



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

# **TB Regional EECA Project (TB-REP) Regional Dialogue**

United Nations City, Copenhagen, Denmark

28 November 2014

**Meeting Report**

## ABSTRACT

The aim of this regional consultation was to discuss and revise the draft concept note for the Tuberculosis Regional Eastern Europe and Central Asia Project for Health System Transformation and Financing Reform to Scale up Drug-Resistant TB Control to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The proposal writing is being led by the Moldovan Centre for Health Policies and Studies, the Principal Recipient of the grant. It addresses the needs of 11 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The WHO Regional Office for Europe is the subrecipient, and will work with the London School of Hygiene and Tropical Medicine, the London School of Economics and Political Science, the European Respiratory Society and the Kazakhstan School of Public Health.

Following the consultation and subsequent revisions, the proposal will be sent to the target countries' Country Coordinating Mechanisms of the Global Fund in order to solicit comments and letters of support in advance of submission to the Global Fund by 30 January 2015.

### Keywords

ASIA, CENTRAL  
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## **Abbreviations and acronyms**

CCM	Country Coordinating Mechanism
EECA	The Eastern Europe and Central Asia Team (The Global Fund)
PLWH	People living with HIV
TB	Tuberculosis
TB-REP	Tuberculosis Regional Eastern Europe and Central Asia Project for Health System Transformation and Financing Reform to Scale up Drug-Resistant TB Control (proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria)
TRP	Technical Review Panel

## Executive summary

In the European Region, the tuberculosis burden is uneven, with the vast majority of the TB cases in the countries of eastern Europe and central Asia (EECA) countries. TB notifications increased in the 1990s in the region as a whole due to a resurgence of the TB epidemic in EECA countries. In the 2000s the epidemic stabilized and the annual number of cases began to decrease in most countries since 2005. Yet despite this downward trend, notification rates of new and relapsed cases of TB in the 11 targeted countries remain ten times higher than in the rest of the WHO European Region.

In response to this situation, a proposal is being prepared for submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria: “Tuberculosis Regional Eastern Europe and Central Asia Project for Health System Transformation and Financing Reform to Scale up Drug-Resistant TB Control”. The aim of this regional consultation was to discuss and revise the draft concept note for this proposal.

The proposal development process is being led by the Moldovan Centre for Health Policies and Studies, the Principal Recipient of the grant. It addresses the needs of 11 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. WHO Europe is the subrecipient, and will work with four main partners: the London School of Hygiene and Tropical Medicine, the London School of Economics and Political Science, the European Respiratory Society and the Kazakhstan School of Public Health.

Representatives of the WHO Regional Office for Europe, the Stop TB Partnership and the Global Fund provided an overview of the process to develop the proposal, the project structure, aims and goals, and the submission to the Global Fund process. The majority of the meeting was spent in three working groups, with each discussing one of the interventions: evidence, operationalization of the master plans and high-level advocacy/regional dialogue.

Following the consultation and subsequent revisions, the proposal will be sent to Country Coordinating Mechanisms of the Global Fund in target countries in order to solicit comments and letters of support in advance of submission to the Global Fund by 30 January 2015.

## Welcome and introduction

The meeting was opened by **Masoud Dara** (WHO Regional Office for Europe), Viorel Soltan (Centre for Health Policies and Studies, Republic of Moldova), Nicolas Cantau (The Global Fund), Lucica Ditiu (Stop TB Partnership) and Andrei Dadu (WHO Regional Office for Europe). All participants introduced themselves.

The regional Global Fund TB proposal development process is being led by the Moldovan Centre for Health Policies and Studies (the proposed principal recipient). A four-page expression of interest was endorsed by the Global Fund in May 2014 and now the proposal itself is being developed. It addresses the needs of 11 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. WHO Europe is the subrecipient, and will work with the following partners: the London School of Hygiene and Tropical Medicine, the London School of Economics and Political Science, the European Respiratory Society and the Kazakhstan School of Public Health. The objective of this meeting is to hold a regional dialogue and receive input on how to remove the major barriers to preventing and treating TB and MDR-TB in the European Region. The idea behind preparing an 11-country regional Global Fund TB proposal is to have inter-country collaboration and to consider what can be scaled up beyond the project. The proposal will be considered by the Global Fund alongside other proposals in a competitive application process for up to USD 8.7 million for this regional proposal if approved.

It was noted that the proposed Global Fund initiative would not be in competition with current TB activities in the region. It would be designed to add value to such activities. For example, it would take account of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015 (MAP 2011–2015), which was endorsed by the sixty-first session of the WHO Regional Committee for Europe in Baku, Azerbaijan, on 15 September 2011, and the post-2015 global End TB Strategy, which was endorsed by the sixty-seventh session of the World Health Assembly on 14 May 2014, and the European adaptation of the plan (TB Action Plan for the WHO European Region, which is currently being developed).

The opening plenary of this meeting discussed the concept note in general. It will be followed by small group discussions on topics set out in the current draft of the proposal. At a second plenary, there will be reports back on the discussions.

By the end of this meeting, it needs to be clear that a strong proposal with a good chance of success can be developed so that all partners can support it. The point was made that civil society participation should be a proposal element.

In her opening remarks, **Lucica Ditiu** (Stop TB Partnership) stated that this proposal can be a defining moment for TB in Europe. There has never been a successful regional Global Fund TB proposal – this could be the first.

The concept note is due by 30 January 2015. It will be read by the Global Fund's Technical Review Panel (TRP) (18-27 March 2015). Their decision should be available by mid-April 2015. From there an approved proposal would go to the Grant Approval Committee. Ultimately, the proposal would go to the Board for final approval.

This is not a proposal to continue to do business as usual. There needs to be a high-level advocacy component, and this cannot be led solely by medical doctors. The dialogue needs to be extended beyond the ministers of health in the target countries. The proposal needs to be clear about why it has a "regional" focus rather than a focus on individual countries. Since the proposal is for a three-year project, it needs to be realistic about what can be achieved in a relatively short timeline. Clear deliverables are required, with demonstrable change being measurable at the end of the project. There needs to be a focus on action rather than on the development of tools or guidelines. Since this is a regional proposal, broad support is needed.

## **Global Fund EECA Investment Guidelines: Overview of the regional concept note submission process**

**Lindsey Cole** (The Global Fund), the portfolio manager of the project, provided an overview of the Global Fund's Eastern Europe and Central Asia (EECA) Team's work and discussed specific logistical issues associated with the proposal. A regional proposal works differently than individual proposals. It is initiated with an expression of interest and continues to be developed through regional dialogue.

The EECA Team has developed a strategy with a vision and targets for TB setting out what it seeks to accomplish by the end of 2017. During the current allocation period the goal is to:

- diagnose at least 85% of TB patients, especially multidrug/extensively drug-resistant-TB patients; and
- successfully treat at least 90% of patients with drug-sensitive TB and at least 75% of patients notified as having multidrug-resistant TB.

The EECA Team has two specific objectives: focusing on early diagnosis of TB and promoting universal access to all forms of TB treatment. The regional proposal should consider the EECA Team's regional strategy including advocacy for TB control and the reform of national and subnational health financing systems in countries.

The TRP has already provided feedback on the expression of interest. The feedback will be circulated to those participants who have not yet seen it. The proposal should include detailed descriptions regarding what all of the involved countries are doing with regards to improving TB activities, how the countries would like to move forward, what the barriers are and how a regional approach can provide added value to country attempts.

Two versions of the concept note have been developed since the expression of interest. The Global Fund Secretariat provided feedback on the longer concept note. It advised moving the programme of action in the proposal from evidence-gathering to helping countries implement changes; avoiding programme duplication; defining how progress will be measured; refining the high-level advocacy strategy; and considering the project from a sustainability perspective. A balance between research and implementation needs to be struck. A participant commented that sustainability of the project described in the proposal was complicated in this region as the project was very oriented towards governments. However, since the proposal seeks to save governments' money by shifting funds from expensive hospital-based care to ambulatory and other models, the sustainability of activities could be achieved. The proposal should also include a risk assessment and should identify options in case activities do not develop as planned.

The issue of capacity-building was raised. It was noted that increased capacity could be sustained beyond the life of the project. It was observed that all ongoing Global Fund TB grants need to be considered in the context of this proposed project. It was also noted that regional proposals to the Global Fund generally have not done well and that taking all Global Fund feedback onboard was crucial.

Participants were encouraged to review the Global Fund Investment Guidance for Countries in EECA, available on the Global Fund [website](#).

## **Overview of the Global Fund TB-REP concept note development, timeline and current draft**

**Viorel Soltan** (Center for Health Policies and Studies, Republic of Moldova) provided an overview of TB-REP. He emphasized that this is a group effort complementing ongoing activities. High-level advocacy is a central element of the proposal. While the focus is on strengthening health systems in all 11 target countries, the proposal will draw on Baltic country experiences and on pilot projects in the Russian Federation. The proposed project period is from 1 January 2016 to 31 December 2018.

*The following three interventions will be rolled out sequentially:*

1. Evidence. This intervention encompasses a study on TB financing, a second study on human resources for TB control, and a third on TB care delivery models. An example of what this research might address is how the high level of hospitalization in the region relates to hospital admission policies and whether a re-orientation to ambulatory care will achieve cost savings.
2. Master plans. This intervention entails holding regional technical consultations on how health systems need to change to improve TB care and to ensure contextualised models for the target countries. An effective and participatory process will lead to the development of master plans.



3. Regional dialogue, advocacy and capacity-building. Regional fora will be established for the discussion of key problems and challenges at a high political level. The office of the president or prime minister in each of the 11 countries will be requested to appoint a focal point (e.g. a senior financial adviser) to lead a high-level group in transforming the health system in the country. Additional representatives from the ministries of finance and social issues should be part of this group along with civil society. This intervention would include high level advocacy missions to countries on health systems strengthening and a flagship course for TB control, with the course intended to lead to better implementation of the master plans.

The ultimate goal is to decrease the burden of TB disease and halt the spread of resistance to TB drugs in 11 EECA countries. The key outputs are:

- Target countries adopt evidence-based patient-centred delivery models;
- Endorse Master Plans for HSS for TB control;
- Enhance competences.

The key outcomes are:

- Increased political commitment to health systems strengthening for TB control;
- Improved regional cooperation for effective TB and DR-TB control;
- Progress towards sustainable financing of TB control and efficient allocation mechanisms.

A participant commented that the project should contribute to the Tuberculosis Action Plan for the WHO European Region, 2016–2020 and should complement ongoing Global Fund country grants. Publications, conferences and trainings should not be primary deliverables. The focus should be on advocacy training rather than “health systems” training. The project should seek to bring about a clear change, keeping pressure on the high-level government bodies and officials.

It was noted that studies would require a long timeframe given the need to secure approvals from national bodies. Further, it needs to be clarified who can really influence a prime minister, for example. It was suggested that perhaps European Union leaders could be involved in helping to apply pressure on target governments.

A representative from civil society pointed out that given the size of the grant, there can be a large amount of funding for advocacy, which would potentially have an important impact in the region. He also raised the issue of involving civil society. A second participant added that advocacy should also come from the grassroots, supporting the idea of civil society involvement. TB patient groups are not very strong, but there are other health advocates who can be involved.

Concern was raised that the revised concept note seemed to shift the focus of the proposal from advocacy to evidence production, in contradiction to feedback from the Global Fund.

The view was expressed that since not everything can be achieved, actions should focus on priorities and components that can be positively affected.

It was suggested by one participant that perhaps the high-level national governmental groups could obtain a legal status that would enable them to function as stewards of master plans and to remain in place after the project. Additional partners might also be considered for these groups.

Research needs to be embedded among all stakeholders in order to be conducted and used effectively. The project has the opportunity to achieve this, drawing in stakeholders from civil society and from the highest level of government. Suggestions regarding pilot research and a rapid economic analysis were made. Key activities including research options could be shared with the president or prime minister's office in each of the 11 countries.

There is an appetite for change in the region. There are many competing priorities for ministries of health and other government officials, so the project needs to be very clearly defined and needs to be presented diplomatically. It cannot create a large extra burden for governments. There needs to be a dialogue with ministers of health about what is feasible.

The Presidents' Malaria Initiative was provided as an example of a high-level group addressing a disease. It meets twice annually to share experiences and report on progress.

## **Working group discussions plenary feedback session**

Three working groups met, with each discussing one of the aforementioned interventions: evidence, operationalization of the master plans and high-level advocacy/regional dialogue.

All of the activities included in the first intervention are needed to lay the foundation for the second and third interventions. A representative of the Global Fund commented that if research is needed, such as operational research related to TB programme and policy reforms or case studies intended to support advocacy efforts, this can be included in the proposal. Additional research to show health outcomes, e.g. by comparing service delivery models, may also be relevant. A participant commented that rather than mention research in the proposal, use terminology such as "assessment study". Finally, research needs beyond the life of the project can be set out in the proposal or be developed as part of the project.

If the project has a January 2016 start date, then it should be noted that some data collection will begin in the preceding year.

The term "master plan" should be reconsidered. Roadmap, framework of action, assessment or situational analysis might be more appropriate in some settings. The plan should be flexible and should adapt to each country situation, for example complementing current strategies. The plan will first and foremost be a TB advocacy tool in the 11 countries. Linkages to HIV were also suggested. An alternate perspective would be to regard the plan as a supporting tool rather than a major "intervention" as such. From this perspective, the plan would be used to track progress rather than being a key deliverable.

It was explained that the term “master plan” was chosen in consultation with target countries. There are already many TB strategies and roadmaps. Each country’s master plan would coordinate existing documents including action plans. The country should have a master plan that shows exactly what needs to be implemented. The master plan is envisioned as a tool that is adapted for each country, taking into account specific needs as well as reflecting the input of local experts. The master plan was not included in the original expression of interest for this proposal but was added to the concept note.

There is a need to coordinate with the regional platform on advocacy, the TB Europe coalition as well as existing initiatives in countries. The project can serve to catalyse national efforts. Capacity-building should be a means of supporting advocacy efforts, e.g. TB reforms in the health system. Concern was expressed about two documents being presented to countries at the same time: the Tuberculosis Action Plan for the WHO European Region, 2016–2020 Plan and the new TB-REP master plan. There is a need to ensure that the master plan will have an impact. TB is typically addressed by the ministry of health, and it has not been possible to change this way of working and advance beyond this level in the government. For example, the ministry of finance is a key player, but when approached on TB issues still recommends contacting the ministry of health. Ministries of finance know very little about the Global Fund, health issues such as TB care or TB financing models. In addition to reaching out ministries of finance, it was also suggested to go directly to the president, if that is the most powerful office in the country.

It was noted that some of the master plans might merely support the project while others might become key advocacy documents.

Country coordinating mechanisms (CCMs) exist in some of the countries. CCMs include deputy ministers and other high-level government officials. Any new committee created under the auspices of the project should be presented to and linked to the CCM to avoid duplication.

Timing is key, and it will need to be determined whether or not the timing is right to introduce the project in each country. The project interventions should be aligned with country strategies. Also, pressure needs to be applied in some countries to ensure that reforms are adopted and that there is agreement with key documents before the project starts.

The view was expressed that further iterations of the proposal should be shared with the meeting participants so they can provide input. If a draft could be submitted by late December 2014, there would be time to comment and to share the draft with some government officials, for example.

## **Presentation of the HIV Regional Global Fund Proposal**

**Alexandra Volgina** (East Europe & Central Asia Union of PLWH" ECUO Secretariat) presented the concept note for a regional proposal to the Global Fund on HIV in eastern Europe and central Asia. This project is a strong example of community involvement. Specifically, it aims to address two of the most burning issues affecting people living with HIV in the EECA region:

- PLWH falling out from the stages of HIV treatment cascade (HIV testing - medical examination - ARV treatment - an undetectable viral load); and
- HIV care and support programmes' sustainability.

## **Next steps and final remarks**

The proposal is for regional action and does not duplicate current efforts. It will be clearly linked to existing governance structures and to ongoing/planned activities in the target countries. The task at hand is to further develop the proposal in a timely manner and to share it with the meeting participants who are interested in contributing to it.

A short version of the proposal will be sent to target country CCMs in advance of submission on 30 January 2015. It is expected that each CCM chair or vice-chair will send a letter of acknowledgement and support to accompany the proposal submission. All participants were thanked for their participation, particularly those who had been to multiple TB meetings at WHO during the week.

## Annex 1: Programme

<b>TB Regional EECA Project (TB-REP)</b>	
<b>Regional Dialogue</b>	
<b>Copenhagen, Denmark</b>	<b>27 November 2014</b>
<b>28 November 2014</b>	<b>Original: English</b>

### Provisional programme

<b>Time</b>	<b>Topic</b>	<b>Facilitator/speaker/chair</b>
08:30 – 09:00	Registration	
09:00 – 09:10	Welcome and introduction	Masoud Dara, Programme Manager, Tuberculosis & M/XDR-TB, WHO Regional Office for Europe Viorel Soltan, Director, Center for Health Policies and Studies Nicolas Cantau, Regional Manager Eastern Europe and Central Asia, GFATM Lucica Ditiu, Executive Secretary, Stop TB Partnership
09:10 – 09:20	Development of joint efforts between TB and HS programmes in the fight against M/XDR-TB	Masoud Dara, Programme Manager, Tuberculosis & M/XDR-TB, WHO Regional Office for Europe
09:20 – 09:30	Global Fund EECA Investment guidelines. Overview of the regional concept note submission process	Nicolas Cantau, Regional Manager Eastern Europe and Central Asia, GFATM Lindsey Cole, Fund Portfolio Manager, Eastern Europe and Central Asia Team, GFATM
09:30 – 10:00	Overview of TB-REP, concept note development, timeline and current draft overview	Viorel Soltan, Director, Center for Health Policies and Studies (PAS), Republic of Moldova
10:00 – 10:30	Coffee break	
10:30 – 12:30	Dialogue between partners, key stakeholders, subcontractors and country participants. Group work	
	Build, disseminate and translate evidence on effective TB service delivery systems into	Andrei Mecineanu, Program Coordinator, Center for Health Policies and Studies

	implementation of patient-centred approaches and models of care	
	Develop country Master Plans for strengthening health systems for TB control	Nicolas Farcy, Fund Portfolio Manager, GFATM
	Increase political commitment to TB control through regional dialogue, high level advocacy and capacity building	Viorel Soltan, Director, Center for Health Policies and Studies
12:30 – 13:30	Lunch	
13.30 – 15.30	Group work (continuation). Budget and workplan, ensure meaningful civil society participation, governance mechanisms etc.	ibidem
15.30 – 15.45	Short coffee break	
15:45 – 16.15	Consolidation of groups' feedback and proposals, discussions and summary of the day	Viorel Soltan, Director, Center for Health Policies and Studies Nicolas Cantau, Regional Manager Eastern Europe and Central Asia, GFATM Lucica Ditiu, Executive Secretary, Stop TB Partnership
16:15 – 16:45	Presentation of the HIV Regional Proposal. Feedback	Alexandra Volgina, Senior Advocacy Officer, ECUO
16:45 – 17:00	Next steps and final remarks	Szabolcs Szigeti, National Professional Officer, WHO Country Office, Hungary Juan Tello, Programme Manager, Division of Health Systems and Public Health Nicolas Cantau, Regional Manager Eastern Europe and Central Asia, GFATM Lucica Ditiu, Executive Secretary, Stop TB Partnership Viorel Soltan, Director, Center for Health Policies and Studies

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