Common themes

general comment/challenge

- S&B generally thought to be useful and few suggestions for things to drop
  - Completed checklist revealed useful findings for all countries

- BUT: challenge is to balance workload of assembling evidence with what is really "good enough" to demonstrate a standard is met

- Need to define S&B that can be assessed from national level as much as possible
  - much more feasible when a national electronic database exists
Common themes
what worked well

1. Overall goals

2. Minimum set of core variables

3. System coverage

4. Some components of essential features
   ■ Staffing, compilation/dissemination of results

5. Some components of data quality
   ■ Internal consistency (though some unsure of calculations)
   ■ External consistency (though need for adaptation for e.g. EU countries)
Common themes
what was not useful or needs to be added

Not useful/could be dropped

- S&B for budgets
- S&B for contact tracing

To be added

- S&B for MDR-TB? E.g. DST coverage
  - (but caution from US r.e. treatment outcomes)
- Notification by disease site?
- Treatment outcome by risk factor?
- Quality of diagnosis?
- Content to capture an overview of the main characteristics of the surveillance system being assessed
Common themes

things to improve

1. Clarify timeframe over which results apply
   - need to capture results for more than most recent year

2. S&B for data quality and data management processes
   - More precise definition of a) variables to assess for completeness b) what test results are needed for implausible values c) what data management processes should be in place
   - Need alternatives to data quality audits (DQAs) at local/facility level - DQAs in representative sites onerous/time-consuming
     - Pilots illustrate other ways to demonstrate data quality is high
   - If DQAs are needed, **sampling methods** need to be clearly defined
Common themes

things to improve

3. Clarity/precision (and applicability) of language for some S&B
   - Plus clarify what does not apply to a case-based reporting system

4. For some standards, allow for alternative ways to demonstrate standards are met and allow for valid explanations of results that do not fall within specified benchmarks
   - Hard to demonstrate a few suggested benchmarks were met even in countries with strong surveillance systems – provide alternative benchmarks for these standards
     - e.g. based on pilots in USA, UK, Netherlands
   - Be clear for which standards it might be acceptable for countries to provide alternative evidence (to give some room for flexibility)

5. Alignment with TF framework
Common themes

general observations

1. S&B much easier to assess when ERR is in place and a national case or patient-based database is available for analysis

2. Evidence on underreporting is often not yet available (use of S&B could help catalyse more studies)

3. A user guide would be very helpful
Other major questions to consider

- **Plan to produce S&B ready for roll-out**

- **Process to be used to roll-out use of S&B**
  - Which countries? (and which to start with first?)
    - E.g. those likely to meet S&B?
    - Those where GF periodic reviews are planned?
  - Who will conduct the assessments?
  - Role of self-assessment and peer review vs. e.g. country missions by "independent" experts
  - Embed use in Global Fund grant processes?
  - What are the incentives to conduct an assessment?
  - Periodicity of use?
  - Who will use the findings and how?
Groups

Table 2 and Table 4

Group 1: Ana, Ibrahim, Matteo, Lori

Group 2: Laura, Wei, Norio, Philippe

Table 3 and Table 4

Group 3: Emily, Jaap, Ted, Vahur

Group 4: Babis, Eugene, Andrei, Amal, Kazuhiro