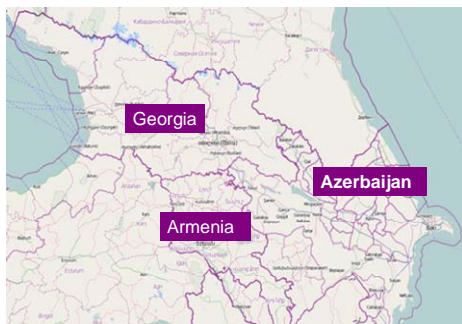


Ex Post-Evaluation Brief

AZERBAIJAN, GEORGIA, ARMENIA: Tuberculosis control



Sector	12250 Infectious disease control (according to current classification 12263 Tuberculosis)	
Programme	1) Tuberculosis control programme – 2000 66 373 2) Tuberculosis control Georgia – 2002 65 462 3) Tuberculosis control Armenia – 2002 65 470* 4) Tuberculosis control Azerbaijan – 2002 65 488	
Programme executing agency	1) Ministry of Labour, Health and Social Affairs Georgia 2) Ministry of Labour, Health and Social Affairs Georgia 3) Ministry of Health Armenia 4) Ministry of Health Azerbaijan	
Year of sample/ex post evaluation report: 2013/2013		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs in EUR (thereof BMZ funds)	1) 2.56 million (2.56 million) 2) 1.00 million (1.00 million) 3) 2.25 million (2.25 million) 4) 3.00 million (3.00 million)	1) 2.56 million (2.56 million) 2) 1.00 million (1.00 million) 3) 2.25 million (2.25 million) 4) 3.00 million (3.00 million)
Own contribution	<i>Operating costs</i>	<i>Operating costs</i>

* random sample 2013

Short description: As part of the Caucasus Initiative, the German Federal Government supported the health ministries in Georgia, Armenia and Azerbaijan in controlling tuberculosis. A contribution was to be made to the reduction of tuberculosis transmission in these countries by improving the diagnosis and treatment of tuberculosis. The technical components in the prevention of the disease, implemented in parallel by the then GTZ, were integrated into the FC programme in 2005. The measures adopted by FC thus comprised financial support (procurement of tuberculosis drugs, laboratory equipment, consumables, X-ray equipment and vehicles, the construction and renovation of laboratories, conduct of drug susceptibility studies and information campaigns) as well as technical support in the areas of policy design, case detection and management, educational work and regional cooperation.

Target system: Through improvements in the diagnosis and treatment of different forms of tuberculosis in keeping with the DOTS (Directly Observed Treatment, Short Course) strategy recommended by WHO (**programme objective**), a contribution was to be made to the reduction of tuberculosis transmission in the three countries (**overall objective**) and thus to achieving the Millennium Development Goals (6th goal). The **target group** was the entire population of the countries including the prison population, which is a particular risk group. As the disease predominantly affects people with bad social living conditions and a poor state of health, it was assumed that the programmes would chiefly benefit the poor.

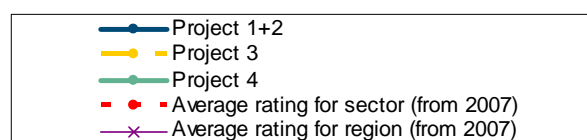
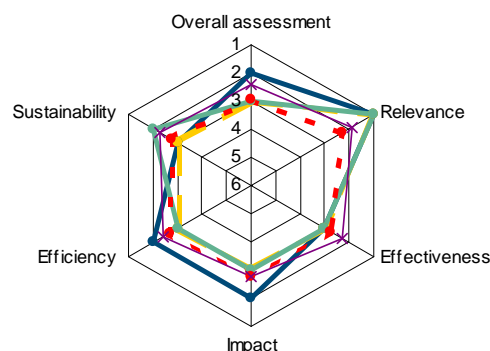
Overall rating:

Azerbaijan: 3; Georgia (1 and 2): 2; Armenia: 3

Points to note:

As one of the most important partners, German FC has played an important role in tuberculosis control in the Caucasus by creating the basis for improved diagnosis and treatment. It proved possible to secure follow-up financing after the end of the programme. While Armenia and Georgia are heavily dependent on the Global Fund, Azerbaijan increasingly also raised its own funds (e.g. for medical drugs). Structural problems prevent a stronger impact: in Azerbaijan and Armenia, financial disincentives prevent treatment that is more effective and efficient. The national tuberculosis programme needs to be strengthened in all the countries.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating

All programmes are characterised by a very high degree of relevance. As one of the three programme objective indicators (the treatment success rate of 85%) was not achieved in any of the countries, the effectiveness is rated as satisfactory. The efficiency in Georgia was good, while it was satisfactory in Armenia and Azerbaijan. The same applies to the overall development impact. As far as sustainability is concerned, Azerbaijan is rated as only just good, Georgia and Armenia as satisfactory. Overall, we regard the programme in Azerbaijan as satisfactory, the programmes in Georgia as good and the programme in Armenia as satisfactory.

Ratings: Azerbaijan: 3; Georgia (both programmes): 2; Armenia: 3

Relevance

With the end of the Soviet Union and the associated deterioration in the economic situation, tuberculosis (TB), which had largely been eradicated in the Southern Caucasus, spread rapidly again since the early 1990s. In 2000, the number of reported TB cases (new ones and relapses) in Georgia stood at 93/100,000 inhabitants (2011: 105), in Armenia at 43 (2011: 41) and in Azerbaijan at 64 (2011: 70). At the time of the programme appraisals in 2000 (programme 1) and 2002 (programmes 2 to 4), out-of-date diagnostic and treatment methods prevailed in the countries. The main preconditions for a nationwide implementation of the DOTS strategy¹ recommended by WHO for TB control, were absent. In Armenia and Azerbaijan, TB drugs were only available sporadically. Thanks to TC funds, drugs have been available constantly in Georgia since 1995. However, all countries displayed considerable shortcomings in the field of sputum diagnostics² and still largely performed diagnosis on the basis of X-rays examinations. The concept of the FC programmes, namely to develop independent national tuberculosis programmes (NTP), supply first-line drugs, laboratory equipment, medical consumables, X-ray equipment, and vehicles, and to adopt construction measures in order to improve diagnosis and treatment and thus ultimately contribute to the control of tuberculosis, is also plausible in hindsight. The integration of the prison population as a particular risk group through supplies of medical drugs was of great importance. Other goals were technical support for the development of the NTPs, initially implemented simultaneously by the GTZ and later integrated into the FC programme, as well as support in the areas of policy design, TB case detection and reporting, as well as regional cooperation. As one of the most important donors, German development cooperation has made an essential contribution to the expansion and consolidation of DOTS with standardised procedures for the diagnosis, treatment, reporting, monitoring and supervision of TB. By supporting the making of applica-

¹ Directly observed treatment, short course: the TB control strategy recommended by WHO is based on 5 elements: political commitment and adequate financing, early diagnosis on the basis of quality-assured bacteriology, standardised treatment with supervision and patient support, effective drug supply and management system and standardised reporting for monitoring and evaluation. (<http://www.who.int/tb/publications/2009/airborne/background/definition/en/index.html>)

² Diagnosis on the basis of a bacteriological laboratory examination of lung secretions.

tions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the FC programmes have laid important foundations for the follow-on financing of the fight against TB. The conduct of drug susceptibility studies has made a decisive contribution to identifying the extent of the resistant TB and driven the fight against the disease forward. The countries in the Caucasus region are among those in the world with the highest proportions of forms of TB that are resistant to first-line drugs (multidrug-resistant tuberculosis, MDR-TB) or even against second-line drugs (extensively drug-resistant tuberculosis, XDR-TB). It is estimated that the MDR-TB share in new TB cases in Georgia is 11%, in Armenia 9.4% (2008) and in Azerbaijan 22% (2007). For patients treated repeatedly, the figures are 32% (Georgia), 43% (Armenia) and 56% (Azerbaijan).

TB control was and is a priority of the three governments, which have also recognised the problem of resistant TB. The primary objective of the FC programmes, namely to make a contribution to the reduction of TB transmission, is consistent with the sixth Millennium Development Goal (combating HIV/AIDS, malaria and TB). Overall, the relevance of the programmes is rated as very good.

Sub-Rating: 1 (all programmes)

Effectiveness

The programme objective was to improve the diagnosis and treatment of the different forms of TB, including MDR-TB. At the programme appraisal stage, the following indicators were selected to measure achievement of the objective: (1) Comprehensive implementation of the DOTS strategy (*DOTS coverage*); (2) Increase in the proportion of newly notified smear-positive cases to estimated incident cases (*case detection rate*) to 70% in 2010; (3) Increase in the proportion of successful treatments for new smear-positive cases (*treatment success rate*) to 85% in 2010. During implementation, indicator (1) was replaced by (4) Increase in the proportion of smear-positive cases for which drug susceptibility testing (DST) is carried out to 60% in Azerbaijan, 100% in Georgia and 90% in Armenia in 2010. From today's perspective, the programme objective is reasonable. The case detection rate (2) is no longer recommended by WHO as an indicator and is therefore excluded from the evaluation.

Azerbaijan

Indicator	2010 objective	Status at ex-post evaluation
(1) Implementation of the DOTS strategy (DOTS coverage)	100%	Met. The coverage of the DOTS strategy has been 100% since 2006.
<i>(2) Case detection rate</i>	70%	<i>Is no longer published by WHO</i>
(3) Treatment success rate	85%	Not met , but rising trend: 2005: 59%; 2009: 76%; 2010: 77%
(4) Drug susceptibility testing	60%	Met 2012. The National Reference Laboratory was opened in 2009. Since 2012, 100% of the sputum (smear-positive and negative) are cultured and tested for drug susceptibility.

The indicators for the achievement of the programme objective were partially met in Azerbaijan. Officially, DOTS has been implemented nationally since 2006, and since 2012 a drug susceptibility test has been conducted for all samples, which makes it possible to treat patients with the correct drug regime. However, the 85% target for the treatment success rate has not yet been met. The main reason is the high proportion of MDR-TB, which makes it harder to treat patients successfully, and the high discontinuation rate (11%), which is made more likely by the lack of decentralised treatment. Even though the diagnosis and treatment of TB are free, the high out-of-pocket payments impede first contact with the health system. Moreover, there are parallel treatment structures for MDR-TB and drug-susceptible TB. The disadvantaging of the latter increases the risk of further resistance developing. At present, only MDR-TB patients receive financial incentives to take medical drugs and only MDR-TB nurses receive salary top-up payments. Overall, Azerbaijan has nonetheless achieved visible improvements in the diagnosis and treatment of TB. Regular mass screening in prisons will contribute to early diagnosis and thus to further TB control. As a result of the national implementation of DOTS and DST, as well as the rising trend in the treatment success rate, we regard the effectiveness of the programme in Azerbaijan as satisfactory.

Sub-Rating: 3

Georgia

Indicator	2010 objective	Status at ex-post evaluation
(1) Implementation of the DOTS strategy (DOTS coverage)	100%	Met. The coverage of the DOTS strategy has been 100% since 2005.
<i>(2) Case detection rate</i>	<i>70%</i>	<i>Is no longer published by WHO</i>
(3) Treatment success rate	85%	Not met. 2005: 73%; 2010: 76%
(4) Drug susceptibility testing	100%	Met (100% since 2008).

The programme objective indicators were also partially met in Georgia. The DOTS strategy has already been implemented nationally since 2005, and all patients have been tested for susceptibility to medical drugs since 2008. At 76%, the treatment success rate remains below the target of 85%. The main reason is the high proportion of MDR-TB. MDR-TB not only makes it harder to treat patients successfully, but also has an adverse effect on the treatment success rate, regardless of the actual treatment success. Patients initially being treated with drugs for susceptible TB and only later proving to be resistant to them are counted twice, since they are recorded under "treatment failure" for drug-susceptible TB, even if they are later treated successfully with second-line drugs. However, a further increase in the treatment success rate is expected in the near future. On the one hand, WHO has eliminated this phenomenon in the revised reporting. On the other hand, improved diagnostic procedures enable faster drug susceptibility testing and therefore immediate inclusion in the "resistant" group. We rate the effectiveness in Georgia as satisfactory.

Sub-Rating: 3

Armenia

Indicator	2010 objective	Status at ex-post evaluation
(1) Implementation of the DOTS strategy (DOTS coverage)	100%	Met. The coverage of the DOTS strategy has been 100% since 2005.
<i>(2) Case detection rate</i>	70%	<i>Is no longer published by WHO</i>
(3) Treatment success rate	85%	Not met. 2005: 72%; 2010: 72%; 2011: 77%
(4) Drug susceptibility testing	90%	Met (100% since 2010).

In Armenia too, the programme objective indicators were partially achieved. DOTS has been implemented nationally since 2005 and 100% of patients have been tested for drug susceptibility since 2010. Here too, the treatment success rate of 85% has not yet been achieved. As in the other countries, this is mainly due to the high rate of resistant TB and the currently still misleading reporting. Moreover, the insufficient decentralisation of treatment, the practice of sending all TB patients to the central TB hospital and the high number of migrant workers are obstacles to continuous treatment. Due to the progress in diagnosis and treatment, we rate the effectiveness of the programme in Armenia as satisfactory, despite the treatment success rate not having been achieved.

Sub-Rating: 3

Efficiency

Combating TB, which accounts for a large share of the disease burden in the three countries, leads to micro- and macroeconomic cost savings. In contrast to traditional diagnostics, which was primarily based on X-ray examinations, sputum diagnostics offers a high result certainty and can be carried out far more cost-efficiently and in a decentralised way. The uninterrupted supply of standardised TB drugs under supervision ensures a high probability of patients being treated successfully. Furthermore, it can generally be provided as an outpatient service, so that costs for admission to hospital are avoided. The standardised reporting demanded by WHO is intended to prevent the development of resistant forms of TB and increase transparency in the health system. Overall, DOTS is regarded not only the most effective, but also the most efficient method of TB control. In addition to providing relief for the health systems, DOTS makes it possible for the patient to continue to work or start working again earlier. The inclusion of the prison population which is greatly affected by TB, in specific TB prisons, makes an efficient contribution to combating TB in the countries.

In Azerbaijan the benefits of DOTS have not yet been fully utilised. This primarily concerns the efficient link between TB treatment and existing primary health care institutions. It is still required by law to hospitalise smear-positive, i.e. infectious patients for at least 90 days. In practice, there are no clear criteria for the hospitalisation of patients. The delegation established that patients are generally admitted for the intensive two-month treatment phase and frequently longer in specialized clinics, although outpatient therapy would be possible. This practice is maintained by disincentives in the financing system: health institutions receive

state funding on the basis of their bed occupancy rates. As part of ongoing reforms, the number of TB beds are to be reduced and the financing system redesigned.

The integration of TB services into the primary health care system is under way, but still inadequate. Further endeavours by the government are needed to guarantee treatment that is provided close to the patient's home and therefore uninterrupted, and to further increase treatment success rates. Officially, TB services remain free of charge. However, the high out-of-pocket payments in the health system counteract the first contact with health institutions and early diagnosis.

The reporting system was significantly improved during the course of the FC programme. Currently, a national electronic, web-based management system is being developed. This is intended to reduce the deficits that still exist in the communication of laboratory findings to the attending doctors and nurses.

No supply bottlenecks for first-line drugs occurred either during the FC programme or afterwards. In the meantime the health and justice ministries issue an international tender every year. The lack of cooperation between the ministries results in inefficiencies in procurement and differences in treatment and reporting. In the prisons, as in the FC programme, the "fixed-dose combination" recommended by WHO is administered, which combines 4 antibiotics in one tablet. In the civil sector, on the other hand, individual tablets are administered. This entails a higher risk of incorrect treatment and therefore the development of resistance to different drugs. Second-line drugs are purchased by the Global Fund and, since 2013, partly by the Ministry of Health. On-site visits revealed that the FC-financed buildings, the relevant equipment and X-ray machines are in good condition and regular use. Sufficient quantities of consumables are available. The FC programme was implemented with a 6-month delay. Overall, we rate the efficiency of the programme in Azerbaijan as satisfactory.

Sub-Rating: 3

In Georgia, the efficiency of TB control was increased substantially in comparison to the traditional approach through the systematic implementation of outpatient treatment (except for complicated cases). DOTS was also successfully integrated into the primary health care services. Nurses are trained to administer drugs close to or during visits to the patient's home. Improved access has led to the proportion of patients discontinuing treatment too early ("lost to follow up") decreasing from 15% (2003) to 9% (2008) and the proportion having to be treated twice falling from 33% (2003) to 24% (2010). TB services remain free despite the recently implemented far-reaching privatisation of the health sector. The reporting system established with the assistance of German development cooperation meets international standards and is implemented correctly across the country, meaning that the quality of data is good.

No supply bottlenecks for first-line drugs occurred either during the FC programmes or afterwards. Since the end of the FC programmes, the Global Fund procures first-line drugs (still in the form of the recommended "fixed-dose combination") as well as second-line drugs pre-

qualified by WHO. The FC-financed X-ray machines and laboratory equipment are in good condition and constant use. The quality of the consumables is appreciated. The vehicles provided are no longer roadworthy. Vehicles provided by GFATM are now used. Both programmes were implemented with a delay of about six months. The efficiency of the two programmes in Georgia is rated as good.

Sub-Rating: 2

In Armenia, despite the national implementation of DOTS, there remains a strong trend towards the unnecessary hospitalisation of TB patients. Only 16% of the national TB funds are currently spent on outpatient treatment. All TB doctors send their patients to the central TB hospital (Republican TB Dispensary, RTBD) to have their diagnosis confirmed and, in the event of a smear-positive result, for hospitalisation. This means substantial costs for the health system and patients. As in Azerbaijan, this practice is the result of financial disincentives. The allocation of funds to TB institutions takes place on the basis of their bed occupancy rate and the payment of the state pension of those suffering from TB requires confirmation forms issued by the RTBD. At the recommendation of WHO, the inpatient department for suspected cases was recently closed. In the past it had led to an increased risk of infection. Moreover, there are welcome efforts to reform the financial system and introduce incentive structures for TB personnel for early diagnosis and patient-friendly treatment. The integration of TB services into the primary health care system has not yet been implemented sufficiently, meaning that diagnostics and treatment in rural areas remain inefficient. Overstaffing in TB institutions has not yet been tackled systematically and leads to unnecessary expenditure. The use of less specialised personnel, who also provide other health services, would boost efficiency. TB services are free for patients. Both patients with MDR-TB and those with drug-susceptible TB have their travel costs reimbursed and receive incentives to take their drugs regularly. The reporting system meets international standards and is implemented correctly. Currently, a national electronic, web-based management system is being developed.

No bottlenecks for first-line drugs occurred either during the FC programme or afterwards. Since the end of the programme, the Global Fund procures both second-line and first-line drugs (fixed-dose combination), except for in two regions for which Médecins Sans Frontières is responsible. Due to errors in management, the expiry date of FC-financed drugs was sometimes exceeded, so that the buffer did not suffice for the planned 12 months and the Global Fund had to begin its financing earlier. The response to this event was an adjustment of delivery periods. The majority of the buildings, laboratory equipment and X-ray machines funded as part of the FC programme is in good condition and is used. The programme was implemented with a delay of about six months. Overall, we assess the efficiency in Armenia as satisfactory.

Sub-Rating: 3

Impact

The primary development objective was to make a contribution to the reduction of TB transmission. During the programme appraisal, the annual decline in new infections as of the 3rd year of implementation by at least 15% was selected as the indicator of the objective having been achieved. Due to a high level of uncertainty regarding incidence, this indicator is no longer used by WHO. In 2005 it was replaced by the treatment success rate. Within the framework of ex-post evaluation, however, we consider the treatment success rate as the indicator of programme objective achievement, as established during the programme appraisal. Thus, to evaluate the achievement of the primary objective, the development of TB mortality and the trend for registered cases (*case notification*) was used as a proxy for the incidence of TB.

Azerbaijan

Case notification in Azerbaijan displayed a rising trend in the second half of the programme (2007-2010), indicating improved comprehensive diagnosis. Since 2011, the number of notified cases has been decreasing, which indicates a decline in incidence, assuming there has been no change in diagnostics. But it will only be possible to confirm this trend over the next few years. The mortality rate has also declined. The expansion of DOTS has laid the foundations for tackling TB effectively, but treatment that is more patient-friendly and the early diagnosis of TB cases are necessary for future positive effects. We rate the primary development impact as satisfactory.

Sub-Rating: 3

Indicator	Status at ex-post evaluation
Decrease in TB mortality	Met. Decrease from 13.6 / 100,000 inhabitants in 2002 to 4.1 / 100,000 inhabitants in 2010.
MDG 6: Reversal of trend for TB incidence	Met. 2011 on the basis of case notification as proxy for incidence.

Georgia

In Georgia the number of registered TB cases rose constantly from 2000. The trend reversed in 2009, indicating a decrease in TB cases among the population. The mortality rate has also declined. Another indicator of positive developments is the constant decline in the proportion of patients having to be treated repeatedly (*retreatment*) since 2005. This clearly shows how effective DOTS has been in reducing the number of failed treatments and relapses. Overall, we therefore rate the primary development impact as good.

Sub-Rating: 2

Indicator	Status at ex-post evaluation
Decrease in TB mortality	Met. Decrease from 6.8 / 100,000 inhabitants in 2002 to 3.8 / 100,000 inhabitants in 2010.
MDG 6: Reversal of trend for TB incidence	Met. 2008 on the basis of case notification as proxy for incidence.

Armenia

In Armenia, the number of registered TB cases has been falling, only marginally after 2006 and more sharply since 2010. The mortality rate has also declined. But stronger effects are impeded by a number of factors. First-line drugs can still be purchased from pharmacies without a prescription and used for incorrect self-medication, which makes the development of resistance to different drugs more likely. An earlier detection of TB is essential if the disease is to be contained. Moreover, hospitalisation for suspected cases increases the risk of infection in the health system. We rate the development impact as satisfactory.

Sub-Rating: 3.

Indicator	Status at ex-post evaluation
Decrease in TB mortality	Met. Decrease from 5.2 / 100,000 inhabitants in 2002 to 2.9 / 100,000 inhabitants in 2010.
MDG 6: Reversal of trend for TB incidence	Met. 2006 on the basis of case notification as proxy for incidence.

Sustainability

The FC-financed measures in Azerbaijan created the basis for controlling TB sustainably. The infrastructural prerequisites are met, the FC-financed National Reference Laboratory is in very good condition and works in the fields of diagnostics, drug susceptibility testing and quality control in accordance with international standards. With the aid of technical support, a standardised reporting system has been established and follow-on financing secured from the Global Fund. Positive prospects also result from national developments. The ownership of the government for the health sector and for TB has increased in recent years and structural changes have been introduced. Responsibility for the NTP was transferred from the central TB hospital to the ministry. In 2010, the Ministry of Health adopted the 2011-2015 national strategy for TB control and the Cabinet adopted the action plan for TB prevention. An acknowledgement of the risks of MDR-TB can be seen from the fact that a second drug susceptibility study is now being conducted. The financing system is to be addressed as part of a health reform. The government has made up for the phasing out of donor support, which is currently limited to the Global Fund, with a constant increase in national funds. Since the end of the FC programme, it purchases all first-line drugs and, since 2013, some of the more expensive second-line drugs. The TB programme in prisons, developed by the ICRC (International Committee of the Red Cross), is internationally regarded as exemplary.

Challenges for the sustainable development of the fight against TB are the still insufficient capacity of the NTP, the unclear allocation of tasks between the NTP and the central TB hospital, the inadequate decentralisation of treatment and the quality of peripheral laboratories. The risk of further resistance developing is increased by the financial discrimination of patients with drug-susceptible TB and the health personnel responsible for them compared to patients with resistant TB and the staff caring for them. Over the next few years, there is a danger of a shortage of personnel due to ageing employees and a shortfall of new ones resulting from poor pay and the fear of infection. Even if Azerbaijan can raise the funds needed to control TB in future, the withdrawal of donors means a loss of technical support, one that may put the sustainability of the fight against TB at risk. Overall, the sustainability of the programme is rated as only just good.

Sub-Rating: 2

In Georgia too, building on the preceding significant support from TC, the FC programmes have been making key contributions to the development of sustainable structures in the area of TB control. The infrastructural prerequisites for diagnosis and treatment are fulfilled and are such that operation is guaranteed for the years ahead. An efficient reporting system has been established nationally and the decentralisation of TB services is well advanced, meaning that the likelihood of receiving treatment close to home is very high. After FC support ended, all measures were taken over by the Global Fund. This has made a seamless continuation of the TB programme possible, but continues to mean a considerable reliance upon external financial support. The activities of the Global Fund include technical support, procurement of first and second-line drugs, laboratory equipment and consumables, the topping up of employees' salaries and the entire range of patient support. At present, the Georgian government is unable to take on all of these costs. However, the Ministry of Health is at least aware of the reliance and the risk of external support being phased out in the near future.

The implementation of the health reform in 2011, which included a privatisation of almost all health institutions, has led to some disturbing developments in what had until then been a model TB control system. It is true that the privatised institutions remain under an obligation to offer TB services at no charge. However, as part of the reform, the NTP was formally abolished and therefore those responsible for key functions in effective TB control, such as coordination and monitoring, were also lost, particularly at the regional level. With the aid of the Global Fund, the Ministry of Health is attempting to take on these functions until the National Center for Disease Control has developed sufficient capacity to take them on. However, the first signs of a worsening situation can already be seen: the number of locations where drugs are dispensed locally decreased and therefore access for patients deteriorated. The network of peripheral laboratories for microscopic analyses, which was optimised with German support, was considerably reduced and the eleven remaining laboratories are exhibiting poorer quality. The large number of experienced and extremely committed people in the TB sector is responsible for the fact that further deteriorations have not yet occurred. Owing to the worsening in the institutionalised structures and the high dependence on external financing, we rate the sustainability as only just satisfactory.

Sub-rating: 3

In Armenia too, considerable progress in TB control was made during the term of the programme. The infrastructural prerequisites, which make it possible to combat TB in future too, are met and the supply of drugs is secured, meaning that the country can focus more on structural aspects. Ownership by the government has increased perceptibly in recent years, which can particularly be seen from the fact that the Ministry of Health took over the management of the NTP in 2010 and has taken on qualified and motivated employees. The 2007-2015 national strategy for TB control is based on WHO recommendations and is to be updated this year. A change in the financial mechanism in order to provide greater incentives for TB personnel and patients is being discussed intensively.

Like Georgia, Armenia is nonetheless dependent on external financing and in particular on the Global Fund, which currently provides 50% of the funding for TB control. Until 2015, the Global Fund will be supporting the NTP and financing drugs, laboratory equipment, consumables, construction and renovation measures, further training and patient support. A follow-on application is being made, since Armenia cannot take on the full costs of combating TB. Challenges for the sustainability of the impact are, in particular the still insufficient decentralisation of treatment and transfer of responsibility to peripheral TB doctors, the exaggerated hospitalisation of patients and associated risk of infection, as well as the unclear allocation of responsibilities to the NTP and RTBD. Overall, we rate the sustainability as satisfactory.

Sub-rating: 3

Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

1	Very good result that clearly exceeds expectations
2	Good result, fully in line with expectations and without any significant shortcomings
3	Satisfactory result – project falls short of expectations but the positive results dominate
4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
6	The project has no impact or the situation has actually deteriorated

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).