TB care. The technical assistance coordination and planning process is a laborious and time-consuming activity and there may be time differences in planning and implementation processes depending on the activity, such as with Global Fund grants and fiscal years.

In order to share best country practices on national TA planning and coordination, TBTEAM will focus on and provide support to 10 priority countries in 2011. The TBTEAM Secretariat in discussion with regional focal points and USAID, has reviewed multiple criteria including disease burden, Global Fund Round 10 approved, Expand TB countries, TB CARE countries, number of partners in country, and strong locally-based partners to support process. Based on need, these priority countries will be given intensive support by technical partners, regional focal points and the TBTEAM Secretariat in order to facilitate TA planning and coordination and country level.

Even with the challenges faced at country level, meeting participants were supportive of the technical assistance coordination and planning tool (framework).
Recommendations

➢ A gap analysis, not only to identify TA needs, but also financial and human resources available in country should be one of the first steps when commencing the planning process. There should be effort to support locally-based organizations and expertise.

➢ TBTEAM should provide intensive support to countries where the National TB Programme cannot play the role as the lead of the technical assistance coordinating and planning process. The WHO Country Office should take the lead in facilitating and supporting the process, as well as empowering the National TB Programme to eventually take over.

➢ TBTEAM should help national programmes and partners to raise awareness of the importance and the need for coordination of technical assistance planning processes within a country.

➢ There is a need to provide examples of technical assistance plans as a reference.

➢ There is a need to define what skills are needed to be a National TBTEAM Coordinator.

*We are on the right track to harmonize TA and fulfil country needs, but the framework is a living document. Let's learn by doing, using a flexible and country-specific approach and share good examples.*

‘Group on TA Planning’
Monitoring the quality of technical assistance provided to countries by TBTEAM

One of the challenges for providers of technical assistance lies in demonstrating the quality of the technical assistance provided. As it is difficult to measure the impact of TA, and other factors, TBTEAM is exploring more ways of evaluating TA. The TBTEAM Quality Assurance strategy aims to develop a standardised and transparent quality assessment of the technical assistance provided by consultants, who apply to, or are already on the TBTEAM Experts roster.

The objective of this session was to present to participants the draft quality assurance strategy and to obtain their input into the confidentiality and quality issues arising therein. Highlighted themes are described below.

Improving quality on the TBTEAM consultant roster

Application to the TBTEAM Expert Roster requires consultants to prepare an application package consisting of a CV, two letters of recommendation from previous recipients of TA and a standard application form. This application package is then screened by Technical Area Experts from WHO and Stop TB Partners (e.g. GLI, GDF, Secretariat of TB/HIV working group) against criteria, standard for each technical area and published on the TBTEAM website. TBTEAM technical area experts are consulting with WHO/STB teams, major partners, regional TB TEAM focal points and Regional TB advisers/Team Leaders when reviewing any existing criteria, or developing new ones. The strategy proposes that in future, TBTEAM funding for TB TA should stipulate a requirement for consultants to be on the TBTEAM Experts Roster.

The participants recognized the need for a TBTEAM Experts Roster and the necessity for TB consultants to be listed on this roster. The letters of recommendation were discussed as being easily obtained from friends, difficult to appraise objectively, and bureaucratic to evaluate properly. Other mechanisms for receiving recommendations were discussed, including obtaining recommendations from TA providing partners, Regional Advisors etc.
The need to have a roster of currently active experts was discussed. It was proposed that the TBTEAM Experts Roster criteria should include a commitment to carry out consultancies annually. There was a warning to keep the criteria light and not too restrictive as this could put off consultants from applying to the roster.

Recommendations

➢ There should be a consultant roster, this should be quality assured, and all consultants providing TB related TA should be on this roster.

➢ The TBTEAM secretariat should establish a TBTEAM advisory group, including key TA providing partners, in order to advise on quality assurance issues for TBTEAM.

➢ Consultants should commit to a minimum of 2 missions per year of 1-2 weeks duration, as criteria for getting onto the TBTEAM roster (and staying on the roster). This should be stated in the experts consent form (being developed).

➢ The letters of recommendation are not useful and should not be part of the criteria to be admitted to the roster. The technical area teams should explore other sources for obtaining consultant recommendations e.g. obtaining the views of TA providing partners, and recipients of applicants TA.

TA quality monitoring of technical assistance missions

The current practice of sending a questionnaire to the TA recipient within seven days of a completed mission was presented. This assesses the recipient’s satisfaction with the consultant and TA provided. This questionnaire was reviewed in the breakout session and found to be useful.

Discussion centred on the need to assess the mission as well as the consultants; and the support that the consultant received in interacting with the National TB Programme staff. Participants requested that a reciprocal questionnaire be developed to assess the quality of support provided by the country to the consultant in carrying out the mission e.g. provision of documents, terms of references exchanged and agreed in advance of the TA mission, and support provided by National TB Programme staff in accompanying the consultant during the mission.
The quality assessment questionnaire requests beneficiaries to comment on the performance and perceived skills and knowledge of the consultant. Many programs do not have the capacity to judge either the quality of the report and recommendations or assess the knowledge and skills of the consultants. TBTEAM should examine mechanisms to evaluate consultant’s work by technical area experts as well as beneficiaries. In the proposed quality assurance strategy this is proposed in situations where there are repeated problems identified in the feedback provided by recipients about consultants.

The meeting discussed whether in addition to the technical area experts, a TBTEAM Core Group could look at a random sample of past TA reports written by the relevant expert. There are examples of technical areas within TBTEAM that are performing additional checks on reports provided. For example the Global Laboratory Initiative (GLI) checks all reports that it has commissioned for consistency of recommendations with current WHO policies related to TB diagnostics. Global Drug Facility (GDF) carries out desk audits of all reports that are commissioned through GDF. These mechanisms are not without additional cost. It is estimated that the human resource cost of the GDF desk audit is around US $2,000 per report. A sampling approach of reports by area content experts was discussed as a possible way forward, though financial constraints and labour intensiveness of such a task were pointed out as constraints.

**Recommendations**

The quality assurance strategy should also evaluate the support and preparation that a TA recipient puts into the technical assistance process. This should be evaluated by a consultant feedback form with the following questions:

- Did a clearly assigned person from the National TB Programme (or other TA recipients) accompany the consultant during the mission?

- Were the TORs of the mission agreed upon and sent to the consultant in advance of the mission by the recipient of the TA?

- When the consultant arrived in country were all relevant data and reports available, or preferably already sent ahead of visit?

- Was the consultant adequately supported in the setting up of an itinerary and meetings during the mission?

- TBTEAM partners should explore feasibility of mechanisms to evaluate consultant’s work by technical area (e.g. technical area review of random sample of reports/consistency of recommendations with WHO recommendations).
The role of mission reports also in supporting TA quality monitoring

The TBTEAM website is designed to share information on past and upcoming country missions and associated TA terms of reference and reports. TA providers are requested to upload reports associated with each completed mission event entered on the website. Only 8% of mission reports are currently uploaded - with great variations between TA providers (see below figure).

![Completed mission reports uploaded on the website 2009 to 1st quarter 2011](image)

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TBTEAM has recently introduced an automated reminder system for uploading reports. The mission reports and recommendations are an essential component of quality assurance. They provide a final written product, which content experts could review for quality, for recommendations made, and against mission TORs. Thus all reports from TBTEAM missions need to be available for quality assurance to function properly. The biggest barrier to uploading of mission reports is sensitivity to recipient (usually Ministry of Health/National TB programme) ownership of the reports, and the perception that governments may not want reports to be publically distributed, and that this should be respected. Currently all reports uploaded onto the TBTEAM website are marked confidential by default, and can be made public by the person entering the mission; the national TBTEAM coordinators or the TA providers. The vision is that in the long term all reports should be available for public view, and that the decision to do this should lie with the recipient of the TA and report. One way that might combine national ownership and report availability is for national TBTEAM coordinators (appointed/approved by the National TB Programme) to be responsible for the status of the reports on the TBTEAM website. These could be in three categories: not visible on the website, uploaded as confidential (and accessible only with the consent of the National TB Programme) or for public view. The TA recipient would retain control the availability of reports, and TBTEAM would have copies of all for quality assurance purposes.

It was suggested that the terms of reference for TBTEAM funded activities state that reports should be publically available upon the completion of the mission.

**Recommendations**

- Mission reports are an essential component of a quality assurance process and in TBTEAM all mission TA reports should be available to support quality assurance assessment and feedback.

- The country ownership of reports needs to be fully respected when decisions on sharing reports or making reports public are taken.

- TBTEAM should do further work on how to encourage National TB Programmes to upload confidential and non-confidential reports onto the TBTEAM website.
Measuring TBTEAM contribution in improving Global Fund grant performance

A main goal of TBTEAM is to improve Global Fund TB grant performance by linking countries with quality technical assistance (TA). Monitoring of TBTEAM TA efforts has relied on process indicators thus far, and has not sufficiently demonstrated the contribution of provided TA to the improvement of Global Fund grant implementation. This necessitates more analysis of available data and joint work with the Global Fund secretariat to develop a system that will help associating improved performance of the Global Fund grants with the provision of quality TA.

Over the next few months, TBTEAM will work closely with the Global Fund to test a few indicators that will assess individual TA against changes in Global Fund grant performance. These indicators will link each TA relevant to specific Service delivery areas (SDA) performance or Conditions Precedent (CP) and Management Actions allowing time for result reflected in change in CP or SDA performance or disbursement. Information from the TBTEAM website on TA purpose, terms of reference, dates, summary outcomes, reports, TA providers, experts, relevant country, Global Fund grant relevance will be used to match the appropriate TA with Global Fund grant outcome.

In addition to analyzing the data in a more detailed way, TA providers will be requested to give increased attention to Global Fund processes in countries that they assist. This will necessitate discussions with the TA providers, Global Fund Portfolio Manager or team, review requirements for disbursement against grant in specific technical area, and as relevant to grant timeline, provide support for grant negotiation and end of phase I assessment or periodic review. Regular discussions between the Global Fund and TBTEAM focal points (country, regional and technical area) will assist in alerting emerging TA needs.

During the group work, participants discussed and proposed modifications to TBTEAM’s indicators proposed in Annex 1. In addition the group proposed to include indicators to monitor TBTEAM’s contribution to Global Fund grant preparation, regional TBTEAM functioning and overall TBTEAM performance. These indicators were proposed by members of the group and will be modified and included in the overall list of indicators to monitor TBTEAM functioning.
Global Fund Round 11

The objectives of this session focused on the new requirements for Global Fund Round 11, and TBTEAMs support for proposal preparation. Participants were briefed on the new requirements and eligibility criteria for the Global Fund Round 11 and TBTEAMs aim at strengthening TB proposal preparation to improve TB proposal success. Differences in Round 11 include eligibility, counterpart financing, simplified proposal form, prioritization, counterpart financing mandatory consolidation requirements and having two funding pools: targeted and general pool. In order to focus TA to improve TB proposals, TBTEAM and the newly established Stop TB Partnership group "Stop TB Friends for Global Fund issues" (TB Friends) reviewed main challenges and identified key areas for support for Round 11.

A successful Global Fund Round 11 application process for TB is a major objective for TBTEAM. The joint WHO and Stop TB Partnership Global Fund Round 11 strategy aims at achieving this objective focusing on supporting 16 priority countries out of the 60 who wish to apply for Global Fund Round 11. These priority countries were selected according to different criteria including full eligibility requirements, Global Fund scoring (based on income level and disease burden), recent Global Fund funding (more than 12 months of implementation), disbursement rate, and assessment of gaps and needs at country level.

What is different in Global Fund Round 11?

- Two funding pools
- Eligibility
- Counterpart financing
- Proposal focus requirements
- Prioritization
- Simplified application form
- Mandatory consolidation
Participants welcomed the new strategy as well as the planned activities to support the priority countries, which will include:

- identification and provision of qualified consultants for four weeks (one visit for gap assessment and the second visit for proposal writing);
- organization of country conferences calls to bring together and coordinate partners, CCM, National TB Programme, and other people involved in the development of TB proposals;
- support to national writing teams;
- support participation to workshops;
- desk review of proposals; and
- online trainings.

**Eligibility criteria and counterpart financing**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Disease Burden</th>
<th>Funding History</th>
<th>Focus of Proposal General Funding Pool</th>
<th>Focus of Proposal Targeted Funding Pool</th>
<th>Counterpart Financing (minimum threshold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income Countries</td>
<td>No Restriction</td>
<td>No recent funding</td>
<td>No Restriction</td>
<td>100% focus on specific populations/interventions</td>
<td>5%</td>
</tr>
<tr>
<td>Lower Middle Income Countries</td>
<td>No Restriction</td>
<td>No recent funding</td>
<td>50% focus on specific populations/interventions</td>
<td>100% focus on specific populations/interventions</td>
<td>Lower LMIC = 20%</td>
</tr>
<tr>
<td>Upper Middle Income Countries</td>
<td>Severe or Extreme</td>
<td>No recent funding</td>
<td>100% focus on specific populations/interventions</td>
<td>100% focus on specific populations/interventions</td>
<td>Upper LMIC = 40%</td>
</tr>
</tbody>
</table>

* Disease burden classification: “low”, “moderate”, “high”, “severe” and “extreme”
** Recent funding = completed less than twelve months of implementation of previous grant
*** Government contribution
Furthermore, TBTEAM is organizing a global mock review workshop for priority countries the first week of November in Geneva. In addition, regional workshops\(^1\) are also planned:

1. For African countries to be held from 17 to 19 August 2011 in Nairobi.
2. For Eastern Mediterranean countries to be held from 6 to 8 September 2011 in Cairo.

A joint WHO, Roll Back Malaria Partnership and Stop TB Partnership proposal has been submitted to the Global Fund to request support for regional preparatory workshops.

While participants applauded TBTEAMs efforts, several concerns were raised with regard to the limited financial resources and qualified experts to support Round 11 proposal development. The funding currently available at WHO/HQ is sufficient to support only 10 out of the 16 priority countries. However, participants committed to join efforts to mobilize additional resources to make Round 11 a ‘TB Round’. Partners, such as PATH, have already committed to supporting countries and there is also an opportunity to explore funding availability for proposal development through TBCARE. However, funding is still limited and consultants are not adequately trained on recent updates as well as new approaches and tools for TB care and control (i.e. Xpert MTB/RIF, civil society and community engagement, gGLC, TB/HIV etc...). TBTEAM and the Stop TB Partnership continue to look for opportunities to raise funds to organize trainings for consultants.

\(^1\) Data for other regional workshops were not available during the Annual TBTEAM meeting.
Recommendations

1. Ensure the involvement of civil societies in the planning and implementation of Round 11 activities.
   - TBTEAM to circulate through the TB Friends Group the list of planned conferences calls to ensure participation of interested civil society representatives in all country calls.
   - TBTEAM and TB Friends to organize online meetings with civil society representatives on Round 11.
   - As per new Principal Recipient requirements, applicants should ensure the involvement of the Principal Recipient from the beginning of the Round 11 application process.

2. Strengthen community involvement in Round 11 proposal development
   - There is a need to organize specific trainings on community strengthening.
   - Need to develop standardized procedures for TA providers on community involvement.
   - Include community strengthening components in clinics in the Round 11 workshops.

   - Increase engagement at country level also through consultants.

4. Mobilize additional resources to support proposal development in priority countries and to organize a consultants training on new approaches and tools.
   - TBTEAM and Stop TB Partnership to identify funding opportunities from traditional as well as non-traditional partners.
   - Regions and countries to make the best use of existing resources and help raise additional funding.
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