

**Global Fund to Fight AIDS, Tuberculosis
and Malaria multicountry Eastern Europe
and central Asia request for proposal consultation**

**Improving quality of care and prevention of drug-resistant
tuberculosis in Eastern Europe and central Asia**

20 February 2018 Copenhagen, Denmark



© World Health Organization [2018]

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Technical Advisory Group on Tuberculosis for the WHO European Region. Denmark: World Health Organization: 2018r. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. 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 WHO 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 and dashed 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 WHO 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 WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

Abbreviations	3
Introduction	4
<i>Scope and purpose</i>	4
<i>Consultation objectives</i>	5
Opening	5
Overview of the RFP	5
Main discussion points	6
<i>Role of civil society organizations</i>	6
<i>The need for added value</i>	7
<i>Fund recipients and project implementers</i>	7
Closing and next steps	7
Annex 1. Scope and purpose of meeting	9
Annex 2. List of participants	11

Abbreviations

CSO	civil society organization
DR-TB	drug-resistant tuberculosis
EECA	eastern Europe and central Asia
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
PAS Center	Center for Health Policies and Studies
RFP	multicountry EECA request for proposal
TB	tuberculosis
TBEC	TB Europe Coalition
TB-REP	Tuberculosis Regional Eastern European and Central Asian Project

Introduction

While decreasing trends in tuberculosis (TB) incidence and mortality rates represent major achievements in TB prevention and care in the WHO European Region and eastern Europe and central Asia (EECA), the still alarmingly high rates of drug-resistant TB (DR-TB) and of TB/HIV coinfection continue to be of high public health concern. The European Region includes 9 of the 30 countries worldwide with the highest multidrug-resistant TB (MDR-TB) burden. In 2016, an estimated near 20% of new cases and approximately 50% of previously treated cases had rifampicin-resistant TB (RR-TB)/MDR-TB. Reportedly, in that same year, only about 40% of RR/MDR-TB cases were diagnosed, leaving many undetected and untreated, with the dire consequences that this entails.

Despite universal coverage, treatment success rates remain unsatisfactory. This has been further fuelled by the 60% increase in the number of new HIV infections between 2010 and 2016, with the European Region being the only region where the rate of new HIV infections continues to rise. Similarly, TB/HIV coinfection rates have been rising: among 84% of new and relapse TB cases tested for HIV, 15% were found to be HIV positive, which constitutes an almost doubling in as little as five years. At the same time, only two thirds of TB/HIV coinfecting patients were enrolled in antiretroviral treatment.

An ongoing Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) multicountry grant, the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP), has been making achievements in contributing to reducing unnecessary hospitalization (percentage and duration), and improving policy and practices by enhancing the degree of people-centredness of TB care. TB-REP has also been improving health financing and human resources mechanisms, and aligning them sustainably.

It is within this overall landscape that the Global Fund launched a multicountry EECA request for proposal (RFP) named: improving quality of care and prevention of DR-TB in eastern Europe and central Asia. It aims to address these challenges, in harnessing a suitable coalition to develop and implement a proposal or proposals.

Scope and purpose

The purpose of this consultation was to discuss with key partners in the Region the potential strategic objectives and expected outcomes of a project proposal responding to the call of the Global Fund on: improving quality of care and prevention of DR-TB in eastern Europe and central Asia.

The meeting was live-streamed online, broadcast via online communication conference platform WebEx, and will be followed up by series of conference calls, in order to reach a maximum degree of inclusiveness and transparency, abiding by Global Fund eligibility for application criteria.

Consultation objectives

The objectives of the consultation were to:

- review key elements of the RFP;
- discuss potential strategic areas and priorities to be addressed in the proposal;
- discuss the possible objectives of the project;
- discuss the proposed implementation partners;
- discuss potential contributions including in-kind contributions of partners in eventual project involvement;
- consult representatives of key affected populations on priorities from a civil society perspective.

Opening

The consultation was opened on behalf of the WHO Regional Office for Europe by Dr Hans Kluge, Director of the Division of Health Systems and Public Health and Dr Masoud Dara, Coordinator, Communicable Diseases, and Programme Manager, Joint Tuberculosis, HIV and Viral Hepatitis Programme, who welcomed the participants and encouraged an open discussion about the RFP. Issues relating to conflict of interests were also presented. This was followed by a short presentation of the RFP by Dr Svetlana Nicolaescu, Programme Coordinator, Center for Health Policies and Studies (PAS Center).

Overview of the RFP

TB-REP, which is now in its third and final year, has created a momentum and engaged a mass of stakeholders who are committed to changing the model of TB care. This momentum needs to be carried forward and built upon further.

It is suggested that the new proposed project, which will build on the achievements and experiences of TB-REP, be divided into three strategic areas. These are outlined below with the proposed technical areas to be addressed:

- Area 1: improving DR-TB diagnostics
 - improve coverage of drug-susceptibility testing;
 - improve TB diagnostic algorithms;
 - improve case-finding;
- Area 2: improving the quality of DR-TB treatment
 - enablers to improve uptake of innovative treatment and management of TB and DR-TB;
 - address quality of care and adherence;
- Area 3: people-centred approach
 - operationalize the people-centred care elements (health system, communities).

It is proposed that the project be developed as a continuation of TB-REP, but with enhanced participation of civil society in improving quality of care, as well as further advancing health system strengthening interventions with added access to medicines as a key area and support for the implementation of the model of care with a focus on providers. In terms of implementation, the PAS Center and WHO Regional Office for Europe consortium, taking advantage of the position of both parties and building on the successful partnership of TB-REP, propose continuing with the current Principal Recipient and Subrecipient, and invite civil society to discuss further collaboration.

Priorities to be addressed with a community and civil society component should include:

- civil society engagement – a key pillar in the response in the proposal;
- potential areas for intervention:
 - demand generation: advocacy, community mobilization and monitoring;
 - defining role of civil society organizations (CSOs) and their sustainable integration in TB service delivery;
- implementation through:
 - country-level activities through local CSOs and community-based organizations;
 - regional-level engagement and regional voices of communities affected by TB.

Main discussion points

After a short presentation, the floor was opened for discussions. It was noted that the deadline for submitting the proposal is 30 April 2018, leaving limited time and the need for a swift process. This consultation marks the opening of a discussion, but it is intended to continue through an open consultation platform and it is the hope that everyone interested in participating will provide their contributions and inputs. Representatives of the TB Europe Coalition (TBEC), TB Caucus, and the International Federation of Red Cross and Red Crescent Societies (IFRC) had the opportunity to express their suggestions and comments, as did the representative of TB People who attended the consultation remotely. Below is an overview of some of the main discussion points.

Role of civil society organizations

The role of CSOs in the RFP was discussed at length. Based on the experiences of TB-REP, where the CSOs were a component and a contributor to the project, CSOs have requested that they play a more leading role in both the proposal development and implementation process. It was suggested that civil society be not just be a component but mainstreamed into the entire project and regarded as a main driver in the fight against TB, at the same level as other sectors.

It was highlighted how CSOs can be strong contributors in thinking outside the box and are essential to ensuring sustainability at community level. Especially in relation to engaging community frontline staff (beyond health care), CSOs are key players in promoting and explaining people-centred care. Local CSOs are important from a sustainability point of

view, as they also remain when the project comes to an end. For example, local Red Cross offices and their volunteers were highlighted for their continuity, extending beyond the project period.

In addition, it was noted how regional grants, to a large extent, are policy grants and that this includes a strong advocacy component – an area where CSOs have a lot to offer. However, CSOs have evolved and can do so much more than advocacy and are able to contribute to all three proposed strategic areas.

The need for added value

The role of a regional proposal and the potential overlap with country grants was discussed. There was general agreement that it is essential to prove the added value of a regional grant. In this regard, the catalysing effect of the regional project was to be valued. It was also agreed that the momentum created by TB-REP was to be capitalized on.

It was noted that a continuing challenge is TB in migrants, as this is a cross-country challenge, and that an actual gap in TB diagnosis, treatment and care exists for these people. Carrying forward the experiences of the intercountry workshop was also highlighted as an important way to provide added value.

Fund recipients and project implementers

A discussion on the formal structure of the project highlighted general support for the PAS Center to carry the RFP forward, to be the main applicant, and to act as Principal Recipient. Since the first RFP, changes have occurred in the EECA region: new players have come on board and old players' positions have changed – TBEC has registered as an entity, TB People has emerged as the first regional EECA network of people with experience of TB, and the Global TB Caucus has been very active (particularly its branch and Secretariat) in mobilizing country commitment to TB prevention and care. In recognition of these changes, it was proposed to also include CSOs (e.g. through TBEC) in the consortium. It was in this regard noted that over the past year TBEC has formalized and constituted itself through official registration, and would hence be formally able to receive funds. It was agreed that TBEC has to check its eligibility to be a subrecipient in the current proposal.

In general, the participants endorsed the idea that WHO would continue as technical lead. It was highlighted that nothing was set in stone and that the decision on the formal structure of the RFP was open for further discussion, but that this has to take into account the Global Fund eligibility criteria.

Closing and next steps

After lively discussion, the meeting was closed. The participants were thanked for their active participation, comments and suggestions, and encouraged to continue the discussion.

In order to have a structured discussion, and in view of the close deadline, it was proposed that a template for facilitating inputs be developed by the PAS Center, which stakeholders could then complete and submit. The goal is to ensure an inclusive and transparent process.

Next steps include:

- contribute comments on outline;
- develop vision including key interventions;
- finalize partnership discussions on implementation arrangements;
- consult TBEC and TB People networks;
- consult national focal points, national TB programme managers and national working groups on priorities to be included in the proposal.

Annex 1. Scope and purpose of meeting

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Global Fund to Fight AIDS, Tuberculosis and Malaria multicountry eastern Europe and central Asia request for proposal consultation: improving quality of care and prevention of drug-resistant tuberculosis in eastern Europe and central Asia

Background

While decreasing trends of tuberculosis (TB) incidence and mortality rates represent major achievements of TB prevention and care in the WHO European Region and eastern Europe and central Asia (EECA), the alarmingly high rates of drug-resistant TB (DR-TB) and increasing rates of TB/HIV coinfection continue to be of high public health concern. The WHO European Region includes 9 out of the 30 countries worldwide with the highest multidrug-resistant TB (MDR-TB) burden. In 2016, an estimated near 20% of new cases and approximately 50% of previously treated cases had rifampicin-resistant TB (RR-TB) or MDR-TB. Reportedly, in that same year, only about 40% of RR/MDR-TB cases were diagnosed, leaving many undetected and untreated, with the dire consequences that this entails.

Despite universal coverage, treatment success rates remain unsatisfactory. This has been further fuelled by a 60% increase in the number of new HIV infections between 2010 and 2016, with the WHO European Region being the only region where the rate of new HIV infections continues to rise. Similarly, TB/HIV coinfection rates have been rising: among 84% of new and relapsed TB cases tested for HIV, 15% were found to be HIV positive, which constitutes an almost doubling in as little as five years. At the same time, only two thirds of TB/HIV coinfecting patients were enrolled in antiretroviral treatment.

An ongoing Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) multicountry grant, the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP), has been making achievements in contributing to reducing unnecessary hospitalization (percentage and duration), and improving policy and practices by enhancing the degree of people-centredness of TB care. TB-REP has also been improving health financing and human resources mechanisms, and aligning them sustainably.

It is within this overall landscape that the Global Fund launched a multicountry EECA request for proposal (RFP) named: improving quality of care and prevention of DR-TB in eastern Europe and central Asia. It aims to address these challenges, in harnessing a suitable coalition to develop and implement a proposal or proposals.

Scope and purpose

The purpose of this event is to discuss with key partners in the Region the potential strategic objectives and expected outcomes of a project proposal responding to the call of the Global Fund on: improving quality of care and prevention of DR-TB in eastern Europe and central Asia.

Objectives

The objectives of the meeting were as follows:

- to review key elements of the RFP;
- to discuss potential strategic areas and priorities to be addressed in the proposal;
- to discuss the possible objectives of the project;
- to discuss proposed implementation partners;
- to discuss potential contributions including in-kind contributions of partners in eventual project involvement;
- to consult representatives of key affected populations on priorities from a civil society perspective.

Note/disclaimer

The discussions and consultation will not only be held face to face, but also online and through a series of conference calls, prior to and following this event, as deemed necessary, in order to reach a maximum degree of inclusiveness and transparency, abiding by Global Fund eligibility for application criteria.

A possible approach to implementation will be briefly discussed as well. From participating in this consultation, either in the face-to-face discussions or any other part, no legal rights can be derived, now or in the future, for participating in the actual proposal development or implementation later.

Provisional agenda

Time	Item	
16:00–16:05	Opening	WHO Regional Office for Europe
16:05–16:20	Introduction of participants	Chair: WHO Regional Office
16:20–16:45	Present key aspects of RFP and initial thoughts on how to respond	Center for Health Policies and Studies (PAS Center) and WHO Regional Office
16:45–17:45	Stock-taking of ideas	Chair: WHO Regional Office
17:45–18:00	Next steps	WHO Regional Office and civil society representative(s)

Annex 2. List of participants

Ms Oxana Rucsineanu Vice-president Moldova National Association of TB Patients (SMIT) Balti, Republic of Moldova	oxana_rucs@yahoo.com
Mr Paul Thorn Chair HIV TB Response Brighton, United Kingdom	thorninmyside.pt@gmail.com
Dr Andrei Mosneaga Regional Advisor Country and Community Support for Impact Stop TB Partnership Geneva, Switzerland	andreim@stoptb.org
Ms Yuliya Chorna Project Manager TB Advocacy Alliance for Public Health Kyiv, Ukraine	chorna@aph.org.ua
Ms Rachael Hore Policy Advocacy Officer (TB) RESULTS UK London, United Kingdom	rachael.hore@results.org.uk
Ms Fanny Voitzwinkler European Policy and 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 Brussels, Belgium	fvoitzwinkler@ghadvocates.org
Ms Marine Ejuryan Advocacy Officer Global Health Advocates TB Europe Coalition Coordinator Secretariat of the European Parliament Working Group on Innovation, Access to	mejuryan@ghadvocates.org

Medicines and Poverty-Related Diseases
Brussels, Belgium

Dr Sarah R Anderson
Head
National TB Office, National Infection
Service, Public Health England
London, United Kingdom

sarah.anderson@phe.gov.uk

Ms Tsira Chakhaia
TB People
Tbilisi, Georgia

tschakhaia@gmail.com

Professor Alberto Matteelli
Director
WHO collaborating centre for TB/HIV
collaborative activities and for the TB
elimination strategy
Department of Infectious and Tropical
Diseases, University of Brescia and Brescia
Spedali Civili General Hospital
Brescia, Italy

alberto.matteelli@unibs.it

Ms Rosanna Flury
Regional Director
Global TB Caucus
London, United Kingdom

rosanna.flury@globaltbcaucus.org

Ms Isabela Barbosa
Technical Adviser
Special Advisor for HIV
Joint United Nations Programme on
HIV/AIDS (UNAIDS)
Geneva, Switzerland

isabela@michelkazatchkine.com

Dr Davron Mukhamadiev
Regional Health and Care Coordinator -
Europe Region
International Federation of Red Cross and
Red Crescent Societies
Budapest, Hungary

davron.mukhamadiev@ifrc.org

Mr Lasha Gogvadze
Senior Health Officer
International Federation of Red Cross and
Red Crescent Societies
Geneva, Switzerland

Lasha.Gogvadze@ifrc.org

Mr Paul Sommerfeld
Director, TB Alert
Brighton
United Kingdom
paul.sommerfeld@tbalert.org

Dr Svetlana Nicolaescu
Programme Coordinator
Center for Health Policies and Studies
(PAS Center)
Chisinau, Republic of Moldova
svetlana.nicolaescu@pas.md

Dr Cristina Celan
TB Programme Officer
PAS Center
Chisinau, Republic of Moldova
cristina.celan@pas.md

WHO Regional Office for Europe

Dr Masoud Dara
Coordinator, Communicable Diseases, and
Programme Manager, Joint Tuberculosis,
HIV and Viral Hepatitis Programme
daram@who.int

Dr Hans Kluge
Director
Health Systems and Public Health
klugeh@who.int

Dr Martin van den Boom
Technical Officer
Joint Tuberculosis, HIV and Viral Hepatitis
Programme
vandenboomm@who.int

Dr Antons Mozalevskis
Medical Officer
Joint Tuberculosis, HIV and Viral Hepatitis
Programme
mozalevskisa@who.int

Ms Annemarie Rinder Stengaard
Epidemiologist
Joint Tuberculosis, HIV and Viral Hepatitis
bollerupa@who.int

Programme

Dr Ihor Perehinets perehinetsi@who.int

Technical Adviser
Division of Health Systems and Public
Health

Ms Regina Winter winterr@who.int

Technical Officer
Division of Health Systems and Public
Health

Dr Nikita Afanasyev afanasyevn@who.int

National Professional Officer
WHO Country Office, Russian Federation

Dr Gazmend Bejtja bejtjag@who.int

National Public Health Officer
WHO Country Office, Albania

Mr Martin Donoghoe donoghoem@who.int

Senior Advisor
Joint Tuberculosis, HIV and Viral Hepatitis
Programme

Ms Cassandra Butu butua@who.int

National Professional Officer
WHO Country Office, Romania

Ms Ekaterina Simko simkoe@who.int

Administrative Assistant
WHO Country Office, Russian Federation

Dr Jamshid Gadoev gadoevj@who.int

National Professional Officer
WHO Country Office, Uzbekistan

Dr Gayane Ghukasyan ghukasyang@who.int

National Professional Officer
WHO Country Office, Armenia

Dr Viatcheslav Grankov
National Professional Officer
WHO Country Office, Belarus

grankovv@who.int

Dr Nino Mamulashvili
National Professional Officer
WHO Country Office, Georgia

mamulashvilin@who.int

Mr Szabolcs Szigeti
National Professional Officer
WHO Country Office, Hungary

szigetis@who.int

Dr Gazmend Zhuri
National Professional Officer
Pristina, Kosovo (in accordance with
United Nations Security Council resolution
1244 (1999)).

zhurig@who.int

Mr Mustafa Bahadir Sucakli
National Professional Officer
WHO Country Office, Turkey

sucaklim@who.int

Nina Bjerglund Andersen Public Health
Science Communication 2.0, Copenhagen,
Denmark

ninabjerglund@gmail.com

Ms Tatiana Polunina
Interpreter
Russian Federation

tpolunina@inbox.ru

Ms Lyudmila Yurastova
Interpreter
Russian Federation

yurastova.m@gmail.com