

# Assessing the integration of TB activities within the health system

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*Objectives:* at the end of the assessment, reviewers should comment on –

- how a TB programme is contributing to health system strengthening;
- how the TB programme and its functions are integrated within the general health system;
- the specific weaknesses of health system that constitute barriers for TB efforts;
- the potential positive or negative effects of planned or ongoing health sector development processes or reforms on TB prevention and control;
- the potential influence of TB prevention, care and control policy on these processes or reforms.

*Background:*

TB programme is an important part of, and is normally well integrated into, general health system, especially at the point of service delivery. A TB programme can therefore contribute substantially to health system strengthening through investments in laboratory infrastructure, capacity-building of health staff and increased routine use of health data, as well as by developing innovative service delivery strategies in response to specific health system barriers, such as the practical approach to lung health, public-public and public-private mix approaches or community-based care.

TB programme manager must safeguard the provision of effective TB services by ensuring that core TB prevention, care and control functions are not compromised. The appropriate balance between integration and the retention of some separate and fully TB-dedicated health system structures will vary from country to country, depending in particular on the robustness of the general health system.

*Assessment*

### 1. Financing and funding streams

- a) What are the main domestic and international funding sources for TB activities and what are the shares of different funding sources?
- b) Are there different reporting requirements for the different sources?
- c) What proportion of total expenditure on TB prevention, care and control (including TB activities' costs incurred by the general health system) is represented by the NTP budget (domestic and donor contribution)
- d) What proportion of total government expenditure on health is represented by

the NTP budget?

- e) To what extent are funds for TB prevention, care and control allocated in line with the national health development plan, poverty reduction strategy, medium-term expenditure framework?
- f) Is there a sector-wide approach and what share of TB activities financing comes from this source? What are the trends?
- g) To what extent do co-payment and exemption systems affect TB patients' access to health care?

## **2. Overall planning, HR strategy, and lines of authority for supervision and quality control**

- a) Apart from the NTP, which national partners have taken part in the planning of TB prevention, care and control (e.g. ministry of health planning department; hospital administration department or equivalent; other ministries such as education, interior/justice, defence; drug regulatory body; national health insurance office; HIV programme; other public health programmes; nongovernmental organizations; professional associations, etc)?
- b) Is the strategic plan for human resources development for TB activities linked to and coordinated with the national human resources for health plans for the entire health sector?
- c) On what levels of the health system are there staff who are dedicated full-time to TB activities? Who is paying their salary - the NTP or the general health system (provincial/state, district/sub-district, health facility level)?
- d) What is the line of authority for personnel responsible for supervising TB activities' implementation at provincial/state and district/local levels? To whom are these personnel accountable (i.e. to the NTP or to other authorities)?

## **3. Supply chains, and delivery of diagnostic and treatment services**

- a) How are TB drug procurement, distribution and stock management systems integrated within or coordinated with general drug management systems?
- b) How are TB laboratory supply and stock management systems integrated within overall public health laboratory or general management systems?
- c) How are TB laboratory services integrated into overall laboratory and service structures and is laboratory equipment shared or TB-specific in laboratories that provide routine TB diagnostic services?
- d) Which health staff are responsible for identification of TB suspects, diagnosis, prescribing treatment, directly-observed treatment and patient support, follow-up of patients lost from care? Are they all integrated general health staff or are some staff fully dedicated to TB activities?
- e) Are initiatives that reach out to engage providers in the private sector and/or in communities TB-specific or linked to other public health programmes?

## Framework for conducting reviews of tuberculosis programmes

Indicators for: <b>Assessing the integration of TB activities within the health system</b>		
<i>Indicator</i>	<i>Calculation/Response</i>	<i>Source of information</i>
Proportion of annual TB activities' budget funded for the last five years	<p>Numerator: amount of funds mobilized each year</p> <p>Denominator: total budget needed for TB activities each year</p>	Annual reports on funding
Level of integration of TB activities in primary health care network	<p>Choose*: Yes, No, Partially</p> <ul style="list-style-type: none"> <li>• TB suspect identification and management</li> <li>• TB diagnosis</li> <li>• Provision of TB treatment to patients</li> <li>• TB treatment prescription</li> <li>• Monitoring of TB treatment administration</li> <li>• Management of TB medicines</li> </ul>	Field visits and local reports

\*, this assessment needs to be interpreted in the context of TB programme implemented in country.