

Lessons from NFM implementation; Observations by the Technical Review Panel

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Outline

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- 1 TRP role and mandate
 - 2 General and TB related lessons learned
 - 3 Role of Communities, rights & gender in TB
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TRP Role and mandate

Independent body of technical experts mandated by the global fund board:

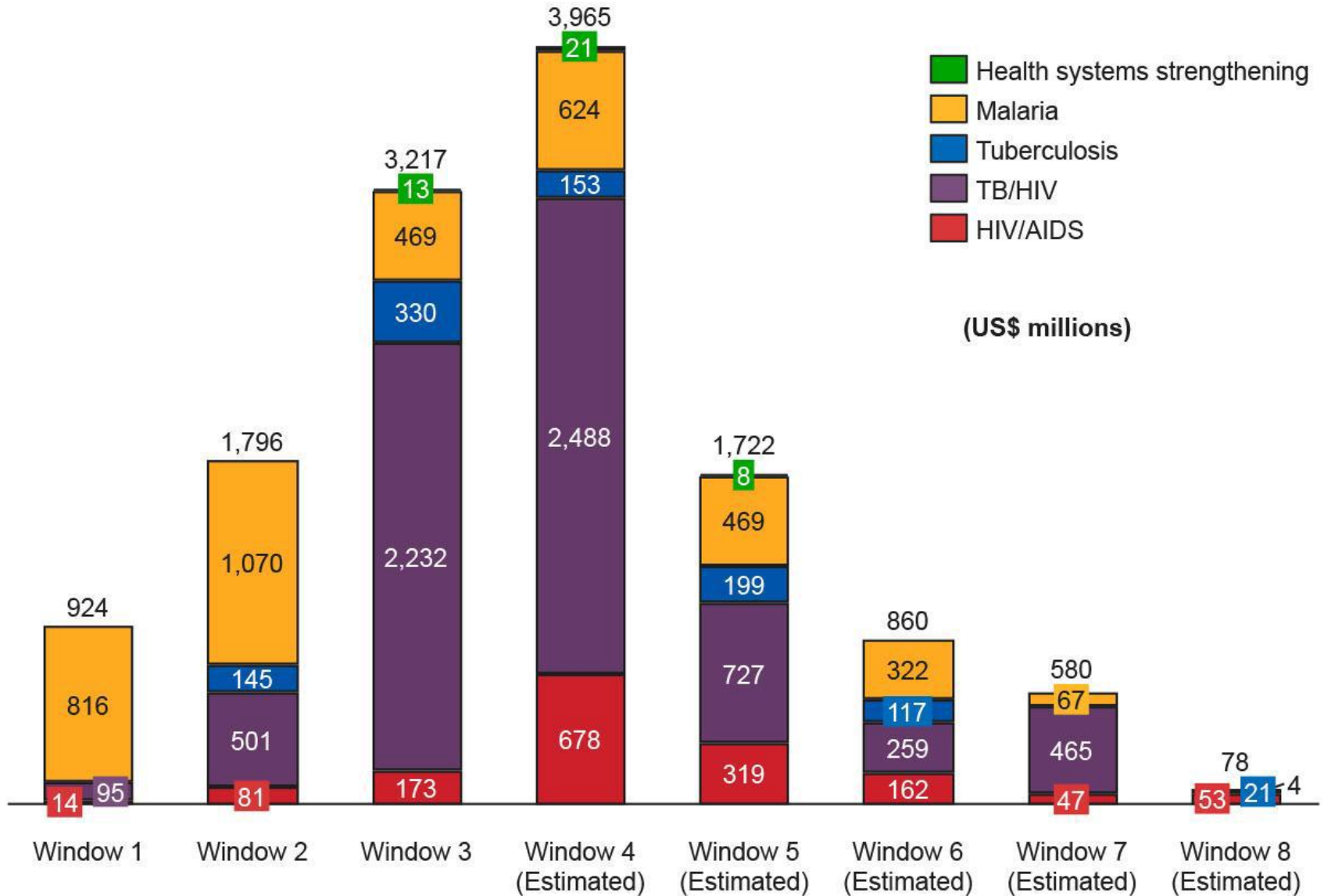
1. Review concept notes:

- Strategic focus of GF in-country investments to maximize its impact.
- Technical sound interventions:
 - Soundness of approach
 - Feasibility
 - Potential for sustainable outcomes
 - Value for money

2. Assess above allocation request → define quality demand

3. Make recommendations on allocation of incentive funding

Reviews by window



TRP observations W1-3 2014

Window 3

39 applications reviewed

- **31 (80%)** recommended for grant-making
- **8 (20%)** recommended for iteration with TRP

This is an increase from 74% recommended for grant-making from window 2

Past windows

Concept notes discussed in window 3 from past windows:

- **6 resubmissions:** All moved to grant-making

- Positive examples of rapid iteration (2-6 months) with 100% success rate
- Large number of concept notes that were strategically focused and were evidence based

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TRP general observations...

26 TB concept notes
reviewed

What is important:

- 1** Ensure robust country dialogue on disease split
- 2** Prioritize interventions for highest impact (justified against robust situation analysis)
- 3** Focus interventions on key populations (identify AND address)
- 4** TB/HIV collaborative program development and integration of service delivery
- 5** Strong health and community systems form the fundamental basis for success
- 6** Explain actions towards future sustainability

Ensure a robust country dialogue around program split

1 Involve key stakeholders to fully debate the best split of resources

- Program split information in the allocation letter should not replace a strong, evidence-based country dialogue on appropriate program split
- CCM to organize rigorous, evidence-based and inclusive country dialogue process → to achieve optimum impact in fighting the three diseases and strengthening the health system as a whole
- Discussions on program split should adequately include all relevant key stakeholders including experts in tuberculosis and health systems strengthening
- The concept note must include a detailed description of the program split rationale

Translating NSP into Focused intervention

2 Prioritize interventions for maximum impact

Consider:

- NSP up to date? (2030 global goals)
- Independently assessed & Progress reviews?
- Describes full 5 yr targets & costed plan

What is needed to fully control TB in my country within the coming x years?
(actions, targets, resources)

Prioritized intervention plan

- Interventions with expected highest impact
- Presented in order of priority and costed

Achieving maximum progress towards the National targets within a constrained resource environment?

3.3 Million people with TB missed:

3 Focus interventions on key populations

- Who are we missing?
 - Why are certain people not accessing diagnostic and treatment services?
 - Where are the missed cases and how can they be reached?
 - What are preconditions to make services accessible and acceptable?



One size
does not fit all!

- → Adapted interventions for Key populations
- → Consider diversified approaches general population

Maximizing synergies for impact

4 Integrated TB and HIV programs



- Positive trajectory observed for TB-HIV concept notes.
- Ensure full collaborative development of TB-HIV CNs
- Seize potential for integrated services TB-HIV; patient centered approach
- Maintain focus on disease specific program requirements

Strengthening Health Systems

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HSS and CSS are the foundation for effective TB programs

- Health systems strengthening helps ensure program sustainability and maximizes impact.
- How will weaknesses be addressed and with which resources?
- Coordinate health system strengthening across the three diseases
- Holistic and system-wide approaches improve impacts on three diseases
- Consistent with HSSP



6

What actions are planned towards future sustainability?

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Populations at risk of TB

Understanding key populations (KP)

- **TB-specific KPs identified in TB and TB-HIV concept notes:**

PLHIV, MDR-TB patients, contacts of (MDR-)TB patients, (ex)prisoners, migrant(worker)s, miners (formal & informal), FSW, health care workers, hard to reach rural, densely populated urban, poor communities, homeless, indigenous, minority populations, clinical risk groups, elderly, children, pregnant women

- **Vulnerability TB-KPs generally weakly articulated**

- Higher TB infection rates, but what are drivers of vulnerability?
- Vulnerability for infection, vulnerability for developing active TB?
- Barriers for KP access to services? Why?
- Limited signs of legal assessments regarding TB-KPs in CN

- **Disjuncture between KP analysis HIV – TB joint CNs**

KP interventions and studies tend to focus on HIV KP not TB KP

Populations at risk of TB

Strategic focus of interventions on key populations (KP)

- **Programmatic focus on TB-KPs generally weakly articulated**

- Who to focus on
- How to address vulnerability? (prevention)
- How to address barriers for KP access to services
- Learn from pilots

If evidence still limited; plan pilots to build experience

- **Disjuncture between KP analysis HIV – TB joint CNs**

KP interventions and studies tend to focus on HIV KP not TB KP

- **PR capacity to reach KPs not optimal**

- Important to engage relevant ministries and institutions (prison authorities, mining sector) and allocating budget.
- Barriers and system weaknesses identified but often no clear plan how to address
- TB-HIV collaborative services still insufficient (screening TB, HIV testing, ART access)

- **Insufficient prioritization and budgeting towards KPs in overall TB program**

Populations at risk of TB

Gender and age sensitive programming

- **Gender based vulnerabilities**
 - specific gender and age analysis of vulnerabilities for infection
 - gender and age based access barriers to services
 - TB stigma for girls and young women
- **From analysis to action**
 - tailored actions
 - budget within allocation
- **Monitoring progress**
 - disaggregate data by sex and by KP groups
 - process indicators and lessons learning



Community systems

Engaging communities and community systems strengthening (CSS)



- **Engaging TB-KP community members in planning**
 - program design
 - prioritization
- **Community systems strengthening interventions need:**
 - more robust plans
 - consider linking with community systems for other health programs
 - if outsourced; defining expected results and quality assurance
- **Monitoring of progress and success in reaching KPs as planned**



We can't solve problems by using the same kind of thinking we used when we created them.

(Albert Einstein)