TB Prevalence Survey
Procurement & Budgeting

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A bullet in a decollated pillar
Timeframe (1)

- Proposal/ Permission from MOH
- Draft Protocol
- Survey prep. (steering) Committee
- (-8M) Procurement order
- (-4M) Selection of survey sites, first site visit,
- (-3M) Operation Manual, Staff orientation, precise schedule
- (-2M) Training, Pilot Survey
- (-1M) Revision of Operation Manual, Printing Forms
- (-3w) Pre-visit
- (0w) Field Operation
Timeframe(2)

- (+0-3M) Field Operation Phase I
- +4M Mid term review/retreat and WS
- (+4-8M) Field Operation Phase II
- (+8M) Completion of Field Survey
- (+11M) Completion of Culture and Identification
  Internal discussion of Preliminary Survey result
- (+12M) WS on Preliminary Result
- (+18M) Final Results,
- (+24M) Publication of Report
  2nd survey discussion if 5 years after 1st survey or not
Time Frame Example in Myanmar (TA)

- 2004: NTP showing interest, seeking assistance
- Jan 05: Assessment and initial proposal (JICA,RIT)
  - Lab assessment (RIT, IUATLD)
- March: Green light from MOH and partners
- May-June 05 Protocol development (WHO)
- Aug 05: GF announced the termination
- Sept 05: Modification and detail design of Yangon survey (JICA, RIT) X-ray training (RIT)
- Dec 05: Final Trainings and Pilot (WHO, RIT)
- Feb-June 06: Field Operation, Yangon Survey
- Mar 06: Mid term review (RIT)
Timeframe (example 2)

- Sept 06: Culture Report completed
- Sept 06: Data analysis (RIT)
- Preliminary Result Presentation (RIT, JICA)
- Lab further analysis and QA (at RIT)
- March 07: Report from NTP to the Government
- April 07: Presentation in TSRU for further discussion,
- Nov 07: Presentation in Cape Town
- Writing papers
Bottlenecks

• Confirmation of Funding
• Procurement
• Unexpected/Accidental Delay of Field Operation: Cyclone, Flood, Earthquake, Avian Flu
• Data management and Analysis
Budgeting
Basically very similar to routine activities

• Planning Budget
• Pre Survey
  – Procurement
  – Training
• During Survey
  – Field Operation & Central Management
    • Quality Assurance
• Post Survey
  – Analysis
  – Dissemination
Budgeting Worksheet

• Central Budget (1)
  – Salary
  – Training & WS
  – Central Units (Lab, X-ray, Monitoring & Supervision, Data management)
  – Dissemination

• Central Budget (2): Procurement
  – Capital investment/ Consumables
  – International Procurement/Local Procurement

• Cluster Budget
  – Per diem

• External Technical Assistance
Quality Assurance

- Can’t neglect efforts to avoid any possible biases
- Regular monitoring and Mid-term Review to avoid inter-survey teams’ bias including inter labs’

Lesson: Mid-term Review WS with staff retreat was very useful to correct differences between the teams and to motivate staff
Technical Assistance

Good Epidemiologist Quality Assurance
Not only central desk work but also field work are essential

Lesson: Interagency collaboration with flexible budget support is essential to assist a country to carry out a prevalence survey

(JICA-Pasteur-RIT-WHO-WB/MOH-ITSC)
Other components neglected/not sufficient in the original budget in Cambodia

- Security arrangement
- IEC including those to obtain informed consent
- DOT after the survey especially in remote clusters without access to NTP
- Data management
- Dissemination

Preparation Meeting with local police and community leaders
Procurement

• Capital investment
  – Find very early if you need to procure expensive items especially through international shopping
    • Ex. X-ray equipment, cars

• Consumables
  – Find if your regular items can cover most needs or you need something different
    • Ex. sputum cup, X-ray films

Lesson: We need to consider some specific arrangement of procurement for surveys and researches to avoid delay and to get proper quality items
Procurement: Bottleneck in preparation

• Delay of survey implementation
• A few months delay will cause re-scheduling of cluster visits due to monsoon, heat, snow ------
• Trained staff will leave for another project

Lessons from Cambodia, Myanmar, Tanzania and Viet Nam

Use WHO’s or other donor’s procurement mechanism in order to get things in time.
Logistics/Procurement or Lease

“Do it your self” or “Out sourcing”

• Different screening method needs different items
• Car
  – Availability of cars could be a major bottle neck factor to operate numbers of teams at one time
• Tuberculin and Sputum Transportation
  – Cold chains for both directions
• Contract/ Private sector
  – May ask private sector for non-medical supply and some transportation with contract
Very hard to get right things for the study through international procurement

- **Sputum Container**
  - Screw cap or Snap cap?

- **Tuberculin**
  - 2TU or 5TU?
  - From Denmark or Viet Nam?

- **Slide Glass**
  - Tropical or Regular package?
Introducing new technology or something new

• **Check your country regulations**
  – Read and consult carefully

• **Negotiate to get Exception**
  – Yes, X ray room in medical facilities must be properly shielded, however X ray is actually taken in operation room, emergency room and even in a general/pediatric wards.
  – Do you know X ray is used in construction sites (diagnosing building) ?

• **Availability of Maintenance Service**
Survey is financially feasible

NTP Expenditure other than TB drugs in Cambodia
- 1997: $400,000
- 2004: $2,500,000+
- 2008: $5,000,000?

Increasing international assistance to TB programs make a survey financially feasible

M/E budget in GF: >10%
A few % of annual budget for 5-10 years
Prev. Survey might be one of the best M/E tools
Some constrains in budgeting

Bigger samples
Bigger areas (logistics)
Higher per diem
Positive/ rather un-expected priceless gains beyond survey objectives

- Advocacy
  - Broadcast by National TV
- Team work building
- Confidence
- International recognition

- Properties
  - Equipment
  - Additional studies

TV crew to make documentary program
Let’s have a better view