

## Meeting of the Health Systems Strengthening and TB Control Task Force

### Stop TB Department, World Health Organization

Geneva 19-20 January 2006

#### 1. Background

In order to achieve the health-related Millennium Development Goals, it is widely agreed that overall strengthening of health systems must accompany all efforts to address specific health-related goals and interventions<sup>12</sup>. At the meeting of WHO Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) in June, 2006, the WHO Stop TB Department provided presentations on health system strengthening approaches pursued by the Department. In response, STAG noted the following:

- STAG acknowledges the significance of health system strengthening (HSS) to overall prospects to meet the MDGs related to TB control and other health areas.
- STAG endorses WHO actions to improve health systems and the collaboration across HTM, EIP and other internal and external partners with this aim.
- STAG supports ongoing efforts to improve the scale up and quality of public-private collaboration in service delivery and in a range of approaches to improve the capacity and competence of human resources in TB control.

STAG recommended the following measures to enhance effectiveness of WHO efforts in health systems strengthening and TB control:

- a. Create a task-force on TB control and health system strengthening, to help define a prioritized agenda to document and further expand the synergies between health system strengthening and TB control efforts;
  - The task force could include some members of STAG, Stop TB Department and Evidence and Information for Policy Cluster (EIP) staff, representatives of the Stop TB Partnership implementation working groups and/or Board;
  - The Stop TB Department should draft Terms of Reference and proposed participant list for this task force and seek STAG endorsement for this.
- b. Examine further changes needed across health systems beyond delivery frameworks and capacity-building (e.g. bottlenecks in management, institutional

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<sup>1</sup> High-level Forum on the Health MDGs

<sup>2</sup> This was further reinforced in the background paper and note for the record associated with the WHO/EIP-organized meeting, "The Montreux Challenge: Making health systems work", 4 - 6 April 2005.

relations and incentives, financing frameworks, policy reforms that have been supportive of TB control etc.);

- c. Increase "policy scanning" of new health system reforms and initiatives to ensure that opportunities are sought and potential challenges are addressed early;
- d. Further define what can be done: (a) from within the TB community; (b) in collaboration with others, and (c) what is beyond the scope of this community.

On the recommendation of STAG-TB, the WHO Stop TB Department formed a Task Force with STAG members, other external experts and stakeholders, and a secretariat team within WHO.

This document reports on the outcome of the first meeting of the Task Force. The full, and approved, Terms of Reference for the Task Force are provided in Annex III, with its summary aim and objectives noted below. The discussion paper<sup>3</sup> developed for the first meeting is available on the *Sharepoint* site for HSS & TB Task Force and will be revised and finalized as a companion to this meeting report.

## **2. Aim and objectives of the Task Force**

The main aim of the Task Force is to help advance, prioritize and support HSS efforts of WHO Stop TB Department (STB) and Stop TB partners nationally, regionally and globally. The specific objectives of the Task Force are:

- I. To review progress and challenges in building synergies to advance TB control within and alongside larger HSS efforts and improve communications on these themes.
- II. To identify and prioritize STB/WHO work during 2006-2007 and 2008-2013 to contribute to HSS. This should take into consideration:
  - a. The roles and activities of STB/WHO and other WHO partners, Stop TB Partners and partners focused on HSS.
  - b. Needs in the areas of analysis, technical assistance, advocacy and resource mobilization, and coordination.
  - c. Relevance of new strategies and HSS networks and/or partnerships.
- III. To plan with partners (within and beyond the TB community) to take collaborative work forward and to communicate internally and externally on these plans.

## **3. Specific objectives of the first meeting of the Task Force**

- I. To finalise the Terms of Reference for the Task Force, including time-plan for activities and deliverables
- II. To review ongoing and 2006-2007 planned health systems strengthening activities in the Stop TB Department, WHO and among partners
- III. To identify gaps and opportunities not yet addressed and suggest activities to address these in coming months.

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<sup>3</sup> How the Stop TB Strategy can contribute to Health Systems Strengthening: Reinforcing collaboration and impact. Discussion paper. Geneva: World Health Organization, Stop TB Department, 2006

The agenda for this first meeting is included in Annex I. The list of participants is included as Annex II.

While the objectives of the meeting were focused on TB-specific issues, the WHO Assistant Director-General for HIV, TB and Malaria stressed its relevance to all of the Departments of the Cluster and other areas of work within WHO. Furthermore, given that this Task Force was established by WHO to inform its work, including the work of the Stop TB Partnership Secretariat housed at WHO, and key partners, it is expected that its work will be of relevance to the Stop TB Partnership as a whole. The recommendations made by the Strategic and Technical Advisory Group based on the report of this Task Force will also be considered by the Coordinating Board of the Stop TB Partnership: as the Partnership also uses the STAG-TB as an advisory body on technical matters.

#### **4. Summary of presentations and discussions during the meeting**

This section summarises the main messages from the presentations and discussions during the meeting. All presentations are available on the HSS & TB Control Task Force *Sharepoint* site.

1. ***Disease control is an essential element of health systems.*** Disease prevention and control, including TB control, are not actions external or additional to health systems but core functions of health systems. Health systems need to be strengthened in order to effectively deliver all services, including disease control. Determinants of the effectiveness of health systems as a whole are likely to largely or fully overlap with the determinants of effective TB control. Therefore, National TB Programmes (NTPs), and other partners aiming to control TB, need to join forces with other partners involved in HSS on national, regional and global level to directly support and advocate for greater investment in effective health systems, as well as contribute to identifying the best strategies to strengthen core elements of systems.
2. ***In many countries, deterioration of health services and poorly planned and executed health reforms have damaged the capacity of health systems to deliver effective disease control, including provision of high quality TB services.*** Health systems' ability to act in response to health emergencies in general, and disease prevention and control functions in particular, must be protected. To ensure this, every effort should be made to engage all relevant partners, including National TB Programmes and partners, in planning, capacity-building for, and implementation of decentralization and/or integration efforts and in sector-wide planning and monitoring.
3. ***New financing streams, focused on improving disease prevention and control, offer major new opportunities for scaling-up effective interventions, encouraging innovation and strengthening of support systems: as well as augmenting management capacity within health systems in low and middle-income countries. However, efforts must be made to ensure that parallel systems are not unnecessarily created, that resource flows do not inadvertently reduce human resources and/or financing available for other public health***

*priorities or crowd out integrated health systems, and that resources are also used to explicitly contribute to strengthening underlying system structures.*

Areas of particular concerns are: human resources, lab infrastructure, drug management, quality control, M&E systems, and external monitoring and donor reporting requirements. The "Do's and Don'ts" check-list for HSS, proposed by the Stop TB Department secretariat, begin to articulate some of the best practices for TB control which can contribute to overall system strengthening while advancing disease-specific objectives.

4. ***TB services can be further integrated into overall planning and delivery of health care services*** via primary, secondary and tertiary health care networks. In many countries, TB treatment is already part of a basic package of care and TB services are integral to services delivered at health centre level, but in others, as health systems are strengthened, more integration is possible. Alignment in planning can help ensure more sustainable financing (eg through provincial and district financing frameworks) and less dependence on external disease control project financing.
5. ***In order to respond effectively to communicable diseases, including TB, health systems require programmatic structures to support*** disease-specific policy and planning, supervision and capacity building. Such structures are needed to ensure safe and effective application of guidelines, case reporting and analysis of treatment results, and to provide secure supply systems. These elements can be provided in a 'vertical' or 'integrated' fashion depending on the capacity of the health system. The "non-negotiable" disease-specific elements of TB control, and other disease control programmes need to be better defined to ensure effective delivery of these programmes, while identifying the conditions under which these elements can be effectively integrated into routine health system structures—but exercising care to ensure such integration does not adversely affect the system or reduce effectiveness of other programs.
6. ***The DOTS strategy has enabled health systems to deliver quality TB control services. The Stop TB Strategy reinforces potential synergies for strengthening disease control and systems in general.*** DOTS offers some useful lessons for general HSS, especially on: implementing effective case management of long term conditions; moving from a structural to functional approach to service delivery; standardisation of clinical procedures, standardised recording and reporting practises; and establishing transparent accountability mechanisms for results. The new Stop TB Strategy explicitly stresses the interlinkage between HSS and TB control. This Strategy also aims to scale-up innovations for service delivery that could be applied in other public health field programmes, but also provide useful read-across for general HSS. Examples of these innovations include the Practical Approach to Lung Health (extending TB care practices to respiratory care), Public Private Mix for TB Control, and Community TB Care. Similarly, the Stop TB Strategy acknowledges that innovations from other fields, such as social mobilization strategies and community-based care models, can offer substantial lessons and opportunities for TB control: practices which need to be more widely shared and utilized.

7. *Strategic thinking to position the Task Force.* The following suggestions were made by the Task Force Members:

- The TB community should help "pathfind" in some areas of the HSS, In others, its members can best serve as strong "participants" or engaged "consumers" of products or information produced. Overall, there is great potential to collaborate with partners pursuing similar work in other priority public health fields and in health system strengthening promotion in general. Increasing collaboration will reduce inefficiencies, increase recognition of common issues and solutions, and support country-led action, rather than parallel efforts.
- Prioritise among broad areas of work for the Task Force to position the Stop TB Department and partners in niche segments where they can make most contribution—without duplicating the work done by others—and build on ongoing streams of work (technical assistance, monitoring, research platforms).
- Explore, through horizon scanning, emerging trends, to identify future HSS needs for the next 5-10 year period—so that developed tools are not outdated by the time they are finalised for use.
- As a first step, explore HSS inter-linkages between TB and other disease control programmes, particularly at national and regional levels, and collaborate with other partnerships (eg GAVI, Health Metrics, GFATM, RBM, The Partnership for Newborn, Child and Maternal Health, and health systems partnerships under development)
- Develop simple-to-use and practical tools for countries, NTPs and partners, to enhance their work towards improving HSS and increase their contributions to HSS efforts.
- Identify necessary analytical, documentation and operational research needed to inform policies and actions: but avoid "paralysis by analysis".
- Bring the work of the Task Force into the broader HIV-TB-AIDS HSS agenda: particularly link with the actions related to "universal access" to ARVs, while continuing to work with other parts of WHO on overall HSS—including "universal coverage" objectives for all priority health interventions, and innovative approaches proposed by other partnerships, networks and agencies.
- Take advantage of the increasing areas of collaboration with multilateral and bilateral agencies that support TB control scale-up but are also major proponents of health system strengthening and poverty reduction.

## **5. Group work output**

The participants were divided into three groups to enable in-depth discussion. The group discussions were facilitated to encourage development of specific recommendations. Each group was given a theme:

1. Reviewing alignment of WHO Stop TB Department workplan 2006-07 within HSS aims and efforts;
2. Prioritizing ways to increase the TB community's engagement in HSS streams/initiatives at country and regional or global levels;

3. Identifying and prioritizing documentation on TB control and health system strengthening interactions, as well as tools, operational research and evaluation needs and opportunities.

The groups were asked to discuss the overall justification and approach for work in this thematic area and to identify priority actions for (a) the next six months, and (b) the next two years.

There were similarities and concordance in the recommendations made by different groups. This helped identify more clearly the priority areas and tasks as these emerged in the discussions of the three thematic groups.

The PowerPoint presentations made by the groups are included in HSS and TB Control TF *Sharepoint* site.

### **Group 1: Reviewing alignment of WHO/STB workplan 2006-07 within HSS**

The group work was initiated with a summary of HSS-related areas of work incorporated in the Stop TB Department's workplan 2006-07. This workplan included all Stop TB Department units and the Stop TB Partnership Secretariat housed at WHO. The group concluded that the current workplan provided a good platform for future HSS activities. However, there is a need to define more clearly the objectives of various HSS components and to identify the priority areas which the Stop TB Department should focus on, and better articulate how these priority areas of work interlinked with those of other partners.

The group identified the following priority areas:

1. Develop joint approaches to **financing** issues, in order to ensure consistency in costing exercises across different disease programmes (especially, TB, HIV/AIDS and malaria). This work would require collaboration across initiatives to define clearly the HSS underpinnings of joint approaches to financing.
2. Use current efforts to scale up different components of the Stop TB Strategy to build in operational research / evaluation, with an aim to strengthen the **evidence** base so as to inform policy and practice and advance outcomes. Specifically, evidence is needed on:
  - Impact on HSS of the different components of the Stop TB Strategy: while better defining the criteria used to identify positive impact. This analysis should incorporate identification of "non-negotiable" components of effective TB control, some of which may have "vertical" or "parallel" elements. It should also identify the conditional "dos and don'ts" to ensure maximum positive impact or "at least no harm".
  - Specific potential positive effects of the Stop TB Strategy on HSS, including:
    - a. Reduction in general drugs costs through PAL and PPM
    - b. Improved capacity to work with the non-state sector through PPM
    - c. Improved general lab capacity through strengthening capacity for sputum smear microscopy and culture

3. Explore the contribution of TB programmes to strengthening **human resources for health and vice versa**. This includes contributing to the evidence base and the global debate on the conditions for TB-related HR strategies to have positive impact on general strengthening of HR. It also includes analysis of the mechanisms and means to incorporate TB programme HR needs into general HR strategies.
4. Promote involvement of TB programmes and communities in sector **policy and processes**. This includes:
  - **An analytical** piece: Inventory of how TB control fits into the system (how they are organised at different levels)
  - Develop **tools to help** TB programmes identify health systems barriers, define core functions that must be strengthened within larger frameworks, and participate in broader sector and health reform processes and planning frameworks (Disseminate and build further on the document "Expanding DOTS in the context of a changing health system", WHO/CDS/TB/2003.318)
5. To further develop **links with other initiatives** to coordinate and harmonise HSS activities (see all Group 2 conclusions).

Priority actions within the next six months:

- While waiting for a stronger evidence base, tentatively define the negotiables/non-negotiables of TB control within health systems, and further refine a related "Dos and Don'ts" check list reflecting the conditions for maximum positive HSS impact (draft presented as part of the discussion paper for the meeting).
- Design or adapt tools for assessing how TB programmes are organised within the systems, with an aim to assess degree of integration of various Stop TB components and to identify health systems barriers for effective TB control.
- Develop and/or review joint approaches to costing services and assessment of financial flows with other partners.
- Continue discussions with the Global Fund to Fight AIDS, TB and Malaria (GFATM) concerning outcomes and lessons learnt concerning the HSS part of GFATM Round 5.

Priority actions the next 2 years:

- Further develop and implement tools and guidance for how NTP managers can promote inclusion of TB in national financing and planning processes. A first step is to advocate for NTP manager engagement in these processes during regional NTP managers meetings. There is also a need to advocate with donors and governments to support the engagement and/or representation of TB and other priority public health programs in these processes
- Develop and start using tools for measuring the impact of TB initiatives on HSS and vice versa. This should be done both as part of operational research, but also with an aim to develop simple tools that could be used as part of routine programme planning and monitoring.

**Group 2: Prioritizing the TB community's engagement in Health System Strengthening Initiatives**

As health system strengthening initiatives are happening at both the global and national level, the group felt it was important to make this distinction when identifying opportunities for the TB community to engage. The group strongly felt that as health systems strengthening happens at the country level, a country focus should be the foundation that helps prioritize the TB community's involvement. A stronger emphasis is needed on implementation as opposed to highly demanding requirements from some funders on planning, proposal development, and measurement of results for reporting. The group noted that the funding environment (with multiple global, multilateral, and bilateral initiatives) strongly influences what happens on the ground. Therefore, global and national level priorities are identified.

Examples of priority areas for engagement at the **global level** include global partnerships that fund health system strengthening, such as GAVI and the Global Fund; multilateral initiatives such as the World Bank MAP program; and bilateral initiatives such as the US Government's PEPFAR program. In addition, bilateral donors are providing generalized budget support to governments, as well as sector wide support that could be used to strengthen health systems if the process of establishing priorities and the plans that follow include HSS. Given the importance of strong health systems for achieving TB control priorities, the group felt that WHO's Stop TB Department and the Stop TB Partnership should actively engage with global donors to identify opportunities where HSS is needed to support TB control and to contribute to knowledge of what works to strengthen health systems by drawing on experiences with TB control.

At the **country level**, the group felt that the TB community could engage more actively with national policy makers, planners, and with ministries of finance to be sure that HSS needs to support TB control are being considered *and* to contribute lessons learnt from TB programs about what works to strengthen health systems in the specific country context. The group felt it was critical for the TB community to become more active at the national policy level especially in countries with a large amount of SWAp or generalized budget support funding. At the country level, the TB community could also engage with national leaders to improve coordination and reduce the "transaction costs" of managing many donor funded programs and initiatives. This area of work relates directly to the approaches laid out in the draft "Best Practice Principles for Global Health Partnerships" proposed by the High Level Forum on the Health MDGs, and reviewed positively in draft form by the Stop TB Coordinating Board at its Fall 2005 meeting.

**Engaging at the global level will require a team** with knowledge of the interactions between health systems strengthening and TB control as well as how to effectively interact with global players. A strategy will need to be developed and implemented to sensitize the large number of consultants who work on TB control at the country level and to educate government representatives on ways to engage in HSS discussions.

Priority action with the next 6 months:

1. **Donor sensitization:** Identify strategically important meetings and other opportunities to sensitize donors that, potentially, there is a disconnect/conflict between SWAp and project-based funding through entities such as the GFATM which makes sustainable and effective disease control response more difficult. In

many cases, the same donors contribute to the GFATM and provide untied sector wide support. The group felt that this sends conflicting messages to countries, and their partners. In turn, this presents challenges at the country level to develop and implement initiatives to strengthen health systems. One example of a meeting where such issues could be discussed with the donors is the Abuja Stop TB Coordinating Board Meeting (late April, 2006).

2. *Advocate for **improved coordination** among global funding mechanisms (e.g. GAVI and GFATM), priority public health area partnerships (Stop TB and Roll Back Malaria, and The Partnership for Neonatal, Child and Maternal Health) and health systems-focused partnerships (proposed Health Workforce Alliance and the Health Metrics Network etc.).* This would include ensuring that there is far more awareness of the focus in countries of different initiatives and their overlaps, financing opportunities, mission coordination necessities to reduce the strain on national counterparts, and joint monitoring, operational research and best practice sharing across initiatives. There is a need to improve coordination and to strengthen links. The TB community could become an active voice in this process.
3. ***Initiate consultation, documentation and assessment of the processes and the impact of SWAps and other development financing mechanisms (e.g. PRSCs and budgetary support) on priority public health programs in the context of health systems strengthening.*** The TB community could initiate discussions with global, multilateral, and bilateral donors to build support for multi-disciplinary assessments of the impact of various funding mechanisms on investments in strengthening health systems and the impact on priority public health interventions such as TB control.
4. *Advocate for inclusion of TB and the importance of TB/HIV links in the movement for **universal access for HIV/AIDS care.*** As there is a growing momentum to support universal access to HIV/AIDS care, the group felt that it was important to ensure that TB/HIV care is clearly included and with it the implications for chronic case management and the systems to support it.

Priority action within the next 2 years:

1. ***Continue advocacy** at the donor and country level about the importance of strengthening health systems and the links with TB control.*
2. *Help to catalyze a process with donors to **improve coordination** at the country level:* The group suggested that coordination mechanisms need to be developed, operationalized, tested, and refined in a sample of countries with commitment to health systems strengthening. The goal would be to develop general guidelines for donors and countries to improve coordination, reduce duplication, fill gaps, and minimize management costs. The TB community could be among the pathfinders in this area based on endorsement of the Best Practice Principles for Global Health Partnerships.
3. *Develop and promote guidelines & tools to assess **the core elements and capacities and infrastructure of health systems** needed to deliver effective TB and other public health programmes.* The group recommended leading/initiating a

consultative process that engaged leaders in other priority health areas and initiatives (examples: maternal health, child health, HIV/AIDS, malaria) to determine the core elements of health systems needed to achieve all public health goals. This process could result in guidelines that all promote and follow and would contribute to a common framework of what's needed to strengthen health systems.

4. *Develop policy briefs and a communication strategy that shares lessons from TB control that can **inform how to manage chronic diseases**— an area of new interest for global partnership.* As chronic diseases such as diabetes and hypertension become growing problems, the group felt that there was an opportunity for the TB community to contribute knowledge about how to deliver care and manage chronic cases and the health systems elements required.

### **Group 3: Identifying and prioritizing documentation on TB and HSS, operational research and evaluation needs and opportunities**

The activities suggested by the group for the next 6 months and for the next 2 years respectively are listed below. A brief justification is provided for each recommended action. The group recognized that further prioritization is needed among the suggested activities and that partners who can take on the different tasks need to be identified. Additional funds need to be raised for the selected activities. The group also emphasized that "fragile states" and countries with particularly weak health systems need to be specially considered under each of the suggested activities.

#### Priority action within the next 6 months:

1. *Quick survey of NTPs and HS planners to identify perceived challenges related to HSS and TB control*

A better understanding of the perceived needs in countries is required in order to inform the future work of the TF, in particular with regards to the work to improve the evidence base and develop tools for HSS.

2. *Review **existing assessment tools** for country specific HSS- TB links, assess their utility and identify a toolkit that can be commonly shared*

Tools for assessing links between TB and HSS in countries are needed to identify the country specific elements of health systems that need to be strengthened for improved TB control as well as to identify how TB control implementation can contribute to HSS in a particular country. Such tools exist, but there is a need to assess which is most useful and reach consensus on a tool/toolkit *that can be commonly shared*.

3. *Liaise with other partners (e.g. GAVI, GFATM, HMN) to identify key **HSS indicators to monitor***

Standard indicators are needed for evaluating the HSS impact of TB control as well as to evaluate the impact of HSS on TB control. Such indicators, especially concerning impact on HSS by disease specific activities, need to be harmonized with other attempts to develop indicators on HSS in order to ensure consistence and allow for comparability between initiatives.

*4. Develop a primer for TB managers on "Do's and Don'ts" based on "quick and dirty" analytical work*

The TF secretariat has developed a draft checklist of "Dos and Don'ts" for NTPs, aimed to maximize the positive impact of national TB programme planning and implementation on general HSS (see annex X). The checklist is intended for use by NTP managers during standard planning, implementation and monitoring, as well as by technical partners providing technical assistance and external monitoring of NTPs. The checklist need to be further developed and field tested. Step one should be additional analytical work to refine the tool (e.g. a desk study aided by informal consultations with experts within and outside the TF). Step two should be field testing and evaluation of the tool (see under "Within the next 2 years" below).

Priority action within the next 2 years:

*1. Update case studies on TB Control & HSS inter-linkages, with a particular focus on health systems barriers to scaling up of TB interventions*

Some case studies on how TB control impact on HSS and vice versa have been performed. However, the evidence base is limited, with a few rigorous studies but much available information that is anecdotal. There is need for additional operational research on the positive and negative effects of the TB control on HSS and on the impact of various types of health sector reform on TB control. In light of the ambitious plans to scale up the various TB control components outlined in the new Stop TB Strategy and the Global Plan to Stop TB 2006-2015, it is particularly important to analyse barriers for scale up and to define interventions to overcome these barriers. Furthermore, it is appropriate to assess the implications for general HSS of rapid scale up of TB interventions.

*2. Assess the relevance of Public-Private Mix (PPM) for TB control, Practical Approach to Lung Health (PAL) and Community TB Care for other disease programs and their potential for general HSS*

The evidence of the positive impact of these approaches on TB control is mounting. They have also potential positive impact on general HSS, through stimulating and establishing routines for new service delivery models, such as working with the non-state sector, involving communities in disease control, and integrating disease specific programmes to symptom-based approaches in primary health care. However, the possible impact of these approaches beyond TB control has been evaluated to a very limited extent. There is scope to identify lessons learnt for other disease control programmes and for HSS in general.

*3. Conduct TB workload assessments to contribute to HSS planning, linked with other programmes*

Scale-up of TB interventions will inevitably impose additional workloads for health staff. Enhanced understanding of the nature of the workload associated with TB programmes will help Ministries of Health better appreciate and plan for workforce needs. Country-level studies should document: which cadres of the health workforce undertake which types of TB control activities, how much of their time this takes, and whether they have suitable skill sets for the work. Workload assessments which focus on TB alone would allow National TB Programme managers to gauge whether an appropriate skill mix is being used or whether services could be provided more efficiently. However, such studies would be even more useful if they were linked to

similar workload assessments for other programmes (such as AIDS, malaria, MCH) so that it would be possible to assess issues such as: whether the overall workload for health staff is reasonable, what are the future human resource needs for the sector and whether more efficient allocation of staff or tasks between staff could be achieved. Such information could feed into overall human resource strategies and plans for the sector. Work in this area could be undertaken in collaboration with the Health Workforce Alliance.

#### ***4. Pilot and evaluate "Dos and Don'ts" checklist***

See above

#### ***5. Integrating HSS messages and approaches into existing guidelines when these guidelines are due for revision and updating***

When implementing the new Stop TB Strategy, it will be essential to ensure that HSS does not become a separate component, 'bolted on' to TB control planning and implementation. The HSS thinking will have to be incorporated into all components of the Stop TB Strategy. Health systems challenges for implementation of the various components of the strategy need to be analysed, and the potential impact on general health systems of these components assessed. In practice, this means that HSS messages and approaches need to be incorporated into new TB guidelines on human resources development, lab strengthening, drug management, TB/HIV, MDR-TB, PPM, PAL, and community TB care and so forth. In addition, they need to be incorporated in overall monitoring, programme review and overall program competency-building tools.

#### ***6. Conduct case studies on how investments in specific TB programme elements affect HSS elements (e.g. lab strengthening, drug management, HR)***

Investments in lab strengthening to improve sputum smear microscopy, culture services or drug susceptibility testing has a potential to strengthen general technical and managerial capacity as well as quality control functions for labs in general. However, lab strengthening for improved TB diagnosis, done in isolation from system wide plans for general lab strengthening, has a risk of creating discordance, diverting resources, and creating additional transactional costs. The same can be said, amongst others, about drug management and strengthening of human resources for TB. The conditions under which investment into improved TB control has wider positive effects upon the health systems are not well understood. Case studies of investments in specific TB programme elements could help to change the way in which TB control planning and implementation occurs so as to ensure maximum positive impact upon the broader health system. Since lab strengthening is a relatively neglected area, but one which requires relatively large capital investment (especially when responding to the call to introduce and scale up culture and DST services widely over the next ten years), demonstration of general HSS effects would be important to mobilise funds. Therefore, an analysis of the impact of lab strengthening on HSS may be a priority research area.

#### ***7. Analyse how different TB funding mechanisms (SWAps, budgetary support) affect government ownership of TB and effectiveness***

External funding for TB control can flow through a number of channels. Under some channels, such as SWAps and budgetary support, there is very loose (if any) earmarking of funds for TB control, and the governments are given substantial

flexibility (within agreed frameworks) in how these funds are applied. Other channels, particularly those which utilise project-based mechanisms, but also funding support from the Global Fund, tie resources much more tightly to TB control and give countries less flexibility in how these funding resources are applied. Recent agreements and best-practice principles for development assistance (as noted above) emphasize that donors should align their policies and strategies with those of the government and link funding to an overall agreed results package, rather than specific indicators for their own activities. While there is empirical evidence to support the adoption of such principles, there is only a limited body of knowledge about how single-disease focused programmes fare under such frameworks. Research in this area could investigate how alternative funding mechanisms affect the focus upon TB, and the ownership, effectiveness, and efficiency of TB control programmes. Furthermore, analysis is needed of how strong central and/or external financing of TB control may impact allocation of decentralized financing streams (eg use of provincial and district budgets).

### **Synthesis of group work output: short-term implications**

There were several shared key messages emerging from the three groups, which helped identify priority areas in the short term. There seemed to be general agreement that the following areas of work need to be urgently pursued:

1. Communicate further via informal routes or survey NTPs and HSS planners to identify perceived challenges and opportunities related to HSS and TB control.
2. Review existing assessment tools for country specific HSS-TB links, assess their utility and identify most useful tools for immediate use or adaptation. Highest priority is to identify a tool, or tool component that could be used as is or adapted for rapid assessment of how TB programmes are organised within health systems; degree of integration; and major systems barriers for TB control.
3. Continue to liaise with other WHO departments (EIP, other HTM departments, etc), broader HSS initiatives (NSS WG, Health Workforce Alliance, HMN, etc) and global health initiatives and partnerships (e.g. GAVI, GFATM, RBM etc.). This involves the participation in various working-groups and meetings. It also involves taking part in the process to ensure that HSS figures prominently in the planned 6<sup>th</sup> round of GFATM, and provision of technical assistance on HSS to countries preparing grant proposals. Another specific suggested area of collaboration is to work jointly with GAVI, HMN and other partners to identify key HSS indicators and to see where collaborative work could be done where focus countries overlap, or where financed analysis or project implementation overlaps at country level.
4. Develop a tentative list of "non-negotiable" TB control elements (using initially the WHO guide on "Expanding DOTS in the context of a changing health system" as a guide), and a primer for TB managers on "Do's and Don'ts" based on "quick and dirty" analytical work. The evidence-base for these lists will have to be strengthened as part of a medium- and long-term workplan.

5. Review existing approaches and, with partners, further develop joint approaches to intervention and HSS costing, as well as developing approaches to better assess financial flows. This should be linked to analyses of how TB control, and disease control in general, fare under different funding mechanisms (SWAps, budgetary support, GFATM, bilateral earmarked funds, etc.) affect government ownership of TB control efforts, planning effectiveness, fund availability at national and sub-national level, and effectiveness of programme implementation.
6. Increase analysis of health system strengthening challenges and opportunities within the range of TB control operations and technical support that are ongoing by WHO and partners, eg. In the revision of technical and operational guidelines, program monitoring missions and joint program reviews, task analysis and training and supervision tools.
7. Implicit in the actions above are: (a) further exploration by the Task Force on how its members and other partners can optimize their collaboration after the period of the Task Force; and (b) further definition by the Task Force of concerns that are best left to other partners to address in health system strengthening, and means by which the Task Force, WHO's STAG-TB and other bodies can communicate the urgency of action on these fronts to advance TB control and general progress on the health MDGs.

## 7. The Next Steps

The final session of the meeting covered a number of action points and defined next steps and assigned responsibilities for those. These are summarised in the table below

<b>Topic</b>	<b>Next step</b>	<b>Responsible, by when</b>
1. Endorse ToRs	ToRs endorsed after minor editing and additions (see annex X).	----
2. Next steps to develop synthesis publication	1. Conduct extended literature review 2. Draft manuscript for peer reviewed publication	Imperial College (TF chair) with input from the TF Secretariat, by April 2006  TF Secretariat and Chair, with input from TF members, by June 2006
3. Further prioritize among suggested activities, define role division and raise funds	1. Prioritize special areas where partners can contribute to existing and planned global forum on HSS and define specific roles of different partners 2. Prioritize short term activities among identified topics and identify who can do what 3. Further review implications for Stop TB Department's workplan of planned HSS activities 4. Mobilize additional resources for proposed activities	TF Secretariat with input from TF members in conference calls and email contact during March 2006  TF Secretariat with input from TF members in conference calls and email contact during March 2006  All units of Stop TB Department and the Stop TB Partnership Secretariat, with input from TF, by June 2006  TF members, continuously
6. TF conference call preparation	Finalise agenda	TF secretariat to distribute week of 6 March, proposed call for 16 March
7. Report to Stop TB Coordinating Board, April 06	Report on TF meeting and activities to date for CB feedback	TF Chair (R. Atun), CB member (G. Elzinga), and TF Secretariat
8. Report to STAG June 19-21, 06	Develop report on approach, achievements, recommendations to WHO, and any plans for follow-up collaboration by members and/or their institutions and colleagues	Task Force as a whole, and TF Secretariat to prepare any revisions to WHO STB workplan

## Annexes

- I. Meeting agenda
- II. List of participants
- III. Terms of Reference for the Task Force
- IV. Follow-on activities since the HSS and TB Control Task Force Meeting

## Annex I. Meeting agenda



# WORLD HEALTH ORGANIZATION

## Meeting of the Health Systems Strengthening and TB Control Task Force

Stop TB Department, World Health Organization

Rm. M105

Geneva 19-20 January 2006

### PROVISIONAL AGENDA

19 January 2006

Room M105

<b>Chair: R Atun</b> <b>Rapporteurs: K. Lonroth/D. Weil</b>		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
14:00-14:10	<b>Opening and welcome</b>	A. Asamoah-Baah, Asst. Director- General, HTM
14:10-14:30	<b>TORs for the Task Force and Meeting Objectives</b>	R. Atun
14:30-14:50	<b>Health System Strengthening in the Stop TB Strategy</b>	M. Raviglione
14:50-15:10	<b>Concept paper on HSS and TB control</b>	D.Weil/K. Lonroth
15:10 -15:30	<b>Health System Strengthening: an update on current global developments</b>	P. Travis
15:30 -16:00	<b>Open Discussion (including coffee)</b>	
16:00 -16:45	<b>Panel discussion on the challenges in Africa</b>	D.Osei, W. Nkhoma, M. Pate
16:45:17:00	<b>Example of analysis at Regional Level: Health Systems Strengthening and TB control in Europe</b>	E. Yurasova
17:00 - 18:00	<b>Open Discussion</b>	

**20 January 2006**  
**Rm. M105**

<b>Chair: R Atun</b>			
<b>Time</b>	<b>Topic</b>		<b>Presenter</b>
8:30-10:30	<b>Selected domains of interaction between HSS and TB control: potential for synergy and risk of anergy</b> <ol style="list-style-type: none"> <li>1. Governance/stewardship, management, finance and support structures</li> <li>2. Innovations in service delivery: Community DOTS and Practical Approach to Lung Health</li> <li>3. Working with non-state sector</li> <li>4. Human resources for health/Global Health Workforce Alliance</li> </ol>		Panel chair: J. Chakaya  D. Weil  G. Gargioni/S. Ottmani  K. Lönnroth K Bergström/F. Omaswa
10:30-10:40	<b>Introduction to break-out sessions</b>		
10:40-11.00	Coffee		
11:00-12:30	<b>Group 1. Aligning STB/WHO Workplan with HSS</b>  Facilitator: L. Blanc	<b>Group 2. Collaboration in HSS initiatives on national and global levels</b>  Facilitator: R. Eichler	<b>Group 3. OR / evaluation /documentation needs</b>  Facilitator: C. Hanson
12:30-14:00	<b>Lunch</b>		
14:00-15:00	<b>Report back and discussion</b>		
15:00-16:30	<b>Next steps</b> <ol style="list-style-type: none"> <li>1. Endorse the ToRs</li> <li>2. Next step for developing synthesis publication</li> <li>3. Revision of WHO workplan and new opportunities for collaboration with partners</li> <li>4. Roles in wider health systems initiatives</li> <li>5. Possible OR / evaluation / documentation</li> <li>6. TF conference call and document review schedule</li> <li>7. Stop TB. Coordinating Board April meeting</li> <li>8. Report to STAG, June meeting</li> </ol>		
16:30-17:00	<b>Closing</b>		M. Raviglione

## **Annex II. List of participants**

## **Annex III. Terms of Reference for WHO Stop TB Department TB Control and Health System Strengthening Task Force**

### **Vision:**

To achieve Stop TB and MDG targets of improving health, stopping TB and advancing health systems to contribute to both.

### **Purpose:**

Based on the recommendations on the WHO Strategic and Technical Advisory Group for Tuberculosis (STAG-TB), to establish a time-limited task force to help advance, prioritize and support WHO's Stop TB Department (STB)'s efforts in order to:

- define STB's role vis-à-vis priority areas of work in health system strengthening
- further engage in health system strengthening efforts and partnerships
- expand the adoption and impact of TB control innovations that strengthen health systems
- increase the impact of health systems innovations on TB control
- increase communications on these areas of work, remaining gaps and opportunities and means for engagement of more TB control partners
- To catalyze greater sensitivity and action on the part of the disease and service-specific programmes, in relation to health system strengthening

**Time Period:** December 2005 - May 2006

### **Specific Objectives:**

- 1) To review progress and challenges in building synergies to advance TB control within and alongside larger health system strengthening efforts and improve communications on these themes. The major platforms of health system strengthening considered at the WHO meeting in Montreux in 2004 will help focus this work (eg stewardship, financing, technology, strengthening). In this, gaps and opportunities for increased response will be considered;
- 2) Based on this work, to identify and prioritize STB/WHO work during 2006-2007 and 2008-2013 to contribute to health system strengthening, including priority focus on needs in Africa and Eastern Europe, to meet the MDGs. This should take into consideration:
  - The roles, activities and existing plans of STB/WHO and other WHO partners, Stop TB Partners (country, technical, donor, advocacy, NGO, academic etc.) and other partners focused on health system strengthening.
  - Needs in the areas of analysis, technical assistance, advocacy and resource mobilization, coordination and joint problem-solving, and communications on work pursued.
  - Relevance of new strategies and health systems strengthening networks and/or partnerships.
- 3) To plan with partners to take the work forward and to communicate internally and externally on these plans.

### **Expected Products:**

- 1) A concept paper developed by the WHO secretariat and Task Force chair to initiate discussions based on key literature, STB work in the top thematic areas defined by EIP and partners at the April 2005 Montreux meeting and related initiatives (January 2006).
- 2) A note summarizing consultations with partners on WHO's role in this field and partnership with others in this field (Meeting report, February 2006).
- 3) A review and strategy paper on TB and health systems strengthening for peer-review publication and dissemination (manuscript developed by April 2006).
- 4) A prioritized work program for WHO/STB for 2006-2009 in this area, building on elements already planned for the 2006-2007 biennium, mobilization of resources to fill any gap in financing, and related communications to increase awareness and impact of this work.

This work program would combine core STB activities with related contributions to other initiatives such as: the WHO-wide Health System Strengthening Strategy; the new Human Resources for Health Alliance, post-WHO Montreux meeting core technical framework working groups (eg, non-state sector working group), as well as contributions to the development of the proposed Health Systems Action Network (HSAN), related efforts of the Global Fund to Fight AIDS, TB and Malaria, and collaborative work across global health partnerships on health system strengthening. The work program should also foresee coordinated promotion of the related work of other partners engaged in related work.

- 5) Planning with partners for any areas of joint work.
- 6) Informal report to the Stop TB Partnership Coordinating Board (April 2006).
- 7) A Task Force report to the STAG-TB meeting 19-21 June, 2006, and presentation on the proposed WHO/STB 2006-2009 work plan on health system strengthening and TB control.

### **Modus Operandi:**

The Task Force will be set up comprising selected STAG members, external experts from a range of stakeholders and WHO staff from STB and EIP. Proposed participants are noted below.

The WHO STB Secretariat will organize and pursue these actions, with help of consultants, as needed. The Task Force as a whole will provide input on processes, input and review of products produced by the Secretariat, and advice on next steps based on the STB work plan and products. One face-to-face meeting and various teleconferences will facilitate interactions as well as a Sharepoint site.

## **Steps:**

- 1) Formation of the task force - invitation letters and confirmation (TF coordinators).
- 2) Preparation of concept paper (D. Weil, K. Lonroth, R. Atun and P. Travis to coordinate)
- 3) Consultation with key informants/stakeholders including HQ staff, Regional and Country TB staff, NTP managers, partner agencies in Stop TB and in health system strengthening. This may include contracts with consultant(s) to facilitate input and analysis.
- 4) Review of published literature, and other available documentation on challenges, advances to date, proposed STB work programmes, the Global Plan to Stop TB, 2006-2015, component strategic plans and work programs of other counterparts.
- 5) Preparation of written products (see expected products above) and review by task force and other peer reviewers.
- 6) Presentation of results internally in STB/WHO and WHO, as well as at other forum in 2006 (eg Stop TB coordinating Board), and presentation to STAG-TB next June.

**Participants:** WHO staff (STB and EIP, regions, WR); STAG members; NTP manager(s); health planning official from a high TB burden country, a Stop TB Partnership Working Group Chair; multilateral and bilateral agency representatives; IUATLD and KNCV representatives; GFATM secretariat or TRP member; independent experts on health system strengthening analysis and implementation support.

## **Annex IV. Follow-on activities since the HSS and TB Control Task Force Meeting**

*Notes from STB/WHO, 10 March 2006*

After the meeting, some next steps have already been taken by STB staff and TF members

- 1. Literature review:** Imperial College colleagues and students have begun the systematic literature review on TB control and health systems to inform the synthesis paper for publication, based on the TF background discussion paper and TF deliberations in the coming months.
- 2. GAVI collaboration:** Task Force coordinators initiated discussions with the GAVI Secretariat on areas of possible common work with Stop TB. These include: work with the Health Metrics Network and partners to develop and/or adopt common indicators related to HSS; consider joint analytic, evaluation and/or support activities in common focus countries (once GAVI HSS financing has been awarded in the Fall); share approaches to responding to systems-related principles under the Best Practice Principles for Global Health Partnerships (GHPs), eg harmonization of financing and HRH approaches, alignment with national development and planning frameworks.
- 3. Indicators for HSS:** The discussion with GAVI on indicators for HSS was brought one step further in a meeting organized by HMN 3 March, including several GHIs (GAVI, GFATM, PMNCH, Roll Back Malaria) where indicators and measurement approaches for HSS were discussed. A working group on this topic is in the making, with secretariat in HMN. Stop TB will be presented.
- 4. Stop TB staff and other partners contributed recommendations for revision for the GFATM proposal guidelines** to be used in Round 6, to reflect the GFATM portfolio committee's recommendation that HSS become integrated within all three disease components rather than continue as a separate component, as in Round 5. Revisions aimed to emphasize the importance of HSS and practical ways that HSS investments could be reflected in defined Service Delivery Areas. There was no opportunity to inform the M&E toolkit revision for this round, but Stop TB Department and others would like to prepare HSS-related materials to make available to applicants and consultants, based on demand, during preparation for Round 6 proposals.
- 5. Increasing health systems assessment and review as part of routine National TB Programme review functions:** TF coordinators arranged for a consultant to join part of the two-week review of the NTP in Mozambique in February. The TORs included documenting NTP structure within the Ministry of Health, integration with system-wide frameworks including a SWAp and PRSP, and status of implementation of Global Fund-financed activities. Other NTP reviews and monitoring missions will also be targeted for further preparation of team participants to explore HSS-related issues. Assessment tools and checklists that could be used in the future could inform these efforts in the medium-term, and

HSS will also be addressed in the revision of the WHO TB Control Handbook, based on the new Stop TB Strategy.

6. PHRPlus/Abt and Associates and Imperial College/LSHTM (R. Atun, R. Coker et.al) have provided to Stop TB copies of their respective **health systems assessment tool** developed for use at country level; the former focusing on overall health system review and the latter on disease control within a health systems context. Both tools have been piloted and will be made available to TF participants.
7. As an example of action at the regional level, **SEARO has included a chapter on contributing to health system strengthening while developing its Regional Strategic Plan** for TB, 2006-2015.
8. Planning has begun for a **Stop TB Partnership Coordinating Board-requested session** on health system strengthening at the next Board meeting in Abuja near the end of April. R. Atun and G. Elzinga (CB member) will co-ordinate that session. Health system strengthening concerns also figure under the implementation of the Stop TB Partnership blueprint for Africa.
9. **A draft World Bank toolkit on the inclusion of TB control within Poverty Reduction Strategy Papers (PRSPs)** is under peer review. It was developed by the Communicable Disease Partnerships Coordinator and the STB/WHO-seconded TB specialist in the World Bank Health, Nutrition and Population team, Human Development Department.
10. Stop TB Department and Partnership Secretariat staff have met to begin initial planning for a **pilot proposal for exploring TB control engagement and impacts related to Sector-wide Approaches and other development frameworks** in 1-3 countries; and a concept note will be developed in March to discuss possible collaboration with WHO counterparts at HQ, regional level, TB consultants, other disease control program experts,. HSS experts and interested donors
11. Initial and informal follow-up discussion among Stop TB staff and those within the TB and health systems teams at USAID on ways to further HSS/TB interests within **ongoing areas of collaboration**.
12. Stop TB staff are participating with other teams (including those within the HIV, TB and Malaria Cluster and the Evidence, Information and Policy Cluster, regional and country offices) in developing proposed draft content on the **strategic objectives** of WHO for the period 2008-2013 that give further emphasis to the alignment of disease control within health system strengthening and health system strengthening aims to improve health outcomes, including TB control.
13. TF members participated in the first meeting of a new, and as yet informal working group that looks at priorities for collaboration with regard to the **Non-State Sector** in Health. Stop TB's experiences from working with the private sector was discussed, and there are plans to develop and document initiatives to

test the adaptability of PPM DOTS for involvement of non-state sector in other health areas (e.g. HIV management).

14. The Stop TB Department and some TF members has been invited to participate in **several other forum in February/March related to HSS approaches**, including; a 10-year draft strategy review meeting for the planned Health Workforce Alliance, a Danish Government/GAVI-sponsored meeting on challenges for Global Health Partnerships, and a Centre for Global Development working group on performance-based incentives in health.

Further updates on work of other WHO Departments, such as HSD/EIP, and partners will be noted in the next update in late March.