

Available Technical Assistant Package

Presenter: Dr. Mansa Mbenga

Title: Team Lead – Treatment and Care











KNCV AROUND THE WORLD

GLOBAL OFFICE:

The Netherlands

BRANCH OFFICES:

- 02 Philippines
- 03 Vietnam
- 04 Kazakhstan (regional office)
- 05 Ethiopia
- 06 Nigeria
- 07 Tanzania

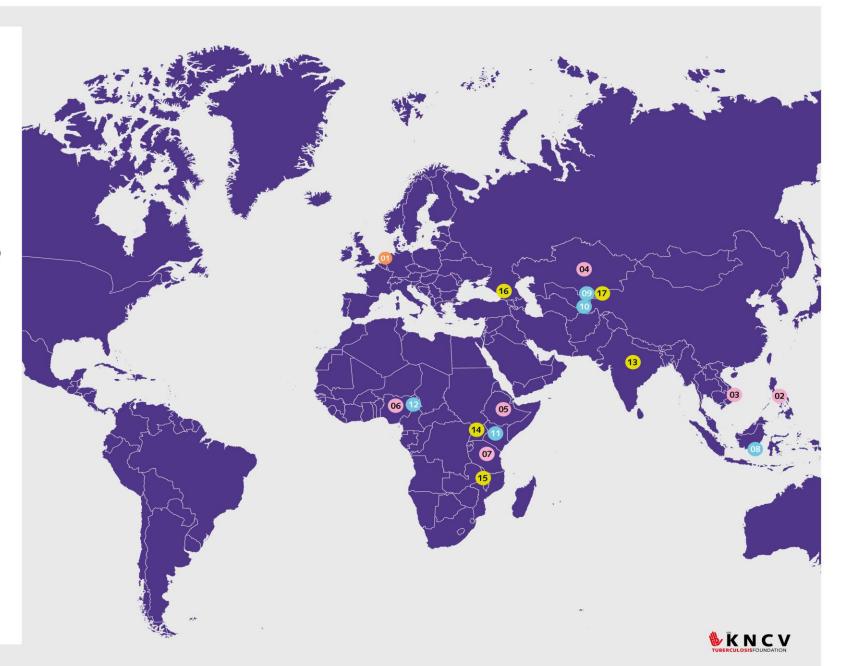
KNCV

NATIONAL ENTITIES

- 08 Indonesia
- Syrgyzstan
-) Tajikistan
- Kenya
- 1 Nigeria

ADDITIONAL COUNTRIES with international KNCV-Global staff outside EU:

- 13 India
- 14 Uganda
- 15 Malawi
- 16 Georgia
- 17 Kyrgyzstan





Innovation at the heart of KNCV

Policy development & Strategic Planning

of policies guidelines: strategic planning

Safety TA to 1

TA to impact measurement, surveillance

Evidence Generation

INNOVATE

Safety

effectiveness

characteristics

DEMON-STRATE

effectivenesspatient

and HCW

satissfaction

TA to development and optimization

TO SCALE-UP

Acceptability feasability costing

Implementation approaches, conditions CE modeling

TA to documentation of scale-up results

Development of supportive System

TA to developing plaforms and tools for innovation implementation optimization and mangement, support to capacity buildding, patient and community engagement, M &E



Package	Topics	Activities/training modules	Implementation tools	Audience/Mode of delivery
Preparatory steps	Situational assessment, planning, and resource mobilizations	 Participatory assessment of current management of DR-TB, including care seeking and the availability of relevant services Implementation planning Review of costed plans TA for resource mobilization 	 Assessment checklists and planning tool for planning programmatic introduction and scale-up of new DR-TB regimens Costing checklists for DR-TB programming People-Centered Framework (PCF) and Patient Pathway Analysis (PPA) methodology 	Audience NTPs, partners, representatives of affected Communities Mode of delivery Facilitated self-assessment, combination of in person workshops, with online remote TA
A	Preparation of tools and materials for the introduction and/or scale-up of clinical management with shorter regimens and complementary treatment regimens	 Review and update national DR-TB guidelines Adjustment of guidelines, job aids, and training curricula and materials Capacity building for clinical management, including comorbidities Design of back-up consultation and referral system for health workers involved in clinical management of people with DR-TB (hub and spoke, facilitated by mobile /e-health solutions as appropriate) 	 Generic clinical guide for programmatic introduction of BPaL/M regimens (to be adjusted to fit country's needs) Frequently asked questions (FAQ) for shorter regimens Generic training materials (to be adjusted to fit country's needs) Generic study protocols for evaluation of practical implementation of shorter all oral treatment regimens 	Audience NTP managers and staff, clinicians, DR-TB expert committee (e.g. Consilium) members, nurses, NTP partners, stakeholders and representatives from affected communities Mode of delivery Combination of in-person workshops, in-country capacity building and on the job support, and online remote TA and backstopping KNCY TB PLUS

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	boratory	 Expansion of FQ testing for people with DR-TB Capacity building for phenotypic testing for resistance against Bdq, Lzd, Cfz, and Dlm/Pa Design and supporting the implementation of transportation network and dashboard solutions to shorten turnaround time (TAT) and availability of result reports for providers and patients Support planning, management and implementation of calibration, maintenance, and repairs of the laboratory equipment Technical assistance on internal and external quality assurance for chemistry and hematological laboratory tests 	•	Laboratory assessment and planning tool Generic training materials Establish connections with EQA providing entities	Audience Laboratory managers, laboratory doctors, technicians, support staff, and clinicians Mode of delivery Combination of in-person workshops, in-country capacity building and on the job support, and online remote TA and backstopping



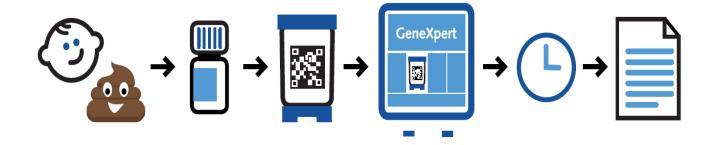
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C	Strengthening of aDSM	 Assessment of existing Pharmacovigilance and/or aDSM system Adjustment of monitoring and management of adverse event Adjustment of paper/electronic surveillance system Training, mentoring, and supportive supervisions (hub and spoke system and referral) 	 Assessment checklist and planning tool to evaluate the aDSM framework, and adverse event recording and reporting Generic clinical guide Generic training materials and SOPs for Lactate testing, use of Mobile ECG (KardiaMobile), tests for PN and optic neuritis 	Audience NTP, PV department MOH, representatives from affected communities, doctors, nurses, patient supporters Mode of delivery Combination of in-person workshops, in-country capacity building and on the job support, and online remote TA and backstopping
D	Stigma reduction and people centered care Digital Health Strategy for TA	 Capacity building for psychosocial support to patients and their families, patient health education and support package Treatment administration options such as VOT and community-based supported Strengthening of collaboration with CSOs 	 Engage stakeholder's framework Digital Tools Digital Health Activities Framework Intervention Analysis Framework 	Audience Counselors, clinicians, nurses, community health care workers, treatment supporters, representatives of affected communities, and CSO Mode of delivery Combination of in-person workshops, in-country capacity building and on the job support, and online remote TA and backstopping

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E	Strengthening people centered care in collaboration with CSOs and representatives of affected communities	 Adjustment of information materials for patients, affected communities Capacity building for demand creation and CSO roles for delivery of comprehensive care (as defined by the country); including psycho/social support. Assessment and planning for situation specific optimal use of digital health to facilitate people centered DR-TB care Stigma baseline assessment and adaptation of the "Allies" approach for the country, TOT and technical assistance to implementation at health Facilities 	 Template information materials Template training materials for community roles in the delivery of comprehensive care Digital health intervention analysis and activities framework Digital adherence tools (VOT, pillbox etc.), generic materials, implementation plans, and costing checklist TB stigma measurement guidance Allies Approaches for stigma reduction in health facilities 	Audience Counselors, clinicians, nurses, community health care workers, treatment supporters, and representatives of affected communities and CSO Mode of delivery Combination of in-person workshops, in-country capacity building and on the job support, and online remote TA and backstopping
F	Uninterrupted quality assured supplies	Procurement and supply chain management	 PSCM system assessment tool Quan TB 	Audience NTP managers, support staff, and stakeholders Mode of delivery Procurement and supply unit work of and remote support

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G with elements Of other packages (e.g. A, C, D etc.)	Decentralization of care with treatment progress and safety monitoring and management	 Capacity building for clinical management, including comorbidities Strengthening clinical laboratory monitoring in PHC level Technical assistance to decentralized data use for continuous improvement of care Conduct clinical (e-)trainings Establish a referral process and periodic clinical case discussion 	 (e)training materials Examples of referral processes SOPs to streamline and document periodic clinical case discussion Digital Adherence Tools (DAT) with implementation tools (see under D) SOPs for implementation of Mobile ECG monitoring tool (KardiaMobile) 	Audience NTP, clinicians, TB expert committee or Consilium members, nurses, community health care workers, and treatment supporters Mode of delivery Face to face/online/in-country presence
Н	Monitoring and Evaluation	 Technical assistance to review and support optimized data collection tools and indicators for enhanced data quality and use DR-TB cohort review and analysis, STTA and/or in-country LTTA for on-the-job training, and initial monitoring of implementation 	 Health Information System (HIS) Assessment Framework Generic data collection tools for situation specific adaptation Monthly/Quarterly interim cohort assessment methods-MICA/QICA Generic training materials 	Audience NTP, DR-TB focal points, data managers, data collection team, and representatives of affected communities Mode of delivery Face to face/online/in country presence

TB in children and adolescents

TA for programmatic introduction/scale-up of stool testing



- Benchmarking tool for self-assessment and planning updated and included in WHO roadmap for TB in children and adolescent
- TA to support countries' self-assessment the management of TB in children and adolescents and planning for full implementation of the latest WHO guidelines



Available tools and links to them

- KNCV TA Package <u>KNCV-TA-package.pdf</u> (kncvtbc.org)
- KNCV Self-assessment checklist and planning tool - KNCV - Tuberculosefonds (kncvtbc.org)
- https://www.kncvtbc.org/kb/kncvbenchmarking-tool-for-childhood-tb-policiespractice-and-planning/
- https://www.kncvtbc.org/en/2024/04/22/short er-dr-tb-treatment-regimens-and-cardiacmonitoring/







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