LESOTHO GLOBAL FUND SUPPORT TB ANNUAL PROGRESS REPORT

JANUARY 2004 - DECEMBER 2004

PREPARED BY GLOBAL FUND UNIT

MINISTRY OF HEALTH AND SOCIAL WELFARE

APRIL 2005

Lesotho NTP annual Global Fund report 2004

1. Introduction

Lesotho faces a major threat in the form of the epidemic of Tuberculosis, which has shown rapid increase over the past five years. Enhancements in human, financial and material resources to the TB program have struggled to keep pace, and in many cases have lagged behind by a significant margin. The incidence of TB as reported by WHO communicable disease epidemiological report (July 2000) is 721/100,000 population, the second highest in the continent and the notification rate of 562/100,000 population. Despite a good TB Case Detection Rate (CDR) of (70%) and Treatment Success Rate (TSR?) of (67.3%) in 2001, TB cases continued to rise at a rate of 14.7% since 1996. In 2003 TB prevalence was estimated at 582/100,000 people (13,368 cases notified) having increased steadily since 1996, when it was estimated at 224/100,000, which was already significantly over the acceptable 100/100,000 WHO threshold. Treatment success rate for sputum smear positive cases was 51% in 2003, thus far below the WHO recommended success rate of 75%-85% and case fatality rate for new smear positive cases was 10%.

In early 2003, the Government of Lesotho was successful in its application to the second round of proposals to the Global Fund to fight AIDS and TB, and the primary goal in the proposal was to reduce TB transmission country wide by achieving and maintaining a case CDR of 70% and TSR of 85% by 2007. The (GFATM) approved UD$5,000,000 for TB activities which was to be implemented for a period of five years. It is expected that every year, US Dollar 1 Million would be released to implement the TB component. This very significant amount of money will be effectively and efficiently absorbed into TB control in Lesotho.

2. INTERVENTIONS

During the past few years there have been a need to strengthen both the systems and capacity for revival and sustenance of management of the National TB programme (NTP). One of the major interventions under the support of the Global Fund, and a priority to the Government, was to review the National TB Programme. This was planned to commence with a comprehensive external review of the program, which would inform measures for rectifying its problems. Other planned objectives were to review the TB policy and the TB treatment manual, develop the TB strategic plan and the 5-year DOTS[1] expansion strategy. Planned capacity development aspect entailed strengthening of the NTP, training of health workers on DOTS manual and DOTS expansion strategy and strengthening public-private partnership in DOTS implementation through training of at least 50% General Practitioners (GPs) and 20% of traditional healers. Capacity was also planned to be strengthened through the updating of DOTS pre-service curriculum so as to facilitate proper pre-service training in TB management. Finally utilization of the TB surveillance data was geared to be promoted to strengthen NTP management

The activities for implementation to achieve the first objective (to conduct a comprehensive external NTP review) included the following: conduct comprehensive joint program review of the NTP; recruit a consultant to update the TB treatment and policy manual; organize national workshop to update the five year DOTS Expansion Development (Strategic Plan); recruit a local consultant to prepare health workers training manuals in line with updated policy; and recruit a local consultant to update pre-service DOTS curriculum in training institutions;

PROGRESS:
OBJECTIVE 1. TO CONDUCT A COMPREHENSIVE EXTERNAL NTP REVIEW

Conduct comprehensive joint program review of the NTP

A comprehensive external review was conducted in March 2004 and the report disseminated to the all stakeholders.

The results from the review recommended that the Ministry of Health and Social Welfare should create positions for strengthening of the National TB Programme, two positions for deputy managers and one for the Epidemiologist. The MOHSW was able to create and fill three positions, three TB managers and one for the National TB Programme Manager. It was further recommended that a budget line for TB Control activities be created, which the MOHSW was able to comply with.

Additional recommendations which the MOHSW is working towards include the development and implementation of a strategy for training and retention of all cadre of TB Control Unit staff, as well as to request technical support for TB control from international partners such as IUATLD and KNCV

Lastly the review recommended the recruitment of a Technical Advisor for the strengthening of the National TB Programme. The Position of the TA was advertised during the second quarter of the year, and evaluation of applications and selection of successful applicant was completed before the end of the year. The TA is to be

[1] DOTS is a support strategy to TB patients by observing them swallow their drugs to ensure that they complete treatment and are cured.

recruited sometime during the year 2005. This review further concluded that the National TB Program (NTP) in Lesotho was on the verge of collapse. It pointed out the problem of very little commitment and objective measure of the NTP performance in terms of capacity to diagnose, classify and follow-up patients.

The review report also found that there was no standard up-to-date case management and prevention for TB and that NTP was structurally weak and required strengthening including the creation of crucial positions of the TB Coordinators at the district level. Furthermore there had been no drugs for primary and secondary resistance to TB drugs, while at the same time TB drug supply was erratic accompanied by a lack of accountability in the program.

A key recommendation of the external review was that a TB program manager be appointed at the central level to coordinate activities. In response to the problem of low capacity, particularly for management of the program at central level, the Ministry has proposed a new structure for NTP. This has been implemented through deployment of three deputy managers, of which one focuses on capacity development nationwide, the second on technical and managerial aspects related to TB and HIV/AIDS, and the third one on Global Fund supported initiatives due to their magnitude. As part of capacity building, one of the managers has been to Malawi on a study tour focused on the management of NTP. The other two have also been provided with a 3-week course in TB Management.

Recruit a consultant to update the TB treatment and policy manual

The programme was able to recruit a consultant who managed to develop and complete the TB policy and Strategic Plan for DOTS which were highly informed by above-mention review. Lesotho has adopted the DOTS strategy for management of TB. The two documents will be soon printed and disseminated immediately when funds available. The Consultant further developed TB manuals, new TB forms and registers, based on WHO Standards, and training. The consultant also updated the curriculum and teaching aids.

Organize national workshop to update the five year DOTS Expansion Development (Strategic Plan)

A workshop for stakeholders was organised in September, 2004 to finalise the TB policy manual. The new topics included in the policy include: The finalization of the TB Policy manual and strategic Plan through consensus building. The TB Policy further includes; new weight bands applicable to TB treatment regimens; a new chapter on TB and HIV/AIDS with an aspect of prophylaxis treatment for HIV positive TB patients; and a chapter on management of Multi Drug Resistant TB.

The Consensus workshop also discussed and approved the TB strategic Plan which covers the period from 2005 to 2009. The 6 strategic results covered under the Strategic Plan included **Strategic result 1**-Treatment success rate increased from 71% to 85% for patients with smear positive TB by 2009; **Strategic result 2** - Case detection of patients with smear positive TB increased from 61% to 70% by 2009; **Strategic result 3** - Adequate and competent human resources for TB control in place at all levels; **Strategic result 4** – All people living with HIV/AIDS and people living with TB have access to care and support services for TB and HIV/AIDS in all health care facilities and the community by 2009; **Strategic result 5** – Adequate capacity for operational research and epidemiology surveillance created for programme

management and **Strategic result 6** – Improve the level of knowledge on TB disease and services for improved health-seeking behaviour and treatment adherence.

Recruit a local consultant to prepare health workers training manuals in line with updated Policy

The Consultant was engaged to develop and update TB Policy, and again to prepare health workers training manuals in line with WHO standards for DOTS implementation. The activity was completed in December 2004.

Recruit a local consultant to update pre-service DOTS curriculum in training institutions

The activity was not implemented during the year. The reason was that this could not be done before the completion and finalization of the TB Policy as well as the Strategic Plan which was only finalized towards the end of the year.

OBJECTIVE 2. : TO STRENGTHEN DOTS IMPLEMENTATION THROUGH TRAINING OF AT LEAST 2,325 (70%) HEALTH WORKERS IN TB AND 3,650 (50%) EXTENSION WORKERS BY 2007.

The Medical officers and Nurse Clinicians is the cadre that makes diagnosis of TB. It follows therefore that capacity strengthening should be focused to build skills of these cadre to be conversant with the NTP policy on diagnosis and management of TB patients. Activities which were proposed for implementation included conduct workshops for medical officers and nurse clinicians on DOTS expansion; conduct workshops for public health nurses and health inspectors and health assistants; undertake workshops for nurse assistants on DOTS expansion; hold workshops for Community Health Workers (CHW); 3 Workshops for nurse assistants on DOTS expansion; workshops for Community Health Workers (CHW); Workshops for TBCO on DOTS expansion; Workshop for prisons, army and police health cadre on DOTS; and conduct workshops for agricultural extension workers on DOTS.

PROGRESS:

Conduct workshops for medical officers and nurse clinicians on DOTS expansion
Thirty-five managers from the districts and central level and 25 private GP have been trained on the DOTS strategy to strengthen capacity for DOTS implementation and to forge public-private partnership in TB in this regard.

Undertake workshops for nurse assistants on DOTS expansion
Training on DOTS management and implementation was conducted during the months of August and September, 2004 to 45 health workers. This included nurses and nurse assistances. Further capacity building on DOTS support will be provided by health centers, workplaces and community health workers and support groups/volunteers during the first quarter of the second year when funds will be available. Other trainings were shifted to the fifth quarter due to the delay in the disbursement of second and third quarter funds.

This strategy has proven to be a cost-effective way to control the spread of TB even in poor socio-economic settings with high levels of HIV/AIDS similar to Lesotho.

OBJECTIVE 3: TO IMPROVE QUALITY OF TB DIAGNOSIS THROUGH ESTABLISHMENT OF QUALITY CONTROL SYSTEM IN AT LEAST 15 (80%) LABORATORIES BY 2007.

As the Proposal stated, there is no National Reference Laboratory for TB in Lesotho. The proposal seeks to acquire the services of a consultant to assist in establishing a more sustainable system of QA in Lesotho including the feasibility of a NRL.
The established quality assurance strategy at the Laboratory would provide a conducive environment for the management and diagnosis of TB.

PROGRESS:
The activities under this objective which included establishment of a system for QA implementation; development of guidelines for QA ; 3 regional workshops for lab technicians in smear microscopy and QA; and supply for smear microscopy reagents for laboratories were shifted to the second year because of late disbursement of funds, which were only accessed the last week of December, 2004.

OBJECTIVE 4: TO STRENGTHEN AND EXPAND PUBLIC –PRIVATE PARTNERSHIP IN DOTS IMPLEMENTATION THROUGH TRAINING OF AT LEAST 20 (50%) GPS AND 800 (20%) OF REGISTERED TRADITIONAL DOCTORS.

There are very few private GPs in Lesotho distributed unevenly in the country. Amongst services provided by the Private GPs include the seeing of a significant number of TB patients. The numbers are increasing as more patients in the higher income bracket come down with TB and HIV/AIDS co-infection. On the other hand a mechanism has been worked out to facilitate access to free TB drugs for patients that are attending GP's services as long as business is conducted in accordance with the national guidelines. At the same time, there is a standing arrangement between traditional healers and the NTP such that the former refer TB suspects and supervise DOTS. In order to effectively and efficiently achieve this, capacity building on DOTS management is needed for the Private GPs and the Traditional Doctors.

Activities planned under this objective included the training of private practitioners on DOTS; training of traditional care providers on DOTS; and establishment of partnership in anti TB drugs quality control.

PROGRESS:
Training of traditional healers as well as development of training materials in this regard have been postponed to the 1st quarter of the second year because the TB component delayed to take off due to the review of the TB programme and the turnover of staff during the first quarter of the implementation. This resulted in new staff being deployed to the TB Programme during the second quarter of the year.

OBJECTIVE 5: TO IMPROVE NTP MANAGEMENT BY ENSURING THAT AT LEAST 15 (80%) OF HSAs USE TB SURVEILLANCE DATA FOR M&E

The NTP at the district level manages and processed data manually. This can be very laborious as the NTP registers more than 10,000 cases a year. It has been found out that less than 20% of the HSAs were using the surveillance data for program management. Experience has shown that those HSAs with no access to computer are lagging behind. As the volume of TB patients increase manual processing seems to consume health workers time with little time to spare for data interpretation and use.

The activities which were planned included establishment of Electronic Central Registers; provision of Computers to all levels; conducting of training of TBCO and central level staff on the electronic register; training of District or HSA teams in cohort

analysis and use; production of semiannual TB bulletin on performances; provision of supervision vehicles for the central unit and 5 HSAs and scale up Funds for supervision.

PROGRESS:

Provide Computers to all levels

Two laptops were procured for central level to support the monitoring and supervision of TB activities at the district level. Computers for the 19 TB Coordinators deployed in the 19 H.S.As were procured and distributed to all H.S.As. These were completed during the second quarter.

Other activities under this objective were shifted to the second year quarter due to the late disbursement of funds during the third and fourth quarters.

OBJECTIVE 6: TO ENSURE EFFECTIVE TREATMENT BY INSTITUTIONALIZING DRUG SENSITIVITY SURVEILLANCE IN AT LEAST 15 (80%) HSAS

In the past no efforts were made to evaluate the sensitivity of the elements in the use of the principal drug of NTP, 2HRZE/4RH, which is administered under supervision. It was further proposed that national guidelines for anti TB drugs sensitivity surveillance be developed. This would assist the NTP to monitor drug surveillance and update the policy accordingly when the need arises. In order to achieve the above, capacity building of skills of health workers is of paramount.

The planned activities during the year included to commission a firm to conduct a national anti TB drug sensitivity baseline survey; recruit an expert to develop national guidelines for anti TB sensitivity surveillance; training of TBCO and Lab Technicians on anti TB sensitivity surveillance; and train nurses and medical officers on anti TB sensitivity surveillance.

PROGRESS :

Activities under this objective did not take place as most of them were dependent on the finalization of the TB Policy which was only completed during the end of the third quarter. At the same time, activities would not be implemented towards the end of the year as funds were not available.

3. CHALLENGES:

The major challenges during the first year of the implementation of the Global Fund support included:

- The strengthening of the Rand against the dollar, which resulted in the provision of funds being reduced by more than 60% from the original amount allocated. This has resulted in the targets set not being met fully as funds were limited.
- The unfortunate situation where the Monitoring and Evaluation Expert who was engaged to assist in the development of the Monitoring and Evaluation Plan not able to finish the work in time due to family problems. The second M&E Consultant was engaged during the third quarter to start the process afresh, managed to finish the M&E Plan by beginning of the fourth quarter. At the same time the Procurement Supply Management Plan was also delayed, and only saw the approval by the LFA in the last quarter of the year. Because of these two documents, funds were not released and not made accessible for the whole two quarters of the year. This meant that implementation of the major activities was delayed by a period of six months.
- Some documents such as policies had been delayed in being finalized as they were still awaiting the Cabinet Approval. As a result these documents have not been disseminated to stakeholders.
- The tender board procedures also delayed some activities such as procurement of medical supplies and furniture as it takes between four to six months to get final approval on the whole process to get supplies in place.
- Limited number of professional health staff for training has resulted in some of the targets not being met.
- Delay in the disbursement of third and fourth quarter funds resulted in activities being shifted to other quarters.
- The delay in disbursement of funds resulted in congestion of activities in other quarters i.e. training of health workers were schedule to the fifth and sixth quarters.

4. CONCLUSION.

Due to various factors, beyond the implementers' control, most TB programme activities were not implemented as envisaged. Most of these challenges have already been articulated above. Most important however is the flow of funds beginning the end of year 2004, which is expected to be the same for year 2005. This development, coupled with support from the relevant authorities will obviously **facilitate timely implementation of activities.**

FINANCIAL REPORT

Main Program Objective		USD				
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year 1
1	NTP Review and Strengthening through policy update & strategic plan	51,339.43	-	20,064		**71,403.40**
2	Strengthening DOTS through HCWs trainings	-	-		9,710.3	**9,710.30**
3	Establishment of Q.A system for laboratories	-	-			
4	Strengthening public private partnership in DOTS	-	-		5,168.5	**5,168.50**
5	Strengthening NTP management through TB surveillance		-	91,656.1		**91,656.10**
6	Institutionalising drugs sensitivity surveillance	-	-	825.40		**825.40**
Total Expenditure		**51,339.43**	**0**	**112,545.50**	**14,878.80**	**$177,449.48**
7	New receipt as 28 December 2004 Second Disbursement					**$767,029.00**
8	**Balance Brought forward 31 December, 2004**					**$768,879.5**