Executive Summary

Methodology

This report summarizes findings from a midterm review (MTR) of the TB-REP Project, which aims to decrease the burden of tuberculosis disease and halt the spread of drug resistance in eleven EECA countries through strengthening the health systems including increasing political commitment and translating evidence into implementation of patient-centered TB models of care. The following document was developed to provide the TB-REP project team, donor organization and stakeholders with an impartial assessment of the progress of project implementation and determine to what extent the planned outcomes have been reached. It also highlights areas that may not have been given sufficient attention during the initial year of implementation. The mid-term review covers the period of January 2016 - October 31, 2017. All 11 countries targeted by TB REP were included in the review process in different capacities: all countries were subject for remote interviews and 2 countries (Belarus and Georgia) were selected for selected for in-depth country level assessment.

The MTR answer three overarching research questions: i) Is the project aligned with regional strategies and frameworks, does it address key challenges and needs of beneficiary countries and uses relevant strategies, inputs and tools and what is project comparative advantage and value added? ii) Do mechanisms applied for project management and coordination, strategies, inputs and tools contribute towards the achievement of stated objectives and results, to what extent the project produced cost-savings of the national TB programs and what are the factors that affected the project implementation?; and iii) What is the project's contribution to the achievement of intended objectives and are intended project results likely to be achieved?

The review team collected qualitative and secondary quantitative data. The qualitative data was gathered through desk review and in- depth interviews (IDI) of all project partners at regional level, selected important stakeholders in all eleven project-targeted countries and face-to face interviews in 2 countries (Belarus and Georgia), selected for selected for in-depth country level assessment.

Several factors affected the review process. The time period given for the MTR, restricted the team to include more countries into in-depth assessment of the project inputs and results attained. The review was only limited to a desk review and remote interviews with a few selected KIs in each project-targeted country. Despite the evaluation team efforts to obtain documents justifying the implementation progress, in the absence of needed documents, the evaluation had to rely mostly on the qualitative data obtained through key informant interviews. The lack of financial data requested from the project-targeted countries made it difficult to answer one of the key research questions on public funding saved due to health systems changes. Notwithstanding the review team's and PAS Center's efforts to obtain data from all project-targeted countries, only Moldova provided data sufficient to assess retrospectively at least a part of savings (in 2017 expenditures).

MTR Findings and Recommendations

1. *Is the project aligned with regional strategies and frameworks, does it address key challenges and needs of beneficiary countries and uses relevant strategies, inputs and tools? What is the regional comparative advantage and the added value of TB REP?*

TB-REP is well aligned with international frameworks and strategies and addresses needs and demands of beneficiary countries. It intends to tackle key system level bottlenecks identified for effective TB prevention and care at regional and country level. The project is coherent and complements NSPs and the TGF national grants. It also expands on the results of other donor financed projects. In countries where health system changes have been initiated prior to TB-REP with external support, the project expands on these pilot projects and capitalizes on the results attained. As the donor funding wipes up in the region, the TB-REP importance becomes even stronger. TB-REP implementation strategies, inputs and tools are relevant to achieve the stated objectives.

The project demonstrates a comparative advantage and brings a significant added value for effective TB prevention and care. It is not only TB REP the first regional TB grant, but it is also a grant, which addresses Health System Strengthening for effective TB national response and achievement of better public health outcomes. The project is strategic, timely and fills an identified and urgent gap in strengthening health systems for better TB prevention and care in the region. It is based on a sound rationale responding to the specific health system bottlenecks, accelerates regional and national partnership and advocacy, and focuses on strengthening the meaningful engagement of TB communities/civil society in the processes of health system strengthening for TB. It is the first grant to bring the voice of TB communities at the core of the health system transformation process. TB-REP fosters knowledge and experience sharing among countries in the Region using regional and country level platforms, compared to stand alone TGF country grants and fills the gap in technical support for health system strengthening through provision of customized, demand-driven highly technical expertise to project-targeted countries. The project has a higher leverage to promote system level changes compared to other externally funded projects. WHO regular advocacy efforts generate a political buy-in to needed system changes and ensures policy options keep standing high on national governments' agendas.

Recommendation 1: Ensure continuation of TB-RP

2. *Do mechanisms applied for project management and coordination, platforms established, project inputs and tools contribute towards the achievement of stated objectives and results*

At regional level, TB REP is instrumental to bring together various partners, assign tasks and responsibilities according to their competence and comparative advantage. The project was equally successful in setting up coordination and communication channels, but room for further improvement remains. As the core partnership mechanism, at the country level CFP and TB-REP WG have been successful in mobilizing partners to elaborate health system changes in some countries. However, in other countries their roles have remained unclear and substantially unexecuted due to the lack of political will and commitment to

changing health system, management and leadership changes at the ministry of health or government and high workload of public servants etc.

High-level advocacy events for effective TB prevention and care at regional and national levels are seen as an effective strategy to bring People-Centered Model of Care (PCMC) at the top of the policy's agenda in project-targeted countries. Regional and/or national advocacy meetings held extensively in the first two years of the project facilitated knowledge and experience sharing among policy makers and contributed to changing minds of politicians, TB experts and CSOs. It is well acknowledged by partners that countries with a slow start-up will require more regular high-level advocacy from WHO Regional office for Europe, as well as a follow-up policy dialogue at the country level by WHO Countries office staff. Accelerating the focus of the project on experience and knowledge sharing has been demanded by respondents.

Recommendation 2. Enhance coordination and communication channels and mechanisms.

Recommendation 3. Intensify high - level advocacy and knowledge sharing interventions.

TB-REP promoted establishment of patient organization networks in order to enhance national partnerships for development and approval of the strategies on transition to the ambulatory models of care and to influence funding allocation for TB and advocate for social contracting, at country level. In addition, TB REP supported the development of the regional and the country specific advocacy strategies and their implementation through building national CSO capacity in advocacy, strategy development skills and provision of small grants for its implementation. However, effectiveness of CSO platforms was challenged by legal limitations in some countries and differential levels of advocacy skills. To ensure continuous participation of CSOs in health system strengthening efforts for quality TB care, TB-REP has to reconsider CSO roles and functions as well as offer and/or identify mechanisms for their sustainable engagement in the process.

Recommendation 4. Ensure sustainability of CSO platforms

Blue print of People Centered Model of TB Care along with two practical tools on human resource planning and bed capacity needs estimation (developed by the project) assisted countries to introduce the PCMC approach. With those great gains come the challenge of maintaining the momentum while correcting a range of major inadequacies and addressing new challenges that are emerging in terms of TB service quality, health system capacity and sustainability. Demand-driven technical assistance guided selected countries in the development and implementation of Roadmaps. As countries advance the implementation of planned health system changes, it will require more technical assistance. This calls for adjustment of TGF resource allocation between various cost centers of the project (advocacy, technical support, capacity building etc.).

Recommendation 5. Ensure right balance between advocacy and technical assistance.

The evaluation found that the WHO Barcelona TB HSS course had been one of the most important and valuable intervention of TB-REP, as it allowed human resource capacity building in the project-targeted countries. By involving representatives from health funding

government bodies and agencies, the project contributed to improve the understanding of health system and establish conducive working relationships among the ministry of health, the ministry of finance and/or health service purchasers. Respondents from various countries emphasized that follow-up and refresher trainings would be needed. To address national partners' demand for a wider access to capacity building activities, alternative and less costly mechanisms should be considered.

Recommendation 6. Develop sustainable approach to capacity building

The M&E system and tools designed to measure the project's contribution towards achievement of the project objectives revealed some weaknesses that have to be addressed during the design of the follow-up TB-REP proposal. Namely, the project set ambitious targets for outcome and output indicators that puts the project at risk of getting further funding. Out of four outcome indicators only one indicator (Outcome indicator 2) is appropriate to measure outcome result, whereas remaining indicators are suitable to measure outputs. TB-REP reporting timelines are not harmonized with countries' national reporting cycles. This raises concerns about the quality and accuracy of reported TB-REP performance data. The project failed to adequately communicate to countries about changes introduced into the performance framework and consequently update reporting forms and M&E plan. In the absence of clear reporting guidelines WHO, PAS and countries go through reiterative consultation process to ensure quality of reported data. And finally, stringent data validation procedures introduced by the project for the small grant recipients appear to be cumbersome, labor and time intensive for PAS, TBEC/APH and CSOs in particular.

Recommendation 7. Enhance M&E systems

The three-year time frame set out for the implementation of the project is too short for the design and implementation of complex system level reforms, designed to close excess bed capacity, shift TB care from in patient to outpatient settings, reform financing and introduce innovative and effective payment mechanisms. Provided that TGF operates under a three-year allocation principle only, it is less likely that the new project may get longer implementation periods. Therefore, partners involved in the design of the new project should carefully assess implementation feasibility of each intervention in a given time period and set more realistic targets. To mitigate risks associated with institutional barriers, alternative work modalities should be elaborated.

Recommendation 8. Ensure project continuation through aggressive fundraising

The project was successful to save 17% (about 30 million PPP$) of regional TB care public budget in 2017 compared to 2015. This result was achieved due to decrease of ALOS and shifting patients from inpatient to outpatient care. The given analysis was complicated by the lack of required information from majority of countries, except Moldova. Thus, it is highly recommended that the project starts collecting the required data before the end-line evaluation of TB-REP in order to perform a deeper and proper analysis of efficiency gains looking at both aspects, impact made attributed to this project and outcomes. While the result is commendable, it is noteworthy that cost-saving should not be a goal itself, as it may not guarantee better treatment outcomes. Therefore, "treatment success" is

recommended to be considered as an outcome indicator to evaluate properly the fiscal impact of comprehensive reforms in the project-targeted countries.

    Recommendation 9. Ensure collection of needed data for estimation of costs saved.

3. *What is the project's contribution to achieve intended objectives and are intended project results likely to be achieved?*

TB-REP demonstrates progress towards the intended objectives, but it is less likely that all outcome and output indicators will be achieved by the end of the project, mostly due to ambitious targets set at the design stage. The TB-REP was successful to ensure that countries adapt PCMC policies, but it is less likely that 80% of (8/9 countries) countries will be able to increase public allocations for TB within their total health budget, achieve targets for average length of stay of new TB cases and the hospitalization rates for MDR TB. On the other hand, it is probable that indicators related to the hospitalization rate of new TB cases and the number of people trained (by the project) can be attained by the end of the project. The latter has already met its target of average lengths of stay for MDR TB cases.

While some countries have tangibly improved their performance for most of the indicators, some yet lag behind. The latter are mostly countries which have not yet fully adopted all policy strategies. As the set of strategies and intervention intensity recommended for countries with relatively advanced health systems (cluster 1) differs from countries with less advanced health systems (cluster 2), performance indicators and realistic targets should be set for each cluster specifically. This will allow the project to better demonstrate results achieved.

    Recommendation 10. Ensure the selection of differentiated outcome indicators for two country clusters and setting realistic targets.