ASCENT DR-TB

Introduction of self-assessment checklist and planning tool

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Project goals:

- To contribute to the operationalization of DR-TB regimens as part of a comprehensive care cascade and differentiated supportive people centred packages of care;

- To promote and facilitate sharing of experiences and best practices between stakeholders globally, regionally, and between project countries to accelerate implementation and scaling- up of better and shorter regimens for RR/MDR-TB;

- To support community demand generation for the new regimens; access to comprehensive packages of treatment support including digital options and patients' treatment literacy (enabling them to exercise their rights and participate in treatment decision-making)

- To contribute to securing a global affordable market for key drugs and secure appropriate equitable access conditions for TB health technology products.
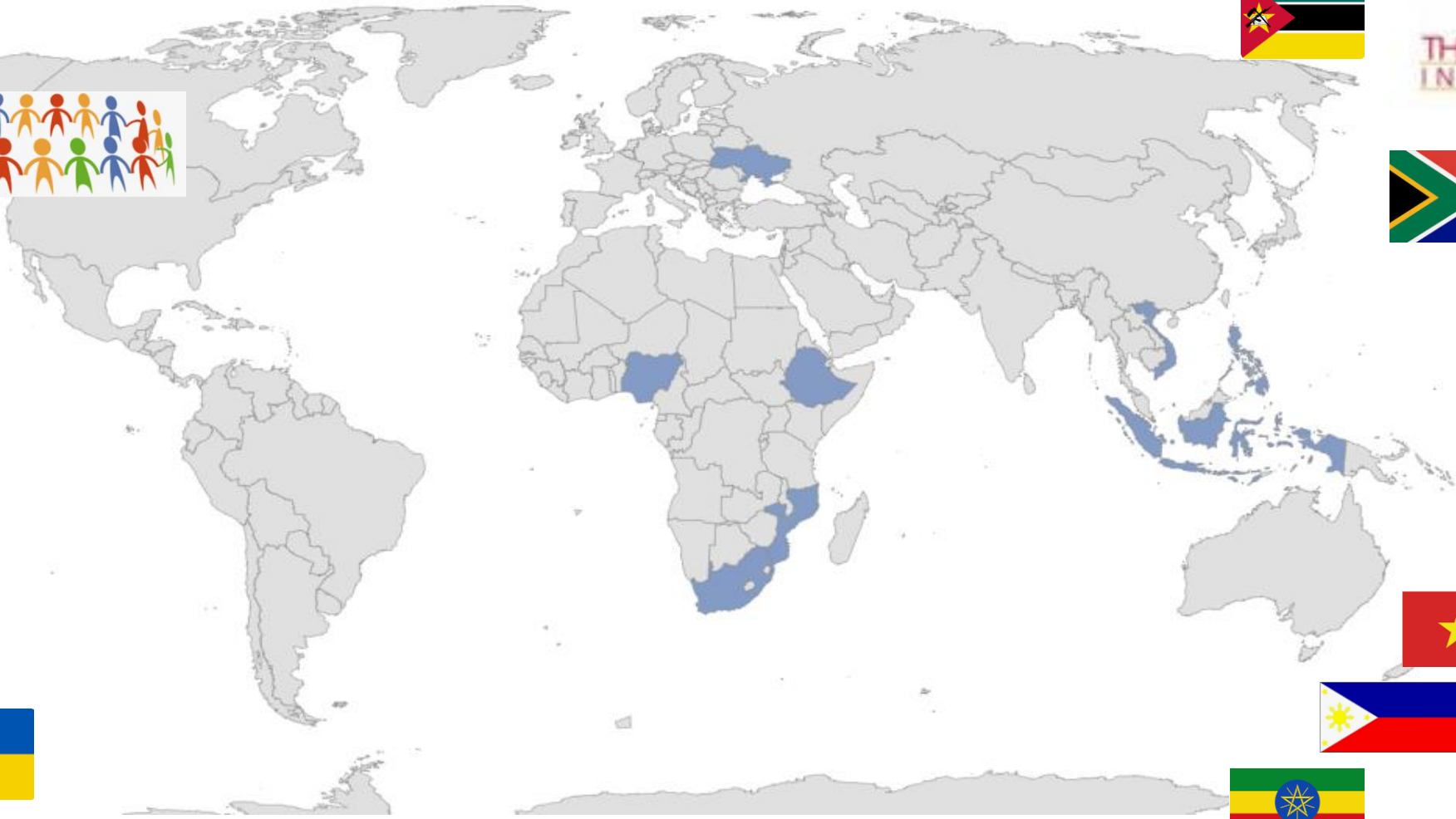
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Consortium and country coverage
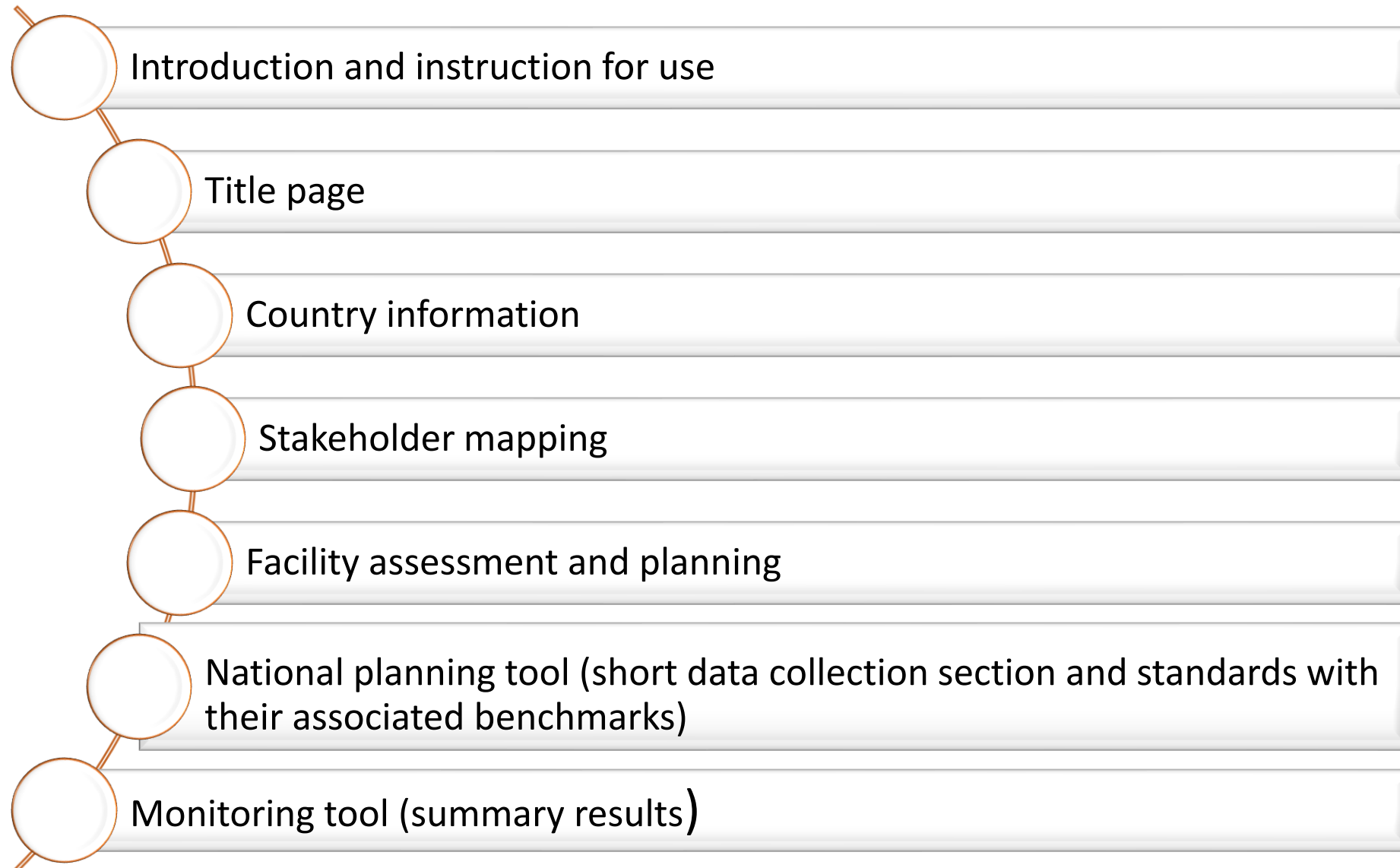
Self-assessment checklist and planning tool

- Self-assessment checklist and planning tool [KNCV's Self-assessment checklist and planning tool - KNCV - Tuberculosefonds (kncvtbc.org)](kncvtbc.org)

- The tool is meant to serve as a basis for:
  - Discussions,
  - Brainstorming
  - Assess strategic planning, country readiness for introduction of shorter regimens, up to date DR-TB policies and
  - Stakeholder mapping – project activities, timelines and intervention areas
  - Facility assessment – general information, capacity, resources, facility readiness to up take shorter regimen, etc.

- Provides an insight:
  - Preparation and planning for the scale-up of shorter treatment regimen for DR-TB:
    - capacity building,
    - human resource
    - data collection
    - Political commitment and stakeholder coordination
    - Status of implementation of the national policies for the management of DR-TB
    - Access to quality TB prevention and care

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Self-assessment checklist and planning tool

Introduction and instruction for use

Title page

Country information

Stakeholder mapping

Facility assessment and planning

National planning tool (short data collection section and standards with their associated benchmarks)

Monitoring tool (summary results)

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Country information

Country information			
	Questions	Answers	Number of HCFs providing TB/DR-TB service
	Number of States		
	Number of Provinces		
	Number of Districts		
	Number of Villages		
	Number of subvillages		
TB Epidemiology		Answers	Description of current situation
TB Epidemiology	TB incidence (cases per 100,000 persons per year) for DS-TB		
	New DS-TB cases per year (last year and 5 year average) notified		
	TB incidence (cases per 100,000 persons per year) for DR-TB	RR/MDR-TB		
		Pre-XDR-TB		
		XDR-TB		
	New cases per year (last year and 5 year average) notified	RR/MDR-TB		
		Pre-XDR-TB		
		XDR-TB		
	Percentage of peoplee with pulmonary vs extrapulmonary TB		
	Percentage of people with TB having HIV coinfection		
	Percentage of peoeple with TB having diabetes		
	Percentage of people with post TB lung disease		
	Total number of children with TB (0 - 14 years)		
	Total number of adolescents with TB (15 - 19 years)		

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Stakeholder mapping

Stakeholders

To determine number of stakeholder

To understand the role of stakeholder

To know the area of intervention, timelines and project activities

Stakeholder Name of the stakeholder	Contact person	Contact email	What are the overall key activities/roles of the stakeholder?	Main intervention / support area(s)	Geographic reach In which region(s) does the stakeholder work?	Current project(s) and project timelines (s)	Impact How much does the project impact the stakeholder? (Low, Medium, High)	Influence How much influence do they have over the project? (Low, Medium, High)	Contribute How could the stakeholder contribute to the project?	Engagement How to best engage the stakeholder?

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Facility assessment and planning

- Facility assessment (Minimum 5 and maximum 10) – field visit:
  - criteria for facility selection
    - Introduction of the latest updated WHO recommendation:
      - Introduced the shorter treatment regimens (ex. BPaL OR/ BPaL/M/mSTR)
      - Started introduction of the shorter treatment regimen (enrolment started for 1 month and above)
      - Planning to introduce the shorter treatment regimen

    - Area where Introduction of the latest updated WHO recommendation is not taking place: (Did not start and no plan to start)
      - Facilities with high burden DR-TB cases
      - Facilities with treatment enrollment gap (gap between diagnosis and enrolment)
      - Facilities with TSR (< 60%)

  - Expand to other facilities during expansion/scale up

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Facility assessment and planning

Facility Assessment

1. General information

	Question	Response	Comments
General facility information	Name of the facility		
	Date of assessment		
	Location of the facility		
	Assessment performed by		
	What is the facility type?	*e.g Hospital, PHC, Health Post (HP)/Health Center*	
	What are the operating days for the facility?		
	What is the size of the catchment population?		
	What is the catchment type?	*urban non-slum area (UNSA), urban slum area (USA), rural (R), remote area*	
	Status of TB/DR-TB implementation (i. treatment initiation center; ii. treatment administration center)		
	Is the facility easily accessible?		

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National assessment and planning (standards and benchmark)

- National assessment and planning
  - To be conducted under guidance of the NTP and disseminate the findings in a meeting/workshop of stakeholders
    - Discuss and define action points on the identified gaps
    - stakeholders could include GPs, TB Doctors, HCWS at PHC, maternal and child-health services, national HIV program, private sector, CSOs and NGOs

  - In case of a limited group of stakeholders is known to the NTP a start could be made with the ones known

  - The result of the assessment can be disseminated to the other stakeholders to align their activities based on the agreed plans.

  - Conclusion and report writing (design country roadmap and monitoring)

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National assessment and planning

National Standards and Benchmarks

1. Political engagement and buy-in

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations / current stakeholder activities	By who/link to existing project	When
There is evidence of political commitment for management, prevention and care of DR-TB	A National Strategic Plan (NSP) is available that includes DR-TB management		Met	Met			
	National Strategic Plan includes children, adolescents and pregnant women in planning		Met				
	Sufficient budget is available for all components of DR-TB management, prevention, diagnosis and care	Please describe the budget coverage (in %) and source of budget (domestic, global fund, donors etc.)	Met				
	New, shorter, all oral DR-TB regimens are recommended in national and sub-national health policies	Mention the year of the last update	Met				
	A functional DR-TB national working group exists, meets regularly and has action plans	Describe composition of this group and frequency of meetings	Met				

2. Advocacy and community engagement

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations	By who	When
There is coordination on advocacy and community engagement activities at national and subnational levels	A formal coordination mechanism between the NTP and civil society organizations (CSO) exist	Describe mechanism	Met	partially met			
	Civil society groups are involved in planning of DR-TB services at national level		Met				
	Civil society groups are involved in planning of DR-TB services at subnational level(s)		Not Met				
	Civil society groups are involved in supervision and monitoring of DR-TB services at national level		Not Met				
	Civil society groups are involved in supervision and monitoring of DR-TB services at subnational level(s)		Not Met				
	The program offers ongoing support or programming for TB survivors after they have successfully completed DR-TB treatment	If yes, what kind of support or programming is offered?	Not Met				
	TB survivors or community representatives participate in DR-TB technical forums		Not Met				

3. Drug forecasting, procurement and supply management

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Recommendations	By who	When

Monitoring tool

Standard	Benchmark	Met/Partially met/Not met
1. Political engagement and buy-in	*There is evidence of political commitment for management, prevention and care of DR-TB*	**Met**
2. Advocacy and community engagement	*There is coordination on advocacy and community engagement activities at national and subnational levels*	**partially met**
3. Drug forecasting, procurement and supply management	*There is an established structure on drug forecasting, procurement and supply management*	**not met**
4. Diagnostics & laboratory infrastructure	*National guidelines includes up-to-date WHO recommendation on laboratory diagnostics and algorithms*	**not met**
5. Human resources and staffing	*There is a training and monitoring plan for human resource capacity building for management, prevention and care of DR-TB*	**Met**
5. Human resources and staffing	*There is sufficient trained staff at the national / central level on DR-TB management*	**Met**
6. Treatment and Care	*The national treatment guidelines include the latest WHO recommendations including supportive service*	**not met**
6. Treatment and Care	*The national treatment guidelines contains guidance on safety monitoring, role of expert committee and comorbidity management*	**partially met**
7. Active TB drugs safety monitoring and management (aDSM)	*There is aDSM guideline or included in national clinical guide with sufficient guidance on monitoring amangement of AEs*	**Met**
8. Data management (Recording and reporting)	*Quality data is available and used at various levels*	**Met**
9. Public-Private Mix	*National policies provide guidance for all providers including the private sector involved in diagnosis, prevention and treatment of DR-TB*	**Met**
10. Enabling environment, people-centred care	*The NTP and partners deploy specific initiatives to promote a person and family centred approach in prevention and care of DR-TB*	**Met**

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Group work

Instructions

- National assessment and planning
  - share country status on introduction of the shorter regimen (whether is on preparation and planning, early introduction or nationwide scale).
  - Highlight the main achievements support areas require to progress the introduction by discussing the standards and each benchmark
  - Focus on the main gaps affecting the introduction shorter regimens for each country (use excel or flipchart)
  - Summarize the gaps and design a TA plan

- Stakeholder mapping
  - The number of stakeholder supporting the introduction,
  - Highlight the overlapping activities if there is any
  - Coordination mechanism between stakeholder

Groups

Group 1	Group 2	Group 3	Group 4
Kristian (F)	Jean louis (F)	Michel (F)	Paola (F)
Ethiopia	Nigeria	Central African Republic	Mozambique
Lesotho	Namibia	Cameroon	Angola
South Africa	Tanzania	Guinea	Elzier Mangunyane
Agnes (R)	Kerri (R)	Congo	Muhammed Yassin (R)
CDC	GDF(Maya and Elena) (R)	Gabon	GDF (Salama, Akpanowo and Maria)
KNCV team	Anna	The Union	Nirina
	Liberia	Jean de Dieu	Linh (R)

(F) – Facilitator
(R) – Rotates to other team after 30 minutes
WHO NPO – based on country you support