



# TB REP

TB Regional EECA Project (TB-REP) on Strengthening Health Systems for Effective TB and DR-TB Control, funded by the Global Fund

## 2016-2018: Brief Overview



2018



Lena Nanushyan, *Deputy Minister of Health*

Positive People Armenian Network Soc. NGO



Viktor Gasimov, *Head of Sanitary and Epidemiological Department, Ministry of Health, NTP Manger*  
Elchin Mukhtarli, *Saglamliga Khidmat*



Pinevich Dmitri, *First Deputy Minister of Health*

Defeat Tuberculosis Together



Amiran Gamkrelidze, *Director General of the National Center for Disease Control and Public Health*  
Georgian Family Medicine Association



Malik Adenov, *Director, National Centre of TB Problems of the Ministry of Health*  
Kazakh union of people living with HIV



Isaev Sanjar, *Deputy Head of the Unit on Social Development of the Government Office of the Kyrgyz Republic*  
The Anti AIDS Association of legal entities



Aliona Serbulenco, *State Secretary, MOHLS*  
Moldova National Association of Tuberculosis Patients SMIT



Aslidin Radzhabzoda, *Republican Centre of Population Protection from TB*  
Stop TB Partnership, Tajikistan



Tachmurad Siliyev, *Deputy Minister of Health*

National Society of Red Crescent of Turkmenistan



Volodymyr Kurpita, *Public Health Center of the MoH of Ukraine*  
The Public Movement – Ukrainians Against Tuberculosis Foundation



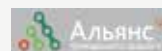
Nargiza Parpieva, *Director of Republican Specialized Scientific and Practical Medical Center Tuberculosis and Pulmonology*

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TB regional eastern European and central Asian project on strengthening health systems for effective TB and DR-TB control (TB-REP), is a three-year regional project, funded by the Global Fund for the years 2016-2018. The project focuses on accelerating TB prevention and care by removing health system barriers and accelerating health system reforms through catalyzing and supporting interventions in 11 EECA countries.



TB REP is a flagship project for the PAS Center and personally for me as its Director for many reasons. It has been a first for any of the regions of the world to take a focused health system approach to address an unchanging systemic failure that impeded a modernization of TB response. The poor performance of health system and outdated service delivery model to TB care in EECA region fueled the emergence of the MDR-TB epidemic in countries for many years since breakup of the Soviet Union. With significant support from Global Fund, USAID, UNITAID and other donors, some countries have moved quickly in adopting newer approaches to TB prevention and care. However, the vertical nature and the resilient hospital-centric model of care was not changing at the pace needed to change the course of the MDR TB epidemic. In EECA region, there was insufficient political will and urgency to make radical shifts in reducing excess capacity at facility level and reallocating freed resources bringing more services closer to patients.

The Global Fund has provided support to the program appreciating its strategic focus, regional value add and catalytic effect on existing programs and investments in the 11 countries. We embarked on an off-beaten path to bring together a team of eastern European implementers, civil society groups, communities, people with TB, national TB programs, Ministries of Health, Ministries of Finance and Health Insurance Funds, Members of Parliament with international and western organisations: WHO Regional Office for Europe and country offices in 11 countries, the Stop TB Partnership, TB Europe Coalition, London School of Hygiene and Tropical Medicine, London School of Economics and Political Science, European Respiratory Society, the Global TB Caucus, to: (1) drive change in people minds about the imperative to change the model of care and (2) to provide the tools with which to make the change. For this we have used the strength of each partner, and all the possible tools available in the arsenal of an advocacy, technical assistance and regional cooperation approach. We had our moments of breakthroughs and setbacks, yet we continued to convince and deliver relentlessly.

Did we make difference? I strongly believe we did: the biggest difference – change in mindset. I see a difference when I speak to many decision-makers, that they have embraced the new paradigm compared to when we met for the first time. I see many more converted professionals that form the critical mass to bring about change.

Many countries have already translated the converted thinking into new policies, roadmaps, pilots, national scale-up of pilots, new provider payment arrangements and register a decrease in hospitalization rates and increased outpatient care, others are still getting there. I see much more space for civil society and community groups affected by TB at the table of discussion and increased role in their countries. And the reason we do this is to get many more people affected by TB in quality care, better services and who have a voice and a choice in the process. After all, we are well into XXI century, it's time for TB care for embrace the new century.

I am proud and thankful to our strong team and great partners and together we can make further difference in the years to come.

**Stela Bivol**  
Director of the PAS Center



## Project Goal and Objectives



To improve TB outcomes in TB REP countries through health systems strengthening, leading to people-centered prevention, treatment and care;



To increase political commitment through regional cooperation and evidence sharing, for effective and sustainable transformation of health systems;



To support countries to implement people-centered model of TB care with sustainable financing and well aligned payment mechanisms.

## Interventions



High-level and bottom up regional and country advocacy;



Capacity building and regional and intercountry dialogue;



Develop a blueprint for people-centered TB model of care;



Support implementation of a PCMC through country roadmaps.

## Expected results



Countries adopt key policies on people centered TB service delivery, financing and human resources;



Rational use of hospital care based on clearly defined and adopted admission and discharge criteria;



Countries have roadmaps to incorporate people-centered policies for sustainable and effective TB prevention and care.

## Strategies



Advocacy;



Capacity building;



Technical assistance;



Coordination and partnerships.

## Learning events and intercountry cooperation



## Key products and tools

The Blueprint

Human resource assessment tool

Bed forecasting tool

Regulatory framework assessment tool

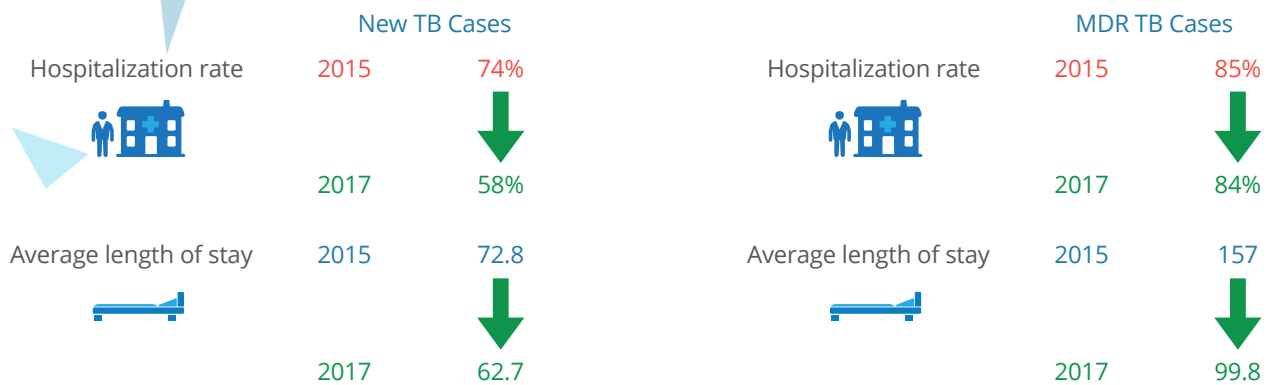


## Progress to date

Political commitment and technical support translated into:

- Specific and explicit national policies for integrating people-centered model (PCMC) of TB care: 100% countries adopted at least one PCMC policy by end of 2017;
- Efficiency gains due to decreased hospitalization amount USD 29.6 mln or 17% of total TB funding;
- Increased national budgets for TB (6 of 7 reporting countries in 2017);
- Countries that developed mechanisms to redirect funding towards outpatient care: Belarus, Kazakhstan, Kyrgyzstan.

Notable progress on decreasing admission of new TB and MDR-TB ALOS; modest progress on MDR-TB admission and ALOS of new TB



## Mid-term review findings

### Qualitative assessment

- Strategic, timely, and fills gap in strengthening health systems for better TB prevention and care in the region;
- Coherent and complements NSPs and the TGF national grants;
- As the donor funding wanes in the region, the TB-REP importance becomes even stronger;
- Implementation strategies, inputs and tools are relevant to achieve the stated objectives;
- Meaningful engagement of TB communities/civil society in the processes of health system strengthening for TB – the voice of TB communities at the core of the health system transformation process;
- Technical support through provision of customized, demand-driven 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.

### Lessons learned

- Different pace and uneven progress by countries**
  - Countries with slow startup require intensified high level advocacy and knowledge interventions
- Effectiveness of CSO platforms challenged by legal limitations and advocacy skills**
  - Differentiate mechanisms for sustainable engagement in the process in quality TB care
- As countries advance implementation of planned health system changes, they will require more TA**
  - Ensure right balance between advocacy and TA
- M&E tools had some weaknesses: overly ambitious targets, harmonization with national reporting cycles, better instructions**
  - Enhance M&E systems
- Human resource assessment tool**
  - Ensure project continuation through aggressive fundraising

## Timeline of Activities

### Regional advocacy, learning and cooperation

### Country missions

Year	Month	Regional advocacy, learning and cooperation	Country missions
2015	September	1st TB REP Ministerial Breakfast Meeting RC WHO Europe	
2016	February		Kyrgyzstan high level advocacy Armenia high level advocacy
	March		
	April	Intercountry high-level meeting 11 countries	
	May		Ukraine high level advocacy Turkmenistan high level advocacy
	June	Technical partners meeting on blueprint	
	July	Belarus high level advocacy	
	September	2nd TB REP Ministerial Breakfast meeting Scientific Working Group on Models of Care meeting	Ukraine CSO mentoring visit Kazakhstan CSO mentoring visit Kyrgyzstan CSO mentoring visit Belarus high level advocacy Armenia CSO mentoring visit
October	Technical partners meeting on blueprint 1st WHO Barcelona Course on HSS/TB		
2017	February		Belarus: CSO mentoring visit Azerbaijan: Technical mission to discuss roadmap development
	March	TB-REP Civil society involvement and update dialogue	
	April		Moldova: Technical mission to discuss roadmap development Tajikistan: CSO mentoring visit
	May		Belarus: intersectoral working group meeting on PCMC. Moldova: Technical mission to pilot human resource planning tool
	June	Technical consultation Blueprints and Roadmaps	Kyrgyzstan: 1st technical mission on PCMC Azerbaijan: CSO mentoring visit Moldova: CSO mentoring visit
	July		Kyrgyzstan: 2nd technical mission on PCMC and financing Moldova: Technical mission on health finance solutions
	August		Armenia: 1st technical mission on PCMC and health finance solutions Georgia: CSO mentoring visit
	September	Technical consultation Roadmaps central Asia 3rd TB REP Ministerial Breakfast meeting EECA TB Summit of parliamentarians from 11 countries	
	October	2nd WHO Barcelona Course on HSS/TB	Georgia: Technical mission on health finance solutions
	December	1st inter-country exchange visit to Armenia	
2018	January		Azerbaijan: Advocacy mission on TB reforms
	March		Moldova: Parliament Public Hearing Belarus: Working meeting on design of PCMC in Brest Armenia: 2nd technical mission on PCMC and health finance solutions Uzbekistan: CSO mentoring visit
	April	2nd Inter-country exchange visit to Kazakhstan	
	May	3rd Inter-country exchange visit to Moldova USAID Strategic Purchasing Workshop: Kyrgyzstan	
	June	CSO: Public speaking and social contracting training	Ukraine: New Model of TB Services: National Strategy in Lvov Ukraine: Technical assistance on PCMC and roadmap Kazakhstan: technical mission on health finance solutions Uzbekistan: high level advocacy
	July		Moldova: Technical mission on service mapping and PCMC Moldova: Piloting Regulatory Framework Assessment tool
	August	4th Inter-country exchange for CSOs to Moldova	
	September	5th Inter-country exchange visit to Tajikistan 4th TB REP Ministerial Breakfast meeting	
	October	Technical consultation on health financing	
	November	3rd WHO Barcelona Course on HSS/TB	Kazakhstan: Piloting Regulatory Framework Assessment tool Turkmenistan: CSO mentoring visit Turkmenistan: Assessment of pilot outpatient model of care
	December	Partners Meeting on HSS for sustainable TB care models: From the people-centred model of care towards improving tuberculosis prevention and care outcomes	Kyrgyzstan: Applying Regulatory Framework Assessment tool Moldova: Costing TB program transitioning components Tajikistan: Costing TB program transitioning components

## Key Project Highlights



- ◆ 1st regional project focusing on solely on health system transformation to improve TB response;
- ◆ Increased political visibility of TB by engagement of non-traditional stakeholders: Ministries of Finance and Health Insurance and providers, civil society, people affected by TB, Members of Parliament;
- ◆ Increased prominence and engagement of civil society in TB response at national level;
- ◆ Fostered emergence of regional agents of change and progressive early adopters;
- ◆ Regional added value through focus on elements not covered by others.