

Stop TB Coordination of Technical Assistance to Countries TBTEAM (TB TEchnical Assistance Mechanism)



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of
Technical Assistance to Countries
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Summary

In order to adequately address the constraints to full implementation of all components of the Stop TB Strategy and actions of the Global Plan to Stop TB 2006–2015, existing technical assistance to countries by partners needs to continue and technical assistance in new areas will need to be established. Technical assistance helps to ensure good quality implementation of DOTS and additional Stop TB Strategy components.

With the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the provision of other large grants from bilaterals, the World Bank and, more recently, the international drug purchase facility UNITAID, additional resources are now available to countries in need – and, therefore, there has been an increase in requests for technical assistance.

However, the great increase of financial resources available to countries has not been matched by an adequate increase in funding to the technical agencies that provide technical assistance to countries. Major technical agencies in the Stop TB Partnership have reallocated resources from limited budgets in an effort to meet the increasing demand for technical assistance but are seriously constrained by the lack of additional funding.

In order to ensure that there is adequate response to needs, that all partners follow international standards for TB control, and that countries are not burdened by too many visits from external partners, coordination of technical assistance by the various technical

partners is crucial. Coordination of technical assistance at the regional and global levels will ensure optimal use of resources that may be more available in some countries than in others, that lessons learned are applied and shared, and that duplication of efforts is avoided.

Coordination of technical assistance to countries is organized through TBTEAM – the TB TEchnical Assistance Mechanism. TBTEAM aims at strengthening technical assistance to countries through the coordination of existing technical assistance mechanisms and does not aim to duplicate or invent a new wheel. The TBTEAM Secretariat is hosted in the Stop TB Department at WHO/HQ and works very closely with regional and country level partners. It is a network of Stop TB partners, including national TB programmes, local and international NGOs, financial partners, and WHO at country, regional and global levels. This network shares information among all levels and determines appropriate technical support in consultation with all interested parties.

This paper describes the need for, and the content of, technical assistance to countries and the mechanism for coordination and facilitation of appropriate technical assistance via TBTEAM. It also includes the budget required for TBTEAM coordination (US\$1.5 million per year) and the global technical assistance resource requirements (US\$207 million per year) as outlined in the DOTS Expansion Strategic Plan and the Global Plan to Stop TB 2006–2015.

1. Introduction

1.1 Global status of TB

Tuberculosis (TB) kills 1.6 million people a year, including 0.2 million people infected with HIV; 98% of these deaths occur in the developing world. Close to 9 million new cases develop every year and about one-third of the world's population is infected with *Mycobacterium tuberculosis*. TB is a major cause of death among people with HIV/AIDS and infection with HIV is the most potent risk factor for the conversion of latent TB infection to active TB. Multidrug-resistant TB (MDR-TB) has emerged in nearly every country of the world. Extensively drug-resistant TB (XDR-TB) has been identified in 17 countries and in all geographical regions.¹ While the TB incidence rate is stable or in decline in all six WHO regions, and has reached a peak worldwide, the total number of new TB cases is still rising slowly as the case load continues to grow in the African, Eastern Mediterranean and South-East Asia regions.

The substantially increased financial resources available for TB control provide a unique opportunity to accelerate efforts to tackle the epidemic. The national TB programme (NTP) budgets reported by the 22 TB high-burden countries (HBCs)² amount to US\$ 1.25 billion for 2007 – nearly three times the US\$ 446 million total for 2002.³ With the increasing political commitment of national governments and additional resources from bilateral and multilateral donors, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the World Bank, important progress in addressing the TB epidemic has been made. In 2005, 187 countries were using DOTS, which underpins the Stop TB Strategy. Treatment has accelerated and more than 26.5 million

patients worldwide were treated under DOTS between 1995 and 2005, with global case detection reaching 60% by the end of 2005 and treatment success rates reaching 84% in the 2004 cohort.

1.2 Stop TB Strategy and Global Plan to Stop TB 2006–2015 as a basis for TB control efforts

The Stop TB Strategy underpins the Global Plan to Stop TB 2006–2015 in line with the Millennium Development Goals (MDGs) for 2015 and the Stop TB Partnership targets for 2015 and 2050. The Stop TB Strategy builds on the DOTS strategy, broadening its scope in order to address the remaining constraints and challenges to controlling TB, strengthening health systems, alleviating poverty and advancing human rights. It includes six components:

1. Pursue high-quality DOTS expansion and enhancement.
2. Address TB/HIV, MDR-TB and other challenges.
3. Contribute to health system strengthening.
4. Engage all care providers.
5. Empower people with TB, and communities.
6. Enable and promote research.

The Global Plan to Stop TB 2006–2015⁴ follows from the first Global Plan to Stop TB 2000–2005 and sets out the actions and resources needed and the financial gaps to be closed in order to achieve the TB-related MDGs by 2015. It describes the actions needed to treat 50 million people for TB, save 14 million lives, put 3 million HIV-positive TB cases on antiretroviral (ARV) treatment, treat 800 000 people for MDR-TB, produce new anti-TB drugs, develop new vaccines and provide rapid and inexpensive diagnostic tests. The Plan also includes a summary of the strategic plans of each of the seven Stop TB Partnership working groups (DOTS expansion, TB/HIV, MDR-TB, new diagnostics, new drugs, new vaccines, and advocacy, communications

¹ Addressing the threat of tuberculosis caused by caused by extensively drug-resistant *Mycobacterium tuberculosis*. *Weekly Epidemiological Record*, 2006, 81(41):385–396 (available at <http://www.who.int/wer>).

² The 22 high-burden countries account for approximately 80% of all new TB cases arising each year.

³ *Global tuberculosis control: surveillance, planning, financing. WHO report 2007*. Geneva, World Health Organization, 2007 (WHO/HTM/TB/2007.376).

⁴ *Global Plan to Stop TB 2006–2015*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

and social mobilization (ACSM)). In addition, it describes the regional scenarios that help to inform the development of regional plans.

More rapid progress is essential if the global burden of TB is to be dramatically reduced by 2015 in line with the MDGs and Stop TB Partnership targets, but many countries are encountering tremendous difficulties in significantly scaling up implementation of the six components of the Stop TB Strategy.

1.3 Constraints influencing effective TB control

In many countries, effective TB control is seriously constrained in the following areas:

- **Pursue high-quality DOTS expansion and enhancement**
 - Steps taken by NTPs to rapidly increase DOTS coverage and implement other new Stop TB Strategy components have put a high demand on programme management, supervision and quality control.
 - Suboptimal performance of TB laboratories hinders the availability and accessibility of high-quality diagnostic services to all people presenting with symptoms of TB disease. Capacity strengthening for culture of *M. tuberculosis* and drug susceptibility testing (DST) are key to supporting MDR-TB and TB/HIV co-infected cases. Access to quality-assured bacteriology should therefore remain the priority in TB control.
 - A regular and reliable supply of high-quality anti-TB drugs allows governments to implement and maintain the Stop TB Strategy. Poor-quality drugs and/or irregular supplies hinder patient recovery and increase the likelihood of drug-resistant TB strains developing.
 - Sufficient human resource capacity and needs assessments in some priority countries are lacking, which may lead to inefficient allocation of available resources.
- **Address TB/HIV, MDR-TB and other challenges**
 - Appropriate pro-poor strategies are frequently lacking. People in remote rural areas, as well as the growing numbers of urban poor (slum-dwellers, homeless people, migrants, etc.), face serious difficulties unless health care services are sufficiently accessible and affordable and of good quality.
 - Planning and implementing the Stop TB Strategy in settings with high rates of HIV-associated TB and MDR-TB, and reaching all those in need of care are significant challenges – especially in sub-Saharan Africa and eastern Europe.
- **Contribute to health system strengthening**
 - The worsening human resources crisis, especially in Africa, commonly results in insufficient numbers of adequately qualified or trained staff at different service levels, uneven deployment of trained staff, low motivation and poor staff retention in many countries. However, such problems are not unique to TB control and require health sector-wide action.
 - There is overall weakness of health systems – in their infrastructure, primary health care services, logistics and equipment.
 - There is insufficient collaboration between different programmes in the health sector, for example between NTPs and child health programmes.
- **Engage all care providers**
 - All health care providers – public and private – need to be involved in the control and appropriate treatment of TB. This may be achieved through broad implementation of the International Standards for TB Care.⁵

⁵ *International Standards for Tuberculosis Care: diagnosis, treatment, public health*. Tuberculosis Coalition for Technical Assistance, 2006 (available at www.who.int/tb/publications/2006/istc_report.pdf).

- **Empower people with TB, and communities**

- There is insufficient recognition of the rights and responsibilities of patients as set out in the *Patients' Charter for Tuberculosis Care*.⁶ Fulfilling these rights and responsibilities requires a broad approach involving communities, civil society, nongovernmental organizations and all relevant health care providers.
- Available services are often underutilized, which increases the social costs of TB, and this is commonly a consequence of poor health awareness generally and of the stigma that is attached to TB in particular.

- **Enable and promote research**

- Funding for TB research is often inadequate (partly because of insufficient demand from countries), research capacity is limited, and NTPs and research institutions are insufficiently involved.

1.4 Need for technical assistance in countries

In order to address adequately the existing constraints to full implementation of all components of the Stop TB Strategy and of the actions required by the Global Plan to Stop TB 2006–2015, the technical assistance currently provided to countries by partners must continue and technical assistance in new areas must be established. Technical assistance helps to ensure appropriate quality in the implementation of DOTS and other components of the Stop TB Strategy.

⁶ *Patients Charter for Tuberculosis Care*. World Care Council, 2006 (available at www.who.int/tb/publications/2006/istc_charter.pdf).

2. Content of TB technical assistance and methods of delivery

2.1 Content of technical assistance

- Support for all phases of the Stop TB Strategy implementation including:
 - strengthening laboratory capacity to ensure access to high-quality bacteriology including culture and DST;
 - human resource development;
 - strengthening national procurement and drug management systems to ensure regular supplies of high-quality, affordably priced anti-TB drugs (Global Drug Facility/Green Light Committee);
 - monitoring and evaluation/prevalence surveys;
 - TB/HIV, MDR-TB, TB in children ;
 - public-private mix (PPM);
 - Practical Approach to Lung Health (PAL);
 - community TB care;
 - advocacy, communication and social mobilization (ACSM);
 - operational research, policy development and additional areas.⁷
- Support to national efforts to monitor the implementation of the Global Plan to Stop TB, 2006–2015 by routine evaluation through the use of standard recording and reporting systems and through the development of new indicators to permit evaluation of the implementation of new technology (e.g. new diagnostics).
- Support to national efforts to monitor and evaluate the impact of TB control and progress made in reducing incidence, prevalence and mortality in line with the MDGs.
- Support to national efforts to monitor the financial resources required by NTPs and health systems to support TB control, estimating resource needs and identifying budget gaps.
- Support to national efforts to mobilize resources from various donors. This involves support for all phases of

accessing Global Fund financing and implementation of grants including:

- coordination of support for proposal preparation which has yielded higher success rates for proposal approval;
- technical assistance for responding to clarifications as requested by the Technical Review Panel (TRP);
- negotiation of grant agreement and preparation of related plans (monitoring and evaluation, procurement and supply management, work plan);
- general assistance in implementation of all aspects of the Stop TB Strategy (funded via the Global Fund) and reporting to the Global Fund;
- renewal of the grant beyond the first two years i.e. preparation for phase 2;
- ad hoc emergency support to address bottlenecks in implementation.

2.2 Methods of TB technical assistance delivery

Technical assistance in the routine monitoring of NTPs is a central part of the DOTS strategy and is linked with overall technical assistance to the NTP. It is provided in the following ways:

■ ***In-country support (usually provided by NTPs)***

Supervision and monitoring visits take place at the following levels:

- district supervising health unit (frequency: monthly);
- region supervising the district (frequency: monthly to quarterly); and,
- TB Central Unit supervising the region (frequency: 2–4 times per year)

In general, supervision of staff is intensified after training to ensure that health workers or community members are correctly implementing the national policies.

■ ***External technical assistance***

Monitoring missions are requested by the country from, or agreed with, technical

⁷ *The Stop TB Strategy: building on and enhancing DOTS to meet the TB-related Millennium Development Goals*. Geneva, World Health Organization, 2006 (WHO/HTM/TB/2006.368).

agencies (WHO or other STB partners). The external monitoring missions may either focus on a single area of implementation of the Stop TB Strategy or consider all aspects of the programme in order to identify bottlenecks in the programme implementation. These missions take place as needed.

Review missions are requested by the country from, or agreed with, technical agencies (WHO with other STB partners). A review mission is a nationwide review that focuses on overall programme performance, programme structure in the health system and implementation of the Stop TB Strategy. Such missions usually take place every 3–4 years and involve a large number of representatives from the country concerned as well as from external partners of the NTP.

Training and workshops are organized at country, regional and global level. All aspects of the Stop TB Strategy (including monitoring and evaluation, TB/HIV, and laboratory strengthening) are covered, as well as mechanisms for accessing financial resources (e.g. through the Global Fund).

Meetings of NTP managers are organized annually at the regional level to provide updates on policy and to allow countries to share their experience.

Missions to support special studies, such as prevalence surveys, operational research and new policy development, are specialized and draw on the skills of a defined group of TB experts.

2.3 Description of Stop TB partners providing technical assistance and existing coordination mechanisms

Consistent and focused technical assistance for the implementation of DOTS and now of the Stop TB Strategy has been a mainstay of accelerated TB control scale-up in

HBCs over the past decade. In addition to WHO, the following key Stop TB technical partners are among those traditionally providing technical assistance to countries (primarily to the NTP):

- American Thoracic Society (ATS)
- Damien Foundation
- EuroTB
- Family Health International (FHI)
- Finnish Lung Health Association
- German Leprosy and Tuberculosis Relief Association (GLRA)
- German Technical Cooperation (GTZ)
- International Union against TB and Lung Disease (The Union)
- KNCV Tuberculosis Foundation
- Management Sciences for Health (MSH)
- Norwegian Association of Heart and Lung Patients
- Program for Appropriate Technology in Health (PATH)
- Research Institute of Tuberculosis/Japanese Anti-TB Association (RIT/JATA)
- US Centers for Disease Control and Prevention (CDC)

The Tuberculosis Coalition for Technical Assistance⁸ (TBCTA) offers an example of technical assistance being provided in a coordinated manner to TBCTA priority countries. However, the activities of TBCTA are limited to the priority countries of the United States Agency for International Development (USAID), which do not include all 22 HBCs, and address the priority areas of the USAID TB Control Assistance Program cooperative agreement.

⁸ TBCTA was established in 2001 through funding from USAID and currently consists of 8 members: ATS, CDC, FHI (since 2005), KNCV, MSH (since 2005), RIT/JATA (since 2005), The Union, and WHO.

3. Stop TB Coordination of Technical Assistance through TBTEAM

With the creation of the Global Fund and the provision of other large grants from bilaterals, the World Bank and, more recently, UNITAID, more resources are available to countries in need, and there has been a consequent increase in requests for technical assistance from those countries. There is thus a greater need for proper coordination in order to ensure that there is adequate response to needs, that all partners follow international standards for TB control, and that countries are not burdened by too many visits from external partners. Coordination at the regional and global levels is important to ensure that optimal use is made of technical assistance resources that may be more available in some countries than in others, and that lessons learned are applied and shared and duplication of efforts is avoided.

While there has been coordination of technical assistance in TB control for a decade, the Stop TB Partnership Coordinating Board decided to formalize it at its meeting in November 2005, naming it **TBTEAM** (TB TEchnical Assistance Mechanism). TBTEAM is not a new entity. The TBTEAM mechanism provides a platform for information sharing at global, regional and country levels and for consultation among interested parties in order to facilitate appropriate technical support.

The TBTEAM Secretariat is hosted in the Stop TB Department at WHO/HQ and works very closely with regional and country level partners.

TBTEAM operates as follows:

- WHO works closely with NTPs.
- NTPs request assistance from WHO and partners through all phases of the Global Fund financing and support in all aspects of implementing the Stop TB Strategy.
- WHO (in countries, at regional level and at headquarters) coordinates with partners to identify the appropriate assistance and avoid duplication and confusion, and facilitates the sharing of information.
- TB experts based in countries (including staff from WHO, The Union, CDC, GLRA, KNCV, GTZ, Damien Foundation) provide continuing support to countries; experts

based elsewhere provide support through regular or ad hoc visits.

3.1 TBTEAM objectives

- To facilitate, coordinate and harmonize the efforts of TB partners at global, regional and country levels in order to optimize the use of resources for reinforcing and strengthening national programmes.
- To build technical assistance capacity at global, regional and country level among known TB partners and countries to maintain and expand available human resources in all components of the Stop TB Strategy and funding mechanism (e.g. Global Fund, World Bank, bilateral assistance, UNITAID) in all regions of the world and in several languages.
- To ensure the coordination of visits to countries so that duplication of work and unnecessary visits are avoided.
- To provide strategic and technical assistance to countries for TB control management, including the preparation of national and regional plans to reach MDGs and of proposals for funding TB control, monitoring implementation, assessing gaps and results, and revision of planning. Strategic assistance is linked to efforts to boost the political commitment in countries and among multilateral and bilateral donors to increase resources for TB control.
- To promote internationally accepted standards for TB control and care in countries, in line with the Stop TB Strategy and the Global Plan to Stop TB 2006–2015.

3.2 Structure and roles of TBTEAM at country, regional and global levels

TBTEAM coordinates technical assistance to countries by the various Stop TB partners at country, regional and global levels. The regional level liaises very closely with the country level and the global level with the regional level. Some partners do not have regional level offices and therefore have direct contact with countries while keeping the regional TBTEAM fully informed. The main roles of TBTEAM are to facilitate the sharing of information during missions and meetings and to identify the needs for technical assistance. Figure 1 illustrates the specific roles at each level schematically.

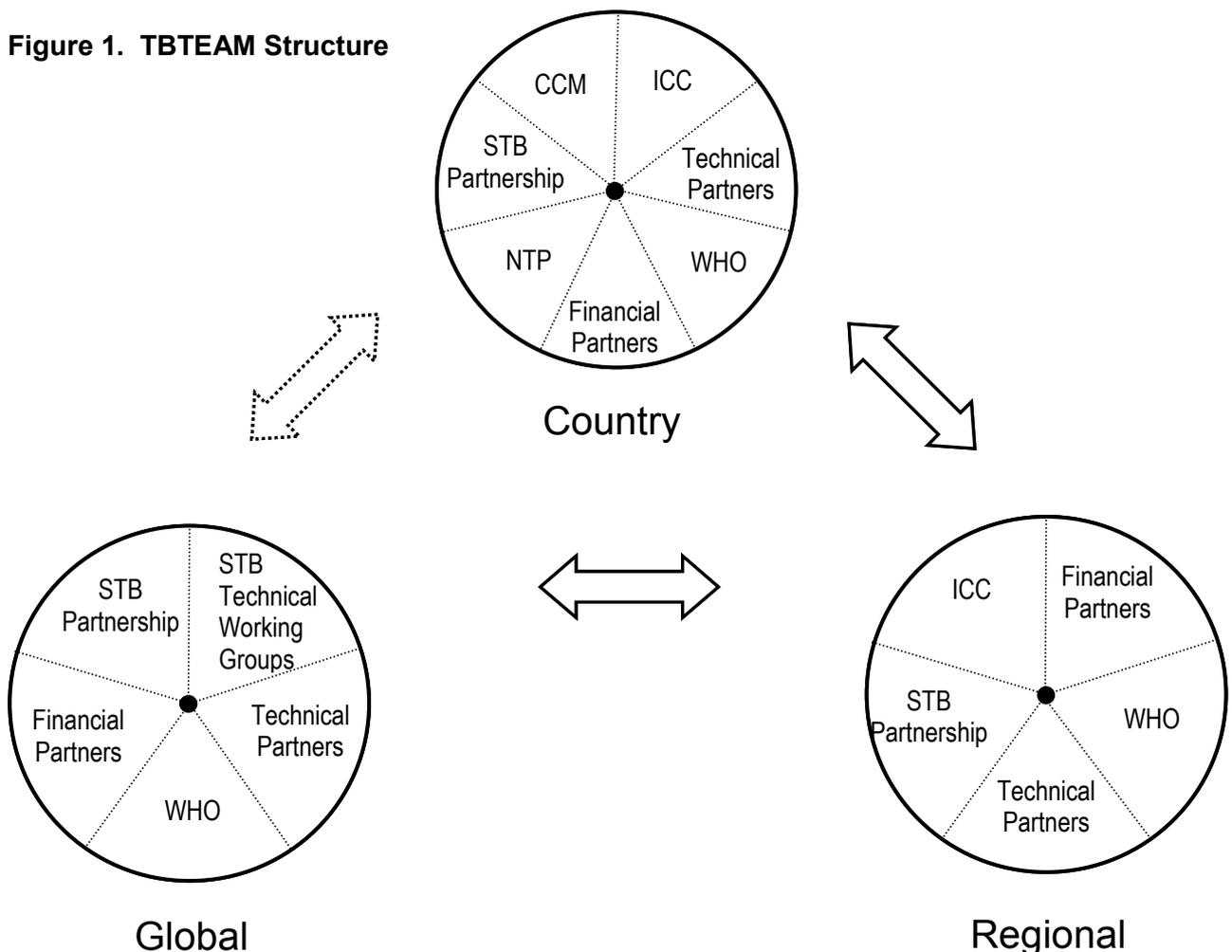
3.3 TBTEAM at country level

At country level TBTEAM involves a variety of players, principally the staff of the NTP and other staff of the Ministry of Health,

representatives of local and international NGOs, WHO staff and Stop TB partners located in the country. The NTP may choose to designate a TBTEAM focal point (from any of the technical agencies) in consultation with relevant bodies such as the national Stop TB Partnership and/or the national Interagency Coordinating Committee (ICC) and Country Coordination Mechanism (CCM) of the Global Fund. The focal point liaises with the NTP to share information and facilitate country assistance. However, the focal point is not a permanent appointment and can be changed at the request of the NTP as needed. In appointing a TBTEAM focal point, the NTP may consider the following criteria:

- staff from external technical assistance agency;
- established background on TB control in the country;
- willingness to coordinate activities with all partners;

Figure 1. TBTEAM Structure



- ability to support own operation and costs (within technical agency), with full communication access (e-mail, Internet, telephone);
- focal person for TB activities, ideally based in the country.

Role of the TBTEAM focal point at country level

- Discuss technical assistance needs with NTP manager/staff and with technical and financial partners, and update the list of technical assistance country visits accordingly.
- Discuss the list of technical assistance country visits with NTP manager/staff and circulate the agreed list to partners, Stop TB Partnership, ICC and/or CCM and other constituted TB agencies, and the WHO Regional Office.
- Collect and circulate mission reports and principal national documents (e.g. long-term plans, yearly reports, etc.) to external partners at country level, the regional team, and the global secretariat as relevant.
- Regularly update the list of technical and financial partners working in the country and the composition of the national ICC/Stop TB Partnership.
- Respond to requests for information from partners and provide information on planned partner visits to other agencies when requested.
- Liaise with other health programmes, e.g. child health.

Responsibilities of the technical agencies providing assistance to countries

- Discuss planned country consultant visits with the NTP manager and inform the TBTEAM focal point, the regional team and the global secretariat. Plan joint country visits with other partners whenever possible.
- Send country visit reports to the NTP manager, the TBTEAM focal point, the regional team and the global secretariat.

- Provide the regional team and global secretariat with updates and revisions of the list of technical and financial partners working in the country.

Responsibilities of the NTP to TBTEAM focal point

- Inform technical agencies directly, as well as the TBTEAM focal point, of any technical assistance related matters.
- Request assistance from technical agencies according to NTP needs, and systematically discuss needs and the plan to address needs with the TBTEAM focal point.
- If necessary, request assistance from the TBTEAM focal point to identify consultants.

3.4 TBTEAM at regional level

At the regional level, TBTEAM is organized through regional WHO TB staff and coordinated with Stop TB partners operating in the region and/or regional Stop TB Partnership. The regional team links with the regional coordination committee, NTP and staff from WHO or Stop TB partners in the region.

Role of the TBTEAM regional team

- Serve as liaison between country staff (NTP, TBTEAM focal point, WHO country office, and partner offices) and WHO global secretariat and partners. Provide technical support and forward specific requests for technical assistance received from countries to appropriate partners for action.
- Carry out needs assessments for capacity building and technical assistance in priority countries, and develop a plan for technical assistance accordingly. The plans should be shared with the global secretariat and partners as appropriate.
- Provide the global secretariat with regular and prompt updates and revisions of the list of all technical assistance country visits. Alert all relevant partners when there are changes to planned country visits. Liaise with NTPs, TBTEAM focal point, WHO

country offices, and in-country partners to verify the information on the list and to ensure that NTP and country staff are informed about all planned visits.

- Provide updates and revisions of the list of all regional and interregional training sessions and workshops. Alert all relevant partners when there are changes to the planned regional and interregional training sessions and workshops.
- Provide the global secretariat with updates and revisions of the list of consultants.
- Facilitate country visits in coordination with NTP and TBTEAM focal point, and recruit consultants as relevant.

3.5 TBTEAM at global level

At the global level, TBTEAM is organized within the WHO Stop TB Department as the Secretariat of the technical working groups of the Stop TB Partnership. It has a small secretariat, including the equivalent of 1½ full-time staff, which coordinates global activities and liaises with a designated focal point in each of the Stop TB technical agencies as well as with WHO regional offices.

Role of the TBTEAM global secretariat

- Convene the annual coordination meeting with major technical and financial partners and WHO Regional Advisers to discuss coordination of partner plans for the upcoming year.⁹
- Maintain a list of all planned technical assistance country visits for all partners. It is the responsibility of the partners and the regional team to provide updated information on planned country visits to the global secretariat as soon as information is available. The global secretariat will provide the updated list to all main partners and WHO regional offices on a quarterly basis and will post it on the web site (see below). The regional advisers will convey the information to NTP managers and TBTEAM focal points.
- Maintain and update a list of all regional, interregional and global meetings, training sessions and workshops; this information comes from technical partners and WHO regional offices. Provide an updated list to all main partners and WHO Regional Offices on a quarterly basis and post it on the web site (see below). The WHO Regional Offices forward the information to NTP managers and TBTEAM focal points.
- Develop and maintain a TBTEAM web site, housed within the web site of WHO Stop TB, to facilitate the sharing of information on missions to countries, including pre-mission planning and post-mission reporting.
- Maintain a consultant database with regularly updated information provided by partners, regional and country agencies and organizers of courses.

⁹ Joint Meeting with Regional Advisers and Key Partners, 17-19 January 2006, Geneva. Report.

4. Financial needs estimates for TBTEAM coordination and technical assistance provided by Stop TB partners

The substantial increase in financial resources available to countries through the Global Fund, bilaterals, the World Bank and UNITAID has not been matched by a concomitant increase in funding to the technical agencies that provide technical assistance to countries. Major technical agencies in the Stop TB Partnership have reallocated resources from limited budgets to try to meet the increasing demand for technical assistance, but they are hampered by the lack of additional funding.

4.1 Financial needs estimates for the global and regional coordination of TBTEAM

The budget for coordination under TBTEAM is estimated to be US\$ 1.5 million per year, which constitutes staff costs, an annual planning and coordination meeting in a high burden country, and regional reviews and monitoring activities to facilitate technical assistance to countries (Table 3).

The TBTEAM structure is not intended to be a clearinghouse of funding to technical partners for the provision of technical assistance to countries. TBTEAM does not aim to administer funds for technical assistance. It is the responsibility of the individual technical partners to find resources for the areas in which they assist countries. Stop TB technical partners will continue to advocate for their individual agency needs. TBTEAM will however encourage donors to maintain or increase their funding to Stop TB technical partners to provide technical assistance. Coordination of technical assistance through TBTEAM allows for maximal use of technical partner resources in support to countries.

4.2 Financial needs estimates for technical assistance provided by Stop TB technical partners

The global technical assistance resource requirements outlined in the DOTS Expansion Strategic Plan and the Global Plan to Stop TB 2006–2015 are described in Table 2. Needs include the running costs of the DOTS Expansion, TB/HIV and MDR-TB Working

Groups and their subgroups, as well as the costs of operations and staff of the Stop TB partners, including staff costs in regions and countries. The estimates do not include funds required for implementation of new tools.

Table 1. Overview of estimated financial needs for technical assistance and for TBTEAM coordination mechanism

	Financial needs per year (million US\$)	Available in 2007 (million US\$)	Gap for 2007 (million US\$)
Total for technical assistance by Stop TB partners (Table 2)	207	60	147
Total for TBTEAM coordination mechanism (Table 3)	1.5	0.3	1.2

While the budget estimates provided here for the provision of technical assistance to countries by all Stop TB technical partners and for TBTEAM coordination at global and regional levels are broadly described in Tables 2 and 3, more detailed time-bound and technical area-specific budgets can be made available from the respective technical partners.

4.3 Monitoring coordination of technical assistance through TBTEAM

Stop TB technical partners have built a wealth of experience and expertise in countries around the world. Many partners are recruiting and training local staff which substantively increases national capacity for TB management and control.

Technical assistance coordinated through TBTEAM is contributing and has the potential to contribute to rapid implementation of the Stop TB strategy and therefore to improved case detection and cure rates.

Technical assistance coordinated through TBTEAM has demonstrated improved success of TB proposals submitted to the Global Fund from 38% in round 1 to 64% in round 6.

Table 2. Estimated financial needs for technical assistance to countries provided by Stop TB technical partners

Staff (full time equivalents)	Number of staff	Total cost in millions US\$
International experts	346	82
National experts	526	16
Support staff	168	13
<i>Total staff costs</i>		<i>111</i>
Activities		84
TBTEAM coordination		2
Emergency response to unplanned events		10
<i>Total staff and activity costs per year</i>		<i>207</i>
Estimated funding available in 2007 (for one year)		60
Gap for 2007		147
<i>Total estimated costs for technical assistance for 10 years (including inflation over time)</i>		<i>2 255</i>

Table 3. Estimated financial needs for the global and regional coordination of TBTEAM to facilitate technical assistance to countries

		US\$ per year
Global	1 junior and ½ senior professional staff	300 000
	1 planning & coordination meeting in a high burden country (HBC)	200 000
Regional	8 regions* ½ junior professional staff (8 x 150 000 x 0.5)	600 000
	8 regional reviews & monitoring activities (8 x 50 000)	400 000
<i>Total TBTEAM coordination costs</i>		<i>1 500 000</i>
Estimated funds available in 2007		300,000
Gap for 2007		1,200,000

*8 regions include the 6 WHO regions (Americas, European, Eastern Mediterranean, South East Asian, Western Pacific, African) plus 2 sub-regions in Africa (Southern African Development Community (SADC) & West Africa)