Multicountry South Asia TB/MDR-TB Grant

Steering Committee

1st Annual Meeting

Lahore, Pakistan

2-3 May 2019

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| Number of Participants | Voting members: 10/16   * NTP Afghanistan was represented by Dr Abdul Wali Yousofzai, through delegation of authority by Dr Khaled Seddiq. * PTP KP was represented by Dr Akmal Naveed, Director of Association for Community Development, through delegation of authority. |
|  | Observers: 19 |
| Chair | Dr. Aurangzaib Quadir Baloch, NTP Manager, Pakistan |
| Quorum | Reached |

## Agenda

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| **AGENDA ITEM #1** | 1. Discussion and approval of the Terms of Reference (ToR) for the Multicountry Grant Steering Committee (SC) 2. Electing the Chair of the Steering Committee |
| **AGENDA ITEM #2** | Presentation of the MC program, current implementation arrangements, Key expected outcomes and performance measurement, Update on the Technical Assistance activities |
| **AGENDA ITEM #3** | 1. National TB programs Update (Afghanistan, Iran and Pakistan) 2. Discussion on synergies with existing programs and lessons learned from previous multi-country grants |
| **AGENDA ITEM #4** | A panel discussion on removing stigma and gender barriers for the vulnerable communities |
| **AGENDA ITEM #5** | Developing regional IEC materials |
| **AGENDA ITEM #6** | Planning for sustainability of regional multi-country platform |
| **AGENDA ITEM #7** | Discussion and approval of TSC's Operational Plan for 2019 |

## Discussions and agreed actions

**AGENDA ITEM #1 (a): APPROVAL OF THE ToR FOR THE SC**

The final draft of the ToR was presented and opened for discussion. During this discussion, members agreed to:

* + remove the word “Technical” from the name of the SC,
  + due to recent changes in the country, Ministry of Interior of Pakistan to replace SAFRON as a member of the SC,
  + alternate members to be nominated,
  + develop and publish a policy to manage any potential conflicts of interest applicable to all SC members and across all SC functions.

Following the discussion, the SC approved the ToR.

**Pending action item:**

* + - * 1. UNDP to share a clean final version of the ToR with all participants of the SC meeting by 30 May 2019.

**AGENDA ITEM #1 (b): ELECTION OF THE CHAIR OF THE SC**

Nominations received for the Chair of the SC for the period of May 2019 to April 2020:

* + Afghanistan NTP Manager was nominated by Iran NTP Manager, with no secondment received – Dr. Khaled Seddiq was not personally present in the meeting.
  + Pakistan NTP Manager was nominated by Pakistan Stop TB Partnership delegation and seconded by WHO, UNDP and the Global Fund FPM.

Based on a consensus decision that followed a discussion on the roles and responsibilities of the Chair, Dr Aurangzaib Quadir Baloch, Pakistan NTP Manager, was elected to be the first Chair of the SC, until the first session of the 2nd Annual Meeting of the SC in 2020.

Dr Hadi was appointed by the Pakistan NTP as Alternate Member for Pakistan NTP and, as a result of the election process, Alternate Chair for the SC.

**Pending action item:**

* + - 1. nominations of SC Members’ and their alternates’ names will be communicated by the constituencies to the SC Chair by 30 May 2019.

**AGENDA ITEM #2: CURRENT PROGRESS, IMPLEMENTATION ARRANGMENTS, KEY EXPECTED OUTCOMES, PERFOORMANCE MEASURMENT**

Presentations were made by the Global Fund Country Team, the PR and implementers updating the SC on the current status of planned activities, current implementation arrangements and expected outcomes.

The ToRs of two most urgent activities of the Year 1, TA activities that are due for completion in May-July 2019 were discussed and approved by the SC:

* + consultancy to conduct situation analysis of TB services available/provided to returnees in four border provinces in Afghanistan, and
  + consultancy for development of multicountry strategy/policy and referral and treatment guidelines for TB/DR-TB prevention, care and control in migrants, refugees, internally displaced populations (IDPs) and returnees.

**Pending action item:**

* + - 1. UNDP to publish the RFPs for the two consultancies by 15 May 2019.

**AGENDA ITEM #3: NTP UPDATE FROM AFGHANISTAN, IRAN AND PAKISTAN. SYNERGIES WITH EXISTING PROGRAMS AND LESSONS LERNED FROM PREVIOUS MULTICOUNTRY GRANTS**

Presenters from the NTPs provided updates on activities taking place in the countries, highlighted importance of aligning this MC grant with the national TB programs and national Global Fund grants, pointed out the need for engaging private health facilities.

Impact of economic sanctions on activities in Iran was discussed and options are to be explored by WHO-EMRO for alternatives methods to using GeneXpert machines, such as Nipro NTM+MDRTB detection kit manufactured by Nipro (Japan).

The active screening during annual registration of refugees is to be conducted in May-June 2019 in Iran, coinciding with Ramadan. The NTP urgently needs customized IEC materials.

A key point was raised about mobile Afghan populations having the same level of access to diagnostic and treatment services as the general population in the three countries.

Positive experience in procurement of mobile X-Ray machines in Pakistan was highlighted and the PR and Afghanistan NTP are encouraged to explore it.

Synergies can be attained already this year, using the opportunities of Epi Reviews in Afghanistan and Pakistan (Iran Epi Review is pending due to funding issues), as well as national program and strategy reviews in Afghanistan and Pakistan.

More considerations are to be given to the issue of data exchange tools and systems. Many existing tools are either too expensive or too complicated or become a (undesired) parallel structure. A limited number of positive experiences of cross-border referral of MDR-TB cases between the countries exists and this experience should be learned from and further expanded.

There are eight MC grants in general, of which three are focusing on refugees and migrants – one in the horn of Africa, one in the Mekong region focusing on labor migrants and mobile populations and this grant. Lessons learned from other MC grants are clear - sustainability and synergy should be considered from the very beginning, because MC grants are usually limited in term. If impact and added value can be demonstrated, some MC grants had opportunities to continue more than their original term.

WHO-EMRO committed to support the multicountry coordination of cross-border control measures during and, especially, after this MC grant implementation. All partners and the Global Fund Country Teams for the three countries committed to making sure that this MC grant is fully synergized with the national programs and country grants, creates the needed systems for cross-border coordination and information exchange, and its achievements can be sustained in the foreseeable future through routine work of the regional technical partners, NTPs and greater mobilization of domestic resources and empowerment of communities.

**Pending action item:**

1. WHO-EMRO to share information on the Sustainability Workshop;
2. all SC members to share with the SC all relevant information on regional initiatives and meetings;
3. exploring alternative methodologies to the use of GeneXpert machines in Iran.

**AGENDA ITEM #4: A PANEL DISCUSSION ON REMOVING STIGMA AND GENDER RELATED BARRIERS TO HEALTH FOR THE VULNERABLE COMMUNITIES**

TB is known to be a disease of poverty and inequality. A number of factors related to human rights and gender related barriers can hinder the effectiveness, accessibility and sustainability of TB programs and services.

While men in general are more exposed than women to TB due to their occupational and/or environmental factors, men with TB are underreported globally and appear to be about the same level as women. However, Afghan women are reported to have TB/MDR-TB at much higher proportion than women elsewhere. This may be linked to cultural barriers, poor economic conditions, poor education, and ongoing armed conflicts. In some households women may have difficultly gaining access to TB services because male family members are unwilling to pay for these services, women’s health may not be considered as important as that of male family members, or because TB in women is more stigmatized than in men. Women are the primary care-takers of sick family members, including those with TB. Women generally wait longer than men for diagnosis and treatment, and may be discouraged from seeking care by a lack of privacy or child-care facilities in health care settings. There is also a hypothesis that men choose to go to private health facilities that do not routinely report to NTPs about TB cases they diagnosed and treated.

**Pending action item:**

1. UNHCR will hire the consultant to design the community needs assessment in Pakistan and share the ToR and a concept note of this assessment with the PR and the Global Fund by 30 May 2019.ToR and methodology for a community needs assessment will be developed in close consultation with the Global Fund, the PR and partners.

**AGENDA ITEM #5: DEVELOPING THE REGIONAL IEC MATERIALS**

There is a big number of existing IEC materials in the three countries for their local consumption. The IEC materials developed under this MC grant should be additional to those IEC materials that are already used by the NTPs and other government agencies and non-government organizations.

The IEC materials developed under this MC grant should provide information that is relevant to the mobile populations crossing the borders, with relevant contact details of TB/MDR-TB services and explaining that it is safe to come to health facilities even for undocumented migrants. It should also explain what can be done and who to contact if there are problems. Gender barriers should also be taken into account in the messaging. The modality of dissemination of the IEC materials should also be further explored through community consultation and focus group discussions – in some cases audio-videos messages may reach more people than printed material.

Consultation with the communities and focus group discussions to improve the IEC materials is a must. Different target groups may need different messages – registered refugees, illegal migrants, returnees, IDPs and other Afghan mobile populations.

The overall process of development of IEC materials under this MC grant will be done under the leadership of the Afghanistan NTP, with contribution from other NTPs and partners, as this activity has some budget for Afghanistan only. The PR will support this process by developing an IEC plan in the next 4 weeks, which would take into account national IEC material approval processes in the three countries.

**Pending action items:**

* + - * 1. The Chair of the SC will be responsible for nomination an IEC task force by 30 May 2019. .
        2. UNDP will develop an IEC development plan by 10 June 2019, taking into account the need for a review of available IEC materials and resources, national approvals processes for IEC materials, and the proper IEC material development steps (reviewed by IEC experts through community consultation/focus group discussions and field tested).
        3. UNDP will develop a communication strategy for the program by September 2019
        4. IEC materials should be developed in consideration of already available IEC materials in the countries, adjusted to country-context and include information on how to access services.
        5. UNDP to create a simple website for the MC grant and its SC, where all parties involved could contribute to the processes, such as IEC materials development.

**AGENDA ITEM #6 PLANNING FOR SUSTAINABILITY OF REGIONAL MULTICOUNTRY PLATFORM**

The MC grant is a catalytic investment that should be focusing on creating systems and networks that can remain operational after this grant ends. Therefore, sustainability of its gains and achievements is an issue to be considered from the very beginning. Important activities initiated under this grant will not be sustainable if they are run separately from the activities of the national programs and country grants.

Outcomes of this grant will also be durable if used for advocacy, convincing law makers about national interests of making TB services acceptable and accessible by all.

The NSP in Pakistan is being revised and Afghanistan will soon have a mid-term program review that will inform the revision of the NSP. Inclusion of refugees, migrants, returnees and IDPs as target populations in the NSPs is important for sustainability. There are good examples of work targeting these mobile populations in the three countries and they need to be expanded. The activities funded by this grant will need to be closely evaluated and its lessons learned applied to the NSPs and country grants.

**Pending action items:**

* + - 1. The regional grant is a catalytic funding and sustainability of its achievements is the biggest underlying issue that must be the backbone of every activity implemented under this grant.
      2. Activities initiated within this MC grant will have to be mainstreamed and complementary to the activities of the national program that are funded by the government or other donors, including the Global Fund’s country grants. This is they all activities should be planned from the very beginning.
      3. The MC grant will be used for high level advocacy in all three countries, convincing law makers and national budget holders about safeguarding national interests by making TB services acceptable by and accessible to all.

**AGENDA ITEM #7:SC OPERATIONAL PLAN FOR 2019**

The operation plan should be developed taking into consideration the workplan tracking measures.

* + 1. Establishment and functioning of the SC.
    2. Develop a regional policy for TB/MDR-TB prevention, care and control amongst Afghan migrants, refugees, returnees and IDPs in the three countries.
    3. Using the opportunity of national program and strategy review and revision processes in the three countries, include provision of TB/MDR-TB services to migrants, refugees, IDPs and returnees in Afghanistan, Iran and Pakistan, and related cross-border coordination and information sharing between NTPs.
    4. Ensure the sustainability of national policies for TB/DR-TB services to refugees/migrants/IDPs/returnees through routine TB service delivery under the three NTPs.
    5. Design, implementation, monitoring and evaluation of active case finding (ACF) among Afghan migrants, refugees, returnees and IDPs in the three countries.
    6. Develop regional IEC materials with messages targeting Afghan migrants, refugees, returnees and IDPs to raise awareness on TB, service availability and access, as well as to mobilize and involve communities in TB/MDR-TB prevention, care and control services for the target populations.
    7. Develop a regional referral mechanism for cross-border transfer of refugees/migrants with TB.
    8. Develop and introduce in practice data sharing mechanisms to support cross-border referrals and follow-up of Afghan migrants and refugees with TB and MDR-TB.
    9. Strengthen diagnostic capacity for TB/MDR-TB services to returnees in Afghanistan’s border provinces or key areas of return.
    10. Strengthen the capacity of NTP provincial level staff and service providers on program management and delivery of TB/MDR-TB services for returnees and IDPs in Afghanistan.

**Pending action items:**

## a proposal of monthly technical meetings and quarterly updates to the steering committee is to be discussed.

* + - * 1. UNDP will lead the coordination/communication among the countries/members with the support of Afghan CCM.
        2. Communicate with each constituency and confirm nomination of members and alternate
        3. Attestation of Conflict of Interest Policy by SC
        4. Develop the operational plan and communicate to the GF. Chairperson along with the team working on work plan tracking measure indicators and designate the staff as responsible for each activity (responsiblities, timeline and activity)
        5. Follow up call with Afghanistan CCM secretariat to confirm their role in supporting the program
        6. A follow up skype call in one month to have an update
        7. Finalize the meeting minutes and share with the SC members

**LIST OF APPROVED ACTION ITEMS**

* + - 1. UNDP will lead the coordination/communication among the countries/members with the support of Afghanistan CCM.UNDP will hold close communicate with the CCM Afghanistan. Afghanistan CCM engagement and support to the MC grant program should be confirmed with the CCM Secretariat. Secretariat of CCM Afghanistan should be engaged into the implementation of the SC workplan
      2. Finalize the meeting minutes and share with the SC members.
      3. Finalize the text of the ToR of the multicounty SC. UNDP to share a clean final version of the ToR with all participants of the SC meeting by 30 May 2019.
      4. Adapt the conflict of interest policy of the SC. The basis could be taken from the CCMs in Afghanistan, Iran, Pakistan.
      5. Establish the mailing list of the SC members.
      6. Establish regular communication between the SC members. All SC members to share with the SC all relevant information on regional initiatives and meetings.
      7. Send the invitations to participate the SC meetings at least one month in advance
      8. UNDP to create a simple website for the MC grant and its SC, where all parties involved could display their materials, including IEC. Money for the website is available in the budgets of the CCMs Afghanistan, Iran, Pakistan.
      9. UNDP to publish the RFPs for the two consultancies by 15 May 2019.
      10. UNDP shall develop an IEC development plan by 10 June 2019, taking into account the need for a review of available IEC materials and resources, national approvals processes for IEC materials, and the proper IEC material development steps (reviewed by IEC experts through community consultation/focus group discussions and field tested).
      11. UNDP shall develop a communication strategy for the program by September 2019
      12. WHO-EMRO to share with the SC participants the information on the Sustainability Workshop.
      13. UNHCR to develop ToR and methodology for a community needs assessment in Pakistan, in close consultation with the Global Fund, the PR and partners. UNHCR will hire the Consultant to design the community needs assessment and will share the ToR and a concept note of this assessment with the PR and the Global Fund by 30 May 2019.
      14. Explore the alternative methodologies to the use of GeneXpert machines in Iran.
      15. Consider sustainability the backbone of every activity, implemented under the MC grant.
      16. Activities initiated within this MC grant have to be mainstreamed and be complementary to the activities of the national program, that are funded by the government or other donors, including the Global Fund’s country grants.
      17. The MC grant has to be level advocacy in all three countries, convincing law makers and national budget holders used for high about safeguarding national interests by making TB services acceptable by and accessible to all.
      18. A follow up skype call shall be organized in one month to have an update

**THE CHAIR OF THE SC IS RESPONSIBLE FOR**

## Official communication with each constituency and confirmation nomination of SC members and alternates. Nominations of SC Members’ and their alternates’ names shall be communicated by the constituencies to the SC Chair by 30 May 2019. The list of the SC members and their alternates should be officially communicated.

* + - * 1. Nomination an IEC task force by 30 May 2019. The Chair of the SC will release the official communication to the CCMs for nomination of candidates.
        2. Establishing the frequency of the SC meetings, discussing the proposal of monthly technical meetings and quarterly updates to the steering committee.
        3. Developing the SC operational plan and communicate to the GF. activity)
        4. Developing the document on following up the work tracking measures (dates and persons responsible for achieving the work tracking measures). Designating the staff as responsible for each activity (responsibilities, timeline and

establishing the responsible persons for following up the work tracking measures. This should be communicated to all SC members

* + - * 1. Responsibility for tracking measures will go through UNDP and CCM Afghanistan and will be coordinated with NTPs

## Annex 1. List of attendants

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| --- | --- | --- | --- |
| **Country** | **Agency** | **Name** | **Email Address** |
|  |  | **VOTING MEMBERS** |  |
| Afghanistan | CCM | 1. Marghalary Khara, CCM Executive Committee Member and representative from Ministry of Women Affairs | [khara\_dr@yahoo.ca](mailto:khara_dr@yahoo.ca) |
|  | MoRR | 1. Hafizullah Ibrahimkhial, Ministry of Returnees and Refugees |  |
|  | UNDP Afghanistan (through delegation of authority by Dr Khaled Seddiq). | 1. Dr. Abdulwali Yousofzai | [abdulwali.yousofzai@undp.org](mailto:abdulwali.yousofzai@undp.org) |
| Iran | NTP | 1. Dr. Mahshid Nasehi | [mnasehi@yahoo.com](mailto:mnasehi@yahoo.com) |
| Pakistan | NTP | 1. Dr Aurangzaib Quadir Baloch, | [drauranzaib@ntp.gov.pk](mailto:drauranzaib@ntp.gov.pk) |
|  | CCM | 1. Mr Ch Muhammad Nawaz, Member of CCM Pakistan/President Pakistan Anti TB Association (PATA) | [chmnawaz@yahoo.com](mailto:chmnawaz@yahoo.com) |
|  | NTP | 1. Dr. Syed Hussain Hadi | [hussain.hadi@ntp.gov.pk](mailto:hussain.hadi@ntp.gov.pk) |
|  | NTP | 1. Dr. Abdul Ghafoor | [ghafoora177@gmail.com](mailto:ghafoora177@gmail.com) |
|  | PTP Balochistan | 1. Dr. Ahmed Wali | [dr\_wali786@yahoo.com](mailto:dr_wali786@yahoo.com) |
|  | Association for Community Development through delegation of authority by PTP KP | 1. Dr Akmal Naveed | [akmal@acd.org.pk](mailto:akmal@acd.org.pk) |
|  |  |  |  |
|  |  | **OBSERVERS** |  |
| Afghanistan | Community Member | 1. Abdul Salam, Community Member |  |
|  | WHO | 1. Dr. Khawaja Laeeq Ahmad, National TB Consultant | [khawajal@who.int](mailto:khawajal@who.int) |
| Pakistan | StopTB Pakistan | 1. Dr Syed Karam Shah | dopasi@yahoo.com |
|  | UNHCR Pakistan | 1. Dr. Pervez Shaukat | [shaukat@unhcr.org](mailto:shaukat@unhcr.org) |
|  | WHO EMRO Consultant | 1. Mr. Khaled Khalil Consultant | [lchalilsultn@gmail.com](mailto:lchalilsultn@gmail.com) |
| Iran | WHO | 1. Dr. Mohamed Reza Aloudal | [aloudalm@who.int](mailto:aloudalm@who.int) |
| Regional-  Global | UNDP HQ | 1. Maisoon Elbukari | [maisoon.elbukhari@undp.org](mailto:maisoon.elbukhari@undp.org) |
|  | UNDP BRH | 1. Irina Shchelokova | [irina\_sch@inbox.ru](mailto:irina_sch@inbox.ru) |
|  | WHO EMRO | 1. Dr. Huda Atta | [attah@who.int](mailto:attah@who.int) |
|  | WHO EMRO | 1. Dr. Muhhamad Akhtar | [akhtarm@who.int](mailto:akhtarm@who.int) |
|  | WHO | 1. Dr. Kenza Bennani | [benanik@who.int](mailto:benanik@who.int) |
|  | IOM | 1. Dr. Leul MEKONNEN   Chief Medical Officer | [lmekonnen@iom.int](mailto:lmekonnen@iom.int) |
|  | UNHCR | 1. Herve Isambert | [isambert@unhcr.org](mailto:isambert@unhcr.org) |
|  | StopTB Partnership | 1. Jacob Creswell | [jacobc@stoptb.org](mailto:jacobc@stoptb.org) |
|  | Global Fund | 1. Enkhjin Bavuu | [Enkhjin.Bavuu@TheGlobalFund.org](mailto:Enkhjin.Bavuu@TheGlobalFund.org) |
|  | Global Fund | 1. Levan Menagarishvili | [Levan.Menagarishvili@theglobalfund.org](mailto:Levan.Menagarishvili@theglobalfund.org) |
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|  | Global Fund | 1. Hyeyoung Lim | [Hyeyoung.Lim@theglobalfund.org](mailto:Hyeyoung.Lim@theglobalfund.org) |
|  | Global Fund | 1. Mohammed Yassin | [Mohammed.Yassin@theglobalfund.org](mailto:Mohammed.Yassin@theglobalfund.org) |