Periodic Reviews: Opportunity for strengthening TB surveillance systems

28 September 2011
Outline

• Global Fund Grant Architecture and Periodic Reviews
  – Key Features
  – Decision Making Methodology

• Assessment of outcome/Impact for Periodic Reviews
  – Impact/outcome assessment framework
  – Usefulness of standards and benchmarks for assessing TB grants
Grant Architecture: Principles & Features

In November 2009, the new grant architecture was approved with the objective to:

− Simplify the funding architecture
− Contribute to improved alignment and harmonization with in-country planning, review & reporting cycles
− Support and effectively manage growth

Main features:

<table>
<thead>
<tr>
<th>Single Streams of Funding</th>
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<tr>
<td>Single Stream of Funding (SSF):</td>
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<tr>
<td>− One grant agreement per PR, per disease</td>
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<tr>
<td>− Fixed, up-to-3-year Implementation Periods for all SSFs in disease/HSS program, aligned to chosen in-country cycle</td>
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<table>
<thead>
<tr>
<th>Periodic Reviews</th>
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<tr>
<td>Periodic Review for additional financial commitment decisions:</td>
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<tr>
<td>− Up to every 3 years</td>
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<tr>
<td>− All PRs in same disease/HSS program reviewed at same time, aligned with country cycles</td>
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<tr>
<td>− Performance assessment strengthened to include analysis of program impact / outcome</td>
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<tr>
<th>Access to Funding</th>
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<tr>
<td>Access to Funding through consolidated proposals for the disease/HSS program, clearly showing how new funding will contribute to the interventions already funded</td>
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GF Funding: Bangladesh TB Program

Under the “old” grant architecture…
GF Funding: Bangladesh TB Program

Under the “new” grant architecture...

New funding from approved proposal

<table>
<thead>
<tr>
<th>Year</th>
<th>NTP</th>
<th>BRAC</th>
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<tbody>
<tr>
<td>2010-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
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<td>2014</td>
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<td>2016</td>
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<tr>
<td>2017</td>
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Legend:
- Dashed line: Progress Update / Disbursement
- Implementation
- Period start / end
- Periodic Review
The Periodic Review decision-making methodology comprises seven steps:

1. The **Performance Rating** for each SSF is determined by programmatic achievements (step 1), data quality and quality of services (step 2), and SSF management (step 3).

2. The **Recommendation Category** for each SSF is determined by progress towards proposal goals (step 4), the performance rating, and risks resulting in Board Conditions, if any (step 5).

3. The **Additional Financial Commitment** amount per SSF is determined by performance rating, financial efficiency (step 6), and budget reasonableness (step 7).
## Periodic Review: Overall Approach

The framework for additional financial commitment decisions:

<table>
<thead>
<tr>
<th>SSF Performance</th>
<th>Demonstrated Impact</th>
<th>Progress towards proposal goals (including programmatic coverage and outcome)</th>
<th>No Progress</th>
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<tbody>
<tr>
<td>A1</td>
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<tr>
<td>A2</td>
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<td></td>
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<tr>
<td>B1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2</td>
<td></td>
<td></td>
<td>Resubmission Request (no impact)**</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td>No GO</td>
</tr>
</tbody>
</table>

### Proposal Goals

1. **GO*** or **No GO**

*If major program or PR-level risks are identified, PRs should receive a “Conditional Go”. If that risk is critical, that could result in a “No GO”.

** A six-month extension could be granted to strong performing PRs for them to revise the implementation strategy with the CCM, reprogram activities and re-submit a request for additional financial commitment.

*** Condition Precedent related to improved performance within a defined timeframe
Impact/outcome assessment framework

1. Results of impact and outcome indicators based on agreed Performance Framework

2. Program Review/evaluation including analysis of impact and outcome data

3. CCM assessment
   - Ensures stakeholders input, based on National Program Review
   - Completes Request for Additional Financial Commitment

4. Global Fund Secretariat Assessment
   - Demonstrated impact
     - Progress towards proposal goals
     - No Progress

• To build impact/outcome assessments as central to national program reviews and evaluations

• To plan and budget for such reviews as part of M&E grant budgets and work plans

• Plan (timing) such assessments to feed into Periodic Reviews
TB Impact Measurement

• TB Impact Indicators
  – Trends in TB Prevalence
    • where estimated from TB Prevalence surveys
  – Trends in TB Mortality
    • Based on information from Vital Registration Systems / Sample Registration Surveys
  – Assessment of Trends in TB Case notification
    • As a proxy of TB incidence
    • Will require analysis of trends in case-finding efforts, the quality and coverage of surveillance systems and risk factors for TB

• TB Outcome indicators
  – TB Treatment Success Rate
  – MDR-TB Treatment Success Rates (for MDR-TB programs)
Framework for estimation and measurement of TB incidence using surveillance data

Current Tools –
Data Quality Audits – OSDV/ DQA/ RDQA
WHO Work Book & TISAT for assessment of surveillance data

What are the minimum requirements for TB surveillance system?
What is the quality of TB surveillance system?
How do I assess improvements in TB surveillance systems?

Are data reliable and complete?

- Good coverage, with no missing reports
- No duplicates
- No misclassification
- Data internally consistent
- Data externally consistent

Do changes in notifications over time reflect trends in incidence?

- Assess changes in case-finding effort or in case definitions
- Assess changes in TB determinants
- Examine historical and political events with possible impact on TB and/or reporting

Do notifications include all incident TB cases?

- Capture-recapture studies
- Apply “onion” model to identify where cases may be lost/missed
- Cross-validate estimates of TB incidence with TB deaths recorded in vital registration system

If not, IMPROVE surveillance system

Evaluate epidemiological TRENDS and IMPACT of TB control

UPDATE estimates of burden
if appropriate, CERTIFY or VALIDATE surveillance data
Results – OSDV & DQA

- 924 indicators assessed across 340 grants in 2009
  - 13% of verified indicators had major data quality issues due to over reporting

- 41 Data Quality Audits undertaken since 2008
  - 14 grants (34%) had no issues, 20 (49%) minor issues; 3 (7%) had major issues
Frequent data quality issues

- Inadequate structures, functions & capabilities to report on select indicators
  - Absence of registers to inaccurate reporting
- Improper interpretation of the indicator definitions & reporting guidelines
  - Leading to double counting;
- Suboptimal data management processes
  - No guidelines for delayed, incomplete or incorrect reporting
  - Original source documents not available for verification – data storage and archiving
- Lack of supervision
  - Supervision and systematic feedback on quality of data are not provided to lower level
How will the Standards and Benchmarks be useful for assessing TB Grants?

• Most countries would rely on assessment of trends in TB notification to assess progress on impact/outcome
  – Need for reliable quality data on TB notification
  – Need for acceptable TB surveillance systems (meeting minimum standards) to generate such information

• Need to institutionalize mechanism for use of standard approaches/tools to undertake such assessment
  – Simple and rapid assessment tools
  – Robust enough to making reliable impressions

• Provide recommendations to address gaps in TB surveillance systems
Submissions

• Need to have a grading system for assessment/certification
  – Facilitates monitoring and improvements over time

• Certification process should be Independent
  – Linked to external TB program monitoring missions

• Can be institutionalized with Periodic Reviews
  – Once every 3 years (re-certification)
THANK YOU