Supporting Progress on Advocacy, Communication, and Social Mobilization for Tuberculosis Control

A Report on Outcomes of Regional ACSM Workshops for Global Fund to Fight AIDS, Tuberculosis and Malaria Recipient Countries

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Acknowledgments

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Abbreviations and acronyms

ACSM	advocacy, communication, and social mobilization
AIDS	acquired immunodeficiency syndrome
AFR	WHO Africa Region
AMR	WHO Americas Region
CCM	Country Coordinating Mechanism
DOTS	the internationally recommended strategy for TB control
EMR	WHO Eastern Mediterranean Region
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IEC	information, education, and communication
KAP	knowledge, attitudes, and practices
KNCV	Royal Netherlands TB Association
MDR-TB	multidrug-resistant tuberculosis
M&E	monitoring and evaluation
MOH	ministry of health
NTP	national tuberculosis control program
PATH	Program for Appropriate Technology in Health
SEAR	WHO Southeast Asia Region
TA	technical assistance
TB	tuberculosis
TBCAP	Tuberculosis Control Assistance Program
TBTEAM	TB Technical Assistance Mechanism of the Stop TB Partnership
TB/HIV	tuberculosis and HIV co-infection
WHO	World Health Organization
WPR	WHO Western Pacific Region

Executive summary

Advocacy, communication, and social mobilization (ACSM) are now recognized as essential elements of tuberculosis (TB) control. However, many countries do not have local capacity to implement planned ACSM activities. Additional technical support is needed to move ACSM forward to accomplish the goals and objectives set out in ambitious Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) proposals.

In 2007–2008, four regional ACSM action-planning workshops were conducted as a joint effort of the Stop TB Partnership Secretariat, the United States Agency for International Development (USAID), the World Health Organization (WHO) Regional Offices, PATH, and GFATM recipient-country teams. A total of 100 participants from 26 countries of the Western Pacific and Southeast Asia (WPR/SEAR), Eastern Mediterranean (EMR), Africa (AFR), and Americas (AMR) regions attended those workshops. The primary goal of the workshops was to assist GFATM recipient countries in developing short-term ACSM action plans to move ACSM activities forward and integrate them into ongoing TB control work.

Workshop results and participants' feedback show that all workshops achieved the goal of supporting countries with GFATM ACSM resources to identify strengths and weaknesses and plan priority ACSM activities for the coming year.

Common challenges identified throughout all regional workshops included the following:

- Despite all efforts, it was problematic to get the right participants, such as national TB control program (NTP) managers and Country Coordinating Mechanism (CCM) members, to the workshops.

- Convincing NTP managers and other key stakeholders that ACSM is important remains a critical issue.

- Most countries participating in the workshop require basic training in ACSM before ACSM activities can be expected to contribute significantly to reaching TB control goals.

- A number of the participants' English skills were very limited, hampering their ability to participate fully in the workshop.

- One of the key challenges to sustained political commitment to ACSM activities is the difficulty in measuring the impact of ACSM interventions and showing their results, particularly within short timeframes. There were significant gaps in participant skills around monitoring and evaluation (M&E), even in countries with well-developed ACSM plans.

In November and December 2008, PATH conducted a follow-up survey with ACSM action-planning workshop participants from the WPR/SEAR, EMR, and AFR workshops to assess progress towards implementing activities described in their action plans and to identify barriers to successful implementation of ACSM plans. Participants were also asked to describe their experience thus far with technical assistance (TA) requests and

missions, as well as to identify priority areas for future TA. Of the 18 countries that were represented at the first three regional workshops, 16 countries provided their responses. Respondents reported the following positive outcomes:

- All participants said that they had used skills gained during the workshop to advance ACSM activities at the national and/or subnational levels.

- Almost all countries have made substantial progress in implementing their action plans.

- Most countries moved forward in drafting national ACSM strategies, and many have finalized their strategies and are in the process of seeking endorsement and approval by the NTP and/or ministry of health (MOH).

- Nine countries have implemented subnational ACSM training workshops.

- Four countries have undertaken or are planning baseline KAP surveys to inform ACSM activities. Two countries have prioritized this activity and have completed their studies, while others have finalized protocols and training and will be implementing KAP surveys in the very near future.

- Four countries from across the regions also reported production of radio and TV programs and websites related to TB.

- Two countries reported using ACSM skills to improve collaboration between the NTP and national AIDS programs. In Papua New Guinea, the ACSM focal point at the NTP is exploring opportunities to collaborate with both the HIV and family planning programs to promote their efforts. In Kenya, ACSM training was included in a three-day workshop for public health officers and technicians on TB/HIV collaborative activities, and World AIDS Day events included TB/HIV content.

Participants across regions and countries reported the following barriers to implementing ACSM action plans:

- Human resource capacity remains weak, and in some cases there is no dedicated ACSM focal point at the NTP. ACSM focal points often have responsibilities related to overall implementation of DOTS and face competing priorities.

- There are not enough consultants to respond to the many TA requests, and regional and local experts are sorely needed.

- Lack of coordination among partners creates obstacles to successful implementation of ACSM activities. NTP managers could play an important role in building consensus on an ACSM agenda, but they often do not see this as their role. WHO was suggested as an important influence in these cases in terms of ensuring that senior managers recognize the importance of ACSM and support these activities.

- The ACSM strategy must be approved by NTP and MOH prior to starting activities, and this has resulted in delayed implementation of ACSM interventions.

- There is a lack of resources for supportive supervision of ACSM activities at the subnational level.

- Local delays in approval and disbursement of GFATM funds for ACSM activities have hampered implementation.

To sustain and build upon the ACSM gains made since the workshops, the following priority actions are recommended, based on survey responses, experiences in providing ACSM TA to countries, and conversations with NTPs, donors, and implementers:

1. Build regional and local ACSM expertise. Individual country workshops that target key staff and bring together partners working on ACSM activities to create a shared understanding of how to move forward in a coordinated fashion can improve the impact of ACSM activities at country level. Moreover, regional expertise is needed, and capacity-building efforts should focus on the formation of a cadre of ACSM experts based in each region who are available for short- and medium-term TA missions.

2. Standardize ACSM training. A standardized curriculum for ACSM skills-building (based on the ACSM handbook) should be developed in consultation with the Stop TB Secretariat, TA providers, and NTP representatives to reduce confusion and improve the planning, implementation, and evaluation of ACSM interventions.

3. Support the engagement of WHO Regional Office TB focal points. Regions in which ACSM activities have moved forward aggressively are those in which the TB focal points from the Regional Offices are actively engaged. This catalyzing function is extremely important and should continue to be supported by WHO.

4. Support ACSM interventions as integral to overall TB-control planning processes. There is a clear need for more commitment to ACSM from senior NTP managers, even in settings where the strategy is in place and activities are already under way. The Stop TB Partnership Secretariat and WHO Regional Offices can positively influence NTPs to take this on, especially in countries where senior managers have focused less on ACSM as part of the overall DOTS expansion strategy.

5. Emphasize the importance of M&E as a key to documenting the contributions of ACSM interventions to TB control goals and objectives. Upcoming ACSM training events at every level should include a basic overview of M&E issues so that partners can formulate clear ACSM goals, objectives, and activities in the context of their respective NTP strategies and priorities.

6. Clarify the TA request mechanism. Two parallel systems are currently operating for TB technical assistance for ACSM activities: the ACSM Subgroup webpage and the TB TEAM mechanism. One central mechanism for TA requests would be useful in avoiding any duplication of effort or confusion on the part of NTP staff as to how to request assistance.

Introduction

To achieve the global targets for tuberculosis (TB) control as detailed in the *Global Plan to Stop TB 2006–2015*, effective advocacy, communication, and social mobilization (ACSM) interventions to support TB control goals will be needed. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has actively encouraged countries to include ACSM components in their grant applications, particularly since Round 5. As a result, there are a number of country grants that contain ACSM components, but implementation often has been hampered by a lack of in-country capacity and adequate technical assistance to plan, conduct, and evaluate ACSM interventions.

The regional ACSM action-planning workshops were born out of the realization that additional support was needed to move ACSM forward to accomplish the goals and objectives set out in ambitious GFATM proposals. They were the product of a collaboration between the Stop TB Partnership Secretariat, the United States Agency for International Development (USAID), World Health Organization (WHO) Regional Offices, PATH, and GFATM recipient-country teams to develop a practical, standardized framework for understanding and overcoming barriers to implementation of effective ACSM interventions. The primary goal of the ACSM action-planning workshops was to assist GFATM recipient countries in overcoming barriers to scale up, enhance, and integrate ACSM activities into ongoing TB control work.

This report has two purposes. First, it describes the workshops themselves, workshop outputs, lessons learned, and recommendations for future workshops. Second, it describes the follow-on ACSM activities and outputs that have been generated at country level as a result of participation in the workshops, and makes recommendations for next steps in the development of effective ACSM interventions to support TB control goals and objectives.

Regional ACSM action-planning workshops

Objectives of the workshops

The workshops were intended to help countries with GFATM grants that include ACSM components recognize roadblocks and identify action steps for moving forward with ACSM. Objectives for the workshops included:

- Creating a shared understanding of definitions for advocacy, communication, and social mobilization; their linkages; and how they function in synergy.

- Creating a shared understanding of practical steps for developing an effective ACSM strategic plan, activities, evaluating barriers, and opportunities, and using existing and newly developed ACSM resources (e.g., KAP Survey Guide, ACSM Handbook).

- Sharing ACSM lessons learned and experiences between countries.

- Identifying gaps and challenges in countries' current GFATM ACSM plans, and assisting them in developing practical steps to resolve them.

- Developing short-term, specific ACSM action plans to accelerate the implementation of ACSM activities in-country, including identification of needed technical assistance.

Structure and content

The ACSM action-planning workshops were designed for country teams of three to five people each, representing key stakeholders in ACSM for TB control. Focus countries to be invited to the workshops were identified in consultation with USAID, the Stop TB Partnership Secretariat, and WHO Regional Offices. PATH developed criteria for selecting workshop participants to ensure that appropriate staff were targeted (e.g., NTP managers, CCM members, ACSM technical staff, and civil society representatives) with the intention that skills learned in training were likely to be applied to ongoing ACSM efforts and that ACSM activities were actively supported by the NTP. A total of 100 participants from 26 countries attended the four regional workshops conducted thus far. A summary of participants by country and category is provided in Table 1.

The agenda for the workshops was intensive and highly participatory, with participants engaging in small group work, plenary discussions, and other activities that encouraged them to share their knowledge and experiences, as well as provide peer feedback. The end result was an action plan to move ACSM activities forward in each of their countries in the next six to twelve months. The process used throughout the workshops helped deepen participants' common understanding of ACSM principles and increased participants' confidence in their ACSM skills and knowledge, although this was not the primary goal of the workshops.

Workshop contents and methods were designed with input from the Stop TB Partnership Secretariat, ACSM Sub-Working Group at Country Level members, and NTPs within the focus countries. The workshop agenda was also tailored based on responses to individual participant needs assessments conducted prior to the workshops and followed the general outline below. A detailed workshop agenda is provided in Attachment 1.1.

Day 1:   Orientation to ACSM concepts.

Day 2:   Global TB epidemiology and the linkages between TB control goals and ACSM; reports on current country ACSM activities, successes, and challenges.

Day 3:   Key points of ACSM strategic planning; developing strategic advocacy, communication, and social mobilization plans.

Day 4:   Work in country-team groups on action plan development and group review of plans.

Day 5:   Discussion of monitoring and evaluation of ACSM activities, development of follow-up country TA requests, discussion of mechanisms for an ongoing regional community of practice, and workshop evaluation.

The single crucial indicator of the workshop's success was completion of a specific ACSM activity action plan by each country's participants, with dates and names of

persons responsible for implementation. All country teams that participated met this target.

Facilitators' guide

In preparation for the pilot workshop, PATH designed the facilitators' guide with input from USAID, the Stop TB Partnership Secretariat, ACSM Sub-Working Group at Country Level members, and NTPs and other stakeholders within the focus countries (see Attachment 1.4.). It focused on practical steps to ACSM strategy development and activity implementation and was based on the newly developed Stop TB materials (e.g., KAP Survey Guide, ACSM Handbook, etc.). This original version of the facilitator's guide was significantly refined and modified to meet participants' needs and to address regional priorities. Following each regional workshop, facilitators met for one day to document lessons learned and best practices, as well as to identify areas of the facilitator's guide or training approach that need additional refinement. As a result, in addition to the original version of the facilitator's guide, there are four regionally specific versions (see Attachments 1.5, 2.4, 3.4, and 4.4.). Each iteration of the workshop improved upon the previous approach through extensive feedback from both facilitators and participants and has resulted in a finalized trainers' guide and workshop materials that are available for adaptation and widespread use.
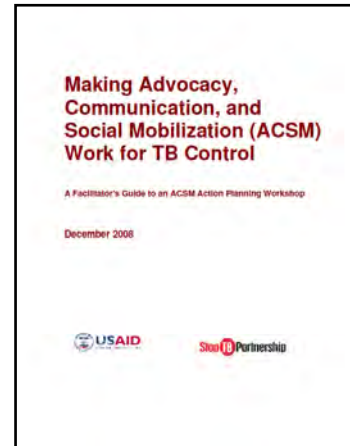
Workshop schedule

Regional ACSM action-planning workshops were scheduled for all WHO Regions. To date, four regional workshops have been conducted, with a fifth one planned:

- A pilot workshop for the Western Pacific and Southeast Asia Regions (WPR/SEAR) in Bangkok, Thailand on August, 20–24, 2007, for eight countries (Cambodia, India, Indonesia, Nepal, Papua New Guinea, Philippines, Thailand, and Vietnam).

- An Eastern Mediterranean Regional (EMR) workshop in Amman, Jordan on April 13–17, 2008, for six countries (Morocco, Pakistan, Egypt, Sudan, Iraq, and Jordan).

- An Africa Regional (AFR) workshop in Kampala, Uganda on September 8–12, 2008, for four East African countries (Ethiopia, Kenya, Tanzania, and Uganda);

- An Americas Regional (AMR) workshop in Panama on December 2–6, 2008, for eight countries (Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, Peru, Panama, and Paraguay);

- A European Regional (EUR) workshop in Minsk, Belarus planned for July 13–17, 2009, for five countries (Belarus, Bulgaria, Kazakhstan, Moldova, and Romania).

Table 1. Regional ACSM action-planning workshop participants

	Country	NTP Staff	NTP Local Level Staff	ACSM/ IEC Focal Points	Other MOH Staff	Other Government Ministries	HIV/AIDS Program Staff	TA Organizations	Civil Society and Affected Communities	Media	WHO Regional Office Staff	Academics/ Universities	Total
	WPR/SEAR Workshop												
1	Cambodia	1	3	1									5
2	India							2					2
3	Indonesia			3		1		1	1		1		7
4	Nepal		1	1					1				3
5	Papua New Guinea						1	1	1		1		4
6	Philippines		2	1	2						1		6
7	Thailand	3							2				5
8	Vietnam	1		2		1			1				5
	Total	**5**	**6**	**8**	**2**	**2**	**1**	**4**	**6**		**3**		**37**
	EMR Workshop												
9	Egypt	1		1	1	1							4
10	Iraq	1		1									2
11	Jordan	2		2									4
12	Morocco	3		1									4
13	Pakistan	1		2									3
14	Sudan	1		1	2								4
	Total	**9**		**8**	**3**								**21**
	AFR Workshop												
15	Ethiopia	3											3
16	Kenya	1		1					1				3
17	Tanzania				2				1				3
18	Uganda	2		2					2				6
	Total	**6**		**3**	**2**				**4**				**15**

	Country	NTP Staff	NTP Local Level Staff	ACSM/IEC Focal Points	Other MOH Staff	Other Government Ministries	HIV/AIDS Program Staff	TA Organizations	Civil Society and Affected Communities	Media	WHO Regional Office Staff	Academics/Universities	Total
	AMR Workshop												
19	Brazil	1		1						1	1		4
20	Ecuador	1			1								2
21	El Salvador	1		1					2				4
22	Guatemala	1			1			1					3
23	Paraguay	1							1				2
24	Panama	1	1			1	1		1				5
25	Peru	1			1							1	3
26	Dominican Republic	1				1			2				4
	Total	**8**	**1**	**2**	**3**	**2**	**1**	**1**	**6**	**1**	**1**	**1**	**27**
	Total for all workshops	**28**	**7**	**21**	**10**	**5**	**2**	**5**	**16**	**1**	**4**	**1**	**100**

Workshop evaluation

The workshops were evaluated through written forms completed by participants at the end of each day, through informal feedback via "Eyes and Ears" volunteers that reported informally each morning, and through the final evaluation at the end of the workshop. The following are major themes from participant feedback:

WPR/SEAR workshop participants, August, 20–24, 2007, Bangkok, Thailand

- Group interaction was the biggest winner. Almost all participants said that intercountry communication during workshop exercises as well as interaction after the workshops was very valuable.

- Many participants stated that they liked the participatory, comprehensive nature of exercises.

- The majority felt they gained significant insight into the major concepts of ACSM and how to integrate those concepts into the planning and development of their NTP strategies.

- The majority of participants felt that the workshops were well-organized, the presentations were relevant and well-designed, and the facilitators were very helpful in assisting them with exercises.

- Some country-team participants felt that there should have been more time to work on the exercises, and the workshop should be prolonged for one more day.

A key benefit of the workshop from the facilitators' viewpoint was the dialogue and common understanding it created within each country team—many team participants had not worked together previously and had different understandings of the status of their country ACSM activities before they came to the workshop. The workshop provided an opportunity to build a support network for moving ACSM activities forward when participants returned home.

Development and implementation of action plans

The key outcome for each regional ACSM workshop was the development of six- to twelve-month action plans to address bottlenecks and move ACSM forward, including identification of priority activities and technical assistance needed to implement the plans. Progress towards development and implementation of ACSM plans and capacity to move forward varied by region; however, several common themes emerged from the workshops. Moreover, follow-up with individual country programs revealed similarities in terms of what has been accomplished and the remaining challenges.

At the regional workshops, many countries noted that ACSM activities are often not explicitly linked to the overall goals and strategy of the NTP; they are often stand-alone information, education, and communication (IEC) activities without clear goals and objectives linked to the key case-detection and treatment-outcome indicators used by the NTP to measure successful implementation of the Stop TB Strategy. This creates challenges in coordination and ensuring buy-in from key stakeholders. Additionally, a number of countries mentioned an exclusive focus on IEC activities and a lack of advocacy and social mobilization efforts. Action plans addressed these priority concerns.

Individual action plans produced at the ACSM workshops are found in Attachments 1.3, 2.3, 3.3, and 4.3. Common themes and activities among the plans included:

AFR (*Ethiopia, Kenya, Tanzania, Uganda*)

- Recruit and retain ACSM focal points and staff for NTPs.
- Implement KAP surveys and community assessments to inform ACSM strategies.
- Draft and disseminate national ACSM strategies.
- Plan, implement, and sustain ACSM activities around World TB Day as a key event.
- Identify and sensitize key populations in each country (policy makers, school teachers, journalists, community health workers).

EMR (*Egypt, Iraq, Jordan, Morocco, Pakistan, Sudan*)

- Conduct KAP studies and other operations research to inform ACSM strategies, including impact evaluation for ACSM activities.
- Develop, produce, and disseminate IEC materials and ACSM guidelines.
- Integrate ACSM for TB with existing media campaigns, NTP websites.
- Conduct training and supervision for subnational staff responsible for moving ACSM forward at provincial and district level.

SEAR (*India, Indonesia, Nepal, Thailand*)
WPR (*Cambodia, Papua New Guinea, Philippines, Vietnam*)

- Establish ACSM working groups with key stakeholders in each country, led by the NTP.
- Develop and finalize national-level ACSM strategies, to be endorsed by the NTP and MOH; dissemination to all relevant stakeholders.
- Realign country ACSM plans to ensure consistency with and links to NTP goals, objectives, and DOTS implementation and expansion strategy.
- Organize national-level capacity-building workshops to ensure availability of local ACSM expertise.
- Move beyond IEC activities to specific components of ACSM to ensure that all elements are represented in national strategies.

Lessons learned and recommendations for future workshops

The benefit of regional workshops is that they allow for efficient use of TA time. They can help to develop scopes of work for follow-up ACSM TA to each country attending the workshop and coordinate support through the Stop TB ACSM Focal Point or TB TEAM. Also, the workshops support creation of the regional ACSM communities of practice that can facilitate ongoing sharing of best practices and lessons learned among countries.

Challenges

There were a number of common challenges identified throughout all regional workshops that are described below.

- *Getting the right participants to the workshop.* The success of the workshop and the sustainability of its outcomes depend crucially on how deeply participants are engaged in their local in-country TB ACSM activities. It is very important to ensure that appropriate staff are targeted so that skills learned in training are likely to be applied to ongoing ACSM efforts and that ACSM activities are actively supported by the NTP and CCM. Despite all efforts, it was problematic to get the right participants, such as NTP managers and CCM members, to the workshops.

- *Key stakeholder buy-in to the importance of ACSM.* Convincing NTP managers and other key stakeholders that ACSM is important remains a critical issue. In each NTP, there should be an ACSM focal point who is responsible moving the ACSM agenda forward and making sure that there is follow-up for implementation of the next steps at the country level. However, in many countries they are absent.

- *Basic understanding of ACSM concepts and approaches.* Most countries participating in the workshop require basic training in ACSM before ACSM activities can be expected to contribute significantly to reaching TB control goals. Many participants had a poor understanding of the vital importance of first assessing needs through research to identify gaps and plan ACSM activities strategically. In addition, most participants' monitoring and evaluation (M&E) expertise was particularly limited. Participants were confused about the M&E concepts of goals, objectives, and indicators generally, and about the relationship between the NTP and ACSM goals and objectives specifically.

EMR workshop participants,
April 13–17, 2008, Amman, Jordan

- *Language.* Although most participants responded that their English was "good" to "excellent" on the questionnaire, in fact a number of the participants' English skills were very limited, hampering their ability to participate fully in the workshop.

- *Demonstrating benefits.* One of the key challenges to sustained political commitment to ACSM activities is the difficulty in measuring the impact of ACSM interventions and showing their results, particularly within short timeframes. There were significant gaps in participant skills around monitoring and evaluation, even in countries with well-developed ACSM plans.

Recommendations for future workshops

The following are common recommendations that were noted across workshops:

- *Site selection.* Consider holding future ACSM workshops outside of capital cities to prevent late or interrupted attendance by the host-country representatives.

- *Dividing facilitator roles.* Roles for each facilitator should be clearly defined, including which parts of the curriculum each person will present or facilitate. Also, the facilitators should review and adapt PowerPoint presentations for their sessions if needed. Core facilitators should include individuals from the region to increase the relevance of discussions and examples. Ideally, a local partner should also be identified to work with external facilitators, increasing local capacity and providing additional credibility and context to discussions.

- *Facilitator preparation.* A one- to two-day facilitators' meeting before the workshop is essential to ensure their smooth functioning as a team. A representative of the organization responsible for the workshop logistics should participate at this meeting from day one.

- *Appropriate country-team makeup.* Appropriate NTP staff representation is a very important issue and should be addressed while planning the future workshops. Every effort should be made to invite participants who represent the NTPs of their countries rather than other areas of the MOHs. The directors of the NTPs would be especially valuable. In developing the participant list for future ACSM workshops, representatives from affected groups (e.g., TB patients) also should be included. Their participation enriches the discussions and provides insight into many of the issues that should be resolved through ACSM efforts.

- *Language.* Because of the tight time frame for workshop activities, it is recommended not to have mixed language groups that require interpretation.

- *Participant preparation.* Workshop participants should be familiar with and bring to the workshop their countries' NTP strategies, GFATM documents, and other related documents.

- *Regional relevance.* It is important to provide case studies from countries in the region to illustrate ACSM programs. Participants should be asked to prepare and bring to the workshop a 10-minute PowerPoint presentation of their ACSM program status and one 5- to 10-minute case study of one of their most significant ACSM achievements. This will provide for real regional case studies and more meaningful learning among participants.

- *Definition of terms and linkages with TB outcome indicators.* As noted above, the participants were often confused about the definition and use of the terms goals and

objectives. This led to further confusion when they were asked to complete exercises that used these terms. It is highly recommended that a clear basis of understanding of these terms be established by Day 2. Early in the workshop, the Stop TB Strategy should be presented and discussed, so the ACSM activities can be tied to the TB control objectives. This session should provide a basic overview of the difference between goals and objectives with examples of each. The relationship between the ACSM goal and objectives and the NTP goal and objectives should be explained clearly to establish a clear understanding and appropriate use of these terms throughout the duration of the workshop.

- *Workshop schedule.* The workshop agenda is intensive. A half-day off in the middle of the five days may be useful to avoid workshop burnout, allow participants a break, and give facilitators time to adjust the agenda as needed to reach the workshop objectives, as every group will be different. (For example, half-day site visits can be arranged.)

AFR workshop participants,
September 8–12, 2008, Kampala, Uganda

- *Post workshop follow-up.* The workshops are only a first step in a much longer process needed to strengthen the contribution of ACSM interventions to TB control. Follow-up after the completion of the workshop is essential to seeing progress in ACSM. Involvement of the WHO Regional Office TB focal points has been extremely helpful in seeing continuing progress, and this involvement should be continued.

Outcomes of the ACSM action-planning workshops

In November and December 2008, PATH contacted participants from the WPR/SEAR, EMR, and AFR workshops. They were asked to provide information on implementation of country action plans and overall ACSM experiences since the workshops. One representative per country was asked to respond to a standardized questionnaire (Attachment 5.2).[1] Initial emails were sent to ACSM focal points for each country in mid-December with a request for response by early January, and reminder emails were sent to each person in late December. Countries that did not respond to the email request were contacted by phone for an interview using the same questionnaire. Of the 18 countries that were represented at the first three regional workshops, eight responded to the email request and eight focal points were successfully contacted by phone and participated in an interview. Two countries did not respond, due to changes in contact information and/or lack of time. Information was not collected from AMR participants since they have only recently participated in a workshop.

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[1] Action plans and follow-up information are not available for countries that participated in the AMR workshop; this event took place from December 1–5, 2008 and there was not enough time between the workshop and production of this report to include final plans and outcomes.

Each country was asked to assess progress towards implementing activities described in the action plan, describe additional activities that did not appear in their plan, and to identify barriers to successful implementation of ACSM plans. Additionally, participants were asked whether or not they had used skills gained during the ACSM workshop and if they had opportunities to exchange information or experiences with their colleagues in the region. Lastly, they were asked to describe their experience thus far with TA requests and missions, as well as to identify priority areas for future TA.

The remainder of this report summarizes accomplishments thus far, barriers to implementation, and provision of TA, including a summary of future TA needs. Self-reported progress and remaining challenges for individual countries are summarized in Table 2 on page 16.

Accomplishments

All respondents reported positive outcomes following the ACSM regional workshops. Participants agreed that the workshop itself was useful and said that they had used skills gained during the workshop to advance ACSM activities at the national and subnational levels. Across the regions and countries, participants reported using the situation-analysis skills to identify strengths and weaknesses related to ACSM and to plan future ACSM activities. Almost all countries have made substantial progress in implementing their action plans. Most countries moved forward in drafting national ACSM strategies, and many have finalized their strategies and are in the process of seeking endorsement and approval by the National TB Program and/or MOH. Likewise, many countries have also drafted ACSM guidelines, operations manuals, and resource materials for NTP staff.

> **Advocacy in Morocco**
>
> Morocco is planning a National TB Summit in March 2009 in collaboration with the new Minister of Health, a strong advocate for the program. This event will include WHO/Geneva, EMR staff, TB ambassadors, movie stars, local deputies, and other high profile individuals.

Nine countries have also implemented subnational training workshops in the months since the regional workshop. Seven respondents reported that training on ACSM had taken place at the provincial and/or district level, and most identified training as a priority activity for lower levels of the health system, for example, at the community level among health workers. Two countries recommended more intensive "training of trainers" events at the regional level to support subnational training as a next step to build capacity for ACSM.

> **Advocacy skills in action**
>
> After the AFR workshop, Ms. Lucy Chesire of Kenya participated in the Global Fund board meeting in India, advocating for a new requirement that all TB and HIV proposals should include TB/HIV collaborative activities.

Additionally, four countries have undertaken or are planning baseline KAP surveys to inform ACSM activities, and almost all have produced IEC materials targeted at key populations such as new and retreatment TB patients, health professionals, families

of TB patients, community leaders, social workers, and others. Two EMR participants have prioritized this activity and have completed their studies, while others have finalized protocols and training and will be implementing KAP surveys in the very near future. Two AFR participants have delayed KAP studies due to lack of financial and human resources. Four countries from across the regions also reported production of radio and TV programs and websites.

Finally, two countries reported using ACSM skills to improve collaboration with other priority disease programs, for example, by advocating program integration with the NTP and national AIDS programs, as well as other primary care programs. In Papua New Guinea, the ACSM focal point at the NTP is exploring opportunities to collaborate with both the HIV and family planning programs to promote their efforts. In Kenya, ACSM training was included in a three-day workshop for public health officers and technicians on TB/HIV collaborative activities, and World AIDS Day events included TB/HIV content.

Barriers to implementation

Participants across regions and countries reported similar barriers to implementing ACSM action plans. Human resource capacity remains weak, and in some cases there is no dedicated ACSM focal point at the NTP. In some settings, ACSM focal points also have responsibilities related to overall implementation of DOTS and face competing priorities. Despite moving forward with subnational training events, at least one country per region reported a scarcity of resources to train community level workers on ACSM.

> **Coordination challenges**
>
> Many countries cited lack of coordination and consensus among partners as a barrier to ACSM success. NTPs may need to play a more prominent role in convening ACSM partners and setting the agenda.

Five respondents reported that lack of coordination among partners has created obstacles to successful implementation of ACSM activities, as well as a lack of consensus among partners on prioritization of activities. One country noted the importance of engaging the NTP to play the role of convening partners and building consensus on an ACSM agenda, but that NTP managers may not prioritize ACSM or see this as their role. WHO was suggested as an important influence in these cases in terms of ensuring that senior managers recognize the importance of ACSM and support these activities. Some countries mentioned a continued focus on IEC activities as a challenge to getting advocacy and social mobilization efforts up and running.

Another key barrier to implementation of ACSM plans is the lack of TA; there are simply not enough consultants or partners with this expertise to respond to the many requests, and regional and local experts are sorely needed. Additional barriers stated across countries were the need for NTP and MOH approval for the ACSM strategy prior to starting activities, which is lagging in some countries; lack of resources for supportive supervision of ACSM activities at the subnational level; and delays in approval and disbursement of funds from local GFATM officials. For example, one country noted the

long lead time necessary to gain approval for a local private-sector communication agency to assist with design and production of materials.

Table 2. Summary of participant accomplishments and remaining challenges

	Country	Accomplishments	Remaining Challenges
		WPR/SEAR Countries	
1	Cambodia	• With TA from PATH, the National ACSM Strategy was developed and finalized and is currently under review by national officials.	• Lack of coordination and consensus among partners on prioritization of ACSM activities.
2	India	• National TB Consortium (NTC) members discussed ACSM actions with the representatives of Indian Government. • NTC members participated in the NTP workshop to review existing NGO schemes for participation in TB control. NTC efforts were successful in advocating for incorporating ACSM in TB control. • With TA from PATH, NTC prepared a concept paper for the Round 8 GFATM application and is developing an ACSM curriculum and training materials for partners.	• NTP officers focus heavily on IEC strategy only and less on advocacy and social mobilization. • Need additional advocacy for NTP support of ACSM activities implementation and commitment to implementing ACSM as part of their annual action plan.
3	Indonesia	• Drafted ACSM guidelines and is in the process of reviewing; it is planned to be finalized in Q1 of 2009. • The Indonesian version of the Patient's Charter (*Piagam Hak dan Kewajiban Pasien)* has been endorsed and printed in limited amounts. • The ACSM indicators and instruments for the Indonesian setting have been developed in collaboration with the Gadjah Mada University, and instruments have been piloted in two provinces. They still should be reviewed and approved by NTP. • A World TB Day 2008 Commemoration was conducted at Krobokan Prison in Bali to promote TB in Prison approach as one of the strategies to expand DOTS service. • A health care provider toolkit (a set of flipcharts, brochure for TB patients, brochure for treatment observers, and posters) has been developed, and some	• Lack of funds to evaluate national TB campaign and for Village TB Post Initiative. • Delayed disbursement and approval of GFATM funds; in some cases, ACSM activities were not approved and the money has been reprogrammed for other activities.

	Country	Accomplishments	Remaining Challenges
		of the materials have been printed and disseminated. • Budgeting and Planning Tool for TB Program was adapted from WHO tool. Now, the Indonesian translation is still being piloted in several provinces. • TB Partnership Forum Meetings are conducted quarterly. • Village TB Post Initiative was initiated. This is a community-based approach to reach unreachable TB patients by bringing TB services closer to the community. The assessment has been done in July 2008. The NTP is looking for funding to support this activity.	
4	Papua New Guinea	• With TA from PATH, an ACSM stakeholder analysis, rapid needs assessment, and three-day introductory workshop for ACSM partners were conducted. • The ACSM focal point at the NTP is exploring opportunities to collaborate with both the HIV and family planning programs to promote their efforts.	• None reported.
5	Philippines	• Conducted an assessment of the status of ACSM activities, identified the gaps that need to be addressed as well as the potential partners. • Initiated the development of the ACSM strategic plan and hired a WHO consultant. • The ACSM handbook was launched.	• Competing priorities within NTP. • Lack of financial and technical resources.
6	Vietnam	• Conducted a nationwide KAP survey. • Developed ACSM guidelines and trained TB staff at provincial and district levels. • Produced radio and TV TB programs to broadcast on the National Radio and TV. • Produced IEC materials for general populations and for ethnic groups in mountainous provinces. • With TA from PATH, the Round 9 GFATM application for Vietnam included a strong ACSM component.	• Lack of financial and human resources.

	Country	Accomplishments	Remaining Challenges
EMR Countries		
7	Egypt	• Conducted KAP survey. • With support from local ACSM consultant, developed ACSM strategy. • Developed a website and serial drama.	• None reported.
8	Iraq	• KAP survey conducted in two areas. • With TA from Dr. Tahir Turk, ACSM strategy was developed. • 14 ACSM workshops were conducted. • Communicated with ACSM Officer in Pakistan, and NTP staff study tour conducted to Pakistan.	• Lack of financial and human resources. • Unstable security situation in the country. • Poor political commitment at all levels as TB is not a health priority. • Lack of infrastructure: national TB hospital is destroyed, many clinics need renovation, and TB labs are inadequate. • Lack of ACSM trained staff and their continuous turnover.
9	Jordan	• Established an ACSM task force with different partners within the MOH. • Conducted two orientation meetings with concerned NGO focal persons and influential leaders. • Conducted trainings at district and regional levels. • Communicated with the NTP staff in Egypt to get advice on creating website for Jordanian NTP and for conducting KAP study.	• Lack of trained ACSM personnel. • Lack of funding for the provincial and district ACSM activities. • Lack of interest among some NGOs and community to participate in ACSM activities.
10	Morocco	• Dr. Muhammad Tariq of Pakistan visited Morocco in July 2008 to facilitate an ACSM workshop focusing on M&E and survey research. • Conducted national KAP study in December 2008; the study data is being analyzed. Drew on Pakistan's KAP survey experience in designing the study. • Conducted 15 regional and local ACSM training workshops for health workers and social workers.	• GFATM CCM decision making process for initiation of various ACSM activities is lengthy. • Lack of communication skills in the MOH staff.

	Country	Accomplishments	Remaining Challenges
		• Conducted a number of meetings to help NGOs build specific activities plans. • In collaboration with the MOH, a National TB Summit is planned for March 11, 2009. • Developed a website.	
11	Pakistan	• Published ACSM National Strategy and National M&E Framework. • Most of the resource materials and collected success stories are posted on NTP/ACSM website www.ntp.gov.pk/acsm. • Shared the ACSM documents with Iraq team and also assisted their study tour to Pakistan.	• None reported.
12	Sudan	• With TA from Mr. Tahir Turk, drafted ACSM plan and developed ACSM portion of Round 8 GF proposal.	• Delayed financial procedures. • Lack of trained ACSM personnel.
AFR Countries			
13	Ethiopia	• Integrated the ACSM action plan into the NTP plan. • ACSM focal point has been assigned. Five-day training on operational research methods was conducted for 30 national and regional TB/Leprosy program coordinators. • Community-based TB-care sensitization workshop was conducted at national level for 40 participants. • TB radio spots in three languages developed and aired. • Developed IEC materials; currently, they are being printed. • Communicated with a Kenyan colleague to share experiences and progress towards implementing ACSM activities.	• Lack of funding to conduct KAP survey.
14	Kenya	• The following documents reviewed and approved for printing: advocacy strategy, TB sensitization guide for community leaders, school health sensitization guide, facilitator's guide for community health workers, TB fact sheet for community leaders, and TB facility directory guide.	• Delayed disbursement of GFATM funds. • Lack of trained ACSM personnel.

	Country	Accomplishments	Remaining Challenges
		• 335 health workers have been trained on TB/HIV ACSM activities. • Supportive supervision was done in two TB zones, Nyanza South and South Rift. • ACSM component was included in a three-day workshop for public health officers and technicians on TB/HIV collaborative activities, and World AIDS Day events included TB/HIV content.	
15	Tanzania	• ACSM strategy for TB/HIV is under development.	• Implementation of the ACSM action plan is delayed due to delayed recruitment of the ACSM focal point. • Lack of trained ACSM personnel.
16	Uganda	• Refined TB and TB/HIV ACSM strategies. • In the process of seeking partnership with other organizations to support ACSM activities, especially TBCAP.	• Quarterly supportive supervision visits delayed due to lack of funds. • GFATM procedures cumbersome for release of funds. • Key stakeholders are reluctant to collaborate. This is affecting the district activities.

Technical assistance

PATH, a key technical assistance partner for ACSM activities, has provided TA for ACSM as a follow-on activity to the workshops. Additionally, participating countries were encouraged to request TA from WHO Regional Offices and partners and provide support to each other in further developing and implementing ACSM action plans. For this report, participants were asked to summarize their experience thus far with TA requests, including opportunities for exchange with their colleagues. They were also asked to summarize outstanding TA related to their action plans. This section provides detail on TA provided by PATH, participant responses, and a description of other TA supported by Stop TB ACSM funds during the period covered by this report.

Post workshop technical assistance

After the regional workshops, Stop TB Partnership funds were used to support specific TA requests from GFATM Project Implementation Units for existing activities and forthcoming applications. For example, following the Bangkok workshop, these funds supported TA to the NTP of Papua New Guinea. PATH consultant Barbara Crook traveled to Papua New Guinea in December 2008 to conduct an ACSM stakeholder analysis and rapid needs assessment, including review of the ACSM work plan; she also organized a three-day introductory workshop for ACSM partners. The mission resulted in a number of recommendations aimed at strengthening ACSM at the national level (development of ACSM strategy and plans, creation of coordinating committee, improved collaboration with National HIV/AIDS program) and increasing human resource capacity (ACSM training, interpersonal communication skills training, IEC materials for health workers, etc).

PATH, with funding from USAID and the Stop TB Partnership, has also collaborated with the NTP of Cambodia (known as CENAT) to develop and finalize the National ACSM Strategy, which is currently under review by national officials. Additionally, PATH has provided TA for the Round 9 GFATM application for Vietnam, which will include a strong ACSM component. PATH is beginning work with the NGO Tuberculosis Consortium in India to develop an ACSM curriculum and training materials for partners. Other key activities include the continued work of WHO Regional TB Focal Points and the Stop TB ACSM Subgroup at Country Level.

Additional technical assistance with Stop TB funds

Beyond the TA requested by countries that participated in the regional workshops, PATH has responded to specific requests for technical assistance related to ACSM from Cameroon and the Republic of Macedonia. In Cameroon, PATH consultant Barbara Crook provided distance-based assistance with the ACSM component of the Round 8 GFATM application. The proposed activities addressed capacity-building at national level, development of media campaigns to support case detection, training for health care workers in interpersonal communication skills, and behavior change research to inform ACSM strategy. In Republic of Macedonia, PATH staff member Charlotte Colvin worked with the GFATM Project Implementation Unit to develop and implement an operations research project on knowledge, attitudes, and practices among newly diagnosed TB patients and retreatment cases. Specifically, she worked with local partners to finalize the study protocol and questionnaires, and train local research assistants. Data collection took place from June through September 2008, and data entry and cleaning was done in-country in late September through November. Preliminary analysis began in December and is ongoing; the results will inform future ACSM efforts in Macedonia as well as priorities for future operations research needed to address concerns around treatment default, (e.g., impact evaluations of specific interventions that will be implemented with GFATM funds).

<u>Technical assistance requests</u>

Many countries have not made specific requests for TA following the regional workshops. For example, none of the participants from the AFR workshop and only half of the SEAR/WPR workshop participants requested TA for ACSM. One country said that it was not clear how to access TA support. Other countries responded "no" without clarifying why the requests have not yet been made. In Indonesia, KNCV/TB CAP has

provided support for the development of ACSM indicators, and in India, PATH supported the NGO TB Consortium to prepare an ACSM concept paper for the Round 8 GFATM application. WHO has provided support to the Philippines for assessment and planning. Similarly, there has been very little exchange between workshop participants, with lack of internet access cited as a key barrier to communicating with regional colleagues, particularly in SEAR and WPR. Additionally, participants identified lack of resources to support formal exchanges between countries as

a challenge. Specifically, respondents noted that exchange opportunities were often limited to international meetings attended by senior NTP staff. The exception was Ethiopia, where participants have communicated with a Kenyan colleague to share experiences and progress towards implementing ACSM activities.

Notably, participants in the EMR workshop have requested and received substantially more TA. Morocco, Egypt, Iraq, and Sudan have accessed regional experts or EMR staff to assist with drafting ACSM strategies, KAP surveys, and Round 8 GFATM applications. EMR participants also reported numerous exchanges between countries and opportunities to share experiences. For example, the NTP in Morocco drew on Pakistan's KAP survey experience in designing their study, and Dr. Mohammed Tariq of Pakistan and EMR staff visited Morocco in July 2008 to facilitate an ACSM workshop focusing on M&E and survey research. Additionally, the NTP in Jordan consulted with colleagues in Egypt on the creation of their website and design of a KAP study. In another case, NTP staff from Iraq participated in an exchange visit to Pakistan.

<u>Technical assistance needs</u>

As noted earlier, there are a number of TA needs among the workshop participants. Some countries need urgent support to draft and/or finalize their ACSM strategies and will delay implementation of activities until this key document is completed and approved by the NTP and MOH. Many countries expressed the need for M&E support for ACSM, specifically for impact evaluation. Support for operations research is another TA gap that was mentioned several times. Other specific requests included support for Round 9 GFATM applications (Uganda) and assistance with website development in

preparation for a National TB Summit (Morocco). Participants from Sudan identified a need for advice on design and implementation of ACSM activities in conflict areas.

Lessons learned and recommendations for follow-on activities

The regional ACSM workshops achieved the goal of supporting countries with GFATM ACSM resources to identify strengths and weaknesses and plan priority ACSM activities for the coming year. They have catalyzed a number of ACSM activities at the country level. To sustain and build upon the ACSM gains made since the workshops, recommended priority actions are enumerated below.

1. Build regional and local ACSM expertise

Implementation of effective ACSM activities is being significantly hampered by lack of expertise at the national and regional levels. To support a sustained contribution of ACSM interventions to TB control, ACSM skills must be built at the national and regional levels. The regional workshops have started participants on a path toward more active and effective ACSM, but more support is needed. Individual country workshops that target key staff and bring together partners working on ACSM activities to create a shared understanding of how to move forward in a coordinated fashion can improve the impact of ACSM activities at country level. Moreover, regional expertise is needed, and capacity building efforts should focus on the formation of a cadre of ACSM experts based in each region who are available for short and medium term TA missions.

2. Standardize ACSM training

Currently, a number of different organizations at international, national, and local levels are providing support for ACSM activities. In some cases, messages and approaches differ between organizations and cause confusion among implementers and the NTP staff responsible for working with them to achieve targets. It is recommended that a standardized curriculum for ACSM skills-building (based on the ACSM Handbook) be developed in consultation with the Stop TB Secretariat, TA providers, and NTP representatives to reduce confusion and improve the planning, implementation, and evaluation of ACSM interventions.

3. Support the engagement of WHO Regional Office TB focal points

Regions in which ACSM activities have moved forward aggressively are those in which the TB focal points from the Regional Offices are actively engaged. Their engagement has raised the profile of ACSM as an important component of TB control and has enabled participants to maintain interactions across countries. This catalyzing function is extremely important and should continue to be supported by WHO.

4. Support ACSM interventions as integral to overall TB control planning processes

Across countries and regions, there was wide variability in terms of the status of ACSM strategies at the time of the workshop and NTP engagement with ACSM activities. Despite this variability, there is a clear need for more commitment to ACSM from senior

NTP managers, even in settings where the strategy is in place and activities are already underway. For example, NTPs may need to assert more of a leadership role in coordinating ACSM partners and building consensus around priority activities in places where the strategy is approved and activities have started. In countries where the ACSM strategy is still in draft form, NTPs will need to provide support to finalize drafts and move quickly to approve final documents that are under review so that programs can start implementing activities. The Stop TB Partnership Secretariat and WHO Regional Offices can positively influence NTPs to take this on, especially in countries where senior managers have focused less on ACSM as part of the overall DOTS expansion strategy.

5. Emphasize the importance of monitoring and evaluation as a key to documenting the contributions of ACSM interventions to TB control goals and objectives

There is a need for clearer guidance on M&E of ACSM activities; global, regional, and local partners need to prioritize M&E and build capacity for M&E within programs. Upcoming ACSM training events at every level should include a basic overview of M&E issues so that partners can formulate clear ACSM goals, objectives, and activities in the context of their respective NTP strategies and priorities. Additionally, existing resources on operations research should be made available to ACSM partners. Although not TB-related, there are several programs with web-based guides, toolkits, and other support for operations research and KAP surveys.[2] Regional exchanges should be encouraged so that countries with more experience in this area may provide practical support to their colleagues similar to the exchanges that have taken place among EMR participants.

6. Clarify the TA request mechanism and encourage requests for ACSM TA

Two parallel systems are currently operating for TB technical assistance for ACSM activities. First, the ACSM Subgroup webpage contains a form specifically geared toward ACSM TA. (This is the mechanism discussed at the regional workshops.) Second, the TB TEAM mechanism is coordinating overall TB TA. One central mechanism for TA requests would be useful in avoiding any duplication of effort or confusion on the part of NTP staff as to how to request assistance. As noted, many countries have not asked for ACSM TA although they note significant gaps in their expertise that could be filled by external TA. Special effort should be made by the Stop TB Secretariat, the ACSM Subgroup at Country Level, and the WHO Regional Offices to understand the TA needs for ACSM and identify qualified TA providers to support those requests. The most challenging bottlenecks will require follow-up at country level to identify where extra assistance is needed and plan short-term TA needs in collaboration with the NTP ACSM focal point.

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[2] For example, see http://www.popcouncil.org/Horizons/ORToolkit/index.htm.

Conclusion

Participants from every region confirmed the usefulness of the ACSM workshops in terms of planning and identifying gaps and creating momentum for ACSM activities at country level. In almost all cases, participants have moved forward with priority activities within a year of attending these events. The workshops provided an opportunity for networking with regional colleagues and sharing experiences; however, ongoing communication after the workshops has varied by region and internet access was frequently mentioned as a key barrier to ongoing communication with colleagues. The involvement of WHO Regional Office focal points in supporting ACSM efforts at country level is key; in EMR and WPR, in particular, Regional Office TB focal points have played an important role in coordinating TA, and in some cases, directly participating in country-level ACSM planning and activities. Other Regional Office focal points have been essential in identifying TA needs and prompting countries to request specific ACSM TA.

Ongoing support is essential to sustaining gains made through the regional workshop process. There is a critical need for TA resources based in each region, particularly among AFR participants and for countries that are just starting to implement ACSM plans. Monitoring and evaluation of ACSM was mentioned as a key challenge and participants noted that additional training and TA is needed in this subject area. In their role as TA coordinators for NTPs, WHO Regional Offices may need to seek more resources and identify experts in this area.

Recruitment and retention of ACSM officers is also a challenge, and across the regions, ACSM officers are often burdened with competing priorities and a workload that includes many activities beyond ACSM. ACSM is often only one of many responsibilities. For this reason, ongoing human resource planning activities will need to include ACSM functions, and the role of ACSM officers and their added value should be very clear in human resource strategies. Given that ACSM is a relatively new position within NTPs, their role and activities should be very clear and their time protected in order to avoid "crowding out" of ACSM activities in favor of other responsibilities.

Much progress has been made in moving ACSM activities forward in the context of GFATM grants through the regional workshops. Sustained support from GFATM, the Stop TB Partnership, WHO, donors like USAID, and technical organizations for the integration of ACSM activities into overall TB control planning can increase the contribution of ACSM to reaching TB control targets.

Attachments

All attachments listed below are enclosed on CD.

1. WPR/SEAR ACSM action-planning workshop

    Attachment 1.1:   Agenda
    Attachment 1.2:   List of participants
    Attachment 1.3.A: Cambodia action plan
    Attachment 1.3.B: Indonesia action plan
    Attachment 1.3.C: Nepal action plan
    Attachment 1.3.D: Papua New Guinea action plan
    Attachment 1.3.E: Philippines action plan
    Attachment 1.3.F: Thailand action plan
    Attachment 1.3.G: Vietnam action plan
    Attachment 1.4:   Original ACSM facilitator's guide
    Attachment 1.5:   WPR/SEAR ACSM facilitator's guide

2. EMR ACSM action-planning workshop

    Attachment 2.1:   Agenda
    Attachment 2.2:   List of participants
    Attachment 2.3.A: Egypt ACSM action plan
    Attachment 2.3.B: Iraq ACSM action plan
    Attachment 2.3.C: Jordan ACSM action plan
    Attachment 2.3.D: Morocco ACSM action plan
    Attachment 2.3.E: Pakistan ACSM action plan
    Attachment 2.3.F: Sudan ACSM action plan
    Attachment 2.4:   EMR ACSM facilitator's guide

3. AFR ACSM action-planning workshop

    Attachment 3.1:   Agenda
    Attachment 3.2:   List of participants
    Attachment 3.3.A: Ethiopia ACSM action plan
    Attachment 3.3.B: Kenya ACSM action plan
    Attachment 3.3.C: Tanzania ACSM action plan
    Attachment 3.3.D: Uganda ACSM action plan
    Attachment 3.4:   AFR ACSM facilitator's guide

4. AMR ACSM action-planning workshop

    Attachment 4.1:   Agenda
    Attachment 4.2:   List of participants
    Attachment 4.3.A: Brazil ACSM action plan
    Attachment 4.3.B: Dominican Republic ACSM action plan
    Attachment 4.3.C: Ecuador ACSM action plan
    Attachment 4.3.D: El Salvador ACSM action plan
    Attachment 4.3.E: Guatemala ACSM action plan

Attachment 4.3.F: Panama ACSM action plan
Attachment 4.3.G: Paraguay ACSM action plan
Attachment 4.3.H: Peru ACSM action plan
Attachment 4.4:   AMR ACSM facilitator's guide

5. Survey instruments

Attachment 5.1:   Participant needs assessment form
Attachment 5.2:   Follow-up regional ACSM workshop questionnaire