

**American Public Health Association – Annual Meeting 2007
Politics, Policy and Public Health
Session 3046.0: Institutionalizing Tuberculosis Control**

*Strengthening Alignment of Programs
Focused On Tuberculosis Control:
Congruence of Proposals to The
Global Fund to the World Health
Organization Stop TB Strategy*

Stephen A. Haering, MD, MPH

Chief Resident

Johns Hopkins Preventive Medicine Residency Program

Instructor

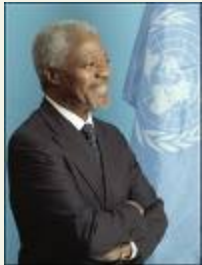
Department of Health Policy and Management

Background – disease burden & response



TUBERCULOSIS

In 2005 – killed 1.6 million people, additional 8.8 million developed active infection



GLOBAL FUND TO FIGHT AIDS, TB & MALARIA

- “to attract, manage and disburse resources”
- G-8 → US \$4.7 billion from 2001-2008
- Five rounds of proposals received from 2001-2005

High Burden Countries

80% of new TB cases are in High-Burden Countries

Afghanistan

Bangladesh

Brazil

Cambodia

China

DR Congo

Ethiopia

India

Indonesia

Kenya

Mozambique

Myanmar

Nigeria

Pakistan

Philippines

Russian Federation

South Africa

Tanzania

Thailand

Uganda

Vietnam

Zimbabwe



The Stop TB Strategy



1. Pursue high-quality DOTS expansion and enhancement

- a. Political commitment with increased and sustained financing
- b. Case detection through quality-assured bacteriology
- c. Standardized treatment, with supervision and patient support
- d. An effective drug supply and management system
- e. Monitoring and evaluation system, and impact measurement

2. Address TB/HIV, MDR-TB and other challenges

- a. Implement collaborative TB/HIV activities
- b. Prevent and control MDR-TB
- c. Address prisoners, refugees and other high-risk groups and situations

3. Contribute to health system strengthening

- a. Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
- b. Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
- c. Adapt innovations from other fields

4. Engage all care providers

- a. Public–Public and Public–Private mix (PPM) approaches
- b. International Standards for Tuberculosis Care (ISTC)

5. Empower people with TB, and communities

- a. Advocacy, communication and social mobilization
- b. Community participation in TB care
- c. Patients' Charter for Tuberculosis Care

6. Enable and promote research

- a. Programme-based operational research
- b. Research to develop new diagnostics, drugs and vaccines





Purpose of this study

To evaluate High-Burden Countries' TB-focused proposals to the Global Fund relative to the WHO Stop TB Strategy

(i.e. are proposals in alignment, in their narratives and in their budgets, with expert, technical recommendations?)

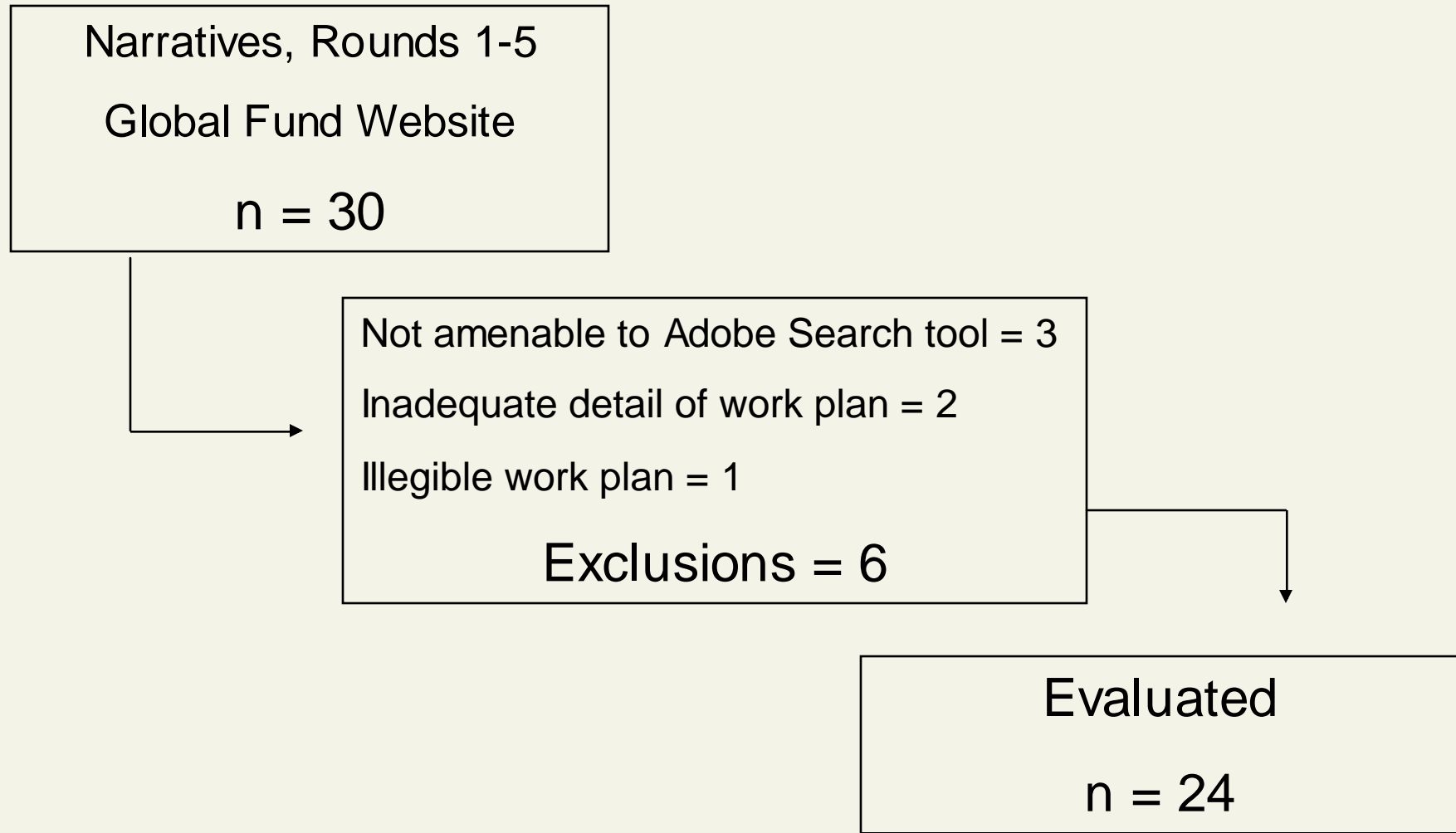


Components of this Study

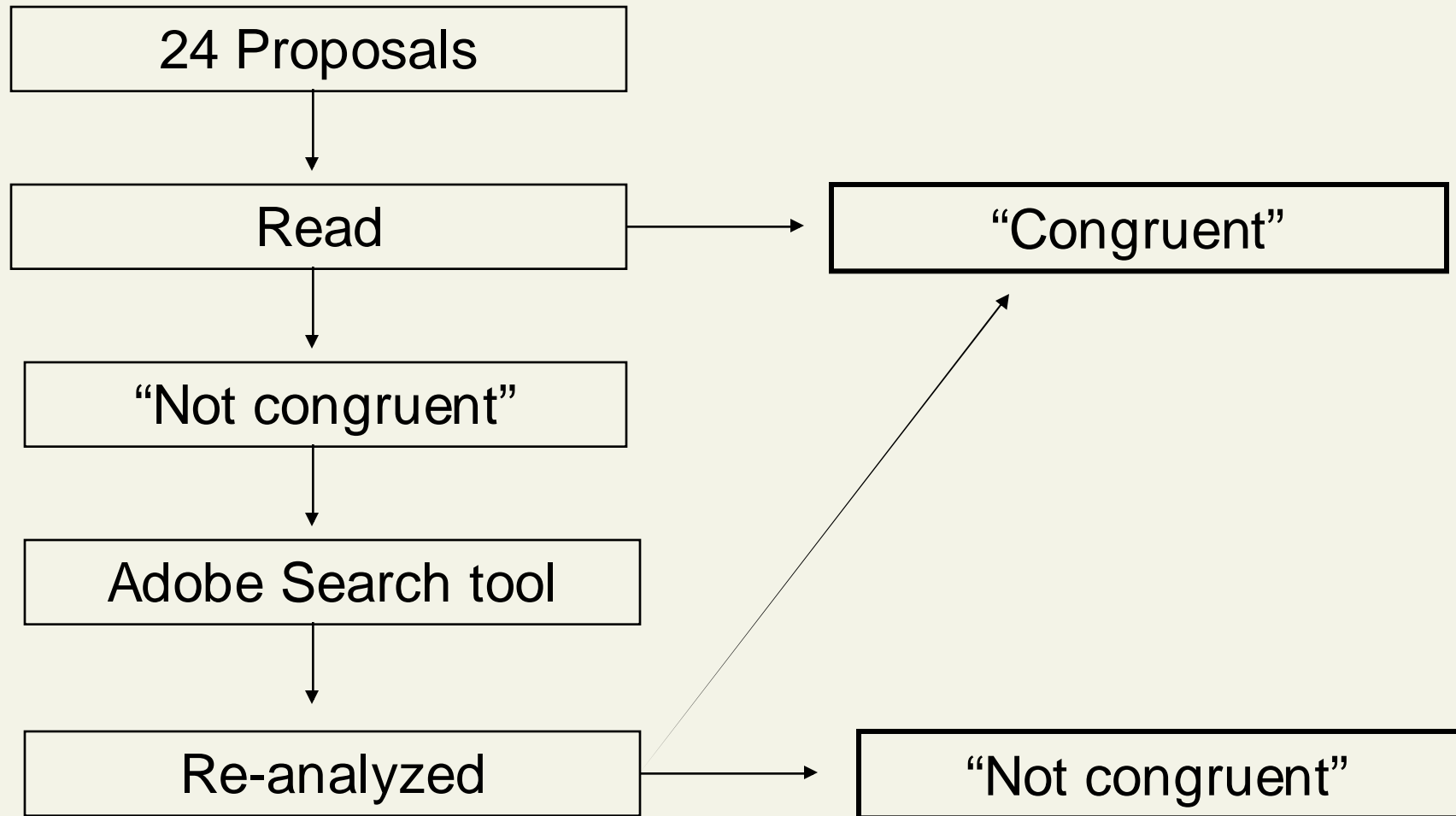
"Textual congruence" – some portion of a proposal's narrative was in alliance with the recommendation found in one of the subcomponents of the Strategy

"Budgetary association" – the budget and work plan of a proposal (Round-5) had allotted funds to a subcomponent of the Strategy

Textual Congruence: Methods



Textual Congruence: Methods



Textual Congruence: Methods

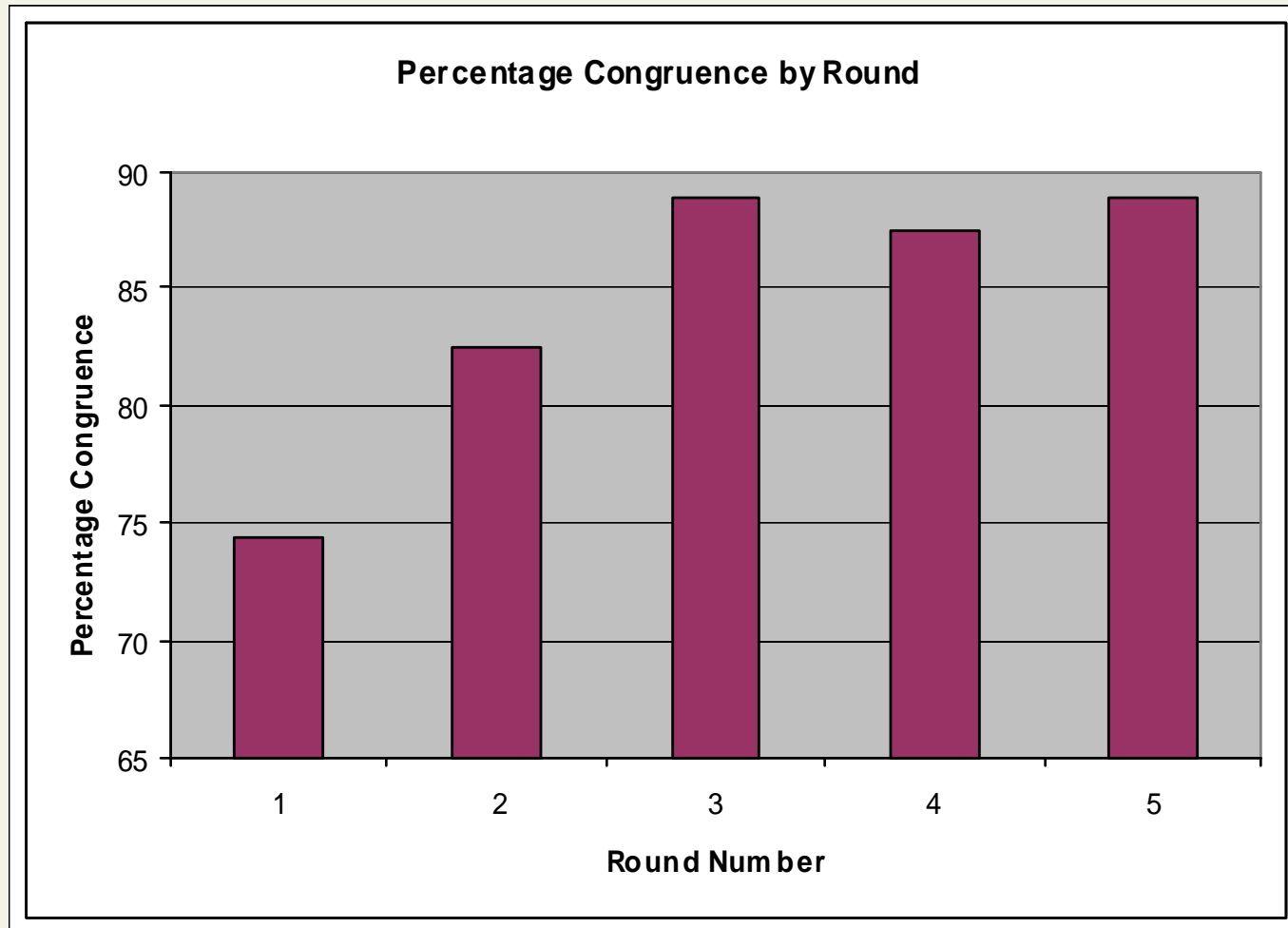
The Stop TB Strategy

1. Pursue high-quality DOTS expansion and enhancement
 - b. Case detection through quality-assured bacteriology**

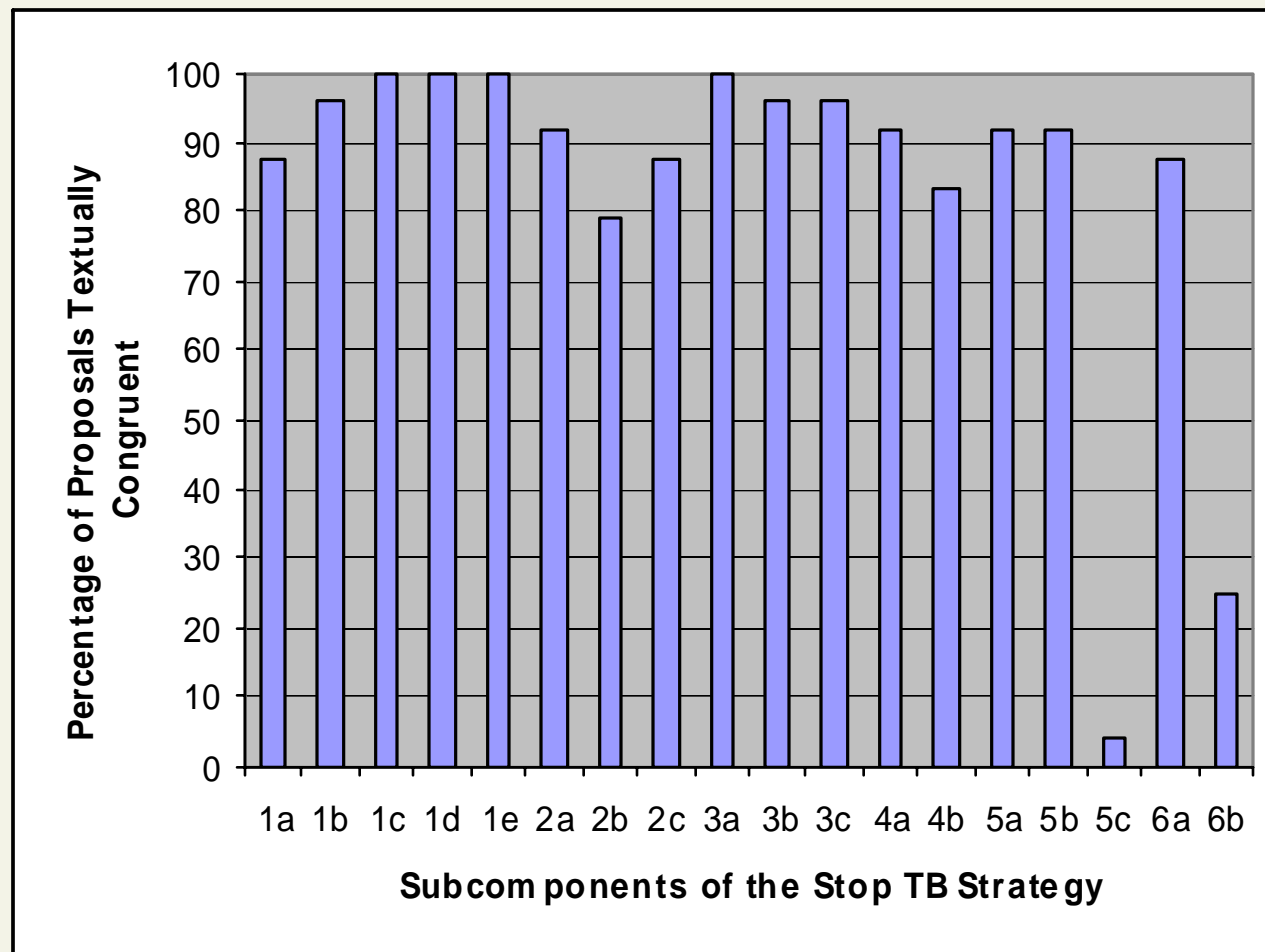
trained personnel
drug sensitivity testing
microscopy
identify
national standards
susceptibility testing
drug testing
international guidelines
technician
quality-assured bacteriology
strengthened laboratory network
sputum smear microscopy

laboratory technician
bacteriology
case detection
decentralization
culture
equipped laboratory
testing
laboratory
standard

Textual Congruence: Results



Textual Congruence: Results





“So they say... but do they pay...?”

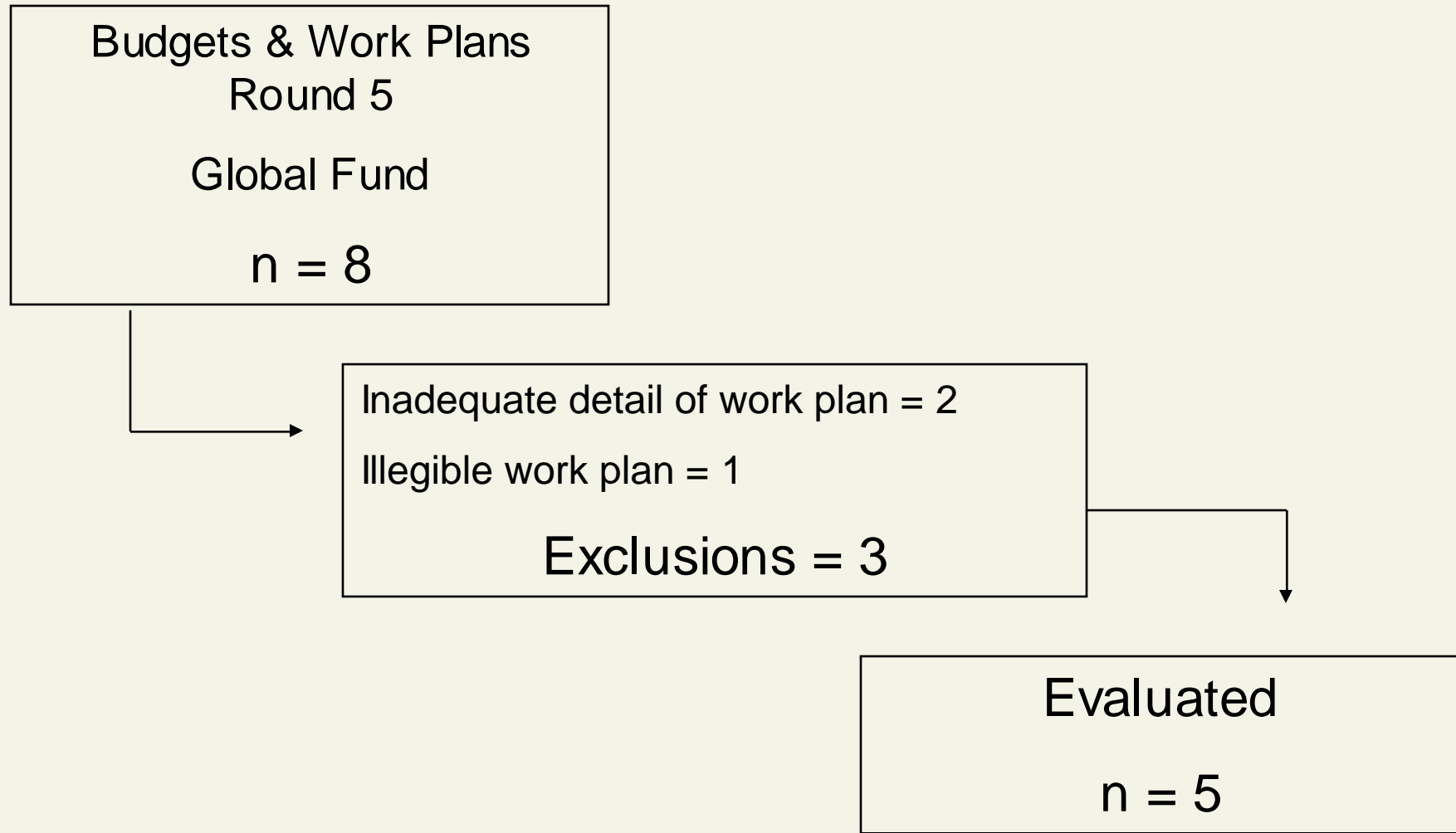
Textual Congruence:

High-Burden Countries' Rounds 1-5 TB-focused proposals to the Global Forum had high “textual congruence” with the Strategy

Budgetary Association:

Did Round-5 budgets and work plans “put the money where the mouth was?”

Budgetary Association: Methods



Budgetary associations: Methods

Global Fund Framework for Budgets & Work Plans

Goal

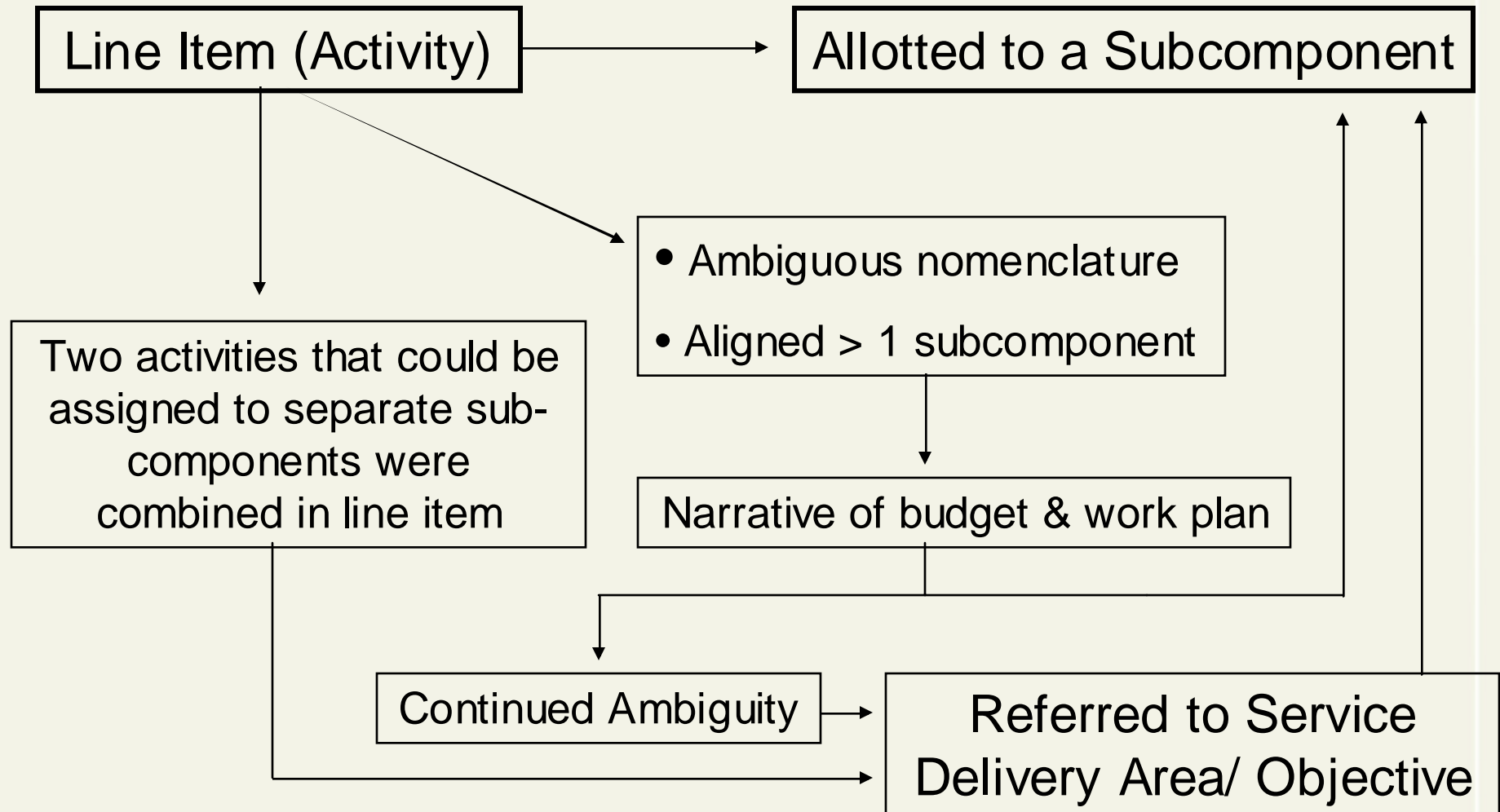
Objective

Service Delivery Area

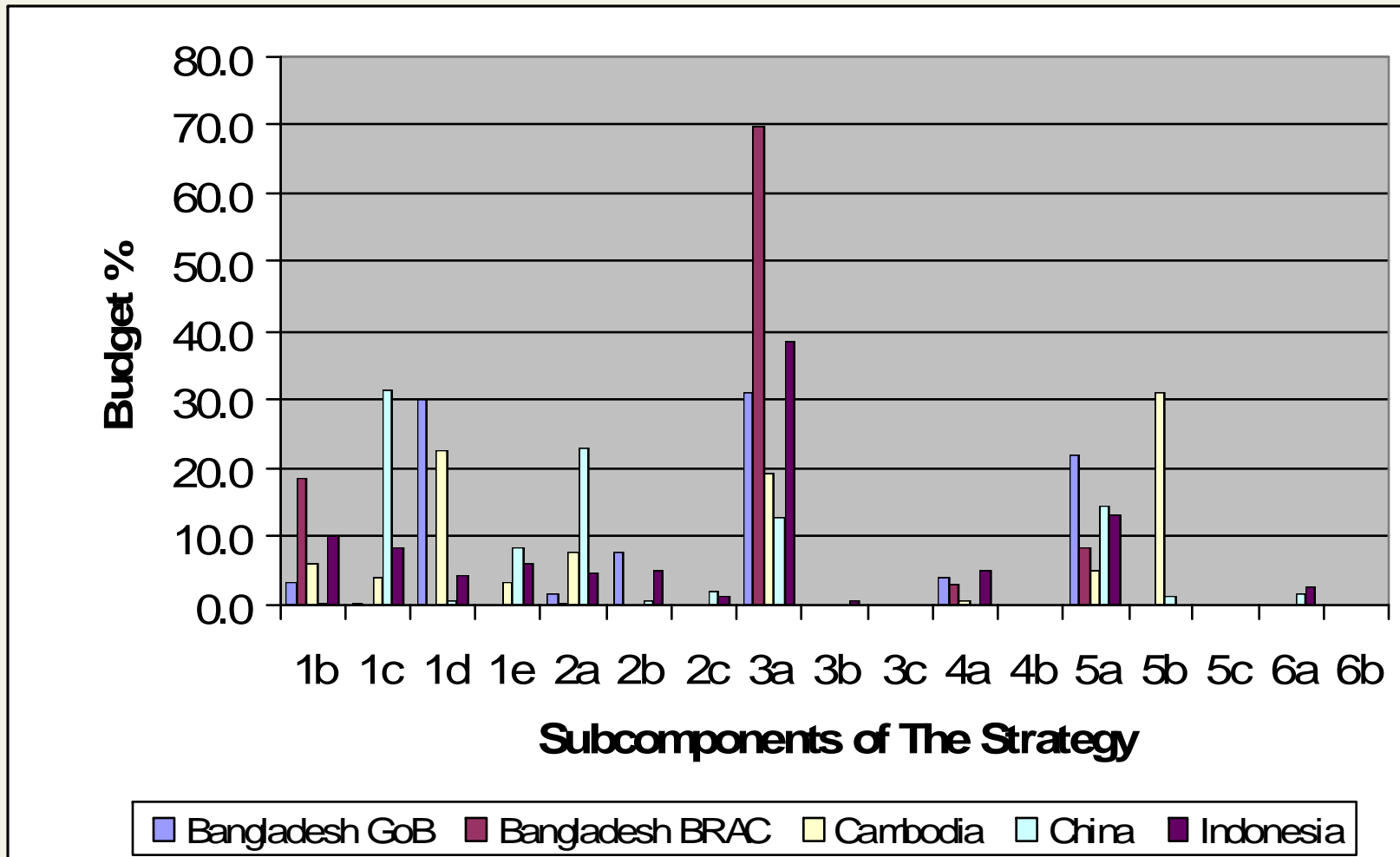
Activity

Framework = one-to-one correspondence for each budget line item and each activity

Budgetary associations: Methods

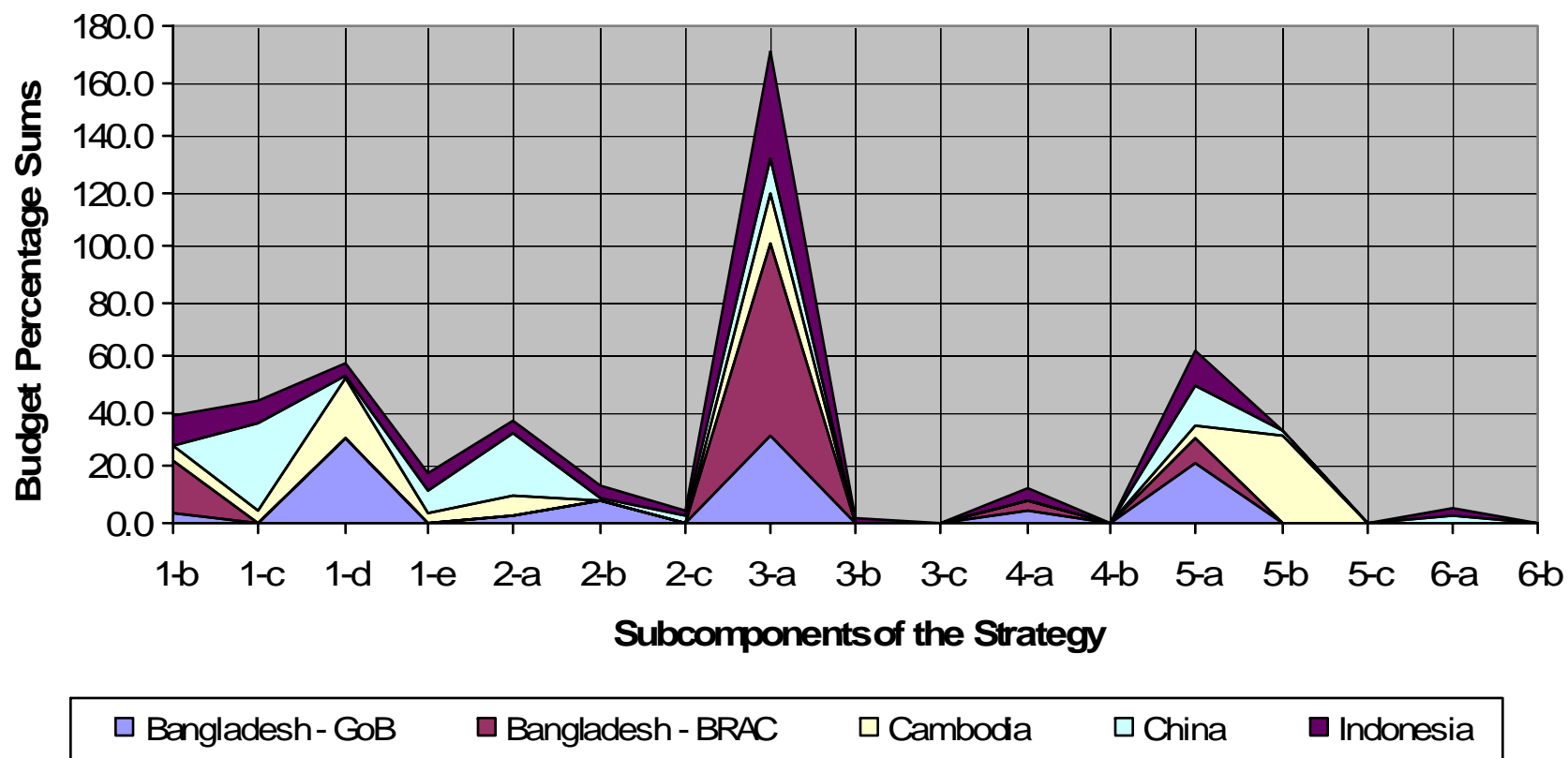


Results: Budgetary Associations



Results: Budgetary Associations

R-5 Budgetary Association Sums by Strategy Subcomponent





Comments: Congruence & Associations

Proposal narratives demonstrated high congruence with the Stop TB Strategy

Budgets and work plans were not necessarily aligned with subcomponents of the Strategy

This may reflect:

- Disparate local needs
- Underutilization of Strategy subcomponents
- Alternate funding sources covering various subcomponent recommendations



Recommendations

1. TB-focused proposals to the Global Fund should follow the WHO Stop TB Strategy
2. Line items in proposed budgets should clearly reflect the Strategy subcomponent with which it is aligned – this should be done at the “activity” level to provide the most clarity
3. Complete development/ utilize a “Planning & Budgeting Tool”



Recommendations

- 1) TB-focused proposals to the Global Fund should follow the WHO Stop TB Strategy
 - Developed by WHO and partners
 - Oriented toward achieving TB-related Millennium Development Goals
 - Encourages proposals to respond to and meet local needs



Recommendations

2) Line items in proposed budgets should clearly reflect the Strategy subcomponent with which it is aligned – this should be done at the “activity” level to provide the most clarity

- Goal
 - Objective
 - Service Delivery Area
 - Activity



Recommendations

- 3) Complete development/ implement and evaluate use of a “Planning & Budgeting Tool”
 - Will assist National TB Programs to better identify needs and develop proposals appropriate to local contexts in alignment with the Strategy
 - Will aid the Global Fund and WHO to efficiently analyze proposals
 - Currently under development by WHO’s TB Strategy and Health Systems Team



Acknowledgements

- Johns Hopkins General Preventive Medicine Residency Program
- WHO Tuberculosis Strategy and Health Systems Team of the Stop TB Department
 - Leopold Blanc
 - Pierre-Yves Norval
 - Andrea Godfrey
- Heather Lanthorn
- Shams Syed