



Technical Assistance for Management

Activity report

2019



April 2020

Acknowledgements

The following persons contributed to the reviews : Christelle Boulanger, Céline Norval, Pierre-Yves Norval, Patricia Vasseur, Luc Vandeputte sous la coordination de Pierre-Yves Norval.

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Illustration : Julie Vandeputte

Photographies : Christelle Boulanger, Dim Bunnet, Atiqa Chajai, Juma Kariburyo, Karl Hounmenou, Nuccia Saleri, Pierre-Yves Norval, Prudence Wachinou, Roy Wakim

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Foreword

After rapid annual growth between 2012 and 2017, TeAM has had a sustained activity since 2017; maintaining our activity is allowing to continue to serve 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 high quality expertise drawing on a **large network of 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, Mali or Chad, in 2019 for a variety of missions.

This year, **135 missions** were conducted in **33 countries around the world**, particularly in Africa and Asia, on behalf of **Expertise France, WHO and The Global Fund**, 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 provided expertise on the **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: in **operational research** in early paediatric and adolescent TB diagnosis within TB-Speed project funded by UNITAID consisting in development and implementing of a training course on simplified child chest-X-ray (CXR) interpretation in 5 countries; 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 in 2 countries; in Office of the Inspector General audit in 4 countries, in piloting CCM evolution in 3 countries and lastly, on Gavi Health System Strengthening plan 2020-2024 in DR Congo

As we step into 2020, we are analysing results of the simplified child CXR interpretation training in 6 countries, we will support the 2021-2023 Global Fund funding requests.

The success of TeAM is attributable first and foremost to **our 70 experts** who trusted us and applied through our agency in 2019. **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





An Overview of TeAM

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



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.

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.

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 2019 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).

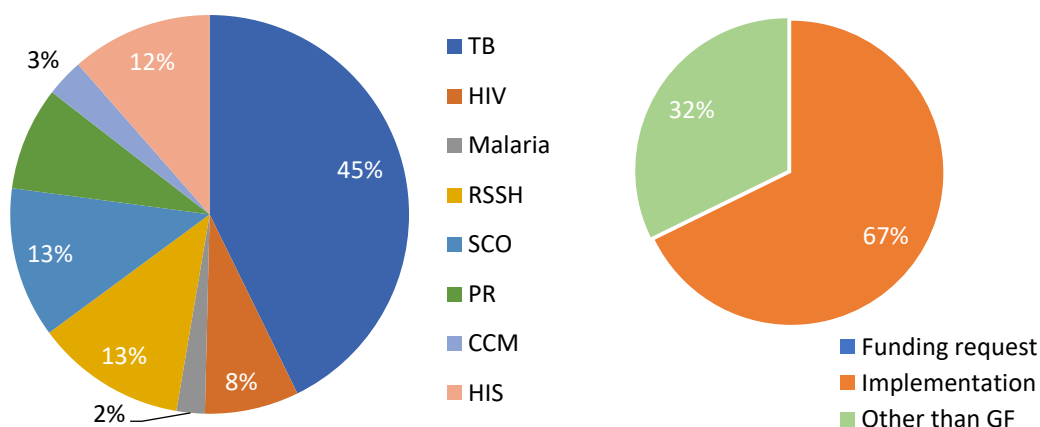


Figure 1: Main areas of work in 2019

A large proportion of our activities dealt with TB (45%), but also quite significantly with health system strengthening RSSH (13%), community support (13%), Health Information System (HIS 12%), and HIV (8%). Two third of activity was related to Global Fund (67%)

The following graph shows annual variations according to the 3 groups of TA which are requests and implementation of Global Fund grants and other missions. Our support varies according to the cycle of

Global Fund funding request. The New Funding Model (NFM) 1 was launched in 2014 and spread over 3 years, the NFM2 launched in 2017 spread over 2 years. The NFM3 will be tightened mainly in 2020.

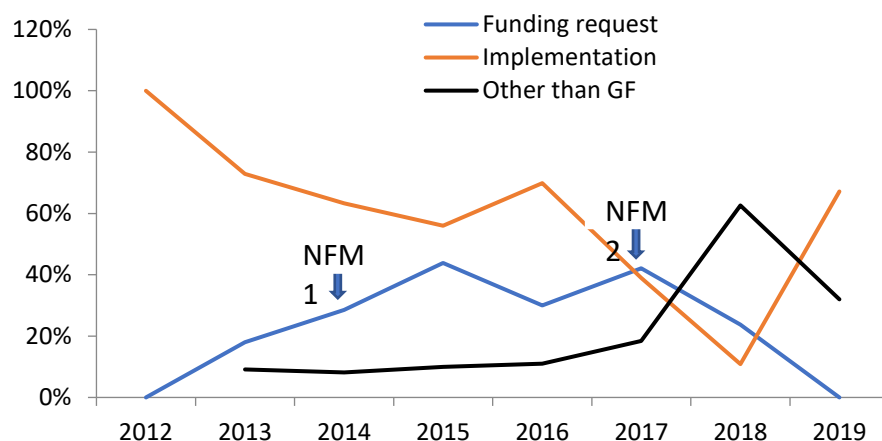


Figure 2. TeAM areas of work and Global Fund 2012-2019



3. How do we Work?

TeAM conducted in 2019 alone **135 technical assistance missions in 33 countries** and mobilized more than **70 national and international experts** during about **2,778 man/woman working days**. These 135 country visits were conducted as part of **69 mandates** from different institutions. Long term contract increased in 2019 decreasing the turnover.

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 extensive knowledge and practice with WHO departments, health programme managers from most developing countries in Africa, Asia, Eastern Europe, the Pacific and the Americas, which facilitates communication and trust.

"I am a doctor at start and I have been working in all the steps of the health pyramid starting as clinician, then head of a district and of region ending as Minister of Health in my country. I practiced as MD at the central level hospital where I was then a teacher and lastly held a management position. Then I was Minister of Health and a member of the WHO Executive Board. So I'm comfortable chatting with partners at any position. "

TeAM experts have contributed to some key development steps of the Global Fund processes since its inception in 2002, including the 2017-2022 strategy, 'New Funding Model' concept notes formulary 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.

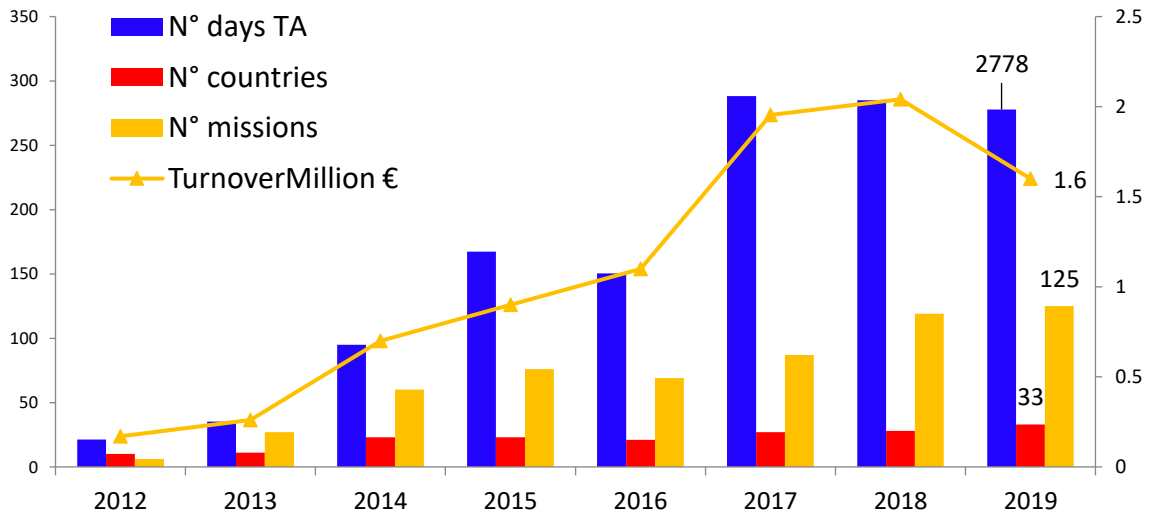


Figure 3 : TeAM activity 2012-2019

4. Our Clients

TeAM has experience working by order of importance in term of workload and \$-worth mandates :

👥 Expertise France	👥 CHMP	👥 UNDP	👥 DFID/SMRU
👥 WHO	👥 L'Union	👥 Global Drug Facility	👥 PSI
👥 Global Fund	👥 Stop TB Partners.	👥 Ministères de la santé	👥 Action contre la Faim
👥 Gavi	👥 GIZ	👥 IFRC	👥 Australian Aid
👥 UNITAID	👥 UNAIDS	👥 Save the Children	
👥 USAID/FHI360	👥 UNOPS	👥 Catholic Relief Service	

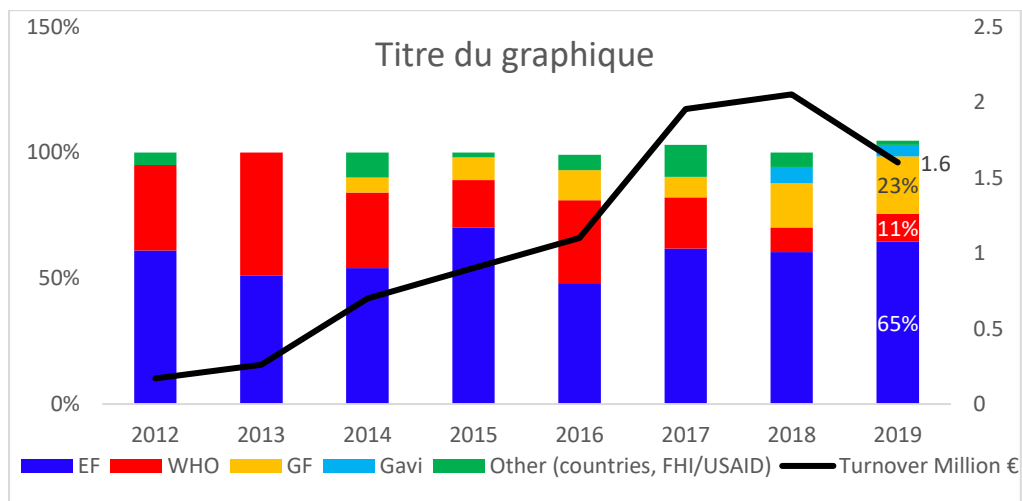


Figure 4: TeAM funding source and turnover 2012-2019

Prequalification: TeAM is a preferred partner from [Expertise France](#) channel 1, since 2012 and from [The Global Fund](#), on Country Coordinating Mechanisms (CCMs), since 2014 renewed in 2016 ; Office of the Inspector General since 2018 and Health Facility Assessment/Data Quality(Quality of Care (HFA/DQR/QoC) since 2016 renewed in 2019.

Competitive bidding success rates are as high this year at same level of previous years. This 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)	2019	2012-2019
EF Canal 1	69 (45%)	344 (44%)
EF Canal 2 et 3	0 (0%)	9 (0%)
EF Assessment of canal 2	4 (75%)	9 (56%)
Global Fund	14 (36%)	77 (27%)
WHO	30 (73%)	122 (87%)
Stop TB	1 (0%)	8 (75%)
USAID	2 (100%)	8 (75%)
UNITAID	1 (0%)	4 (25%)
Gavi	4 (50%)	8 (50%)
Total	125 (50%)	593 (51%)

Table 1: TeAM submission success rate in 2019 and in average between 2012 and 2019

5. Where did we Work?

In 2019, we have been working in 33 countries worldwide in low- and middle-income countries, including in fragile states. We had previously worked in 23 out these 33 countries, valuing continuity, and satisfaction of our support.

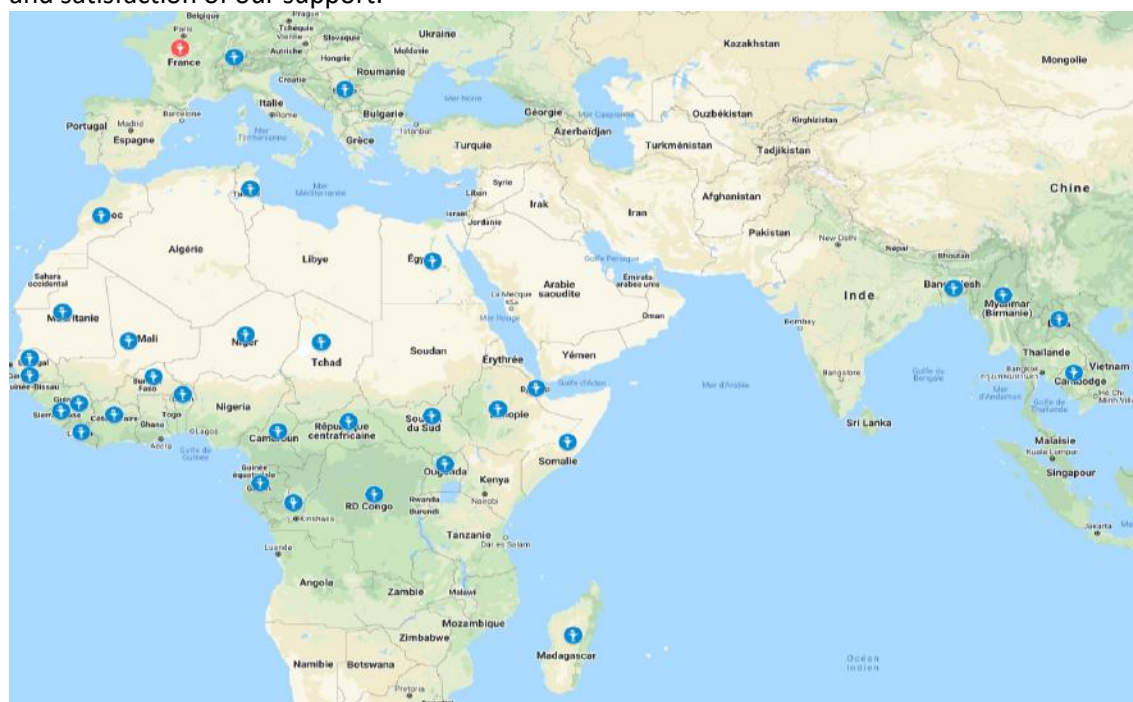


Figure 4: mapping of countries receiving TeAM support in 2019

Our missions covered the following sub-regions throughout the years, with a major focus on African countries representing 80% of our support followed by Asia with 15% of total:

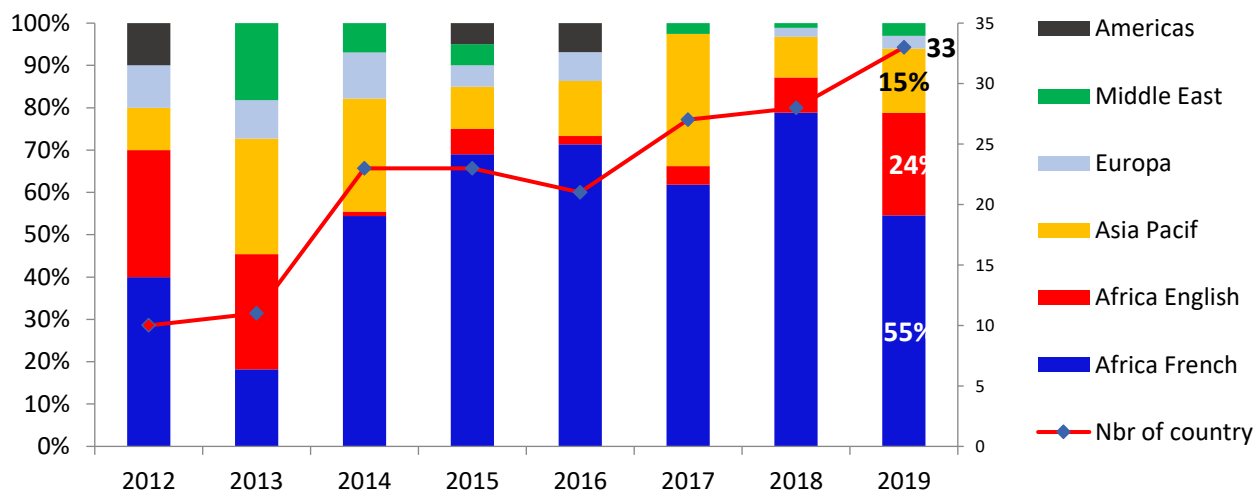
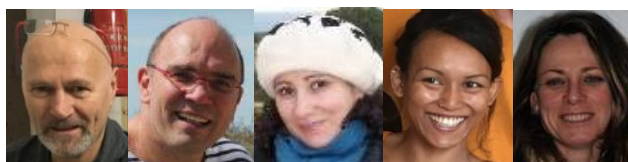


Figure 5 : Interventions of TeAM by sub-region in 2019

6. Who are We?

- ❖ TeAM maintains a **lean management structure**: core functional staffing is composed of only 5 fixed-term staff based in France: one Director, one Administrator, one Administrative and logistic officer, one Technical responsible and one reproductive health and anthropologist person. 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.





Experts talked to us... And shared their stories

"Personally, in a country, I always invite partners to eat. These moments of conviviality are precious... That's where we really talk... And, wherever I go, I like to know local cuisine."

"I became consultant by chance... I had been offered consultancy job but had always refused. I did a few missions with TeAM, and I liked it... But, hey, not seeing my family for more than a month, it's not easy... I ended up looking for a permanent position."

"Being a consultant is a state of mind where national officials know what they want to do and the consultant has to help them put it on paper... If you come up with set ideas, it doesn't work. You have to let managers express their ideas and help them get in shape in the right language."

"To be a consultant is to know how to stay at your place, to stay in the technical register and not to go into the political field"

"Pierre-Yves – I met him at the WHO, and we met again later... He had set up TeAM, while everyone have made their own way around. I wanted to resume consultancy work. Working with TeAM, I feel good. TeAM assists through direct and spontaneous contacts with consultants. I can call anytime... I was very impressed..."

"Sometimes, I had to do very delicate jobs... Once, I had to talk with a minister... The funder and TeAM trusted me of course... This turned out to be a success! And grant funds were unblocked... We were really happy."

WE ARE GLAD TO PRESENT THE GUESTS' DISH:



THE CAMEL'S GUTS

Illustration: Julie Vandeputte

"There is no school to become a consultant. We must represent an added value for the country... Our 'experience'! The nationals have their specialists; they test consultants to find out if they have guts! Our qualities? Rigor, dialogue, listening, humility. You have to know how to put people at ease"

7. Our Finances

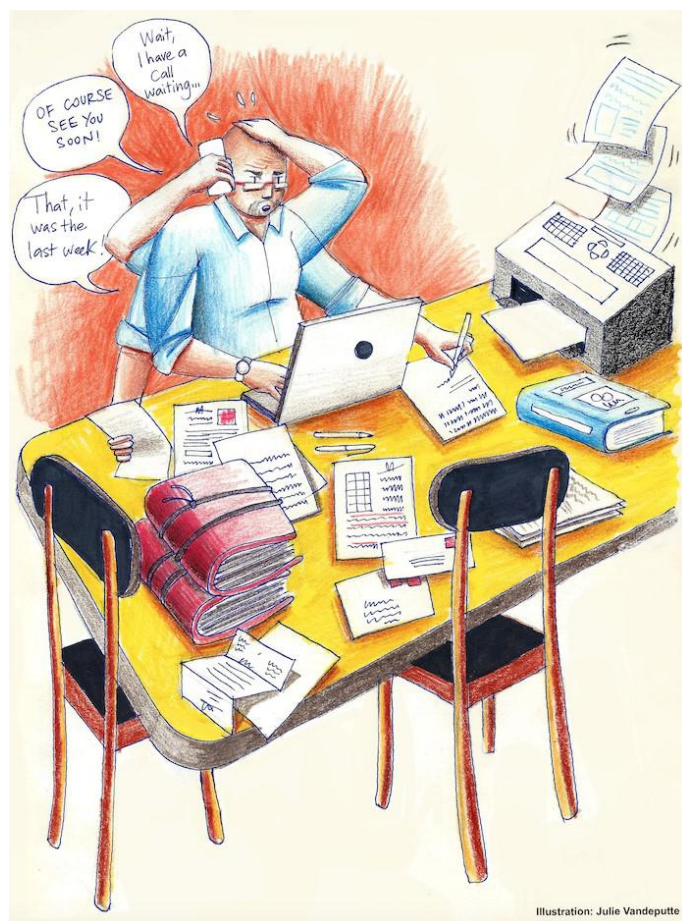
The annual turnover of TeAM during its seventh year of existence reached just over **2 million Euro** in 2019, which stands as a remarkable result for a small-sized consulting firm.

TeAM operates under a policy of transparent and rigorous accounting, meeting international standards of financial management procedures. Our growth has been exponential, as displayed below:

8. 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.

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 22 days (each trip) in 2019. TeAM is indeed eager to develop **more longer-term projects**.

In 2019, TeAM successively conducted several missions in the same countries (Benin, Burkina Faso, Cambodia, Cameroon, Congo, Cote d'Ivoire, Guinea, Mali, Morocco, Mauritania, DR Congo, Chad) on different themes with no apparent link, nevertheless allowing relevant synergies, complementarities and collaborations.

- ❖ In Chad, TeAM strengthened the skills of the Ministry of Health Project Management Unit (PMU) to improve financial and administrative management of the Global Fund grant (infra). In another assignment, TeAM supported the preparation of the new organigram of the Ministry of Health (infra). Experts involved in both missions had to meet on different occasions on issues related to their respective missions. Connected by TeAM, contacts were quickly facilitated between the consultants, and a relationship of trust was immediately set in place, benefiting both missions. Upon validation of the new organigram of the Ministry of Health, the PMU coordination team quickly contacted the sub-recipients of the Global Fund via the Ministry of Health in order to develop collaborations with newly posted staff, inform them of the procedures of the Global Fund, and anticipate the new challenges faced by the PMU.

TeAM led consecutive and subsequent missions on the same theme, which was found to be more advantageous than a long-term TA for the results obtained, the ownership of interventions, at lower costs (DR Congo, Mali, Ethiopia etc.).

- ❖ In Democratic Republic of Congo, TeAM has carried out successive short-term missions to pilot the one-stop TB and HIV care services, and on the launch of the mobile active TB case finding strategy. These consecutive missions, lasting more than a year allowed to test innovations, that were then scaled up nationwide within the Global Fund funding requests NFM3 developed in 2020.

These 2 types of missions are both characterized by their flexibility, the capacity to adjust to the needs identified during the missions, and the requirements coming from the contextual elements not necessarily related to the initial objectives of the missions. This experience shows that these two types of mission complement each other and contribute to a form of capitalization.

TeAM is always exploring how to best **grow in core human resources**. In that perspective, we are training junior consultants to develop even more our available expertise and operate our own transfer of knowledge as part of local capacity building. 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. Our philanthropic attitude guides us in this initiative. Action Santé Team develops longer-term projects.



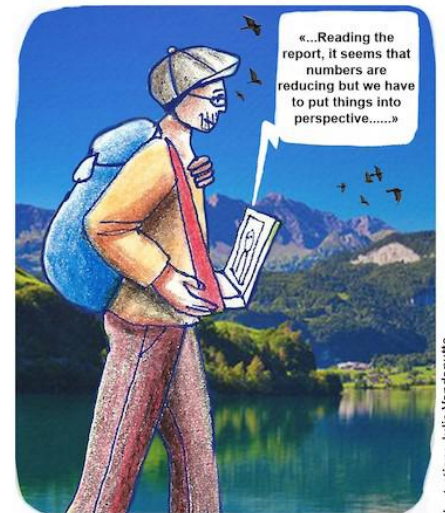


Illustration: Julie Vandepuitte






2019 Activities

We present in this section highlights of the activities we conducted during 2019.

1. Norms and guidelines development

- TeAM offers its expertise in various forms. 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 2019, TeAM supported Chad on the development of its new **Ministry of Health organigramme** and six countries in the development of their **TB sensitive and resistant guidelines, pediatric TB, latent TB infection and TB infection control norms** namely in Cameroon, Central Africa, Cote d'Ivoire, Mali, Niger, Madagascar and Somalia.

- ❖ The Ministry of Health of Chad requested TA to Expertise France for the preparation of its new organigram. Three experts from TeAM lead that work in less than 6 months until publication of its law and implementing decrees. After a joint situation analysis, TeAM facilitated the development of this organization answering the needs of devolution and decentralization of responsibilities
- 
- ❖ TeAM has developed in the Central African Republic a guide for TB active case-finding among risk group populations. An in-depth analysis of the situation was carried out ahead of the development of the guide and the operational plan at the request of the Ministry of Health. This mission was supported by WHO with USAID funding.
 - ❖ 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.
 - ❖ In **Côte d'Ivoire**, the National TB Control Program requested TeAM's support to develop guidelines for the **management of latent TB infection**, as well as the associated training modules.
 - ❖ In **Cameroon and Niger**, the National TB Control Programs requested TeAM's support to develop **guidelines for the management of TB in children and adolescents**, as well as the associated **training modules**. TeAM consultants focused on a national TB diagnosis algorithm, the interpretation of X-pert MTB / RIF test results, the options for transporting samples to centers equipped with GeneXpert, the availability of Xray equipment and capacity to interpret Chest Xray, the tuberculin skin test (IDR) and new formulations of pediatric anti-tuberculosis drugs. There have also been discussions on phasing out the retreatment regimen, in line with WHO recommendations. Thanks to TeAM's intervention, these NTPs now have a validated national guide for TB in children, as well as training modules for trainers.

2. 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 2019, TeAM lead **6 program reviews of TB control programmes**. The beneficiary countries were Cameroun, Djibouti, Indonesia, Morocco, Mongolia and Lao PDR.



- ❖ The Ministry of Health of Cameroun requested an **external programme review** in order to assess the impact, effectiveness and relevance of the TB programme over 2016-2019. The Review, commissioned by WHO, was conducted by 3 experts, combined with a GDF and GLC monitoring mission. Consultants visited 10% of the Treatment Centers of the country in 3 regions in 2019 and met with partners from civil society as well as financial and technical partners from the National TB Programme.

With an incidence estimated at 186 TB cases/100,000 inhabitants, a treatment coverage rate of 50%, an HIV co-infection rate amongst TB cases at 29 %, and a rate of Multi-Drug Resistant (MDR) and Rifampicin-Resistant TB (RR) amongst retreatment cases at 6.6%, Cameroun is one of the African countries presenting regular TB incidence decrease these last years with persistence of low treatment coverage .

This review occurred at the end-term period of the TB National Strategic Plan and took stock of the implementation rate of the NSP 2015-2019 activities. 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 2021-2023 period to be submit in 2020.

3. 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 2019 **TB National Strategic Plans and budgets in 6 countries** Cameroun, Comoros, Republic of Congo, Djibouti, Rwanda, Somalia; **HIV plan** in Morocco and **HIV-Hepatitis and TB plan** in Benin. TeAM supported **community strategic plan** in Mali, Benin, and Madagascar; Active TB Case Finding plan in DR Congo and Central Africa; **infection control plan** in Niger and Somalia; **pediatric TB plan** in Niger and Cameroun

- ❖ TeAM had been commissioned by WHO to conduct the **TB National Strategic Plans and budgets** in Rwanda in 2019. TeAM experts in collaboration with NTP and partners took stock of the implementation rate of the NSP 2015-2019 activities in order to develop the **National TB Strategic Plan 2019-2024** through the organization of workshops. 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 with use of One Health Tool allowing to prepare NSP with different scenarios. This work helped preparing the narrative of the Global Fund funding request and its budget.



4. 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.

With experience from previous years, TeAM has a real institutional knowledge of 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 for Expertise France, under its initiative 5%.

In 2019 TeAM prepared the preliminary stages of Global Fund NFM funding requests with support of the review or / and the NSP in 12 countries (Benin, Cameroon, Comoros, Congo, Cote d'Ivoire, Djibouti, Guinea, Madagascar, Niger, DR Congo, Rwanda, Somalia).

a. Funding requests

This commitment in the preparatory phases of the Global Fund grant applications for HIV, TB and Malaria and RSSH is followed up early 2020, with support provided to 16 countries on 13 TB, 8 HIV, 6 malaria and 10 RSSH components. 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 2020, the countries receiving TeAM support are Benin (HIV, RSSH, Malaria), Burkina (TB), Cambodia (HIV, TB, RSSH), Cameroun (TB), Central Africa (HIV, TB, malaria and RSSH), Congo (HIV, TB and RSSH), Cote d'Ivoire (malaria), Djibouti (TB, RSSH), Guinea (TB), Guinea Bissau (RSSH), Madagascar (HIV, TB), Mali (HIV, TB, RSSH), Niger (HIV, RSSH), DR Congo (HIV, TB, malaria and RSSH), Senegal (TB, malaria and RSSH) and Thailand (TB).

- ❖ In DR Congo, Expertise France commissioned TeAM to support the country's Country Coordination Committee (CCM) in the preparation of the next Global Fund funding request NFM3 for the period 2021-2023. The request included the HIV, TB, malaria and RSSH components. Eleven experts supported the design, facilitation and documentation of the full national dialogue process for the 3 components and the drafting of each component of the funding request. This support was carried out until submission to the Global Fund secretariat and response to clarifications from the TRP.



b. Grant making implementation

TeAM assisted Gabon with the **planning** of Global Fund grants and implementation of **Grant Making** processes, including the development of monitoring and evaluation plans and detailed budgets to convert requests for funding in real grants. TeAM experts have devoted a large part of their support to the budgeting of the various plans. The work also included the development and review of implementation schedules and quantification of drugs.

c. Governance and CCM

In 2019 TeAM participate in the pilot phase of the Global Fund "CCM Evolution" initiative in 3 countries in **Niger, DR Congo and Burundi** which aims to increase the maturity of CCM in all the fundamental responsibilities of health governance to end the 3 diseases. Eligibility, performance and progress will be measured by specific indicators. This pilot phase tested in 2019 in 18 countries will be extended in 2020 to 119 CCM.

- ❖ **DR Congo** is gradually preparing to ensure sustainability, consolidate achievements and guarantee co-financing through closer collaboration with the Ministry of Finance applying the Global Fund directive on 'Sustainability, Transition, Co-financing "(STC). The CCM Evolution mission is part of this transition framework and aimed to assess the CCM-DRC's "links" to facilitate its integration with other structures and coordination platforms in the health sector to promote the STC approach. This work comes after two other missions (i) a baseline assessment mission and (ii) a mission aimed at professionalizing the strategic monitoring function in order to optimize its impact on grant results. Recommendations from the mission were presented to the members of the Executive Board of the CCM-RDC, and to the Minister of Health.

d. Principal/Sub-Recipient management support

In **Gabon, Mali, Mauritania, Laos and Chad**, support was provided by TeAM to train the staff of the Principal Recipient in administrative and financial procedures and tools specific to Global Fund grants management. TeAM was mandated in 2019 by Expertise France to provide this technical assistance to **strengthen the capacity of the new management team** in Mauritania and Chad, to set up effective coordination with national disease control programs, and to develop a roadmap for activities related to the RSSH. Support was also given to pharmaceutical product and supply management, with specific training, and to the acceleration of the implementation of grants in Laos.

- ❖ **In Chad**, TeAM assessed the capacities the **Project Management Unit staff**, created in 2018 to receive funding from foreign partners. The methodology TeAM adopted made it possible to define a skill benchmark necessary for the management of partners grants, to develop job descriptions by skills, and to assess professionals in the light of these records. Based on these results, an individual capacity building plan was developed that should serve as a roadmap for the 3 years of the grant. It makes it possible to design a training and evolution path, and to assess the acquisition of the required skills, the latter being an integral part of the grant success. The tools produced with the support of TeAM could be used for other situation aimed at improving the skills of local players who wish to be empowered in the management of the funds made available by partners.

5. Operational Research on quality assessment

- Good practices in public health management include conducting external data quality assessments that inform programmatic decisions and improve overall program management to yield better impact. These studies involve expertise in epidemiology use of DHIS2 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

In 2019, TeAM carried out external quality assessments of data collected by the national Health Information System most often through DHIS2 in six countries on behalf of the Global Fund: in Cameroon, South Sudan, Djibouti and DR Congo. 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 completed in 2019 **four Health Facility Assessment (HFA) /Data Quality Review (DQR) /Quality of Care (QoC) surveys** in **South Sudan, Mali, Chad and Cameroun**. 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. External quality assessment for chest X-ray interpretation

- ❖ TeAM and Soutien Pneumologique International (SPI) are partners with University of Bordeaux of TB Speed project funded by UNITAID lasting 4 years, on early TB diagnosis among childhood. TeAM's role is to assess the place of Chest Xray (CXR) in the diagnosis of childhood TB. TeAM in collaboration with SPI has developed a simplified child CXR interpretation course with quality control of CXR interpretation for health staff at peripheral health centers. This course, validated by the TB Speed scientific committee, lasts one day and a half and focuses on the identification of 6 key radiological lesions suggestive of TB. TeAM and SPI conducted ten training sessions in 2019 in five countries (**Sierra Leone, Cambodia, Cameroon, Côte d'Ivoire and Uganda**) for 180 participants working at district hospitals and health centers. Participants included a third of medical staff, a third of nurses, Xray technicians and other categories of health personnel. The skills assessment showed a 62% improvement in the CXR interpretation between the pre and post test. Almost one third of the participants (29%) obtained a score greater than 15/20 in the post-test, allowing them to be regarded as reliable CXR readers. Three-quarters of participants had no experience interpreting CXR before training and reached the same level of post-test skills as the more experienced participants. Quality control by rereading of all CXR suggestive of tuberculosis and 10% CXR not suggestive of TB will begin in 2020



6. 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 2019, In partnership with FHI360 and USAID under the Challenge TB mechanism, TeAM and SPI lead the adult and children CXR interpretation courses as training of trainers in **Cambodia, Myanmar and DR Congo** in order to improve early TB screening and diagnosis. We also worked in **Swaziland and Bangladesh** on **GeneXpert** deployment assessment, in **Morocco** on the plan to strengthen laboratories and on the supranational TB laboratory accreditation in **Cameroon**.

❖ 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.



7. Programmatic Management of Drug-resistant TB-PMDT

- 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 2019, TeAM worked on the Programmatic Management of Drug-resistant TB (MDR-TB) in Cameroon and Morocco, in particular on the diagnosis of MDR-TB. TeAM also carried out missions to Burkina Faso and Somalia on the treatment of MDR-TB without injectables and on Active TB Drug-Safety Monitoring and management (aDSM) of drugs adverse effects. TeAM also updated the infection control norms and trained program staff on these new standards in Côte d'Ivoire. 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.



- ❖ TeAM provided technical assistance in Somalia on updating national guidelines for the management of MDR-TB with oral regimens according to May 2019 WHO recommendations and updating of national guidelines on active TB Drug-Safety Monitoring and management (aDSM) for the pharmacovigilance of adverse drug reactions. The 2 TeAM consultants also updated the training modules on MDR-TB management and on aDSM. The mission included 4 phases starting with distance guidelines and training module updating before the site visit followed by a 3-day tool validation workshop bringing together NTP central team, departments of the Ministry of Health, MSF, World Vision partners (Global Fund Principal Beneficiary), responsible of the 3 regions of the country and trainers for each region. Last step was a 4-day workshop on MDR-TB and aDSM held in Kampala and Uganda

8. 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.

- ❖ 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 re-examine the feasibility of such transition. TeAM consultants will ensure the quality of the study and the methodology of this work conducted by the CNLS. However, the unavailability of HIV tests has delayed the results of this work, which will end in 2020

9. 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 2019, TeAM collaborated with the Center Humanitaire des Métiers de la Pharmacie- (CHMP) on support for the Centrale d'achats des Médicaments Essentiels et des Produits de Santé (CAMEPS) in **Congo**, to the Audit of the Global Fund Office of Inspection General (OIG) in Cameroon and prepared the quantifications of TB products for the PSN and GAS plans of Comoros.

- ❖ In 2019, TeAM and the CHMP strengthened the la Centrale d'achats des Médicaments Essentiels et des Produits de Santé (CAMEPS) of Congo created in 2015 and whose missions are as follows:
 - a) to purchase essential drugs and health products;
 - b) provide public and private health facilities with essential drugs and health products;
 - c) make essential medicines and health products available, accessible and at low cost to populations throughout the country.
 The mission, made up of 2 experts, lasted 1 month and made it possible to update the pharmaceutical policy and its master plan for implementation on the national list of essential medicines, the price policy of medicines and the respect and application standards by actors in the public pharmaceutical supply network. The mission helped strengthen
 - coordination, leadership and governance of CAMEPS;
 - the capacity to replenish resources;
 - the skills of actors in the supply chain
 - the availability and quality of MEGs and other health products.
 - storage capacities the distribution circuit at the peripheral level
 - the SIS for pharmaceutical products (SAGE)
 - the trust capital that CAMEPS enjoys from its partners:

10. 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-site training** that often happen during technical assistance visits 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 from 2011 to 2015, 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**.



- ❖ TeAM and SPI conducted ten training sessions in 2019 in five countries (**Sierra Leone, Cambodia, Cameroon, Côte d'Ivoire and Uganda**) for 180 participants working at district hospitals and health centers. Participants included a third of medical staff, a third of nurses, Xray technicians and other categories of health personnel. The skills assessment showed a 62% improvement in the CXR interpretation between the pre and post-test. Almost one third of the

participants (29%) obtained a score greater than 15/20 in the post-test, allowing them to be regarded as reliable CXR readers. Three-quarters of participants had no experience interpreting CXR before training and reached the same level of post-test skills as the more experienced participants.

11. Community Health

- Community participation is an important element of public health interventions – UNAIDS estimates that communities should manage 30% of project activities to eradicate HIV worldwide. Community actors are involved in education and awareness-raising; the co-delivery of preventive, promotional, curative and re-adaptive health services; observing care practices and community needs; psycho-social support for people and support for people who are far away from healthcare. Over the past 5 years, most West and Central African countries have developed community health strategies, delegated tasks and combined their actions with community-based organizations. TeAM has expertise in promoting community health as part of strategies to strengthen community systems, and support the structuring and operationalization of community-based organizations, in particular in the area of HIV and tuberculosis

In 2019, TeAM led four projects on community health assessment and support in Senegal with a mapping exercise of existing community interventions, in Cameroon with the strengthening of the CAMNAFAW network, a network of NGOs working on HIV, in Guinea, Ethiopia and Egypt, with the support and capacity building of Communities for Health.

- ❖ TeAM supported the **Al Shehab Foundation in Egypt in the development of its 2020-2022 strategic plan**. The Foundation has been working since 2000 on social support and protection of the most vulnerable women in the suburbs of Cairo and Alexandria. Al Shehab wanted to integrate the HIV / AIDS interventions into its new plan. The technical support included dialogue with partners and the Foundation to define priorities of next 3 years. A 3-day retreat workshop with the Foundation team in Alexandria assessed the current strategic plan (2018-2020) and redefine the mission and vision of the Foundation. Four strategic axes were included in the new plan to review its organizational structure, align its missions and forge new partnerships to expand area of intervention and increase resources over the next 3 years.



TeAM, a concept and an ethics

Over the years, TeAM has been able to create confidence and trust with its partners, has learned to accompany its consultants close to their life as it is important to "take care of the consultants" to better support the countries. TeAM's position is to consider that each situation is unique with unique solution to unique problem. "

"In a country where I was responsible for supporting the concept note writing proposal, I had a major communication problem with the focal person. There was a lack of understanding which produced great tension. We were not in a relationship of trust. I called TeAM. We found a solution. TeAM really supported me during this difficulty "(Consultant)

"I was stuck at the airport between two planes, no entry visa even though the high level ranking person I knew well in the country had assured me that I would get a visa upon arrival to enter without any problem. The country was in an election period and the CCM's invitation letter was not sufficient. During that difficult period, I could call TeAM it at any time. TeAM really supported me in this story. I started the mission several days later, it was not easy but we worked really well. The country was very satisfied with the deliverable. Afterwards the country called me again to accompany them on two

additional missions. TeAM's support has also made this success possible. I called Pierre-Yves regularly and sometimes at odd hours, he always answered ... "(Consultant)

BEING A COMMITED CONSULTANT



WHEN PLANES BECOME SECOND HOME



DEFYING DISTANCES AND SITUATIONS



LOVING PAPERWORK



LOVING WEIRD ATMOSPHERES AND UNEXPECTED PLACES

A relationship of trust and loyalty with TeAM authorizes the consultants to freely act to value adaptation and gain in performance.

Working with TeAM, allowed several consultants to “move ahead” with professional renewal. Several consultants have been able to access long-term jobs with international organizations or increase their consultancy activity thanks to their experience acquired with TeAM. The TeAM office is always kind and attentive with its employees "what I could have done by joining TeAM, I could not have done elsewhere"

Coming from different professional backgrounds, with own ways of thinking and culture, this heterogeneous team knew how to combine its differences, transmit its knowledge and complement each other to make the unity of TeAM that some consultants describe as a family.

"We are a small structure, flexible, responsive and efficient in emergencies ... we want to be as efficient as possible" (words from the administrators)

Some members of the TeAM testify "I learned a lot from being in contact with the consultants through their writing manners and their sense of diplomacy to address sensitive issues" creating links beyond professional exchange.

"The consultants, I seem to know them all. By e-mails, I know their habits, their manias ... even without having met them, I know them well!"

Thank you for the read!

Abbreviations

aDSM	active TB drug-safety monitoring and management
ART	Anti Retro Viral Treatment
ARV	Anti Retro Viral
AST	Action Santé Team
CAMEPS	Centrale d'achats des Médicaments Essentiels et des Produits de Santé
CCM	Country Coordinating Committee
CHMP	Center Humanitaire des Métiers de la Pharmacie
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
OIG	Office of the Inspector General
PMTCT	prevention of mother-to-child transmission
PR	Principal Recipient
PSI	Populations Services International
PSM	Procurement Supply and Management
PMDT	Programmatic Management of Multi-Drug
PMTCT	Prévention de la transmission mère-enfant
R&R	Recording and Reporting
RSSH	Resilient & Sustainable Systems for Health
RR TB	Rifampicin Resistant Tuberculosis
SARA	Service Availability and Readiness Assessment
STC	Sustainability, Transition, Co-financing
SPI	Soutien Pneumologique International
TA	Technical Assistance
TB	Tuberculosis
TeAM	Technical Assistance for Management
WHO	World Health Organisation
XR TB	Extreme Rifampicin Resistant Tuberculosis





