



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

Regional workshop  
on results-based management for  
tuberculosis prevention, care  
and control

**Copenhagen, Denmark  
14–15 November 2013**

## ABSTRACT

A workshop on results-based management for tuberculosis (TB) prevention, care and treatment was held in Copenhagen, Denmark on 14–15 November 2013. The aim was to enable participants to discuss and address management challenges of national TB and multidrug and extensively drug-resistant TB (M/XDR-TB) programmes in the 18 high-priority countries of the WHO European Region. The workshop, which was designed to complement implementation of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015* area of intervention six, brought together 45 participants from 16 countries, including 37 country participants and presenters. It was organized by the WHO Regional Office for Europe under the framework of the United States Agency for International Development/Regional Office regional platform project. This report briefly summarizes outputs from the presentations, plenary discussions and working-group sessions and indicates future actions.

### Keywords

BEST PRACTICES  
INTERAGENCY RELATIONS  
KNOWLEDGE, ATTITUDES, PRACTICE  
NATIONAL HEALTH PROGRAMS  
TUBERCULOSIS, EXTENSIVELY DRUG-RESISTANT  
TUBERCULOSIS, MULTI-DRUG RESISTANT

Address requests about publications of the WHO Regional Office for Europe to:

Publications  
WHO Regional Office for Europe  
UN City, Marmorvej 51  
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2014

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

# CONTENTS

*Page*

1. Introduction and background.....	1
1.1 Specific workshop objectives .....	1
1.2 Expected outcomes .....	2
2. Session on CSOs.....	2
2.1 National experiences of CSO–NTP partnerships.....	2
2.2 Action plans to involve CSOs in TB prevention, care and control.....	3
2.3 Summary of next steps .....	5
3. Session on HR in TB .....	6
3.1 HR strategic plan.....	6
3.2 Proposed solutions to selected challenges/bottlenecks in HR.....	7
3.3 Role of NTPs in overcoming challenges .....	8
3.4 Summary of next steps .....	8
4. Session on Managers’ Dashboard.....	8
4.1 Key messages about the Managers’ Dashboard.....	9
4.2 Key performance indicators.....	9
4.3 Suggestions and comments.....	9
5. Summary of next steps and closure of meeting .....	10
Annex 1 .....	12
Background, scope and purpose.....	12
Annex 2 .....	14
Programme .....	14
Annex 3 .....	16
Participants .....	16

## List of abbreviations

CCM	country coordinating mechanism
CSO	civil society organization
HR	human resources
KPI	key performance indicator
MDR–TB	multidrug-resistant tuberculosis
M/XDR–TB	multidrug and extensively drug-resistant tuberculosis
NGO	nongovernmental organization
NSP	national tuberculosis strategic plans
NTP	national tuberculosis programme
RCC–TB	Regional Collaborating Committee on Tuberculosis Control and Care
SWOT	strengths–weaknesses–opportunities–threats (analysis)
TB	tuberculosis

## 1. Introduction and background

A workshop on results-based management for tuberculosis (TB) prevention, care and treatment was held in Copenhagen, Denmark on 14–15 November 2013. The aim was to enable participants to discuss and address management challenges of national TB and multidrug and extensively drug-resistant TB (M/XDR-TB) programmes in the 18 high-priority countries of the WHO European Region.

The workshop's goal was to improve performance of national TB programmes (NTPs) by introducing selected managerial tools for:

- working in partnership with civil society organizations (CSOs) and other sectors;
- human resources (HR) development; and
- applying and refining results-based management skills to ensure translation of overall NTP strategic objectives into institutional strategies and NTP performance.

The topics were introduced in separate working-group sessions and through presentations and plenary discussions.

The workshop, which was designed to complement implementation of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015*<sup>1</sup> area of intervention six (expand country capacity to scale up the management of drug-resistant TB, including advocacy, partnership and policy guidance), brought together 45 participants from 16 countries, including 37 country participants and presenters. It was organized by the WHO Regional Office for Europe under the framework of the United States Agency for International Development/Regional Office regional platform project. Invitations were issued to ministers of health of 18 high-priority countries in October 2013, with the travel costs of six countries being covered by the regional partnership platform project.

### 1.1 Specific workshop objectives

The workshop objectives were to:

1. provide participants with updated managerial tools to develop their results-based management approaches and skills to improve the efficacy and efficiency of national programmes;
2. further strengthen networking and partnership skills, with a focus on engaging CSOs in partnership and collaborative mechanisms;
3. strengthen knowledge on HR development, with a special focus on motivating employees towards better performance and compiling HR strategic plans; and

---

<sup>1</sup> Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/15 + EUR/RC61/Conf.Doc./8; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0007/147832/wd15E\\_TB\\_ActionPlan\\_111388.pdf](http://www.euro.who.int/__data/assets/pdf_file/0007/147832/wd15E_TB_ActionPlan_111388.pdf), accessed 28 February 2014).

4. identify bottlenecks, opportunities and key lessons learnt from experience of NTPs to promote good practice in the fields mentioned in objectives 1–3.

## 1.2 Expected outcomes

It was anticipated that the workshop would result in:

- improved results-based management and HR development capacity of participating NTPs; and
- draft recommendations for the development of a refined assessment approach to improving NTP capacity in effectively engaging CSOs and other sectors in TB programmes.

## 2. Session on CSOs

Following a brief introduction to the main principles and characteristics of CSOs and their possible links with NTPs, Fanny Voitzwinkler, in her role as WHO temporary advisor, presented the results of a survey developed and implemented by the Regional Office and disseminated through national programme officers in the 18 high-priority countries.

Survey questions were designed to cover and inform all three sessions of the workshop, so included a section on CSO involvement in TB prevention, care and control. Workshop facilitators analysed results in advance and structured their session components accordingly in order to achieve the best possible outcomes. Fanny Voitzwinkler’s presentation on CSO involvement in NTPs provided the basis for participants to share national examples of CSO–NTP partnerships, exchange experiences and discuss successes and challenges.

### 2.1 National experiences of CSO–NTP partnerships

Discussion showed that all countries have good awareness of the added value that CSOs bring and believe they play an important role in contributing to NTPs. However, the degree to which CSOs are currently involved varies considerably among countries largely due to legislative challenges and, in many countries, lack of CSOs working in TB.

Table 1 provides an overview of some of the key challenges and experiences highlighted during discussions.

**Table 1. Challenges and experiences in involving CSOs in NTPs**

Challenges	Country experiences
<b>Few CSOs in TB</b>	Fear of infection when working with TB patients prevents people from forming CSOs.
	Stigma associated with TB and consequently with working with TB patients.
	Funding is lacking.
	TB patients are reluctant to get involved in CSO work because they don't want to be reminded of their illness.

	Legislative constraints provide obstacles to collaboration.
	Education and awareness is needed to overcome the challenges of convincing HIV CSOs to go into TB prevention and care.
	Larger international CSOs, such as the Red Cross and Rotary, play important roles in TB in several countries, especially in relation to vulnerable groups.
<b>Critical attitude towards CSOs</b>	Many CSOs meet with criticism and are considered disorganized, so consequently are not regarded as relevant partners.
	Despite a critical attitude to CSOs in some countries, they have proven useful in helping to put pressure on governments and in attracting funding from private foundations.
<b>Lack of coordination of work with CSOs</b>	The development of official protocols between governments and associations increases the chances of attracting external funding.
	In some countries, social and psychosocial support is almost entirely provided by CSOs, which makes coordination and clear distribution of tasks important.
	Some countries have good experiences in working with religious leaders, who can be powerful partners in areas such as raising awareness of TB.
	Activities such as providing social support to TB patients can be outsourced to CSOs, as they often provide cheaper solutions than public options.
	CSOs, supported by funding from the Global Fund to Fight AIDS, Tuberculosis & Malaria, have been involved in providing home-based treatment in a number of countries in the Region.

## 2.2 Action plans to involve CSOs in TB prevention, care and control

Participants shared experiences during discussions, with activities and entry points to ensure the establishment of more CSOs in TB and more efficient collaboration with NTPs. The driving force behind CSO involvement in TB care and prevention was a key focus, with wide agreement that high levels of stigma towards TB patients is a motivating factor for many CSOs to increase TB awareness. There was also wide agreement that anger, commitment to make a difference and willingness to fight for a specific cause has often been the foundation for the creation of strong CSOs.

The importance of basing collaboration between NTPs and CSOs/nongovernmental organizations (NGOs) on needs was also discussed. NTPs need to assess and evaluate gaps and encourage CSOs to focus their activities in these areas. NTP–CSO cooperation was identified as a contributor to improving not only NTPs’ leverage and efficiency in combating TB, but also that of other players through enhanced synergies and better task-sharing.

The accountability of CSOs involved in implementation of NTPs was discussed. From a governance perspective, accountability plays an important part in service-delivery models, meaning that a coherent accountability framework for all stakeholders involved in implementation should be in place. Greater clarity on how this should be addressed with CSOs is necessary.

Following an initial round of discussions, workshop participants divided into three groups to work on action plans aiming to more sustainably and efficiently involve

CSOs in TB prevention, care and control in different country scenarios. The suggested action plans proposed by the three groups are presented in Boxes 1–3.

### **Box 1. Action plan for increasing political commitment on TB**

#### **Country characteristics**

Countries have:

- low political commitment towards TB;
- weak TB results; and
- a large number of CSOs in TB who regularly gather through a national TB-NGO platform.

#### **Proposed actions**

It is proposed that countries:

- conduct a mapping of actors and people with relevance to TB, identifying potential leaders;
- organize a meeting of all stakeholders in TB, using the opportunity presented by World TB Day to raise awareness of the alarming TB situation;
- include CSOs in the country coordinating mechanism (CCM) and appoint a NGO representative as deputy-chair of the CCM;
- organize a high-level meeting to discuss the economic impact of TB in the country;
- appoint a TB goodwill ambassador from the government and involve so-called ordinary people (perhaps well-known TB patients) in raising awareness;
- develop an operational action plan for increasing political commitment;
- develop a strategy for better communication with CSOs, establishing a website and involving the mass media;
- be aware of language barriers between civil society and government levels;
- establish awards for professional and media people working to raise awareness of TB;
- lobby with international donors and financing institutions, finding leverage points at national and international levels;
- initiate collaborative research and prevention activities involving CSOs and the government; and
- support the creation of patient organizations and recognize the impact of stigma and discrimination, learning from the work of HIV-related CSOs on stigma and human rights.

### **Box 2. Action plan for creating stronger alliances for better results**

#### **Country characteristics**

Countries have:

- a strong TB programme
- CSOs that are very active in HIV and other health areas but not TB
- poor awareness of TB in the community.

#### **Proposed actions**

It is proposed that countries:

- create a platform for communication in the Region (involving the CCM and national council of organizations dealing with TB);
- prepare a comprehensive strengths–weaknesses–opportunities–threats (SWOT) analysis of how CSOs are functioning;
- ensure that NTPs and other national plans include precise descriptions of CSO involvement with defined tasks and allocated funding;



- conduct a wide-scale and ongoing information campaign about TB and share results of work to enable a better understanding of the problem among decisions-makers and the public;
- ensure terms of reference for relevant NGOs are in place, with clear tasks and targeted results-oriented activities;
- set up indicators of CSOs;
- establish platforms for exchanging experiences and best practices and enable discussion of challenges;
- motivate CSOs working in HIV to include TB in their work and involve them in TB work; and
- ensure continuous training and ongoing capacity-building of CSOs and NGOs.

### **Box 3. Action plan for reaching the unreached**

#### **Country characteristics**

Countries have:

- a TB and multidrug-resistant TB (MDR-TB) epidemic that is highly concentrated among vulnerable groups; and
- a large number of CSOs and volunteers.

#### **Proposed actions**

It is proposed that countries:

- identify key problems and assess how CSOs working with HIV or other diseases can contribute to solving them;
- meet with existing CSOs in a round-table discussion of problems and challenges in TB;
- develop an action plan and set up a coordination group for each field of activity;
- create terms of reference (with help from international organizations, donors and NGOs);
- identify areas and conditions that can motivate CSOs to become engaged in TB;
- develop an action plan in line with the Consolidated Action Plan; and
- monitor and evaluate results.

## **2.3 Summary of next steps**

Participants were encouraged to continue to share and discuss experiences and inform each other about national events, training and platforms to ensure continued cross-country collaboration. They were also asked to raise national knowledge about the Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) and to make use of the platform for exchanging best practices.<sup>2</sup>

The new funding model of the Global Fund to Fight AIDS, Tuberculosis & Malaria makes it compulsory to involve people affected by TB and CSOs from 2014. CSOs established by, or working closely with, patients can offer a means of meeting this requirement.

<sup>2</sup> Best practices in prevention, control and care for drug-resistant tuberculosis. A resource for the continued implementation of the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region, 2011–2015. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2013/best-practices-in-prevention,-control-and-care-for-drug-resistant-tuberculosis>, accessed 28 February 2014).

### **3. Session on HR in TB**

Information and examples from the field based on results from the survey were shared with participants. The survey was analysed by Nonna Turusbekova in her role as WHO temporary advisor and facilitator of the workshop session.

Participants were asked to brainstorm challenges relating to HR for health in general and TB in particular and then share their ideas in the plenary session. Challenges were clustered according to the main action fields in the HR for health framework: policy, finance, education, partnership, leadership and HR management systems. The facilitator presented the theoretical background to HR management in health and some of the most common HR challenges in TB. The main challenges, as identified by participants, were:

- low prestige associated with working with TB;
- inappropriate working conditions and fear of infection with TB;
- lack of recruitment of new medical staff;
- difficulty in attracting young TB specialists, with most current TB specialists being close to retirement and emigration posing problems;
- lack of motivation among TB medical staff;
- lack of continuing education opportunities and outdated curriculums and training materials;
- low salaries; and
- lack of good communication channels among staff members.

#### **3.1 HR strategic plan**

The importance of developing HR strategic plans specific to TB was highlighted. NTPs should always be informed by existing national HR for health strategic plans and advocate for the inclusion of TB in those plans. A general HR for health strategy will often be insufficient as it may not be equally applicable to TB, taking into account the country's TB burden and other TB-specific factors. It was stressed that the HR strategic plan should be tied to the NTP's national TB strategic plan (NSP) to ensure support for the NSP and alignment with different components of the of the general TB/MDR-TB programme in the country. The processes of HR plan formulation and involvement of different stakeholders, including CSOs, were discussed and participants' examples solicited.

Participants shared country experiences of the availability and development of HR strategic plans. Some had a general HR strategic plan, but none had a separate HR or HR development plan for TB. Ukraine reported having a TB HR plan under development and other countries articulated the need to create TB-specific HR plans to address the many challenges they face in securing sufficient staff.

### 3.2 Proposed solutions to selected challenges/bottlenecks in HR

Participants divided into three groups working on the six elements of the HR management framework (policy, finance, education, partnership, leadership and HR management systems) to identify bottlenecks for HR in MDR–TB and suggest potential interventions and solutions. A synthesis of the groupwork and related discussions is presented in Table 2.

**Table 2. Proposed solutions to HR challenges in TB**

Challenges	Proposed interventions/solutions:
<b>Lack of recruitment of new medical staff</b>	Increase staff salaries (funded by, for example, reducing lengths of hospital stays of TB patients).
	Support targeted enrolment of medical students.
	Make contracts with medical students.
	Include updated guidelines on TB in medical schools' curriculums, in line with international guidelines and approved by ministries of health and education.
	Involve young doctors in research activities.
<b>Fear of infection with TB</b>	Review current standards of sanitation and TB infection control.
	Improve TB infection control practices in health care facilities.
	Implement activities to bring facilities up to acceptable standards.
	Establish partnerships with donors and other organizations to fund improvements.
	Ensure lifelong insurance for staff working with TB in case of infection.
<b>Suboptimal working conditions</b>	Reduce unnecessary use of paper by switching to electronic reporting.
	Adjust workload per doctor/nurse.
	Improve the working environment in general.
<b>Lack of education</b>	Establish a system for continuing education for medical staff (free of charge).
	Enable continuing education for professors of TB in medical schools to ensure up-to-date knowledge.
	Update undergraduate and postgraduate curriculums of TB education.
<b>Low prestige in working in TB</b>	Introduce an annual award to TB doctors and nurses.
	Review and update job descriptions.
	Move TB specialties to broader respiratory medicine specialties.
	Review job descriptions and specify rights and responsibilities of staff.

Reflections on the proposed solutions were further elaborated during subsequent plenary discussions.

- Increasing salaries is often not feasible or the right thing to do in relation to providing incentives and motivating factors, but some countries have had good experiences. It was noted that increasing salaries should be linked to general health care system reforms.
- It was suggested that, depending on the epidemiological and overall national HR for health situation, it is feasible to plan activities for the next 5–10 years linked to financial plans.
- Some countries already offer TB health care workers who have become infected with TB in connection with their work full compensation during treatment. If cure is not possible, they receive a disability payment. Overall compensation levels are not yet sufficient in most countries, however, there are challenges in determining whether the infection was indeed acquired at the work place. All TB infections in health care workers working with TB patients should therefore be considered occupational in origin.

### **3.3 Role of NTPs in overcoming challenges**

It was noted by participants that NTPs often have a limited role in overcoming challenges to HR in TB prevention, care and control. They offer support and training to medical staff (including non-TB staff) and should continue to do so, but could also advise education relevant ministries on the importance of continuing education of university professors.

NTPs can contribute to improving salary levels by conducting assessments and developing recommendations for salary-related financing mechanisms. They can also help to ensure hospitals and other health care facilities meet international infection control standards, thereby reducing actual and perceived risks of TB infection in the work place.

### **3.4 Summary of next steps**

Participants were encouraged to continue to share and discuss experiences in solving challenges related to HR management and think in a so-called out-of-the-box way to use inputs they accessed during the workshop. Starting HR strategic planning with an array of strategies, keeping focused on non-monetary means of staff motivation and creating incentives for those working in TB (other than increasing salaries) were identified as being particularly important for solving challenges.

## **4. Session on Managers' Dashboard**

The last session of the workshop focused on the Managers' Dashboard – an electronic tool for results-based management. Yves Van Nuland, an expert in management methods and WHO temporary advisor, introduced participants to the dashboard, discussing its principles, scope and purpose and advocating its concrete application at country level in NTPs. Prior to the workshop NTP managers from Armenia and Tajikistan had the opportunity to apply and test the Managers' Dashboard: their experiences were used as a reference point for discussions and further group work.

## **4.1 Key messages about the Managers' Dashboard**

The session highlighted that the Managers' Dashboard does not provide a solution per se to addressing TB challenges, but is a key enabler that can help NTPs achieve their aims. The tool's benefits, including supporting managers, were to:

- make decisions and create action plans
- visualize objectives, indicators and results
- define responsibility and accountability
- increase commitment to achieving objectives
- change mind-sets towards results-oriented work
- anticipate problems and prevent or solve them
- involve colleagues
- integrate the HR situation into overall planning
- contribute to motivating staff
- increase the efficiency of meetings
- monitor core activities.

## **4.2 Key performance indicators**

An important component of the Managers' Dashboard is the formulation of key performance indicators (KPIs), which help to provide a clear picture of what is important, explain which objective has to be achieved, strengthen focus and help to manage performance. Formulation helps identify targets for each KPI, progress towards their achievement and necessary actions and decisions to achieve progress and obtain concrete and measurable results.

## **4.3 Suggestions and comments**

Comments and suggestions were shared and discussed in plenary sessions following a working group session in which participants had the opportunity to try out the Managers' Dashboard through simulation work. Suggestions included:

- developing a sheet with instructions for every field of the dashboard detailing the kind of information needed;
- adding an additional column indicating the baseline (for quantitative indicators) to act as a reference;
- adding hyperlinks to background strategic documents;
- recognizing that while completing the dashboard requires an investment of time, it is an investment that pays off later: the first KPI assessment takes approximately five hours, but subsequent iterations require only three; and
- providing more time for training on the tool.

In relation to training, it was felt that a single day did not allow sufficient time to fully appreciate the tool's potential. More time was needed for topics such as how to:

- use the dashboard and KPIs in meetings
- increase the efficiency of meetings
- use constructive thinking styles in a more active way
- use the method in motivating people
- use the method to appreciate people
- develop the (constructive) values of the organization in an active way
- develop the result and process orientation of members of the meeting
- make the right choice of indicators.

Yves Van Nuland provided participants with a short checklist to assess use of the dashboard methodology in their work situations. The checklist identified how they should:

- make a list of their core activities, strategic objectives and priorities;
- choose the three main activities from the list;
- describe in detail what they want to achieve for each of these activities;
- check whether their detailed descriptions fulfil the requirement of visual description of the objective (which is the opposite of a vague and general description);
- create an indicator (table and/or graph) for the three activities, not forgetting to verify that each KPI has its own target value;
- use existing material as much as possible, making use of hyperlinks in the dashboard programme; and
- use the materials received as a source of inspiration.

## **5. Summary of next steps and closure of meeting**

Masoud Dara WHO Euro TB Program manager facilitated the closing session by opening the floor to participants to share their take-home messages and reflections on the workshop.

The general view was that it had been a very useful event that gave rise to many reflections on areas for improvement at national level. It was agreed that training events like the workshop are very helpful in supporting participants to implement new strategies and methodologies with their NTP colleagues and counterparts, instead of attempting to do so single-handedly. The opportunity to learn from the experiences of other countries in the Region was inspiring and further supported the idea that actions create results. More workshops of a similar structure were requested at regional, subregional and national levels.

Participants were encouraged to return home to analyse their plans and assess if and how the Managers' Dashboard could be a helpful tool in their work and daily routines, combined with inputs on strengthening CSO involvement in the NTP and tackling

challenges in HR management in TB. WHO acknowledged the request for more training sessions and the Regional Office will soon be starting a process for implementing the results-based management model in practical country contexts.

## Annex 1

### BACKGROUND, SCOPE AND PURPOSE

#### **Background**

The WHO Regional Office for Europe is organizing an interactive results-based management workshop in line with implementation of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015*. The aim is to discuss and address management challenges of national tuberculosis (TB) and multidrug-resistant TB (MDR–TB) programmes in the 18 high-priority countries of WHO European Region. It will be held under the framework of the United States Agency for International Development/Regional Office regional partnership platform project.

#### **Goal**

The goal is to improve national TB programme (NTP) performance with selected managerial tools in the fields of human resource (HR) development, working in partnership with civil society organizations (CSOs) and other sectors and applying results-based management skills to ensure translation of the overall strategic objectives of NTPs into institutional strategies and national programme performance.

#### **Objectives**

Specific objectives are to:

1. provide participants with updated managerial tools to develop their results-based management approaches and skills to improve the efficacy and efficiency of national programmes;
2. further strengthen networking and partnership skills, with a focus on engaging CSOs in partnership and collaborative mechanisms;
3. strengthen knowledge on HR development, with a special focus on motivating employees towards better performance and compiling HR strategic plans; and
4. identify bottlenecks, opportunities and key lessons learnt from experience of NTPs to promote good practice in the fields mentioned in objectives 1–3.

#### **Expected outcomes**

It is anticipated that the workshop will result in:

- improved results-based management and HR development capacity of participating NTPs; and
- draft recommendations for the development of a refined assessment approach to improving NTP capacity in effectively engaging CSOs and other sectors in TB programmes.

#### **Methods**

The meeting programme (Annex 2) includes presentations, plenary discussions and working group sessions. The working language will be English and Russian with simultaneous translation.



**Venue and date**

The workshop will be held at the WHO Regional Office for Europe, UN City, Marmorvej 51, Copenhagen, Denmark, on 14–15 November 2013.

**Participants**

The workshop will be attended by NTP managers and senior country representatives.

**Facilitators**

Dr Masoud Dara, Dr Martin van den Boom, Mr Szabolcs Szigeti, Mr Yves van Nuland, Ms Fanny Voitzwinkler and Ms Nonna Turusbekova will facilitate.

## Annex 2

### PROGRAMME

#### Day 1

09:00– 09:15	Opening remarks	Hans Kluge (Director, Division of Health Systems and Public Health Special Representative of the Regional Director on M/XDR–TB)
09:15– 09:30	Workshop objectives and introduction	Masoud Dara (Programme Manager, Tuberculosis and Multidrug and Extensively Drug-resistant TB)
09:30– 09:50	Introduction and definitions (on Civil Society Organization (CSO) part of workshop)	Fanny Voitzwinkler
09:50– 10:10	Presentation of survey results (CSO part of workshop)	Fanny Voitzwinkler
10:10– 10:30	Discussion and sharing of best practices	Fanny Voitzwinkler/Martin van den Boom
10:30– 10:45	Group work/exercise	Fanny Voitzwinkler/Martin van den Boom
11:00– 11:30	Reporting back in plenary and discussion	All
11:30– 11:45	Recommendations	Fanny Voitzwinkler
11:45– 12:00	Discussion	Fanny Voitzwinkler/Martin van den Boom
12:00– 12:30	Next Steps (CSO part of workshop)	Fanny Voitzwinkler/Martin van den Boom
13:30– 14:00	Introduction to the human resources (HR) part of the workshop and to group work: country challenges for HR	Nonna Turusbekova
14:00– 14:15	HR for health: strategic planning	Nonna Turusbekova
14:15– 14:45	HR for health: the situation in participating countries and theory highlights	Nonna Turusbekova
15:15– 16:00	Instructions and group work: HR solutions	Nonna Turusbekova
16:00– 16:45	Reporting back in plenary and discussion	Nonna Turusbekova
16:45– 17:00	Next steps (HR part of workshop)	Nonna Turusbekova/Masoud Dara/Martin van den Boom

**Day 2**

09:00– 09:10	Introduction	Masoud Dara
09:10– 10:30	Introduction to the Managers' Dashboard	Yves Van Nuland
11:00– 12:30	Group discussion (in three small groups): interpretation and feedback on the draft of the dashboard of Dr Bobokhojaev and compiling a performance dashboard for NTP managers	Two small groups (Russian) One small group (English)
13:30– 14:30	Plenary discussion on the interpretation and feedback of the small group discussions and use of the dashboards in meetings (reporting, monitoring and decision process)	Yves Van Nuland Plenary
14:30– 15:15	How to improve partnership arrangements with CSOs and ensure accountability for performance through the dashboard	Yves Van Nuland Plenary
15:45– 16:30	Characteristics of leaders, the results-based management skills assessment tool and motivating HR in low-resource contexts	Yves Van Nuland Plenary
16:30– 17:00	Discussion	Plenary
17:00– 17:15	Conclusions and closure of the workshop on results-based management for TB control	Masoud Dara/Martin van den Boom

## *Annex 3*

### PARTICIPANTS

#### **Armenia**

Dr Karapet Davtyan  
Head of Monitoring and Evaluation Department  
National Tuberculosis Control Office  
Ministry of Health  
6/2, Margaryan Str.  
0078 Yerevan, Armenia

Tel.: +374 77 077 793  
E-mail: kdavtyan@ntp.am

#### **Azerbaijan**

Dr Natavan Alikhanova  
Head of Monitoring and Evaluation Department  
Scientific Research Institute of Lung Diseases  
E. Suleymanov Str., block 25/14  
AZ 1118 Baku, Azerbaijan

Tel.: +994 50 441 7080  
E-mail: natavan\_x@yahoo.com

#### **Belarus**

Dr Alena Skrahina  
Scientific Director  
Republican Scientific and Practical Centre for  
Pulmonology and Tuberculosis  
Dolginovsky Tract, 157  
220053 Minsk, Belarus

Tel.: +375 172 898356  
E-mail: alena\_skrahina@tut.by

#### **Bulgaria**

Dr Tonka Varleva  
Head of "Management of Specialized Donor-  
Funded Programmes" Department  
Ministry of Health  
26, Yanko Sakazov Blvd, Floor 4  
1504 Sofia, Bulgaria

Tel.: +359 8845 400 555  
E-mail: tvarleva@gmail.com

#### **Georgia**

Dr Nino Lomtadze  
Global Fund Project Coordinator at Sub-recipient Level  
National Centre for Tuberculosis and Lung Diseases  
50, Maruashvili str.  
0101 Tbilisi, Georgia

Tel.: +995 599 88 8171  
E-mail: nlomtadze@gmail.com

#### **Kazakhstan**

Dr Malik Adenov  
National Centre for Problems of Tuberculosis  
Ministry of Health  
5, Bekkhozhin Str.  
050010 Almaty, Kazakhstan

Tel.: +7 272 91 8657  
E-mail: m.adenov@ncpt.kz

#### **Kyrgyzstan**

Dr Aelita Asekovna Ibraeva  
Specialist of the Department of Organization of

Tel.: +996 312 621830  
E-mail: a\_ibraeva@mz.med.kg

Medical Services, Focal Point on Tuberculosis  
Ministry of Health  
148, Moskovskaya Str.  
720405 Bishkek, Kyrgyzstan

**Lithuania**

Dr Alvyda Naujokaite  
Chair of the Steering Committee of the  
Tuberculosis Prevention and Control Programme  
Ministry of Health  
Vilniaus Str. 33  
LT-01506 Vilnius, Lithuania

Tel.: + 370 5 266 1470  
E-mail: alvyda.naujokaite@sam.lt

**Republic of Moldova**

Dr Liliana Domente  
National Coordinator of the Tuberculosis  
Control Programme  
IMSP Institute of Phthisiopneumology  
“Chiril Draganiuc”  
13, Constantin Virnav Str.  
MD-2025 Chisinau, Republic of Moldova

Tel.: +373 22 572-200  
E-mail: domenteliliana@gmail.com

**Romania**

Dr Adriana Sorete Arbore  
National TB Programme Manager  
Iasi County  
Dr I. Cihac Str.30  
700115 Iasi, Romania

Tel.: +40744847980  
E-mail: nanaarbore@yahoo.com

**Russian Federation**

Professor Irina A. Vasilyeva  
Chief Tuberculosis Specialist  
Ministry of Health  
3, Rakhmanovskiy Lane  
127994 Moscow, Russian Federation

Tel.: +7 916 692 34 35  
E-mail: vasil39@list.ru

Dr Teresa Kasaeva  
Deputy Director  
Department of Specialized Medical Care  
and Medical Rehabilitation  
Ministry of Health  
3, Rakhmanovskiy Lane  
127994 Moscow, Russian Federation

Tel.: +79263541844  
E-mail: terreza@mail.ru

**Tajikistan**

Dr Oktam Bobokhojaev  
Republican Tuberculosis Centre  
Ministry of Health  
53, Bukhoro Str.  
740003 Dushanbe, Tajikistan

Tel.: N/A  
E-mail: bobokhojaev@mail.ru

**Turkey**

Dr Seher Musaonbaşıoğlu  
NTP Manager, Head of Tuberculosis Department

Tel.: +0312 5655345  
E-mail: sevgiliseher@yahoo.com

Public Health Institute  
Ministry of Health  
55, Adnan Saygun Str.  
06434 Sıhhiye-Ankara, Turkey

**Turkmenistan**

Dr Murat Mammedov  
Director General  
Directorate of the Centres for Prevention  
and Treatment of Communicable Diseases  
79, O. Annaev Str.  
744000 Ashgabat, Turkmenistan

Tel.: +993 12 239926  
E-mail: murat\_mamedov@mail.ru

Dr Lale Chopanova  
UNDP in Turkmenistan  
UNDP/GF GIU, Monitoring and Evaluation Specialist  
Building 40, Street 1995  
744004 Ashgabat, Turkmenistan

Tel.: +993 12 42 52 50  
E-mail: lale.chopanova@undp.org

**Ukraine**

Dr Ievgen Khaniukov  
First Deputy Head  
State Service of Ukraine on AIDS and  
Other Socially Dangerous Diseases  
5, Anri Barbusa Str.  
03150 Kyiv, Ukraine

Tel.: +380 44 2878719  
E-mail: khanyukov@dssz.gov.ua

**Uzbekistan**

Dr Ikrom Amonov  
Chief  
Bukhara Region  
Medical Department of Health  
7, Gijduvani str.  
Bukhara, Uzbekistan

Tel.: +998 652 21 2387  
E-mail: Ikrom.amonov@minzdrav.uz

Dr Zafar Rashidov  
Deputy Director  
National Specialized Scientific-Practical  
Medical Centre of Tuberculosis and Pulmonology  
1, Sh. Alimova Str.  
700086 Tashkent, Uzbekistan

Tel.: +99871 2780470  
E-mail: Dr-zrr@mail.ru

**WHO temporary advisers**

Dr Armen Hayrapetyan  
Director of National TB Control Office  
Ministry of Health  
6/2, Margaryan Str.  
0078 Yerevan, Armenia

Tel.: +37410394279  
E-mail: ahayrapetyan@ntp.am

Dr Nonna Turusbekova  
Independent consultant  
Hooiland 59  
9205ED Drachten, The Netherlands

Tel.: +31 613209151  
E-mail: nturbekova@hotmail.com

Dr Yves Van Nuland  
Expert in management methods  
Comatech  
Vlierbeekstraat 8  
3052 Blanden, Belgium

Tel.: +32 16 40 0977  
E-mail: yves.vannuland@comatech.be

Ms Fanny Voitzwinkler  
European Policy & Advocacy Manager  
Global Health Advocates  
TB Europe Coalition Coordinator  
Secretariat of the European Parliament  
Working Group on Innovation,  
Access to Medicines and Poverty-Related  
Diseases  
MUNDO-B  
26 rue d'Edimbourg  
B-1050 Brussels, Belgium

Tel.: +32 0 2 893 10 51  
E-mail: fvoitzwinkler@ghadvocates.org

### **WHO Regional Office for Europe**

Dr Andrei Dadu  
Technical Officer  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 66 09  
E-mail: dad@euro.who.int

Dr Masoud Dara  
Programme Manager  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 66 49  
E-mail: mdd@euro.who.int

Dr Pierpaolo de Colombani  
Medical Officer  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 66 50  
E-mail: pco@euro.who.int

Dr Hans Kluge  
Director, Health Systems and  
Public Health Division  
Special Representative of the  
Regional Director to Prevent  
and Combat M/XDR-TB

Tel.: +45 45 33 67 44  
E-mail: hkl@euro.who.int

Dr Kristin Kremer  
Scientist  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 67 52  
E-mail: kkr@euro.who.int

Ms Elizabeth Neville  
Programme Assistant  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 67 91  
E-mail: ene@euro.who.int

Ms Oleksandra Perepelytsia  
Secretary  
Tuberculosis & M/XDR-TB

Tel.: +45 45 33 67 26  
E-mail: pea@euro.who.int

Dr Martin van den Boom  
Technical Officer

Tel.: +45 45 33 66 10  
E-mail: mva@euro.who.int

Tuberculosis & M/XDR-TB

**WHO country offices**

Dr Gayane Ghukasyan  
National Professional Officer  
WHO Country Office, Armenia

Tel.: +374 105 12001  
E-mail: gghukasyan@who.am

Dr Javahir Suleymanova  
National Professional Officer  
WHO Country Office, Azerbaijan

Tel.: +994 50 216 5180  
E-mail: suleymanovaj@euro.who.int

Dr Valiantsin Rusovich  
National Professional Officer  
WHO Country Office, Belarus

Tel.: +375 44 794 1041  
E-mail: ruv@euro.who.int

Dr Nino Mamulashvili  
National Professional Officer  
WHO Country Office, Georgia

Tel.: +995 32 99 8073  
E-mail: nma@euro.who.int

Mr Szabolcs Szigeti  
National Professional Officer  
WHO Country Office, Hungary

Tel.: +36 1 328 6082  
E-mail: szs@euro.who.int

Dr Aliya Kosbayeva  
Health Officer  
WHO Country Office, Kazakhstan

Tel.: +7 7172 696534/5  
E-mail: kosbayevaa@euro.who.int

Ms Saliya Karymbaeva  
Country Programme Officer  
WHO Country Office, Kyrgyzstan

Tel.: +996 312 61 2677  
E-mail: sak@euro.who.int

Dr Silviu Ciobanu  
Country Programme Officer  
WHO Country Office, Republic of Moldova

Tel.: +373 22 839 972  
E-mail: cis@euro.who.int

Dr Cassandra Butu  
National Professional Officer  
WHO Country Office, Romania

Tel.: +40 21 201 7888  
E-mail: butuc@euro.who.int

Dr Dmitry Pashkevich  
National Professional Officer  
WHO Country Office, Russian Federation

Tel.: +998 71 281 5172  
E-mail: d.pashkevich@whorussia.org

Dr Sayohat Hasanova  
National Professional Officer  
WHO Country Office, Tajikistan

Tel.: +992 48 701 1472  
E-mail: shasanova.who@tajnet.tj

Dr Bogdana Shcherbak-Verlan  
Technical Officer, Communicable Diseases  
WHO Country Office, Ukraine

Tel.: +380 44 425 8828  
E-mail: bsv@euro.who.int



Dr Andrej Slavuckij  
Medical Officer, TB, MDR–TB  
WHO Country Office, Ukraine

Tel.: +380 44 425 8828  
E-mail: sla@euro.who.int

Dr Jamshid Gadoev  
National Professional Officer  
WHO Country Office, Uzbekistan

Tel.: +998 71 281 5172  
E-mail: jag@euro.who.int

Dr Ogtay Gozalov  
Medical Officer  
WHO Country Office, Uzbekistan

Tel.: +998 71 281 5172  
E-mail: ogo@euro.who.int

### **Interpreters**

Ms Tatiana Polunina  
22, 2 Ferganskiy proezd  
109507 Moscow  
Russian Federation

Tel.: +7910 3071087  
E-mail: tpolunina@inbox.ru

Ms Lyudmila Yurastova  
29, Angarskaya Street, Apt. 71  
125412 Moscow  
Russian Federation

Tel.: +7 903 833 37 86  
E-mail: vlad@mila.elcom.ru

### **Rapporteur**

Ms Nina Bjerglund Andersen  
Kommanderiestrasse 8  
53111 Bonn, Germany

Tel.: +49 176 983 254 70  
E-mail: ninabjerglund@gmail.com