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Tuberculosis Regional Eastern European and Central Asian Project (TB-REP)

Mid-term update



ABSTRACT

The Tuberculosis Regional Eastern European and Central Asian Project (TB-REP) on strengthening health systems for effective tuberculosis (TB) and drug-resistant TB prevention and care is a three-year project that began in 2016. It is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and implemented by the Center for Health Policies and Studies of the Republic of Moldova as the principal recipient and the WHO Regional Office for Europe as the technical lead agency, in collaboration with partners. The project focuses on accelerating TB prevention and care by removing health system barriers and scaling up health system reforms by catalysing and supporting interventions in 11 eastern European and central Asian countries.

Keywords

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CONTENTS

Acknowledgements 4

Preface..... 5

The Tuberculosis Regional Eastern European
and Central Asian Project (TB-REP): an overview 8

Sustainable high-level advocacy for effective TB prevention and care 10

Roadmap development..... 13

Country cooperation..... 16

Capacity-building 21

Annex 1: National TB-REP focal points 23

Annex 2: Calendar of TB-REP activities 24

Acknowledgements

The TB-REP team at the WHO Regional Office for Europe is grateful for the contributions of partners of the project, which include the Alliance for Public Health; European Respiratory Society; Global Fund to Fight AIDS, Tuberculosis and Malaria; London School of Economics and Political Science; London School of Hygiene & Tropical Medicine; Center for Health Policies and Studies, Republic of Moldova; Stop TB Partnership; and TB Europe Coalition.

Preface

We have great pleasure in presenting the mid-term report covering the first 1.5 years of the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP). This marks the midpoint of the three-year project on strengthening health systems for effective tuberculosis (TB) and drug-resistant TB prevention and care. Many of the activities covered by this report are continuing, but a number of milestones have been achieved and initial results obtained.

In this period high-level advocacy actions have helped to convey the importance of strengthening health systems for TB in the project region. Technical support has been provided to in-country civil society organizations to develop project-relevant advocacy strategies, aligned with the work of national focal points and working groups.

Coordination mechanisms have been established and strengthened with a number of partners, and participating countries have indicated political commitment by nominating high-level national focal points to coordinate and implement the project in their countries. National working groups have been set up to guide countries and consolidate partners' efforts in building new models of TB care. The capacity-building WHO Barcelona course on health system strengthening for improved TB prevention and care – the first of its kind – has been designed and conducted to improve skills and knowledge of national partners and support them in their efforts to transform their national TB services delivery models in the 11 countries.

Further, a blueprint to deliver people-centred TB care, developed in this period, is in the process of being adapted. The blueprint addresses TB services, sustainable financing and human resource mechanisms, in a people-centred manner, and is expected to help make policy changes, enshrining people-centredness in national legislation.

These are excellent foundations for the remainder of this three-year project. In the next year and a half, efforts will be consolidated to institute policy change. Only through a regional approach among countries with a similar history and context can existing in-country work be scaled up.

In many countries in the Region multidrug-resistant TB has been both a result and a symptom of the failing response from outdated health systems and inefficient models of care. This is our great challenge, and our great opportunity. With the determination and commitment of the project countries, TB-REP focal points, project partners and WHO staff, we remain optimistic that we can tackle these challenges and strengthen health systems for improved TB prevention and care.

Dr Hans Kluge
Director, Division of Health Systems
and Public Health

Dr Nedret Emiroglu
Director, Division of Emergency,
Communicable Diseases and Health Security

Countries in the WHO European Region are in a prime position to lead the effort to end tuberculosis. Health 2020, the European health policy framework, offers a unique platform from which relevant sectors can work together to achieve effective care centred on patients' needs. Within Health 2020, the WHO Regional Office will continue to support Member States in improving disease control and health security by transforming health systems to make them more people-centred and efficient.

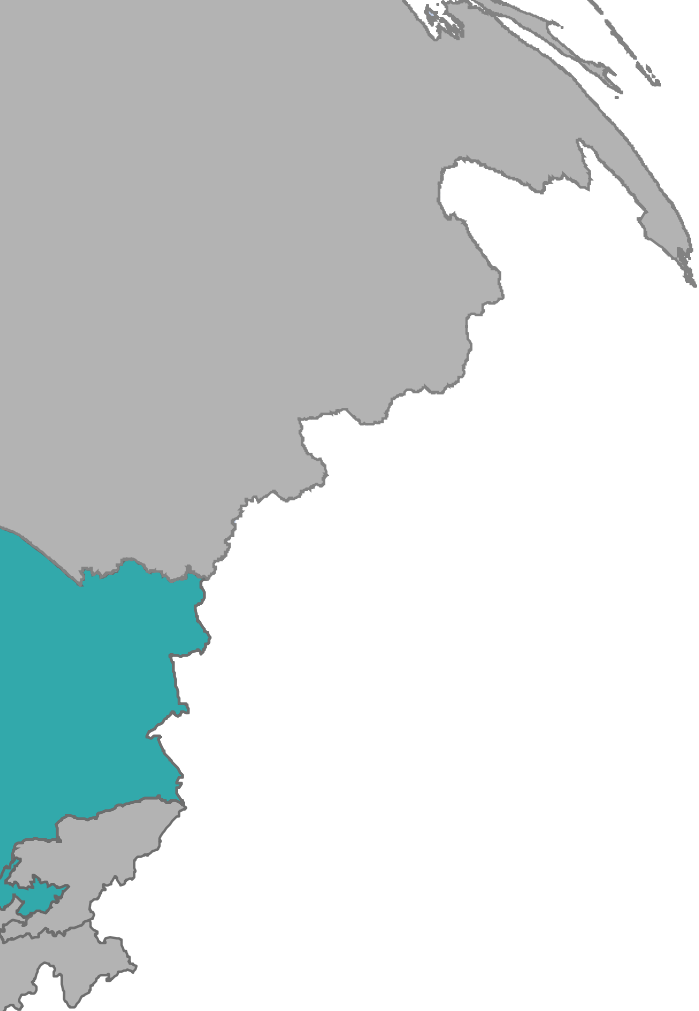
Zsuzsanna Jakab,
WHO Regional Director for Europe



Highlights to date

Highlights of the first 1.5 years of TB-REP include the following.

- Two countries – Kyrgyzstan and the Republic of Moldova – have drafted roadmaps to implement a people-centred model of care for TB, tailored to their countries. Roadmaps are also in development in Azerbaijan and Belarus, and other countries are expected to start work on their roadmaps, with WHO support, following the high-level TB-REP breakfast meeting, scheduled for the 67th session of the WHO Regional Committee for Europe in Budapest on 13 September 2017.
- Technical visits to Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine have been conducted with TB-REP partners to investigate health systems and TB-related topics in order to support country work. These have contributed to further TB-REP-relevant improvements, such as hospital bed reductions and re-organizations of TB services in Kyrgyzstan and Kazakhstan; expansions of ambulatory care in Belarus and the Republic of Moldova; and further legislative progress, for example, in Belarus, Kyrgyzstan and the Republic of Moldova.



- High-level advocacy and presentations at national and international events raised the profile of TB-REP and conveyed the importance of health systems transformations for TB in the eastern European and central Asian region.
- Effective working relationships and overall coordination mechanisms were established with partners including the Global TB Caucus, East Europe and Central Asia Union of people living with HIV and Eurasian Harm Reduction Network.
- Countries in the project nominated high-

level focal points for implementation, indicating political commitment. National working groups, which will guide countries through project implementation, were created in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan and Ukraine.

- The first WHO Barcelona course on health systems strengthening for improved TB prevention and care trained 44 participants from 11 countries. It was attended by decision-makers, senior officials and high-level administrators from ministries of health and finance, managers of national TB programmes, health insurance funds and service delivery organizations, experts and leaders.
- A blueprint for a people-centred model of TB prevention and care was developed.¹ This aims to support countries in the region in adopting policy options and implementing effective and efficient TB service delivery systems; shifting towards outpatient, people-centred models of care with sustainable financing and well-aligned payment mechanisms; and achieving better health outcomes in TB prevention and care.
- Action briefs outlining the next steps for operationalizing the project at the country level were refined for further consultation.
- Links with relevant civil society organizations were established and continue to be facilitated through the TB Europe Coalition, an advocacy network of civil society stakeholders working within the TB response in the WHO European Region, and the Regional Collaborating Committee on Tuberculosis Control and Care, established by the WHO Regional Office for Europe to help achieve universal access to TB care.

¹ A people-centred model of TB care: a blueprint for eastern European and central Asian countries, first edition. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/a-people-centred-model-of-tb-care-2017>, accessed 10 August 2017).



The Tuberculosis Regional Eastern European and Central Asian Project (TB-REP): an overview

The rationale

Despite notable progress in the past decade, tuberculosis (TB) is still a public health concern in the WHO European Region. Of the 30 countries considered to have a high burden of multidrug-resistant TB (MDR-TB) globally, nine are in the Region, and one in five MDR-TB cases globally was estimated to have occurred in the WHO European Region in 2015.

In 2015, an estimated 16% of new cases and 48% of previously treated cases had MDR-TB, accounting for an estimated 74 000 cases. The alarmingly high rates of MDR-TB in most eastern European and central Asian countries represent one of the main challenges for TB prevention and care in the Region, contributing to biosecurity concerns.²

The project

TB-REP on strengthening health systems for effective TB and drug-resistant TB prevention and care focuses on accelerating TB prevention and care by removing barriers and scaling up reforms by catalysing and supporting interventions in 11 eastern European and central Asian countries.

It is a three-year project begun in 2016, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. TB-REP is implemented by the Center for Health Policies and Studies (PAS Center), Republic of Moldova, with the WHO Regional Office for Europe as the technical lead agency, working with partners.

² Tuberculosis surveillance and monitoring in Europe, 2017. Solna: European Centre for Disease Prevention and Control; 2017 (<https://ecdc.europa.eu/en/publications-data/tuberculosis-surveillance-and-monitoring-europe-2017>, accessed 21 August 2017).



The countries

The Global Fund grant covers activities in 11 eastern European and central Asian countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). The WHO Regional Office for Europe also provides technical assistance to all 53 Member States in the Region on health systems strengthening for TB.

The goal

TB-REP's aim is to improve TB and MDR-TB outcomes in eastern European and central Asian countries through health systems strengthening leading to people-centred prevention, treatment and care.

The objectives

The project's objectives are:

- to increase political commitment to end TB, through regional cooperation and evidence sharing, for effective and sustainable transformation of health systems; and
- to support countries in implementing effective and efficient TB service delivery systems, shifting towards outpatient models of care with sustainable financing and well aligned payment mechanisms.

The bigger picture

The approach of the WHO Regional Office for Europe is aligned with the global End TB Strategy³ and strategies in the European Region including Health 2020,⁴ the European policy framework for health and well-being, the Region's TB action plan⁵ and priorities for health system strengthening for 2015–2020,⁶ and the European Framework for Action on Integrated Health Services Delivery.⁷ The targets set towards ending TB in the Region by 2020 are to:

- reduce TB deaths by 35%
- reduce the TB incidence rate by 25%
- increase the MDR-TB treatment success rate to 75%.

3 WHO End TB Strategy [website]. Geneva: World Health Organization; 2017 (http://www.who.int/tb/post2015_strategy/en/, accessed 10 August 2017).

4 Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>, accessed 29 August 2017).

5 Tuberculosis action plan for the WHO European Region 2016–2020. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/17 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurr6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020>, accessed 29 August 2017).

6 Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurr6513-priorities-for-health-systems-strengthening-in-the-who-european-region-20152020-walking-the-talk-on-people-centredness>, accessed 29 August 2017).

7 The European Framework for Action on Integrated Health Services Delivery: an overview. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2016/the-european-framework-for-action-on-integrated-health-services-delivery-an-overview-2016>, accessed 29 August 2017).



Sustainable high-level advocacy for effective TB prevention and care

Transformation of national health systems to improve their performance for effective TB prevention and care requires substantial political will, financial commitment, engagement of different partners at the country level and building of appropriate capacities to manage change. TB-REP takes into account the potential difficulties in implementing health systems reform and pays attention to regional dialogue, high-level advocacy and capacity development.

High-level advocacy actions helped to convey the importance of strengthening health systems for TB in the eastern European and central Asian region in 2016/17. TB-REP countries nominated focal points for implementation, indicating political commitment. National working groups, which will guide the countries through project implementation, were created in a number of countries. Furthermore, the high-level advocacy

interventions supported the in-country work of TB-REP assigned national civil society organizations, which developed nationally adapted advocacy strategies, supporting TB-REP implementation. In the second year of TB-REP implementation (2017), based on the work of the national working groups, high-level advocacy was able to address TB-REP-related challenges at the country level more specifically, thus contributing to further boosting TB-REP progress.

Advocacy meetings

High-level advocacy events, particularly in Armenia, Belarus, Kazakhstan, Kyrgyzstan, Turkmenistan and Ukraine, aimed to engage governments and other national partners and to obtain their commitment to strengthen health systems. The scope of the meetings and events included:

- increasing awareness of interventions for



effective and sustainable transformation of health systems to reduce the TB burden;

- alerting participants to and focusing attention on the TB problem in general, and MDR-TB and extremely drug-resistant TB (XDR-TB) in particular;
- advocating increased financial commitments for TB prevention and care; and
- negotiating with decision-makers on health system reforms to implement people-centred approaches to TB care.

Apart from the senior WHO staff present at most events, the meetings were attended by participants from the Global Fund and the PAS Center of the Republic of Moldova. The United Nations Secretary-General Special Envoy on HIV/AIDS in eastern Europe and central Asia, also took part.

One such advocacy event, on 8–9 February 2016 in Kyrgyzstan, informed the Prime Minister and the Minister of Health about TB-REP. At other

events, the ministers of health of Armenia, Belarus, Georgia, Kazakhstan, Turkmenistan and Ukraine were briefed on the goals and objectives of the project, and how the countries will benefit from its implementation. This not only contributed to raising awareness about the project and its expected benefits but also created (initial) commitment to engage in the project's work at the national level.

Focal points for TB-REP

Discussions at the meetings included the appointment of national TB-REP focal points, as well as establishing national working group mechanisms and ensuring that human resources and health financing aspects are taken into consideration in the development of a people-centred model of TB prevention and care. Technical assistance was also offered to guide grass roots-level advocacy and for country-specific adaptation of the new blueprint for a people-centred model of TB prevention and care.⁸

All project countries nominated high-level government officials as national focal points. These are deputy ministers of Armenia, Belarus, the Republic of Moldova, Turkmenistan and Ukraine, a government official in Kyrgyzstan and national treatment programme managers in some countries (see Annex 1).



⁸ A people-centred model of TB care: a blueprint for eastern European and central Asian countries, first edition. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/a-people-centred-model-of-tb-care-2017>, accessed 10 August 2017).

National working groups

In line with the project concept note, national working groups on TB-REP ensure country ownership and responsibility, which are pre-requisites for successful TB-REP implementation. Existing country-level groups are to be capitalized upon as much as possible.

National working groups are officially established and overseen by national TB-REP focal points. They aim to support the national TB-REP focal point in ensuring that the process of health systems reform and transformation to improve TB prevention and care is sustainable, accountable and owned by the country. The main focus of the working groups is improving models of care and health financing for TB (see Box 1).

The WHO Regional Office for Europe and WHO country offices provided support for the launch and initial meetings of the working groups in Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine. At these meetings, the objectives and expected deliverables of the project were discussed, in collaboration with project partners.

Box 1. National working group on TB-REP in Belarus

In September 2016 an intersectoral working group on development of regulatory documents for a new funding mechanism for TB services was created by the TB-REP focal point in Belarus. The working group is part of the country coordinating mechanism for national HIV and TB programmes and was mandated to work on the expected national TB-REP deliverables. The group comprises high-level members from the Ministry of Health, Ministry of Finance and Ministry of Economy, Ministry of Internal Affairs, civil society, WHO Country Office, National TB Programme from different regions.

The working group will work closely with the WHO Regional Office for Europe and the WHO Country Office in Belarus, as well as with other project partners.





Roadmap development

Developing and implementing roadmaps, tailored to each country, on health systems strengthening for TB prevention and care is a key component of TB-REP. These roadmaps will equip the ministries of health, national treatment programmes (NTPs) and other relevant national partners with a comprehensive action framework to implement health systems strengthening interventions to improve TB prevention and care.

The roadmaps present specific actions, at the

level of activities and tasks, to be implemented in the short and medium term. They outline clear and detailed delineation of responsibilities, time frame and budget, and tools for measuring and improving performance.

Two project countries – Kyrgyzstan and the Republic of Moldova (see Boxes 2 and 3) – have drafted roadmaps on implementing a people-centred model of care for TB. Roadmaps are also in development in Azerbaijan and Belarus.

Box 2.**Roadmap on implementing a people-centred model of care in Kyrgyzstan**

TB is the one of four priority areas (cardiovascular disease, maternal and child health, TB and HIV/AIDS) defined by the Ministry of Health in the Den Sooluk National Health Reform Programme. In the action plan on implementation of Den Sooluk for 2017–2018, several activities are assigned to the area of TB prevention and care. Of particular relevance to TB-REP are implementation of restructuring and optimization of a TB patient care master plan (roadmap) and testing of a more patient-centred model of care, strengthening ambulatory approaches.

- The roadmap on optimization of TB services and a national five-year TB programme – in which a meaningful reduction of excessive TB bed capacity and further implementation of ambulatory models of care is strengthened – are in line with the objectives of TB-REP; they will also improve efficiency and use of existing resources.
- Based on the roadmap, the Kyrgyz Government issued Order 9b “Plan of action on optimization of the system of TB care provision to the population of the Kyrgyz Republic for 2017–2026” in January 2017, signed by the Prime Minister. In February 2017 the Ministry of Health issued Order 123 on implementation of the Plan for the period 2017–2019.

Currently TB-REP support to the country focuses on putting the featured elements into practice (operationalization), tailoring sustainable health financing mechanisms to a comprehensively mapped set of TB care-providing services and putting country policy and technical framework documents into practice.

Box 3.**Roadmap on implementing a people-centred model of care for TB in the Republic of Moldova**

In the Republic of Moldova, the roadmap on implementing a people-centred model of care for TB was signed into a Ministry of Health Order on 14 April 2017, thanks to concerted efforts of national stakeholders.

The roadmap lists actions and instruments for:

- development of a patient-centred model;
- restructuring the hospital sector of the physio-pulmonology service in line with objectives to reduce hospital admission rate and length of stay;
- increasing and strengthening the role of outpatient specialized, primary care and community settings in early detection of TB and case management of TB/MDR-TB;
- ensuring psychosocial support services in outpatient and ambulatory settings;
- adjusting financial mechanisms of people-centred TB services;
- planning of human resources involved in TB care;
- improving governance and coordination of NTPs; and
- implementation of interventions synergic to other national health programmes.



A blueprint for delivering people-centred care for TB

The new blueprint⁹ constitutes a key deliverable of TB-REP to support countries in the eastern Europe and central Asia region in:

- adopting policy options and implementing effective and efficient TB service delivery systems;
- shifting the prevention, treatment and management of TB towards an outpatient, people-centred model of care with sustainable financing and well-aligned payment mechanisms; and
- achieving better health outcomes in TB prevention and care.

It was developed to support policy-makers and stakeholders responsible for developing and implementing health policy in countries in eastern Europe and central Asia. It aims to inform discussion and support an initial effort to shift to outpatient settings, using a people-centred approach, as well as to improve efficiency by reducing waste and thus increase rational use of domestic financing to gradually take over from the Global Fund and other external donor funds.

The blueprint and the planned development of subsequent technical documents aim to provide improved treatment outcomes that take into account not only epidemiological perspectives but also the possible contribution of social support, sustainable payment mechanisms, human resources for health and equity of access to high-quality medicines and technologies.



9 A people-centred model of TB care: a blueprint for eastern European and central Asian countries, first edition. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/a-people-centred-model-of-tb-care-2017>, accessed 10 August 2017).



Country cooperation

The WHO Regional Office for Europe supports countries in transforming their health systems and services. Development and implementation of TB-REP initiatives – including effective and efficient TB service delivery systems, shifting towards more outpatient-oriented and integrated models of care with sustainable financing and well aligned payment mechanisms – are in line with countries' overall health reform agendas and correlate with their biennial collaborative agreements with the Regional Office.

Armenia

Armenia has developed a TB prevention and care strategy for 2016–2020, which promotes a health system reform to move TB from hospital-based to people-centred ambulatory care. With the reform,

the financing mechanism has been modified from using a population-based approach to using a combination of per capita and performance-based approaches, in order to implement financial incentives for health care providers to improve detection and successful treatment of TB cases and reduce the hospitalization rate of TB patients and average length of stay. Performance-based financing systems are planned as a next step in the TB financing reforms.

To support ongoing health financing reforms, the WHO Regional Office for Europe has discussed the objectives of TB-REP and achievements of TB reform with the Minister of Health and a technical visit with the TB-REP focal point is planned for September 2017.



“The TB-REP project provides ample opportunities for exchange of experience in health systems reforms. This is very important for the implementation of effective interventions aimed at the development of optimal, financially sustainable and patient-centred models of care in TB and other health sectors.”

Samvel Margaryan, Deputy Minister of Health and national TB-REP focal point, Armenia

Azerbaijan

In March 2016, Azerbaijan established the Mandatory Health Insurance Agency; health insurance funding models are currently under development. These are to be pilot-tested prior to being introduced throughout the country.

A team of experts from the WHO Regional Office for Europe and the PAS Center of the Republic of Moldova, with national specialists and representatives of Azerbaijan’s State Agency on Mandatory Health Insurance, assessed TB



services in two districts – Mingachevir and Yevlach – identified as pilots for the mandatory health insurance system. The purpose of the technical assessment was to evaluate the impact of the application of mandatory health insurance in 2017. It was prompted by a special request from the Ministry of Health to support the strengthening of the country’s health systems related to TB services.

The findings of the assessment will inform the development of the roadmap to equip the Ministry of Health, the National TB Control Programme and other relevant national partners with a framework for implementing systems strengthening interventions to improve TB prevention and care in the country.

Belarus

Belarus is working towards health system transformation, revising its provider payment arrangements, but still has significant overcapacity in inpatient care, with an emphasis on hospitalization. To support ongoing health financing reforms involving changes in payment mechanisms in one oblast (district) in Belarus, the WHO Regional Office for Europe organized a



study tour to Estonia, with the aim of examining the country’s funding model of TB care. Estonia was chosen as a country that has achieved some



progress in reforming TB prevention and care in its transition towards a more people-centred outpatient model. In addition, the Regional Office and its partners will conduct an assessment of national and regional TB regulatory frameworks to prepare and support piloting of the new payment mechanism.

Georgia

Georgia is working towards people-centred care, in line with the national Strategic Plan for Tuberculosis Control 2016–2020. The WHO Regional Office for Europe agreed with the TB-REP focal point to conduct a technical assessment, with a special focus on financing mechanisms, to strengthen the ambulatory level of TB services in September 2017. The broad objective is to provide general guidance to the country team on developing TB services financing and TB provider payment mechanisms.

A workshop on TB services financing and TB provider payment mechanisms will be organized with the national working group on TB-REP and will be developed around the blueprint for a people-centred model of TB prevention and care.¹⁰

Kazakhstan

In quarter one of 2017 a technical visit took place in Kazakhstan, conducted by a WHO Regional Office for Europe expert. It focused on development of the blueprint for a people-centred model of TB prevention and care and offered guidance to the national working group at its constituting session. Its key scope was to guide the next steps and the work of the national working group, which is headed by the NTP manager and the current high-level national TB-REP focal point. Representatives of different entities, including the NTP, primary health care bodies and the national health insurance fund, participated in the meetings. Furthermore, the TB-REP-assigned civil society organization representative participated, helping to embed the organization's work in the work of the national working group.

The outcome of the visit was a skeleton set of next steps for adaptation of the blueprint, which was in its finalization stage at the time. The visit also helped to follow up on the high-level TB-REP assessment conducted in September 2016. WHO further contributed to the development of the national TB-REP advocacy strategy.

10 A people-centred model of TB care: a blueprint for eastern European and central Asian countries, first edition. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/a-people-centred-model-of-tb-care-2017>, accessed 10 August 2017).



Kyrgyzstan

"Key factors for strengthening the health care system in the field of TB prevention and treatment are strong government commitment to implement the 'roadmap' and health systems readiness for profound change related to reforming and financing the TB service."

**Isaev Sanjar,
Deputy Head of the Unit
on Social Development
of the Government Office
of the Kyrgyz Republic**

In June 2017 a WHO-led technical assistance visit was conducted, including TB, health systems and health finance specialists. This served to inform national stakeholders about the progress made within TB-REP to date and helped with defining a draft action plan for next steps with regard to adapting the blueprint for a people-centred model of TB prevention and care to the specific county context, since Kyrgyzstan has a roadmap in place, in line with the ongoing national health reform process, Den Sooluk (see Box 2).

Representatives of the national health insurance fund, NTP and Ministry of Health, the national high-level focal point and technical partners participated in the meeting. Further, the TB-

REP civil society organization representative participated to establish and maintain good involvement of the organization.

The visit participants assessed a TB facility in Bishkek and had separate in-depth discussions with a representative of the national health insurance fund. A follow-up visit, which aims at carefully and comprehensively linking the mapped TB services to sustainable health financing mechanisms, is confirmed for 16–18 August 2017.

Republic of Moldova

In addition to its National TB Programme for 2016–2020, in 2017, with the support of TB-REP, the Republic of Moldova has developed and adopted a roadmap on implementing a people-centred TB model of care (see Box 3). This will support implementation of key changes in the system, promoting the model with appropriate financial and human resource arrangements and building strong ambulatory services to address TB. The country also hosted a technical consultation and launch of the blueprint for a people-centred model of TB prevention and care. Current TB-REP initiatives are aligned with the work of the WHO Country Office in the Republic of Moldova to support the Ministry of Health in its efforts to develop a new primary health care strategy.

Tajikistan

The TB-REP-assigned national civil society organization in Tajikistan was substantially supported by the WHO Regional Office for Europe in developing its national TB-REP advocacy strategy. Technical support was also provided for the preparation of a national TB-REP advocacy monitoring visit in 2016, which assessed the level of engagement of the organization and supported it in making further progress in its work.

WHO also supported participants from Tajikistan at various TB-REP activities in many countries by informing them about TB-REP and its benefits (see Annex 2). Further, a high-level WHO-led TB-REP advocacy visit was conducted on 28–30 September 2016.

Turkmenistan

The WHO Regional Office for Europe organized a visit to Turkmenistan to promote people-centred health systems in line with resolution EUR/RC65/13 on priorities for health systems strengthening in the WHO European Region 2015–2020 and in the context of universal health coverage. An ongoing reform process in the country aims to decentralize the health care system, to enhance efficiency and a shift from hospital-based to primary health care. Greater public involvement and local managerial flexibility are also envisaged. TB-REP partners will continue to work with the TB-REP focal point to support these efforts.

Ukraine

The WHO Regional Office for Europe supports broader health system reform in Ukraine,

including a new model of health finance and public health services strengthening. Through TB-REP the Ministry of Health supports integration of TB services into overall primary health care services reform, supporting an ambulatory approach to TB care. The TB-REP working group also serves as a coordination platform for other technical partners' initiatives involved in design of the TB model of care and services strengthening. During the first meeting of the working group in January 2017, draft roadmap for new model of TB care was discussed and shared with partners.

In addition, Ukraine's new Global Fund grant proposal, developed and submitted in 2017, concentrates on critical elements of health systems – models of services delivery, capacity-building and new financing options – and may help the country to build a new people-centred model of TB care.

Uzbekistan

A WHO Regional Office for Europe-led technical assistance visit took place on 10–13 May 2016, during which the NTP and Deputy Minister of Health were informed about TB-REP and its expected beneficial outcomes following country implementation.

The TB-REP-assigned country-based civil society organization was substantially supported by the WHO Regional Office for Europe in developing its national TB-REP advocacy strategy. Further, technical support was provided in the preparation of a national TB-REP advocacy monitoring visit, which also took place in 2016.





Capacity-building

Successful implementation of systematic changes for improving TB prevention and care requires a high level of competence and skill from decision-makers and managers. TB-REP aims to facilitate the transfer of cutting-edge knowledge on strengthening health systems for TB to targeted countries, while empowering country representatives from different sectors to implement TB policies and programmes in equitable, efficient and sustainable health systems environments. TB-REP will strengthen the capacities of government focal points to take the lead in designing, adapting and sustaining innovative people-centred programmes.

The first WHO Barcelona course on health systems strengthening for improved TB prevention and care explored problems and challenges of health systems, provided participants with measurement tools to assess the performance of their health systems and discussed cases of health reform from across the WHO European Region. The course was designed to provide tools to support policy-making, planning and implementation, and to equip health leaders and managers with knowledge of the whole-system approach

needed to successfully manage change in the health system.

The course, conducted during 13–19 October 2016, brought together 44 participants from Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Experts from international organizations supporting TB-REP countries also attended.

The six-day course provided theoretical and practical training in an integrative, whole-system framework, using case-based training methodology across all its five modules. In particular, it covered:

- analysing and diagnosing health system performance;
- improving the delivery of people-centred TB prevention and care;
- health system financing;
- improving governance and management of change; and
- developing country-specific system diagnostics and reform proposals.



The course evaluation showed that participants were satisfied with the length of the course and the number of participants and countries represented.

"Throughout the course, the impact of financial aspects on TB treatment outcomes was kept in view. Presentations from countries highlighted that a comprehensive assessment is necessary to identify strengths and weaknesses of regional health care systems. We will take this into account in Belarus."

*Irina Putkova,
Deputy Head of the Main
Finance Department
for Social Sphere and Science,
Ministry of Finance, Belarus*

"The course is a timely response to the pressing need to strengthen health systems for TB prevention and care, to identify problems and generate solutions based on good examples from the region."

*Professor Rifat Atun,
Harvard T.H. Chan School
of Public Health*

"This is a new training course, the first of the WHO Barcelona courses. It is fantastic that we are gathered here: to learn from each other, to exchange challenges and innovations and to decide how we can push back this deadly disease through health system strengthening."

*Dr Hans Kluge,
Director of the Division
of Health Systems
and Public Health,
WHO Regional Office for Europe*

Annex 1

National TB-REP focal points

Country	Title/Institution and Department
Armenia	Deputy Minister of Health
Azerbaijan	Head of Sanitary and Epidemiological Department, Ministry of Health, NTP Manager
Belarus	First Deputy Minister of Health
Georgia	Director-General of the National Center for Disease Control and Public Health
Kazakhstan	Director, National Centre of TB Problems of the Ministry of Health
Kyrgyzstan	Deputy Head of the Unit on Social Development of the Government Office of the Kyrgyz Republic
Republic of Moldova	Deputy Minister of Health
Tajikistan	Republican Centre of Population Protection from TB, Ministry of Health and Social Protection
Turkmenistan	Deputy Minister, Ministry of Health and Medical Industry
Ukraine	Deputy Minister of Health
Uzbekistan	NTP Manager

Annex 2 Calendar of TB-REP activities

2016

Date	Location	Topic
8–9 February	Bishkek, Kyrgyzstan	High-level TB-REP mission including meetings with Minister of Health, Prime Minister and Minister of Finance
1–3 March	Yerevan, Armenia	High-level Ministerial Conference on New Challenges in Public Health
26–28 April	Copenhagen, Denmark	Inter-country high-level meeting on health systems strengthening for enhanced TB prevention and care: TB-REP
9–13 May	Ashgabat, Turkmenistan	High-level meeting with Minister of Health of Turkmenistan on health systems strengthening for better TB prevention and care in Turkmenistan and on the process of implementing ambulatory care and moving forward with strengthening of people-centred care
8 June	London, United Kingdom	First TB-REP coordination meeting on the design of a people-centred TB model of care
21–22 June	Bratislava, Slovakia	National TB Programme Managers' meeting with a focus on TB-REP/health systems strengthening for TB prevention and care
13 September	Copenhagen, Denmark	Meeting with representatives from TB-REP countries at the 66th session of the WHO Regional Committee for Europe
23–26 September	Almaty, Kazakhstan	Meeting of Scientific Working Group on TB-REP and high-level TB-REP visit
28–30 September	Dushanbe, Tajikistan	High-level visit and policy dialogue on health systems strengthening and TB
13–19 October	Barcelona, Spain	WHO Barcelona course on health systems strengthening for improved TB prevention and care

Calendar of activities, contd.

Date	Location	Topic
2–3 November	Minsk, Belarus	Participation and chairing of sessions on expanding access to HIV and TB medicines at a meeting initiated by the Government of Belarus
3–4 November	Chisinau, Republic of Moldova	High-level dialogue on TB-REP, in association with the fourth South-eastern Europe Health Ministerial Forum on “Health, well-being and prosperity in south-eastern Europe by 2030 in the context of the 2030 Agenda for Sustainable Development”
9 November	Vienna, Austria	Pre-conference to the 9th European Public Health Conference on “Managing change in health systems and TB prevention and care”, with the objective of analysing and discussing how to increase political commitment and translating evidence into implementation of country context-adapted people-centred TB models of care
16 November	Copenhagen, Denmark	Fifth meeting of the Regional Collaborating Committee on Tuberculosis Control and Care.
1–2 December	Tallinn, Estonia	Session on “Sustainability and Transition policy in action: moving towards patient-centred TB care in eastern Europe and central Asia” at II Health systems joint Network meeting for central, eastern and south-eastern European Countries on the financial sustainability of health systems – improving the dialogue, organized by the Organisation for Economic Co-operation and Development, Global Fund, WHO and Estonian Ministry of Social Affairs
7 December	Geneva, Switzerland	Meeting with the Vice Prime Minister of Ukraine and Head of National Public Health Center –Ukrainian delegation confirmed commitment to initiate TB services reform in the context of the wider health system reforms, initiated by the Government of Ukraine, including health finance reform and public health services strengthening
13 December	Copenhagen, Denmark	Partners’ consultation on the implementation of TB-REP

Calendar of activities, contd.

2017

Date	Location	Topic
25–27 January	Kyiv, Ukraine	Support to the first meeting of national high-level working group
13 February	Copenhagen, Denmark	TB-REP oversight committee meeting on progress and challenges
28 February – 1 March	Almaty, Kazakhstan	Technical visit on development of a blueprint for a people-centred model of TB prevention and care, and guidance to national working group
27 February – 3 March	Azerbaijan	First meeting of the TB-REP national working group and technical visit to review national health reform on TB, discuss options for provider payment reforms for TB services and development of the Azeri TB model of care
7–8 March	Denmark	TB-REP civil society involvement and partners' update meeting to discuss common approaches for advocacy for appropriate TB models of care and practical steps for their implementation
2–3 April	Republic of Moldova	Meeting with Minister of Health and TB-REP focal point in the Republic of Moldova at the South-eastern Europe Health Network conference
16–17 May	Minsk, Belarus	Technical visit on TB-REP and the blueprint for a people-centred model of TB prevention and care Roundtable on TB care reform with representatives of ministries of health, finance, economy, education and information, regional health authorities and the NTP
21–24 May	Estonia	Participation in study tour of Belarusian delegation on funding models for TB care
5–9 June	Bishkek, Kyrgyzstan	Roundtable with key staff from the NTP, the Ministry of Health, the Mandatory Health Insurance Fund, donors and international partners on progress in implementing integrated models of TB service delivery and efficient health system financing mechanisms
29 June – 1 July	Republic of Moldova	Technical consultation on a blueprint for a people-centred model of TB prevention and care, and support in drafting a tailored country roadmap to implement the model

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