Workshop

Joint SEAR-WPR workshop to plan the accelerated implementation of new WHO policies

1-4 APRIL 2025

Hanoi, Viet Nam

The use of self-assessment and planning tools to accelerate implementation of new DR-TB treatment policies

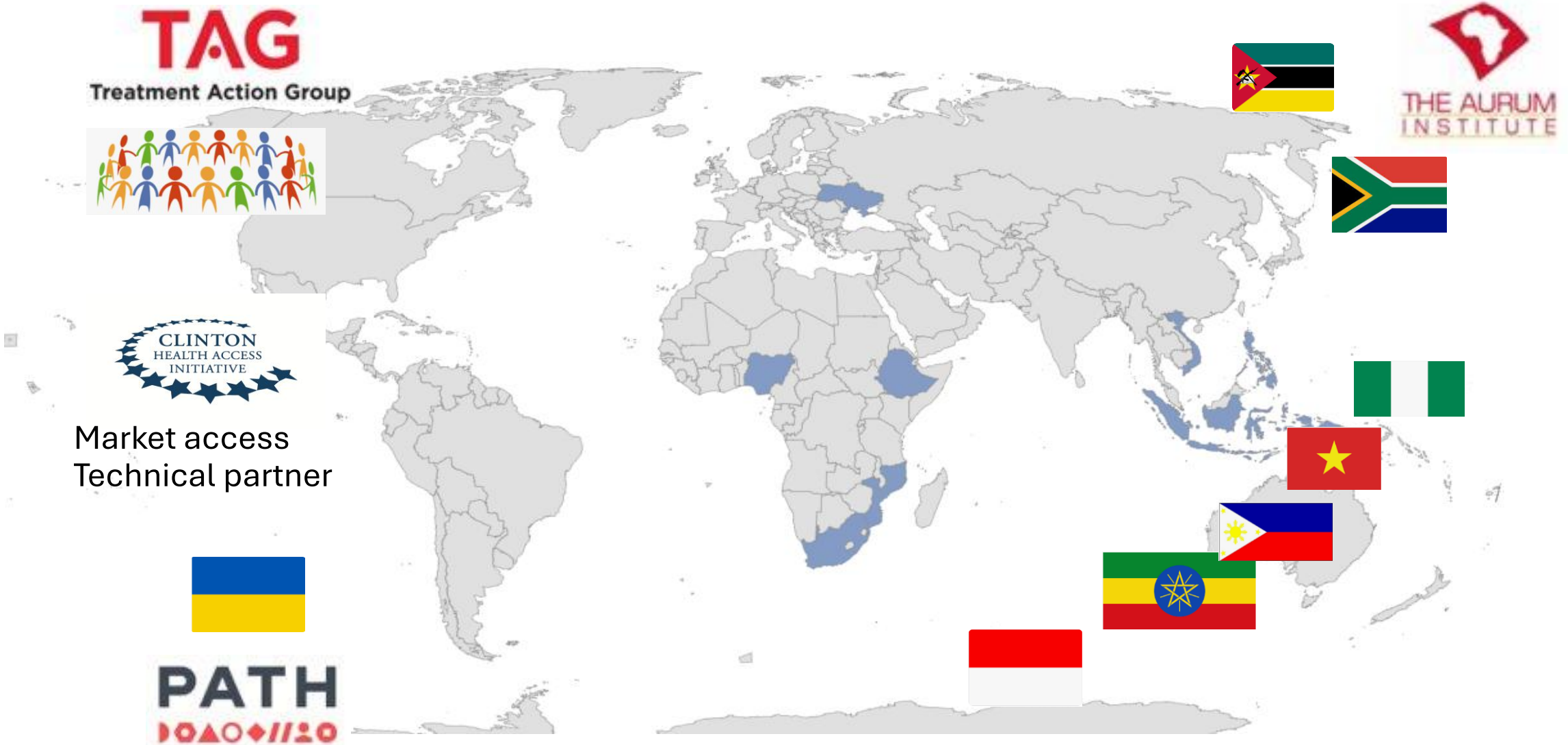
Experience from countries

- Name: Mansa Mbenga
- Position: Team Lead – Treatment and Care
- KNCV TB Foundation

Project goals:

- Support introduction of new shorter treatment regimen for DR-TB and differentiated supportive people centred packages of care using a stage-gated approach
- Facilitate sharing of experiences and best practices between stakeholders at global, regional, and project countries to accelerate implementation and scale up of new shorter regimens
- Support community demand generation, access to comprehensive treatment package including patients' treatment literacy, socioeconomic support, etc.
- To contribute to securing a global affordable market for key diagnostics, drugs and secure appropriate equitable access conditions for TB health technology products.

Consortium and country coverage



TAG Treatment Action Group

THE AURUM INSTITUTE

CLINTON HEALTH ACCESS INITIATIVE

Market access
Technical partner

PATH

World Health Organization

Unitaid SAVE LIVES FASTER

THE GLOBAL FUND

KNCV TB PLUS

Self-assessment and planning tool

- Self-assessment and planning tool [KNCV's Self-assessment and planning tool - KNCV - Tuberculosefonds (kncvtbc.org)]

- The tool is meant to serve as a basis for:
  - Discussions and Brainstorming
  - Assess strategic planning, country readiness for introduction of novel shorter regimens, up to date DR-TB policies
  - Stakeholder mapping – role, contribution and coordination
  - Facility and national level assessment – general information, capacity, resources, facility and country readiness to up take novel shorter regimen, etc.

Self-assessment and planning tool (2)

- Self-assessment checklist and planning tool [KNCV's Self-assessment and planning tool - KNCV - Tuberculosefonds (kncvtbc.org)]

  - Provides an insight:
    - Preparation and planning for the scale-up of novel shorter treatment regimen for DR-TB:
      - Political commitment
      - Status of implementation of the national policies for the management of DR-TB
      - Capacity building (Training materials and training plan)
      - Human resource availability & capacity
      - Enabling environment and people centered approach
      - Role of private sector
      - Data collection tools up to date
      - Etc.

Stakeholder mapping

To determine number of stakeholder

To understand the role of stakeholder

To know the area of intervention, timelines and project activities

Guidance on funding constraints

Stakeholders

Stakeholder Name of the stakeholder	**Contact person**	**Contact email**	**What are the overall key activities/roles of the stakeholder?**	**Main intervention / support area(s)**	**Geographic reach** In which region(s) does the stakeholder work?	**Current project(s) and project timelines (s)**	**Impact** How much does the project impact the stakeholder? (Low, Medium, High)	**Influence** How much influence do they have over the project? (Low, Medium, High)	**Contribute** How could the stakeholder contribute to the project?	**Engagement** How to best engage the stakeholder?

World Health Organization Unitaid SAVE LIVES FASTER THE GLOBAL FUND KNCV TB PLUS

Facility assessment and planning

- Facility assessment (Minimum 5 and maximum 10) – field visit:
  - criteria for facility selection
    - Introduction of the latest updated WHO recommendation:
      - Introduced the novel shorter treatment regimens (ex. BPaL OR/ BPaL/M/mSTR)
      - Started introduction of the novel shorter treatment regimen (enrolment started from 1 – 12 months)
      - Planning to introduce the shorter treatment regimen
    - Area where Introduction of the latest updated WHO recommendation is not taking place: (Did not start and no plan to start)
      - Facilities with high burden DR-TB cases
      - Facilities with treatment enrollment gap (gap between diagnosis and enrolment)
      - Facilities with TSR (< 60%)
  - Expand to other facilities during expansion/scale up

National assessment and planning (standards and benchmark)

- National assessment and planning
  - Conducted under guidance of the NTP and disseminated the findings in a stakeholder workshop
    - NTP with stakeholder discussed and defined action points on the identified gaps
    - Participants included GPs, TB Doctors, PHC facilities, maternal and child-health services, national HIV program, private sector, national insurance, CSOs and NGOs
  - Designed a country roadmap, introduction/scale up plan and monitoring plan
  - Disseminated assessment result to all stakeholders to align their activities based on the agreed plans.

National assessment and planning

National Standards and Benchmarks

1. Political engagement and buy-in

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations / current stakeholder activities	By who/link to existing project	When
There is evidence of political commitment for management, prevention and care of DR-TB	A National Strategic Plan (NSP) is available that includes DR-TB management		Not	Met			
	National Strategic Plan includes children, adolescents and pregnant women in planning		Not				
	Sufficient budget is available for all components of DR-TB management, prevention, diagnosis and care	*Please describe the budget coverage (in %) and source of budget (domestic, global fund, donors etc)*	Not				
	New, shorter, all oral DR-TB regimens are recommended in national and sub-national health policies	*Mention the year of the last update*	Not				
	A functional DR-TB national working group exists, meets regularly and has action plans	*Describe composition of this group and frequency of meetings*	Not				

2. Advocacy and community engagement

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations	By who	When
There is coordination on advocacy and community engagement activities at national and subnational levels	A formal coordination mechanism between the NTP and civil society organizations (CSO) exist	Describe mechanism	Not	partially met			
	Civil society groups are involved in planning of DR-TB services at national level		Not				
	Civil society groups are involved in planning of DR-TB services at subnational level(s)		Not Met				
	Civil society groups are involved in supervision and monitoring of DR-TB services at national level		Not Met				
	Civil society groups are involved in supervision and monitoring of DR-TB services at subnational level(s)		Not Met				
	The program offers ongoing support or programming for TB survivors after they have successfully completed DR-TB treatment	*If yes, what kind of support or programming is offered?*	Not Met				
	TB survivors or community representatives participate in DR-TB technical forums		Not Met				

3. Drug forecasting, procurement and supply management

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations	By who	When

Monitoring tool

Standard	Benchmark	Met/Partially met/Not met
1. Political engagement and buy-in	*There is evidence of political commitment for management, prevention and care of DR-TB*	**Met**
2. Advocacy and community engagement	*There is coordination on advocacy and community engagement activities at national and subnational levels*	**partially met**
3. Drug forecasting, procurement and supply management	*There is an established structure on drug forecasting, procurement and supply management*	**not met**
4. Diagnostics & laboratory infrastructure	*National guidelines includes up-to-date WHO recommendation on laboratory diagnostics and algorithms*	**not met**
5. Human resources and staffing	*There is a training and monitoring plan for human resource capacity building for management, prevention and care of DR-TB*	**Met**
5. Human resources and staffing	*There is sufficient trained staff at the national / central level on DR-TB management*	**Met**
6. Treatment and Care	*The national treatment guidelines include the latest WHO recommendations including supportive service*	**not met**
6. Treatment and Care	*The national treatment guidelines contains guidance on safety monitoring, role of expert committee and comorbidity management*	**partially met**
7. Active TB drugs safety monitoring and management (aDSM)	*There is aDSM guideline or included in national clinical guide with sufficient guidance on monitoring amangement of AEs*	**Met**
8. Data management (Recording and reporting)	*Quality data is available and used at various levels*	**Met**
9. Public-Private Mix	*National policies provide guidance for all providers including the private sector involved in diagnosis, prevention and treatment of DR-TB*	**Met**
10. Enabling environment, people-centred care	*The NTP and partners deploy specific initiatives to promote a person and family centred approach in prevention and care of DR-TB*	**Met**

World Health Organization Unitaid SAVE LIVES FASTER THE GLOBAL FUND KNCV TB PLUS

Analysis of the self-assessment ratings

- We analyzed the self-assessment benchmarks using:
  - The percentage of benchmarks **“MET”** per standard per country was calculated and classified into a color grade to visually represent performance
    - The color scale ranging from red (0%), worst to green (100%),best indicating the level of fulfillment

Results-Monitoring tool per country and percentage of benchmarks “MET” per standard

R Studio was used to generate the chart

Comments on the benchmarks met/ not met

- Countries had the flexibility to adapt the benchmarks to their specific contexts, meaning the number of benchmarks varied slightly between countries.
    - The standards, however, remained largely consistent and standardized overall.
- **Most consistently met standard: “Human resources and staffing" (5.2)**
    - Shows a strong green presence across multiple countries, suggesting it was one of the most fulfilled standards.
- **Least fulfilled : "Data management (Recording and reporting)" (8)**
    - Has significant red and orange areas, indicating weaker performance across countries.
- The second least achieved standards were:
    - 5.1 **Capacity building and training monitoring plan for human resource**
    - 7.0 **active drugs safety monitoring and management**

Narrative analysis

We conducted a narrative analysis on the standards mostly met (5.2 & 6.2) and the ones most frequently not met (8 & 5.1) to discern similarities or discrepancies across countries

Narrative per standard

Standard 5.2: Human Resources and staffing for DR-TB management

Goal: Ensure capacity national and subnational level for DR-TB management

- **Mostly Met:** Availability of policies, indicating strong central-level capacity and availability of staff
  - Clinical expertise
  - Drug forecasting
  - Lab quality management

- **Mostly "not met':**
  - Common gaps in training dissemination, staff retention, and coverage (especially at primary/community levels)
    - High turnover, leading to loss of trained personnel
    - Budget constraints delay nationwide training rollout
    - Insufficient training at PHC level workers and community volunteers
    - National vs. Subnational Capacity: some countries highlight strong national-level expertise but weaker subnational coverage.

Narrative per standard

Standard 6.2: Safety Monitoring & Comorbidity Management in National Guidelines

- Goal: Ensure treatment guidelines include comprehensive safety monitoring, expert committee oversight, and comorbidity management
- **Key Findings**: While expert committees and guideline inclusion are well-established, equitable access to diagnostics/investigations remains a challenge:

  - **Broad Compliance:** Most countries meet benchmarks, with strong structures like multi-disciplinary Clinical Review Committees

  - **Partial Gaps:** Access to Tests: lack full access to required investigations at all centers, requiring patient transfers
    - Lack of investigation tools (Clinical lab, ECG, Neurological examination tools, Ishihara, etc.)
    - Impact on decentralization care and safety monitoring

  - **Referral Systems:** Health facilities especially PHC relying on referrals for safety monitoring.

Narrative per standard

Standard 8: Quality Data Availability and Use

- **Goal:** Ensure electronic systems generate timely, accurate data for DR-TB monitoring and decision-making at all levels.
- **Key Findings:**
  - Most countries struggle with **automation and integration of electronic systems**, leading to reliance on manual data extraction

- **Common Gaps:**
  - Manual Processes: Lack of automated reporting for treatment coverage/AESI/SAE data.
  - Limited Real-Time Data cannot be electronically transmitted, e.g. lab results cannot be transfer within 48h.

Narrative per standard

Standard 4: Diagnostic and laboratory infrastructure:

- **Goal:** Ensure national diagnostics and laboratory infrastructure aligns with up-to-date WHO recommendation on laboratory diagnostics and algorithms

- **Key Findings:**
  - TB testing laboratories did not achieve the established turn-around time of test results for ≥ 80% of samples received on site
  - Laboratory personnel are not sufficiently informed on aDSM related laboratory diagnostics in 80% of the facilities.
  - Shortages of mWRD
  - Slow role out of XDR
  - Limited capacity to scale up p-DST
  - Equipment maintenance

ASCENT DR-TB TA

Indonesia (1 Province - 3 districts, 45 HCF))	• Strengthening aDSM for novel shorter regimen introduction and scale up
Ukraine (Kyivska oblast)	• Integration of DR-TB/TPT initiation in PHC service management • Foster coordination between oblast stakeholders to ensure comprehensive people-centered DR-TB care
Vietnam (2 Provinces)	• Strengthening aDSM for novel shorter regimen introduction and scale up
Mozambique (1 Province – 15 HCF)	• Strengthening aDSM for novel shorter regimen introduction and scale up
Ethiopia (5 Treatment initiation Centers) In S. Eth	• Strengthening aDSM for novel shorter regimen introduction and scale up • Clinical investigation and treatment care monitoring • Strengthening people-centered care
Philippines	• Capacity building of iDOTS facilities on introduction and scale up of new regimens • Introduction and scale up of stool testing • Pilot DR-TB TPT for DR-TB contacts (Levofloxacin) in 4 regions and designing a nationwide scale up plan
Nigeria (Kanu state)	• Strengthening aDSM for novel shorter regimen introduction and scale up • Strengthen Infection Prevention and Control (IPC) Measures

Other identified gaps share with stakeholders and coordinated by NTP

World Health Organization Unitaid SAVE LIVES FASTER THE GLOBAL FUND KNCV TB PLUS

Take away message

- The self-assessment guides NTP to:
  - Identified achievement, strengths and available resources
  - Identified challenges and barriers impacting on introduction and scale up
  - Able to prioritize essential gaps and coordinate with partners
- The self-assessment highlights the penetration of the national policies/guidelines to the lower level of health system and challenges
- The countries are at different stages of introduction of the novel shorter regimen, but most face challenges are capacity building, safety monitoring (aDSM) and data collection
- Highlights the leading role of NTP coordinating with stakeholders to design a roadmap and share the roles and responsibilities
- The self-assessment data use to update NSP

- **Follow up plan:** *Repeat stakeholder meeting (online discussion) to understand the impact of the current funding constrains and impacts on already designed roadmap*

Questions

Acknowledgement

Unitaid, Consortium partners and National TB Programs and partners and colleagues at KNCV TB Foundation