



**РЕГИОНАЛЬНЫЙ СЕМИНАР ПО ВОПРОСУ УСКОРЕННОГО ВНЕДРЕНИЯ  
РУКОВОДСТВА ВОЗ ПО ПРОФИЛАКТИКЕ И ДИАГНОСТИКЕ ТУБЕРКУЛЕЗА И ЛЕЧЕНИЮ  
ТУБЕРКУЛЕЗА С ЛЕКАРСТВЕННОЙ УСТОЙЧИВОСТЬЮ (ЛУ-ТБ)**

**REGIONAL WORKSHOP ON ACCELERATED IMPLEMENTATION OF WHO GUIDELINES  
ON TB PREVENTION, DIAGNOSIS, AND DRUG-RESISTANT TB (DR-TB) TREATMENT**

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

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# 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 \(kncvtbc.org\)](https://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.



# Self-assessment country coverage

**TAG**  
Treatment Action Group



Market access  
Technical partner



**PATH**  
10 10 10 10 10

**Unitaid**  
SAVE LIVES FASTER

  
THE AURUM  
INSTITUTE





# Facility assessment and planning

- General information
- Human resources and staffing
- Infrastructure
- Drug forecasting, procurement and supply management
- Workload
- Laboratory infrastructure
- Clinical capacity
- Treatment initiation and support
- Treatment safety monitoring (aDSM)
- Data management
- Infection Prevention Control

## 1. General information

	Question
<b>General information about the health facility, service delivery and geographical coverage</b>	Name of the facility
	Date of assessment
	Location of the facility
	Assessment performed by
	WHO recommended shorter treatment regimens implementation status
	What is the facility type?
	What are the operating days for the facility?
	What is the size of the catchment population?
	What is the catchment type?
	Type of TB/DR-TB facility (i. treatment initiation center; ii. treatment administration center; iii. Treatment follow-up Center)
	Is the facility easily accessible?

## 2. Human resources and staffing

	Question
<b>Capacity of the health facility to provide continuous quality DR-TB service</b>	How many general practitioners (GPs)/TB specialists are working at this facility?
	How many general practitioners (GPs)/TB specialists are on duty today?
	Other than TB specialist and GPs, what other specialists are working at this facility?
	How many of the other specialist are on duty today?
	Among those TB specialist and GPs, how many of them have been trained on the latest WHO guidelines on DR-TB?
	How many of the other specialists have been trained on latest WHO guideline, drug-drug interaction and involve in AE management
	Number of nursing professionals/health officers work at this facility?
	Number of nursing professionals/health officers are present today?
	How many laboratory technicians/technologist work at this facility?
	How many laboratory technicians/technologist are present today?
	How many pharmacists/dispensers work at this facility?
	How many pharmacists/dispensers are present today?
	How many social workers work at this facility?
	How many social workers are present today?

# National assessment and planning

## National Standard

### 1. Political 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 evidence of political commitment for management, prevention and care of DR-TB	A National Strategy for DR-TB management		Met	Met			
	National Strategy for DR-TB management		Met				
	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)	Met				
	New, shorter, all oral DR-TB regimens are recommended in national and sub-national health policies	Mention the year of the last update	Met				
	A functional DR-TB national working group exists, meets regularly and has action plans	Describe composition of this group and frequency of meetings	Met				

Completeness of standard is determined by the benchmarks

All benchmarks are met the standard is completed

### 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 society organization		Met	partially met			
	Civil society groups provide services at national level		Met				
	Civil society groups provide services at subnational level		Not Met				
	Civil society groups monitor DR-TB at national level		Not Met				
	Civil society groups monitor DR-TB at subnational level		Not Met				
	The program offers ongoing support to TB survivors after they have successfully completed treatment	What kind of support or programming is offered?	Not Met				
	TB survivors or community representatives participate in DR-TB technical forums		Not Met				

"Not met" benchmarks – standard is partially met

Design an action plan for improvement

### 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
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# Self-assessment and planning process

- 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
- Identified the gaps affecting at national and facility level
- 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
- NTP coordinates with stakeholders on shared the gaps to be included in their project activities

# Monitoring tool to review progress

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

## Self-assessment data from 7 countries

# Self-assessment ratings

## Comments on the benchmarks met/ not met

- The most consistently “Met” standards were:
  - 5.2 “Human resources and staffing”** indicating strong central-level capacity and availability of staff
  - 6.0 “Treatment and care”**, pointing at the availability of national guidelines,



# Self-assessment ratings

- **Least fulfilled** : Has significant red and orange areas, indicating weaker performance across countries.

- 5.1 Capacity building and training monitoring plan for human resource
- 7.0 active drugs safety monitoring and management
- 8.0 Data management (Recording and reporting)





## Example of Country experience

# Stakeholders Mapping by NTP

Stakeholders				Screening	Testing	Treatment	Prevention	Advocacy	Health promo											
Stakeholder	Representative	Services	Areas	Screening	Testing	Treatment	Prevention	Governance	Financing	PSCM	HRH	IMS	Health Promotion	Health						
PASTB	FLORITA D. DALIDA - flordalida@gmail.com; PETER JAMES VERULA - peter.corporate.v@gmail.com	The Philippine Alliance to Combat TB (PACTB)	Community-Led Monitoring	N, L				Advocacy - TB		Call Ka Lungs TB Hotline	Support includes comprehensive training and mentoring for healthcare workers on key		TB awareness campaigns. Trials and Triumphs Photo Exhibit on TB Related Stigma and							
PBSP											atio	HRH Optimization planning; OD support to DOH	ITIS operations (manpower and other TA support); Engagement of ITIS PAs	Development of TB complan						
PCR															Support surveillance laboratories					
Stakeholder type								No.												
Professional societies								10												
Technical agencies								6												
NGOs								6												
CSOs								3												
Government agencies								8												
TOTAL								33												
		Education, research, and collaboration in support of Universal Health Care.	At through its New Technology Committee and AI subcommittee. TB advocacy and awareness among its																	

# National and Facility Self- assessments

Sept- Oct 2024

## SELF - ASSESSMENTS

- a. NATIONAL ASSESSMENT: National TB Program, DOH
- b. FACILITY ASSESSMENTS - 10 facilities in 2 regions



**National Capital Region (5 facilities)**

**Region VII (5 facilities)**

# Validation meetings of national and facility assessments



# Stakeholders Workshop

Workshop	Focus
Workshop A	Identifying priority challenges and TA needs End product: TA Roadmap (of the NTP NSP 2025-2030)
Workshop B	Updating of stakeholders' institutional profiles and TB-related work
	Identification of the TA needs that Stakeholders can deliver between 2025 to 2030
Workshop C	Review and enhance the draft TA Roadmap



# What TA needs are focused on DR-TB care and support?

1. Scale up stool Xpert for children
2. Optimizing use of RDTs
3. EQA for RDTs
4. Policy for preventive maintenance of RDTs
5. Expand DRTB service delivery in the private sector
6. Transition planning for shorter DRTB regimen
7. Address Bedaquiline resistance
8. Develop PHIC MDR-TB Package
9. Capacity building (training, monitoring and coaching) for iDOTS facilities
10. Strengthening of TB Medical Advisory Committee
11. Develop tracking system for lost patients
12. Develop local guidelines for DR TPT

# TA Roadmap with stakeholder commitment to support

Cascade	Gap	Solution	TA need	Stakeholders																			
TB SD Cascade	Challenges	Strategic Solution	Illustrative TA/Support Needs	TA Level	ACHIEVE	AIHO	AMHOP	ASOG	CDC Phil	Cullion	DepEd	DILG	DOLE	DSWD	GDF	ICH	KNCV	LLP	MSF	Odo Vita	PASTB	PBSP	PTSI
TB Testing & Diagnosis	Limited access to RDTs	Optimization of diagnostic network at local levels	Capacity building to assess local diagnostic networks	L													P						
TB Testing & Diagnosis	Limited access to RDTs	Optimization of diagnostic network at local levels	Advocacy, communication and health promotion to generate demand	NRL			P			P			P	P							P		
TB Testing & Diagnosis	Limited access to RDTs	Fast-tracked adoption of diagnostic innovations	HTA and FDA approval of new diagnostic technologies	N												P							
TB Testing & Diagnosis	Limited access to RDTs	Fast-tracked adoption of diagnostic innovations	Capacity building to assess local diagnostic networks	L																		C	
TB Testing & Diagnosis	Limited access to RDTs	Improve Access to DST Services																					
TB Testing & Diagnosis	Low notification among the private sector	Strengthen mandatory TB case notification	Local level provider mapping and linking to HCPN (linking radiologists to HCPN)	L			P									P	P					C	
TB Testing & Diagnosis	Low notification among the private sector	Strengthen mandatory TB case notification	Advocacy to cascade MN IRR thru medical societies	NL						P												C	
			Increase testing capacity for new drugs (DST/MGIT)	NR													C						
			Expansion of MGIT/DST laboratories (engage private labs)	NRL													C						
			Logistics support for laboratory supplies and commodities (MGIT, DST)	NR											P								
			Warranty extension of existing machines (genexpert)	N													P					P	
			Policy for preventive maintenance of genexpert machines (and other RDT machines)	N													P						
	Access of private sector to DRTB testing		Financing mechanism for the private sector	N																		C	
			mechanism to engage private sector for DST (Question: Is this Xpert?)	N												P	P					C	
			Explore other DST tests (TNGS, etc)	N													P					C	
			Licensing of molecular laboratories (HFSRB)	N																			
			HTA for lab test supplies	N																			
			Mandate cxx reporting through FDA LTO	N																			

# Take away message

- 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

**THANK YOU!**  
**СПАСИБО!**

