

# Assessing the management of the national TB programme

*Objectives:* at the end of the evaluation reviewers should comment on:

- the managerial capacities in the national TB programme;
- the quality and appropriateness of the management of the programme;
- the technical and implementation capacities of the programme;
- the measures that need to be taken to improve the management of the programme.

*Background:*

In most countries, TB prevention, care and control activities are organized within a national TB programme, which is usually housed within the ministry of health; however, the programme's activities are implemented at different levels: the central, intermediate, primary health-care and peripheral levels. The national TB programme is responsible for (i) elaborating the national policy to control TB; (ii) developing the required guidelines, standard operating procedures and training materials; (iii) establishing a sound national strategic plan to carry out the interventions specified in the national policy to prevent and control TB; (iv) mobilizing the human and financial resources to implement the national strategic plan; (v) building managerial capacities; (vi) establishing a collaborative network that includes all relevant stakeholders; and (vii) ensuring that the impact and outcomes of the national policy are appropriately monitored and evaluated. The central unit of the national TB programme is the entity that usually leads these activities. A significant part of these activities are also managed at the intermediate level of the network. The central unit of the national TB programme and the coordination units in charge of managing TB activities at the intermediate level of the health-care system (for example, at the provincial level or district level) must be visited during the review.

## 1. National-level management of the TB programme

*Location:* central unit of the national TB programme and relevant ministerial departments

*Staff to be interviewed:* staff of the central unit and ministerial departments

*Assessment*

- a. Are the national TB programme and its central unit well identified within the structure of the ministry of health?
- b. Is the mission of the central unit well defined?
- c. Is the national strategy to prevent and control TB clearly specified?
  - i. Is this strategy available in a written document?
  - ii. Is the national strategy to prevent and control TB aligned with international recommendations?
  - iii. Are there any differences from the international recommendations?

## Framework for conducting reviews of tuberculosis programmes

- d. How many staff work at the central unit?
  - i. Are the duties of each staff position clearly specified?
  - ii. Do the job description cover all components of the national strategy to prevent and control TB?
- e. What national guidelines have been developed?
  - i. For which components in the national strategy have guidelines been developed?
  - ii. Are the national guidelines based on international standards and recommendations?
  - iii. Are there components of the national strategy for which no guidelines have been developed? If so, which components have no guidelines?
- f. Does each category of health worker involved in providing TB prevention, care and control services at different levels of the health-care system have a clearly defined role?
- g. Is TB strategy to prevent and control included in the national health plan?
- h. Is there a national strategic plan to prevent and control TB?
  - i. Is the national strategic plan aligned with the national health plan?
  - ii. What is the quality of the national strategic plan to control TB? (Use the checklist in the section on *Assessing the national strategic plan for TB control*).
- i. What information is available about the budget needed to prevent and control TB?
  - i. Has the budget to implement the national strategic plan been costed? If yes, what is the total estimated budget needed for the period covered by the national strategic plan? What is the yearly budget for each year included in the national strategic plan?
  - ii. Have the sources of funding been clearly identified in the present national strategic plan?
  - iii. What was the total budget mobilized for TB prevention, care and control during the past year? What contribution was made by the government? Who are the other stakeholders? What was the financial contribution made by the other stakeholders? Was there a funding gap during the past year?
- j. How is training organized?
  - i. Have national training materials been developed?
    - Have all necessary training materials been developed?
    - Which training materials are still needed, if any?
    - Are the training materials consistent with the corresponding guidelines?
  - ii. Do the training programmes target each category of health worker?
  - iii. Is there a well-defined training programme for each component of the national health policy?
  - iv. Are there schedules available for the training programmes?
  - v. Have trainers been identified?
  - vi. Are there any reports on the training sessions that have been organized to date?

## Framework for conducting reviews of tuberculosis programmes

- vii. Are the training sessions based on the training programmes and schedules?
- k. Is supervision organized by the central unit?
  - i. Has a national guideline been developed that describes how to carry out supervision?
  - ii. Does the guideline include a model checklist and a template for a supervisory report?
  - iii. At the central unit, have any staff been assigned to organize supervisory activities?
  - iv. Has a schedule been established to enable staff at the central unit to undertake supervisory visits?
  - v. For which time period has a schedule been established (that is, for a quarter or a semester or a year)?
  - vi. How are sites selected for inclusion in the supervisory schedule?
  - vii. How many supervisory visits were undertaken by staff from the central unit during the period covered by the previous schedule?
  - viii. How many supervisory visits were carried out and how many were planned during the period covered by the previous schedule?
  - ix. How many unscheduled supervisory visits were carried out during the period covered by the previous schedule? What is the ratio of unscheduled visits to scheduled visits?
  - x. Are reports from supervisory visits available for the period covered by the previous schedule? If yes, were the strengths and weaknesses of the prevention, care and control services clearly identified? Were the recommendations clearly identified? Are the recommendations consistent with the identified strengths and weaknesses?
  - xi. Are the schedules for supervisory visits that need to be undertaken by staff at the coordination units at the intermediate level of the health system (for example, at the provincial, regional, district or other level) available in the central unit? Do these schedules cover the same period as those developed at the central unit?
  - xii. Are reports from the supervisory visits carried out by staff at the coordination units available in the central unit? Have the supervisory visits at the intermediate level been carried out according to the schedule established by the coordination unit?
  - xiii. How many supervisory visits were carried out by the coordination units at the intermediate level?
- l. Has the national TB programme developed a strategy to mobilize financial resources to implement the national strategic plan? What actions have been taken to mobilize these resources? How proactive has the programme been in undertaking these actions?

## Framework for conducting reviews of tuberculosis programmes

- m. Are there any mechanisms in place to assist in coordinating with partners involved in TB efforts in the country (such as a country-coordination mechanism)?
  - i. Has the mission of the coordination mechanism been well defined?
  - ii. Has the role of each partner been clearly identified?
  - iii. Is there any overlap of roles among partners? Is there any overlap between any of the partners and the national TB programme?
- n. Are there any mechanisms in place to strengthen the technical and managerial capacities of staff of the national programme (for example, there may be a national technical board for TB prevention, care and control, national working groups addressing specific components of the national policy to prevent and control TB, or coordination between the national programme and other health departments, such as those providing primary health-care services or services for people with HIV or diabetes)?
- o. Are the data on TB activities generated within the national programme's network compiled by the central unit?
  - i. Has a specific staff member at the central unit been assigned to manage the national programme's information system?
  - ii. Through which channels are data forwarded from the coordination units at the intermediate level to the central unit?
  - iii. Are these data sent by the coordination units over the Internet or through the ministry of health's internal mail system?
  - iv. Is the system for compiling data paper-based or computer-based?
  - v. Are the data aggregated or case-based?
  - vi. Does the national dataset include minimal information (for example, notification by age and sex, type of TB, information on conversion at the end of the intensive phase of treatment, and treatment outcomes) or more detailed information (such as the patient's clinical symptoms; TB determinants; information on the management of people suspected to have TB; laboratory results, including results from culture, the Xpert MTB/RIF test (Cepheid, Sunnyvale, CA) and drug-susceptibility testing (DST); information on TB treatment, including treatment monitoring and follow up, treatment outcomes, and clinical management)?
  - vii. Are data analysed regularly (that is, monthly, quarterly, every 6 months or annually)?
  - viii. What types of data analyses are carried out, and what types of results are generated by these analyses?
  - ix. Do the results include information that is relevant to the national TB programme?
  - x. Are the results issued regularly by the central unit? How often are they issued (monthly, quarterly, every 6 months or annually)?

## Framework for conducting reviews of tuberculosis programmes

- xi. Are results communicated to the entities that need to be informed (for example, to health-care staff, partners, primary health-care services)? How are they communicated?
- p. Have the results of the data analyses generated hypotheses that need to be verified by operational research studies? If yes,
  - i. Have any operational research studies based on these hypotheses been undertaken within the past 5 years?
  - ii. How many operational research studies have been carried out or are continuing?
  - iii. Have the results of the studies been documented and reported? How many of these studies were published in scientific journals?
  - iv. How useful were the results of the studies to the national programme?
  - v. Have actions been taken by the national programme based on the results?
  - vi. Have the actions generated any changes in the data collected by the information system? If so, can some examples be provided?

## 2. Management of the national TB programme at the intermediate health level (for example, the regional, provincial or district levels)

*Location:* coordination unit at the intermediate health level (for example, the regional, provincial, district or other level) of the national TB programme

*Staff to be interviewed:* director of health services at the intermediate level; coordinator and staff of the intermediate-level coordination unit

### Assessment

- a. Is the strategy to prevent and control TB included in the strategic health plan at the intermediate level?
- b. Is there a strategic plan for TB control at the intermediate level? If yes, is the plan consistent with the national strategic plan?
- c. Are any TB activities funded from the local budget?
- d. Have any local sources of funding been mobilized for TB activities? How reliable are these sources of funding?
- e. Is the document detailing the national policy to prevent and control TB available at the coordination unit?
- f. Are all of the guidelines produced by the central unit of the national TB programme available at the coordination unit?
- g. Does the coordination unit implement training for health workers at intermediate-level facilities? If yes,
  - i. Are the national training materials produced by the central unit available?
  - ii. Who are the trainers?
  - iii. Is there a current training schedule?
  - iv. How many training sessions were planned during the previous period?
  - v. How many of the planned training sessions were actually organized? Are there any reports from these sessions?
  - vi. Does the coordination unit use the training programmes developed by the central unit of the national TB programme?
- h. Does the coordination unit organize supervisory visits to intermediate-level health facilities? If yes,
  - i. Is the national guideline describing how to conduct a supervisory visit available?
  - ii. Which staff members supervise TB care and control activities at the health facilities?
  - iii. Have these staff members been trained to undertake supervisory visits?
  - iv. Has a schedule been established to ensure that staff at the coordination unit undertake supervisory visits?

## Framework for conducting reviews of tuberculosis programmes

- v. For which time period has this schedule been established (that is, for a quarter, a semester or a year)?
- vi. How are health facilities selected for inclusion in the supervisory schedule?
- vii. How many supervisory visits were undertaken by staff from the coordination unit during the period covered by the previous schedule?
- viii. How many supervisory visits were carried out and how many were planned during the period covered by the previous schedule?
- ix. Are reports from supervisory visits available for the period covered by the previous schedule? If yes, were the strengths and weaknesses of the care and control services clearly identified? Were the recommendations clearly identified? Are the recommendations consistent with the identified strengths and weaknesses of the facilities?
- x. How often was the coordination unit visited by staff from the national TB programme's central unit during the past 12 months?
- xi. Are reports of the supervisory visits conducted by staff from the central unit available at the coordination unit? If yes, are these reports the same as those at the central unit?
- i. Are meetings organized regularly by the coordination unit with health-care workers providing TB care and control services?
- j. If yes, how many meetings are organized each year? What issues are raised and discussed in these meetings? Are notes taken at each meeting? (The reviewer should check notes from the meetings and record the issues that were raised.)
- k. Are there any mechanisms in place to ensure that services are coordinated with partners that are locally involved in TB efforts?
- l. If yes, who are these partners? How are services coordinated with other care providers, particularly those who are practising in hospitals, or in health units in prisons, or in the private and semiprivate sectors?
- m. Are all data from TB activities carried out at the intermediate level available at the coordination unit? If yes,
  - i. Through which channels are data received from the basic management units and other health facilities?
  - ii. Are these data sent over the Internet or through other administrative channels regularly and in a timely manner?
  - iii. Is the system for compiling data paper-based or computer-based?
  - iv. Are the data aggregated or case-based?
  - v. Does the national dataset include minimal information (for example, notification by age and sex, type of TB, information on conversion at the end of the

## Framework for conducting reviews of tuberculosis programmes

- intensive phase of treatment, and treatment outcomes) or more detailed information (such as the patient's clinical symptoms; TB determinants; information on the management of people suspected to have TB; laboratory results, including results from culture, the Xpert MTB/RIF test and DST; TB treatment, including treatment monitoring and follow up, treatment outcomes, and clinical management)?
- vi. Is the dataset model used in the coordination unit similar to that used in the national programme's central unit?
  - vii. Are data on TB and TB prevention, care and control collected and compiled in other information systems that are not connected to the national programme?
  - viii. Are data analysed regularly (that is, monthly, quarterly, every 6 months or annually)?
  - ix. What types of data analyses are carried out, and what types of results are generated by these analyses?
  - x. Are reports on TB and TB activities at the intermediate health level produced regularly (for example, in quarterly reports)?
  - xi. Are these reports communicated to the entities that need to be informed (for example, to health-care staff, partners, primary health-care services)? How are they communicated?
  - xii. Are these reports and data discussed at meetings regularly organized by the coordination unit?

Indicators for: <b>Assessing the management of the national TB programme</b>		
<i>Indicator</i>	<i>Response (yes, partially, no)</i>	<i>Source of information</i>
National TB programme is well structured (for example, the central unit and the coordination unit at the intermediate level are well established and clearly identified)		Field visit



### Framework for conducting reviews of tuberculosis programmes

National policy to prevent and control TB		Field visit
All needed guidelines have been developed		Field visit
Standardized training materials		Field visit
Appropriate system to organize training		Field visit
Appropriate system to organize supervision		Field visit
Appropriate mechanisms to ensure coordination with partners and other care providers		Field visit
Appropriate information system for TB and TB activities		Field visit