

Preparing and conducting an MDR-TB country visit

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World Health
Organization

WHO vision on MDR-TB (2006-2015)

Drug resistance surveillance and management of MDR-TB integrated as routine components of TB control, providing access to diagnosis and treatment for all TB patients and by all health care providers.

Main assistance areas for country visits

- Laboratory.

Culture, DST, rapid diagnostics

- Clinical management of MDR-TB.

Treatment design, management of adverse effects, etc.

- Programmatic issues

Fine-tuning project design, improving adherence, etc

- Recording and reporting

- Infection control

- Drug management

Multiple steps that may require technical assistance (TA)

Requirements outlined in the Guidelines are in place

DR-TB situation is well defined

Laboratory provides sufficient capacity and quality

Key stakeholders of the project identified

Project protocols prepared including:

- Treatment strategy
- R&R system
- training plan
- drug management plan
- Lab quality assurance
- Social support

Application to GLC – review and approval

Drug procurement using GLC mechanism for quality assured, preferentially priced drugs

Project implementation

To assist:

- identify the problem,
 - plan how to reach main requirements and
 - design appropriate intervention/project
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- GLC related TA – only small part of overall TA required
 - Main requirements met, compiling GLC application

Before and after application

1. Before starting project on programmatic management of drug-resistant tuberculosis

- TA very much context driven.
- Framework as presented in the guidelines very useful

2. Since project applies to the GLC

- TA structured around the GLC review (according to the guidelines)
- M&E – main purpose of the visit

GLC related Technical Assistance

● Assist country/project to prepare GLC application	Organised and performed by WHO and its partners/consultants
● Pre-approval visit as part of the application review	On behalf of the GLC, GLC approves the consultant
● Monitoring and evaluation of the GLC approved project	On behalf of the GLC, GLC approves the consultant
● Technical assistance to the GLC approved project	By WHO and partners

Term of Reference of the pre-approval visit

Objectives

- To assess performance of the current DOTS programme.
- To help applicant resolve the issues raised by the GLC and finalise the review.

Key issues to be evaluated:

- Political commitment to assure free-of-charge and adequate treatment for TB patients and support to the NTP.
- Project design (for ex. inclusion/exclusion criteria, in-patient/out-patient mode, incentive scheme).
- Organization and performance of the laboratory network.
- Treatment strategy to be used.
- Previous MDR-TB activities in the country and their outcomes.

Term of Reference of the M&E visit

Objectives:

- To to conduct a general assessment of the performance of the DOTS-based TB control programme and the progress in implementing the new Stop TB strategy
- To assess implementation of the project and **evaluate current achievements**;
- To provide necessary **technical assistance** and clinical advice;
- To assess preparedness of the project for **expansion** where appropriate

Key issues to be evaluated and reviewed:

- Interim treatment outcomes and case-holding of patients currently enrolled;
- Treatment administration and follow-up;
- Infection control strategies employed;
- Management system for second-line drugs;
- Current status of laboratory services and progress since the last visit;
- Recommendations of the previous GLC visit and how they were addressed;
- Information system and data management.

Planning M&E visit

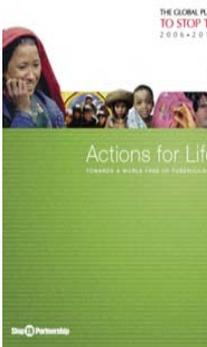
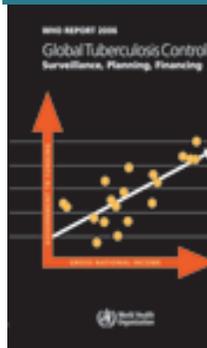
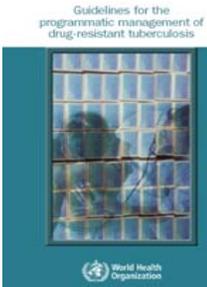
- Meeting healthcare authorities (briefing/debriefing)
 - Provides good indication of the political commitment
 - Drug regulatory authority, GFATM PR can be considered
- Evaluation of the project
 - Meeting project manager, clinical and project support team
 - Treatment wards and outpatient facilities
 - Laboratory and diagnostic services
 - Review of selected cases
 - Drug management, pharmacy, logistics etc.

Outcomes of the visit

- Report
 - Background
 - Summary
 - Overall appraisal of the project
 - Recommendations with action points and a timeline whenever possible

Packing for the country visit

- Your experience, knowledge and skills
- Project related documents (previous reports, application, etc)
- Guidelines for the programmatic management of drug-resistant tuberculosis (http://whqlibdoc.who.int/publications/2006/9241546956_eng.pdf)
- Instructions for applying to the Green Light Committee (http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.369_eng.pdf)
- Procurement manual for projects approved by the GLC (http://whqlibdoc.who.int/hq/2003/WHO_HTM_TB_2003.328_Rev.2_eng.pdf)
- WHO Report 2006: Global Tuberculosis Control (http://www.who.int/tb/publications/global_report/en/index.html)
- The Global Plan to Stop TB 2006-2015 (http://www.who.int/tb/features_archive/global_plan_to_stop_tb/en/index.html)



Questionnaire

Name, title		
Organization		
Please indicate the kind of activity you are willing to participate (not restricted to one).	Assist in preparing GLC application	
	Provide technical assistance to the functioning project	
	Evaluate the project on behalf of the GLC	
Please indicate if you have	Participated in the course for MDR-TB consultants	
or/and if you are currently working in the	Supranational Reference laboratory	
Please indicate what are your areas of expertise in relation to drug-resistant TB management	I work in the GLC approved project	
	Clinical management	
	Programmatic management	
	Laboratory aspects	
	Social support	
	Recording and reporting	
	Drug management	
Contacts	E-mail	
	Telephone	
Regional preference	Region(s)	
	Languages	