"MDR-TB scale-up"
Revisiting the Global Architecture

TEMPLATE FOR TASK FORCE PROFILE

MDR-TB Scale Up Support Function

1. Name of the Task Force:
MDR-TB Scale Up Support Function

2. Convener and Co-convener :
Convener: Paul Nunn
Co-convener: Michael Kimerling (to be confirmed)

3. Members and Affiliation:

1. Jaime Bayona
2. Marijke Becx
3. Kai Blöndal
4. Susanne Carai
5. Peter Cegielski
6. Jeremiah Chakaya
7. L.S. Chauhan
8. Gunta Dravniece
9. Agnes Gebhard
10. Tauhid Islam
11. Andrey Maryandeshev
12. Eva Nathanson
13. Paul Nunn (convener)
14. Salmaan Keshavjee
15. Fraser Wares
16. Karin Weyer
17. Helen Cox
18. Community representative (to be confirmed)

4. Aims of the Task Force (each to be numbered and defined clearly)**:**

1. To summarise the services the GLC mechanism delivers now (apart from tool supply and procurement).
2. To summarise the problems with the current system (from the Retreat).
3. Define the spectrum/range of services that should be provided to countries, from the global level, in the future in order to scale up MDR-TB treatment.
4. To define the minimum standards of such services.

5. To define how these services should be delivered, and in particular, whether regional decentralization is recommended.
6. To create templates to define countries needs and the actions taken.

5. Expected outcomes or deliverables (each to correspond to each aim as in item 4)**:**

1. A paper summarizing the services the GLC mechanism delivers now (apart from tool supply and procurement). It will also address those services, if any, that partners deliver to countries that assist in MDR-TB scale up outside the GLC mechanism.

2. A paper summarizing the problems with the current system (from the Retreat mainly).

3. A paper describing the spectrum/range of services that should be provided from the global level to countries from January 2011 onwards, in order to scale up MDR-TB treatment. It should include for example, technical review of plans/proposals, provision of TA at all stages of the scale up, coordination of inputs such as diagnostics and treatments etc.

4. A paper defining the minimum standards required for the services above, and how they should be maintained over time.

5. A paper defining the mechanism(s), or options for such mechanism(s), by which these services will be delivered. It will include the advantages and disadvantages of decentralization of responsibility for delivery of services, including staffing and location issues. It will also include draft TORs for any new bodies that will be created, and the lines of authority between them.

6. A standardized assessment tool (?web based) to define each country's needs, and monitor the actions taken.

6. Process and Timeline (describe for each product how the TF will work as indicated in the boxes below)**:**

Product 1.
-Description (e.g. a paper, a software, a contract etc.): **The paper ' MDR-TB SCALE-UP SUPPORT FUNCTIONS'- (will combine 1-5 above)**
- TORs: The paper will include the followings:

a) SITUATION ANALYSIS: STRUCTURE OF THE CURRENT SUPPORT MECHANISM

What services does the GLC mechanism deliver now? What services do partners deliver to countries that assist in MDR-TB scale up outside the GLC mechanism?

The assessment of all the components of MDR-TB control:

Components	**Current support mechanism**
1. Sustained political commitment	Partners' effort at global, regional and country levels

2. Appropriate case finding strategy including quality assured culture and DST	GLI and partners
3. Appropriate treatment strategy	GLC and partners
4. Uninterrupted supply of quality-assured second-line drugs	GDF, WHO Prequalification Programme
5. Recording and reporting that enables monitoring and evaluation	GLC and partners

GLC mechanism (including the procurement by GDF)

Brief history

Description of support provided

Achievements

GLI

Brief history

Description of support provided

Achievements

Technical partners (Mapping – in form of a table)

Description of support provided

Number of staff

List of countries supported

Financial partners (Mapping – in form of a table)

Description of support provided

Number of staff

List of countries supported

b) SHORTCOMINGS OF THE CURRENT SUPPORT MECHANIMS

What are the problems with the current system?

a. Shortcoming of the current mechanism (mentioned above)
b. The bottlenecks to scale-up MDR-TB management

c) REVISED MECHANISM

Defining the spectrum/range of services that should be provided to countries, from the global and regional levels, in the future in order to scale up MDR-TB diagnosis, treatment and care :

The revised mechanism needs to allow for increase of:

- Political commitment
- Country capacity
  - National coordination and Partner coordination
  - Human resources
  - Infrastructure
  - Laboratory capacity
  - Programmatic capacity (including recording and reporting)
  - Drug management capacity
  - Funding
- Second line drug (good quality)
- Global capacity
  - Coordination
  - Human resources
  - Technical assistance
  - Tools, guidelines and SOPs
  - Funding

STRUCTURE/MATRIX:

- Global level

Roles and responsibilities: *list roles and responsibilities*

- Regional level

Roles and responsibilities; *as above*

- Country level

Roles and responsibilities: *as above*

- Linkage mechanism of global, regional and country level

Mechanism to reach shared understanding of common goal and defined roles and responsibilities

d) DEFINING, REACHING AND MAINTAINING STANDARDS FOR MDR-TB CARE

Defining the minimum standards of such services including diagnosis, treatment, management and drugs quality, reaching through revised mechanism and maintaining the standard.

- Monitoring of defined indicators to measure progress towards standards

    - Categorization of countries and publishing the category

- Linkage to donors

e) THE IMPLEMENTATION MODEL

Defining the mechanism(s), or options for such mechanism(s), by which these services will be delivered. It will include the advantages and disadvantages of decentralization of responsibility for delivery of services, including staffing and location issues. It will also include draft TORs for any new bodies that will be created, and the lines of authority between them.

New mechanism at Global level

- Structure of the implementation unit at global level
- Pros and cons of various options
- Advantages in respect to current model

New mechanism at Regional level

- Structure of the of the implementation unit at regional level
- Pros and cons of various options
- Advantages in respect to current model

New mechanism at the at Country level

- Structure of the of the implementation unit at the country level
- Pros and cons of various options
- Advantages in respect to current model

To define

- Tasks
- Activity
- Output and deliverables
- Timeline
- Estimated budget

-Responsible person/agency: Convener and Co- convener
-timeline for production: June 2010

Product 2.

-Description (e.g. a paper, a software, a contract etc.) : **2. A standardized assessment tool (web based) to define each country's needs, and monitor the actions taken.**

- TORs: To be elaborated
- Responsible person/agency: Convener and co-convener
-timeline for production: August 2010

7. Areas of cooperation among Task Forces:

1. Product 1: Defining, reaching and maintaining standards for MDR-TB care - TF 2 and 3

2. Product 2: A standardized assessment tool (web based) - TF3