

Guidance on conducting reviews of tuberculosis programmes

DRAFT FOR CONSULTATION - July 2022

Global Tuberculosis Programme
World Health Organization

Contents

Foreword.....	5
Acknowledgments.....	5
Abbreviations and acronyms.....	5
Chapter 1. Introduction.....	7
1.1. Background and rationale for developing the guidance (why revision).....	7
1.1.1 End TB Strategy	7
1.1.2 SDGs	7
1.1.3 2018 UN high-level meeting on TB.....	7
1.1.4 2018 Global conference on primary health care.....	7
1.1.5 UN high-level meeting on UHC.....	8
1.1.6 COVID-19 pandemic	8
1.1.7 Multisectoral accountability framework	8
1.1.8 2022 Guidance for National Strategic Planning for Tuberculosis	8
1.1.9 How was this guidance developed?	9
1.2. Objective of the guidance	9
1.3. Target audiences	9
1.4. Structure of the guidance document	10
Chapter 2. What is a TB programme review?	11
2.1. What is a programme review?	11
2.2. Purpose and objectives	12
2.3. Benefits of the programme review	12
2.4. Types and periodicity of the review	13
2.5. Guiding principles.....	14
2.6. Other considerations.....	16
Chapter 3. Review conceptualization.....	17
3.1. Guiding questions for the review (focus on why).....	17
3.2. Review steps.....	18
3.3. Review topics	20
Chapter 4. Phase 1: Planning and preparation.....	23
4.1 Introduction.....	23
4.4.1. Establishing organizing committees	23
4.4.2. Defining the dates and timelines.....	25
4.4.3. Concept note development.....	26
4.2. Stakeholder consultation	27

4.3. Identification of the review leads and participants.....	28
4.4 Sites for field visit	33
4.5 Draft agenda:.....	33
4.6 Budget development.....	33
4.7. Finalising the work plan.....	34
Chapter 5. Phase 2: Pre-review	36
5.1. Desk review	36
5.1.1. Desk review objective and approach	36
5.1.2. Defining the framework for the desk review	37
5.1.3 Gathering all relevant documents.....	37
5.1.4. Recommended output of the desk review	38
5.2. Pre-review studies.....	39
5.2.1. Why pre review	39
5.2.2. What to do	39
5.2.3. When to organize	39
Chapter 6. Phase 3: Field review	41
6.1. Objectives and approach.....	41
6.2. Briefing and orientation	42
6.2.1 Organizing the briefing and orientation session	43
6.2.2 Introduction meetings.....	44
6.3 Teams formation and field visits plan	44
6.3.1. National-level field visit.....	45
6.3.2. Sub-national level field visits	45
6.3.3. Visits to health facilities.....	45
6.4. Tools and thematic checklists.....	46
6.5. Logistical arrangements	48
6.5.1 Field visit preparations	48
6.5.2. Field visit steps	49
6.6. Perspective of people with TB.....	49
6.7. Analytical framework and summary of findings.....	50
Chapter 7. Phase 3: Synthesis of findings and recommendations	52
7.1. Post field visit workshop	52
7.2. Analytical framework	53
7.3. Making recommendations	54
7.4. Debriefing.....	56
Chapter 8. Phase 4: Post review (report finalisation and using the recommendations).....	58

8.1. Report writing	58
8.2. Dissemination plan and process.....	60
8.3. Translating recommendations into actions.....	61
8.4. Follow-up on recommendations	62
8.5 Conclusions.....	62

Draft

Foreword

[To be completed]

Global efforts to end tuberculosis (TB) are primarily guided by the World Health Organization's (WHO's) End TB Strategy. In line with the United Nations (UN) Sustainable Development Goals (SDGs), the strategy has targets to reduce TB deaths and TB incidence by 90% and 80%, respectively, by 2030 compared with 2015. It also targets eliminating TB-related catastrophic costs by 2020.

At the first UN General Assembly high-level meeting on tuberculosis, held in 2018, heads of state and government adopted the political declaration on the fight against TB, which includes commitment to ambitious targets for TB treatment and prevention through universal access to quality diagnosis, treatment, care and support, without suffering financial hardship, with a special focus on vulnerable and marginalized populations, by 2022¹.

This guidance complements the WHO Guidance on National Strategic Planning for Tuberculosis, published in 2022.

Acknowledgments

[To be completed]

Abbreviations and acronyms

[To be completed]

AIDS	acquired immunodeficiency syndrome
DR-TB	drug resistant tuberculosis
DST	drug susceptibility testing
HIV	human immunodeficiency virus
IPC	infection prevention and control
M&E	monitoring and evaluation
MAF-TB	Multisectoral accountability framework to accelerate progress to end TB by 2030
MDR-TB	multi-drug resistant tuberculosis
MOH	ministry of health
NGO	nongovernmental organization

¹ United Nations General Assembly. Resolution 73/3: Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis. New York: United Nations; 2018 (https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3).

NSP	national strategic plan
NTP	national TB programme
PCF	people-centred framework for TB programme planning and prioritization
PHC	primary health care
RR-TB	rifampicin-resistant TB
SDG	Sustainable Development Goal
TB	tuberculosis
TOR	Terms of reference
TPT TB	preventive treatment
UHC	universal health coverage
UN	United Nations
WHO	World Health Organization

Draft

Chapter 1. Introduction

This chapter describes the background and rationale of this guidance document, highlighting some of the key global developments that have informed the development of this guidance; the scope and structure; the target audience of the guidance.

1.1. Background and rationale for developing the guidance (why revision)

In 2014, the World Health Organization (WHO) published the Framework for Conducting Reviews of Tuberculosis Programs. The current document is an update to that framework, developed to better align with global commitments, strategies and approaches. Given the significant global developments in TB and public health, the current guidance incorporates new tools and approaches to TB programming and planning, and lessons learned in using the 2014 framework.

The key global commitments and developments that have informed the content and focus of this guidance are given below.

1.1.1 End TB Strategy

The End TB Strategy, endorsed by the World Health Assembly in May 2014, provides strategic direction for the achievement of the TB targets within the United Nations (UN) Sustainable Development Goals (SDGs), including the provision of universal health coverage (UHC) to all people affected by TB. The strategy outlines a range of medical and socioeconomic interventions to address TB morbidity and mortality, and to facilitate the provision of people-centred services and the elimination of TB-related catastrophic costs.

1.1.2 SDGs

Goal 3 of the SDGs focuses on ensuring healthy lives and promoting well-being for all at all ages. It includes targets to end the epidemics of AIDS, TB, malaria and neglected tropical diseases, and to combat hepatitis, waterborne diseases and other communicable diseases by 2030. It also includes a target to attain UHC, including financial risk protection and access to quality essential health care services.

1.1.3 2018 UN high-level meeting on TB

The political declaration of the 2018 UN high-level meeting on TB, endorsed by heads of state and government, commits to ambitious targets to end TB (3). Included in this declaration is the commitment to develop or strengthen TB NSPs through multisectoral mechanisms and the engagement of civil society and affected communities, central and local government, and other stakeholders within and beyond the health sector.

1.1.4 2018 Global conference on primary health care

At the 2018 Global conference on primary health care (PHC) in October 2018, heads of state and government signed the Declaration of Astana. The declaration includes commitments to

making bold political choices for health across all sectors and building sustainable PHC to meet all people's health needs through comprehensive preventive, promotive, curative, rehabilitative services and palliative care. It envisages sustainable PHC to enhance the resilience of health systems to prevent, detect and respond to infectious diseases and outbreaks.

1.1.5 UN high-level meeting on UHC

The first UN high-level meeting on UHC, held in September 2019, resulted in a political declaration with commitments to accelerate efforts towards achieving UHC by 2030 through expanded population coverage with quality essential health services, and financial risk protection to eliminate impoverishment due to health-related expenses (6). The declaration also includes commitment to strengthen efforts to address communicable diseases (e.g. HIV, TB, malaria and hepatitis) as part of UHC, and through comprehensive approaches and integrated service delivery.

1.1.6 COVID-19 pandemic

The coronavirus disease (COVID-19) pandemic has destabilized the global economy and reversed progress in health and development worldwide. Progress in TB care and prevention has been particularly affected, with redirection of human, financial and other resources to the COVID-19 response. Furthermore, public health measures restricting movement of people have resulted in reduced access to TB services.

The pandemic has highlighted the critical need to strengthen health systems and ensure maintenance of quality essential health services during emergencies. According to the *Global TB report 2021* (7), between 2019 and 2020, there was a year-on-year increase in TB deaths for the first time in more than 10 years, because of marked reductions in people with TB who were diagnosed, treated and notified (from 7.1 million in 2019 to 5.8 million 2020). About 1.5 million people died from TB in 2020 (including 214 000 people with HIV). There was also a 21% drop in the number of people receiving TB preventive treatment (TPT) between 2019 and 2020.

1.1.7 Multisectoral accountability framework

The Multisectoral Accountability Framework (MAF-TB) for Tuberculosis was developed by WHO in 2019 following the Moscow Conference in 2017 and as one of the direct outcomes of the UNHLM on tuberculosis. The MAF-TB is a framework that aims to support effective accountability of governments and all stakeholders, at global, regional, and country levels, to accelerate progress toward the eradication of TB. It entails collaboration within the health domain, but it also entails multisectoral collaboration with a broader group of stakeholders relevant to the fight against tuberculosis.

1.1.8 2022 Guidance for National Strategic Planning for Tuberculosis

The WHO published the updated Guidance on **National Strategic Planning for Tuberculosis** in 2022. As one of the most important inputs to the national strategic planning process, it is crucial that the programme review be able to inform the strategic planning process in the

most effective way possible. Therefore, it is necessary to ensure that the guidance for programme reviews complements the WHO guidance on national strategic planning.

1.1.9 How was this guidance developed?

The process of developing the guidance included an online survey targeting key stakeholders in the review of TB programmes and in the national strategic planning process; and focus groups and interviews with key informants.

An online survey was conducted to obtain inputs and perspectives on the challenges and good practices for conducting TB programme reviews. This global survey targeted national TB programme staff, civil society, WHO at regional and country offices, technical and funding partners.

This was followed by focus groups and interviews that were conducted with national TB programme staff, consultants, WHO staff, and members of the WHO Civil Society Task Force who have been involved in TB programme reviews. A draft was developed considering all inputs received.

The draft guidance was shared with wide range of stakeholders and a global consultation was organized on 14-15 July 2022 to finalise the guidance.

1.2. Objective of the guidance

The objective of this guidance is to provide a standard approach for conducting reviews of TB programmes that aim for quality improvement and allows for suitable strategy adaptations by national TB programmes through an approach that is aligned with the latest developments and global guidelines. Obviously, context specific adaptation and innovations are highly recommended within the broader standard approach.

1.3. Target audiences

This guidance is intended for use by all stakeholders that may be involved in the review process. These stakeholders usually include:

- Ministry of health (national TB programme and other relevant departments), other government ministries (e.g. ministry of planning, finance, justice or social welfare/social protection, and local government agencies) technical agencies and partners
- Implementing partners
- Technical consultants
- Civil society organizations
- Donors
- Professional health associations.

1.4. Structure of the guidance document

This guidance is organized around the essential stages of the programme review process:

- Phase 1: Planning and preparation
- Phase 2: Pre-review
- Phase 3: Field review
- Phase 4: Post review

An online Toolbox complements this document; it features an Appendix document with suggested themes and topics for inclusion in the programme review; sample tools (logical framework, etc); a list of indicators to aid a quantitative assessment of the programme performance.

Draft

Chapter 2. What is a TB programme review?

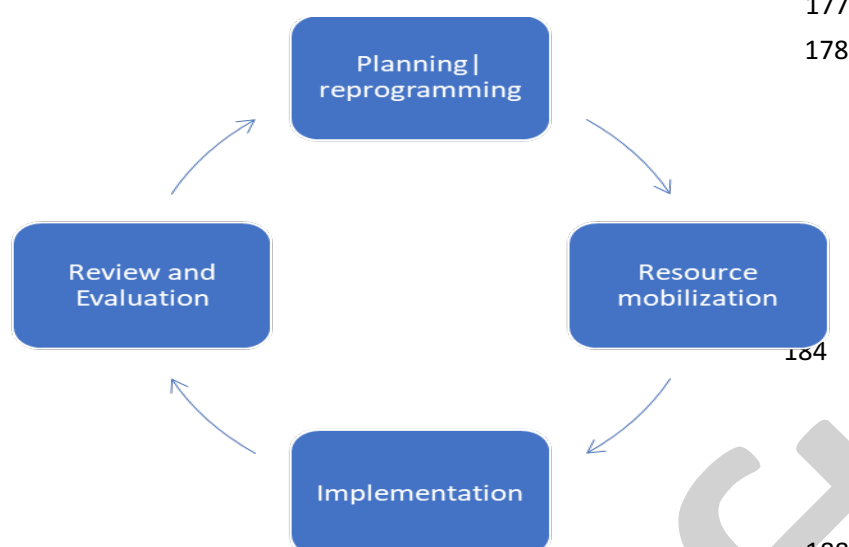
2.1. What is a programme review?

A set of activities need to be planned and embedded in the national strategy to track progress, improve quality, develop and update the plan. Figure 2.1 shows how TB programme reviews are an integral component of the TB programming cycle. Supportive supervision, monitoring, evaluation and review are important to ensure that actions outlined in the national strategic plan are implemented as planned against stated objectives and desired results.

- **Supportive supervision** is a facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees. In recent years, supportive supervision has been implemented to improve routine program monitoring and evaluation (M&E).
- **Programme monitoring** means collecting, tracking and analysing data to determine what is happening, where, and to whom. Monitoring uses a set of core indicators and targets to provide timely and accurate information in order to inform progress and performance reviews, and decision-making processes. In the context of TB programming, the indicators and targets should be linked to the strategic directions and key objectives of the TB programme.
- **Programme evaluation** on the other hand builds upon monitoring data but the analysis goes much deeper. Additional data are often needed to consider contextual changes and determine if change is attributable to TB services. While programme evaluation shares many characteristics with programme reviews, they differ in terms of design, methodology, and use.
- **Reviews of national programmes** gather evidence through monitoring and evaluation processes to assess progress and performance. Reviews are evaluations that are conducted periodically and that aim at improving the programme performance in order to reach the goal and targets of the end TB strategy. Programme reviews are built on routine supervision, monitoring and evaluation, and focus on identifying 'why' and 'what to do'.

Reviews of TB programme used different terminology in different contexts. It was commonly referred to as joint programme review (JPR) or joint monitoring mission (JMM). The term "joint" refers to the involvement of external and internal evaluators. In this guidance, this is referred to as national TB programme review.

Figure 2.1: TB programme cycle



2.2. Purpose and objectives

Conducting regular programme reviews represents good practice in managing TB programmes. Programmes that have regular objective and appropriate programme reviews are more likely to perform better than those that are reviewed infrequently or not at all.

The overall purpose of reviewing the activities of a national TB programme is to assess progress in the response to TB in the context of the goals, objectives and targets that have been specified in the national strategic plan to end TB. The review should assess programme outputs, outcomes and impact, including the quality of TB care in terms of its relevance to the epidemiology of the disease, equity as it relates to access to care and control services as well as to the quality of care received by all people with TB, the effectiveness of the care, and responsiveness – that is, how promptly care and control services are provided to populations that need them.

2.3. Benefits of the programme review

Programme reviews brings a number of benefits to national TB programmes, namely:

A. Quality improvement

Regular programme reviews are an integral part of the programme cycle and they aim to continually improve performance and achieve better results.

B. Evidence based decision making

Evidence based decision making contributes to the development or updating of the national strategic plan.

C. Collection and sharing of best practices

The review significantly contributes to identifying best practices, as well as challenges to the implementation and potential solutions to them. A review should identify the strengths and weaknesses of TB prevention, care and control services as well as the opportunities for improving the services and the challenges to the programme that must be overcome. The review should provide recommendations for improving TB prevention, care and control activities.

D. Strengthening accountability (including through alignment with MAF-TB)

By regularly documenting achievements and challenges, programme reviews contribute to increasing the transparency of the management of the programmes which, in turn, promotes greater accountability by all concerned. Being open about the strengths and weaknesses of a programme often indicates commitment to improving performance.

E. Strengthening multi-sectoral and multi-stakeholder partnerships

Regularly reviewing programmes enables the partners involved to have a say in managing the programme and to identify the areas in which they could further contribute to strengthen the programme.

2.4. Types and periodicity of the review

Programme reviews can be carried out at different stages of the programme cycle and sometimes for different purposes. For the purposes of this guidance, the term programme review refers to reviewing the whole national programme rather than reviewing only some discrete components of the programme. However, all of them follow the same modalities (Table 2.1).

- **Quarterly reviews** are organized at the sub-national level and as part of routine programme monitoring.
- **Annual reviews** are generally considered as light reviews conducted annually by the main partners of a programme to assess progress in implementation and address the challenges that arise. Annual reviews are more likely to be carried out by a local team of people who are directly involved in the programme and look at data from routine reporting and monitoring. The results of annual reviews are used to improve on-going implementation, including modifying existing or developing new implementation plans.
- **Mid-term reviews (MTR)** are typically conducted around the mid-point of a multi-year programme cycle as defined in the strategic plan. The purpose is to determine whether the implementation of the national programme is going in the right direction and is on course to meet the targets defined in the strategic plan. Mid-term reviews might be used to adjust the strategic plan (reprogramming). Mid-term reviews can be conducted by a team that has both internal and external reviewers.

- **End-term reviews (ETR)** are carried out at the end of the multi-year programme cycle as defined in the strategic plan. The aim is to determine how well the programme has performed in the planning period under consideration. This is a comprehensive review of the programme that examines all elements with particular focus on the impact and outcomes, of the programme, and associated factors. An end-term review will usually constitute the situation analysis of the new strategic plan. The end-term review should ideally have a strong external or independent element in its execution to assure objectivity of the findings. **Specific reviews** refer the assessment of specific technical components of a national programme. Such a review may focus on laboratory aspect or programmatic management of drug resistant TB.

Table 2.1: Summary of the programme review types

Type of review	Focus	Objective	Actors
Quarterly	Inputs	<ul style="list-style-type: none"> Assess detailed implementation plan 	Internal
Annual	Outputs <i>How well the programme is being implemented: assessing inputs, activities and outputs?</i>	<ul style="list-style-type: none"> Assess implementation Modify implementation plans 	Internal
Mid-term	Outcomes <i>Is programme moving in the right direction; progress in the services being provided (outputs)?</i>	<ul style="list-style-type: none"> Assess progress towards achieving programme objectives Inform reprogramming 	Internal and external
End-term	Impact <i>How well the programme has performed in the planning period under consideration?</i>	<ul style="list-style-type: none"> Assess the overall performance of the programme Inform the development of a new strategic plan 	Internal and external

2.5. Guiding principles

1. National ownership

Reviews are led and owned by the national TB programmes; they provide information on progress and challenges, which is important to help national governments keep TB on the priority agenda.

2. Accountability

The programme reviews are important accountability and transparency tools. Programme review needs to be inclusive, independent, evidence-based and transparent, and lead to remedial actions.

3. Inclusive participation

Reviews should be designed and implemented transparently and with wider and meaningful participation of all key stakeholders and actors. A successful programme review requires

inclusive and effective participation of all stakeholders, organizations and communities concerned by TB control at national and sub-national level.

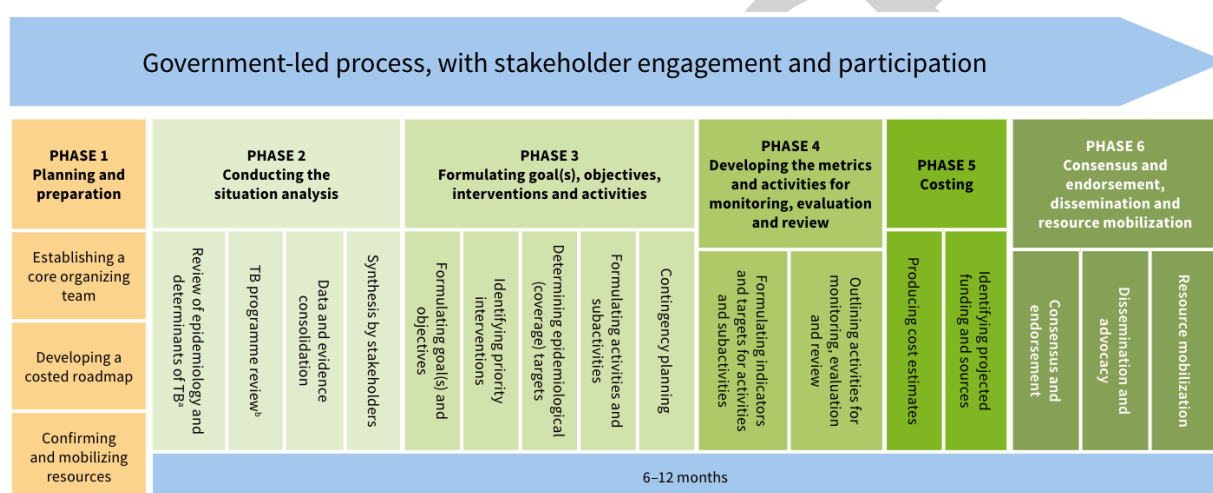
2. Multisectoral involvement

TB programme leadership will need to engage a diverse spectrum of collaborators within and beyond the health sector.

3. Alignment with the National Strategic Plan

The TB programme review is one of the foundations of a programme's strategic planning process; a programme review should inform the development or updating of the national strategic plan and its operational plan.

Figure 2.1: Summary of the process for NSP development



MOH: ministry of health; NSP: national strategic plan; TB: tuberculosis.

^a This includes review of social determinants.

^b This includes review of aspects of the health system as well as other sectors that are relevant to the country's TB response. This can be primarily informed by a desk review of the relevant reports, as well as inclusion of the most pertinent aspects in the TB programme review.

4. Harmonization with national process

The timing and focus of programme reviews should be consistent with national programme cycles, improve programme performance and contribute to wider national development efforts; they are an opportunity to promote partnership, mutual accountability, harmonization and alignment among stakeholders.

5. Holistic as the End TB Strategy

It is important to ensure that each of the primary and secondary review objectives and questions addresses the scope of the NSP, aligned to the End TB Strategy pillars and corresponding programme areas.

6. People centred

A review should always keep its objectives and focus people-centered. This indicates that the review focuses on equal access to quality TB services that are co-produced in a way that meets the needs of the specific community and respects social preferences.

7. Using the momentum for strategic communication

Programme reviews represent a good opportunity for strategic communication and advocacy for high level policy makers.

8. Flexibility and innovation

TB programme reviews should be designed (customised and adopted) in a flexible way to make it fit-for-purpose. While this guidance provides a high-level approach for a standardized programme review design and steps, national TB programmes should assess and decide on the appropriate design to achieve the objectives set for the review. A programme review can be done in a variety of ways. Innovations in organizing review should be encouraged.

2.6. Other considerations

1. Mixed or hybrid physical and virtual review approaches

Review may also be arranged virtually or hybrid of physical and virtual modality. During the COVID-19 pandemic with travel and mobility constraints, some NTPs undertook totally virtual programme reviews. In other countries, the briefing following the desk review was performed virtually, followed by a short in-person field review conducted by a smaller review team. Learning from these experiences, countries may decide to adopt in the future a mix of modalities that best suits their local situation and the review's scope and aim.

2. Integration with other programme reviews

In countries where service delivery across disease areas is integrated, TB programme reviews may be undertaken in conjunction with reviews of other diseases. For the purpose of this guidance, we refer to such reviews as “integrated reviews”. Integrated reviews provide the opportunity to conduct a more comprehensive review, where common areas are jointly assessed and synergies are identified.

Chapter 3. Review conceptualization

This chapter describes the conceptualisation of a programme reviews, including the guiding questions, the four phases and corresponding steps of the review. It then illustrates the selection of the potential topics of the programme review.

3.1. Guiding questions for the review (focus on why)

While the overall programme (including its NSP) aims to reduce the TB burden (i.e., desired impact), achieving the goals is related to reasonable and relevant outputs and outcomes achieved via using existing resources, services, and systems. To create a thorough programme review concept and scope, the review committee should comprehensively analyse the programme and the causal chain of its interventions. A comprehensive programme review should cover the full spectrum of programme results from inputs to impact. Figure 3.1 shows areas where the review committee should focus its attention in conceptualising the scope of the programme review. Please note that statements in the figure are examples and should be adapted to the context of the review.

- Inputs level: The review should corroborate and complement information gathered during the desk review with on-the-ground observations to assess whether adequate policies, plans and targets have been defined; appropriate interventions for the type of TB epidemic and population groups have been identified; adequate resources are available and in line with priorities; sufficient human resources, infrastructure, equipment, supply chain and information systems are in place.
- Outputs level: The review should explore access to interventions, and readiness, quality and safety of services.
- Outcomes level: The review should assess coverage and delivery models of TB services and links with progress on universal health coverage, social protection and human rights.
- Impact level: The review should assess whether the programme is making a difference in terms of improved health outcomes, equity, social and financial risk protection, and responsiveness and efficiency of its interventions.

Figure 3.1: Logical framework for the programme review

	Inputs: Health Systems & Programme Resources	Outputs: TB Services	Programme Outcomes	Programme impact
Review Topics and Indicator Domains	<ul style="list-style-type: none"> - Health and social care delivery - Financing for services - Human resources for TB - Medical products - Surveillance and data - TB Programme and policies 	Integrated patient-centered TB care and prevention	<ul style="list-style-type: none"> - Targeted populations - The social determinants of TB - Services outcomes. 	TB burden and epidemiology (incidence, prevalence, and mortality)
High-level review questions	Were national TB policies, partnerships, programme management, resources, and systems sufficient to support the programme?	Were the services delivered in a timely, safe, and high-quality manner?	Was the programme successful in delivering the right interventions to the right people?	Did the programme achieve the impact targets outlined in the NSP and line with ETS?
Focus of data collection and Analysis	Administrative sources - Financial tracking system - National Health Accounts - Database and records: HR, infrastructure, medicines etc. - Policy data <i>Verify desk review information with on-the-ground observations and understand factors driving variations in progress at different subnational levels.</i>	Reviewing data on access, scope, scale and quality of services provided to TB patients and vulnerable groups and populations. <i>- Explore the reasons behind the observed changes in and performance of the programme.</i> <i>- Factors contributing to high or low services coverage.</i> <i>- Universal health coverage.</i> <i>- Social protection services and human rights.</i>	<ul style="list-style-type: none"> - Assess if all vulnerable groups and populations were reached. - Benchmark the interventions and their outcomes in relation to the NSP. - Fill information gaps through field review. - Assess factors contributing to desirable and undesirable outcomes (e.g., high notification rates. - Assess the effects of social determinants of TB. 	Progress towards epidemiological targets. <i>Verify desk review information with on-the-ground observations and understand factors driving variations in progress at different subnational levels.</i>
Review Actionable recommendations	<ul style="list-style-type: none"> - The outcomes of high-quality programme review should be actionable. A well-designed programme review will likely result in good conclusions and improvement actions. - Engage those with decision-making and financial responsibility — and where applicable the community members — in debating findings and developing best practices to yield good recommendations. - An effective programme review includes a high-quality report with clear accountability framework. 			

In general, review focuses on whether the programme has met the expected outcomes as planned, and then try to understand what the major issues are that hindering progress, why these are happening and what to do to overcome these issues.

Guiding questions may cover the following criteria:

- **Effectiveness:** Is the programme achieving the goals and objectives that it was designed to achieve? Is the programme reaching the right people?
- **Implementation:** Were the programme's activities carried out as planned?
- **Efficiency:** Are the program's activities being carried out with the most efficient use of resources such as budget and staff time?

These guiding questions need to be translated into specific questions considering the topic area and context. The review objectives and questions should be revised following the desk review step to ensure achieving good focus of the review.

3.2. Review steps

This guidance proposes and presents four phases, each with different steps. The phases and steps represent the natural flow of a well-designed and executed programme review that starts from a context-driven design and scope with good outputs that feed into the TB programme planning cycle.

Phase 1: Planning and preparation

Step 1: Planning and preparation for the programme review

Step 2: Concept note development

Phase 2: Pre review

Step 3: Review of TB epidemiology and determinants

Step 4: Conducting the desk review

Phase 3: Field review

Step 5: Conducting the field review

Step 6: Synthesizing findings and prioritizing recommendations

Step 7: Debriefing

Phase 4: Post review

Step 8: Reporting and dissemination

Step 9: Use of the report and linking the programme review to the TB programme planning process

Each of these steps has been proposed, developed and informed by years of experience gained from numerous programme reviews in a variety of countries with varying scope and goals. Table 3.2 outlines the main activities and outputs of each phase of the programme reviews.

Table 3.2: Main activities and outputs of each phase of the programme review

Phase	Planning and preparation	Pre-review studies	Desk review	Field visits and debriefing	Report writing and dissemination	NSP development
Main activities	<ul style="list-style-type: none"> - Establishment of coordinating team - Concept note development - Stakeholder mapping - Resource quantification, mapping and mobilisation - Ministerial approval for the review 	<ul style="list-style-type: none"> - Review of the TB burden - Assessment of the M&E system - Review of the social determinants of TB 	<ul style="list-style-type: none"> - Review of reports, strategic documents and other relevant documents - Preparation of summary report(s) 	<ul style="list-style-type: none"> - Key informant interviews - Visits to selected sites - Consolidation of field findings - Preparation of summary reports (narrative and .ppt) 	<ul style="list-style-type: none"> - Preparation of draft narrative report. - Review of draft report by MOH and other stakeholders - Finalisation and approval of report 	Evidence consolidation, gap analysis, intervention planning, NSP indicators, costing.
Main outputs	<ul style="list-style-type: none"> - Approved costed roadmap - Lead reviewer(s) identified 	Report on TB epidemiology, social determinants and M&E	Desk review report (narrative and .ppt)	<ul style="list-style-type: none"> - Debriefing slides - Draft narrative report 	Final MOH approved report	Costed updated NSP

		system				
--	--	--------	--	--	--	--

3.3. Review topics

The programme review team or committee should decide early enough on the expected scope of the review by deciding which themes and topics will be included in the programme review. Stakeholders should consider the following while deciding on what topics to cover:

- Countries should review their TB programmes and their strategic plans in a comprehensive manner to ensure that different components of the programme are well assessed.
- In principle, review topics should be aligned with the national strategic plan of the country.
- While adapting the review topics to the country context, it is important to consider how the NSP is linked to End TB Strategy, which provides a holistic framework to support TB treatment, care, and prevention.
- However, some of the topics may need more emphasis than others. Topics that are relevant to a specific country context might not be suitable for another country. The review committee should adapt these topics according to the scope and perspective of the programme review. For instance, it is possible to de-emphasise or alter some topics if a recent assessment in a particular component area has been completed with robust findings and suggestions (i.e., no need to review again).
- Well planned pre review phase (review of TB epidemiology and determinants, desk review of existing reports) is crucial to identify the priority focus of the review.
- The people-centred framework (PCF) can be used during the preparation of the review for prioritizing topics, problems and conducting root cause analyses to identify gaps and domains for action, thus using the framework to assess the situation². The results of this exercise can inform the selection of the review topics and the focus of the desk review and field visits. In addition, the PCF facilitates stakeholder discussion and understanding of the relative implications of the key gaps in the TB care continuum; it also provides a basis for stakeholders to identify and propose domains of action to be considered when formulating interventions.

Below are example of themes and topics that could be covered during the programme review. This set was designed in a manner to align with the End TB Strategy framework. Box 3.1 provides a high-level description of these themes and topics.

End TB strategy:
Principles

² People-centred framework for tuberculosis programme planning and prioritization: user guide. Geneva: World Health Organization; 2019. Available at <https://www.who.int/publications/i/item/9789241516273>

1. Government stewardship and accountability, with M&E
 2. Strong coalition with civil society organizations and communities
 3. Protection and promotion of human rights, ethics and equity
 4. Adaptation of the strategy and targets at country level, with global collaboration
- Pillars and components
1. Integrated, patient-centred care and prevention
 - A. Early diagnosis of TB including universal DST, and systematic screening of contacts and high-risk groups
 - B. Treatment of all people with TB including drug-resistant TB, and patient support
 - C. Collaborative TB/HIV activities, and management of comorbidities
 - D. Preventive treatment of people at high risk, and vaccination against TB
 2. Bold policies and supportive systems
 - A. Political commitment with adequate resources for TB care and prevention
 - B. Engagement of communities, civil society organizations, and public and private care providers
 - C. UHC policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
 - D. Social protection, poverty alleviation and actions on other determinants of TB
 3. Intensified research and innovation
 - A. Discovery, development and rapid uptake of new tools, interventions and strategies
 - B. Research to optimize implementation and impact, and promote innovations

Box 3.1: Areas of TB prevention, care and control that should be considered during the TB programme reviews

Theme 1: Integrated patient-centred TB care and prevention
Topic 1.1. Systematic screening for tuberculosis
Topic 1.2. Early detection and diagnosis of tuberculosis
Topic 1.3. TB diagnosis capacity
Topic 1.4. Treatment of all people with TB
Topic 1.5. Vulnerable groups
Topic 1.6. Managing of people with TB and other comorbidities
Topic 1.7. Collaborative TB/HIV activities
Topic 1.8. Preventive treatment of persons at high risk
Topic 1.9. Patient-centred support and integrated management of TB
Theme 2: Policies and systems to support TB programme
Topic 2.1. Multidisciplinary and multisectoral approach
Topic 2.2. Universal health coverage and TB relevant policies

<p>Topic 2.4. Social determinants of tuberculosis</p> <p>Topic 2.5. Social protection and human rights</p> <p>Topic 2.6. Comprehensive infection control measures</p> <p>Topic 2.7. Engagement of communities</p> <p>Topic 2.8. Engagement of all public and private providers</p> <p>Topic 2.9. National health care system and TB programme</p> <ul style="list-style-type: none"> • TB-related health and social care delivery Service Delivery • Financing for services • Human resources for TB • Management of pharmaceuticals and other medical products • Surveillance and data systems for TB • National TB Programme
Theme 3: TB research
Topic 3.1. Use of research to support TB programmes

Chapter 4. Phase 1: Planning and preparation

4.1 Introduction

Like all other activities, a successful programme review requires good planning. The goal of the planning phase of the programme review is to consult with all partners and stakeholders and achieve agreement on the review's objectives, defining role sand responsibilities, developing the concept note, identify the cost and take stock of financial resources and gaps. In addition, it aims to set up a mechanism of supervision that involves a wide range of parties. The national programme and its partners should completely own this phase. Experiences and best practices have shown that good planning takes 3–4 months on average (6 months in many cases), and if done correctly, it ensures that the subsequent phases function smoothly.

4.4.1. Establishing organizing committees

It is essential to initiate the preparations for the programme review by establishing the review organizing committee. In many settings, the organizing committee is known as task force or steering committee or oversight committee. The task force may be co-chaired by the review managers and assisted by the review coordinators. The composition of the task force is determined by the scope and objectives of the review. The task force will determine the terms of reference, assess the objectives and outcomes, and provide guidance to the review teams.

1. **Review Managers:** they are responsible for initiating the review process and for its overall management. In some countries, the country TB programme manager or another senior official at the MoH play this role.
2. **Review Coordinators:** they are responsible for the overall planning, implementation, and reporting on the review. Experience from different countries suggests the appointment of one external expert and one national expert as the Review Coordinators. In other countries, one review coordinator would be enough (this depends on the preference for assigning the review manager). However, the availability and dedication of a national coordinator, who will work closely with the external coordinator, can ensure that the national context is regularly considered in preparing and conducting the review. The role of the national review coordinator is to oversee the local organization of the review, including the preparation and collation of background materials and building national interest in the review. The national coordinator can accomplish some of these tasks by identifying and assigning them to a secretariat. The role of the international review coordinator is to provide technical advice on the content and process of the review, and to organize the participation of international team members. The national review coordinator is appointed by the MoH and is often the manager of the national TB programme. The

international review coordinator is usually from WHO or another technical agency with extensive experiences in organizing programme reviews.

The tasks of the national and international review co-ordinators are summarised in Table 4.1.

Table 4.1: Summary of the tasks of the national and international review co-ordinators.

Tasks	National Review Coordinator	International Review Coordinator
Identify reviewers	National	International
Plan logistics	Steer logistics for the review with support from assigned coordinators.	Not applicable.
Develop the budget and identify funding sources	Prepare the overall budget for the review; identify local or external funding sources for the review.	Help potential sources of funding to complement locally mobilized funding.
Prepare key documents for the review	Prepare background information for the review; prepare the protocol and the assessment checklists; if possible, field-test data collection tools.	Prepare or help prepare the protocol for the review, and if necessary, help prepare the checklist or other tools.
Prepare the report about the review	Help develop, revise and finalize the report of the review	Lead the development and finalization of the report of the review
Submit the final report	Submit the report to the ministry of health or other relevant authority	Submit the report to the review teams and WHO for endorsement before it is submitted to the ministry of health

3. **Logistics coordinators:** their main role is to support the team in planning and coordinating the logistics part of the programme review process. The number of logistics coordinators will depend on the scale of the programme review; the review coordinators may decide on how to assign these coordinators.

4. **Members:** The task force composition may include a mixture of the entities identified as part of the stakeholder mapping process. Members of the task group should be familiar with, or related to, aspects of TB prevention, treatment, and control, as well as the national health-care system. When choosing members, their positions as well as their ability to influence decisions should be considered. Members may include:

- senior staff or representatives from the ministry of health or other relevant authorities;
- representatives from international agencies that are engaged in TB prevention, care and control and health system strengthening;
- funding partners and potential donors;

- d. representatives from academia;
- e. representatives from HIV/AIDS prevention, care and control programmes;
- f. relevant NGOs and civil society organizations;
- g. private health-care providers;
- h. representatives from other sectors that have been involved in work on TB nationally (e.g., justice, labour, social protection),
- i. members of relevant professional health associations.

4.4.2. Defining the dates and timelines

As a general principle, the frequency of reviews of national TB programmes should be defined in the national TB strategic plan. Reviews should be scheduled and budgeted for in the operational and budgetary components of the strategic plan. Accordingly, each country-specific programme reviews (either mid-term, end-term, or other types) must be associated with tentative calendar periods aligned to strategic planning cycle. Consider the following when deciding on the review dates:

- The national Review Manager or Coordinator should choose the specific dates for the review in consultations with the task force members.
- Depending on the size of the country, travel logistics, the number of teams involved, and the components of the national strategy to be examined, the review period will vary from one country to another.
- Experience from countries indicated that an average programme review execution period may last for an average of 20 weeks between the initial engagement period until delivering the final report of the programme review. Table 4.2 outlines the tentative average expected duration of each key step in the programme review based on experiences from different countries

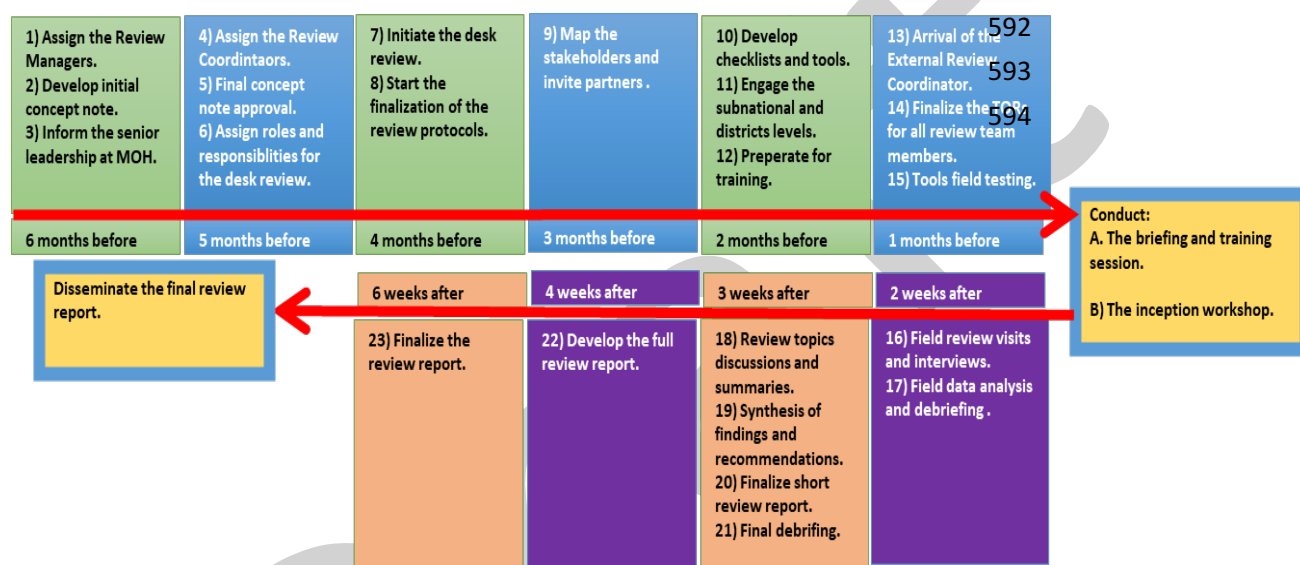
Table 4.2: Average expected duration of key phases and steps

Review step	Average duration (weeks)
Concept note development	4
Preparations	4-8
In-country orientation and briefing prior to field visits	1-2
Pre-review (epi review and other types of review)	2
Desk review	2
Field review	1-2
Consolidation of findings and debriefing	1-2
Report writing	4

- The review Managers and Coordinators should consider the scope and objectives of the review, the expected number of sample locations to be visited and related travel required, and the type of debriefing when deciding on the review dates.
- Local festivities, national holidays, religious celebrations, political elections and the time of year may influence the timing, duration and impact of the review; these issues should be considered when scheduling the review.

While the above description indicates the potential duration of different steps, the recommended timelines for all steps in the programme review are summarized in Figure 4.1 below.

Figure 4.1: Alignment of timelines and key events



4.4.3. Concept note development

Before commencing the programme review, it is important to map and clearly document the programme review's aim, objectives, scope, focus and design. Building a clear vision of why the programme is aiming to conduct the review is an essential step. This document, or concept note, should guide the review implementation process and outline 'what' and 'how' the TB programme intended to assess progress in the response to TB in the context of the goals, objectives and targets that have been specified in their national strategic plan for TB. The concept note should be able to provide a coherent logic that link the (1) purpose of the review, (2) topics targeted for the review, (3) engagement of stakeholders and their responsibilities, (4) design and implementation processes (5) analyzation and synthesis data and (6) expected outputs. The deliberations and decisions on which options the TB Programme will embrace in the planned programme review should be summarized and explained in a concept note. In addition to the scoping of the programme review, it should include budget estimates for the activity and be used for advocacy and resource mobilization for the programme review.

It is the responsibility of the Review organizing committee or task force to draft an initial concept note in consultation with stakeholders.

Following the desk review, the concept note may be further elaborated and improved by including more detailed protocols. The concept note should then be shared with key partners and, once finalized, can provide TB stakeholders with a common understanding of the review's objective(s), scope, and timelines.

The concept note should cover the following information:

1. Provide context, rationale, and purpose for conducting the programme review.
2. Clarify the objectives, review questions and expected outcomes of the review (should feed into the purpose of the review).
3. Provide a high-level description of the review methods (Detailed description of the review process will be developed at a later stage by the assigned review team).
4. Identify the programme areas that will be included within the scope of the review, as well as the topics that will require special attention or focus.
5. Describe the human resources and expertise required for conducting the review (especially if there are specific specializations needed as part of the review team).
6. Provide timelines for different steps of conducting the review process including the dissemination steps.
7. Identify the stakeholders who should be engaged and how this could be achieved.
8. Logistics, high-level estimated budget, and source of funding.
9. Define the expected deliverables of the programme review (including the dissemination plan).

Following, or concurrently with, the development and adoption of the concept note, the organizing committee shall develop the review terms of reference.

4.2. Stakeholder consultation

Stakeholder consultation is an important step to keep all stakeholders involved and informed on the review. The programme review could be a good opportunity to mobilize different stakeholders who may play important roles in TB control efforts in the country. Different stakeholders can bring a variety of competencies to enrich the discussion of the status and performance of the programme. For instance, many local competent entities can support conducting sound epidemiology and impact assessment or in-depth thematic analysis on specific programme areas (e.g., case-finding, laboratory services, etc.) before the programme review and other technical contributions.

The programme review should be planned in the spirit of partnership model. Different stakeholders and partners from different sectors should play different roles. Participation of

partners in the programme review task force, as well as the thematic or topic teams, is essential to ensure that the benefits from these contributions are maximized. Politicians, policymakers, programme staff, governments sectors, private sector, professional associations, affected populations, including persons living with the disease and vulnerable populations, civil society organizations, the commercial sector, faith communities, academic institutions, technical partners, and donors will all be significant stakeholders in this case.

4.3. Identification of the review leads and participants

In addition to identifying the scope and technical priority areas of the programme review, the reviewers should be identified as early as possible keeping in mind that highly competent reviewers are on demand and if not booked early they may not be available. These include:

- 1. Review Lead:** The review lead is the most important role, responsible for the overall design, technical tools development, technical guidance and reporting of the review. In some cases the review lead is an independent expert. Given the importance of the role of the review lead in planning and executing the programme review, countries should devote special attention to ensuring well-qualified experts are selected for this role. This task should be completed at least few months prior to the review so the review lead is engaged in planning and developing the objectives, expected output, assessment tools and TORs of the review, and developing rapport with the TB programme and other concerned stakeholders. It is important to note the following:
 - ✓ The review lead should have significant experience in executing TB control strategies and analyzing national TB programmes.
 - ✓ Preference should be given to experts who have worked in the country and the programme.
 - ✓ Preference to experts with a balanced experience and knowledge on TB affected communities and role of CSOs as well as clinical experience on TB.
 - ✓ Preference to experts who have received formal training on conducting TB programme reviews (usually organized through WHO).
 - ✓ The independence of the lead reviewer should be ensured.
 - ✓ The review lead usually assumes the role of the lead report writer. However, if this is not the case, an alternative lead report writer should be identified immediately, usually from among the international experts involved in the review. The report writer will work closely with the review lead and thematic team leaders to compile and finalize the report.
- 2. Thematic and Topic Leads:** they are leading and facilitating gathering information, analyses and synthesis of findings and recommendations for a designated topic area (as decided in the concept note). In many cases, national programmes are encouraged to identify external participants from partner or stakeholder agencies to

lead the thematic teams. In some reviews, the Topic Leads may also serve as both a Topic Lead and a Field Team Lead. Thematic and topic leads should be contacted as early as 4-6 weeks prior to the programme review start date to study background materials and become comfortable with tools and questions relating to their topic.

- 3. Field Team Leads and members:** The review teams comprise of internal and external participants. The number of leads will depend on the number of field teams decided at the concept note development step. One field team may comprise of 2-4 members or more. A team should include at least one external and one national participant. Other members may be added according to the review's objectives or field needs. For example, a member committed to recording review and data verification, representatives of domestic partner agencies or government administration units, or a translator could be included. Prior to field deployment, each team member's job should be established and communicated to the wider review team.

All the review members should be provided with well-defined terms of reference (TORs). The TORs should reflect the composition of the review team, the main activities and expected deliverables and the timelines for these processes.

- 4. Review co-ordinator.** Given the importance of the role of the Review Coordinators in planning and executing the programme review, countries should devote special attention to ensuring well-qualified experts are selected for this role.

- ✓ This task should be completed at least few months prior to the review so the coordinators are engaged in planning and developing the objectives, expected output, assessment tools and TORs of the review, and developing a rapport with TB programme and other concerned stakeholders.
- ✓ In general, there are two review coordinators: one national review coordinator, appointed by the MOH, and one international review coordinator, from WHO or another technical partner agency.
- ✓ Both coordinators should have significant experience in executing TB control strategies and analysing national TB programmes.
- ✓ The national review coordinator's job is to oversee the organisation of the review in the country, including preparing background materials and generating national interest.
- ✓ The international review coordinator's job is to provide technical advice on the review's content and process, as well as to coordinate the participation of international team members.
- ✓ Preference should be given to experts who have worked in the country and the programme.
- ✓ Preference to experts with a balanced experience and knowledge on TB affected communities and role of CSOs as well as clinical experience on TB.

- ✓ Preference to experts who have received formal training on conducting TB programme reviews (usually organized through WHO).
- ✓ Experts from academia may also be involved to provide specific expertise.

5. Review participants

The Organizing Committee may consider the following to complete the list of participants in the review:

- Following the approval or adoption of the programme review concept note by the MOH top management, the Review Managers should start engaging with stakeholders and sending the invitations to participate in the review (at least three months in advance).
- Participants should be identified based on their expertise in relation to the review topics.
- The invitations should include the review's objectives, themes, dates, and a statement that representation are required throughout the duration of the review. Furthermore, because of the importance of the programme review for strategic planning and the need for established experts who can articulate and advocate for actions from ministries and stakeholders, the invitation should request that highly experienced experts be nominated as participants. The scope of expected role for the invitees should be appended to the invitation to clarify the expectations.
- Beside the engagement of local stakeholders, a request for external invitees (including technical assistance) to the programme review should be addressed to WHO. The WHO, in partnership with the TB programme, will then identify the optimal team composition.

6. National reviewers

National reviewers could be mobilized from the national TB programme, relevant departments at the ministry of health, other national health programmes or departments, other ministries, universities, NGOs, community-based organizations, research institutions, and members of the country-coordinating mechanism for projects financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, if relevant. Independent national experts may also be included, as well as managers of subnational health teams, TB focal points or coordinators, and experts in issues related to equity, gender, human rights, and social protection.

Stakeholders outside the TB programme are crucial to make the review multi-sectoral in nature. They should be involved in designing appropriate programme review questions and using the review results to make a difference. Participation of stakeholders increases support for the review and action on the recommendations. Hence, a wide interaction with

key stakeholders on the programme review is necessary to gain broader support for the reviews and to guarantee that main areas of concern are addressed.

Deciding on whom to engage (as entity or individually) from the stakeholders is central for a meaningful and inclusive programme review. As general tips, the Organising Committee should prioritize those stakeholders:

- Involved in programme operations, including management and programme staff at different levels.
- who can support improving the programme review's credibility.
- who are in charge of putting the programme's initiatives into action on a day-to-day basis.
- Who will advocate for, or authorize, programme adjustments that the review may suggest.
- who will provide funding or authorization for the programme's expansion or improvement (existing or new).
- Affected by TB or the programme implementation, including patients or healthcare clients, advocacy groups, community members, and elected officials.

While mapping the stakeholders, the review team should consider the national multi-sectoral accountability framework (MAF) and specific areas identified as gaps in which new relevant stakeholders should be involved for future NSP implementation and the programme review.

The following list includes the potential stakeholders to be considered as part of the mapping process:

1. TB Programme managers and staff (at different government administrative levels).
2. Local, regional and national coalitions interested in TB issues.
3. Representatives of populations disproportionately affected by TB.
4. TB survivors.
5. Technical partners.
6. Local sources of funding and other funding agencies, including Government Finance sector.
7. Local and national advocacy partners.
8. National or local health departments and health officials.
9. HIV national programme and other actors.
10. Maternal and Child Health programmes.
11. Local and regional government, legislators, and political leaders.
12. Government Planning and development sector.
13. Government education agencies, schools, and other educational groups.
14. Law enforcement representatives.
15. Military and police health services departments.
16. Government Social welfare and social protection sector.
17. Universities and educational institutions.
18. Privately owned businesses and business associations.
19. Health care systems and the medical community.
20. Religious organizations.

21. Community organizations.
22. Human rights protection entities and organizations.
23. Health journalists and reporters.
24. Civil society and community-based organizations.
25. Nongovernmental organizations.
26. Private sector for-profit (service providers and laboratories).
27. Private sector non-profit (service providers and laboratories).
28. Government Labour sector.
29. Government Justice sector.
30. Government trade sector.
31. Additional stakeholders within the local context should be considered and invited.

Involvement of sub-national level MoH

In many countries, the national team of the NTP will lead the programme review. However, the contribution of the subnational levels, e.g., regional and district TB coordinators, into the design, planning and conducting the review is essential, and their participation should be actively sought. For example, district health officers in countries with integrated programmes are often responsible for executing all public health programmes within their geographical area of responsibility (including TB). It is expected that TB coordinators from different regions and districts will be assigned to the programme review taskforce, some as topic leads, and some as field review leads.

Tips on the engagement of local experts:

- Use more local resources before calling on external experts.
- The external experts must work in coordination with local experts.
- Consider programme officers with experience in different fields to be involved.
- The roles of the local experts should always be clarified from the beginning or during the preparation.
- Consider the consistent inclusion of younger (less experienced) subject matter experts to build the local capacity.
- TB affected communities, TB survivors, and CSOs should be treated as local experts and they should be included, invited, and involved to the review.

Tips to enhance participation of the stakeholders in the review process:

- Involving various actors in the strategies implemented on a regular basis will enhance their participation in the programme review process. Without the implementation of an intersectoral plan for TB prevention and control, it is difficult to involve them only for a programme review exercise.
- During planning, the review team may use a checklist of all relevant organizations and request them to visit and sensitize these organizations.
- Conducting the review through a multisectoral perspective will enrich its outcomes. This may require expanding the scope and purpose of the review.

- Give stakeholder specific objectives and roles to play in the review, with clear expectations and guidance.
- Allow technical persons from other sectors to take leadership on some aspects of the review that relate to their areas of work, for example, social welfare could take leadership in reviewing patient support area.
- Continue to engage the stakeholders after the review is completed and share the final report.

4.4 Sites for field visit

- Tentative sites to be visited should be identified at this stage.
- Sites should be decided in consultation with all stakeholders
- Subnational level health authority should be informed of the upcoming site visit, its objective, timelines, expected support (e.g., visits to health facilities, organisation of meetings), visitors.
- Sites should have mixture of central level institutes and health centres of different levels (e.g., rural/urban, district health centre, tertiary hospital)
- It would be important to include visits to communities and have time to interview affected communities

4.5 Draft agenda:

- A draft agenda should be developed at this stage.
- The agenda should include the desk review, pre-review, field visit and post review components
- Usually, the duration of the field visit component is 2 weeks
- As the time of the review includes week ends, the agenda should be developed in a way to maximize utilization of working days
- Weekends can be considered for travel or organizing internal workshops
- A high-level meeting attended by officials from the ministry of health, potential and current donors, or partner organizations, including civil society and patient associations should be planned for debriefing.

4.6 Budget development

In an ideal situation, the budget development for the programme review should take place early during the conceptualization step. The review coordinators or task force should prepare and secure approval for the review budget. Expenses for the various components of the review should be outlined, and funding sources should be identified. As part of the concept note, a detailed budget, including a funding gap, should be developed. After developing the concept note, the associated budget should be shared with WHO and other partners for technical input(s) before it is finalized. Lessons learned from previous programme review experiences should be incorporated into developing and finalizing the budget and its management.

Many TB programmes would identify some budgetary allocation to conduct the programme review as part of their annual operational plan (depending on the funding source). However, as the execution of the programme review evolves, gaps may be identified to support additional activities or because of changes in planning assumptions. The Review Managers should proactively review the financial status to support the implementation of activities and should work closely with partners to fill gaps in financial resources as they emerge.

The review coordinators in collaboration with the members of the task force, should mobilize funds (i) through the appropriate financial mechanisms available at the ministry of health or other relevant governmental departments, (ii) from donors or partners, and (iii) through channels of bilateral and multilateral cooperation.

Box 4. highlight items that need to be considered in the detailed budget

920

- Professional fees for external reviewers.
- Remuneration or per diems for international and national team members.
- Travel costs for international reviewers and, if needed, for national reviewers.
- Local transportation costs during the review (including the field visits).
- Hotel and accommodations cost.
- Secretarial support.
- Meeting rooms.
- Refreshments for the key briefing and debriefing meetings.
- Communications, photocopying and printing costs.
- Translators or interpreters' fee.
- Press briefing and advocacy materials.
- Translation cost of the final report to local language(s).
- Costs associated with dissemination of the final report.

4.7. Finalising the work plan

The review organizing committee should produce a detailed work plan for the review as soon as its concept note is developed. The plan should specify how the team will conduct the review and meet the terms of reference. The TB programme should lead this step (ideally the national TB programme manager). The following are the important aspects to be clarified in a detailed implementation plan:

- a) Activities related to the appointment of the review coordinators.
- b) Activities to identify and map internal and external programme review team members.
- c) Activities related to establishing an internal secretariat and task force team for the programme review with defined roles and responsibilities.
- d) Activities on stakeholders' engagement meetings to gain consensus on the programme review.
- e) Activities to outline and define the specified deliverables and deadlines for completing them including the interim and final reports (in accordance with the concept note outlines).
- f) Activities to arrange the required logistics.

g) Timeline for implementation.

h) The budget for the review.

The Review Coordinators may use checklists to ensure that all issues identified above were well elaborated and agreed with the TB programme manager and other stakeholders concerned by the programme review. After completing the previous steps, including identifying stakeholders' engagement plans and strategies, the review task force must finalize the detailed protocols needed to conduct the programme reviews. This includes, for example, finalizing detailed methods and tools that will aid in providing a uniform approach to the data collection process. The review coordinators should mark this step clearly as one of the key milestones in the detailed plan of the programme review process.

Draft

Chapter 5. Phase 2: Pre-review

This chapter describes the Pre-review phase of a programme review, including the desk review and studies that are conducted prior to commencing the programme review process, such as a review of Tb epidemiology and determinants.

5.1. Desk review

The desk review constitutes an important step in the process of reviewing the national TB programme as it provides understanding of the local context.

5.1.1. Desk review objective and approach

The desk review provides the evidence base for the review. Desk review entails reviewing all existing documentation relating to the issues covered in the review to develop as complete a picture as possible of the current state of the programme. Ideally, the desk review should be undertaken before and should inform the field review.

Failure to do a strong desk review is one of the most common causes of poorly performed programme reviews.

The desk review normally aims to document the following:

- a) the national and local context of the programme (including key socioeconomic indicators and determinants);
- b) Policies and guidelines that aid the programme and services.
- c) Progress towards achieving the national targets for impact, outcomes and outputs;
- d) investment made in the programme and resource allocation, and the quality of implementation;
- e) factors associated with the performance of the programme; and
- f) information weaknesses and gaps.

Ideally, the review team lead and thematic team leads should be part of the desk review. If this is not feasible, other experts may be appointed to perform this task. In this case, the desk review lead and the review team lead should communicate and discuss options on how the activity will be conducted, including allocation of task among members of the review team.

A desk review can be performed mostly remotely. As best practice, it is advisable to conduct the desk review three months prior to the field review phase of the programme review.

5.1.2. Defining the framework for the desk review

The first step in conducting a desk review is to define a simple analytical framework that defines how to approach the review. The framework should indicate the type of information required and possible sources. It is a simple tool to assist in looking for and organizing the information. The framework could also define criteria for including or excluding documents from the review. The desk review could be organized around different strategic analyses: e.g., the epidemiological impact of the programme, financial analysis, the programme's "ability to implement", and achievements analysis focusing on programme outputs and outcome targets. It should be designed to reflect the themes and topics identified as part of the scope of the review. Members of the review team could be allocated specific areas to review and be provided with outline or templates for organizing and presenting information. Once an analytical framework has been developed, a list of the required documents should be compiled.

5.1.3 Gathering all relevant documents

It is best to ensure that most of the required documents are gathered and available before the desk review starts. Compiling documents on an ad hoc basis while reviewing then can lead to time being wasted and gaps. Programme personnel or other personnel in the country should collect documents before the desk review, and ensure that the latest and most complete documents are collected in advance. Table 4.1 shows examples of documents to be considered in the desk review.

Table 5.1: Examples of documents that could be considered in a desk review

Policy environment	<ul style="list-style-type: none">• National development strategy or plan• Health sector policies, strategies and plans• National TB policies, strategies and plans• United Nations global or country reports
Inputs	<ul style="list-style-type: none">• Operational and intervention plans• Service delivery guidelines, guidance and protocols• Estimates of resources needed• Administrative records• Programme budgets• Donor commitments• Information System
Process	<ul style="list-style-type: none">• Progress reports• Review and assessment reports• Operational research
Outputs	<ul style="list-style-type: none">• Facility records and reports• Service availability and readiness index• Implementation progress reports
Outcomes	<ul style="list-style-type: none">• Monitoring and evaluation reports• Facility records and reports• Population surveys• Research and study papers
Impact	<ul style="list-style-type: none">• TB surveillance reports (e.g. annual TB report)• Demographic and Health Surveys• Cost-effectiveness and cost-benefit analysis• Research and study papers• Other studies

5.1.4. Recommended output of the desk review

The output of the desk review should be a clear, concise and complete synthesis of the information obtained from the documents reviewed. The synthesis should contain the following:

- data on the socioeconomic context (such as population, economy and broad health indicators);
- impact of the programme (incidence, prevalence, morbidity, mortality, trends, general specific populations, by age, sex and/or other characteristics);
- current coverage of key interventions (by age, sex, population groups and/or other characteristics);
- services and products provided (number and distribution of service sites, modes of service delivery, etc.); and
- inputs (existing policies, guidelines, funding picture, human resources and other inputs).

The desk review report should not be too long. It may be a narrative report and/or a PowerPoint presentation. However, it should provide sufficient background information to inform the rest of the review. The PCF may be utilised to summarise the findings along the care continuum. The synthesis should use as many maps, charts and tables as possible. Tables should highlight progress of recommendations from the most recent review, assessments, or evaluations. This analysis is an important link between the desk review and the field review, which, for example, may help achieve a better understanding of why a major recommendation was not implemented and whether alternatives might be addressed. To see if recommendations have improved the issues of concern, field tools may need to contain questions to validate whether an action was implemented in the field or not.

The desk review describes the current situation based on the available documentation. The field review and the rest of the review seeks explanations for the current situation (understanding “why” component) and options for further improving the programme.

5.2. Pre-review studies

5.2.1. Why pre review

An excellent understanding of how disease burden is influenced by the implementation of interventions and other determinants is of critical importance to review the programme as it can help identify issues and prioritize activities.

The review of TB epidemiology and determinants aims to provide necessary background information to help understand the burden of TB disease and the characteristics of the TB epidemic in the country. This review generates important evidence to support data-driven decision making and provides specific recommendations, as well as an investment plan, to strengthen the M&E system. Conducting a TB epidemiology and determinants review prior to conducting the programme review allows incorporating the recommendations from this assessment into the holistic review of the progress on the NSP targets and goals.

The need for standardized epidemiological and impact analyses to be included systematically as part of National Health Sector Reviews and disease-specific programme reviews is well recognized.

5.2.2. What to do

Scheduling a review of TB epidemiology and determinants is essential before developing or revising the NSP. If such review is done within 1-2 year, that report can be used during the desk review.

5.2.3. When to organize

Countries may select different timing for when to conduct the TB epidemiology and determinants review; however, it is very important to align this with the TB programme review in terms of timing and complementarity. The TB epidemiology and determinants review should be completed two to three months before the commencement of the programme reviews or well in advance to feed into the desk review stage. This will allow to ensure that the conclusions from the TB epidemiology and determinants review are available to the programme review team.

However, sometimes, organizing a TB epidemiology and determinants review in advance is not possible. In this case, such pre-review may be organized just prior to the field visits and the team conducting the epidemiological and determinants review may debrief the review field team. The review team can take into consideration the preliminary report.

In some occasions, such TB epidemiology and determinants review is conducted during the field visit. This is not ideal as the full analysis cannot be considered in designing specific questions of the review. However, as the TB epidemiology and determinants review team is

present during the field visits of the programme review, they may be able to conduct some additional analysis as requested by the field team.

Some other evidence generation activities (i.e., reviews, assessments, or studies) may be aligned with the programme review or during the initial phase of the review to provide essential information for the review process. Planning should be done in such a way that these reports and findings are available to shape the programme review analysis. Box 5.1 provides a list of potential reviews and assessments that to be aligned and incorporated into the TB programme review process.

Box 5.1: List of potential reviews and assessments to be aligned with programme reviews

- TB epidemiology and determinants review.
- TB care continuum
- MAF-TB assessments.
- Patient pathway analyses.
- National surveys of TB prevalence.
- National survey of TB drug resistance.
- Community, rights, and gender assessments.
- Health system assessments (capacity, accessibility, and performance).
- Service availability and readiness assessments (SARA).
- TB surveillance system assessment.
- National TB inventory study.
- Service delivery costing studies or survey.
- Social determinants of TB review.
- Communicable and non-communicable disease programmes reviews.
- Health expenditure and utilization surveys.
- Patient experience surveys.
- Social protection policy review or analysis.
- Demographic health surveys.
- Baseline assessments or surveys.
- Relevant operational or implementation research.

Chapter 6. Phase 3: Field review

6.1. Objectives and approach

Field review entails the review team making on-site observations and collecting information. The field review should build on the findings of the desk review. The field review serves as a means of:

- verifying the findings of the desk review,
- seeking explanations for these findings (understanding the root causes); and
- filling information gaps.

Field review complements the desk review to provide a more complete picture of the national programme. The field review involves a range of activities including technical briefing, stakeholder interviews and site visits.

- Site visits are conducted in both clinical and community settings to better understand healthcare experiences, with a focus on TB services to patients and communities from the perspectives of stakeholders, healthcare providers, patients, and communities.
- Multidisciplinary teams collaborate to collect data, allowing different expertise and perspectives to be utilized while taking local and cultural contexts into account.
- Data analysis is carried out by different teams to identify patterns, similarities, differences, interactions, behaviours, and unexpected findings across participants and locations.
- The sites chosen for planned visits and interviews should be informed by the review's objectives, and it should provide an opportunity to reflect on the sense of programme reality at various implementation levels.

Relation between the thematic group and field group:

- Usually a field team consists of members with different thematic focus.
- Each field team represents the overall programme review and should cover all aspects as identified in the plan

Interviews often provide qualitative information. They are very useful in providing explanations of what is being observed and the perspectives of the main actors. Interviews can be conducted with individuals and with groups. Interviews can be conducted in person, by telephone (remote) or by completing a questionnaire, which can also be either paper based or electronic. The review team should identify all the people who need to be interviewed and the type of information to be sought from them. The team should also identify who will be interviewed in person, by remote means and by completing a questionnaire. Usually, individual interviews are conducted with people considered to have

a high stake in the programme or those with good knowledge of the programme, such as policy-makers, programme managers, representatives of affected populations, implementers and donors), who are otherwise known as key informants.

Table 6.1 shows possible people to be interviewed. Interviews for groups of people can be conducted as focus group discussions, in which a group of individuals sharing some common characteristics are brought together to discuss specific questions or issues. Group interviews can also be performed in facilitated consultative meetings. Using standardized questions and checklists ensures that the information collected by the review team members is complete and comparable and makes analysing the information easier. Regardless of how well a review is planned, new questions or lines of enquiry may arise in the course of gathering the information. These new questions can be added to the tools, as necessary.

At the start of an audio recording, the team should obtain verbal informed consent.

Table 6.1: Indicative list of people to be interviewed

Government	<ul style="list-style-type: none"> • Programme managers and other programme personnel • Policy-makers (within and beyond the health sector) • Related institutions (such as regulatory) and other sectors
Service providers	<ul style="list-style-type: none"> • Public • Civil society • Private
Service users and beneficiaries	<ul style="list-style-type: none"> • People living with TB • Affected communities
Interest groups	<ul style="list-style-type: none"> • Local leaders • Civil society • Professional associations • Experts
Technical and financial partners	<ul style="list-style-type: none"> • Donors • Technical assistance partners

6.2. Briefing and orientation

It is useful for the review team to have a full technical briefing about the programme to be reviewed. Once the participants in the review have convened in-country, orientation for both national and international participants should be provided to them (usually facilitated by the review managers, coordinators and review team lead). In addition, the stakeholders should be engaged to obtain a full picture about the review execution plans.

The briefing should cover issues such as the current epidemiological situation, programme priorities, interventions, achievements, challenges and future perspectives. The briefing should also expand on specific programme areas immediately relevant to the review. The briefing allows the review team to have a clear and up-to-date understanding of the

programme. The briefing also helps the review team to identify specific issues to examine during the review and possible sources of information. The review team and the technical programme interact continually throughout the review.

6.2.1 Organizing the briefing and orientation session

The following are tips on organizing the briefing and orientation session:

- A briefing protocol (see Box 6.1) may be helpful in ensuring that all issues are covered and that team members understand what is expected of them.
- The briefing should provide the following information:
 1. Background information on the national socioeconomic and demographic situation.
 2. TB and its care and control (including epidemiology, surveillance systems, structure of the TB programme, policies and strategies relevant to TB prevention, care, and control activities, current performance of the TB programme and progress made during the past years).
 3. Recommendations made after the previous review (if one occurred) and the status of its implementation.
 4. Organization of the review (rationale and objectives of the review, assignments for the field review, the agenda and logistical arrangements for the field visits, tasks to be undertaken upon return from the field visits, and plans for disseminating the findings of the review).
- During the briefing session, the national and international reviewers will meet to:
 - Discuss the outcomes of the desk review and prepare for the field work.
 - Discuss the TORs and expected deliverables, logistics and administrative details.
 - Provide/receive information about security, cultural, emergency, and administrative aspects.
- The briefing session should allow for dialogue and team building among team members. The team leaders should be introduced to the other members of the group. During the session, the teams must agree on team member who should keep track of the places visited and people met.
- An overview of the review's methodology and assessment checklists must be provided to guarantee that information is collected in a standardized manner by all team members. Data collection tools must be explained, and the information to be collected for each item must be specified.
- The reporting format should also be explained to make data collection and presentation of field findings and observations easier and unified; employing a structured style will help make developing the various sections of the final report easier.
- The teams should be given a team package to take with them after the session.

Box 6.1: Suggested documents to include in the field team package

- ✓ Country background materials
 - TB programme manual and policies with standards and guidance outlined.
 - Samples of relevant forms (reporting forms, supervisory checklists, home-based records).
 - Presentations given during the briefing sessions.
- ✓ Review methods and tools
 - Review protocol and 1-page summary of key methods for easy reference.
 - Review tools including necessary number of hard copies.
 - Map and basic data for the sites to be visited (demographics, number of facilities, coverage, surveillance).
 - Template for presenting team findings for the debriefing (and format for written subnational report if required).
- ✓ Administrative information:
 - ToRs for Review participants.
 - Field sites and contact information: field team members, predesignated sites to be visited, any needed contact information, official letter of clearance to the field, if necessary, emergency contact information.

6.2.2 Introduction meetings

It is important to introduce the review teams to the key national authorities (e.g., the minister of health, the head of planning and financial resources at the ministry of health, the heads of relevant departments within the relevant government agencies).

Programme reviews are an opportunity to perform internal advocacy, and such opportunities should be utilized to highlight issues related to TB care and control in the country.

Meetings should present and discuss the review's objectives, methods and intended outcomes. Details of these meetings should be discussed between the review managers and coordinators as part of the detailed planning process.

6.3 Teams formation and field visits plan

Site visits are conducted to observe how TB services are being delivered and assess the existing capacity to deliver them. Site visits can sometimes be used to verify the information obtained through other methods such as desk review and interviews. Selecting the sites to be visited requires first determining the relevance of these sites to the purpose of the review. Second, it is necessary to determine whether these sites are representative of similar services in other parts of the country. A comprehensive review (midterm and end-term) usually requires site visits to all or selected regions of the country.

Table 6.2: Example of services and aspects of the programme to be assessed in site visits

Level	What to look for
Community	
Health facility	
District	
Province/Region	
National	

Organizing site visits is often very challenging and can consume great time and effort. The sites to be visited and who will take part should be identified well in advance. The people to be met at the sites should be informed in good time about the potential visit and purpose. Transport and other logistics should be worked out. In addition, the review team should prepare simple tools for things to observe, questions to ask and other information to collect during site visits (Section 5.4).

The organizing committee is responsible for ensuring that suitable arrangements for the field review phase are in place.

Each review team member must submit a summary of findings and conclusions to the Review Coordinators. The statement should be succinct and address the major programme review questions.

6.3.1. National-level field visit

National level field visit includes various central agencies, headquarter of implementing partners, institutions, professional associations in addition to the health facilities and communities.

6.3.2. Sub-national level field visits

The Review Managers, Coordinators and the Task force should agree on the criteria for selecting the sub-national administrative divisions or districts.

Tips:

- The best site selection strategy is to keep in mind that the programme assessment should be nationally representative. The review process should be done at different levels if a country has multiple administrative entities such as regions and provinces.
- The number of field teams determines how many regions or districts are chosen.
- It is good approach to include both low and high TB burden areas.

6.3.3. Visits to health facilities

The best approach in selecting and planning which health facilities to visit should consider:

- A consultation between the Review Coordinators and the Health Team in charge of the district selected for the field visit should take place prior to the arrival of the review team.
- Deciding which geographical areas to include in the programme review will require developing a selection strategy, as visiting every health office and health facility is neither practical nor required. Accordingly, purposive sampling is the ideal method for selecting sites while reflecting these factors into the approach for sites selection.
- Ensuring that health facilities in the selected districts are representative of the different tiers of the health system (primary, secondary, and tertiary), of the diversity in terms of accessibility, location (rural versus urban areas), and type of service providers, including public and private.
- Remaining flexible in selecting alternative health facilities if it is not possible to visit those that were planned (the nearest health facility with similar characteristics may be chosen).
- Ensuring proper communication with the health facilities about the objectives and scope of the visits, emphasising the learning and quality improvement aspect of the review.

6.4. Tools and thematic checklists

Why tools?

- Review field tools are used to harmonize the modalities and findings across various teams.
- The tool reminds the reviewers the steps to be taken, registers to check, things to look for and people to meet.
- Sometimes people focus too much on the tools and data collection, and misses how to use their observation power and to explore the root causes.
- Basic data collection should be done prior to the field visit, during the TB epidemiology and determinants review and desk review. Thus, field visits can focus on some data verification and understanding the root causes.
- Field visit is to experience the reality of how policies are translated into practice, and tools should be used as a guide.

What:

- The tools shall focus on the areas of TB prevention, care, and control that are outlined in the national strategic plan and addressed by the review's goals.
- The contents could be adjusted by the Review Coordinators and Topics Leads to fit the needs within the country context.
- This information checklist must be tailored to each country.

- Before the review, general information on the country's health situation (for example, life expectancy, maternal mortality rate, infant mortality rate, burden of communicable diseases, burden of non-communicable diseases), health policies and the health-care system, as well as TB epidemiology of TB in the country and the status of TB control efforts should be compiled and made available to each team member.

How:

- Draft tools for the field review should ideally be produced several weeks before the field review begins. The tools should be ready during the briefing and orientation sessions. It may be necessary to make some changes to the tools after the briefing on the program's status and additional evaluation of the desk review's outcomes, such as in terms of questions to be asked or areas of attention.
- Because data comes from various sources, even within the same health facility, various methodologies and technologies may be used to capture the required data. Interviewing, observing, and reviewing data, papers, and reports are common ways to gather information. Here are some examples of tools:
 - Surveys using a combination of category and open-ended questions.
 - Interview instructions that are mostly open-ended to allow for in-depth discussion of issues.
 - Observation checklists used to record information obtained through observation from TB records, laboratory, or pharmacy.
 - Tally sheets for tracking data from many sources, primarily for data quality evaluations.

Tips to develop and adapt the tools:

- Focus on the core questions for the programme review and decide whether the questions in the tools aligned with objectives.
- Add additional questions, if needed, related to the specific topics and relevant to the site for the field visit.
- Delete questions where the review team has enough information about it or data could be obtained from other sources.
- Try to develop one consolidated tool for the field work, rather than the multiple tools we use to avoid duplications.
- Consider conducting a field test for the use of the tools if they were meant to be used in a large number of sites as part of the programme review process.
- Continue to consult the thematic or topic leaders on any adjustments needed before adopting it as final.
- Ensure all field teams are trained, oriented and aware of the tool contents and share the same understanding about which data to collect.

- Tools should be consistent across the different administrative levels involved in the review.
- Teams should double-check the information in the briefing materials, background documents, and TB programme staff presentations, as well as the data collected and analyzed by the national program. Members of the teams should keep track of their findings, identify the programme's strengths and weaknesses, analyze the reasons for the gaps, and recommend solutions.
- Members of the team should also verify the registers and reports, as well as witness interactions between patients and health care providers.

6.5. Logistical arrangements

When performing a field review, several logistical arrangements must be made. Poor logistical support for field reviews can lead to wasted time, missed opportunities, and a lot of aggravation, thus leading to poor quality of the review. The Logistic coordinator is in charge of making such arrangements. Box 5 outlines some important logistical considerations.

Box 6.2: Logistical considerations

- Evaluate and decide how the review team will get to the major towns and sites, including contingency plans in case alternative modes of transportation are required.
- Determine where the review team will stay.
- Provide information about the visits to the visit sites and interviewees ahead of time.
- Determine and communicate to teams the best way for team members to communicate during reviews.
- Arrange for the use of facilities or venues for discussions and the review of findings.

6.5.1 Field visit preparations

Field visits should be facilitated by the programme review task force team by ensuring that:

- Field visits are scheduled in advance at both the national and sub-national level, following a detailed field visit schedule and timeframe
- Field trips are organized into teams; different teams should be formed for national and sub-national level visits
- Field trip logistics, such as hotel reservations and transportation, have been confirmed

Before starting the field visits, each field team shall nominate a team leader. Local reviewers may support field review teams by providing background information on the place and making introductions to locals.

Digital communication during field visit:

- Various teams need to communicate with each other during field visit.
- A communication channel should be established.
- Creating online groups is easy way to keep the communication channel open.

6.5.2. Field visit steps

The following are six essential steps to perform during field visits:

- The field team should pay a courtesy visit to the local health authority before initiating the field visit
- Usually, a presentation on TB situation and is made by the health authority at this stage
- This is an opportunity for the review team to get understanding on the organizational structure and updated information on the local area
- The review team then visit various health centres, communities as per the plan
- Each day the field team may block some time at the end of the day to summarize the funding

Field team should debrief the health authority before ending the field mission

6.6. Perspective of people with TB

The programme review team should engage people with TB and their communities as primary stakeholders in the programme. By understanding how to best monitor and assess patient engagement, feedback can be provided to those involved in TB service delivery to enhance their engagement practice and their inputs toward improving services and programme quality.

Individual patient interviews, discussions with small groups of people with TB, as well as with a small group of community workers and volunteers, should be organized when feasible. The selection of people with TB and communities for the interviews should be aligned and balanced with the plan for the site visits. The selection approach is not methodological but could be more pragmatic and adopt a convenient sampling approach.

6.7. Analytical framework and summary of findings

The review team may use summary tables to collate the key points of each source under consistent headings. This is a good approach if sources tend to have a similar structure. Each row in the table lists one source, and each column identifies a specific part of the source. The reviewer may briefly summarize each of these aspects as follows.

Review Topic	Findings	Conclusions	Recommended actions
Topic 1			
Topic 1			
Topic 2			

The summary table gives a quick overview of the key summary points obtained from each source. This allows to group sources by relevant similarities, as well as noticing important differences or contradictions in their findings.

It is important to adopt a unified and coordinated approach to generate final summaries from different teams. Below are some suggestions on how the Review Coordinators can guide their teams to providing summary findings linked to the scope and objective of the programme review.

- The reviewers should be given explicit instructions on reporting requirements during the briefing session. This must be agreed during the briefing and training session conducted following the desk review.
- As there is very little time to consolidate and summarize the information gathered across all teams, it is advisable that each review team allocate time to discuss and agree on the key observations and findings each day during the field visits.
- Summary tables and charts should be developed in advance, and then filled with data as the data are received from the teams in order to produce analyses in a timely manner.
- After the field visit, each field team should convene to discuss their findings and recommendations for addressing issues encountered, and prepare a brief field report.
- The designated recorder should summarize the main points of the discussion and incorporate them in the field report. Persons assigned to develop results for certain thematic components should do that in parallel to conducting-specific analyses.
- On some occasions, if times allows, the review team may find it useful that each district team to prepare a presentation following the specified format on their observations and make preliminary recommendations.
- The Review Coordinators should deliver a preliminary report of the field review to the Review Managers within an agreed time range.

- Team members should have allocated time to examine the appropriateness of the findings and recommendations from the various reports.
- Findings should be conveyed in an appropriate manner taking into account the local context.

Important note: Following their visit to each district, the review team should meet with the appropriate authorities (such as the provincial or district health director, the hospital director, and other relevant stakeholders) to share their findings and, if necessary, make recommendations for improvement.

Draft

Chapter 7. Phase 3: Synthesis of findings and recommendations

During this phase, information gathered during the review is analysed to identify what it says about the issues the review is addressing. The aim of the analysis should be to provide a factual and objective basis for interpreting the performance of the programme and making recommendations for moving forward. The analysis should also consider any limitations in the review and the extent to which the findings can be generalized to the whole programme.

This phase must be planned and completed within agreed-upon timeframes to retain political commitment towards TB and support its national control strategy.

This chapter describes a proposed approach to the analysis and presentation of findings, and to the formulation of recommendations.

7.1. Post field visit workshop

Holding a post field visits workshop is very important to consolidate the findings from the review. The review team may present their findings as per the site visited (as a field team) and then the thematic team leads may extract specific points related to their thematic areas.

The findings and recommendations should be presented in a concise manner with the sector leaders, TB programme's technical staff, the steering committee (if existing), and other key stakeholders. This has many advantages;

- (1) it allows the review team to double-check the findings and make any necessary changes or clarifications,
- (2) it allows discussion of sensitive topics that would normally be impossible to debate in front of a large audience, and
- (3) informing and involving key stakeholders and helps them own and trust in the findings.

Aims of the post field visit workshop

The aims of the post field visit workshop are:

1. To share preliminary analyses of the findings from the field visits;
2. To extract specific thematic areas from the field experience; and
3. To prepare for debriefing with MOH senior management and stakeholders.

Participants of the workshop

Participants to the workshop should include:

- The internal review teams.
- The external review team, and

- Representatives from key stakeholders including those involved in the review.

Outputs of the workshop

The intended outputs of the conclusion workshop are:

- Draft version of the programme review report or its broad highlights.
- PowerPoint presentations for MOH senior management and stakeholders.

7.2. Analytical framework

Analysis of the data and other information in the review should begin by defining an analytical framework. The framework identifies the areas being assessed, the information required and the questions to be answered. The framework also indicates how the information will be organized. The analytical framework, or its precursor, should have been outlined in the inception report. However, it is always useful to revisit the framework at this stage and make necessary adjustments, when all the data have been collected.

The analysis should normally start by assessing the impact on epidemic. Thereafter, specific components parts are assessed in relation to how they contribute to observed impact and how well they have been implemented.

There are many ways in which the findings of the review can be presented after they have been analysed. The two common ways in which findings from the review are presented are as follows:

- By objectives of the review: The objectives would usually be as defined in the terms of reference for the review or as defined in the strategic plan.
- By programmatic areas: This could be by intervention areas or sub-systems of the programme.

Tips:

- Analysing the outcomes of the programme reviews may be difficult due to the large amount of data that might be collected and the size of the review team. Starting with the most essential features of the review and working the way down to the details is preferable (i.e., keep the focus on key issues).
- The findings and recommendations should be prioritized at the overall programme level, then by important theme areas individually.

The table below shows a simple structure for presenting the findings and their relation with the review objectives, s and recommended actions or changes.

Review questions, objectives or indicator	Main observations		Action or change required to drive results
	Desk review	Field review	

7.3. Making recommendations

Recommendations suggest how the programme moves forward from the time of the review. They are implications of the findings of the review intended to lead to action and are often the most visible part of the review report. The recommendations should be developed with much thought and consideration and should be based on the objective findings of the review.

There can be recommendations for the programme as a whole. There can also be recommendations for specific areas covered by the review; these are usually the basis for follow up. Recommendations can be generated from thinking through the following three questions:

- What is working well and needs to be continued or expanded?
- What is not working well and needs to be reformulated or discontinued?
- What else can be done or introduced to improve performance?

The following considerations should be considered in writing the recommendations:

- The recommendations should be concise and practical, summarize impact, strengths and weaknesses and have a few high-level practical recommendations to lead to action (then with more detailed programme recommendations).
- Be clear and specific about what is being recommended and to whom. Avoid generalities and vagueness.
- Set priorities among the recommendations. Not all recommendations carry the same weight. Some are more important than others. Some are more urgent, and others can be addressed soon or much later. Some recommendations are simply additional suggestions that do not have material implications for the programme. Indicating the importance of each recommendation is important. One way of doing this is by listing the recommendations by their level of importance, with the most important ones first.

- Be realistic. Avoid recommending things that exceed the capacity to implement.
- Avoid too many recommendations. Too many recommendations become difficult or impossible to implement. Merely keeping track of all the items can become a challenge. The fewer and more manageable the recommendations, the better. A good test for well-written recommendations is whether people can remember at least the main recommendations without referring to the report.
- Recommendations should include specific deliverables and timelines including specifying which are considered for the short-term implementation and long-term implementation.

To achieve that, the review team must work in a structured manner to produce meaningful recommendations. The Theme/Topic Leads should be responsible for: (1) synthesizing findings across the review teams; (2) connecting this to national findings for their topic; and (3) paying attention to related recommendations made in recent reviews.

It is up to the Theme/Topic Leads to emphasize noteworthy patterns noticed during the desk review, national and field team visits. To lead a work group after the field team presentations, the Theme/Topic Leads should record the outcomes on a presentation template. This allows them to start discussions in their work groups, where the findings and topic-specific presentations will be finalized. Theme/Topic Leads should conduct parallel work group meetings on their topic, starting with the synthesis of findings they generated while listening to the team presentations.

The Theme/Topic Leads should facilitate talks regarding the root causes of gaps discovered, suggested measures for change at all levels, and the feasibility and possible impact of suggestions. Topic-specific findings presentations to all review participants are the final group activity before the final debriefing. These allow the plenary to go over the findings topic by issue before compiling them into a final presentation for the targeted audience.

Programme Areas	Continue or expand	Reform or discontinue	Innovate
	What? When? Who?	What? When? Who?	What? When? Who?
	What? When? Who?	What? When? Who?	What? When? Who?

7.4. Debriefing

Why:

- Debriefing session is the opportunity to convey the key messages to the stakeholders
- Usually debriefing is attended by the senior policy makers
- Debriefing presentations to be developed carefully
- Key recommendations to be highlighted
- Using the opportunity for strategic communication
- Press briefing, press release to be considered

The review lead usually makes the final debriefing presentation on behalf of the review teams. The presentation should include the key findings of the field visits and recommendations on which all the reviewers have agreed.

The international review coordinator should introduce the reviewers, and present the executive summary and main recommendations. If the minister of health and other policy-makers are present at the debriefing, the focus should be on political issues and recommendations for which action can be taken by the ministry of health. During this type of debriefing, the discussion should avoid technical issues and recommendations that can be summarized in a fact sheet and handed out at the beginning of the session.

A more technical debriefing should be given to the staff of the national TB programme and to key implementing partners who will be more directly responsible for carrying out the technical recommendations that arise from the review. This type of debriefing should include adequate time

for discussion, and should secure commitments to expedite the clearance of the final report. This more technical debriefing can take place prior to the meeting that will be attended by decision makers and policy-makers.

It is the responsibility of the international review coordinator to ensure that an executive summary, which includes the key findings and recommendations of the review, is written. A copy of the executive summary should be given to the national TB programme prior to the departure of the reviewers, with the understanding that the full report will be prepared and submitted at a later date.

Box 7.1: Suggestions for developing the executive summary after the review of a national TB programme

- The executive summary should be precise, and capture all relevant findings and recommendations.
- The main messages derived from the review should be stated clearly and unequivocally.
- The main recommendations should be limited to the five or seven that will contribute most effectively to improving the TB programme.
- The draft findings and recommendations should be shared with and vetted by the national TB programme.

- The debriefing may be followed by a media event, such as a press conference for national and international media. Journalists should be given the executive summary and a press kit. The aim is to highlight what is being done by the government and its partners, and to increase advocacy for political commitment to, and public awareness of TB control in the country. This event should be organized by the Ministry of Health.

Draft

Chapter 8. Phase 4: Post review (report finalisation and using the recommendations)

The outcomes of a programme review should ideally be widely disseminated among those who are involved or interested in the programme. Although the findings and recommendations of the review are important, what is more important is what follows afterwards. The dialogue, decisions and actions that national stakeholders take following a programme review are what matter in the final analysis. The purpose of the review is to stimulate and inform such dialogue.

This chapter describe the process of writing the review report, including its suggested outline, and the use of the findings from the review.

8.1. Report writing

Once the review team has finalized the findings and recommendations, it should write the review report. The report should outline the purpose and objectives of the review, the methods used and the major findings, conclusions and recommendations. The aim should be to produce a report that is factual, clear, concise and easy to read. Including clear charts and tables that clarify the text is often useful. If considerable information was compiled during the review, it might be useful to consider two reports; one concise with the major findings, discussions and recommendations, which serves as the working document and to debrief the stakeholders, and the second, with detailed data and observations that serves as a reference document. In addition to preparing the full report, the team might suggest other formats such as a slide presentation or summary brochure to accompany the full report.

The final report should be written and distributed for comments to the reviewers and stakeholders within one month since the end of field review.

Tips:

- At the start of the review process, the person or people who will put together the report should be identified. The international Review Coordinator often writes the report. However, the International Coordinator may be overburdened with other duties during and after the review, making this duty difficult to perform. In this case, a Lead Report Writer should be chosen from the review experts. The Report Writer should prepare and finish the report in close collaboration with the international Review Coordinator.
- The Review Coordinators should make sure that the desk review, field review reports, topic reports, analyses, conclusions, and all presentations are available to the Report Writer(s) at the end of the review process.

- Ensure clear deadlines are requested to all reviewers (consider finalizing the report within 3-4 weeks after the debrief).
- Provide a framework to highlight main findings and observations and require that all recommendations be supported by observations made.
- The report must be reviewed with the local team in all its details before the end of the mission and the return of the international support team.
- Consider translating the English version of the report into local languages as relevant.
- The topic writer now should have a clear overview of the main connections and differences between the sources. Next, they need to decide how you'll group them together and the order in which they will be discussed or presented. The appropriate structure should be discussed and agreed with the Review Coordinators in advance. These may vary depending on the scope and objectives of the review. At basic level, the structure for topic synthesis may look at findings on achievements, challenges and gaps, and the review recommendations.

Box 8.1: Outline of a review report

- Executive summary:** The executive summary of a report is often the piece that receives the most attention. It's a summary of the full study, with the most essential aspects in each section highlighted. It should be 2 to 4 pages lengthy and clearly convey the contents of the complete report.
- Introduction and context:** This section explains why the review is being done, provides background (programme context), and may provide epidemiological updates. A subsection should define who has conducted the programme review.
- Goals and objectives:** Unless they have been altered or summarized, these are usually defined in the programme review concept note.
- Methods:** This section highlights the most important methods employed. The validity, objectivity, and representativeness of the data acquired, as well as the methodology used in the programme review.
- Findings:** Begin by looking at the overall impact of the programme on incidence, prevalence, mortality, and morbidity. Goals or programming areas may be used to categorize findings in specific themes and topics.
- Recommendations:** Typically, there will be two types of suggestions: general recommendations that apply to the entire programme and specific recommendations that apply to specific programme components or sub-systems.
- Annexes:** You can use annexes to express more information. This should include the entire terms of reference, as well as those who were involved in the review (steering group, review team, experts, and others), as well as any additional data analysed, people interviewed, places visited, documents read, data collection techniques used, and other methods-related information

8.2. Dissemination plan and process

A dissemination plan describes the processes through which reports and other relevant documentation relating to the review are made available to all stakeholders – what information to disseminate, to whom, for what purpose and how. Dissemination methods could include circulating paper or electronic copies of the report or of a summary sheet to the relevant stakeholders. It could also be in the form of workshops or consultative meetings on the review. Other methods of dissemination include briefing decision-makers and implementers and using mass media (press releases and other ways of getting media coverage).

Adequately disseminating the findings raises public and professional awareness of the programme and increases the visibility of the recommendations and their likelihood of being implemented. Open discussions around the findings and recommendations can strengthen partnerships and generate new ideas and enthusiasm for improving programmes.

A dissemination strategy should be devised by the review team for this aim. In addition, engaging the stakeholders in drafting the report is a good strategy to support its dissemination. The Review Managers and Review Coordinators should produce a list of people who should provide input and feedback on the draft report, which should include the theme leads. The relevant stakeholders need to be consulted at the beginning of the review, and they need to be debriefed at the end of the evaluation. There shall be initial dissemination after completing the field mission in the presence of the review team.

The final debriefing presentation is usually given by the international Review Coordinator on behalf of the review teams. The presentation should include key findings from the review as well as the recommendations that have been agreed upon by all the reviewers. Recommendations should be tailored to the audience and prioritized throughout each round of debriefing, with only the top recommendations per issue being presented. Other ideas may be included in the final report.

The TB program's personnel and key implementing partners, who will be more directly responsible for carrying out the review's technical recommendations, should receive a more technical debriefing. This form of debriefing should allow enough time for discussion and obtain commitments to accelerate the final report's clearance. The technical debriefings can take place before the decision-makers and policymakers gather for the final debriefing meeting. A follow-up team from the TB programme should be assigned to follow-up on the up take of the recommendations.

Depending on the administrative structure of the country, the procedures for ultimate approval may differ. The review's findings should be communicated to the TB programme

manager. The manager must ensure that the task force and review team members, as well as key policymakers and appropriate ministerial agencies, get the final report. In particular, provincial or district TB control coordinators should be informed. Donors and other internal and external partners should get the report.

Following the debriefing, a media event, such as a press conference for national and international media or a press release, may be held. Journalists may receive the executive summary as well as a press kit. By showcasing what the government and its partners are doing, the purpose is to enhance advocacy for political commitment and public understanding of TB control in the country. This event should be coordinated by the Ministry of Health.

Tips:

1. Consider publishing reports in a peer-review journal to share the experience with the wider community.
2. Dissemination should be done as soon as possible to allow a more effective implementation of the recommendations.

8.3. Translating recommendations into actions

The purpose of conducting reviews is to improve the performance of the programme. The outcomes of a review therefore have to be clear and lead to action at the various levels of the national programme. The findings of a programme review can be put to immediate use in the following ways:

- **Implementation:** The findings of the programme review can be used immediately to improve the on-going implementation of the programme. They can indicate the need for adjustments to improve the quality of services; to achieve better integration; to improve the targeting of the services in relation to the population groups in greatest need; and to address bottlenecks to scaling up TB services.
- **Reprogramming:** The review can indicate areas in which the current plan needs to be modified to fit the current epidemiology and context. These areas could include modifying programme targets (towards more realistic or effective ones); redefining the population groups to be involved; or switching interventions (from less effective ones to more effective or appropriate ones).
- **Development of new strategy:** An end-of-term programme reviews normally precedes the development of a new plan. It becomes part of the situation analysis for the new strategy. It provides the context for building and improving on past performance. It informs the selection of new priorities and strategies and assists in defining realistic targets.
- **Resource mobilization:** Demonstrating that the programme is producing results helps in making a stronger case for continuing or increasing the resources of the programme.
- **Accountability:** Programme reviews bring greater transparency to programmes and, in turn, make the programmes more accountable to the various stakeholders.

8.4. Follow-up on recommendations

The manager of the national TB programme is responsible for coordinating and ensuring that the recommendations made in the report are implemented in a timely fashion. The recommendations should include specific timelines and deliverables. It may be useful if reviewers prepare a budget listing the main activities that need to be implemented according to the timelines in the report; this budget may be included in an annex and will help revise the budget component of the national strategic plan. Each activity should be specific, achievable and linked to output or process indicators. Estimates of the additional resources required to implement the activities (that is, the funding gap), and possible sources of funding, must be highlighted. The recommendations may be used to define the next steps to be taken to improve the programme's performance or to redefine the strategic direction and focus of the programme, which may include revising policies.

The intent of a TB programme review is to identify gaps in the national strategy to prevent and control TB as well as in the implementation process; the review should also provide strategies for closing these gaps. The outcomes of the review constitute foundations for developing a new national strategic plan or improving the existing plan, and should provide sound objectives and appropriate strategic interventions that are consistent with these objectives and with the gaps identified in the review. The availability of a sound national strategic plan with an adequate budget, a monitoring and evaluation component, and a clear description of its operationalization is not only a key asset for the management of national TB programmes but also a fundamental element necessary for mobilizing resources, especially funding, from the government, national NGOs and external donors, and through bilateral and multilateral cooperation.

8.5 Conclusions

A programme review is an essential component of the overall TB programming cycle. The goal of the programme review is to direct programme resources and activities towards a stronger programming, breaking down recommendations into discrete actionable measures with timeframes, focal people, and associated resources needed. Road maps used to implement the review recommendations.

The guiding and operating principles of the programme review include employing evidence as a basis for decision-making and action, increasing the quest for social equity, enabling programmes to operate effectively, and focusing efforts on outcomes. These principles emphasize the importance of clear plans, inclusive collaborations, and feedback methods that encourage continuous improvements.

In order to establish programme improvement plans, they should be combined with the strategic planning process and translated it into annual plans. As part of the strategic and operational planning process, the programme review recommendations should be

1867 effectively integrated and tracked as part of the existing monitoring and evaluation
1868 processes, such as quarterly and annual review.

Draft