GROUP ONE

Chairperson – Botswana
Rapporteur - Namibia
Group Members

- Botswana
- Gambia
- Lesotho
- Malawi
- Namibia
- Swaziland
Areas of TA’s in 2011

1. GF - proposal writing, grant negotiation, TRP clarification, grant consolidation, implementation, development of TB training plan
3. Training - PMDT, TB/HIV, ETB, 3Is, M&E, Drug Management
4. Laboratory service strengthening - roll out of Gen X-pert
5. GDF and GLC applications
6. General Programme Management, e.g. Supply Chain Management
7. Miscellaneous - Assessments/OR - Assessment of Community TB Care, Prevalence Survey, MDR TB, Infection control, data analysis
Strengths

• Availability of long-term TA from in country partners such as WHO
• Competence of consultants
• Timeliness of TA (particularly local)
• Partners willingness to share cost of TA
Challenges

• Delay in receiving TA, resulting in delayed implementation
• Country has no role in the selection of the consultant
• Recommendations from some TAs not adapted to local context
• Capacity to developing appropriate ToR
• Deliverables in the ToR not met or partly met
• Country capacity to coordinate the TA
• Limited funding compromising quality of TA
• Lack of proper timing of TA request
• Limited availability of experts in certain programme areas, e.g. infection control
Way Forward

• Plan and budget carefully for TA needs of the programme
• Build in country capacity – WHO avail long-term TA for high burden countries
• Establish pool of experts in the region to support countries
• Involve countries in selection of consultants (countries should be proactive in the selection process)
• Countries need to be assisted in developing ToRs for TA
• Countries should use the TAs to build their capacity
THANK YOU!