



# Technical Assistance for Management

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## Activity report

2017



March 2018

## Foreword

**TeAM continues to grow fast:** we have **doubled our turnover** from 2016 to 2017, and multiplied it by twelve over 2012-2017! This is as much an increase in people served for better health around the world!

Keeping a **lean, flexible and reactive** structure, as well as **competitive pricing**, we are offering expertise drawing on a **large network of more than 100 national and international experts**, representing more than 30 different nationalities. Dedicated to a **high added-value mission for global health**, we are able to intervene and deploy rapidly to **challenging settings**, such as South Sudan, Central African Republic or Chad, for a variety of missions.

This year, about **87 missions** were conducted in **27 countries around the world**, in particular in Africa and Asia. We have conducted these on behalf of **Expertise France, WHO and The Global Fund (TGF)**, but also of USAID/FHI360, DFID/SMRU, IFRC, UNITAID, Save the Children, as well as of **Ministries of Health**.

We are honoured with the **trust** demonstrated by key partners in the global health landscape. Beneficiaries of our technical assistance (TA) are particularly satisfied with the **quality of our deliverables** and the **professionalism** of our experts, as demonstrated by the rate of reconduction of TA in the same country over the years.

In terms of areas of interventions, we have continued to provide expertise on the **preparation and implementation of Global Fund's grants**, on strategic **plans and programme reviews** for the three diseases - **HIV-AIDS, Tuberculosis (TB), Malaria** - as well as for Resilient and Sustainable Health Systems (**RSHS**).

This year we also invested in new areas of expertise: in **operational research (OR)** on chest-X-ray interpretation quality control, and on malaria eradication in the Mekong region; in **Health Facility Assessment** (equivalent to Service Availability and Readiness Assessment studies - SARA), **Data Quality Review** and Quality of Care studies (HFA/DQR/QoC); on **GeneXpert** use assessment; and lastly, on **early diagnosis of TB in children** with the UNITAID-funded project TB-Speed.

As we step into 2018, we are developing new projects using **new technologies for TB case management** such as **the use of drone transportation for decentralised care**, or looking at strengthened **EPI programme management with Gavi**.

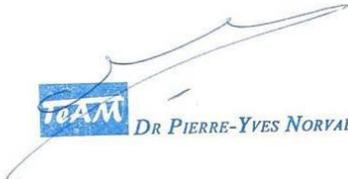
We look forward to working with even more partners and continuing to provide **high-quality global health expertise**.

The success of TeAM is attributable first and foremost to our 100 experts who trusted us and applied through our agency. **Our success is their success**.

We also thank the countries for selecting our experts and the funding agencies, especially Expertise France, WHO and the Global Fund, for choosing us through competitive selection. High quality deliverables can be achieved thanks to **quality human exchanges** for matching altogether experts, country needs and funding support.

Yours sincerely,

**Dr Pierre-Yves NORVAL**  
Director, TeAM



TeAM  
DR PIERRE-YVES NORVAL

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# An Overview of TeAM

“We are a Paris-based consultancy firm active in public health, TB, HIV and Malaria programme management since late 2011”

TeAM is one of the very few consultancy firms active in the area of global health with solid French-speaking capacity, in addition to English, as well as in-depth experience with the major actors of the public health landscape.

## 1. Our mission

**Our Mission** is to provide **health sector expertise** to international institutions, agencies and governments.

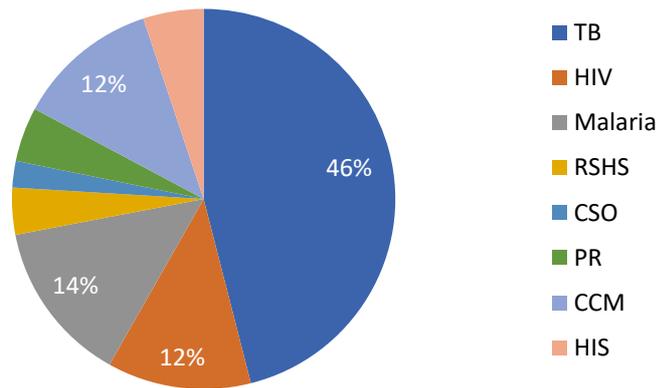
- TeAM is committed to enhancing the **local capacity for sustainability** and country ownership in the area of international development assistance and global health.
- TeAM is able to **quickly mobilize highly-qualified project teams** in response to the needs of its clients. We promote innovative approaches for better impact and value-for-money in challenging operating environments.

## 2. What do we Do?

TeAM provides assessment, guidance, advice and operational research in public health and health services management.

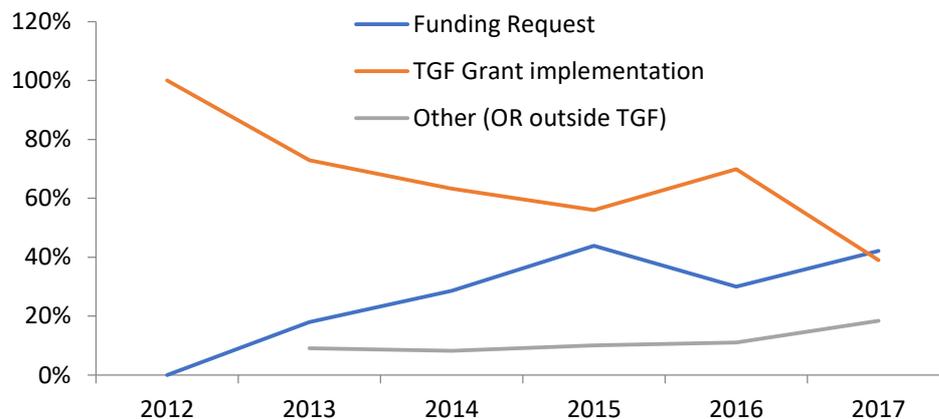
More specifically, we provide technical advice, we support policy and norms, we develop national strategic plans and concept notes or we conduct evaluations in the field of public health with a specific focus on TB, HIV and Malaria. As we do this, we may for example conduct surveys, design and implement operational research studies, or facilitate training workshops.

The below diagram displays how our work was distributed in 2017 across the three epidemics - TB, HIV and Malaria - but also across other non-disease-specific thematic interventions: Resilient and Sustainable Health Systems (RSHS), Civil Society Organizations (CSO), Principal Recipient (PR), Country Coordinating Mechanism (CCM), and Health Information Systems (HIS).



A large proportion of our activities dealt with TB, but also quite significantly with Malaria, CCMs and HIV.

We are showing below how our type of support has evolved since TeAM inception, with a steady increase in technical assistance for funding requests to the Global Fund. We continue to be largely involved in supporting Global Fund grants implementation, so that our work is reaching in 2017 an equivalent ratio between funding requests and grant implementation support. Outside the Global Fund, our work is mostly dedicated to operational research, representing a more limited part of our activities.



### 3. How do we Work?

TeAM conducted in 2017 alone **87 technical assistance missions** in **27 countries** and mobilized more than **118 national and international experts** during about **2,883 man/woman working days**. These 87 country visits were conducted as part of **64 mandates** from different institutions.

We work **in partnership** with governments, multilateral and bilateral agencies, and INGOs with the public, private and community sectors.

Each of our **consultants** has between 10 and 25 years' experience in providing technical assistance support within the health sector in developing countries. TeAM key personnel has a long experience working with national health program managers, Global Fund grants' Principal and Sub-Recipients, Ministries of Health, and international NGOs. TeAM consultants have built along their career close links with health managers and WHO country staff in most developing countries in Africa, Asia, Eastern Europe, the Pacific and the Americas, which facilitates communication and trust.

TeAM experts have contributed to all the development steps of the Global Fund processes since its inception in 2002, including the 2017-2022 strategy, 'New Funding Model' concept notes and grant making, Monitoring & Evaluation toolkit version 1 to 4, and the grant eligibility criteria.

We uphold **values** of co-design of our support programme between local actors, mandated experts and funding institutions, and we promote country ownership. Our approach to technical assistance focusses on skills transfer for long-term sustainability. We work at all levels of the health system to ensure knowledge and skills are not only known but applied. We believe that providing technical assistance is bringing complementary manpower to existing institutions but also promoting good management practices in terms of providing external advice on well-functioning organizations to improve even more their performance.

## 4. Our Clients

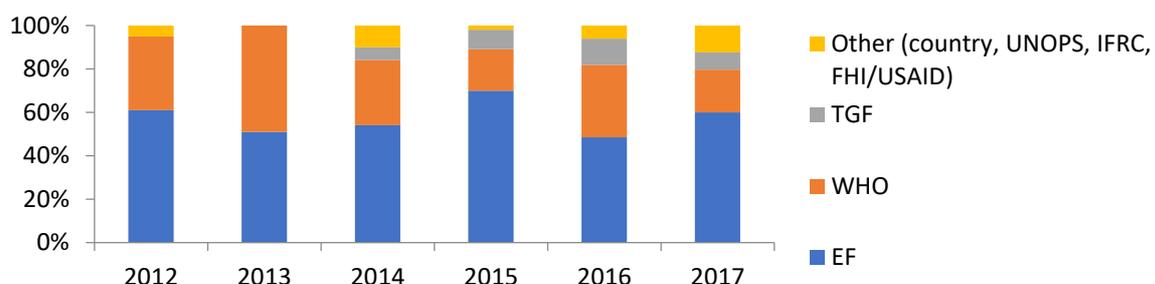
TeAM has experience working for:

- ✓ Australian Aid
- ✓ Catholic Relief Services
- ✓ DFID/SMRU
- ✓ **Expertise France**
- ✓ Global Drug Facility
- ✓ **The Global Fund**
- ✓ IFRC

- ✓ Ministries of Health in developing countries
- ✓ Populations Services International (PSI)
- ✓ Stop TB Partnership
- ✓ Save the Children
- ✓ UNAIDS

- ✓ UNDP
- ✓ The Union
- ✓ UNITAID
- ✓ UNOPS
- ✓ USAID/FHI360
- ✓ **WHO**

Our major clients, in terms of \$-worth mandates of work, are Expertise France, WHO and the Global Fund:



**Prequalification:** TeAM is a preferred partner from:

- ✓ Expertise France channel 1, since 2012
- ✓ The Global Fund, in collaboration with HMST firm, for supporting Country Coordinating Mechanisms (CCMs), since 2014
- ✓ The Global Fund/Gavi/WHO to support « Ministries of Health on assessments of health service facility readiness, data quality, analytical and national plans»
- ✓ The Global Fund, since 2016, on Health Facility Assessment/Data Quality Review (HFA/DQR).

**Competitive bidding** success rates are as high this year as previous years. This high success rate reflects a high satisfaction rate of country beneficiaries and financing agencies, who continue to trust and select us repeatedly every year:

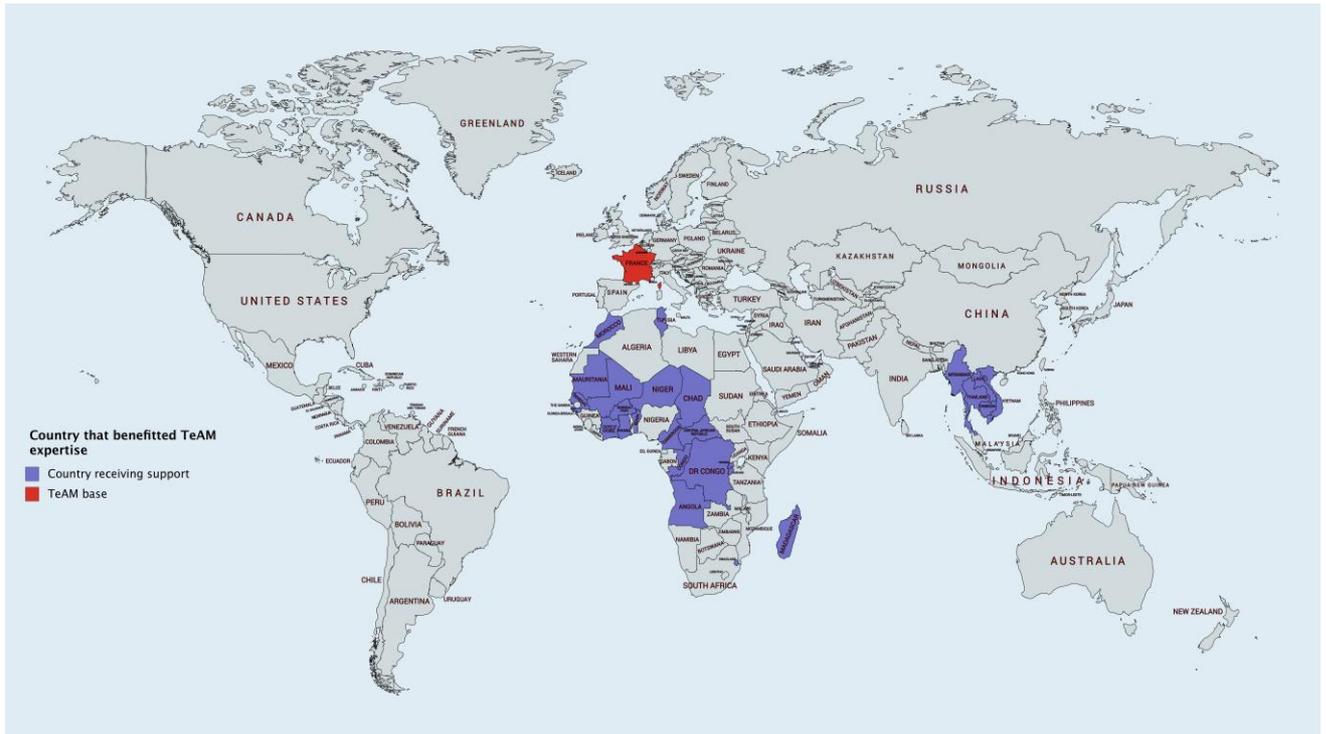
Bidding (success)	2017	2012-2017
EF Channel 1	63 (57%)	201 (39%)
EF Channel 2 and 3	2 (0%)	9 (0%)
EF Evaluation Channel 2	1 (0%)	2 (0%)
The Global Fund	17 (29%)	47 (26%)
WHO	17 (82%)	77 (95%)
Stop TB	0	7 (86%)
USAID	1 (100%)	3 (33%)
UNITAID	1 (0%)	2 (50%)
IFRC	1 (0%)	4 (50%)
Gavi	1 (100%)	2 (50%)
<b>Total</b>	<b>103 (55%)</b>	<b>352 (50%)</b>

## 5. Our Partners

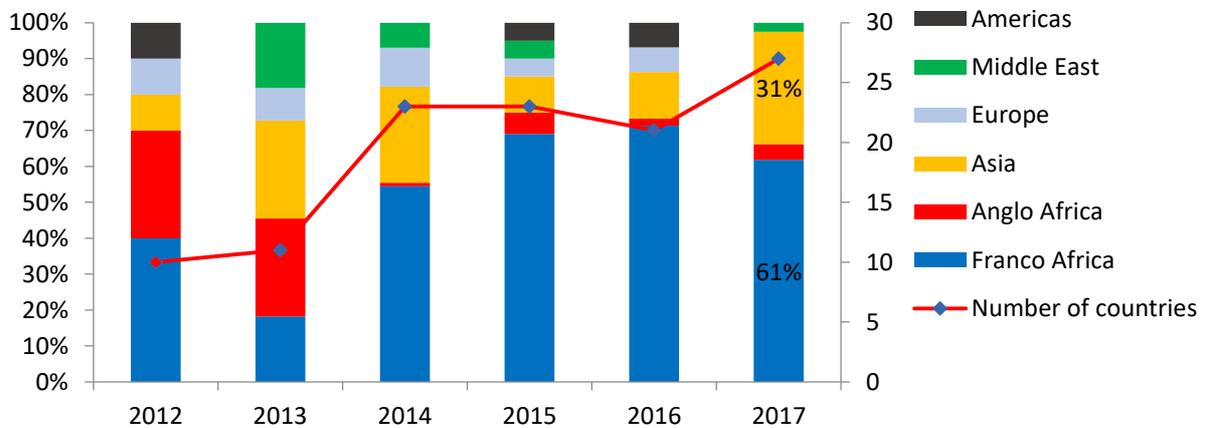
TeAM has built a network of partners with which common projects are being sometimes conceived and implemented. These include this year SPI (Soutien Pneumologique International), Pont Santé Afrique, Medes, FHI360, the University of Bordeaux, the IRD, SMRU but also WHO and the Global Fund.

## 6. Where did we Work?

In 2017, we have been working in 27 countries worldwide in low and middle income countries, including in fragile states. We had previously worked in 26 out these 27 countries, valuing continuity, and satisfaction of our support.



Our missions covered the following sub-regions throughout the years, with a major focus on French-speaking African countries:



## 7. Who are We?

- ❖ TeAM maintains a **lean management structure**: core functional staffing is composed of only 4 fixed-term staff based in France: one Director, one Administrator, one Communications and Development officer and one Administrative officer. We externalize accounting and IT services.

- ❖ TeAM acts as an **expertise centre** with about **three hundred associated internationally renowned consultants** specialized in TB, HIV, Malaria, immunization, public health, health economics, statistics, social sciences, anthropology, governance, social welfare, health systems strengthening, gender and human rights, the Global Fund procedures, complex program management, auditing, monitoring and evaluation, epidemiology, laboratory, drug management, and e-health.

This wide network of experts covering the whole range of health-related expertise, allows TeAM to propose a global and integrated approach to address any specific public health issue.



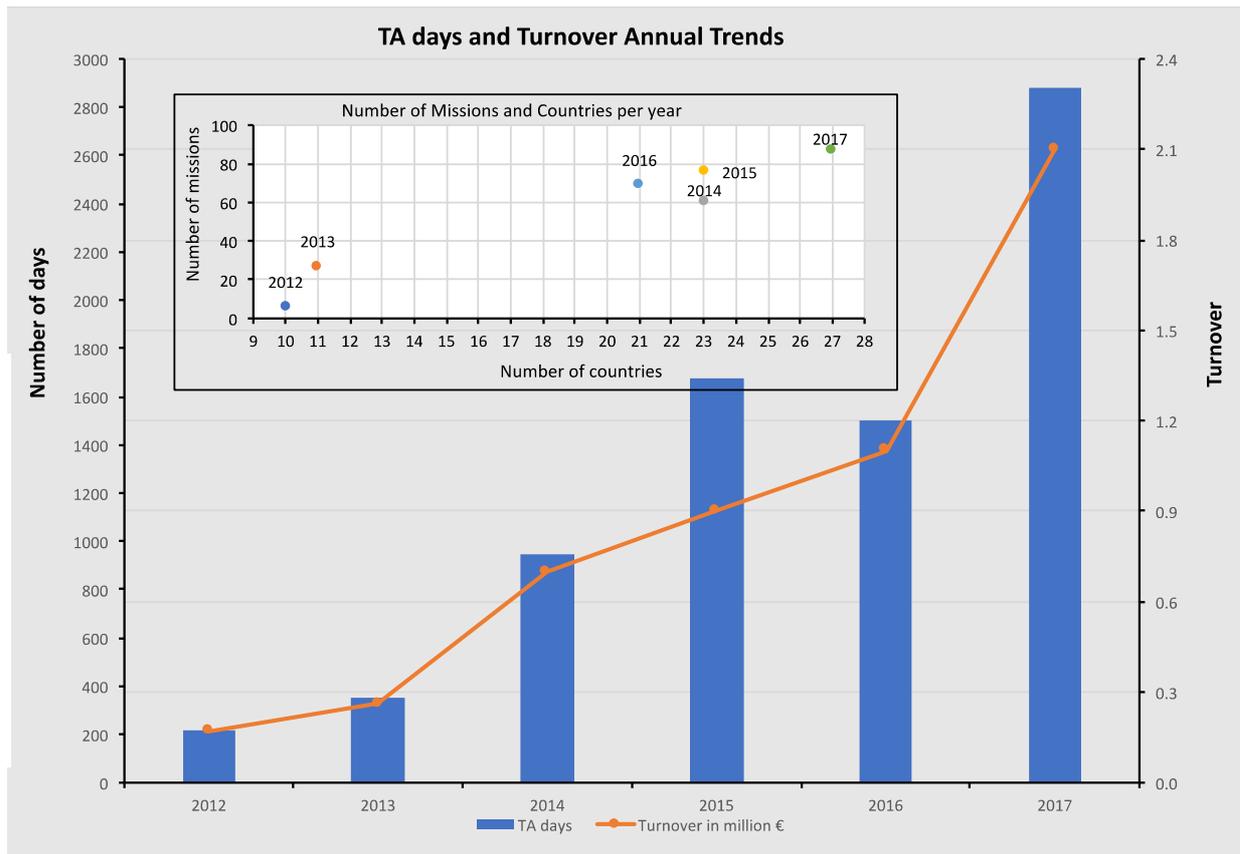
## 8. Our Finances

The annual turnover of TeAM during its sixth year of existence reached more than **2 millions Euros** in 2017, which stands as a remarkable result for a small-sized consulting firm.

TeAM has been awarded **projects ranging from US\$ 10,000 to 445,000.**

TeAM operates under a policy of transparent and rigorous accounting, meeting international standards of financial management processes and procedures.

Our growth has been exponential, as displayed below:



## 9. What are our Challenges?

A successful activity is not without challenges. Despite great results, TeAM, as much as other consultancy firms, has sometimes been perceived, because it is not an NGO, as a firm **‘making business’**. Such misperception has come to the detriment of funding longer-term projects that were designed with a **not-for-profit** approach and aimed at making a difference in public health in poor-resource settings, with good value for money to potential donors. The competitive pricing of TeAM may convince of the philanthropic attitude that guides us, along with pragmatism.

TeAM is indeed eager to develop **more longer-term projects**. Much of its activity currently encompasses repeated short technical assistance missions averaging 25 days (each trip) in 2017.

After 6 years of a growing activity, TeAM is now exploring how to best **grow in core human resources** without jeopardizing its **agility** and business model. We are also willing to train more junior consultants to develop even more our available expertise and operate our own transfer of knowledge as part of local capacity building.

## 2017 Activities

We present in this section highlights of the activities we conducted during 2017.

### 1. Programme Reviews

- Conducting disease control programme reviews is an annual key exercise that TeAM is familiar with. This includes an **evaluation of the policies and strategies** in place at the national level with the central unit of the Ministry of Health, as well as a review of the **impact, performance and cost effectiveness** of interventions at all levels of the health system. Reviews involve all key stakeholders.

In 2017, TeAM lead **5 program reviews of TB control programmes**. The beneficiary countries were Burkina Faso, Chad, Madagascar, Mali and Niger.

#### ❖ EXAMPLE OF TeAM INTERVENTION:



The Ministry of Health of **Madagascar** requested an **external programme review** in order to assess the impact, effectiveness and relevance of the TB programme over 2015-2016. The Review, commissioned by WHO, was conducted by 9 experts, combined with a GDF and GLC monitoring mission. Consultants visited 10% of the Treatment Centers of the country in 3 regions and met with partners from civil society as well as financial and technical partners from the National TB Programme.

With an incidence estimated at 236 TB cases/100,000 inhabitants, a detection rate of 51%, an HIV co-infection rate amongst TB cases at 0,8%, and a rate of Multi-Drug Resistant (MDR) and Rifampicin-Resistant TB (RR) amongst retreatment cases at 5,9%, Madagascar is one of the African countries most severely hit by TB, but with low TB/HIV co-infection and MDR-TB rates.

This review occurred at the mid-term period of the Madagascar TB National Strategic Plan 2016-2020 and the consultants work was based on the WHO strategy "to end TB". It is currently used for the Global Fund grant negotiation.

## 2. National strategic plans

- Designing or updating **National Strategic Plans (NSP)** and their **budget** is an essential management tool for disease control programmes. TeAM has been involved in the development of such plans for TB, HIV, and Malaria. The work also often includes the development of **Monitoring & Evaluation** and Technical Assistance plans.

TeAM supported in 2017 **TB National Strategic Plans and budgets in 8 countries**, namely Angola, Burkina Faso, Central African Republic, Chad, Mali, Mauritania, Niger and Rwanda.

### ❖ EXAMPLE OF TeAM INTERVENTION:

TeAM had been commissioned by WHO to conduct the NTP review of **Burkina Faso** in early 2017 and take stock of the implementation rate of the NSP 2013-2017 activities. The services of TeAM were then extended in order to develop the **National TB Strategic Plan 2018-2022**, allowing a direct follow-up and oversight on the inclusion of the conclusions of the NTP review into the NSP. The review also had served as a ground work for the national team at the NTP in identifying strengths and weaknesses of the programme against the “end TB” strategy of WHO.

An expert from TeAM developed the NSP 2018-2022 in collaboration with the NTP. The work spanned over 3 months, with a mix of in-country and in-distance work. The development of the NSP plan and a highly-detailed budget was then performed through the organization of workshops, which helped preparing the narrative of the Global Fund funding request and its budget.



### 3. Global Fund Procedures

- The Global Fund is a major source of funding for TB, HIV and Malaria Control Programmes. The cost of the investment is commensurate with the complexity and risks associated with grants implementation in resource-challenged countries. TeAM has in-depth knowledge and experience supporting Ministries of Health with funding requests, grants implementation and procedures, and governance. TeAM experts have contributed to all development steps of the Global Fund processes since its inception in 2002, including the 2017-2022 strategy, NFM concept notes and grant making forms and processes, Monitoring & Evaluation toolkit version 1 to 4, and the grant eligibility criteria.

In 2017, TeAM provided targeted technical support to 25 countries as part of Global Fund processes. With similar experience in previous years, TeAM has a real institutional knowledge on Global Fund grants in a large number of countries in Africa and Asia, so that we are a partner of choice for both the Global Fund and Expertise France, under its 5% initiative.

#### a. Funding requests

TeAM helped **12** countries with **Global Fund grant requests for TB, HIV, Malaria and HSS**. Such support included leading **country dialogue** with all stakeholders, providing support in **concept note preparation** (Funding Request), **risk management assessment**, **list of products**, **budget**, **performance framework** and partners mapping exercises.

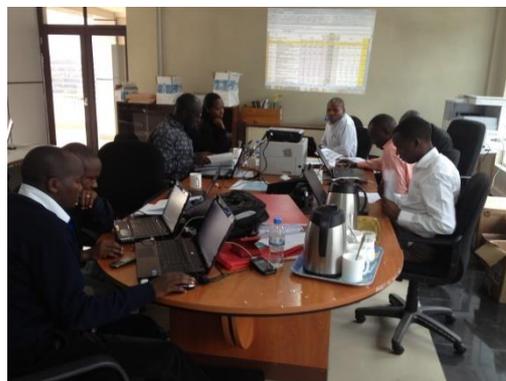
In 2017, the countries receiving TeAM support were Cambodia, Laos, Myanmar, Thailand, Viet Nam, Cameroun, Angola, Burkina Faso, DR Congo, Senegal, Chad and Tunisia. We reviewed more than 10 additional Funding Requests in West and Central Africa as part of the mock Technical Review Panel (TRP).



#### ❖ EXAMPLE OF TeAM INTERVENTION:

In **DR Congo**, TeAM was commissioned by Expertise France to support the Country Coordinating Committee in developing the next funding request to the Global Fund for the period 2018-2020. The request included all **four components of HIV, TB, Malaria, and Cross-cutting - HSS**. One expert supported the design, facilitation and documentation of the comprehensive **Country Dialogue process** for each of the four

components that lasted for twenty days. Four other experts were dedicated to the development and drafting of each of the funding request components.



## b. Grant making implementation

TeAM has supported some other **six** countries (Burkina Faso, Burundi, Cameroun, DR Congo, Madagascar and Morocco) with the **planning** of Global Fund grants and implementation of **Grant Making** processes, including the development of monitoring and evaluation plans and budgets.

### ❖ EXAMPLE OF TeAM INTERVENTION:

In **Morocco**, TeAM supported the CCM and the Ministry of Health throughout the various steps of the grant making process for its TB and HIV grants, so as to **convert the funding requests into actual grants**. In particular, TeAM experts helped answering to the questions and comments of the TRP and dedicated a large amount of their support to the budgeting of the various plans. The work also included the development and review of implementation calendars and the quantification of medicines.

## c. Governance and CCM

TeAM conducted in 2017 Global Fund **CCM Eligibility and Performance Assessment (EPA)** in **nine** countries: Burundi, Chad, Cote d'Ivoire, DR Congo Ghana, Guinea Bissau, Madagascar, Mali and Mauritania. In addition, we provided support for strengthening CCM governance in Guinea Bissau and Mali and for a regional CCM, OCAL (Organisation du Corridor Abidjan-Lagos).

### ❖ EXAMPLE OF TeAM INTERVENTION:

In **Mali**, TeAM supported the CCM in strategic follow-up of grants and in **strengthening the capacities of the CCM Secretariat** in using dedicated management tools. We made the strategic monitoring plan operational and trained the members of the CCM into strategic follow-up. We also accompanied the CCM in updating and using monitoring tools to improve financial programme management. Support was also provided in developing a risk management plan.

## d. Principal/Sub-Recipient management support

In **Mauritania**, the *Secrétariat Exécutif National de Lutte contre le Sida* (SENL) is the Principal Recipient of the Global Fund grants for HIV, TB and Malaria newly designated by the country. While additional new staff were recruited for this purpose, support was needed in training them on the specific administrative and financial procedures and tools of Global Fund grants. TeAM was mandated in 2017 by Expertise France to provide that technical assistance in **strengthening the**

**capacities of the new management team** of the SENLS, setting-up an effective coordination between the SENLS and the disease national control programmes, and developing a roadmap for the HSS activities. Support was also provided in procurement and supply management, with specific training, and in accelerating grant implementation.

## 4. Operational Research on quality assessment

- Good practices in public health management include conducting external quality assessments that inform programmatic decisions and improve overall program management to yield better impact. These studies involve expertise in epidemiology and statistics, in particular, with the development of a study protocol, questionnaire and statistical analysis. They often lead to additional operational research studies, taking the opportunity of the collected data to further improve programmes.

In 2017, TeAM has conducted external quality assessments for **five** countries for the Global Fund and Challenge TB/USAID: **Mali, Chad, Cameroun, Congo** and **Myanmar**. We also started working with the University of Bordeaux on the UNITAID-funded TB-Speed project.



### a. Health facility assessment and Data quality review surveys

For the Global Fund, TeAM conducted in 2017 **three Health Facility Assessment (HFA) /Data Quality Review (DQR) /Quality of Care (QoC) surveys** in **Mali, Chad** and **Cameroun**. In each of the three countries, the work was conducted in two phases.

First, we **review and validate the survey protocol** for the implementation of the HFA/DQR survey in collaboration with national working groups made of key stakeholders that would pilot the survey. An HFA/DQR/QoC survey protocol describes the objectives of the survey, the **methodology** of all stages of the implementation of the HFA/DQR/QoC and the role of different staff involved in the process. TeAM makes sure that the protocol is in accordance with the methodological documents and tools of the SARA/DQR survey developed by WHO. We also verify that tracer indicators selected to **assess the availability of health services and readiness to provide services, data quality and quality of care** are in accordance with Ministries of Health and the Global Fund specific needs. We provide oversight in the design of the sampling plan, data collection and analysis plan.

Secondly, as the survey is being implemented, we provide quality control oversight as we observe and validate the HFA/DQR/QoC survey conducted by national counterparts through reassessment of 5% sampling facilities.

For these missions, TeAM sets up project teams made of a project manager, a Country Team Leader, a statistician, and a quality improvement advisor.

## b. Epidemiological survey on HIV file

TeAM was mandated by Expertise France to conduct an **ARV file assessment** in **Congo**. One of the weaknesses in HIV patient case management in the country is related to the poor quality of data on the people living with HIV (PLHIV) that are under antiretroviral therapy (ART) and their survival. The active file of PLHIV reported to the National Aids Control Programme is not consistent with the quantities of ARV ordered and distributed. TeAM was requested to harmonise the data collection tools on HIV case management, and propose an overall plan for data quality improvement.

We designed a survey protocol and a methodology to assess the number of PLHIV under ART and other key data on the active file.

## c. External quality assessment for chest X-ray interpretation

- ❖ Performing also **operational research**, TeAM and SPI (Soutien Pneumologique International) were the principal investigators for a study on introduction of **Quality Control of chest X-ray (CXR) interpretation** for TB in **Myanmar**. It aimed to develop and test an innovative protocol for the quality control of CXR interpretation. In partnership with FHI360 and USAID under the Challenge TB mechanism, TeAM and SPI lead the **CXR External Quality Assurance project** to ensure early and correct screening and diagnosis for all people with presumed TB. Chest radiography is used earlier in the diagnostic algorithm for TB triaging and screening of presumed TB patients, and for diagnosis of TB when TB is not bacteriologically confirmed. TeAM and SPI developed an EQA Standard Operation Procedure (SOP) in collaboration with the NTP, and piloted it in five selected townships and 2 mobile teams in Myanmar. The SOP includes logistics to transfer analogue and digital CXR images, criteria to use during CXR interpretation to classify and analyse, and human resource organization for CXR re-reading, including identification of national re-readers. Under this project, TeAM and SPI also promoted the implementation of more accurate childhood TB diagnostics by developing and conducting a **childhood TB chest X-ray reading course** as a training of trainers.
- ❖ TeAM and SPI are partners of the **UNITAID-funded TB-Speed** project on **TB childhood early diagnosis** which spans over four years in seven countries (Cambodia, Cameroon, Côte d'Ivoire, Guinea, Mozambique, Sierra Leone and Uganda). TeAM and SPI role is to **measure evidence** on the role of CXR in childhood TB diagnosis, including quality control of CXR interpretation/TB diagnosis.



## 5. Laboratory and Diagnostic support

- A complete medical evaluation for tuberculosis (TB) must include a medical history, a physical examination, a chest X-ray (CXR) and a microbiological examination of sputum (or some other appropriate sample) through rapid molecular test such as GeneXpert, Line Probe Assay or TB Lamp (or microscopy test if molecular test is not available). It may also include a tuberculin skin test, other scans and X-rays, and surgical biopsy. In resource-challenged countries, technical assistance is needed to strengthen the capacities of laboratories in sputum sample examination and GeneXpert use, as well as those of health care workers in performing chest X-ray.

In 2017, TeAM and SPI (Soutien Pneumologique International) worked in **Myanmar** where we conducted a **training on CXR interpretation** in order to improve early TB screening and diagnosis. We also worked in **Swaziland** on **GeneXpert** deployment assessment.

### ❖ EXAMPLE OF TeAM INTERVENTION:

The **Xpert MTB/RIF** detects DNA sequences specific for Mycobacterium Tuberculosis and Rifampicin resistance by polymerase chain reaction. It is based on the Cepheid GeneXpert system, a platform for rapid and simple-to-use nucleic acid amplification tests (NAAT). In **Swaziland**, the use of GeneXpert devices was initiated in the year 2010 for TB and Rifampicin-Resistant TB diagnosis, and the connectivity between the sites was implemented in mid 2015 via GXAlert.



With **28 GeneXpert diagnostic sites** throughout the country, TeAM was commissioned by the Global Fund to perform an **assessment** of the investment in GeneXpert instruments and Xpert TB/RIF cartridges in the country in order to identify the barriers to roll-out, as well as enablers, and make recommendations to guide future investment for better impact. Swaziland uses Xpert instruments for TB and Rifampicin-Resistant TB diagnostic testing only, with plans to integrate HIV viral load and Hepatitis in the next Global Fund Cycle. TeAM mission was key in defining new strategic directions for the mapping and use of GeneXpert instruments in diagnosing the three diseases.

## 6. Programmatic Management of Drug-resistant TB

- Diagnosing, treating and caring for a person affected with multidrug-resistant TB (MDR-TB) pose enormous managerial challenges in any health care system. The programmatic management of drug-resistant TB (PMDT) is typically oriented in systems establishment (i.e. budgetary, infrastructure, procurement, communication, management) that assist and facilitate the clinical, laboratory, and social support-related components of drug-resistant TB prevention, diagnosis, treatment and care.

In 2017, TeAM was involved in PMDT on **two** occasions: in **Cameroon**, to support diagnosis and treatment of MDR-TB, as well as for **Zimbabwe, CAR, Guinea, Ghana and Gabon** as part of a GLC PMDT mission report desk review. We also took part of the review meeting on GLC technical support to scaling up PMDT as GLC AFRO member, representative of the private sector.

### ❖ EXAMPLE OF TeAM INTERVENTION:

TeAM provided technical assistance in **Cameroon** in the **management of MDR-TB cases at regional level**, including those in **prisons**. The objective was to increase early diagnosis coverage and improve case management through capacity building of health care workers in 12 regions.

TeAM consultants proceeded with a situation analysis, drawing up diagnosis, therapeutic, and secondary effect management gaps and worked with the National TB Programme and partners to share and review the results of this exercise. They

then organized a series of **twelve trainings** for health care workers across all regions of the country aiming at increasing case diagnosis and care.

## 7. Prevention of Mother-To-Child Transmission

- Mother-to-child transmission of HIV is the spread of HIV from a woman living with HIV to her child during pregnancy, childbirth, or breastfeeding (through breast milk). The prevention of mother-to-child transmission (**PMTCT**) refers to interventions to prevent transmission of HIV from an HIV-positive mother to her infant during pregnancy, labour, delivery, or breastfeeding.

### ❖ EXAMPLE OF TeAM INTERVENTION:

In 2015, Expertise France commissioned TeAM to provide technical assistance to the Ministry of Health of **Djibouti** in its **implementation** of the **prevention of mother-to-child transmission programme**. The country was experiencing one of the highest HIV prevalence rate of the region and PMTCT was set as a national strategic priority.

TeAM consultants assessed the implementation status in 2013/2014 of the 5-year plan on eliminating MTCT. They reviewed all available documents such as PMTCT protocol and guidelines, counselling guidelines, and communication plan. They



gathered best practices and developed a pocket guide. After an evaluation of bottlenecks to the proper implementation of the PMTCT programme, they proposed an action plan with a chronogram of activities and monitoring indicators. They also worked with the programme central unit on the monitoring and evaluation aspect of PMTCT.

## 8. Procurement & Supply Management

- The procurement and supply of medical **drugs** and **consumables** for the diagnosis and treatment of patients is an essential component of disease control programme management. TeAM offers expertise in this area, including on related issues such as quality assurance, pharmaco-vigilance, specifications support, etc.

In 2017, TeAM supported **quantification of HIV, TB and Malaria products in the 12 Funding Requests** mentioned earlier in this report, and PSM plans in Cape Verde, Madagascar and Mauritania. We also supported the organization of a **workshop in Benin** dedicated to the **quantifying HIV medical supplies**. The 3-day workshop gathered officers in charge of medical stores from all treatment centres of the country and provided an opportunity to review who are the different actors and their role within the country supply chain.

#### ❖ **EXAMPLE OF TeAM INTERVENTION:**

In 2016, TeAM developed a **procedure manual for the TB, HIV and Malaria procurement and supply systems of Cape-Verde**. TeAM consultants worked closely with central level officers to ensure they were fully involved in the development and implementation of the manual. Many implementation tools were developed such as monthly and quarterly calendars, stock cards, inventory report templates, distribution plan, or again packing lists.

TeAM also lead a training of 13 trainers on the use of the manual. The participants comprised staff from the central level pharmacy directorate, as well as from hospitals and treatment centres.

The mission also highlighted the need for extra staff such as logistician and data analyst at the central level for proper PSM management.

## 9. Health workforce

- Human resources for health is a major drive to public health interventions, and issues such as skills, training, financing, motivation and retention often requires technical assistance, which TeAM offers.

TeAM has experience organizing regional and local **workshops, seminars or short-courses** and **training programmes** in public health, as well as designing curriculums. This is in addition to **on-the-spot training** that often happen during technical assistance visits to health posts at different levels of the health system. The most famous training TeAM has been conducting is the one of **Ouidah in Benin** with WHO AFRO, but TeAM has also worked on designing a **university curriculum in Burkina Faso** as well as a **mentorship programme** with graduates from the **Hebrew University of Jerusalem, Israel**.



#### ❖ EXAMPLE OF TeAM INTERVENTION:

Over 2011-2015, TeAM has facilitated the well-respected regional course on programmatic management of TB, TB/HIV and MDR-TB in Ouidah in Benin, in collaboration with WHO. The course typically train about 30 people annually and has now been in place since many years, becoming a reference in TB control.

## 10. Community health

- Community involvement is an important component of public health interventions. Community health comprises preventive, promotional, curative and re-adaptive health services for communities and delivered by them, under the supervision of skilled health care worker. Community actors intervene in education and sensitization, screening, ensuring treatment adherence, referring and accompanying patients to relevant health units. TeAM has experience supporting community health, as part of health systems strengthening.

In 2017, TeAM conducted **two projects on community health assessment and support**: in **Senegal**, with a mapping exercise of existing community interventions, and in **Cote d'Ivoire**, with support and capacity-building to the “Alliance Globale des Communautés pour la Santé et les Droits”, a network of NGOs working on HIV in Francophone Africa.

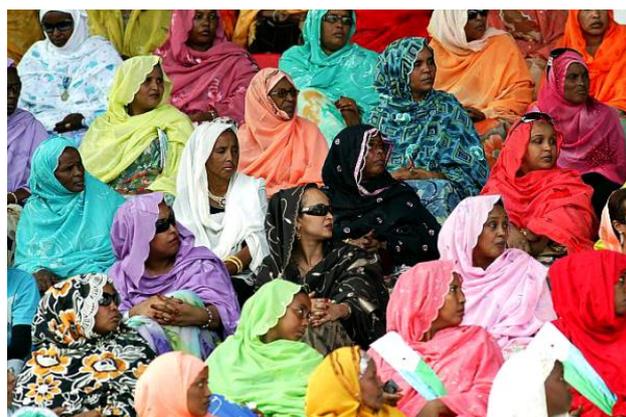
#### ❖ EXAMPLE OF TeAM INTERVENTION:

TeAM lead the development in **Senegal** of a comprehensive **mapping** and **data repository of community interventions**, actors and costs. The aim was to record status, norms, standards and operating procedures that would support the organization, coordination and the harmonizing of tools and interventions as well as

the supervision of the different community actors within the health and social action fields.

TeAM experts worked with the Ministry of Health at national, regional and operational levels, development partners, faith-based organizations, international and national NGOs, and the networks of community organizations.

This intervention allowed to delineate specific challenges related to the motivation, financing and support to community actors.



## 11. Digital/E-health

- New technologies represent a great opportunity for public health, from increasing access to reducing costs or increasing effectiveness. TeAM has on a number occasions been involved in e-Health projects, and expects a development of these in the future.

In 2016, TeAM lead the development and implementation of a **TB patient web-based information system** in **Senegal**. Similar projects had been developed by TeAM in the past in **Myanmar**, **Rwanda** or **Niger**. TeAM also developed an e-Learning course on CXR interpretation for Pacific Island countries.

Going beyond, we expect to be soon involved in projects using drones to transport laboratory samples for better access to molecular TB diagnostic test in Africa and decentralization of treatment services in remote villages.

### ❖ EXAMPLE OF TeAM INTERVENTION:

TeAM partnered with **MEDES, the French Institute for Space Medicine and Physiology**, and the National TB Programme of **Senegal** to transform TB case management with the design of an information system called **e-TB Senegal**, for a TB patient web-based **electronic data recording, reporting and sharing**.

The information system operates as a flexible, open source and free system, that is accessible either in connected or disconnected modes on computers or smartphones. E-TB Senegal contributes to better screen, diagnose, treat and follow-up patients thanks to electronic data collection, reporting and sharing, to improve the measurements and analysis of indicators related to the end TB strategy including the epidemiological impact of tuberculosis, and to improve the quality, completeness, exhaustiveness and rapidity of data collection and sharing.

The system was designed to easily integrate new diagnostic algorithms, new definitions, new treatments, new technologies or strategies and connexion to other web based system such as DHIS2 or GX-Alert.

## 12. Expertise

- TeAM offers its expertise in various forms. This may be through supporting the organization of Global Health Conferences or contributions to publications. In addition, TeAM experts are often solicited for developing or updating norms and guidelines according to WHO latest recommendations. The work requires substantial technical expertise, as well as the ability to convene all stakeholders for them to embrace the new norms and tools.

### a. National Conferences on health financing and sustainability

In 2017, TeAM supported the organization of **two national Conferences on health financing and sustainability** in **Senegal** and in **Benin**, selected by the Global Fund and the Bill and Melinda Gates Foundation as priority countries for improving health financing efficiency.

- ❖ In **Senegal**, a **national dialogue** was conducted with more than 50 representatives from the Ministry of Health, the Ministry of Finances, the Parliament, CSOs, the private sector, bilateral and multilateral partners in order to implement the Health Financing National Strategy. TeAM consultants lead on the development of preparatory and follow-up technical documents. Three work streams were set-up: local authorities, private sector, and partnerships.
- ❖ In **Benin**, TeAM also accompanied the organization of a national dialogue on health financing, with the objective to achieve **universal health coverage**. The conference allowed the development of a roadmap for the implementation of the Health Financing National Strategy as well as a sustainability plan for the increase of national financing of the health sector in Benin. The vision of Benin is to have by 2025 a health system based on private and public initiatives for the continuous availability of quality health services.

### b. Norms and guidelines development

In 2017, TeAM supported **four** countries in the development of **guidelines for TB: Central African Republic, Angola, Senegal and Mauritania**.

- ❖ TeAM developed in **Central Africa Republic** a **Guide for TB case management amongst internally displaced people and refugees**, which represent more than 400,000 people. An in-depth situation analysis was performed ahead of the development of the guide at the request of the Ministry of Health.
- ❖ WHO requested TeAM, on behalf of the Ministry of Health of **Angola**, to provide technical support for the health staff capacity building, monitoring, evaluation and updating of the National TB program documents.  
A TeAM consultant revised the **National Treatment Guidelines** and the **TB Manual** and data collection **R&R forms**. The work was organized through a thorough review of existing documents, working sessions with the NTP staff, and a final delivery and endorsement meeting with all stakeholders. The mission proved extremely useful in immediate skills strengthening of NTP staff in detecting and managing TB cases according to the new WHO norms and end TB strategy.
- ❖ In **Mauritania**, the « *Secrétariat Exécutif National de Lutte contre le SIDA* », acting as Principal Recipient of the TB, HIV, and Malaria grant from the Global Fund, asked TeAM support in developing **Guidelines for TB in children** and related **training modules**.  
TeAM consultants focussed on technical aspects of national recommendations, related to microscopy diagnosis, the availability of a national algorithm for the interpretation of X-pert MTB/RIF test results, options for samples transportation to GeneXpert-equipped centres, the availability of X-ray, tuberculin skin test (TST) and of new paediatric TB drug formulations. Discussions also were made on the progressive stoppage of the retreatment protocol according to WHO recommendations this year.

Thanks to TeAM intervention, the NTP now has a validated national guide for the case management of TB in children, together with training modules for trainings of trainers.



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*Thank you for the read!*



## *Abbreviations*

ART	Anti Retroviral Treatment
ARV	Anti Retro Viral
CCM	Country Coordinating Committee
CSO	Civil Society Organisation
DFID	Department of International Development of UK
EPI	Expanded Programme of Immunization
FHI360	Family Health International 360
GF	Global Fund
GDF	Global Drug Facility
GLC	Green Light Committee
HFA/DQR/QoC	Health Facility Assessment/Data Quality Review/Quality of Care
IFRC	International Fédération of Red Cross societies and Red Cressant
IRD	Institut de Recherche pour le Développement
MEDES	Institut Français de Médecine et de Physiologie Spatiales
NFM	New Funding Model
NTP	National Tuberculosis Programme
OCAL	Organisation du Corridor Abidjan-Lagos.
PMTCT	prevention of mother-to-child transmission
PR	Principal Recipient
PSI	Populations Services International
PSM	Procurement Supply and Management
PTME	Prévention de la transmission mère-enfant
R&R	Recording and Reporting
HSS	Health System Strengthening
HIS	Health Information System
SMRU	<i>Shoklo Malaria Research Unit</i>
TA	Technical Assistance
TeAM	Technical Assistance for Management
TB	Tuberculosis
MDR-TB	Multi-Drug
RR TB	Rifampicin Resistant Tuberculosis
TRP	Technical Review Panel
WHO	World Health Organisation