Eastern Europe and Eurasia Region

Center of Excellence in TB Monitoring & Evaluation and Surveillance

Regional Consultative Meeting

28–29 July 2022

Tbilisi, Georgia

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USAID FROM THE AMERICAN PEOPLE

TB DIAH

MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA

NCDC GEORGIAN NATIONAL CENTER FOR DISEASE CONTROL AND PUBLIC HEALTH

NATIONAL CENTER FOR TUBERCULOSIS AND LUNG DISEASES

Background

The United States Agency for International Development (USAID) leads the U.S. Government's global efforts to end tuberculosis (TB). USAID's Global Accelerator to End TB is the Agency's new model to fight TB. The Accelerator is designed to increase investments from the public and private sectors to end the TB epidemic, while simultaneously building local commitment and capacity to achieve the goals set forth at the United Nations High-Level Meeting. The Accelerator focuses on high-burden TB countries where the Agency can unite with local communities and partners to deliver performance-based results. To ensure the Accelerator's effectiveness and increased transparency, USAID utilizes standardized data collection and performance-based indicators that align with TB targets.

Under the Accelerator, USAID funds the TB Data, Impact Assessment and Communications Hub (TB DIAH). TB DIAH aims to ensure optimal demand for and analysis of TB data and the appropriate use of such information to measure performance and to inform national TB programs (NTPs) and USAID interventions and policies.

Establishing a Center of Excellence (COE) in TB monitoring and evaluation (M&E) and surveillance is one of TB DIAH's strategic approaches to strengthen the capacity of NTPs and other TB partner staff in data management, collection, quality, analysis, and visualization and to promote ownership and use of the TB surveillance system.

The Eastern Europe and Eurasia regional COE was founded in May 2022 and is hosted by Georgia's National Center for Disease Control and Public Health (NCDC) in collaboration with the country's National Center for Tuberculosis and Lung Diseases (NCTLD). The COE's primary purpose is to help improve countries' TB data reporting, communication, and sharing for effective decision making. The COE will serve as a model for other countries in the region and will be the hub for TB DIAH support in the region to ensure synergy, sustainability, and effective use of resources.

TB DIAH Regional COE Consultative Meeting Objectives

To catalyze country engagement in COE activities, TB DIAH organized a Regional Consultative Meeting in partnership with the NCDC and NCTLD. The objectives of the meeting, which was held July 28–29, 2022, in Tbilisi, Georgia, were as follows:

- Introduce the TB DIAH project and Eastern Europe and Eurasia work plan to NTP staff from Armenia, Azerbaijan, and Moldova.
- Explain the COE approach and strategy; introduce the COE host institution and key partners.
- Review and discuss country-specific M&E and surveillance systems and identify areas for further TB DIAH assistance, tailored to country needs.
- Discuss operational aspects of and collect feedback on the COE virtual platform.

Both days of the meeting were streamed online to increase participation from countries and partners. While it was primarily an in-person meeting, the project created the opportunity to join the event anytime virtually.

All presentations as well as a video recording will be available online on the COE website for more detailed information.

Meeting Day One

The first day of the meeting was dedicated to the TB DIAH project, work plan, and strategies. It also included an introduction to the COE host country institutions and country sessions to present national M&E and surveillance systems. Presentations were developed by countries following the MESSA (M&E and Surveillance Systems Assessment) structure, called "MESSA lite." Each country session was recorded and will be hosted on the COE website.

The first session started with opening remarks from Alexander Asatiani, Senior TB M&E Consultant, Eastern Europe and Eurasia Region, TB DIAH; Amiran Gamkrelidze, Director General, NCDC; Nino Lomtadze, Head of Surveillance and Strategic Planning Department, NCTLD; Stephanie Mullen (on video), Project Director, TB DIAH; and Giorgi Kuchukhidze, Epidemiologist, World Health Organization (WHO) Regional Office for Europe.

Mission, Vision, Priorities, and Key Achievements: NCDC

Amiran Gamkrelidze, General Director, NCDC

Amiran Gamkrelidze started the presentation with an overview of NCDC. He gave the background on the development of the public health system in Georgia; the creation of systems unifying laboratory and epidemiological surveillance of diseases, including the Electronic Surveillance System (called the ETS system in Georgia); the "One Health" principles that unite human disease, animal disease, and the environment; non-laboratory and laboratory parts of NCDC; and laboratory activities.

Gamkrelidze shared the NCDC's vision, "Knowledge for Better Public Health"; mission, "Protection and improvement of the population health through scientific evidence-based diseases prevention, preparedness, and timely responding to the public health threats"; and its main principles and values: "Prioritizing civil engagement and their demand, evidence-based decisions, equity and equality, transparency, and multisectoral coordination."

During the presentation, Gamkrelidze described the NCDC's response to the COVID-19 pandemic, international collaboration and reporting mechanisms, and strengthening the Center's preparedness capacities for a rapid and effective response to the public health threats. These include emergency preparedness and response; an external assessment conducted by WHO and the European Centre for Disease Prevention and Control (ECDC); the Emergency Operational Center (established in 2020 in the beginning of the pandemic), which is the main unit responsible for rapid responses and reporting to international organizations; and decreasing morbidity, disability and mortality caused by communicable diseases, non-communicable diseases, climate change, and environmental factors.

Gamkrelidze expressed gratitude towards international partners such as DTRA, WHO, USAID, UNICEF, EU, ECBD, GAVI, BMJ, the World Bank, NIH, WRAIR, CDC, and the American and European universities who have been supporting the development of public health and the One Health systems in Georgia in various directions.

In conclusion, Gamkrelidze shared the NCDC's future vision that includes having a state-of-the-art biomedical research facility; further capacity strengthening of the Emergency Operational Center; integrating and harmonizing public health and primary healthcare with decreased fragmentation; developing population registries; developing comprehansive systems of information technologies (digital health); establishing a regional training hub and continuous proffesional development; developing scientific diplomacy and expanding opportunities for research grants; and further developing human genomics.

Mission, Vision, Priorities, and Key Achievements: NCTLD

Zaza Avaliani, Director, NCTLD

Zaza Avaliani provided a brief overview of NCTLD and its activities, listed locations of the facilities around the country, and described the Center's diagnostic and medical equipment.

During the pandemic, the NCTLD established local COVID centers for COVID testing and treatment. Avaliani shared the numbers of TB and COVID-19 patients in 2020–2021. Currently the COVID center is used for TB only.

Receiving ISO accreditation for prevention, diagnoses, treatment, and follow-up of TB and lung diseases, including laboratory and instrumental investigations and provision of hospital and outpatient medical services, was a major achievement for the NCTLD in October 2021.

In 2020–2021, with the assistance of international and local experts, NCTLD created several clinical policy documents:

- Pediatric TB management guidelines
- Latent TB infection management guidelines
- TB and COVID-19 co-infection clinical management protocol
- Respiratory disease rehabilitation guidelines and protocol

Pharmacovigilance is one of the priorities in TB management. With the leadership of the TB center, pharmacovigilance of anti-TB drugs was launched in Georgia in 2016.

In 2018, the NCTLD developed a mobile application called "Trace TB" for latent TB infection surveillance and care cascade monitoring. The NCTLD and NCDC collaborated on an initiative to establish a mobile clinic called "Six Diseases in One," which allows screenings of TB, COVID-19, HIV, HCV, diabetes, and hypertension at various locations for timely diagnoses and successful treatment. This initiative gives people an opportunity to take care of themselves and the others around them.

At the end of the presentation, Avaliani talked about the events organized with community organizations in terms of raising awareness about TB and improving control of the disease. He thanked local and international partners for their continued support.

Country Presentations

GEORGIA: Nino Lomtadze, Head of Surveillance and Strategic Planning Department, NCTLD

TB Situation Overview in Georgia

In 2021 Georgia decreased the TB case notification rate and absolute number of TB cases by 50 percent. Bacteriologically confirmed numbers increased from 85 percent in 2015 to 95 percent in 2021 among new and relapse pulmonary TB cases, marking a great achievement at the country level.

While COVID-19 and related interventions including lockdown did not affect TB care and treatment outcomes, it did impact the case detection rate. During lockdown, the NCTLD had 60 percent fewer cases compared to the same month in previous years.

Pediatric TB represents 3 percent of total TB confirmed cases in Georgia. The TB-HIV co-infection rate averages 2.5–3 percent and TB in prisons fell to 2 percent after introducing an active screening intervention. In 2020, 87 percent of TB treatment cases were successful; in 2019 the success rate for drug-resistant (DR) TB treatment was 78 percent.

Georgia is in its final year of implementing the Georgian National Strategic Plan (NSP) 2019–2022. The country is preparing for a new NSP implementation with new goals and targets. Compared to 2015 levels, by the year 2025 the TB death rate should be 75 percent less, the TB incidence rate should decrease by 50 percent, the treatment success rate should increase by 80 percent, and costs to people and families affected by TB should be 0.

The TB program implementing partners are as follows: NCTLD, NCDC, MoLSHA, the NCDC lab network, public health centers, Ministry of Corrections and Legal Assistance, and private health facilities.

In 2019–2021 five national diagnostic and treatment guidelines were updated, approved, and aligned with WHO policy documents. Four drafts are ready to be submitted to the Ministry of Health (MoH) for approval.

In terms of financing, the current national TB budget (2022) amounts to $11.4236 million, out of which local funding is 55 percent and international funding (mostly Global Fund) is 34 percent.

Georgia has several information collection systems for TB detection, diagnoses, care, and programmatic management. Overall management of the electronic system is done at national, regional, and district levels. The district level collects information on paper, called TB notification forms, which are transported to the regional level within a two-week period. But there are delays. Data are entered in the electronic system if there is a regional manager in place. Currently there are three regions with no regional coordinator/manager, therefore, information is being transported to Tbilisi and entered from the capital. Other sources of information come from the labs, which is not directly connected to the TB health management information system (HMIS). Thus, individual Excel reports from the national reference lab are received on individual patents on a monthly basis. NCTLD employees enter bacteriological information in the system manually. HIV status is reported separately on a monthly basis and is being entered manually in the national-level system. Additional information collected regarding treatment adherence is also collected by regional coordinators and is being reported to NCTLD, which is then reported to NCDC.

A new platform was developed for TB contacts, which was recently piloted, but analysis of this data is not yet available.

There is no communication or linkage between Adhere TB and Trace TB in instances where the national data collection information system and information about presumptive TB cases are paper based only.

The TB data collection information system was developed in 2008. It is password-protected and contains data from 2006–2008. The NCTLD maintains a customized data collection information system for TB, multi drug-resistant (MDR) and extensively drug-resistant-TB individual case notification, and treatment outcome monitoring, making this program essential for surveillance.

Key Challenges with Georgia's TB Information System:

1. The system is not linked with the laboratory database causing lab results to be re-entered manually, which is time consuming and causes errors.

2. The system has no module for drug management, latent TB infection, contact tracing, presumptive TB, or post-treatment follow-up. At the same time, these are the programmatic interventions that the NTP is undertaking.
3. There is no sustainable technical assistance because the system is not open-source. When the contract with the developer ended in 2009 the program did not have any bugs and functioned well. But as TB program needs developed, new fields and variables had to be added to the system. Until 2018, developers added variables as needed on a pro bono basis, but since then the developers have refused to work with the existing system since it is outdated, making it impossible to modify, update, or support the system.
4. Lack of human resources and no officially designated staff for the database management at national level make the database vulnerable due to frequent changes. Recently NCTLD ownership changed. The new medical holding has a different administration and management system for government owned medical facilities. It is difficult for management to understand why separate hospitals need a database manager to capture countrywide TB cases, including cases that are treated in the private sector. Unless this field is strengthened at the NTP or strategy level, data accuracy will be at risk.
5. The system has built in modules for the monitoring of adverse drug events, concomitant disease, etc., but they are under-utilized because data entry is done only at the regional level where monitoring capacity is limited.
6. TB doctors at the facility level have no access to the system and cannot benefit from it. Technically, they can have access to it, but due to lack of access to computers and the internet, it was decided that data entry must be performed at the regional level, and districts had to use paper-based notification forms to enter information into the database.
7. To create standardized reports, the data need to be exported to SQL software and analyzed, which requires more time and resources. It is not a difficult process, but only one person is familiar with how to use SQL software.
8. The system does not have a dashboard for conducting trend analyses.

Key Challenges with the National Reference Laboratory (NRL) Database:

1. The NRL and regional lab in Kutaisi maintain a stand-alone database to record the test results from the two labs. The database is built on the Epi Info platform (CDC Atlanta), maintained by local information technology specialists, and upgraded as needed. However, maintenance costs are not budgeted in the state TB program. Maintenance is covered entirely by the NCTLD with support coming from the TB center, based on the income the center might have at that time.
2. The unit of record is the lab specimen ID and not the patient's ID. If a single patient has been tested five or six times, there will be five or six different entries in the database.
3. Data quality is poor with results routinely double entered by two different data entry specialists.

4. Specimens and test results are recorded manually. Although they have barcodes, they are not used because automated connectivity is not in place.
5. There is no unique database covering all TB test results in the country.

Communication Challenges

This area has the most gaps. Besides the personal data protection law, there is no data sharing policy. Georgia has no communication strategy on how to share and disseminate TB-related information, which means no barriers have been identified on communicating TB-related information across different groups/organizations in the country. There is no specific guidance addressing TB data collection, quality, analyses, and use. Information on epidemiology, advocacy, treatment modality, and research results are shared among stakeholders via workshops, meetings, trainings, conferences, media, webpages, reports, etc.

Proposed Architecture for a Future TB Information System

With Global Fund support, the NCTLD is currently working on a new holistic electronic database that will provide data and results for any TB programmatic information collected in the country: presumptive TB cases, systematic screening, contact investigations, preventive TB treatment, TB diagnoses and treatment, and post-treatment follow-up. This data is not yet captured electronically in any of the current systems. However, the program has been providing post-treatment for MDR-TB and drug-susceptible (DS)-TB patients for two years.

ARMENIA: Hasmik Harutyunyan, Manager of the Global Fund to Fight AIDS, TB and Malaria Program Coordination Team of the MoH

TB Situation Overview in Armenia

Armenia has been recognized as one of the 18 high-priority countries in the WHO European region for TB. Confirmed TB cases in the country have steadily decreased with the mortality rate decreasing from 5.4 percent in 2007 to 0.6 percent in 2021.

The TB prevalence in children 0–4 and 5–14 years range from 0.68 to 3.6 percent, according to national surveillance data. The HIV burden sharply increased over the past 10 years and was at 10.5 percent in 2020. Diabetes, hepatitis, and mental illness concomitant with TB were found in 10 percent of total TB cases. In 2021 the number of TB cases among labor migrants amounted to 18–20 percent. TB cases among prisoners decreased from 2.4 percent to 0.8 percent in 2020.

Treatment outcomes in DR- TB cases are unsatisfactory for Armenia. The country achieved 54 percent of successful treatment outcomes in this group. This is considered one of the biggest problems facing the TB-control program.

The Multi-stakeholder National Working Group—consisting of the MoH, Ministry of Justice, Ministry of Social Affairs, American University of Armenia, TB patients, and civil society organizations (CSOs)—was created to develop the NSP. The development process was supported by the WHO regional office. The NSP for TB Elimination in Armenia 2021–2025 is the country's

main guidance and policy document. It includes a core plan, operational plan, M&E plan, and budget plan, but lacks a separate technical assistance plan, which the country intends to develop in the very near future. The NSP aims to reduce the TB mortality rate by 5 percent per year, reduce the incident rate by 50 percent compared to 2015, and prevent catastrophic costs for patients and families affected.

Armenia introduced the Electronic Health Information System (ARMED) in 2017, enabling information collection on medical care and services provided. While the TB information system is not linked to the e-health system, the MoH aims to link all vertically functioning HMIS with ARMED, which will include TB and HIV.

The MoH is responsible for the TB control program and its budget. The National Center for Pulmonology (NCP) implements NTP management and inpatient care. The Armenian government funds 55 percent of TB services, and the Global Fund covers the remainder. Monitoring systems come from international donors, particularly the Global Fund, but there is a concern about sustainability once this support stops.

TB Information System, Reporting, and Recording

All TB facilities are included in the TB information system, including laboratories. The electronic case-based surveillance system (e-TB manager) is used together with paper-based forms that are WHO-recommended, collected annually, and submitted to the National Health Statistic Department.

Programmatic reports are submitted quarterly to the NCP; at the same time information is entered into the e-TB Manager system. Coordinated data collection and reporting are an important part monitoring and evaluating Armenia's TB program. Standard registration and reporting forms are used in all TB care provision facilities. Recording and collecting TB patient diagnoses and treatment data are carried out in hard copy and electronic formats. Medical personnel, or the relevant person in charge, is responsible for entering data into e-TB Manager.

Data are collected and summarized in both civil and penitentiary institutions. An NCP TB monitoring specialist reviews submitted reports for data quality and compares them to the e-TB Manager. An NCP specialist personally conducts inquiries on personal and medical information for individual patients.

Main Program Achievements:

- Access to modern diagnoses, treatment, and quality drugs
- Different models of TB inpatient and outpatient care provided
- Reduction of avoidable hospitalizations and the establishment of vertical TB services within the general healthcare system in progress
- TB lab service and network at central and peripheral levels, designated TB facilities in the country, and a well-functioning referral system
- Establishment of a real-time electronic database (e-TB Manager)

Challenges

- There are missing patients with TB and delayed diagnoses. This is due to labor migration and the absence of good mechanisms of cross-border cooperation with other countries.
- Inconsistent laws and regulations existing in different countries prohibit the establishment of more effective cooperation mechanisms with countries that host labor migrants, in particular Russia.
- The DR-TB treatment success rate is low at 54 percent which contributes to persistent drug resistance and treatment.
- The needs of key population and the most vulnerable, underserved, and at-risk are often neglected or not properly addressed.
- Low coverage of preventive TB treatment is increasing the risk of getting ill. This is one of the priorities in the new NSP, to expand volumes of preventive treatment.
- There is insufficient managerial capacity, and the NTP's role in supervision, M&E, and TB services is inadequate.
- There is no human resources policy for TB physicians. Although there are enough TB doctors currently functioning at outpatient level and their advancing age is a concern.
- There is scarce civil society capacity and its involvement in TB care activities is lacking.
- There is a general weakness of the healthcare system, financing, and procurement mechanisms as well as the HMIS. Although e-TB Manager and other databases, like the TB laboratory database, operate separately, they are not integrated with e-TB Manager. It lacks a drug module, although a quantification system is being used. It is desirable to link all the HMIS to Armenia's e-Health system. The main problem in this area is how to combine and integrate all databases and electronic systems into one, get rid of paper-based forms, avoid double entry, and link this system to the country's overall healthcare system.

AZERBAIJAN: Yagut Garayeva, Head of the Department of Strategic Development, Management Union of Medical Territorial Units (TABIB)

TB Situation Overview in Azerbaijan

Azerbaijan opened its first TB facility in 1923 for oil workers. Since 1925 additional hospitals have opened in various regions. With World War II and the increase in TB cases, by 1960 there were 128 TB hospitals, dispensaries, outpatient visiting rooms, and sanatoriums in the country.

In 1994, the DOTS system was introduced in the country. In parallel, the M&E system was developed and WHO-recommended registration and reporting documents were introduced. Currently the country has a government reporting system that collects data from the regions according to key indicators.

The data indicates a dramatic decrease in the number of TB cases in the past several years, but it might be linked to the COVID-19 pandemic when it was difficult for patients to see a doctor. Overall, 34 percent of TB cases are among females and 67 percent among males. In 2021, pediatric TB cases decreased to 7.2 per 100,000 compared to 20.2 in 2013. Successful treatment among the DS-TB group is high in new cases (82%). As for TB incidence rates in prisoners, results are very good; in 2021 there were 687 total cases compared to 1267 in 2017.

Key affected population groups are drug users, people with HIV, internally displaced people, prisoners/ex-prisoners, and the population living in poor, rural areas.

WHO and the national working group (MoH, SAMHI, ARMD, Penitentiary Service, and non-governmental organizations [NGOs]) were involved in creating the NSP. With stakeholder involvement, a new action plan was implemented according to the strategy. The goals in Azerbaijan's NSP 2021–2025 are threefold:

1. Reduce the TB mortality rate by 35 percent compared to 2015.
2. Reduce the TB incidence rate by 20 percent compared to 2015.
3. Ensure universal access to diagnoses and treatment.

e-Health Strategy

In 2003, the National Strategy on Information and Communication Technologies was approved in Azerbaijan. The main program, Electron Government, was part of the e-Health program. A Health Information Center was established to ensure data collection and coordination with other organizations, systems, and databases.

Azerbaijan has an e-Health page where all medical field representatives have their own accounts. The system is not entirely accurate, but it works and is improving. There is a mandatory health insurance page, and a medical information electronic system/application was recently introduced. It is currently used in all medical facilities around the country. More applications are available like TABIB, a mobile application developed during the COVID-19 pandemic for making appointments for testing and vaccination. Adapting an existing app for TB is being discussed.

In 2010 e-TB Manager was created and has been updated several times. The server is in the MoH building, and the program has had an automated connection with the Center for Health and Epidemiology (CHE) system since 2019. The Republican Institute for Lung Diseases (RILD) has direct access to the Electronic Integrated Disease Surveillance System (EIDSS) and works while validating patient data. The EIDSS program is integrated between Azerbaijan and Georgia, and if infectious cases are detected in border regions through this program, both countries can access information.

Financing

Besides the two main funding sources – the Government of Azerbaijan and Global Fund – the TB program receives additional funding from the State Agency for Mandatory Health Insurance that covers staff salaries, facility reconstruction, and environmental works.

Information Flow

First the patient goes to a medical facility to be examined. If TB is suspected, the patient is directed to a physiatrist who orders specific diagnostic tests. If TB infection is confirmed, Form N058 is completed and sent to the CHE. In the case of a bacteriological or positive patient, this information must be entered within 24 to 72 hours. When this information comes to CHE, epidemiologists enter the information into the EIDSS. The EIDSS is integrated with e-TB Manager, thus the same information automatically goes to both systems with the difference being that the EIDSS contains only epidemiological and not clinical information.

Data Use

The RILD M&E department collects and reports information on a quarterly basis from three sources: NTP curators, e-TB Manager, and TB facilities. M&E specialists analyze data and prepare reports for the MoH, WHO, Global Fund, and most recently the Agency for Mandatory Insurance.

Challenges

- Data quality improvement is needed. This includes updating the standard operating procedures on routine data quality.
- The current TB database needs to be improved and collaboration with digital healthcare systems should be strengthened.
- The lab network information system is incomplete. It should include algorithms for type of analysis, coverage of the investigation, and automated counting of bacteriologically confirmed cases.
- Pediatric TB notification is lacking and does not include data collection by age group and weight, in accordance with WHO's Module 5 on Pediatric TB.
- The surveillance system does not ensure the collection of data on contact investigation coverage and healthcare worker screenings.
- Indicators for drug management are lacking.
- Data review and visualization capabilities are weak.

<u>REPUBLIC OF MOLDOVA</u>: Andrei Corloteanu, Head of the National TB Response Program (NTRP) Coordination Department, Institute of Phthisiopneumology "Chiril Draganiuc"

TB Situation Overview in Moldova

For the past 10 years, the number of index cases has decreased every year. During the COVID-19 pandemic, index cases decreased by 39 percent. The mortality rate remained the same at 199 cases per year.

The country's total number of confirmed TB cases is 2,306. Key populations of males and females ranging from 24–54 years of age include migrants (12.1%), inmates (5.3%), people who use drugs (1.7%), and people living with HIV (11.1%). In 2020, 85 percent of overall TB cases and 70 percent of DR-TB cases were successfully treated.

In 1997, the country switched to a primary healthcare system. The National TB Control Strategy of the Republic of Moldova 2022–2025 was approved in 2022. The program was developed under the working group consisting of the MoH, the NTP, WHO, government agencies, NGOs, and international partners. The program was developed in accordance with the Government Action Plan 2021–2025, "Moldova's Good Times," which includes a vision, objectives, and priorities for the national health system.

e-Health Strategy

The National Public Health Agency's Department of Health Data Management is responsible for managing the HMIS, database access, and data analysis. Mortality data are reconciled every month, published annually as a report, and shared with the National Bureau of Statistics.

The draft e-Health strategy has been submitted to the MoH. An electronic patient record will be developed as a result. Moldova has no uniform electronic database for healthcare with all relevant databases linked and operational.

Challenges:

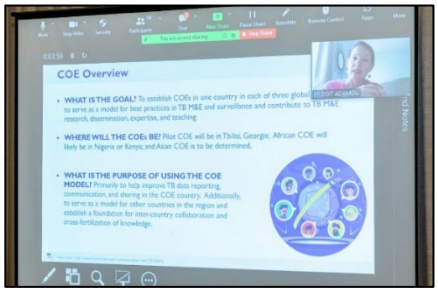
1. Governance challenges include fragmented intersectoral/multisectoral policies, plans, and strategies; lack of a TB mandate for NTP; poor human resources management/planning; and inadequate task distribution.
2. Financing for TB services is fragmented. There is poor allocation of hospital-oriented resources, an insufficient number of contracts for non-medical services, and lack of pricing information for TB services.
3. There is no systematic data on assessment/coverage of risk groups by screening for TB at the primary healthcare level. Likewise, there is limited data and analysis on screening/investigation cascade of contacts of active TB cases, insufficient

reimbursement for active screening and X-ray at the primary healthcare level, and no price list or calculation for service packages.

4. The current TB information system, SIME (Sistem Informaţional de Monitorizare şi Evaluare a Tuberculozei [Information System for TB M&E]), was developed in 2005. The program language is outdated, not user-friendly, and has lost its relevance. Reporting on the current operational status of the SIME is required.
5. The TB M&E information system works well but has limitations. Laboratory data need to be entered manually, and there is no possibility of adding new variables to make significant changes.
6. Communication intersectoral/multisectoral policies, plans, and strategies are fragmented. New system implementation of multisectoral responsibility for TB is a priority for the country.
7. Because all operational research is funded by the Global Fund, it is a priority to revise scientific research mechanisms and allocate research funds from the MoH budget.
8. All medicines for DR-TB except for pretomanide from the WHO recommended list are used for TB treatment regimens in Moldova. Pretomanide will be added to the treatment regimen after WHO publishes its new list of recommended drugs by the end of 2022.
9. Due to inflation, the existing social support for TB package is not enough, A request was sent to the MoH to increase the tariff for food and transportation. The Ministry created a working group responsible for revising the existing mechanism, updating the policy, and calculating actual costs for food and transportation for TB confirmed patients.
10. There are gaps in the diagnostics/laboratory finance mechanism. It is preferable to receive internal funding. The public procurement system is also weak. Gaps in legislation do not allow direct purchase from the Global Drug Facility.

TB DIAH Eastern Europe and Eurasia Workplan

After the M&E and surveillance systems overviews from Georgia, Armenia, Azerbaijan, and Moldova, TB DIAH Senior TB M&E Technical Adviser, Ezra Tessera, presented the “Eastern Europe and Eurasia Region: TB M&E and Surveillance Strengthening Workplan”. This was followed by TB DIAH Senior M&E Advisor, Bridgit Adamou, on the “COE Strategy in TB Monitoring, Evaluation, and Surveillance” and TB DIAH Senior M&E Technical Adviser, Tariq Azim, on “The Assessment of Data Collection, Reporting, and Analysis Capacity Tool (ARC).” This session was closed by Marine Janjghava, from the NCTLD, who shared reflections on the process of conducting the ARC assessment in Georgia.



Meeting Day Two

The second day was dedicated to strengthening strategic planning of country TB M&E and surveillance systems. Countries were provided with guidance/templates in advance and completed their plans during the breakout group sessions, with the assistance of mentors Alexander Asatiani and Nino Lomtadze.

Common challenges identified for Georgia, Armenia, Azerbaijan, and Moldova are:

Challenges	*Georgia*	*Armenia*	*Azerbaijan*	*Moldova*
Absence of a unified M&E plan or epidemiological surveillance, and lack of TB regulatory documents	X	X	X	X
Absence of unified electronic HMIS with lack of real-time data	X	X	X	X
No guidelines on TB human resources management	X	X	X	X
Lack of TB M&E specialist in countries	X	X	X	X
Decentralized governance of the NTP/Absence of clear definition of the NTP mandate, including M&E activities		X		X
Unsustainable or insufficient funding for TB services and M&E	X	X	X	X

TB M&E and Surveillance Systems Strengthening Plans

GEORGIA: Maka Danelia, Global Fund TB Manager, NCDC

M&E Plan

Georgia has an M&E plan for the Global Fund TB program, which is aligned with the Global Fund-supported activities. At the same time, the country has a state TB program that also has an M&E component. In addition, Georgia's newly developed NSP 2023–2025 has an M&E framework which defines priority indicators with annual targets. However, Georgia needs a unified M&E plan that will cover all directions/activities and enable tracking progress of the TB program for the next three years.

We propose to advocate for high-level commitment from the MoH because the TB program is diverse in the country. Multiple implementers are involved such as NCDC, NCTLD, and a wide network of healthcare providers. With Ministry engagement, country dialogue will be possible since all the stakeholders will need to make commitments at different levels of the system. Thus, a working group needs to be established to develop an M&E plan.

TB DIAH technical assistance in this process will be highly appreciated to have an external view on activities and on whether the document developed will be in line with international best practices. For this, human and financial resources will be needed as well.

An advocacy and stakeholder dialogue meeting can be organized in September 2022, with a working group established in October, development planning in November, and by the end of the year a draft can be submitted to the Ministry for further approval.

The risks to this plan is many competing priorities, lack of time, lack of commitment, and human resources. Both advocacy and stakeholder group developers are hard-working people, especially during the pandemic. They cannot leave their obligations and work solely on M&E. Timing, procedures for approving the plan, and especially bureaucracy pose major challenges.

Integrated HMIS Roll Out and Challenges

Currently there are several independent electronic systems, including the lab database and Trace TB app. Each facility network has their own internal database. There is a separate electronic system for receiving reimbursement from the Ministry. Most data are paper based. The existing electronic database is outdated and cannot be upgraded. Several systems require double entry, hampering staff motivation because they must enter the same data into different databases, which is time consuming.

A new real-time database that can integrate HMIS will be linked to all the above-mentioned systems is in development. While software is being developed, ownership needs to be precisely defined because the NCDC is responsible for surveillance, but the NCTLD is responsible for the treatment and diagnostics component. In terms of the advocacy campaign, TB service providers need to be engaged and educated since they will be entering the data and need to maintain data quality. Finally, an implementation plan that includes human resources and equipment must be developed and followed. Once the system is ready, it must be introduced to all service providers and they need to be equipped and trained.

The stakeholder list for technical assessment is the same: MoH, NCDC, NCTLD, CSOs and other TB stakeholders, WHO country and Euro offices, and TB DIAH. A list of variables is being developed, and an external evaluation is preferable to ensure the database responds to all international requirements, including WHO reporting.

Human and financial resources are secured for 2022, and there are some resources in place for supportive supervision and follow-up in 2023. It is a lengthy process; initially two parallel systems will be introduced, paper- and electronic-based, to make sure data quality is maintained, followed by a gradual move to electronic recording and reporting.

In 2022, the Information Technology Agency was contracted under the MoH to create software that will be finalized by the end of the year. In 2023, trainings will be conducted, and follow-up supervision will ensue as needed.

The big risks to this roll-out is capacity, resources, and acceptability. It is extremely important that the system is acceptable for all people who will be required to enter data. The system must provide timely, reliable, and high-quality data.

Human Resource Needs for M&E Functions

People who currently do M&E tasks are medical personnel, and it is not attractive and interesting for them to substitute their clinical preferences with M&E functions. There is also a lack of capacity and commitment from private providers because the TB component of their services is minor, therefore, it is not financially beneficial. Financial resources are also lacking to support this activity.

Staffing needs must be assessed. With the new system, variables and staffing needs will be assessed at national, regional, and district levels. Functions must be identified for M&E personnel, and based on the needs assessment, efforts are needed to build capacity, mobilize resources, and define potential for motivation since financial motivation alone will not be enough.

The stakeholders for M&E functions are: MoH, NCDC, NCTLD, CSOs and other TB stakeholders, WHO country and Euro office, and TB DIAH. Academia is added to the list because it is related to trainings, and there is potential to discuss the issue as part of under- or post-graduate training of human resources.

A needs assessment should be scheduled in 2022 and activities implemented in 2023.

The risks are high cost for staff motivation and retention. District-level private facilities are reimbursed on a case-based principle, and the number of patients is not high enough to create sufficient financial resources to separately support M&E functions.

ARMENIA: Hasmik Harutyunyan, Global Fund Program Coordination Team Manager, MoH

Decentralized Governance of the NTP

Although the MoH has overall responsibility for implementation of the TB control program, only the NTP is under its direct subordination. It has indirect involvement in management of TB facilities throughout the country at the peripheral level.

We propose involving representatives of local (regional) self-government bodies in M&E activities in the future. Representatives from the region should be included in M&E teams.

Written feedback on M&E results in the region is submitted quarterly to the regional self-governing bodies.

Stakeholders include M&E staff of NTP office, TB facility administration, regional government health and social department, MoH, Global Fund, and MoH medical care policy department. Additional human resources are required from the regional government.

Implementation of concrete M&E activities with stakeholder involvement should take place late May 2023.

The risks include organizational barriers and regional governments' unwillingness to cooperate in the TB field.

Deficiencies in TB Regulatory Documents

TB M&E surveillance, part of the TB clinical guideline, was created in 2019, which is outdated and is not in line with the 2021–2025 TB NSP of Armenia.

The guideline is being updated on a regular basis, but next time, the M&E section needs to be aligned.

Stakeholders include the NTP office M&E staff and technical partner organizations, WHO and TB DIAH, who will be involved together with the National Institute of Health Statistical Department and the MoH. Additional technical assistance will be required in the process.

The update should be finalized by December 2023. No risks are expected.

Lack of Personnel Dedicated to Collecting, Maintaining, and Reporting TB Data

The number of specialists involved in M&E at the central levels is not enough. The structure of the central M&E unit must be expanded with strengthening operational research capacity. Data recording and reporting capacity of service delivery personnel at peripheral level is not enough and requires strengthening.

We propose recruiting additional personnel for central level M&E and developing a training curriculum for TB service delivery personnel on data recording and reporting.

The stakeholders include the administration of NCP, NTP office M&E staff, health facilities, and National Institute of Health.

Additional funding is required both for hiring new personnel for central M&E and for carrying out additional training activities. Sustainability of current and future funding in this unit is an issue.

The timeline is 2023–2024.

Lack of funding may be a risk factor and is the number-one priority.

Developing Laboratory and Logistics Information Systems and Interoperability of Systems

The NTP laboratory database is incomplete with no linkage to the e-TB Manager system; laboratory data recording and reporting systems in periphery microscopy and GeneXperts labs are not available. The e-TB Manager is not linked to the e-Health system. There is no information system on logistics either.

The proposed activity is to upgrade the laboratory database by establishing an electronic data recording and reporting system in the periphery labs and upgrade and link the e-TB Manager to the e-Health system.

Stakeholders include the NTP officer M&E staff, technical partner organizations WHO and USAID TB DIAH, National Institute of Health, MoH, and e-Health system operator.

The proposed timeline is 2023–2025.

The main risks are lack of technical and financial support.

AZERBAIJAN: Irada Akhundova, Director of Scientific Research at the Institute of Lung Diseases

Epidemiological Surveillance

Azerbaijan does not have a country guideline for epidemiological surveillance. We propose developing national guidelines for epidemiological surveillance according to WHO recommendations.

The stakeholders are the MoH, TABIB, State Agency for Mandatory Insurance, and TB DIAH.

The primary need is to create a working group with stakeholder involvement and technical assistance from WHO experts.

The desirable timeline is to develop new guidelines within one calendar year.

The main risk is that when developing new guidelines, it is important to take into consideration the national needs and reality to adapt all new steps at local level.

TB M&E Human Resources Management

This activity is linked to the first challenge. Azerbaijan does not have guidelines for human resource management on TB M&E personnel. There is no staff training available. Thus, we propose developing national guidelines for human resource management on TB M&E personnel according to WHO recommendations.

The stakeholders include the MoH, TABIB, State Agency for Mandatory Insurance, and TB DIAH.

The need is to establish a working group with stakeholder involvement and technical assistance from WHO experts.

Since the first and second challenge are interlinked, the timeline will be the same, one calendar year.

The risk is not taking into consideration features of the educational system and lack of human resources. There are a limited number of specialists in the country.

Interoperability (Laboratory information system, HIV, and logistic information systems)

The laboratory registry/information system information system is in place. This system connects regional and national labs. Sometimes results are late, and the system is not unified, in which case TB facilities have no access. The medical information electronic system was established during the COVID-19 pandemic, and it is desirable to use the same system with the new added TB component.

The proposed activity is to integrate the information system lab registration system with the medical information electronic system.

Stakeholders include the MoH, TABIB, State Agency for Mandatory Insurance, and TB DIAH. The Information Technology Agency will be involved in information system development.

Since the work is already in progress, the deadline for developing the new information system is the end of 2022.

It is important to consider TB diagnosis characteristics. Frequency of algorithm changes in diagnostics and monitoring during treatment is a risk. Therefore, the system must be flexible and user-friendly to ensure rapid reaction to unexpected changes.

Assessing and Upgrading the Healthcare Information Systems

Lack of healthcare information system assessment causes various problems. Our proposed activity is to implement the ARC tool in the country

Stakeholders include the MoH, TABIB, State Agency for Mandatory Insurance, Information Technology Agency, and TB DIAH.

The timeline is one year. The system needs to be implemented and regularly updated.

REPUBLIC OF MOLDOVA: Dorina Flores, Chief Consultant, National Programs Department, MoH

Absence of a Clear Definition of the NTP Mandate, Including M&E Activities

The Coordination Department of the National Program for TB is working under the Institute of Phthisiopneumology "Chiril Draganiuc", Chisinau. They are funded by an insurance mechanism and are financed only through confirmed and treated TB cases. This department has no additional funding. This results in a narrow mandate and limited coordination.

Our proposed activity is to identify facilities with a broader mandate in terms of decision making. It should be either the MoH or National Agency for Health Control, which will have coordination and M&E departments.

Funding priorities can be set to have people who will be exclusively involved in this activity.

The timeline is December 2022.

A risk is that institutionalizing the coordination department in one facility for decision-making purposes might cause loss of specificity in the field of TB. Currently, employees' work effort is based on enthusiasm.

Human Recourses Management in TB M&E and Inadequate Task Distribution

The TB M&E specialist/function is not mentioned in the NTP, therefore, there are no specific personnel in the coordination department who will be implementing M&E activities. Job descriptions have no defined M&E functions, tasks, and responsibilities. This job is done on a volunteer basis.

Our proposed activities are to change national regulations/policies. Clearly define M&E functions. Develop a job description for this specialization. Hire professionals to work specifically in M&E. Support the growth and development of M&E specialists in the country by training the younger generation.

The timeline is 2023,

Risks include lack of trained M&E specialists and delayed and insufficient funding to carry out activities.

Fragmented Plan and Lack of Guidelines for Epidemiological Surveillance

There is no guidance for epidemiological surveillance, and no separate document exists for the M&E direction.

Our proposed activity is to develop and approve epidemiological surveillance guidelines. Develop and approve the M&E plan.

The timeline is the first quarter of 2023.

A big risk is the challenge with identifying a qualified specialist in document/guideline development.

Outdated Information System

Moldova's information system was developed in 2005. The system is outdated, and technologies are not in compliance with modern requirements. The software is obsolete and cannot support many platforms.

We propose to develop a new information system that will provide a new module for screening, trace contacts, and have a module for reporting on various activities. The new information system will relate to the CLM software platform and be interoperable, linked with other systems like a lab information system, an HIV dispensary, and integration with e-Health system.

The timeline is 2023.

A big risk to this proposal is the lack of qualified specialists to develop new software with all relevant modules and involving too many actors/stakeholders in the process. There are also challenging situations in the regions: COVID, inflation, political relations, lack of funding, and lack of human resources.

Question and Answer and Discussion after Country Presentations

Azerbaijan – It is very beneficial to learn about country achievements. For instance, Moldova talked about the information system's challenges, but at the same time they have accomplished a huge achievement in the direction of providing medical services under the insurance.

Azerbaijan has been trying to introduce medical services under insurance for the past four years, but it has been a struggle. Such regional consultative meetings are a great opportunity to exchange experiences.

Moldova – Yes, the information system is outdated although it is still functioning for the moment. The lab module has been introduced and is being updated constantly. There are some aspects of the logistics and information system that cause double work. In some cases, data need to be entered manually.

Under the Global Fund project, money was allocated to develop a brand-new information system. Moldova conducted an assessment on the old system, so the report shows what new features should be included. The main point in the system is to have information by patients and not cases.

It is critical to increase responsibility levels of various departments in terms of performance of general M&E for TB, HIV, and hepatitis. The NTP mandate must be identified.

As for the best practices side of the meeting, Georgia's experience on the contact tracking function, TB infection treatment, and the Trace TB mobile app is very impressive. Moldova wants to implement the same approach. It would be beneficial to organize a separate visit to the site to see hands-on practices.

Georgia – The Trace TB mobile app was developed specifically for monitoring the preventive therapy cascade of services. The app also includes information on risk groups, tracks preventive therapy, and monitors end of therapy, with two-year monitoring of the infection.

Valentina Vilc (Zoom participant) – It was very interesting to listen to the country experiences. This meeting identified similar challenges that all countries share—poorly functioning databases and electronic information systems.

Proposal: Develop one universal database template for every country. It does not mean countries have to enter all information in one database, but it makes information systems compatible since everyone is reporting on the same indicators. Developing a database that can be used not only regionally but globally will solve many problems and keep everybody on the same page.

Virtual COE Session: Gathering Feedback on the Target Audience's Needs and Technical Requirements

Margie Joyce, Senior Design & Learning Advisor, TB DIAH

Group Work – Characterizing Virtual Platform Users and Platform Usage Algorithm and Defining the Functional and Technical Requirements of the Virtual Platform

The COE will accomplish the following:

- Improve TB data reporting, communication, and sharing in the COE country
- Serve as a model for other countries in the region and globally
- Establish a foundation for inter-country collaboration and cross-fertilization of knowledge

First, it is important to define expectations. This includes deciding cycles of meetings, individual meetings and trainings, and study tours. There will be a virtual platform that will support two components: sharing and learning. This is a chance to share information on lessons learned and to create an electronic system to share experiences with colleagues from other countries virtually.

Discussion topic: Who will benefit from the COE? What is the value? What can be done realistically? How will the success be measured?

Mission	Users	Categories
Get acquainted with the COE model	Decision makers: MoH, other government organizations	1. Briefs 2. Financial aspects, cost characteristics, cost data, financial indicators 3. Human resources planning toolkit
Support with identifying the methodology	NTP	1. One of the main contributors 2. Receive instant updates 3. Share best practices and challenges 4. Plans, accountability tracking
Timely communication, connection, and consultation	Researchers	1. Scientific evidence: • Regional • Global
Share best practices	CSOs	1. Education 2. CSO service monitoring 3. Communication
Share challenges or failures	Donors: Global Fund, USAID, WHO, etc.	1. Dashboards to compare country-specific targets 2. Implementation gaps 3. Funding gaps 4. Learn about other donor activities to avoid duplication 5. Real-time data 6. Notifications
Roster of specialists		
Library with useful and relevant materials		
Data visualizations		
Checklists and tools		
Support with data analysis		
Support during adaptation process		

Mission

The platform can become good resource for countries to find various tools, questionnaires, and checklists for supervisions and data quality at regional or national level.

Armenia – The country's mission is to get acquainted with the model, see advantages, and receive technical assistance from the center to improve features of the M&E system that encounter problems. The center will render methodological assistance to country M&E systems by experience sharing and technical assistance.

Azerbaijan – The online platform will be a good opportunity to receive timely consultation. Instead of needing to travel, it will be possible to receive recommendations from different countries. The country will be able to share and replicate best practices from other countries and share experiences with challenges and/or failures.

Moldova – The COE website can be a good platform for consultations. It will be beneficial to have a registry to receive technical support on various issues. Also, creating a library to combine all relevant materials, resources, guidelines, examples and having templates for implementation and immediate materials that can be useful will be beneficial.

Georgia – The new platform must allow data visualization so that the platform can visualize all the data, taking into consideration precaution measures in the data safety direction.

Users

Azerbaijan – Decision makers will be users of COE platform: the MoH, State Agency of Mandatory Health Insurance, TABIB, and NTP staff. If the recommendations, procedures, and guidelines will be shared, then doctors working in TB facilities will become users too. Users also include researchers from the Research Institute of Lung Diseases.

Google cannot provide good quality information about areas like M&E. Some websites have materials, but they are not accessible.

Armenia – Users of the platform will be: Central M&E Unit of the National TB Control Office, MoH, Global Fund coordination team, donors, National Institute of Health, Infectious Diseases National Center, TB specialists, researchers, NGOs, and other inter-related facilities. There will be a lot of common issues, principles, and methodology.

Moldova – The data must be understandable and presented in a user-friendly manner for any kind of user. The same interpretation or terminology cannot be used for researchers and civil society representatives, as these people will not have same background and knowledge.

Georgia – It will be helpful if the data are downloadable, not just graphics or charts, while also having access to data because specific users might have specific needs. Data must be depersonalized before shared publicly.

Categories

Georgia – The NTP will be the main contributor to the COE. They will use almost all resources on the website: data, trend analysis, comparison with other countries at the regional and global level, checklists, and guidelines. It will be useful to have updates on definitions, guidelines, etc. Positive and negative experiences and programmatic data are also useful. NTPs will be interested in sharing information with donors, country stakeholders, patient groups, etc.

Armenia – TB M&E researchers will be interested in scientific evidence and operational research examples from the region and different countries. Real-time updates in various fields are shared on the platform.

Azerbaijan – Decision makers are busy people. Therefore, they need short but informative materials like new directions, strategic plans, and new indicators, for instance, those recommended by WHO, indicators on financing of TB medical care, human resources management, and a simple toolkit.

CSOs – They need educational information. Fliers and leaflets are not as effective. It is important to decide what communication strategies will work.

Moldova – Donors will be interested in information about project implementation status to see the programmatic and funding gaps. Also, donors will be interested in other donor support and activities to avoid duplications. The data need to be in real-time, and push alerts can be used to notify donors that new information is available. Priorities might change based on the political situation in the region, and donors need to be informed.

Discussion Topic: TB M&E Content

What value will the COE provide? What should the website look like regarding critical features, functionality, and content: articles, blogs, posts, data visualizations, social media posts, forms, photo illustrations, etc.? If the content does not exist yet, who creates it? Who provides content? Who translates it to the relevant languages? How does it get published? Who updates the content?

Azerbaijan – Decision makers in the healthcare services of Azerbaijan are in the MoH, TABIB, and State Agency of Mandatory Health Insurance. If information is planned to be shared to any platforms, the three organizations create a joint press release and then upload it online or send it to the media. Press officers are responsible for information flow.

For projects being implemented with WHO, their approval is also needed, or sometimes they share information online, and the three organizations mentioned above share the link.

In case of scientific research or guidelines, those documents can be shared easily, although they are written in the local language.

Documentation translation is an issue. Mostly the WHO country office supports with medical document translation. Not everybody can translate such materials because of medical terminology and specific topics.

Alexander Asatiani – There are different types of content requiring different types of clearance. There are types of documents and information that needs to be approved on a high level, and there are types of materials that can be localized.

It will make sense to have some part of content translated into English and Russian languages since these are the two working languages for the region. It will be impossible to translate the entire NSP, but it is possible to translate a brief into local languages like Georgian, Azerbaijanian, Armenian, or Moldovan that will capture and summarize key points.

How important is the localization of the content?

Moldova – For the region, English and Russian with the request of the translation will work because Russian is still a working language for many countries.

An artificial intelligence chat box with automatic responses based on inserted key words from the users can be helpful. An automated system is faster in terms of the search process.

Azerbaijan –Since the COE will become an international platform, Russian and English should be enough. But content regarding communication with societies that is for ordinary people should be translated into the local language.

Georgia – Neither Russian nor English will be beneficial for everyone. The local language would be the most beneficial as not a lot of people are literate in Russian or English.

A request for a translation button is a good idea to avoid using funds for unnecessary translation but also highlights the need of specific documents to be translated in other languages.

Step by step, start with Russian and English and continue based on the request from users.

Aleksander Asatiani – It will be beneficial to add a calendar of upcoming events, trainings, seminars, funding, and education opportunities to the website.

Critical Features That Need to be on COE Website and Functionality vs. Feasibility & Sustainability

Moldova - To make people want to return to the website, the interface must be interactive, and the data and information must be real-time.

All the documents related to TB (for example WHO recommendations) should be linked to the COE library from various

websites to avoid navigation delays. Broken links should be deleted/replaced.

Armenia – The COE website must be user-friendly. During the website building process, receiving a prototype will be beneficial to have the possibility of country input to ensure a quality product.

Azerbaijan – Avoid non-practical documents and guidelines that are not informative.

Georgia – Data date must be clearly indicated, showing when the data were validated and reliable. Create an archive to move old materials/documents/guidelines from library to archive so in some cases when old versions are still useful, the documents are available somewhere.

Ways of Measuring Success

Azerbaijan – 1. Measure the number of unique visitors, and identify users and their occupation, location, gender, etc. 2. Number of documents downloaded. 3. Frequency of visiting website and search topics. 4. Measure how useful materials were for users.

Moldova – 1. Use standard indicators to measure visibility of a platform or application. 2. Measure user engagement and track their activity and regions where they are located. 3. Feedback from the users. There can be periodical surveys that will pop up on the website.

Aleksander Asatiani – If there are dedicated sections for users such as researchers, donors, and M&E specialists, it will be identifiable which section/area is the most requested in a specific period.

Track people using the COE website. Tracking IP addresses, etc.

Georgia – Requiring registration on the website will become an additional barrier for users and is not recommended.

Wrap Up

Alexander Asatiani wrapped up the meeting. The participants completed a meeting evaluation and gathered for group photos.

Annex: Agenda

Eastern Europe and Eurasia Region
Center of Excellence in TB Monitoring & Evaluation, and Surveillance
Regional Consultative Meeting

28-29 July 2022
Tbilisi, Georgia
Radisson Blu Iveria

DAY 1			28 July
Time	**Duration hh:mm**	**Agenda Item**	**Presenter / Facilitator**
Opening			
9:00 AM	00:30	Check in and registration of participants, welcome coffee Introduction to the meeting format, general housekeeping rules	**Alexander Asatiani** • Senior TB M&E Consultant, EEE Region, TB DIAH
9:30 AM	00:30	Opening remarks	**Tamar Gabunia** • Deputy Minister, Ministry of IDPs, Labour, Health and Social Affairs of Georgia (MoILHSA) **Amiran Gamkrelidze** • Director General, National Center for Disease Control and Public Health (NCDC) **Zaza Avaliani** • Director, National Center for Tuberculosis and Lung Diseases (NCTLD) **Stephanie Mullen** • Project Director, TB Data, Impact Assessment and Communications Hub (TB DIAH) **Giorgi Kuchukhidze** • Epidemiologist, WHO Regional Office for Europe

Session 1		**Center of Excellence (COE) Host Country Institutions**	
10:00 AM	00:25	National Center for Disease Control and Public Health *Mission, Vision, Priorities, Key Achievements, Global Fund Projects*	**Amiran Gamkrelidze**
10:25 AM	00:25	National Center for Tuberculosis and Lung Diseases *Mission, Vision, Priorities, Key Achievements, TB Situation in Georgia*	**Zaza Avaliani**
10:50 AM	00:10	Q&A	Facilitators
Session 2		**Country Presentations - M&E and Surveillance Systems Overview**	
11:00 AM	01:00	TB M&E and Surveillance System in **Georgia** *45 min Presentation + 15 min Discussion*	**Nino Lomtadze** • Head of Surveillance and Strategic Planning Department, NCTLD
12:00 PM	01:00	TB M&E and Surveillance System in **Armenia** *45 min Presentation + 15 min Discussion*	**Hasmik Harutyunyan** • Manager of the Global Fund to fight AIDS, TB and Malaria Program Coordination Team of the Ministry of Health of RA
1:00 PM	01:00	**Lunch**	
2:00 PM	01:00	TB M&E and Surveillance System in **Azerbaijan** *45 min Presentation + 15 min Discussion*	**Yagut Garayeva** • Head of Department of Strategic Development, TABIB
3:00 PM	01:00	TB M&E and Surveillance System in **Moldova** *45 min Presentation + 15 min Discussion*	**Andrei Corloteanu** • Head of the NTRP Coordination Department, Institute of Phthisiopneumology "Chiril Draganiuc"
4:00 PM	00:15	**Coffee Break**	

Session 3		**TB DIAH Hybrid Session**	
4:15 PM	00:30	Eastern Europe and Eurasia Region: TB M&E and Surveillance Strengthening Workplan	**Ezra Tessera** • Senior TB M&E Technical Adviser, TB DIAH
4:45 PM	00:20	Strategy for the COE in TB M&E and Surveillance	**Bridgit Adamou** • Senior M&E Advisor, TB DIAH
5:05 PM	00:20	The Assessment of Data Collection, Reporting, and Analysis Capacity Tool (ARC)	**Tariq Azim** • Senior M&E Technical Adviser, TB DIAH
5:25 PM	00:20	Preliminary Results from Implementing ARC in Georgia	**Marina Janjgava** • Head of TB Management and Control Services, NCTLD
5:45 PM	00:15	Q&A	Facilitators
6:00 PM	00:10	**Wrap-up and Planning for the Next Day**	
DAY 2			**29 Jul**
Time	**Duration hh:mm**	**Agenda Item**	**Presenter / Facilitator**
Opening			
9:00 AM	00:15	Reflections from the Day 1	Facilitators:
9:15 AM	00:15	General houkeeping and introduction of the breakout group work	**Alexander Asatiani** **Nino Lomtadze**
Session 1		**Strategic planning of country TB M&E and surveillance systems strengthening**	
9:30 AM	01:30	Breakout groups to develop country specific TB M&E and surveillance systems strengthening plans	Group Mentors / Facilitators **Alexander Asatiani** **Nino Lomtadze**
11:00 AM	00:25	**Georgia** – TB M&E and surveillance systems strengthening plan *Presentation +QA*	Georgia Country Team

11:25 AM	00:25	**Armenia** – TB M&E and surveillance systems strengthening plan *Presentation +QA*	Armenia Country Team
11:50 AM	00:25	**Azerbaijan** – TB M&E and surveillance systems strengthening plan *Presentation +QA*	Azerbaijan Country Team
12:15 PM	00:25	**Moldova** – TB M&E and surveillance systems strengthening plan *Presentation +QA*	Moldova Country Team
12:40 PM	00:20	Discussion	Facilitators
1:00 PM	01:00	**Lunch**	
Session 2		**Virtual COE Platform**	
2:00 PM	01:30	**Group Work -** Characterization of Virtual Platform Users and Platform Usage Algorithm	**Margie Joyce** • Senior Design & Learning Advisor Facilitators: **Alexander Asatiani** **Nino Lomtadze**
3:30 PM	00:30	**Coffee Break**	
4:00 PM	01:30	**Group Work -** Defining the Functional and Technical Requirements of the Virtual Platform	**Margie Joyce** Facilitators: **Alexander Asatiani** **Nino Lomtadze**
5:30 PM	00:30	**Wrap-up, Certificate Award Ceremony and Group Photo**	