

Human resource development for TB control.
The role of TFT within TBCTA
A position paper

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1 Introduction

Over many years, training has been a key component of TB control programs. Many courses have been organized, internationally as well as at the country level to improve the implementation of TB control strategies in countries. As the experience with the implementation of training programs has increased, so has also the awareness of the need to pay additional attention to the quality of training, the need for better management of training programs, and for ongoing follow-up of training. A more comprehensive strategic approach to training or the development of human resources is needed beyond the organization of training courses alone.

This paper describes how TBCTA can support the development, revision and implementation of comprehensive strategies for human resource development (HRD) for TB control. It specifies the roles within TBCTA: the Task Force Training, TB consultants, and HRD consultants. It also describes the role of TBCTA within the process of the development of human resources for TB control.

2 A strategic approach to HRD

For many years training courses have been organized at country level as well as internationally to improve the implementation of TB control strategies. Training has been a key component of most TB control programs, as the implementation of the DOTS strategy can only be successful with knowledgeable and skilled health care workers (i.e. human resources).

Gradually the realization has developed that organizing courses is not enough. The impact of training initiatives can be enlarged by:

- Improving the quality of training through active learning methodologies and evaluation
Often people think "communication means learning"; they assume that information transmitted to the course participant is always learned. To assure quality of training, the selection of educational methodologies (case studies, role-plays, lectures, etc.) has to be linked closely to the objectives of the course and the skills the participant has to learn. Evaluation is essential to ensure quality of the training.
- Strengthening linkages to program supervision and on-the-job training.
An incorrect assumption is that "they have been trained, therefore they will perform well." Training however does not always lead to a change in performance; conditions at the service delivery may make it difficult/impossible to apply the new skills, e.g. because of lack of drugs or equipment. For a newly trained health worker to implement new skills, it is essential to have an enabling environment including a supportive supervision system, drugs and logistic supply.

- Improving the systems for selection of participants
An information system needs to be in place to identify who is new and needs training, and who has already been trained and needs continuing training. Training should match the needs of the target audience.
- Including more continuing education activities.
In many NTPs, training activities focus on DOTS expansion districts. However, when the DOTS strategy has reached 100% coverage, HRD activities are not yet finished. Because of staff turnovers and performance problems there is a need to plan for continuing training activities/refresher courses to ensure that the goal continues to be met.

Training activities for TB control can not be a 'one-shot' effort. Organizing a training course and training the staff in the area is not enough. A more comprehensive, strategic approach to HRD is needed. A clear outline of such a strategy is described in the document 'Training for better TB control. Human resource development for TB control: a strategic approach within country support'.

The long term goal for human resources development for TB control is to reach and sustain a situation where:

Staff at different levels of the health system have the skills, knowledge and attitudes necessary to successfully implement and sustain TB control activities including the implementation of new and revised strategies and tools, and in relation to HIV management.

The HRD strategy includes the review and improvement - if needed- of:

- in-service training programs for TB control (for new staff and refresher courses);
- Systems and structures to identify performance deficiencies related to lack of skills and to enable staff to acquire the necessary competencies through formal training and on-the-job-training (supervision and follow-up).
- Information systems to identify new staff and to enable them to participate in appropriate training programs as soon as they take up a new position (staff rotation).
- Basic training programs for medical doctors, nurses and other health workers to ensure that new graduates are fully prepared to work in TB control.
- The co-ordination of training related to TB control with training for other disease control interventions such as for HIV/AIDS.

3 The strategy of TBCTA

The Tuberculosis Coalition for Technical Assistance (TBCTA) is a unique partnership of six organisations interested and involved in global tuberculosis control. The mission of the TBCTA, through USAID support, is to enhance the political commitment and the ability of national health programs to have an impact on the global burden of TB. This will be accomplished by providing state-of-the-art, technically sound, context-appropriate and cost-effective approaches for preventing TB and drug resistance in high incidence countries. With other global TB partners, TBCTA contributes to the acceleration of DOTS expansion.

The role of the TBCTA is:

1. Improve and expand the capacity of USAID to respond to the Global TB epidemic by providing state-of-the-art, context appropriate, technically sound and cost-effective consultations and technical assistance to high-incidence countries and USAID missions; and
2. Complement and enlarge upon existing global TB control efforts, such as Global DOTS expansion plan, the Stop TB Initiative, the programmes of the World Health Organization and the activities of individual TBCTA partners.

The TBCTA does this through country assessments, TB strategic planning, leadership development, capacity building, support to USAID field programmes and operational research. The ultimate goal is to reduce the global burden of TB and its attendant mortality, thus significantly improving human health, well being and development particularly among poor.

Both TBCTA and USAID strongly support the development of human resources for TB control. In the strategic framework TBCTA describes assistance to capacity building (individual, organisational/institutional, and programmatic) as its major theme next to the provision of technical assistance. TBCTA supports the countries with the strengthening of HRD for TB control by:

- Developing generic training modules, manuals, and guidelines to facilitate material development at national level;
- Organizing regional/intercountry level training courses on key aspects of TB control for key staff at country level.
- Providing technical and financial assistance to individual countries in developing and implementing strategies for HRD for TB control.

TBCTA provides this support to HRD for TB control through the Task Force Training, the TB and HRD consultants of the partner organizations and the PMU based HRD consultant. These have different roles with regards to the strengthening of HRD for TB control. These roles are described in the sections below.

3.1 Role and activities of the Task Force Training

A part of the TBCTA is the Task Force Training (TFT) in which training specialists of the six organizations collaborate. The purpose of the TFT is to support NTPs, academic and medical institutions to strengthen the human resource development in tuberculosis control to reach and maintain the overall programme targets of case detection and treatment. The work of TBCTA and TFT forms part of the overall global DOTS expansion efforts.

The TFT plays an important role in helping to coordinate and bring consistency to HRD for TB control amongst TBCTA-partner organizations. The TFT also contributes to a growing awareness in other partner agencies that a different approach of training/HRD is needed. By developing norms and standards for HRD in TB control the TFT works towards establishing HRD as an essential component for effective TB control, and a priority for the TBCTA-partner organizations and others. The TFT is supported by a Staff Officer Training, based in the Project Management Unit (PMU) of TBCTA.

Activities of the TFT are:

- Review of training/HRD proposals submitted to TBCTA for funding
- Development of tools/guidelines
- Skills building and needs analysis through workshops

3.1.1 Review of training/HRD proposals submitted to TBCTA

The TFT reviews the training/HRD proposals that are submitted to TBCTA for funding. It advises the Board of TBCTA on training courses/materials and HRD projects eligible for funding. In addition, the TFT provides the Board with feedback on the proposals, to be used by partner organizations for improvement of writing of proposals.

To enhance the review process the TFT developed a format for training proposals, a checklist for review of proposals and a format for reporting.

3.1.2 Development of guidelines and tools

To assist program managers, training co-ordinators, technical consultants and others involved in activities to implement the HRD-strategy within the NTPs, the TFT has developed or is in the process of developing the following documents:

- *Human resource development for TB control. A strategic approach within country support* (WHO/CDS/TB/2002.301). The earlier mentioned document outlines the components of a strategic approach to HRD.
- A checklist to be used by external consultants during a program review and assessment, and by the focal points for HRD in the NTP: *Checklist for review of the training component of the national tuberculosis control programs* (WHO/CDS/TB/2003)
- A handbook which provides detailed information on how to plan, implement and manage a system for human resource development: *The training*

coordinators handbook: basic skills and tools for managing human resource development for Tuberculosis control (WHO/CDS/TB/2003 draft document)

- A manual for workshops for TB Training Focal Points from HBCs. This manual assists workshop participants to determine training needs, resources and barriers to DOTS implementation. Working through the manual is also a skills building activity in HRD.
- Training modules: *Management of tuberculosis. Training of Health Facility staff* (WHO/CDS/TB/2003.314)
- CD-ROMS with all materials, presentations and plans of activities of the workshops for training focal points.

3.1.3 Skills building and needs analysis through workshops

To strengthen the skills of program managers, training co-ordinators, technical consultants of TBCTA partners and technical staff of USAID missions in HRD for TB control the TFT organizes regional workshops. These workshops also aim to determine training needs, resources, and barriers to DOTS implementation in high burden countries.

In the workshops, participants do a "mini review" of their own country situations using the above-mentioned checklist and participant manual. All components of an HRD-strategy in TB control are systematically reviewed. This review is country specific. NTP persons work together with technical consultants and USAID country persons, as applicable. This exercise improves skills in a systematic approach to reviewing and improving HRD for TB control. It also changes the way participants think of HRD, as is illustrated by a reaction of a participant: 'It was a stressful experience for me to change the way I was thinking about training, but I think it was worthwhile to have a paradigm shift.'

As part of the workshop activities to improve skills in HRD participants prepare a short plan of activities for HR strengthening in their countries. The plans describe specific activities that will be implemented to strengthen HRD for TB control in their respective countries.

Follow-up workshops are organized a year later. The aim is to continue with the skills building in developing, implementing, and evaluating an HRD-strategy. The workshops are also organized to evaluate the implementation of the plan of activities, identify barriers and needs, and to plan for further action.

3.2 Role of the TBCTA-partner organizations

TBCTA partner organizations support human resource development in TB control through:

- Development of TB Training modules, manuals and guidelines.
- Organization of TB training courses at regional/interregional level.
- Technical assistance to HRD at country level, which includes follow-up on the 'Plan of HRD activities' made in the TFT-workshops on HRD.

Several partner organizations develop TB training modules, manuals and guidelines. Others organize TB training courses at regional/interregional level. At country level TBCTA partner organizations have an important role in giving technical assistance to HRD for TB control (including follow-up on 'Plan of HRD activities' made at TFT-workshops).

Traditionally, 'general' TB consultants were responsible for the review and support of all components of a TB program. Gradually, however, the awareness has grown that some areas sometimes need the input from specialists, such as laboratory, drug management and HRD. Therefore partner organizations start to include the assistance of HRD specialists in work plans and proposals. Role of these HRD consultants is to provide technical assistance to individual countries in developing and implementing a strategy for HRD for TB control.

As the HRD specialist was often not involved in the country assessment visits, the 'general' TB consultant still has an important role with regards to HRD. During the assessment visit, in the process of the revision/development of a DOTS Expansion work plan, and in the follow-up of the 'Plan of HRD activities' made at the TFT-workshops, the TB consultant should define together with the NTP if the input of a HRD specialist is needed.

3.3 Role of PMU HRD consultant

Although the awareness of the significance of HRD is growing among the general TB consultants it is still limited. To accelerate the technical assistance on HRD at country level a HRD-consultant has been contracted by the project management unit (PMU) of TBCTA. The consultant works in collaboration with the TFT. The role of the HRD-consultant is to assist NTP's with the development, implementation, and evaluation of the HRD plans for TB control.

4 Process indicators

The following describes three indicators for the success of TBCTA in strengthening HRD for TB control, through activities by the TFT and by the TBCTA partner organizations.

Indicator 1

Proportion of TBCTA assisted countries¹ using materials developed/reviewed by TFT.

Data sources

- Reports by consultants from TBCTA partner organizations

¹ TBCTA assisted country refers to a country where either the USAID field mission has provided funding to the TBCTA or where core funding has been used to provide country level technical assistance.

Strengths and limitations

Data of distribution lists do not show if materials are really used. Consultants from TBCTA partner organizations can observe if TFT-materials are actually used and implemented. An important limitation of the indicator is that it does not measure use of TFT-materials in other countries. Another limitation is that it does not measure if materials are properly used.

Indicator 2

Proportion of TBCTA assisted countries trained in strengthening the HRD strategy for TB control.

Data sources

- Workshops' list with participants

Strengths and limitations

By organizing skills-building workshops the Task Force Training aims at getting HRD for TB control more prominently on the agenda of the HBC's. Invited countries are not only TBCTA assisted countries.

The data for the indicator is available from the lists of participants at TFT-workshops. However, if turnover at central level is high, this data may become less relevant. Another limitation is that the TFT is not always in the position to influence selection of participants.

Indicator 3

Proportion of countries that participated in the TFT-workshops where at least one of the activities described in the 'Plan of HRD activities'² has been implemented.

Data sources

- Reports by consultants
- Country work plans

Strengths and limitations

This indicator measures the implementation of the Plan of HRD activities made at the TFT-workshops. Consultants of TBCTA partner organizations make sure that the 'Plans of activities' are implemented. If not, the consultant informs what the barriers for implementation are and assists the country with the implementation of at least one activity. Limitation of this indicator is that TBCTA-partner organizations cannot provide technical assistance to follow up on the plan of HRD activities, if countries do not want technical advisors on HRD issues. Second limitation is that not all 'Plan of activities' were made by participants in the position to decide on priority activities for HRD for TB control.

² Plan of HRD activities refers to a draft plan prepared at the regional TFT-workshops on HRD. This plan describes a selection of priority HRD activities for TB control.

5 How to accelerate HRD activities through TBCTA?

TBCTA recognizes the need to accelerate the HRD activities for TB control. One of the key challenges of the TBCTA is to provide assistance to countries to maintain and strengthen the quality and at the same time accelerate activities for HRD for TB control. TBCTA can further strengthen and accelerate HRD activities through:

1. Expanding and strengthening assistance to HRD for TB control at country level

Two main obstacles hamper the support of TBCTA partner organizations to the development of strategic approaches to HRD in TB control. Firstly, it is still not common to include technical assistance to HRD in work plans. Countries and TB consultants are generally not used to request technical assistance from a HRD specialist. Activities to improve the situation include:

- Raising the awareness of TB consultants on the importance of a strategic approach to HRD and building their skills in assessing the need to request the input from HRD consultants. This can be reached by :
 - Assessing the need for and developing standards and curriculum for consultants training including training in HRD.
 - Participation of the consultants in the TFT-workshops.
 - Including HRD issues more often on the agenda of events where consultants meet, like the IUATLD-consultants meeting, the KNCV Program Advisory Group meeting and the WHO consultants meeting.
- Screening the HRD component of country proposals by the PMU. Discuss with the NTP and the partner organization the need to include support by an HRD specialist.
- Regular follow-up on HRD with countries that have participated in TFT-workshops.

Secondly, the pool of HRD consultants for TB control is very limited. TBCTA and its partners can increase this pool by:

- Contracting more TB HRD consultants in the TBCTA partner organizations;
- Identifying TB HRD consultants working at other organizations that can be used for short-time contracts;
- Assessing the need to develop a TB course for HRD consultants working in other public health areas;
- Increasing the number of HRD-consultants within the PMU.

2. Promoting the distribution and use of the developed guidelines and tools

Both Board-members and TFT-members should bring back the TFT documents to their organization, share these documents with colleagues and promote the use and distribution of these documents within and outside their organizations.

3. Strengthening the work of the TFT

Communication between Board and TFT, and between TFT and others involved in TBCTA-sponsored training and HRD, should be improved and maintained (e.g., observe TBCTA-funded training courses, ensure TFT reviews and comments on proposals are shared with proposers).

Extend the PMU staff assistance to the TFT. Especially the development of guidelines and tools can be accelerated when the PMU staff officer training has more than two days to support the TFT.