



Technical Assistance for Management

Activity report

2018



May 2019

Foreword

TeAM continues to grow fast with an annual growth rate close to 20% per year between 2012 and 2017. TeAM stabilizes its growth with a turnover in 2018 similar to 2017; maintaining our activity is allowing us to continue to serve a high number of people 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, Niger or Chad, for a variety of missions.

This year, about **119 missions** were conducted in **28 countries around the world**, particularly in Africa and Asia. We have conducted these on behalf of **Expertise France, WHO and The Global Fund (TGF)**, but also Gavi, UNITAID, USAID/FHI360, 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 Systems for Health (RSSH).

This year we also invested in new areas of expertise: in **operational research (OR)** in early paediatric and adolescent TB diagnosis within TB-Speed project funded by UNITAID consisting in development of a training course on simplified child chest-X-ray (CXR) interpretation for non-medical health staff; in **Data Quality Review** of Health Information System and Quality of Care studies and **Health Facility Assessment** (HFA/DQR/QoC) conducted in 4 countries; on **GeneXpert** use assessment; and lastly, on Gavi Health System Strengthening evaluation in one country.

As we step into 2019, we are implementing TB Speed project and simplified child CXR interpretation training in 6 countries, we carry on with Gavi funding request on Health System Strengthening 2020-2024, we will pilot test a project to demonstrate that in post-partum is at risk for TB, we support disease National Strategic Plan in view of the 2020-2022 Global Fund funding request.

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

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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 2018 across the three epidemics - TB, HIV and Malaria - but also across other non-disease-specific thematic interventions: Resilient and Sustainable Systems for Health (RSSH), Civil Society Organizations (CSO), Principal Recipient (PR), Country Coordinating Mechanism (CCM), and Health Information Systems (HIS).

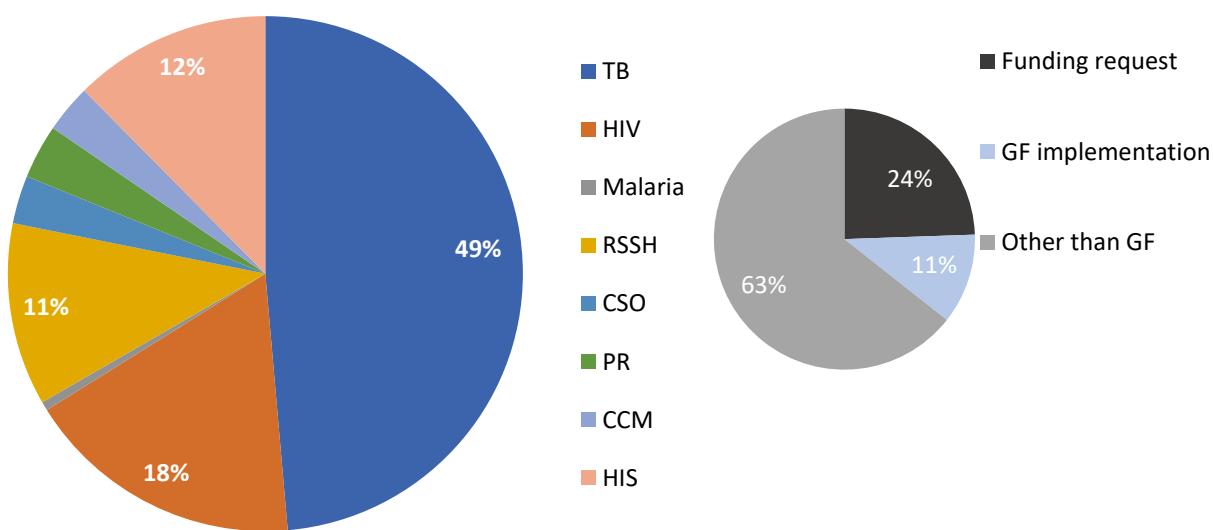


Figure 1: Main areas of work in 2018

A large proportion of our activities dealt with TB (49%), but also quite significantly with HIV (18%) Health Information System (HIS 12%), and RSSH (11%). Two third of activity was not related to Global Fund (63%)

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 till 2015. In 2018, our work largely increase outside the Global Fund.

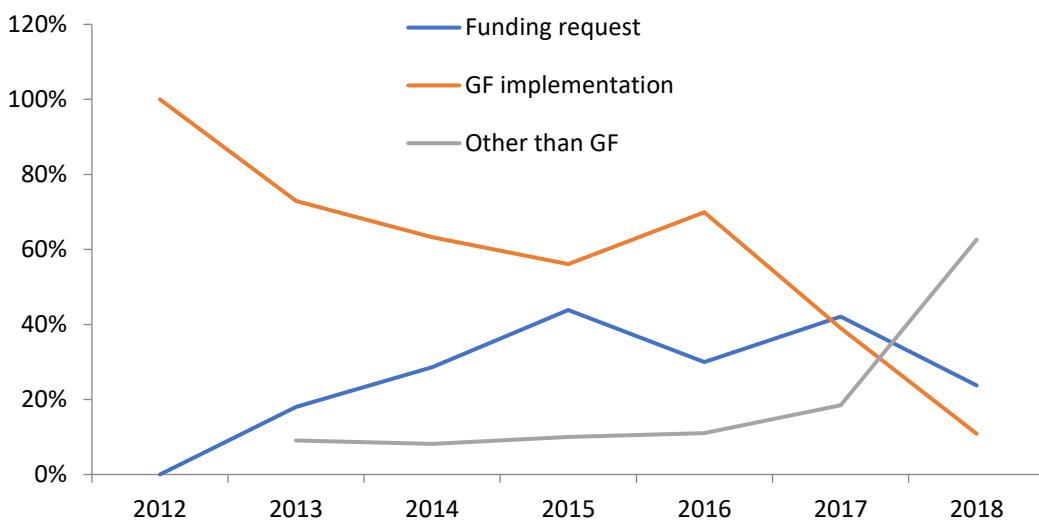


Figure 2. TeAM areas of work and Global Fund 2012-2018

3. How do we Work?

TeAM conducted in 2018 alone **119 technical assistance missions** in **28 countries** and mobilized more than **101 national and international experts** during about **2,851 man/woman working days**. These 119 country visits were conducted as part of **63 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:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ✓ Australian Aid ✓ Catholic Relief Services ✓ DFID/SMRU ✓ Expertise France ✓ Global Drug Facility ✓ The Global Fund ✓ IFRC ✓ Gavi | <ul style="list-style-type: none"> ✓ GIZ ✓ Ministries of Health in developing countries ✓ Populations Services International (PSI) ✓ Save the Children ✓ Stop TB Partnership ✓ Union | <ul style="list-style-type: none"> ✓ UNITAID ✓ UNAIDS ✓ UNDP ✓ UNOPS ✓ USAID/FHI360 ✓ WHO |
|--|--|--|

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

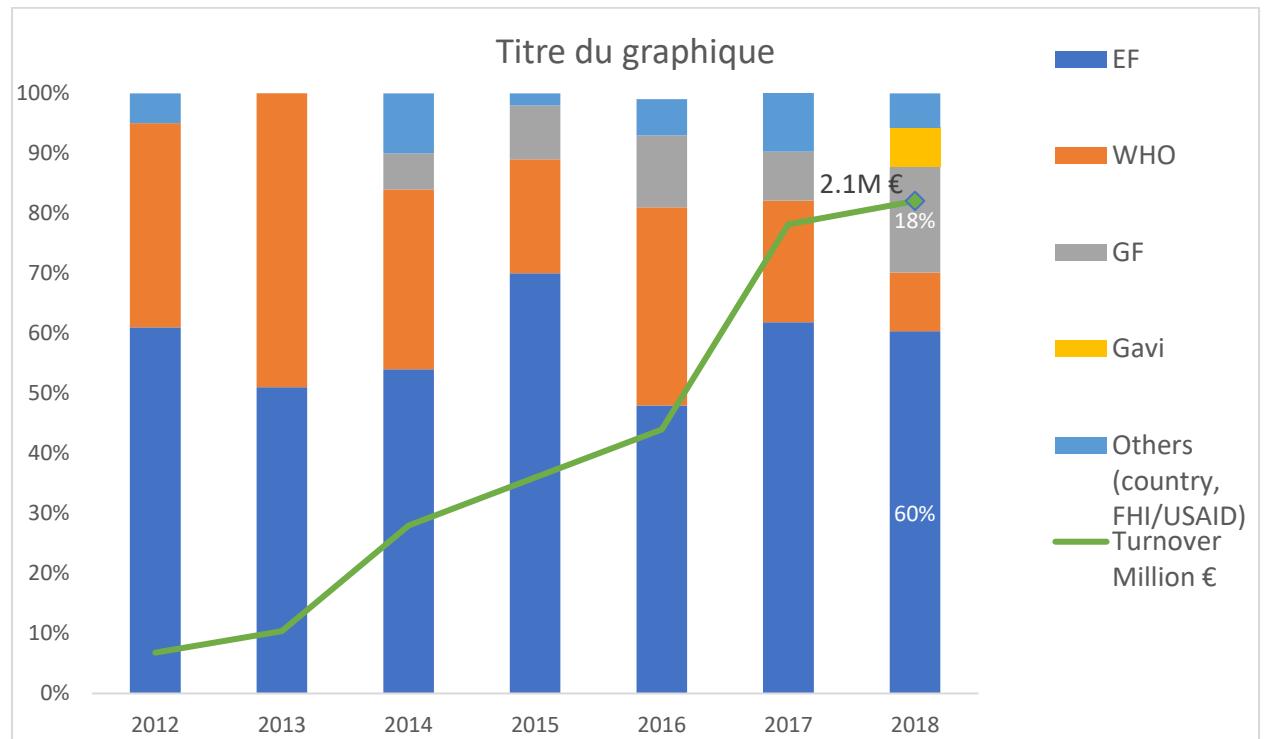


Figure 3: TeAM funding source and turnover 2012-2018

Prequalification: TeAM is a preferred partner from:

- ✓ **Expertise France** channel 1, since 2012
- ✓ **The Global Fund**, on Country Coordinating Mechanisms (CCMs), since 2014 renewed in 2016
- ✓ **The Global Fund Office of the Inspector General** since 2018
- ✓ **The Global Fund**, on Health Facility Assessment/Data Quality Review (HFA/DQR) since 2016 renewed in 2019.

Competitive bidding success rates are as high this year as previous years or even higher. 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:

Submission (% succes)	2018	2012-2018
EF Canal 1	74 (58%)	275 (44%)
EF Canal 2 et 3	0 (0%)	9 (0%)
EF Assessment of canal 2	3 (66%)	5 (40%)
Global Fund	16 (25%)	63 (25%)
WHO	15 (73%)	92 (91%)
Stop TB	0	7 (86%)
USAID	3 (100%)	6 (67%)
UNITAID	1 (0%)	3 (33%)
IFRC	0 (0%)	4 (50%)
Gavi	2 (50%)	4 (50%)
Total	114 (58%)	468 (51%)

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, Bordeaux University, FHI360, but also Expertise France, WHO and the Global Fund.

6. Where did we Work?

In 2018, we have been working in 28 countries worldwide in low and middle income countries, including in fragile states. We had previously worked in 24 out these 28 countries, valuing continuity, and satisfaction of our support.



Figure 4: mapping of countries receiving TeAM support in 2018

Our missions covered the following sub-regions throughout the years, with a major focus on French-speaking African countries representing 79% of our support followed by Asia with 10% of total:

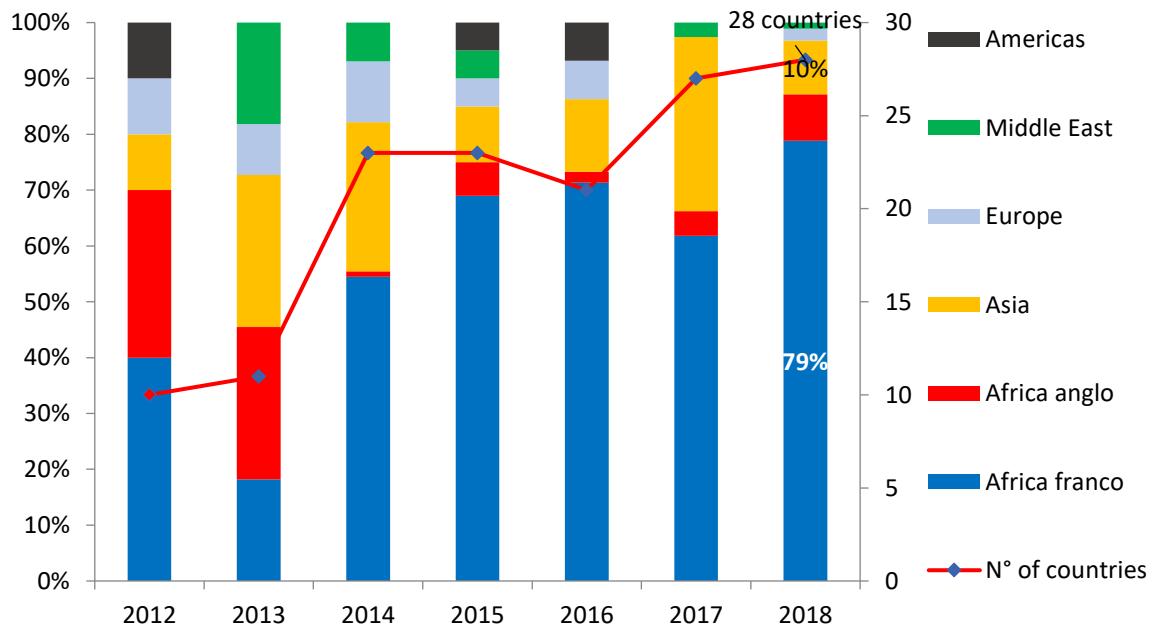


Figure 5 : Interventions of TeAM by sub-region in 2018

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.



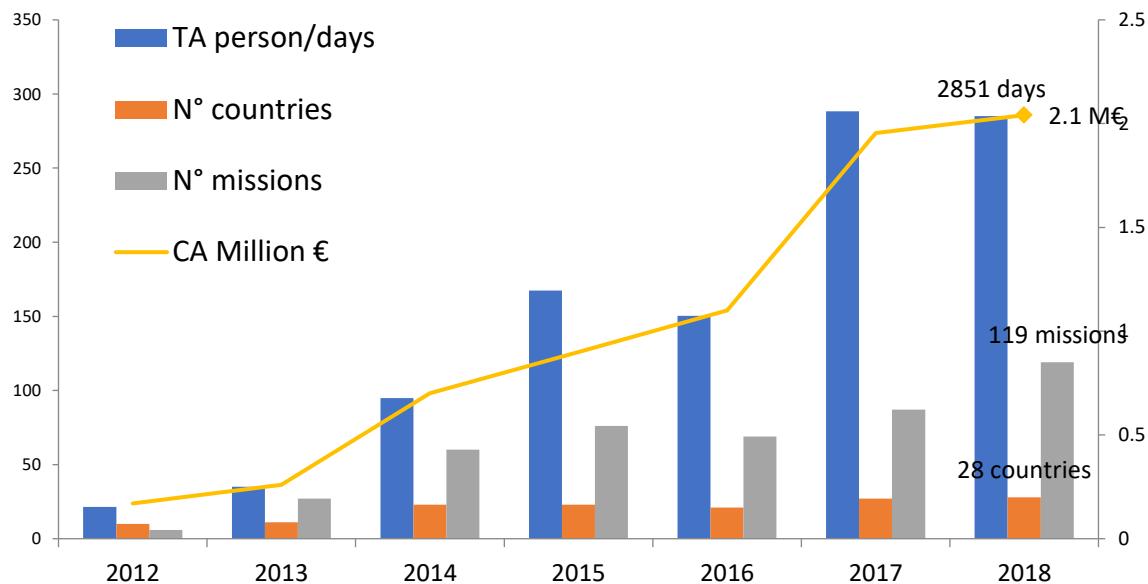
8. Our Finances

The annual turnover of TeAM during its seventh year of existence reached just over **2 millions Euros** in 2018, 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. TeAM's priority is to maintain quality of deliverable at competitive price with adapted TA expertise answering countries and providers demands in a very reactive way.

Despite great results, TeAM, has sometimes been perceived as short term rather than long term provider, Much of its activity currently encompasses repeated short technical assistance missions averaging 25 days (each trip) in 2018. TeAM is indeed eager to develop **more longer-term projects**.

To better engage in long term project, Action Sante Team – AST has been launched in addition to TeAM. AST is a **not-for-profit** NGO aimed at making a difference in public health in poor-resource settings, with good value for money to potential donors. The competitive pricing of AST and TeAM may convince of the philanthropic attitude that guides us, along with pragmatism.

After 7 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.



2018 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 **3 program reviews of TB control programmes**. The beneficiary countries were Burkina Faso, Cambodia and Lao PDR.

❖ EXAMPLE OF TeAM INTERVENTION:



The Ministry of Health of Burkina Faso 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 49 TB cases/100,000 inhabitants, a detection rate of 59%, an HIV co-infection rate amongst TB cases at 9 %, and a rate of Multi-Drug Resistant (MDR) and Rifampicin-Resistant TB (RR) amongst retreatment cases at 14%, Burkina Faso is one of the African countries presenting regular TB incidence decrease these last years.

This review occurred at the mid-term period of the TB National Strategic Plan 2016-2020 and the consultants work was based on the WHO strategy "to end TB". This work will be used for the next Global Fund funding request covering the 2020-2022 period to be submitted end 2019 or early 2020.

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. In 2018, TeAM supported community strategic plan in Burkina Faso, Cameroun, Senegal and Benin; TB infection control plan in Mali, Chad, and Sierra Leone ; TB active case finding in Central Africa

❖ **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 2018, 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 **10** countries with **Global Fund grant requests for TB, HIV, Malaria and SRSH**. 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 2018, the countries receiving TeAM support were Bénin (SRSH), Comoros (TB and HIV), Cambodia (TB), Gabon (TB), Niger (TB and SRSH), Mauritania (TB, HIV and SRSH), Serbia (HIV), Chad (TB and SRSH), and Tunisia (HIV). 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 **Niger**, 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 **TB and Cross-cutting SRHS components**. 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 **five** countries (Albania, Gabon, Lao PDR, Niger and Mauritania) with the **planning** of Global Fund grants and implementation of **Grant Making** processes, including the development of monitoring and evaluation plans and detailed budgets.



❖ EXAMPLE OF TeAM INTERVENTION:

In **Mauritania**, 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 2018 Global Fund **CCM Eligibility and Performance Assessment** (EPA) in Burundi and Sierra Leone. In addition, TeAM participate in the new CCM Evolution initiative to start in 2019 in 3 countries namely **Niger, Burundi and DR Congo**.

❖ EXAMPLE OF TeAM INTERVENTION:

In **Burundi**, 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 **Albania, Lao PDR, Mauritania and DR Congo**, TeAM strengthen respective Principal Recipient staff of the Global Fund grants for HIV, TB and Malaria on administrative and financial Global Fund procedures. 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 2018 by Expertise France to provide that technical assistance in **strengthening the capacities of the new management team** of the SENLS in Mauritania and Albania, setting-up an effective coordination between the SENLS and the disease national control programmes, and developing a roadmap for the SRSH activities. Support was also provided in

procurement and supply management, with specific training, and in accelerating grant implementation in Albania, DR Congo and Laos.

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 2018, TeAM has conducted external quality assessments for **six** countries for the Global Fund and Challenge TB/USAID: **Cameroun, Chad, Congo, Mali, Myanmar and South Sudan**. We also worked 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 2018 **four Health Facility Assessment (HFA) /Data Quality Review (DQR) /Quality of Care (QoC) surveys** in **South Sudan, Mali, Chad and Cameroun** and complete 2 of them in Chad and Mali. In each of the four 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 **Burundi**. 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. TeAM and SPI developed in 2018 a simplified child CXR interpretation training tool. This course will be piloted in 2019

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 2018, TeAM and SPI (Soutien Pneumologique International) worked in **Myanmar** and **Cambodia** where we conducted a **training on CXR interpretation** in order to improve early TB screening and diagnosis. We also worked in **Swaziland** and **Bangladesh** 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 **Bangladesh**, the use of GeneXpert devices was initiated in the year 2012 for TB and Rifampicin-Resistant TB diagnosis, and the connectivity between the sites was implemented in mid 2015 via GXAlert.



With **175 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. Bangladesh uses

Xpert instruments for TB and Rifampicin-Resistant TB diagnostic testing only. Xpert utilisation rate was high at 65% with positive impact such as 11% TB case finding increase in areas covered by Xpert and 35% RR TB case finding increase in the country. TeAM mission was key in defining new strategic directions for the mapping and use of GeneXpert instruments in TB diagnosing and propose strategic change on development of specimen transport system and X-ray equipment investment.

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 2018, TeAM was involved in PMDT on **two** occasions: in **Cameroon**, to support diagnosis and treatment of MDR-TB, as well as for **Burkina Faso, Mali, Niger, DR Congo, and Senegal** 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 2018, Expertise France commissioned TeAM to provide technical assistance to the Ministry of Health of **Burkina Faso** to conduct a survey on the feasibility of use of routine data of the **prevention of mother-to-child transmission units for HIV surveillance of pregnant women**. Before adopting an HIV sentinel surveillance system based on data collected routinely in PMTCT units, it was necessary to assess the feasibility to conduct this transition and Burkina capacity to do it. Such transition calls for a rigorous methodology and the decision to make the change should be based on qualitative PMTCT data. Similar study conducted in 1996 identified important obstacle preventing such transition to a new system.

Burkina context has largely improved and it is now time to reexamine the feasibility of such transition. TeAM consultants will ensure the quality of the study and the methodology of this work conducted by the CNLS.

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 2018, TeAM supported **quantification of HIV, TB and Malaria products in the 10 Funding Requests** mentioned earlier in this report, **and PSM plans in Niger**. 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 2017, 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

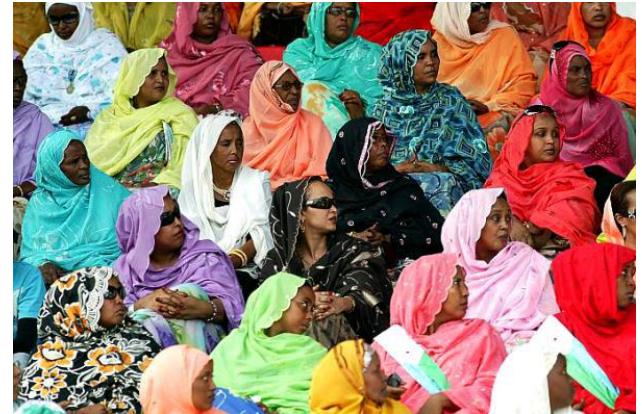
- Community involvement is an important component of public health interventions. Community health comprises preventive, promotional, curative and re-adaptive health services for communities and delivered by them, under the supervision of skilled health care worker. Community actors intervene in education 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 2018, TeAM conducted **three projects on community health assessment and support**: in **Senegal**, with a mapping exercise of existing community interventions, and in Cameroun to strengthen CAMNAFAW network of NGOs working on HIV and in Mali to strengthen health community support network.

❖ 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. Expertise – Norms and guidelines development

- 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.

In 2018, TeAM supported **five** countries in the development of **guidelines for TB: Cameroun , Central African Republic, Chad Cote d'Ivoire, and Mali.**

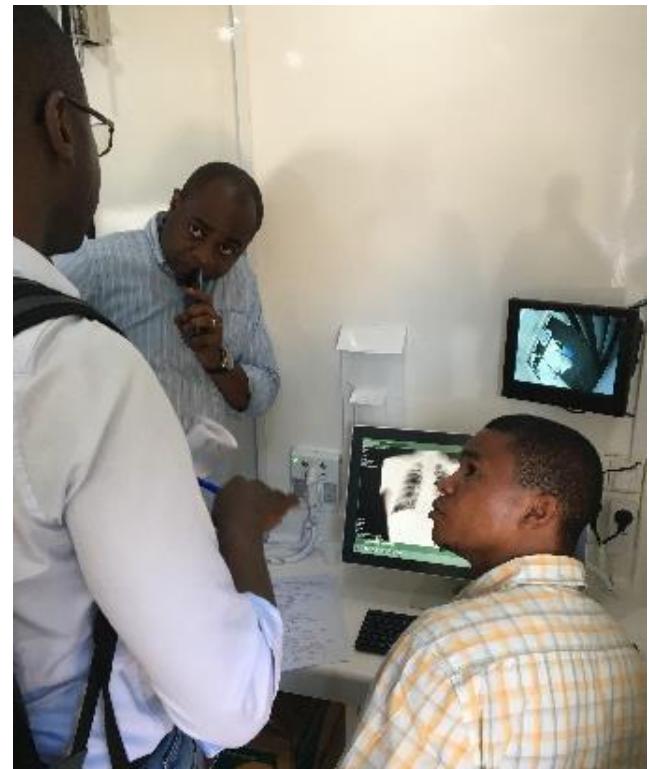
- ❖ TeAM developed in **Central Africa Republic** a **Guide for TB active case finding amongst high risk groups**. An in-depth situation analysis was performed ahead of the development of the guide and implementation plan at the request of the Ministry of Health.
- ❖ WHO requested TeAM, on behalf of the Ministry of Health of **Chad and Mali**, to provide technical support and health staff capacity building on TB infection control norms and guidance and updating of the National TB program documents. A TeAM consultant revised the **Infection Control national Guidelines** and the 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 the End TB strategy.
- ❖ In Côte d'Ivoire, the National Tuberculosis Program requested support from TeAM to develop guidelines for the management of Latent TB, as well as related training modules.

In Cameroon and Niger, the National Tuberculosis Control Programs of these two countries have requested support from TeAM to develop guidelines for the management of TB in children, as well as related training modules..

- ❖ In Cameroun and Niger, National Tuberculosis Program requested support from TeAM to develop guidelines and operational plan **for TB in children** and adolescent.

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.



Thank you for the read!

Abbreviations

ART	Anti Retro Viral 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
HIS	Health Information System
HSS	Health System Strengthening
IFRC	International Fédération of Red Cross societies and Red Crescent
MDR-TB	Multi-Drug
NFM	New Funding Model
NTP	National Tuberculosis Programme
PMTCT	prevention of mother-to-child transmission
PR	Principal Recipient
PSI	Populations Services International
PSM	Procurement Supply and Management
PMTCT	Prévention de la transmission mère-enfant
R&R	Recording and Reporting
RSSH	Resilient & Sustainable Systems for Health
RR TB	Rifampicin Resistant Tuberculosis
TA	Technical Assistance
TB	Tuberculosis
TeAM	Technical Assistance for Management
WHO	World Health Organisation
XR TB	Extreme Rifampicin Resistant Tuberculosis