More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. I believe that we should make available the benefits of our store of technical knowledge in order to help them realize their aspirations for a better life. This should be a cooperative enterprise in which all nations work together through the United Nations and its specialized agencies wherever practicable.

- United States President Harry S. Truman, Inaugural Address, January 1949

Ministers of health in poor countries now express frustration over their inability to track the operations of foreign organizations operating on their soil, ensure those organizations are delivering services in sync with government policies and priorities, and avoid duplication in resource-scarce areas.

Overview

• Background
• What is TBTEAM?
• Assessing TBTEAM
• Progress
• Challenges
• Recommendations
• Discussion
Background

• A small but well-functioning network
• 1990’s – ballooning demand
• The emergence of new providers
• 2000’s – funding to meet more needs
• A bigger but less organized network
• 2005 – Partners seek coordination
• 2007 – TBTEAM created
Technical assistance by month, 2007 - 2008

Source: TBTEAM database of TA events

Nearly 80 missions in April 2008

15 in August (80% less)
What is TBTEAM?

- Stop TB Partnership DEWG
- TB TECHnical Assistance Mechanism
- By partners – for countries

TBTEAM ensures that sufficient access to rational, high quality technical assistance allows countries to implement international standards for TB control and care in line with the Stop TB Strategy and to achieve global targets for TB control.
TBTEAM approach

- Facilitate timely access to assistance
- Support rational use of resources
- Encourage high-quality impact
- Promote capacity
  - In countries
  - Among providers
- Match needs to existing funds
- Mobilize funds where there are gaps
TBTEAM organization

- Rely on existing expertise and structures
- Decentralize support:
  - Strategic direction > DEWG
  - Global operation > Secretariat
  - Regional coordination > Regional FPs
  - Country assistance > Partners
  - Capacity assurance > Technical bodies
TBTEAM assessment

• Desk audit of reference materials
  – Technical journals, Coordinating Board discussions, McKinsey Evaluation, meeting records, TBTEAM background document, funding proposals and progress reports, TBCAP evaluation and report, others.

• Interviewed technical focal points...
  – ACSM, DOTS expansion, GDF, GLC and MDR-TB, GLI and Lab Strengthening, TB/HIV

• …TB staff in WHO regions...
  – AFRO, AMRO, EMRO, EURO, SEARO, WPRO

• …Technical assistance providers...
  – GLRA, KNCV, PATH, TBCAP, Union, WHO

• … and donors and other stakeholders
  – Global Fund M&E and FPMs, PEPFAR/OGAC, USAID
Key findings

• Progress – but many challenges.
• Focus: building operations on existing functions, establishing partnerships.

• Perception 1: Providing some valuable services, particularly funding for TA.

• Perception 2: Not ambitious/proactive enough about coordinating, capacity building, and quality improvement.

• Perception 3: Not staffed for its mission.
Progress: Approach taken

- Get the word out about TBTEAM
- Build a support structure:
  - Secretariat
  - Partners and partner FPs
  - Regional FPs
- Provide "foundation" tools:
  - Missions and training
  - Experts/TA providers
  - Partners in countries
- Identify funding for assistance
- Strengthen TA planning
Progress: Performance

• Advocacy and communications:
  – Communication materials launched
  – Briefings for partners and regional advisors

• Operations:
  – Four staff in secretariat
  – Focal points in every region
  – 12 TA partners have focal points

• Provide "foundation" tools:
  – Tools launched in September 2007
  – Training provided and tools being used by partners

• Funding for TA:
  – ~1 million US$ of assistance to ~100 countries in 2007 and 2008

• Strengthening country planning:
  – Annual planning with countries and partners
2007: Missions and events added to TBTEAM tools:
most (blue) added by secretariat
2007: Missions and events added to TBTEAM tools: most (blue) added by secretariat

2008: Items are increasingly added by TBTEAM partners
Progress: Assessment

- TBTEAM filling a global need.
- 1 year later, partners still optimistic.
- Donors see the value of TBTEAM.
- A working operational structure that respects countries, regions, partners.
- Existing networks and providers are working with TBTEAM, and vice versa.
- TBTEAM has helped countries find and finance technical assistance.
Challenges: Summary

• Not enough capacity to meet country needs, especially in new areas.
• Stories of poor quality TA are common.
• Information about TA is frequently not shared with TBTEAM and partners.
• TA is still not coordinated well. Long-term, strategic planning of TA not common practice in countries.
• Still certain types of TA that it’s hard to find funding for (especially ad hoc).
Challenges: Capacity

- No formal understanding of where the gaps in capacity exist.
- No global forecasting and planning for demand.
- Few mechanisms to cultivate new providers (especially local ones).
- Lack of guidance on how to plan TA.
- Long delays between new policy and TA capacity.
Challenges: Quality

- Lack of guidance on what skills or competencies are needed for good TA.
- Lack of guidance for how to plan and implement TA.
- Few providers know if the TA they are providing is making an impact.
- Countries do not assess the quality of the TA they receive.
- Technical standards and tools are scattered and hard to find.
Challenges: Information

• TBTEAM tools are hard to use and partner FPs have other work, so much information is not kept up-to-date.
• Many providers of TA still have not been engaged by TBTEAM.
• Countries, who have the most complete picture, don't know about TBTEAM.
Challenges: Coordination

- Many of those who have the information needed for global coordination are not sharing it with others.
- Country workplanning is frequently not happening, or is limited to a single provider or donor.
- Where partners try to coordinate, there is sometimes resistance.
- TBTEAM is not proactively identifying where coordination is required.
Challenges: Funding

• Much more money available for short-term TA than for long-term TA.
• There are few sources of funding for TA that is not planned for in advance.
• TBTEAM cannot cover all types of needs with the funding it currently has.
• There is very little money available to develop the capacity of new providers.
Key recommendations - 1

Information
• Keep partners and donors informed.
• Engage countries much more heavily.
• Provide guidance on how to deliver TA.
• Improve TBTEAM tools: add tools for forecasting demand and reporting use.

Operation
• Assign a full-time manager to TBTEAM and staff for each of 4 functional areas.
• Fund full-time regional TBTEAM FPs.
• Diversify funding from donors.
Key recommendations - 2

Capacity (and quality)

• Establish a certification programme for TA providers, building on the TBCTA "Gold Standard".
• Assess the capacity for TA worldwide and the needs for TA annually to identify gaps.
• Carry out a global EOI for TA providers that do (or could) be certified.
• Heavily invest in training and mentoring programmes for providers, especially in regions and countries.
• Establish a pipeline of professionalized providers to solve problem in long-term.
Key recommendations - 3

Quality (and capacity)
• Create a resource center for key programme guidelines and best practices that is easy to find and use.
• Identify TA implications of new policies and launch guidance in parallel.
• Train providers and countries in how to assess and improve the quality of the TA they use or receive.

Funding (and capacity)
• Develop funding for and provide grants for unplanned/ad hoc TA not linked to specific donor interests.
• Provide grants to regional TA providers that want to develop capacity in areas where need is not being met.
Discussion

• Clarifications?
• Group discussions
  – Review recommendations
  – Discuss
  – Identify priorities or items that are missing
• Next steps
  – Final paper and recommendations
  – Proposed action plan and budget
  – Deliver to DEWG for consideration