

# Guidance on conducting reviews of tuberculosis programmes



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ISBN 978-92-4-008581-7 (electronic version)

ISBN 978-92-4-008582-4 (print version)

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <https://iris.who.int/>.

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# Contents

Foreword	v
Acknowledgements	vi
Abbreviations and acronyms	vii
Chapter 1. Background and scope	1
Chapter 2. Introduction to TB programme reviews	5
Chapter 3. Scope and organization of a programme review	14
Chapter 4. Phase 1: planning a TB programme review	18
Chapter 5. Phase 2: preliminary assessments	29
Chapter 6. Phase 3: field assessment	36
Chapter 7. Phase 3: synthesis of findings and prioritization of recommendations	44
Chapter 8. Phase 4: reporting	48
References	52
Guidance on conducting reviews of tuberculosis programmes. Web Annex A. Templates <a href="https://iris.who.int/bitstream/handle/10665/376291/WHO-UCN-GTB-VCC-2023.1-eng.pdf">https://iris.who.int/bitstream/handle/10665/376291/WHO-UCN-GTB-VCC-2023.1-eng.pdf</a>	
Guidance on conducting reviews of tuberculosis programmes. Web Annex B. Thematic tools <a href="https://iris.who.int/bitstream/handle/10665/375849/9789240085831-eng.pdf">https://iris.who.int/bitstream/handle/10665/375849/9789240085831-eng.pdf</a>	
Guidance on conducting reviews of tuberculosis programmes. Web Annex C. Tuberculosis epidemiological reviews and assessments of tuberculosis surveillance and vital registration systems: implementation guide and ToR <a href="https://iris.who.int/bitstream/handle/10665/375969/9789240087910-eng.pdf">https://iris.who.int/bitstream/handle/10665/375969/9789240087910-eng.pdf</a>	



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# Foreword



Global efforts to end tuberculosis (TB) are guided by the World Health Organization's (WHO's) End TB Strategy, in line with the United Nations (UN) Sustainable Development Goals (SDGs). National TB strategic plans guide national authorities and TB stakeholders to comprehensively address the TB epidemic through interventions within and beyond the health sector. Regular TB programme reviews constitute an integral part of the programme management cycle, and they aim to improve the performance of the programme and achieve the agreed targets.

In a rapidly changing global health context, it is time to strengthen strategic planning processes to effectively respond to emerging challenges. One of the major lessons from the coronavirus (COVID-19) pandemic is the proven resilience of health systems based on strong primary health care,<sup>1</sup> which can provide essential health services such as TB prevention and care, mitigating the negative impact of the pandemic on health outcomes. Essential elements include collaboration across sectors, partners and civil society; synergies between efforts to end TB and the global health agenda and beyond; fast-tracking of operational strategies, policies and approaches to improve the quality of TB prevention and care; and advocacy for accelerated action and increased investment.<sup>2</sup> Reviewing progress and enhancing multisectoral accountability are vital for ending TB, guided by WHO's multisectoral accountability framework (MAF-TB).<sup>3</sup>

The purpose of this guidance is to assist countries in planning and conducting programme reviews, so that the response to TB within and beyond the health sector can be assessed and contribute to improved health and social outcomes. This document complements the WHO *Guidance for national strategic planning for tuberculosis*, published in 2022,<sup>4</sup> and it replaces the 2014 WHO *Framework for conducting reviews of tuberculosis programmes*.<sup>5</sup> This guidance presents principles and processes that can be applied in reviewing programmes within the broader health system and can be adapted to local contexts. It was developed in consultation with a wide range of TB stakeholders, and I appreciate all the contributions.

This guidance is intended primarily for use by ministries of health, but also by other stakeholders including relevant ministries and government departments, civil society organizations, affected communities, and technical and funding partners. Its adoption by stakeholders will enable programme reviews that are participatory, evidence based, country owned and country led. By providing guidance to countries in their efforts to end TB, programme reviews will help to lay the foundation for strategic plans that can effectively steer the TB response towards the End TB targets and the goal of universal health coverage.

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<sup>1</sup> European Observatory on Health Systems and Policies, Sagan A, Webb E, Azzopardi-Muscat N, de la Mata I, McKee M et al. Health systems resilience during COVID-19: lessons for building back better. Copenhagen: World Health Organization. Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/348493>).

<sup>2</sup> WHO Director-General Flagship Initiative to #ENDTB 2023–2027: Universal access to TB prevention and care: towards universal health coverage (UHC). Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/who-director-general-flagship-initiative-to-endtb>).

<sup>3</sup> Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/331934>).

<sup>4</sup> Guidance for national strategic planning for tuberculosis. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240052055>).

<sup>5</sup> Framework for conducting reviews of tuberculosis programmes. Geneva: World Health Organization; 2014 (<https://www.who.int/publications/i/item/9789241507103>).

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# Acknowledgements

The guidance for conducting reviews of tuberculosis (TB) programmes was produced by Tauhid Islam and Debora Pedrazzoli, with contributions from Marek Lalli, under the overall direction of Tereza Kasaeva and Farai Mavhunga, all from the World Health Organization (WHO) Global Tuberculosis Programme (WHO/GTB).

WHO/GTB gratefully acknowledges the contributions provided by:

- ▶ experts who provided strategic input in virtual consultations held between December 2021 and April 2022;
- ▶ participants in a virtual WHO global expert consultation to develop the guidance held on 14–15 July 2022, who contributed to the initial draft of the document; and
- ▶ external reviewers responding to the call for an online open consultation in July–August 2022: Pierpaolo de Colombani (consultant); Kathy Fiekert (KNCV Tuberculosis Foundation, Netherlands); Barbara Hauer (Robert Koch Institute); Ridha Jebeniani (consultant); James Malar (Stop TB Partnership); Christian Mulder (KNCV Tuberculosis Foundation, Netherlands); Thu Anh Nguyen (University of Sydney, Australia); Wilfred Nkhoma (consultant); Nnamdi Nwaneri (Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland); Sangeeta Sharma (National Institute of Tuberculosis & Respiratory Diseases, India); and Bertie Squire (Liverpool School of Tropical Medicine, United Kingdom of Great Britain and Northern Ireland).

Contributions and inputs were also provided by colleagues from WHO: Jean Louis Abena Foe, Taghreed Adam, Pedro Avedillo, Annabel Baddeley, Sepideh Bagheri Nejad, Vineet Bhatia, Delia Boccia, Annemieke Brands, Marzia Calvi, Saskia den Boon, Hannah Monica Dias, Dennis Falzon, Inés García Baena, Medea Gegia, Ogtay Gozalov, Christian Gunneberg, Karina Halle, Sayohat Hasanova, Tauhid Islam, Nazir Ismail, Ernesto Jaramillo, Moses Kerkula Jeuronlon, Avinash Kanchar, Alexei Korobitsyn, Giorgi Kuchukhidze, Soleil Labelle, Marek Lalli, Frank Lule, Tiziana Masini, Farai Mavhunga, Cecily Miller, Fuad Mirzayev, Ernesto Montoro, Linh Nhat Nguyen, Lisbeth Oey, Liana Oganezova, Cicilia Gita Parwati, Debora Pedrazzoli, Kalpesh Rahevar, Kamar Rezwan, Charalampos Sismanidis, Shamsuzzohar Babar Syed, Lana Syed, Sabine Verkuijl, Kerri Viney and Askar Yedilbayev.

The following experts contributed to the development of the annexes: Farhana Amanullah (Indus Hospital, Pakistan); Stephen Graham (University of Melbourne, Australia); Ben Marais (University of Sydney, Australia); Maya Kavtaradze, Nerizza (Zaza) Munez and Salama Mwatawala (Stop TB Partnership's Global Drug Facility, Switzerland) and Eunice Mailu (World Food Programme, Kenya).

Financial support for the production of this publication was provided by the Bill & Melinda Gates Foundation.



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# Abbreviations and acronyms

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>CSO</b>	civil society organization
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	human immunodeficiency virus
<b>M&amp;E</b>	monitoring and evaluation
<b>MAF-TB</b>	multisectoral accountability framework to accelerate progress to end TB by 2030
<b>MDR-TB</b>	multidrug-resistant tuberculosis
<b>MoH</b>	ministry of health
<b>NCD</b>	noncommunicable disease
<b>NGO</b>	nongovernmental organization
<b>NSP</b>	national strategic plan
<b>NTP</b>	national TB programme
<b>PHC</b>	primary health care
<b>SDG</b>	Sustainable Development Goal
<b>TB</b>	tuberculosis
<b>ToR</b>	terms of reference
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>WHO</b>	World Health Organization



# Background and scope

## KEY MESSAGES

- Regular programme reviews as part of the national strategic planning process are critical for the attainment of global commitments related to ending tuberculosis (TB).
- The guidance is intended for use by TB programmes. In the context of this guidance, “TB programmes” refers to the multisectoral and multistakeholder response to TB under the stewardship of the ministry of health.

## 1.1 Introduction

This chapter describes the background and rationale for developing this guidance on tuberculosis (TB), highlighting some of the global commitments and developments that have informed its development. It also presents the scope and structure of the guidance and its target audience.

## 1.2 Rationale for developing the guidance

A programme review is an important part of the management cycle of a TB programme. It provides a structured way to assess the performance of the programme and improve its quality; it also informs the development or updating of the national strategic plan (NSP). In 2014, the World Health Organization (WHO) published the *Framework for conducting reviews of tuberculosis programmes (1)*. This current guidance for conducting reviews of TB programmes is an update to the 2014 framework. It has been developed to better align with global commitments, strategies and approaches, using lessons learned through use of the 2014 framework and the experience of various stakeholders in conducting reviews of TB programmes.

Several key global commitments and developments relevant for programme reviews have informed the content and focus of this guidance, some of which are presented below.

### 1.2.1 End TB Strategy

Adopted by the World Health Assembly in May 2014, the End TB Strategy provides strategic direction for the achievement of the TB targets within the United Nations (UN) Sustainable Development Goals (SDGs). The strategy outlines principles and pillars to address TB morbidity and mortality, and to facilitate the provision of people-centred services and the elimination of TB-related catastrophic costs (**Table 1.1**) (2). Global and national efforts to end TB are guided by WHO’s End TB Strategy; hence, programme reviews should consider the principles and address all three pillars and related components of the strategy.

### 1.2.2 UN SDGs

TB is not just a public health problem, but a development challenge and an opportunity, as emphasized in the End TB Strategy (2). The 17 SDGs are interrelated (i.e. action in one area will impact another), and they emphasize the importance of addressing socioeconomic and environmental determinants of health. Programme reviews provide an opportunity to assess progress of the TB response in the context of the SDGs; hence, such reviews should engage stakeholders within and outside the health sector.

**Table 1.1 Principles, pillars and components of the End TB Strategy**

<b>Principles</b>
<ol style="list-style-type: none"><li>1. Government stewardship and accountability, with M&amp;E</li><li>2. Strong coalition with civil society organizations and communities</li><li>3. Protection and promotion of human rights, ethics and equity</li><li>4. Adaptation of the strategy and targets at country level, with global collaboration</li></ol>
<b>Pillars and components</b>
<b>1. Integrated, patient-centred care and prevention</b> <ol style="list-style-type: none"><li>A. Early diagnosis of TB including universal DST, and systematic screening of contacts and high-risk groups</li><li>B. Treatment of all people with TB including drug-resistant TB, and patient support</li><li>C. Collaborative TB/HIV activities, and management of comorbidities</li><li>D. Preventive treatment of people at high risk, and vaccination against TB</li></ol>
<b>2. Bold policies and supportive systems</b> <ol style="list-style-type: none"><li>A. Political commitment with adequate resources for TB care and prevention</li><li>B. Engagement of communities, civil society organizations, and public and private care providers</li><li>C. UHC policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control</li><li>D. Social protection, poverty alleviation and actions on other determinants of TB</li></ol>
<b>3. Intensified research and innovation</b> <ol style="list-style-type: none"><li>A. Discovery, development and rapid uptake of new tools, interventions and strategies</li><li>B. Research to optimize implementation and impact, and promote innovations</li></ol>

DST: drug susceptibility testing; HIV: human immunodeficiency virus; M&E: monitoring and evaluation; TB: tuberculosis; UHC: universal health coverage.

### **1.2.3 UN high-level meetings on TB**

The political declarations of the 2018 and 2023 UN General Assembly High-Level Meeting on the Fight Against Tuberculosis, upheld by heads of state and government, commits to ambitious targets to end TB (3, 4). The 2023 political declaration pledges to accelerate progress towards timely, quality universal access to TB services such that, by 2027, at least 90 per cent of the estimated number of people who develop TB are reached with quality assured diagnosis and treatment; at least 90 per cent of people at high-risk of developing TB are provided with preventive treatment; 100 per cent of people with TB have access to a health and social benefits package.

Included in these declarations is also the commitment to develop or strengthen NSPs to address TB through multisectoral mechanisms, and to monitor and review of progress achieved towards agreed TB targets, both national and global.

### **1.2.4 Global Conference on Primary Health Care, 2018**

At the Global Conference on Primary Health Care in October 2018, heads of state and government signed the Declaration of Astana (5, 6). The declaration includes commitments to making bold political choices for health across all sectors and building sustainable primary health care (PHC) to meet all people's health needs through comprehensive preventive, promotive, curative, rehabilitative and palliative care services. It envisages sustainable PHC that will enhance the resilience of health systems to prevent, detect and respond to infectious diseases and outbreaks. At the conference, it was also agreed that countries would periodically review the implementation of these commitments in collaboration with relevant stakeholders.

### 1.2.5 UN high-level meeting on universal health coverage

The first UN high-level meeting on universal health coverage (UHC) was held in September 2019. It 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 (7). The declaration also included the commitment to strengthen efforts to address communicable diseases as part of UHC, and through comprehensive approaches and integrated service delivery, with engagement of all relevant stakeholders in reviewing progress towards UHC.

### 1.2.6 Coronavirus pandemic

The coronavirus (COVID-19) pandemic has reversed progress in health and development worldwide. It continues to have a damaging effect on access to TB diagnosis and treatment, and on the burden of TB; progress made in the years up to 2019 has slowed, stalled or reversed, and global TB targets are off track (8). The pandemic has highlighted the critical need to strengthen health systems and to maintain quality essential health services during emergencies.

### 1.2.7 Multisectoral accountability framework

The multisectoral accountability framework for TB (MAF-TB) was developed by WHO in 2019, at the request of the World Health Assembly and the UN General Assembly. The framework aims to support effective accountability of governments and all stakeholders – at global, regional and country levels – to accelerate progress towards ending TB. It addresses accountability under four components: commitments, actions, monitoring and reporting, and review (9). To support Member States in adapting and implementing MAF-TB, WHO has released an operational guidance (10) and a compendium of best practices (11). These documents provide practical advice on key approaches and interventions needed to establish MAF-TB at the national and local level with country examples, best practices and case studies.

### 1.2.8 Guidance for national strategic planning for TB

In 2022, WHO published guidance for national strategic planning for TB. An NSP for TB guides national authorities and stakeholders on how to comprehensively address the TB epidemic through interventions within the health sector and other sectors. These interventions are implemented as part of collective efforts towards achievement of the health-related SDGs (12). Usually, a TB programme review is performed to assess the implementation of an NSP, evaluate health system factors that need to be addressed to optimize the country's TB response and address bottlenecks affecting the achievement of targets. As part of this process, the review identifies achievements of the programme, best practices for implementing the NSP and challenges that may arise in doing so.

As part of national strategic planning, programme reviews are critical for ensuring that the TB response at the country level reflects the changing context at national, regional and global level. This document guides efforts to improve the quality of TB programmes, thus contributing to strengthening PHC, and attaining UHC and the SDGs.

## 1.3 Purpose, scope and structure

The purpose of this document is to provide guidance on planning and conducting programme reviews that contribute to improvements in the TB response, in line with the latest standards of care, guidelines and global strategies.

The guidance is presented in two sections. The first section (this document) describes the principles and processes for reviewing TB programmes, and is organized around the four phases of a programme review. The second section comprises a set of generic tools (referred to as a “toolbox”) that support the programme review process. The tools, which include checklists, templates and key review questions, should be adapted to the local context; they can also be used to develop data collection tools (e.g. questionnaires and observation checklists) for some aspects of the review, if required.

## **1.4 Target audience**

This guidance is intended for use by all stakeholders involved in planning and implementation of TB programmes, including ministries of health, other government ministries and departments, the private sector, nongovernmental organizations (NGOs), civil society organizations (CSOs) and affected communities, and technical and funding partners involved at various levels in the health system.

Although this guide focuses on the conduct of reviews of the TB programme, it may also be used to review the TB programme as part of a broader health sector review.

# Introduction to TB programme reviews

## KEY MESSAGES

- A programme review is an integral part of the programme management cycle; it assesses how the programme has performed during a given period.
- A review provides a platform for assessing whether the programme is on track to achieve the targets set in the NSP, and for identifying bottlenecks and good practices.
- A review can help in improving the quality of the programme, building capacity and strengthening accountability of all relevant stakeholders, fostering multisectoral and multistakeholder partnerships.
- A review also provides an opportunity for advocacy and for mobilizing resources for the TB response.

## 2.1 Introduction

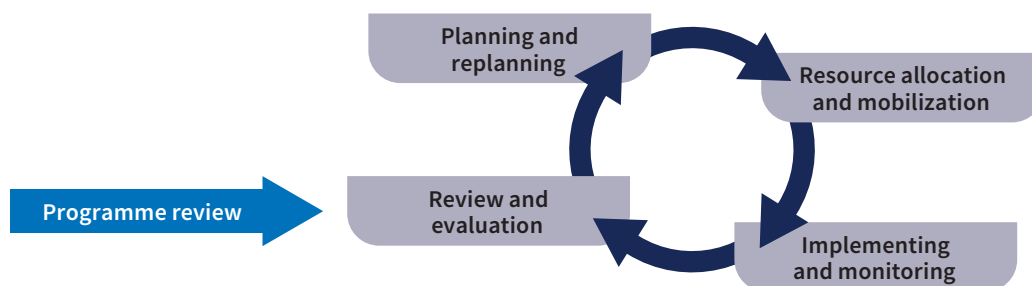
This chapter defines what a programme review is and outlines its purpose. It also describes the benefits of a well-organized review, and good practices for organizing and conducting a TB programme review.

## 2.2 What is a programme review?

A programme review is an assessment of how the programme has performed during a given period. It is an integral part of the programme management cycle (**Fig. 2.1**) and aims to provide feedback on the performance of a programme to inform planning and to improve implementation. Programme reviews are built on routine programme monitoring and evaluation (M&E); they are usually initiated by the ministry of health (MoH) and conducted in collaboration with other stakeholders.

Similarly, reviews of TB programmes aim to track progress, improve the quality of the TB programme, and inform the development or updating of the strategic plan. **Box 2.1** describes the terminology used in such reviews.

**Fig. 2.1** Programme management cycle



## BOX 2.1

### A note on terminology

Elsewhere, depending on the context, various terms have been used to refer to reviews of TB programmes, including “joint programme review (JPR)” and “joint monitoring mission (JMM)”. The term “joint” in such cases refers to the involvement of both external and internal evaluators. In this guidance, such joint reviews are referred to as national TB programme reviews (mid-term reviews and end-term reviews; **Section 2.5**).

### 2.2.1 Supportive supervision, monitoring, evaluation and review

The main actions that facilitate implementation of activities outlined in the NSP are (10):

- ▶ **supportive supervision** – a facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and those being supervised; it also enables implementation of the activities as per the plan;
- ▶ **monitoring** – the process of collecting, tracking and analysing data to assess progress or quality over a period of time, thus contributing to the decision-making process;
- ▶ **evaluation** – an analysis that builds on monitoring data but goes deeper to assess and determine whether change is attributable to the interventions and activities implemented as part of the NSP; and
- ▶ **reviews** – these gather evidence through M&E processes to assess progress and performance, and improve quality.

### 2.3 Purpose and objectives of TB programme reviews

The overall purpose of TB programme reviews is to assess progress in the response to TB in the context of the goals, objectives and targets that have been specified in the NSP for TB.

Examples of specific **objectives** of a review are to:

- ▶ assess the epidemiology of TB and its determinants in the country;
- ▶ assess the national health and social care system (e.g. organization of health and social care delivery, financing, human resources, pharmaceuticals and medical products, infrastructure, health technologies and surveillance system) in relation to the national TB response;
- ▶ assess implementation of various strategic interventions as planned in the NSP, and progress towards national targets;
- ▶ evaluate the arrangements and mechanisms for ensuring engagement and participation of other stakeholders, including other departments in the MoH, other sectors (e.g. justice, labour and social protection), NGOs, other CSOs and affected communities;
- ▶ identify good practices that could be scaled up as well as obstacles that should be addressed, to accelerate progress towards the strategic plan targets; and
- ▶ assess the relevance and responsiveness of the NSP interventions to the current context and propose adjustments, as necessary.

### 2.4 Benefits of TB programme reviews

In programme management, it is good practice to undertake regular programme reviews. Well-planned and well-coordinated reviews have a range of benefits for national TB programmes (NTPs), as outlined in this section.



### *Quality improvement*

By assessing strengths and weaknesses, reviews can facilitate improvement in programme performance. Programme reviews provide an opportunity to identify best practices and challenges to implementation of the strategic plan activities. They provide an opportunity to not only assess the country's situation, but also to adopt international commitments and recommendations, and adapt them to the local context. Ultimately, the review should focus on quality improvement; it should not be seen as a performance evaluation of individual staff and stakeholders.

### *Capacity-building*

Programme reviews usually incorporate different expertise and create an opportunity for participants to learn from each other. They also contribute to building the capacity of all stakeholders involved, especially TB-affected communities, NGOs and other stakeholders.

### *Strengthening accountability and ownership*

By collectively reviewing progress, achievements and challenges, programme reviews contribute to increasing the transparency of the management of the programme which, in turn, promotes ownership and greater accountability by all concerned.

### *Strengthening multisectoral and multistakeholder partnership*

Programme reviews facilitate the identification and engagement of relevant stakeholders both within and beyond the health sector. They enable the partners involved to provide feedback and to identify the areas where they could further contribute to strengthen the TB response.

### *Advocacy and resource mobilization*

Programme reviews can contribute to advocating for both domestic and external resources for implementation of the NSP. During the process, reviewers have the opportunity to meet with policy-makers, opinion leaders and stakeholders within and beyond the health sector, and can thereby improve awareness of the TB situation among these stakeholders. By identifying and documenting achievements and constraints, programme reviews can be instrumental in mobilizing local and external resources.

## **2.5 Types and periodicity of programme reviews**

Depending on the primary purpose, programme reviews can be carried out at different stages of the programme cycle. However, all types of review generally follow the same modalities (**Table 2.1**), as outlined in this section.

### *Quarterly reviews*

Quarterly reviews are organized and conducted by stakeholders at subnational level. They use quarterly data from routine recording and reporting (e.g. treatment outcomes and case-finding data), and focus on reviewing the detailed implementation plan. These reviews enable early identification of implementation challenges and bottlenecks, which in turn can facilitate timely intervention to improve programme implementation.

### *Annual reviews*

Annual reviews are usually conducted nationally by the NTP in collaboration with all stakeholders involved in implementing the strategic plan. They focus on assessing progress in implementation of the strategic plan, and on identifying and addressing any challenges to implementation. They use data from routine reporting and monitoring, and the results of these reviews are then used to catalyse and improve implementation of the strategic plans. These reviews are also used to adjust or update the operational and implementation plans.

**Table 2.1 Main features of the various types of programme reviews**

Type of review	Focus of the review	Key questions	Objective of the review	Stakeholders involved in conducting the review
Quarterly	Inputs	Are the activities being implemented as per the plan?	<ul style="list-style-type: none"> <li>▶ Assess implementation of activities for the NSP (implementation or operational plans)</li> </ul>	Subnational stakeholders
Annual	Outputs	How well is the programme being implemented?	<ul style="list-style-type: none"> <li>▶ Assess implementation of the activities of the NSP</li> <li>▶ Modify implementation or operational plans</li> </ul>	National and subnational stakeholders
Mid-term	Outcomes	Is the country on track to achieve the NSP objectives? If not, what adjustments are required to accelerate progress towards the NSP targets?	<ul style="list-style-type: none"> <li>▶ Assess progress towards achieving NSP objectives</li> <li>▶ Inform updates to the NSP</li> </ul>	National, subnational and external stakeholders
End-term	Outcomes and impact	How well has the programme performed in the planning period under consideration?	<ul style="list-style-type: none"> <li>▶ Assess the overall implementation of the NSP, and achievement of its goals and objectives</li> <li>▶ Inform the development of a new NSP</li> </ul>	National, subnational, and internal and external stakeholders

NSP: national strategic plan.

### Mid-term reviews

Mid-term reviews are typically conducted around the midpoint of a multi-year programme cycle, as defined in the NSP. This is particularly relevant for strategic plans covering periods of about 5 years or more. The objectives are to determine whether the implementation of the NTP is going in the right direction and is on course to meet the targets defined in the strategic plan. Mid-term reviews are helpful to identify emerging challenges, threats and opportunities and, if necessary, update the strategic plan accordingly. Mid-term reviews may be conducted by a team that has both internal and external reviewers, and they should be included in the NSP, with the required resources reflected in the budget.

### End-term reviews

End-term reviews are carried out at the end of the multi-year programme cycle, as defined in the NSP. The aim is to assess how well the NSP has been implemented, and the progress towards the plan's targets. This is a comprehensive review that examines all aspects of the NSP, and also seeks to explore implementation bottlenecks and enablers of success. An end-term review will usually constitute the situation analysis for the successor NSP. The review should be conducted with the participation of all stakeholders involved in the implementation of the NSP, and ideally should have a strong external or independent element in its execution, to increase the objectivity of the findings. As with the quarterly, annual and mid-term reviews, end-term reviews should be planned, costed and budgeted for as part of the NSP.

In addition to the above reviews, there can be **targeted assessments** focusing on specific aspects of the programme (e.g. in response to specific challenges or gaps). Project evaluations are conducted for special initiatives or projects. These could be initiatives with specific objectives, defined sources of funding, addressing particular population subgroups or covering specific geographical areas.

For all the types of reviews described above, key stakeholders within and beyond the health sector should be engaged. Also, the outcomes leveraged to attain high-level commitment and accountability from govern-

ment and other stakeholders towards ending TB. This leadership and commitment is crucial for buy-in and implementation of the recommendations of the review by all sectors and stakeholders (Chapter 8).

Depending on the type of review and the administrative structure of the country, the findings of the review should aim to engage and secure political commitment from the relevant governmental authorities, at national or subnational level. For example, findings from a quarterly review should involve and seek to achieve political buy-in from subnational level authorities, whereas findings from an annual, mid-term or end-term review should involve and seek high-level governmental ownership of the recommendations and a commitment to facilitate their implementation.

A similar approach, called “high-level review of the national multi-sectoral TB response”, is proposed by the MAF-TB (10).

## **2.6 Good practices for TB programme reviews**

This section outlines good practices for organizing and conducting a TB programme review.

### **2.6.1 Government stewardship and ownership**

Programme reviews should be led and coordinated by the MoH with adequate engagement and participation of other key stakeholders, within and beyond the health sector. Different types of reviews are coordinated by different levels of the TB programme, with quarterly reviews generally coordinated at the subnational level, and annual, mid-term and end-term reviews coordinated at national level. Engagement of officials of sufficient seniority in the review will foster awareness of the country’s TB situation among high-level leadership, and promote buy-in of the review findings by key stakeholders. Reviews of TB programmes should be planned and scheduled to align with the health sector planning cycle.

### **2.6.2 Multisectoral and multistakeholder engagement**

The choice of which stakeholders to engage will depend on the local institutional arrangements for the TB response and for health and social services, as well as the epidemiology (including determinants) of TB (e.g. the private sector or mining sector might or might not be relevant in particular settings). The success of a programme review largely depends on the full engagement and participation of relevant sectors and stakeholders. For example, district-level quarterly reviews will primarily involve local level implementers and stakeholders, whereas annual reviews usually involve national level stakeholders. Mid-term and end-term reviews include not just national level stakeholders but also a wide range of independent and external reviewers. In addition to stakeholders from the health sector, other sectors to engage in programme reviews include those responsible for finance, poverty alleviation, social protection, housing, labour, justice, migration, education and science. Examples of other stakeholders to engage are local governments, CSOs, TB-affected communities, parliamentarians, the private sector, public–private partnerships (including product development partnerships), philanthropic organizations, research institutes and universities (and associated research networks) and professional associations.

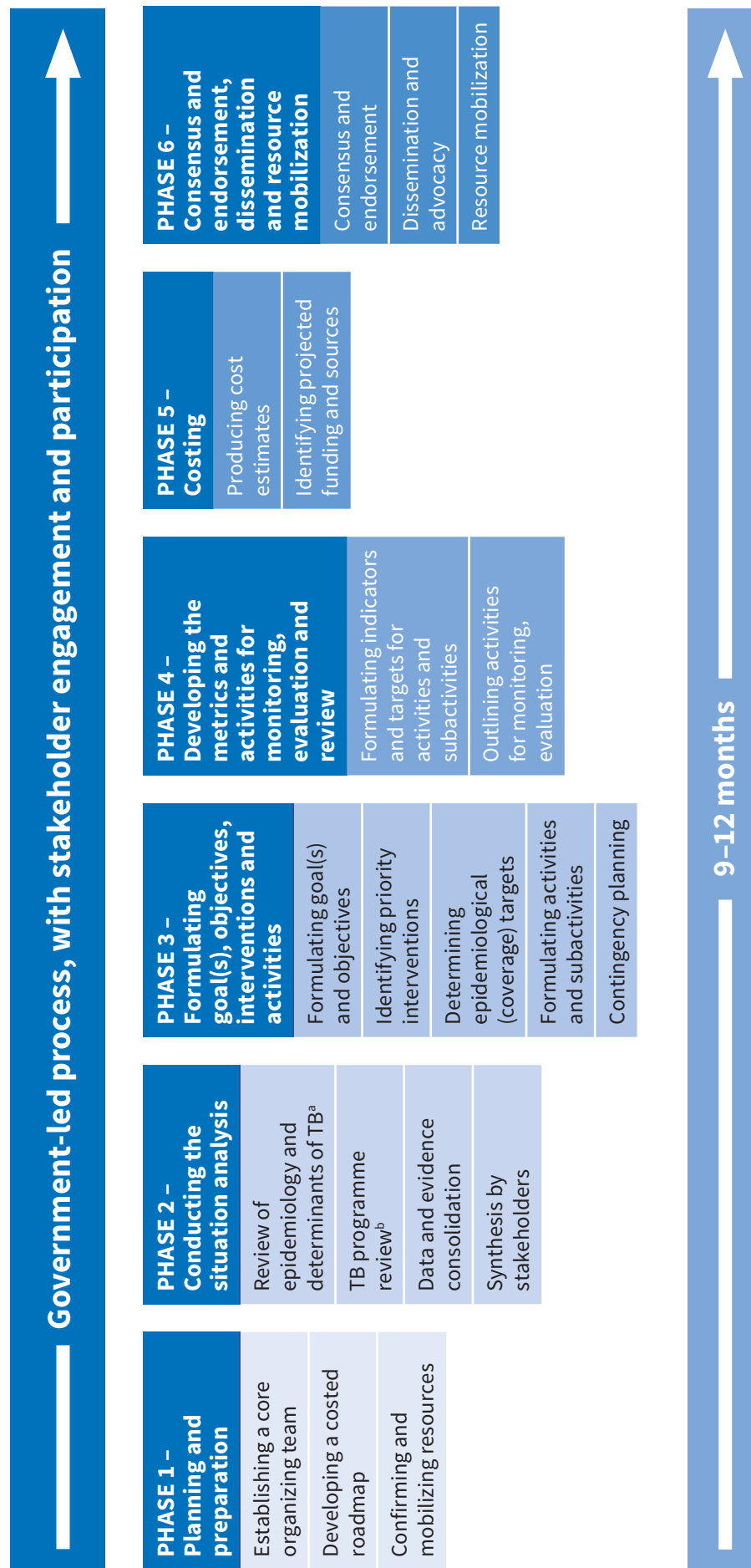
### **2.6.3 People-centredness**

A review should always have its focus on people and equal access to quality TB services and care. The involvement of CSOs in the review process can represent a vehicle for ensuring engagement and focus on TB-affected communities. Sometimes, this can be achieved by engaging traditional leaders and authorities. The perspective and involvement of CSOs and TB-affected communities should be central to the programme review and to strategic planning, to ensure that the TB response is truly people centred.

### **2.6.4 Well-planned and costed**

Programme reviews inform the development (end-term review) or updating (mid-term review) of the NSP and the accompanying implementation plans (**Fig. 2.2**). As such, the reviews should be included and costed in the NSP, and they should be well integrated in the arrangements for implementing the NSP, for all sectors and stakeholders.

Fig. 2.2 Summary of the process for NSP development



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

<sup>a</sup> This includes review of social determinants.

<sup>b</sup> 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.

Source: WHO, 2022 (12).

### 2.6.5 Evidence based

Key to evidence-based programme reviews are clearly formulated review questions, and well-designed methods for collecting information and analysing findings – these facilitate the exploration of issues and the prioritization of recommendations. In turn, programme reviews provide the evidence base for decision-making and planning.

## 2.7 Operational considerations

### 2.7.1 Modalities of a review

Historically, reviews have been conducted as in-person events, with field visits as a key aspect of the review process. However, during the COVID-19 pandemic and associated constraints on travel and mobility, some countries undertook virtual programme reviews; also, some countries have implemented “hybrid” reviews (i.e. in-person reviews combined with virtual or remote modalities). Where a hybrid modality has been used, this has tended to involve remote preparatory sessions before the field visits, followed by a shorter in-person field exercise. Learning from these experiences, countries may adopt modalities that best suit their local situation and respond to the scope and objectives of the review. The various types of review are discussed in **Box 2.2**.

### 2.7.2 Conducting joint reviews of multiple disease programmes

Reviews can either focus on a specific programme (e.g. TB programme reviews) or on multiple diseases (e.g. as part of a national health sector review). The institutional arrangements for addressing TB in the country (whether there is a dedicated programme, or TB is part of a broader or multidisease programme) will inform how the TB programme review is organized. For example, in countries where TB and leprosy are under the same programme, a single programme review may cover both the TB programme and the leprosy programme. Such reviews are often referred to as “joint reviews”, and they provide an opportunity to conduct a joint assessment of common areas, and to identify synergies across programmes, cross-cutting drivers of impact and opportunities for strengthening the programmes. However, such reviews can be logistically demanding and should be planned carefully to ensure adequate attention to key aspects of the respective programmes. **Box 2.3** discusses a joint review in the Lao People’s Democratic Republic.

## BOX 2.2

### In-person, virtual and hybrid reviews: experience

**In-person reviews.** In-person reviews provide reviewers with the opportunity to observe practices at the local level, and to validate findings of the desk review. They also allow reviewers to fill any information gaps and to explore context-specific factors that may be contributing to the observed outcomes and trends, based on the data. By allowing interaction among various stakeholders, in-person reviews can help to raise the profile of the TB response; they also provide an excellent opportunity for advocacy and for raising awareness among stakeholders on the country's TB situation. However, in-person reviews are expensive and require adequate advance planning to ensure full participation of the key informants and experts for the duration of the review.

**Virtual reviews.** During virtual reviews, reviewers interact with the key informants using online platforms. Such reviews rely solely on the information and perspectives shared by the local or in-country team, and there may not be an opportunity to validate the findings in the field. Furthermore, virtual reviews do not allow for appreciation of the contextual environment in which the programme operates; hence, such reviews are particularly unsuitable for assessing some of the political, institutional and interpersonal dynamics that might have a significant bearing on programme implementation. Often, experts participating in virtual reviews are simultaneously attending to other activities and meetings, and they may not always accord the review the focus that is needed. Virtual reviews may also perpetuate inequality because they are likely to leave out populations that may not have access to internet facilities.

The advantage of virtual reviews is that they are relatively inexpensive and may allow participation of a broader array of experts.

**Hybrid reviews.** Hybrid reviews require at least a core team of reviewers to be present in the country, with provisions for other reviewers to participate virtually. Anecdotally, this is the most complicated modality to use for a review – it relies on good communication infrastructure to facilitate hybrid participation, and good facilitation to ensure engagement of both in-person and virtual reviewers. In some hybrid modalities, preparatory work for the review was conducted virtually, before the in-country phase, allowing the reviewers to spend more time conducting field visits. Hybrid modalities have also been used to organize interviews with key informants who were not available during field visits, or to make the best use of the time available by reducing time spent travelling to meet informants.

Other benefits of hybrid reviews are that they are less costly than in-person reviews and can allow participation by a wider group of reviewers. Conducting debriefing sessions virtually can also facilitate dissemination to a wider audience, but this modality has limited advocacy potential because it does not always allow for adequate engagement with political leadership and senior management.

### BOX 2.3

#### Joint reviews of multiple disease programmes: experience from the Lao People's Democratic Republic

The table below illustrates the framework of the 2019 joint review of the TB and HIV programmes in the Lao People's Democratic Republic, where disease-specific areas (disease burden, prevention, case-finding and treatment) were identified for TB, TB/HIV and HIV, together with cross-cutting areas and overarching issues along the continuum of care (i.e. service delivery, financing, human and physical resources, the surveillance system, social care and governance).

Review domains	TB	TB/HIV	HIV
<b>Disease burden</b>	Monitoring, evaluation and impact measurement		
<b>Prevention</b>	Vaccination and infection control	Prevention therapy and infection control	Prevention among key populations, PMTCT and general population
<b>Case-finding</b>	Systematic screening and diagnosis	TB screening among PLHIV, HIV screening among TB cases	HIV testing and counselling for all populations
<b>Treatment</b>	Treatment and case management of DS-TB, DR-TB, and LTBI	Linkage to treatment and care for TB/HIV co-infection	Treat all PLHIV and ensure to reach viral load suppression
<b>Cross-cutting</b>	Health system functions (service delivery, financing, human and physical resource generation, stewardship/governance), TB/HIV integration		

DR-TB: drug-resistant TB; DS-TB: drug-susceptible TB; HIV: human immunodeficiency virus; LTBI: Latent TB infection; PLHIV: people living with HIV; PMTCT: prevention of mother to child transmission; TB: tuberculosis.

# Scope and organization of a programme review

## KEY MESSAGES

- The review should focus on assessing whether the programme has met the expected outcomes as planned, understanding the key issues, exploring root causes, identifying actions to overcome hurdles and identifying best practices.
- This chapter lays out four phases of a programme review, each comprising several steps with specific activities and outputs.

### 3.1 Introduction

This chapter describes the process of preparing for a programme review (including defining its scope and focus), illustrates the potential thematic areas and defines the four main phases of the review.

### 3.2 Defining the scope and focus of the review

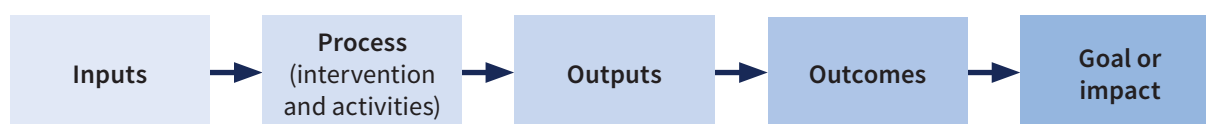
The success of a programme review depends largely on proper planning and preparation. The review should focus on assessing whether the objectives set out in the NSP have been achieved; what worked well and why (identifying best practices); and understanding the key challenges that are hindering progress, why these are happening and what to do to overcome them.

The logic model of the NSP can serve as a useful framework for the review, to assess how the different components of the results chain have interacted to produce impact (**Fig. 3.1**). Each of the following components of the logic model should be reviewed:

- ▶ **Inputs:** Are the required resources (e.g. human resources, funding or allocated budget), policies, governance and systems (e.g. infrastructure, information systems and equipment) adequate to support the programme?
- ▶ **Process (interventions and activities):** Is the programme being implemented as planned? Did the interventions address the identified gaps and did they reach the right people? What were the key lessons learned? Examples include “number of health workers trained”, “number of operational research studies conducted” and “number of supervisions conducted”.
- ▶ **Outputs:** Were services implemented according to the latest WHO guidelines and were they delivered efficiently and safely? Examples include “number of people diagnosed with TB”, “number of people enrolled on TB preventive treatment (TPT)” and “number of people with TB with known HIV status”.
- ▶ **Outcomes:** To what extent have the outcomes in the strategic plan been achieved? Examples include “treatment coverage”, “treatment success rate”, “contact investigation coverage” and the “proportion of people with TB covered by national health insurance”.
- ▶ **Goal or impact:** To what extent has the intended impact (as outlined in the NSP) been achieved? In what ways have inputs, processes, outputs and outcomes hindered or enhanced the impact of the programme? Examples include “TB burden in terms of incidence and mortality” and the “percentage of TB-affected households that experience catastrophic costs due to TB”.



**Fig. 3.1 The logic model**



Source: WHO 2022 (12).

Additional key questions to be considered when planning a programme review, considering the interventions in the strategic plan, are as follows:

- ▶ **Effectiveness:** To what extent are the strategic plan interventions leading to the achievement of the goals and objectives that they were designed to achieve? Are the interventions reaching the right people?
- ▶ **Efficiency:** To what extent are the strategic plan activities being carried out with the most efficient use of resources such as budget and staff time?
- ▶ **Relevance:** To what extent are interventions and activities still relevant based on the latest evidence, knowledge, data and approaches?
- ▶ **Ethics, equity and human rights:** To what extent are the interventions based on sound ethics, equitable and protective of the human rights of people affected by TB?

These overarching guiding questions should be translated into specific objectives and questions according to the context and the specific topics of the review. The objectives and questions of the programme review may be revised following the desk review, to ensure that they have the relevant focus.

### 3.3 Thematic areas of a programme review

The oversight body (coordination committee) of the programme review is responsible for defining the thematic areas to be covered during the review, aligned with the NSP. Whereas the End TB Strategy (**Chapter 1, Table 1.1**) provides a comprehensive framework for defining the thematic areas of the programme review, **Table 3.1** illustrates a proposed approach that follows the typical structure of an NSP.

The selection of thematic areas may be further informed by findings of any prior situational analyses (i.e. updated information is already available), the capacity of the NTP and any related developments in health system strengthening initiatives, and the recommendations from the previous review.

### 3.4 Phases and steps of a review

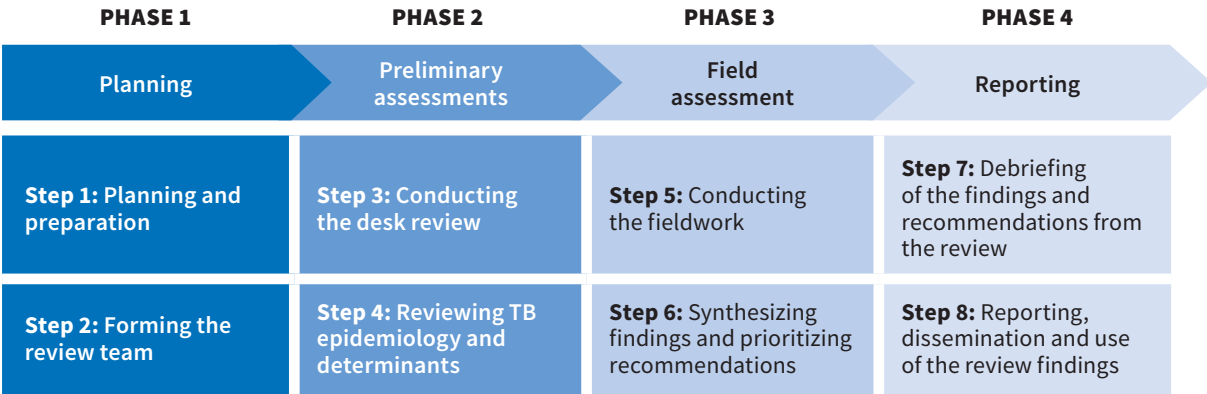
**Fig. 3.2** shows the four phases of a mid-term or end-term programme review, from planning to reporting. Each phase includes two steps, giving a total of eight steps in the review.

**Table 3.1 Thematic areas for a programme review**

	Programme area	Sub-area
<b>National health and social care system</b>	Organization of the health and social care delivery system	Health and social protection governance
		Health and social service providers
		Other sectors
	Financing for health and TB services	
	Human resources for health	
	Pharmaceuticals and other medical products	
	Infrastructure and health technologies	Physical infrastructure
		Diagnostic network
		Health technologies
	Surveillance system for TB	
	Social protection	
	Ethics, equity and human rights	
Research and innovation		
<b>NTP</b>	Organization of the TB programme	
	Organization of services along the TB care continuum	TB prevention
		TB screening and diagnosis
		TB treatment and care
		Screening and management of comorbidities
		Addressing TB in vulnerable populations

NTP: national TB programme; TB: tuberculosis.

**Fig. 3.2 The four phases of a programme review and related steps**



TB: tuberculosis.

**Table 3.2** outlines the main activities and outputs of each phase of the programme review. Phases 1 and 2 are discussed in **Chapters 4** and **5**, respectively; the two steps in Phase 3 are covered in **Chapters 6** and **7**, respectively; and Phase 4 is covered in **Chapter 8**.

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

Phase	2) Preliminary assessments		3) Field assessment	4) Reporting	
	1) Planning	Desk review			
<b>Main activities</b>	<ul style="list-style-type: none"> <li>▶ Establishment of the coordinating team</li> <li>▶ Development of the concept note</li> <li>▶ Stakeholder mapping and consultation</li> <li>▶ Resource quantification, mapping and mobilization</li> <li>▶ MoH approval for the review</li> </ul>	<ul style="list-style-type: none"> <li>▶ Review of epidemiology and determinants of TB, including social determinants</li> <li>▶ Assessment of the surveillance system</li> <li>▶ Other assessments (e.g. patient pathway analysis)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Review of programmatic reports, strategic documents and other relevant documents</li> <li>▶ Preparation of summary report or reports</li> </ul>	<ul style="list-style-type: none"> <li>▶ Visits to selected sites and interviews with key informants</li> <li>▶ Consolidation of findings from the field visits</li> <li>▶ Preparation of summary reports (narrative report and PowerPoint slide set)</li> <li>▶ Debriefing to NTP, stakeholders and MoH leadership</li> </ul>	<ul style="list-style-type: none"> <li>▶ Draft narrative report</li> <li>▶ Preparation of draft narrative report</li> <li>▶ Review of draft report by MoH and other stakeholders</li> <li>▶ Finalization and approval of report</li> <li>▶ Dissemination of the report</li> <li>▶ National dialogue on the findings from the review</li> </ul>
<b>Main output(s)</b>	<ul style="list-style-type: none"> <li>▶ Approved costed roadmap, with clear timelines</li> <li>▶ Lead reviewer(s) identified</li> <li>▶ Review team is formed</li> </ul>	<ul style="list-style-type: none"> <li>▶ Report of TB epidemiology and determinants, and surveillance system</li> <li>▶ Reports from other assessments</li> </ul>	<ul style="list-style-type: none"> <li>▶ Desk review report</li> </ul>	<ul style="list-style-type: none"> <li>▶ Final report, approved by the MoH</li> <li>▶ Draft narrative report</li> <li>▶ Moving to reporting before final report</li> </ul>	

MoH: ministry of health; NTP: national TB programme; TB: tuberculosis.

# Phase 1: planning a TB programme review

## KEY MESSAGES

- The key to a successful review is good planning and preparatory work; hence, sufficient time and resources should be allocated for this phase.
- The coordination committee should have representation from major stakeholders of the programme including the MoH, CSOs and affected communities, the private sector, academia, other relevant government ministries and development partners.
- The concept note should clearly define the scope, methodology and outcomes of the review.
- A schedule for the field assessment phase of the review should be developed.
- Review team members should possess a variety of competencies, including critical thinking and problem-solving skills.
- Members of the review team should also possess communication skills that enable them to discuss the status and performance of the programme with staff at different levels of the health care system; they should also be able to write clearly.
- Given the importance of the role of the review leads in planning and implementing the programme review, special attention should be placed on ensuring that well-qualified experts are selected for this role.

## 4.1 Introduction

Key to a successful programme review is the planning and preparatory work done before the review. Such work involves clarifying beforehand the main aspects of the review in consultation with all stakeholders. Field experience has shown that planning and preparing for a review may take up to 6 months. Reviews that are poorly planned are likely to run into numerous difficulties (e.g. logistical challenges and poor quality of information obtained), which could compromise the integrity of the findings. This chapter describes the key actions and steps for planning a programme review. Key questions for planning a review are given in **Box 4.1**.

Once the MoH or other relevant authority decides to undertake a review, the following actions should be taken:

1. Establish a core organizing team (i.e. the coordination committee).
2. Appoint a review coordinator or coordinators.
3. Define dates and timelines.
4. Develop the concept note, including budget, funding, detailed workplan, sites and schedule for field visits, and logistics.
5. Identify and engage key stakeholders.

6. Select the members of the review teams (including review lead and report writer), and define their roles and responsibilities.
7. Prepare checklists and background documents.

The rest of this chapter discusses each of these actions.

#### BOX 4.1

##### Key questions for planning a review

- ▶ What programme areas will the review focus on?
- ▶ Who will coordinate the review?
- ▶ How will the review be organized?
- ▶ What information is expected to be collected and how will that information be collected?
- ▶ How will the information gathered be synthesized?
- ▶ How will the findings be reported?
- ▶ How will the findings be used?

## 4.2 Establish a coordination committee

The NTP manager or another senior official at the MoH is responsible for initiating the review process and for oversight of the programme review. To foster common ownership and shared responsibility and accountability, the MoH should work closely with all members of the review team in planning and carrying out the review (**Section 4.7**), and should establish a committee for overall coordination of the review.

In addition to the NTP and relevant departments of the MoH, the coordination committee should include representatives from other key sectors involved in the implementation of the NSP. Such sectors include CSOs and communities affected by TB, the private sector, academia, other relevant government ministries, and key development partners and sectors within and beyond the health sector.

The coordination committee, under the supervision of the review coordinator, is responsible for coordinating and managing the day-to-day implementation of all phases of the programme review. Other responsibilities of the coordination committee include:

- ▶ developing the concept note for the programme review, including plans for the field assessment phase of the review (e.g. logistics, selection of the sites for the field visits and recruitment of experts);
- ▶ developing the terms of reference (ToR) for the review team members; and
- ▶ compiling the documents needed for the desk review.

## 4.3 Appoint a review coordinator or coordinators

The review coordinator is responsible for the detailed planning, coordination and reporting on the review, but can assign some tasks to members of the coordination committee. Often, two coordinators are appointed: an expert from the NTP and another from a partner organization (e.g. the WHO country office) that generally provides technical advice to the national expert (1).

The main role and responsibilities of the review coordinator or coordinators include:

- ▶ organizing the review, including planning, logistics, implementation and reporting;
- ▶ preparing the overall budget for the review and identifying funding sources (local and external);
- ▶ identifying members of the review team (**Section 4.7**), including the review lead;
- ▶ assigning leads for the various thematic areas, and forming teams for the field visits;
- ▶ overseeing the logistical arrangements for the field visits;

- ▶ conducting the orientation of the review team;
- ▶ overseeing the preparation of data and background material;
- ▶ coordinating the debriefing process; and
- ▶ submitting the report to the MoH or other relevant authority.

#### 4.4 Define dates and timelines

A programme review should be planned within the country’s NSP; ideally, it should be aligned with the national health sector strategic planning cycle. The review coordinator should identify dates for the review in consultation with the members of the coordination committee.

The duration of a programme review may be influenced by several factors, such as its scope and objectives, size of the country, travel logistics during the field assessment, number of field sites to be visited and number of teams involved. Examples of other practical considerations that may influence the timing and duration of the reviews are national holidays, religious celebrations, major political events and other health campaigns (see **Section 4.5.4**). **Table 4.1** provides an indicative duration for each phase or key step in the programme review.

**Table 4.1 Average indicative duration of key phases and steps**

Review phase or step	Average duration (weeks)
Concept note development	4
Preparatory work, including planning logistics and recruiting experts	4–8
In-country orientation and briefing before field visits	1–2
Review of TB epidemiology and determinants, and other assessments	3–4
Desk review	2
Field assessment, consolidation of findings and debriefing	2
Report writing	4

TB: tuberculosis.

**Box 4.2** provides details for the logistical arrangements for the field visits of a programme review.

#### BOX 4.2

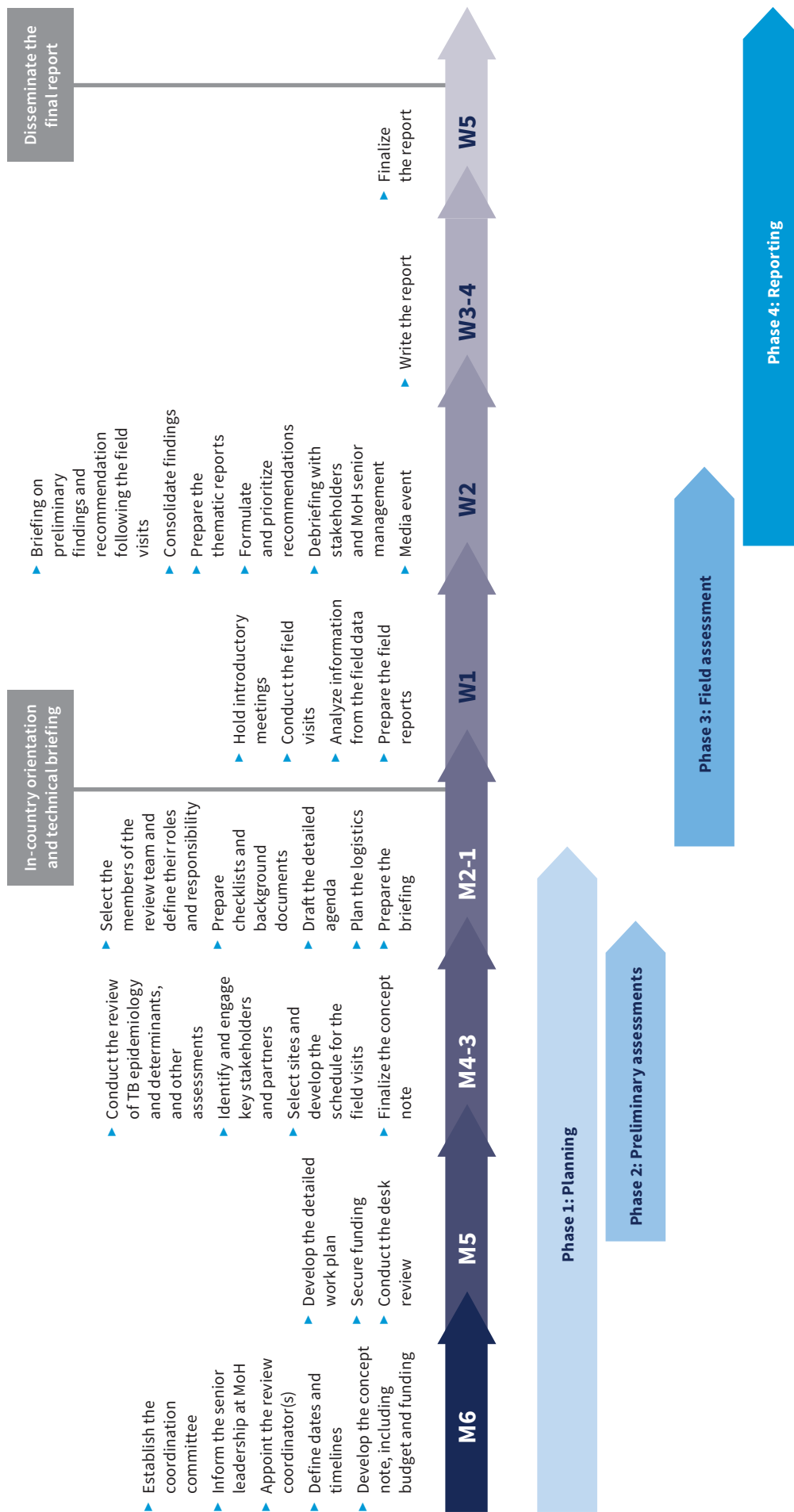
##### Planning and coordinating the logistics of the programme review

The logistical arrangements for a programme review require careful planning. The review coordinator or the coordination committee may appoint a dedicated logistic coordinator; alternatively, they may perform the planning and coordinating of the logistics themselves. The following tasks should be considered:

- ▶ communicating with the relevant subnational level (provincial, state or district) offices of the selected sites to inform them of the programme review;
- ▶ scheduling the visits and appointments, and defining the logistical support required;
- ▶ supporting the preparation of sites for the field visits;
- ▶ organizing transport and accommodation for the review team or teams; and
- ▶ assisting with following up on any relevant documents that were not available at the time of the site visits.

**Fig. 4.1.** illustrates the indicative timelines of the key activities of a programme review.

**Fig. 4.1 Timeline of key activities of a programme review**



M: months before the field assessment phase and technical briefing in-country; MoH: ministry of health; ToR: terms of reference; W: weeks after the start of the field assessment phase and technical briefing.

## 4.5 Develop the concept note

It is important to define and document the scope, methodology and outcomes of the review in a concept note, which should be drafted by the coordination committee. Key partners should be involved in the development of the concept note, which, once finalized, provides TB stakeholders with a common understanding of the objective, scope and timelines of the review. The concept note should clarify the following:

- ▶ **Why?** Clearly state the overall purpose of the review, specific objectives and areas or issues on which to focus, as informed by the NSP and by other assessments such as a review of the TB epidemiology and determinants.
- ▶ **Who?** Define the roles and responsibilities of stakeholders.
- ▶ **How?** Describe the key steps and processes to be conducted for the review.
- ▶ **When?** Indicate the period over which the review will be conducted, including an outline of dates by which key milestones should have been achieved.
- ▶ **What?** Indicate the deliverables of the review process.
- ▶ **How much?** Indicate the financial and other resources needed for the review and the potential sources of funding.

A proposed outline of a concept note based on the above questions is presented in Annex 1. The rest of this section describes the main elements to be covered in the concept note.

### 4.5.1 Develop the budget and secure funding for the review

Ideally, funding to conduct the programme review should be included and costed in the strategic plan, and reflected in the relevant implementation plans. However, as the preparations for the programme review progress, funding gaps may be identified (e.g. where funding is needed to support additional activities or changed circumstances). The review coordinator should proactively review the funding situation and secure additional funding to fill any identified gaps.

The review coordinator, in collaboration with members of the coordination committee, should prepare a budget for the review. Costs 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 (**Box 4.3**). A sample budget is included at **Annex 2**.

### 4.5.2 Develop the detailed workplan

The coordination committee should prepare a workplan for the review, to assist with monitoring and tracking progress. The plan should be based on the concept note and should describe the various activities that need to be carried out as part of the review and to deliver on the ToR. A sample workplan is provided at **Annex 3**, and the accompanying checklist (**Annex 4**) may be used to monitor its implementation.

### BOX 4.3

#### Budget items to be considered for a programme review

##### Travel and accommodation

- ▶ Travel costs for international and national reviewers
- ▶ Hotel accommodation for team members
- ▶ Local transport costs during the review, including reimbursements of local travel costs for TB patients, CSO or community representatives who are involved in the site visits

##### Staff cost

- ▶ Remuneration and per diem for external and local team members
- ▶ Secretarial support

##### Sensitizing and engaging key stakeholders

- ▶ Renting of meeting rooms
- ▶ Refreshments

##### Meetings

- ▶ Renting of meeting rooms
- ▶ Refreshments

##### Communication

- ▶ Fees for interpreters, if necessary
- ▶ Press briefing and advocacy materials
- ▶ Videoconferencing facilities, mobile phones and emails
- ▶ Photocopying and printing

##### Dissemination of the final report

- ▶ Translation of the final report, if needed



### 4.5.3 Select sites for field visits

Sites to be visited should be identified in consultation with all stakeholders (see also **Sections 6.5** and **6.6**). The purpose of these field visits is to allow further exploration and contextualization of the findings from the desk review, and to understand the underlying causes for these findings.

During the field visits, reviewers should aim to:

- ▶ gain an understanding of the entire care continuum;
- ▶ observe how the overall health system functions, the TB programme is organized and TB services are delivered;
- ▶ gather information to assess the quality and validity of the data reported by the NTP; and
- ▶ understand the perspective of care providers and the TB-affected communities.

There is no specific rule about the number of sites to be selected. Ideally, sites should be selected randomly to reduce bias in findings, but in practice, selection should be informed by how well sites represent different realities in the country (e.g. areas across the spectrum of socioeconomic development, from the more disadvantaged to the more affluent) and performance characteristics of the programme, and by operational feasibility. Where possible, there should be a balance between urban and rural locations, and between districts that are performing well and those that are performing poorly. Specific efforts should be made to visit areas where there are large populations of people at high risk of developing TB, such as urban slums and mines.

The field teams are expected to visit agencies or government departments at the national level, and agencies and government departments at subnational levels, especially in devolved or decentralized systems. They are also expected to meet a certain number of TB patients who are receiving treatment, and to visit organizations, partners and communities involved in TB service delivery. Efforts should be made to ensure that visits to communities are conducted in a way that avoids stigma for the patients and their families. Field teams should also visit health facilities that do not diagnose or treat TB, to explore the potential for expansion of TB service delivery to such sites. They should also visit private facilities that diagnose and treat TB (including traditional and faith healers) to assess potential underreporting to national TB surveillance systems, and avenues to engage such facilities in national efforts to end TB in the country.

After identifying sites to be visited in collaboration with the relevant authorities, a draft agenda for the field visits should be prepared, and appointments should be made with the relevant staff at each site, and with community workers or members of NGOs. The agenda and all appointments should be confirmed before a team arrives at a site. The minimum list of facilities to be visited by each team should be clear; however, where feasible, field teams should be allowed flexibility to explore and visit other informants as necessary, to obtain a full picture of any emerging issues. Relevant authorities at subnational level should be informed of an upcoming site visit, its objective, timelines, expected support (e.g. facilitating visits to health facilities and organizing meetings) and expected visitors.

### 4.5.4 Draft the schedule for the field visits of the review

A draft schedule for the field assessment phase of the review should be developed at this stage. An example is provided in **Table 4.2**.

Typically, field visits should take 4–7 days, depending on the scope and objectives of the review, the size of the country, the logistics of travel and the number of teams involved. This will be followed by another week in-country, during which findings from the field visits will be shared; summaries (organized by thematic area) prepared; and debriefings to the national level, stakeholders and MoH leadership conducted. The review lead should arrive in the country before the external reviewers, to allow time for discussion with the coordination committee and preparations for the mission.

**Table 4.2 Example schedule for the field assessment phase of a programme review**

Activity	Day
Coordination committee orientation of all local stakeholders on the NSP, the review process and their role in the review	Day 0
Arrival of the external reviewers	Day 1 <sup>a</sup>
<ul style="list-style-type: none"> <li>▶ Short meeting between the reviewers and relevant national health authorities</li> <li>▶ Briefing of the teams</li> </ul>	Day 2
Field visits	Days 3–6
Preparation of summaries of the field visits	Day 7
Sharing of field experiences	Day 8
Preparation of summaries by thematic area	Day 9
Presentation of thematic summaries to NTP	Day 10
Preparation of final debriefing, including high-level recommendations	Day 11
Debriefing at the national level (including debriefing to high-level MoH leadership)	Day 12
Preparation of drafts of the various sections to be included in the report	Day 13
Departure of the external reviewers	Day 13

<sup>a</sup> Usually during a weekend.

MoH: ministry of health; NSP: national strategic plan; NTP: national tuberculosis programme.

#### 4.5.5 Plan the logistics for the field assessment

The logistics of the review (e.g. sending invitation letters and notifications of upcoming field visits; and arranging transportation to the sites, accommodation, meeting space, secretarial support and per diems) should be coordinated by the logistics coordinator appointed by the coordination committee. The review coordinator should ensure that appropriate arrangements have been made to accommodate any international experts taking part in the review.

#### 4.6 Identify and engage stakeholders

Programme reviews are an opportunity to involve and mobilize different stakeholders who may have an important role in ending TB in the country. Stakeholders can be defined as people or groups who are affected by, can influence or may have an interest in TB programming, including its M&E (12). Key stakeholders should be involved at all stages of the review. The wide range of stakeholders may include, for example, policy-makers, programme personnel, representatives of other sectors, people affected by TB, CSOs, the private sector, faith-based organizations, academic institutions and development partners. Stakeholders may have varying levels of involvement in the process depending on their competencies and availability.

**Stakeholder mapping** is the process of identifying the key stakeholders relevant to the country's TB response. It is a dynamic process that should be comprehensively and effectively carried out at all stages of strategic planning and implementation. **Stakeholder engagement** is an approach that results in meaningful participation of intended key actors in a process. Depending on the role of the stakeholder, this participation may include all or selected aspects of the planning process. More details about multistakeholders and multisectoral engagement can be found in the *WHO Guidance for national strategic planning for tuberculosis* (12). The coordination committee should define how the major stakeholders will be involved and engaged during the review (**Box 4.4**).

## BOX 4.4

### Enhancing multisectoral and multistakeholder participation in the review process

This box provides an indicative list of potential stakeholders to be considered as part of the mapping process. The list of stakeholders involved in a specific review should be informed by the NSP.

#### Programme implementers

- ▶ TB programme managers and staff (at different government administrative levels)
- ▶ Programme implementers at subnational level

#### Partners

- ▶ Technical partners, including UN agencies

#### Other health programmes

- ▶ National or local health departments and health officials
- ▶ HIV national programme and other actors
- ▶ Maternal and child health programmes
- ▶ Health care systems and the medical community

#### Community

- ▶ Representatives of populations disproportionately affected by TB
- ▶ TB survivors
- ▶ Religious organizations
- ▶ Community organizations
- ▶ Human rights protection entities and organizations
- ▶ Health journalists and reporters
- ▶ CSOs and community-based organizations
- ▶ Local and national advocacy partners

- ▶ Local, regional and national coalitions interested in TB issues
- ▶ Local sources of funding and other funding agencies

#### Private sector

- ▶ NGOs
- ▶ Universities and educational institutions
- ▶ Privately owned businesses and business associations
- ▶ Private sector for-profit organizations (service providers and laboratories)
- ▶ Private sector non-profit organizations (service providers and laboratories)

#### Various other government departments and offices

- ▶ Government finance sector
- ▶ Local and regional government, legislators and political leaders
- ▶ Military and police health services departments
- ▶ Departments of social welfare and social protection, labour, justice, human rights and migration

## 4.7 Select the members of the review teams

A critical activity during this phase is to select the team that will conduct the review. The review coordinator should work with the coordination committee to identify local and external experts who will be part of the review team, including the review lead, the field team leads and thematic leads.

A programme review may be:

- ▶ internal – conducted by individuals and stakeholders involved in the management and implementation of the strategic plan;
- ▶ external – carried out by individuals who are not directly involved with management and implementation; or
- ▶ mixed – involving some individuals who are internal and some who are external to the programme.

The advantage of having internal reviewers is that they understand the programme and its context well, and can explain or clarify related issues. In contrast, external reviewers bring a fresh perspective and add objectivity to the review. A mixed review team can draw on the benefits of both internal and external reviewers; hence, this is the preferred approach. However, as country capacity strengthens, reliance on external reviewers may decrease. Review team members may be independent experts or sought from partners and technical agencies; the rest of this section outlines the process for choosing people for specific positions.

#### 4.7.1 Leader of the review

The review lead is appointed by the review coordinator. Their tasks include:

- ▶ providing guidance for the overall design and methodology of the review, and the development of relevant tools and templates;
- ▶ providing leadership on the technical aspects of the review;
- ▶ consolidating the findings from the review, and debriefing the MoH and stakeholders; and
- ▶ producing and finalizing the review report.

The review lead may be an independent expert (or someone from a technical organization) who is not involved in the management and implementation of the programme being reviewed. Given the importance of the review lead in planning and implementing the programme review, special attention should be placed on ensuring that one or more well-qualified experts are selected for this role. The selection of the review lead should be completed at least 2 months before the field assessment phase of the review commences, so that the review lead can be engaged in the planning, which allows the review lead to become familiar and develop a rapport with the NTP members and the other reviewers.

The following characteristics should be considered when identifying the review lead:

- ✓ experience in participating or leading programme reviews;
- ✓ knowledge of TB, TB programmes and the health sector;
- ✓ the ability to act independently and think strategically;
- ✓ good communication and presentation skills;
- ✓ the ability to function well in a team and to coordinate a team;
- ✓ the ability to synthesize evidence effectively;
- ✓ diplomacy and experience in engaging with a diverse array of stakeholders, both government and non-governmental; and
- ✓ formal training on conducting TB programme reviews (usually organized by or through WHO).

#### 4.7.2 Members of the review team

The roles and responsibilities of each team member should be defined by the review coordinator, and communicated to the members as early as possible during the planning phase. All members of the review team should be provided with well-defined ToR, clearly outlining the expected role and responsibilities, deliverables and timelines.

Team members should have a variety of competencies, including critical thinking and problem-solving skills, the ability to write clearly, and communication skills that enable them to discuss the status and performance of the programme with staff at different levels of the health care system. Team members should be selected on the basis of their expertise in the areas of the NSP that have been defined by the review's objectives.

Internal reviewers should be mobilized from the NTP, departments at the MoH, other national health programmes or departments (e.g. PHC services or HIV/AIDS programme), other ministries, NGOs, CSOs, community-based organizations, and people and communities affected by TB, academic and research institutions, and members of the country-coordinating mechanism for projects financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Independent experts who are not directly involved in the management and implementation of the NSP may also be included, as may managers of subnational health teams, TB focal points or coordinators. External experts should be recruited with the support of WHO and other partners.

The number of teams and the composition of each team depend on the number of sites to be visited and the particular areas of the NSP to be reviewed. Usually, several teams (e.g. 5–10 teams) take part in the review. Each team should have a leader (field team lead) and about three to five national and international experts

(or more, as needed). Large numbers of reviewers in the field teams could potentially overwhelm personnel at health facilities. To manage this situation, field teams can be split into subteams, especially in smaller peripheral facilities and for selected informants.

#### 4.7.3 Leaders of the field team

Field team leads are responsible for leading the work of a review team in a specific geographical area. The main roles and responsibilities of a field team lead include:

- ▶ ensuring that each team member's role is defined and carried out effectively (e.g. ensuring that translation is available, if required, and that relevant documents and data are provided);
- ▶ coordinating daily team briefings about the planned activities;
- ▶ ensuring that information is synthesized, analysed and reported by the team;
- ▶ providing debriefings at the subnational level; and
- ▶ coordinating the compilation, synthesis and consolidation of the findings from the field visits and sharing them with all review teams (and with stakeholders, where possible), during the field team debriefing session.

#### 4.7.4 Leaders of themes

Thematic leads may be selected from among the review team members based on their specific expertise and experience. Thematic leads should be engaged early in the planning process (about 4–6 weeks before the start of the field assessment phase of the programme review) to allow those leads time to study background materials and to familiarize themselves with the approach to be taken for the review.

Thematic leads take the lead in gathering information, analyses and synthesis of findings and recommendations for a designated thematic area, as defined in the concept note. Their tasks include:

- ▶ leading on a specific thematic area of the review;
- ▶ reviewing background documents or conducting a desk review of the theme (if applicable);
- ▶ participating in and leading briefing sessions;
- ▶ re-evaluating or adjusting thematic tools to ensure that questions related to the topic area are clear and adequate;
- ▶ compiling the thematic area reports from the various field teams;
- ▶ debriefing for a designated topic, and synthesizing and presenting findings and recommendations across the national and field teams; and
- ▶ writing a summary of the topic that can be used in the final report.

Sample ToR for the review team are provided in **Annex 5**.

### 4.8 Prepare checklists and background documents

NTP staff should gather relevant documents for the desk review (Chapter 5). Also, the review coordination committee should develop thematic tools and checklists to guide the things to observe, questions to ask and other information to collect during site visits; these tools should be reviewed by the thematic leads and the lead reviewer (**Chapter 6**).

## 4.9 Summary of activities for planning

**Box 4.5** summarizes the activities to be undertaken in planning a programme review.

### BOX 4.5

#### Summary of activities for Phase 1: planning a review

- ✓ Review coordination committee has been established
- ✓ Concept note has been developed
- ✓ Stakeholders have been identified and engaged
- ✓ Review budget has been developed and resources have been secured
- ✓ Review team has been constituted
- ✓ Timelines have been defined
- ✓ Review methods have been defined
- ✓ Sites to be visited have been identified and the logistics worked out

# Phase 2: preliminary assessments

## KEY MESSAGES

- The desk review provides an understanding of the local context and the evidence base for the review.
- The review of TB epidemiology and determinants provides background information about the burden of TB and the characteristics of the TB epidemic in the country. It also provides an overview of the TB surveillance system and activities that are necessary to strengthen surveillance and measurement of the TB burden.
- The above activities may be complemented by other assessments, such as case studies or surveys, for topics that may be important to inform the review but for which relevant information is not available.
- A well-planned preliminary assessment phase, with a desk review and a review of TB epidemiology and determinants, is vital for defining the focus of the review.

## 5.1 Introduction

This chapter describes the preliminary assessments, including the desk review and assessments (e.g. a review of TB epidemiology and determinants), that are conducted before the next phase of the review, which is the field assessment (**Chapter 6**).

## 5.2 Preliminary assessments: rationale

The analysis, findings and conclusions from the review largely depend on the quality of information that has been gathered. The information should be appropriate to the specific review, as complete as possible and reliable.

It is important to be clear about the information that is required for the review before starting the collection of information. Examining every available piece of information on the subject is not necessary. The focus should be on information that is directly related to the main questions of the review. Among past reviews, some have run into difficulty because they did not take stock of the type of information they would require before plunging into collecting information; some have collected too much information, including irrelevant information, which was then difficult to process and analyse; and some have had significant gaps in the information gathered, such that sound lessons and conclusions could not be drawn. A well-planned preliminary assessment phase that includes a desk review and a review of TB epidemiology and determinants is vital for defining the focus of the review.

### 5.2.1 Objective and approach of the desk review

The desk review is an important step in the TB programme review because it provides an understanding of the local context. A desk review entails reviewing all available documentation relating to the interventions in the NSP, to develop as complete a picture as possible of the current state of the NSP implementation.

The desk review needs to be completed at least 2 weeks before commencing the field assessment, so that the findings of the desk review can be used effectively in planning and guiding the field visits.

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

The desk review normally aims to document:

- ▶ the national and local context of the programme (including key socioeconomic indicators and determinants);
- ▶ policies and guidelines that guide the TB programme and services;
- ▶ progress towards achieving the national targets for impact, outcomes and outputs;
- ▶ investments made in the programme and resource allocation;
- ▶ the quality of the implementation of the NSP;
- ▶ factors associated with the performance of the programme; and
- ▶ any gaps in information, evidence and data.

The desk review uses existing information (or secondary data). Such information can also be complemented by primary evidence collected before the review or during its initial phase that can help to answer the questions asked by the review. This information would have been obtained and summarized in various primary data systems, such as management records, routine health reporting, surveillance, population surveys, operational research and other assessments, and the review of TB epidemiology and determinants (**Table 5.1**).

A desk review can be performed remotely. Ideally, the lead reviewer and thematic team leads should conduct the desk review. If this is not feasible, other experts may be appointed to perform this task. In such cases, the desk review lead and the lead reviewer should communicate and discuss options on how the activity will be conducted, including allocation of tasks among members of the review team.

### 5.2.2 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 desk review. The analytical framework should specify what information is needed to respond to each question or objective of the review that is aligned with the NSP, and should indicate possible sources for this information.

Members of the review team could be allocated specific areas to review and be provided with an outline or templates for organizing and presenting the information. Once an analytical framework has been developed, a list of the required documents should be compiled.

### 5.2.3 Gathering all relevant documents

The required documents should be gathered by the programme staff and made available before the desk review starts. **Table 5.2** shows examples of documents to be considered in the desk review.

### 5.2.4 Outputs of the desk review

Once the desk review has been completed, a report should be prepared. The report should describe key findings from the desk review and highlight their implications for the programme.

The WHO *People-centred framework for TB programme planning and prioritization* (15) may be used to summarize the findings along the care continuum. The report should be presented as a narrative report and a PowerPoint presentation; a template is provided in **Annex 6**. Tables and figures may be useful for helping to communicate this information. Tables should highlight progress against recommendations from the most recent review, assessments or evaluations. This analysis is an important link between the desk review and the field assessment; for example, it may provide a better understanding of why a major recommendation was not implemented. The documents included in the desk review should also be made available to the review team.



**Table 5.1 Example of information and sources in relation to the review questions – preliminary assessments phase**

Review question	Level	Information required	Sources
<b>Are the right policies, interventions and resources in place?</b>	Inputs	<ul style="list-style-type: none"> <li>▶ Policies</li> <li>▶ Interventions</li> <li>▶ Resources</li> </ul>	<ul style="list-style-type: none"> <li>▶ National strategic plan</li> <li>▶ Operational or implementation research (programmatic gaps and their solutions identified by specific studies)</li> <li>▶ Standards and benchmarks (capacity and quality of surveillance systems)</li> <li>▶ Service availability and readiness assessments</li> </ul>
<b>Are the interventions and activities being done correctly?</b>	Process (interventions and activities)	<ul style="list-style-type: none"> <li>▶ Delivery models</li> <li>▶ Participation</li> <li>▶ Integration</li> <li>▶ Management</li> <li>▶ Quality</li> </ul>	<ul style="list-style-type: none"> <li>▶ Care continuum analysis (estimated losses – or attrition – along the care continuum)</li> <li>▶ TB service delivery costing study (estimated cost of delivering TB services at the facility level)</li> <li>▶ Private drug sales assessment (volume of TB patients in private sector)</li> <li>▶ ScreenTB analysis (estimated yield and cost-effectiveness of different screening methods)</li> <li>▶ Population-based surveys (e.g. health expenditure and use survey)</li> </ul>
<b>Are the interventions and activities being done on a large enough scale?</b>	Outputs	<ul style="list-style-type: none"> <li>▶ Products and services provided</li> </ul>	<ul style="list-style-type: none"> <li>▶ Inventory study (level of underreporting of TB)</li> <li>▶ Population-based surveys (e.g. demographic health survey)</li> <li>▶ Routine reporting (including facility assessments and clinical reporting)</li> </ul>
<b>Are the right people being reached?</b>	Outcomes	<ul style="list-style-type: none"> <li>▶ Coverage</li> <li>▶ Accessibility</li> <li>▶ Financial protection</li> <li>▶ Behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>▶ Patient pathway analysis: alignment of care seeking with service availability</li> <li>▶ Patient cost survey: economic burden incurred by TB-affected households</li> <li>▶ Patient experience survey</li> <li>▶ Assessment of social protection for people affected by TB</li> <li>▶ Assessment of TB stigma and human rights</li> <li>▶ Assessment of key populations</li> </ul>
<b>Is the programme making a difference? (TB burden)</b>	Impact	<ul style="list-style-type: none"> <li>▶ Incidence</li> <li>▶ Prevalence</li> <li>▶ Mortality</li> <li>▶ Morbidity</li> <li>▶ Catastrophic costs</li> </ul>	<ul style="list-style-type: none"> <li>▶ Surveillance data</li> <li>▶ Prevalence survey (estimated burden of disease caused by TB)</li> <li>▶ Drug-resistance survey (estimated proportion of patients with TB that is resistant to rifampicin [RR-TB] or isoniazid, or both [MDR-TB])</li> <li>▶ MATCH analysis (spatial analysis of TB burden and programmatic indicators)</li> <li>▶ Vital registration</li> <li>▶ Epidemiological modelling (estimated trends in notifications, incidence, mortality and other key surveillance indicators)</li> <li>▶ Reviews of communicable and noncommunicable disease programmes</li> </ul>

MATCH: Mapping and Analysis for Tailored disease Control and Health system strengthening; MDR-TB: multidrug-resistant TB; RR-TB: rifampicin-resistant TB; TB: tuberculosis.

Source: Adapted from WHO 2021 (14).

**Table 5.2 Examples of documents that could be considered in a desk review**

Level	Example documents
<b>Policy environment</b>	<ul style="list-style-type: none"> <li>▶ National development strategy or plan</li> <li>▶ Health sector policies, strategies and plans</li> <li>▶ National TB policies, strategies and plans</li> <li>▶ UN global or country reports</li> </ul>
<b>Inputs</b>	<ul style="list-style-type: none"> <li>▶ Operational and intervention plans</li> <li>▶ Service delivery guidelines, guidance and protocols</li> <li>▶ Estimates of resources needed</li> <li>▶ Administrative records related to, for example, programme budgets, donor commitments (MoUs), minutes of meetings</li> <li>▶ Information systems</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>▶ Progress reports</li> <li>▶ Review and assessment reports</li> <li>▶ Operational research reports</li> </ul>
<b>Outputs</b>	<ul style="list-style-type: none"> <li>▶ Facility records and reports</li> <li>▶ Service availability and readiness index or report</li> <li>▶ Implementation progress reports</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>▶ M&amp;E reports</li> <li>▶ Facility records and reports</li> <li>▶ Population surveys</li> <li>▶ Research and study papers</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>▶ TB surveillance reports (e.g. annual TB report)</li> <li>▶ Demographic and health surveys</li> <li>▶ Cost-effectiveness and cost-benefit analyses</li> <li>▶ Research and study papers</li> <li>▶ Other studies</li> </ul>

M&E: monitoring and evaluation; MoU: memorandum of understanding; TB: tuberculosis; UN: United Nations.

### 5.3 Review of epidemiology and determinants of TB

Standardized epidemiological and impact analyses should be included systematically as part of reviews of the national health sector and disease-specific programmes. A review of TB epidemiology and determinants provides background information about the burden of TB and the characteristics of the TB epidemic in the country. It also provides an overview of the TB surveillance system and activities that are necessary to strengthen surveillance and measurement of TB burden.

The review comprises an epidemiological analysis to assess the level and trends of TB burden in the country, and an evaluation of the capacity of the surveillance system to directly measure the burden of TB and its distribution across the population. It includes the use of a standardized checklist comprising standards and associated benchmarks to systematically assess data quality, systems coverage, TB mortality and surveillance of TB (including drug-resistant TB, most relevant comorbidities and vulnerable populations) (16).

The aim of the review of the local determinants of TB, including social determinants, is to identify the most important drivers of the TB epidemic, the distribution and weight of those drivers, and the sectors beyond the health sector responsible for tackling them. In addition to biological factors, the review comprises social, economic and anthropological analyses of the influence of the different determinants on the TB epidemic. The data collection and analysis cover a range of areas, from the person's individual characteristics and behaviours to housing and employment, food insecurity, stigma, discrimination and gender barriers. This review will inform the component of the programme review looking at multisectoral actions on TB biological and social determinants (12).

### 5.3.1 When to organize a review of local epidemiology and determinants of TB

Ideally, the review of TB epidemiology and determinants should be conducted 2–3 months before the field assessment phase of the programme review, because findings from the epidemiological review should inform the field assessment and some findings may require further exploration during the field assessment. If a review has been conducted in the past 1–2 years, that report may be used during the desk review and a repeat of the epidemiological review may not be necessary. The rest of this subsection outlines the main steps for organizing and conducting a review of TB epidemiology.

#### *Preparing for a review of TB epidemiology and determinants*

A review of TB epidemiology and determinants should be coordinated by the NTP, with support from WHO and from local and international partners, as required. Standardized ToR (**Web annex C**) have been developed for epidemiological reviews; these can be used to develop country-specific ToR, considering the country context and any additional needs the NTP may have.

Ideally, two external consultants trained in conducting epidemiological reviews and in implementing the standards and benchmarks checklist for TB surveillance should be mobilized to support the NTP throughout the process, following the agreed country-specific ToR. An in-country review team should be established, which should include M&E staff members from the NTP.

The agenda for the epidemiological review should be developed by the consultants, in close consultation with the NTP, with guidance provided by the external consultants and WHO. The agenda is usually based on a 2-week in-country assessment, which provides sufficient time to cover all objectives outlined in the standardized ToR. When setting the agenda for the review, the NTP should coordinate with the health facilities, laboratories and partners who will be visited or interviewed during the review. Similarly, the NTP should compile the main documents and prepare the subnational aggregate or case-based data required for the epidemiological analysis. The aim is to provide these to the consultants before the country visit so that they can familiarize themselves with the situation and can verify the completeness and quality of the data.

If the WHO district health information system 2 (DHIS2) platform for safeguarding historical TB data<sup>1</sup> is going to be used to support the analytical component of the review, then the data need to be submitted to WHO ahead of the review (using a standardized data collection template) for uploading into the system. To take advantage of the GIS mapping functions of DHIS2, official shapefiles of the country's national and subnational boundaries are needed.

#### *Carrying out the in-country activities*

The first day of the review is reserved for briefing sessions with key stakeholders (i.e. NTP staff, WHO country office, key national stakeholders, and country offices of relevant international technical and funding agencies). Time should be devoted to work with the in-country team on finalizing the agenda, requesting any outstanding documents for the review, and discussing the completeness and quality of the data that were provided ahead of the review. If required data are missing, it is crucial that the review team works to obtain these data as early as possible during the review.

The first week of the epidemiological review is normally spent carrying out the visits to health facilities and laboratories, and visits to or interviews with the main partners identified in the planning stage. Sessions should be organized with the NTP to start to fill in the standards and benchmarks checklist; this checklist should be further informed and the findings strengthened by the field visits. It is recommended that the review team makes visits to at least the following entities:

- ▶ health facilities and associated source laboratories in a rural or low TB burden area and an urban or high TB burden area;
- ▶ health facility providing TB/HIV services;
- ▶ health facility providing TB services for children and adolescents;
- ▶ health facility providing multidrug-resistant TB (MDR-TB) services;

<sup>1</sup> Available at <https://tbhistoric.org/>.

- ▶ national reference laboratory;
- ▶ key NGOs and partners;
- ▶ division responsible for vital statistics or population statistics; and
- ▶ division responsible for central health management information system (HMIS) or integrated disease surveillance.

The second week of the epidemiological review is normally spent analysing TB surveillance data following the recommended analyses listed in the standardized ToR. Knowledge gained from the field visits should be applied to the interpretation of the analyses. The analyses can be done in collaboration with the NTP, either by sharing tasks or as a capacity-building exercise. Interpretation of the analyses must be done in collaboration with the NTP, because the NTP will be most familiar with the setting. The benchmarks for which analyses are required can be assessed during this phase.

Once the field visits and epidemiological analyses have been completed, the findings should be collated into a debriefing presentation; the findings include recommendations to address any gaps identified and recommendations for subsequent activities, such as the NTP review or NSP development. Initially, an informal session should be held with the NTP to ensure that all findings were correctly interpreted and to obtain final input on possible explanations for epidemiological trends for which there is no obvious explanation. This should be followed by a discussion of the recommendations to ensure that they are appropriate for the setting and feasible to implement (even if that is in the long term). Next, there should be an official debriefing with the NTP and partners, to provide an opportunity for all stakeholders to discuss the recommendations and provide feedback.

#### *Reporting and follow-up*

The main deliverable from the epidemiological review is a comprehensive, written report that should be shared with the NTP, the WHO country office, WHO headquarters, donors who financed the review and other stakeholders, as authorized by the NTP. This report will be used to inform the NTP review, NSP development and funding requests to the Global Fund. A draft report should be shared with the NTP and WHO country office for input before the official report is disseminated. The report should refer to previous reviews carried out in the country, to indicate progress and ensure that follow-up information is provided on key findings, including gaps and barriers.

The NTP and MoH are the owners of the epidemiological review carried out in their country and are responsible for implementing the recommendations. Follow-up on the process as well as support should be provided by the relevant local and international partners, as needed.

The implementation guide at **Web annex C** provides further details about conducting reviews of TB epidemiology and determinants.

## **5.4 Summary of activities for the preliminary assessments phase**

**Table 5.3** summarizes the activities to be undertaken during the preliminary assessments phase of a programme review.

**Table 5.3 Summary of activities for Phase 2: desk review and review of TB epidemiology and determinants**

<b>Desk review</b>	
<ul style="list-style-type: none"> <li>✓ The framework for the desk review is defined</li> <li>✓ All relevant sources of information are identified</li> <li>✓ Documents for the desk review are gathered and reviewed</li> <li>✓ The report is produced and shared with the review team</li> </ul>	
<b>Review of TB epidemiology and determinants</b>	
Phase	Activities
<b>Preparing for an epidemiological review</b>	<ul style="list-style-type: none"> <li>✓ Country-specific ToR prepared based on standardized ToR for epidemiological review</li> <li>✓ Two external consultants mobilized</li> <li>✓ In-country team established</li> <li>✓ Agenda for the review drafted</li> <li>✓ Health facilities, laboratories and partners identified and informed of visit or interview</li> <li>✓ Key documents for the review compiled and shared</li> <li>✓ TB data collated, prepared for analyses and shared</li> </ul>
<b>Carrying out the in-country activities</b>	<ul style="list-style-type: none"> <li>✓ Briefing held with key stakeholders</li> <li>✓ Agenda finalized</li> <li>✓ Any missing documentation or epidemiological data collected</li> <li>✓ Visits to health facilities and laboratories and visits or interviews with partners undertaken</li> <li>✓ Epidemiological analyses and interpretation of findings with NTP carried out</li> <li>✓ Standards and benchmarks checklist for TB surveillance completed</li> <li>✓ All findings and recommendations collated into debriefing presentation</li> <li>✓ Findings and recommendations informally discussed with NTP for sign-off</li> <li>✓ Official debriefing held with all stakeholders</li> <li>✓ Final debriefing held with WR and NPO</li> </ul>
<b>Reporting and follow-up</b>	<ul style="list-style-type: none"> <li>✓ Comprehensive draft report prepared and shared with NTP and WHO country office for input</li> <li>✓ Final report disseminated to key entities and stakeholders, as authorized by the NTP</li> <li>✓ Follow-up and support provided by local and international partners, as needed</li> </ul>

NPO: national professional officer; NTP: national TB programme; TB: tuberculosis; ToR: terms of reference; WHO: World Health Organization; WR: WHO representative in the country.

# Phase 3: field assessment

## KEY MESSAGES

- The field assessment should build on the findings of the desk review.
- The field assessment complements the desk review by verifying the findings from the desk review, seeking explanation for these findings, filling information gaps and identifying recommended actions.

### 6.1 Introduction

The field assessment complements the desk review and the review of the epidemiology and determinants of TB, to provide a more complete picture of the implementation of the NSP. It involves a range of activities, including technical briefings, stakeholder interviews and site visits, and serves as a means of verifying the findings of the desk review, seeking explanations for these findings and filling information gaps. Findings from the field assessment make it possible to identify recommended actions. This chapter describes the process and key activities for conducting the field assessment.

### 6.2 Technical briefing

Once all review team members have convened in the country, a briefing session should be organized for all participants in the review. The aim of the briefing is to ensure a common understanding of and consensus among team members about the review's objectives, processes and methods.

During the technical briefing session, national and international reviewers will meet to prepare for fieldwork. The NTP will provide key background information on population health, the burden of TB (including the current epidemiological situation) and TB services; the governance of the NTP and of the NSP to be reviewed; and programme priorities, interventions, achievements, challenges and future perspectives. The NTP will also explain the purpose of the review, fully describe how the review will take place, and present the outcomes of the desk review and of the review of TB epidemiology and determinants for discussion. The organization of the briefing session is summarized in **Box 6.1**, and the documents to be distributed at the session are listed in **Box 6.2**.

The briefing session could be started virtually, before the arrival of the external reviewers in the country, to ensure that reviewers are clear on expectations beforehand. The briefing should help the review team to identify and prioritize specific issues that will be examined during the review and possible sources of information. At this stage, reviewers may volunteer or be appointed to take on specific tasks, according to their expertise and their expected roles and responsibilities.

### 6.3 Introductory meetings

Once the external review members have arrived in the country or following the technical briefing, the review team should hold meetings with the leadership of the NTP, the review coordination committee and the review coordinator. During these meetings, the objectives, methods and intended outcomes of the review should be presented and discussed. Programme reviews provide an opportunity for advocacy to high-level policy-makers, and as such should be used to highlight issues related to TB in the country. The review team should be

introduced to key national authorities (e.g. the minister of health, the head of planning and financial resources at the MoH and the heads of other relevant departments).

## 6.4 Interviews

Interviews provide useful explanations of what is being observed and the perspectives of the main stakeholders. They can be conducted with individuals and with groups, 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 those who need to be interviewed and the type of information to be sought from the interviewees. The team should also identify who will be interviewed in person, by remote means and by completing a questionnaire. This may depend, for example, on whether the key informant is available in-country at the time of the review. Usually, individual interviews are conducted with key informants who have a high stake in the programme or those with good knowledge of the programme or the contextual environment in which the programme operates, such as policy-makers, programme managers, representatives of affected populations, implementers and donors.

**Table 6.1** lists people who could be interviewed. In some reviews, interviews with groups of people have been 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.

### BOX 6.1

#### Organizing the technical briefing

- ▶ The briefing should provide the following:
  - background information on the country's socioeconomic and demographic situation;
  - current performance of the TB programme (including epidemiology; surveillance systems; structure; policies and strategies relevant to TB prevention, care and control activities; social determinants; and progress made during recent years);
  - recommendations of the previous review (if one occurred) and the status of their implementation; and
  - organization of the review (i.e. rationale and objectives of the review, assignments for the field exercise, 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 local and international reviewers will meet to:
  - discuss the outcomes of the desk review and prepare for the field work;
  - discuss the ToR and expected deliverables, logistics and administrative details; and
  - provide or 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 which team members will keep track of the places visited and people met.
- ▶ An overview of the review's methodology and tools must be provided to guarantee that all team members collect information in a standardized manner. Any 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; this will also make it easier to develop the various sections of the final report.
- ▶ The teams should be given a package with information to take with them after the session (**Box 6.2**).

## BOX 6.2

### Suggested documentation (paper or electronic) to include in the information package for the field teams

#### ✓ Country background materials

- NSP, TB manuals, guidelines and policies
- Samples of relevant forms (e.g. reporting forms, supervisory checklists and home-based records)
- Presentations given during the briefing sessions

#### ✓ Review methods and tools

- Review concept note
- Review tools including the appropriate number of hard copies, if applicable
- Map and basic data for the sites to be visited (e.g. demographic information, number of health facilities and population coverage, type of facility and surveillance system)
- Template for presenting team findings for the debriefing (and template for written subnational report, if required)

#### ✓ Administrative and logistical information

- Field sites and contact information, including field team members, predesignated sites to be visited, and any necessary information such as contacts for the field sites, official letters of clearance for the field sites and emergency contact details.

Table 6.1 Indicative list of people to be interviewed

Stakeholders	People to be interviewed
<b>Government</b>	<ul style="list-style-type: none"><li>▶ Programme managers and other programme personnel</li><li>▶ Policy-makers (within and beyond the health sector)</li><li>▶ Related institutions (e.g. regulatory) and other sectors</li></ul>
<b>Service providers</b>	<ul style="list-style-type: none"><li>▶ Public</li><li>▶ Civil society</li><li>▶ Private (e.g. traditional healers and pharmacists)</li></ul>
<b>Service users and beneficiaries</b>	<ul style="list-style-type: none"><li>▶ Local communities</li><li>▶ Civil society and TB-affected populations</li></ul>
<b>Interest groups</b>	<ul style="list-style-type: none"><li>▶ Local leaders (e.g. religious leaders, chiefs)</li><li>▶ Advocacy groups</li><li>▶ Professional associations</li><li>▶ Individuals with expertise in certain areas of the programme</li></ul>
<b>Technical and financial partners</b>	<ul style="list-style-type: none"><li>▶ Donors</li><li>▶ Technical assistance providers</li></ul>

TB: tuberculosis.

## 6.5 Site visits

Site visits are conducted to observe how TB services are being delivered and assess existing capacity to deliver them. The visits can be used to verify the information obtained through other methods such as desk review and interviews. Selection of sites to be visited should be guided by the administrative division of the country and the structure of the health system. A comprehensive (mid-term and end-term) review usually requires site visits to all or selected subnational divisions of the country, in addition to the national level (Table 6.2).



**Table 6.2 Example of services and aspects of the programme to be assessed during site visits at national and subnational level**

Level	What to look for
<b>Community</b>	<ul style="list-style-type: none"> <li>▶ Type of community activities being carried out</li> <li>▶ Target beneficiaries</li> <li>▶ Type of community organizations delivering TB services (e.g. CSOs, CBOs)</li> <li>▶ Links between the community and the health system</li> </ul>
<b>Health facility</b>	<ul style="list-style-type: none"> <li>▶ Type of services provided, including screening, diagnostics and sample transportation</li> <li>▶ Type of service providers (e.g. public or private)</li> <li>▶ Level of facility (e.g. primary, secondary or tertiary level)</li> <li>▶ Equipment employed by the facility</li> <li>▶ Storage and availability of medicines and other commodities</li> <li>▶ Use of TB services (i.e. how TB services are accessed and used by the public)</li> <li>▶ Records management</li> </ul>
<b>District</b>	<ul style="list-style-type: none"> <li>▶ Organization of district health services</li> </ul>
<b>Province or region</b>	<ul style="list-style-type: none"> <li>▶ Referral system</li> <li>▶ Management and supervision</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>▶ Policies</li> <li>▶ Resource allocation</li> <li>▶ Quantification, procurement and distribution of medicines and other commodities</li> <li>▶ Registration status and procedures for TB medicines</li> <li>▶ Safety monitoring and quality assurance systems for TB medicines</li> <li>▶ Training and capacity-building</li> <li>▶ Multisectoral engagement and accountability (including social protection and human rights)</li> </ul>

CBO: community-based organization; CSO: civil society organization; TB: tuberculosis.

Organizing site visits requires careful planning and communication with the staff at the relevant sites. The sites to be visited and the people to be engaged at those sites should be identified well in advance. The people to be engaged should be informed in good time about the potential visit and its purpose. Transport and other logistics should be determined, and at least one member of the team should be from the NTP, to facilitate the logistics of the visits. In addition, the review team may use simple tools to guide the things to observe, questions to ask and other information to collect during site visits (**Section 6.7**).

## 6.6 Service delivery levels to be visited

### 6.6.1 National level

The purpose of visiting staff at the national level is to assess the perspective of key informants on the following aspects of the TB programme:

- ▶ strategy:
  - the NSP for TB, including the budget and its operational component;
  - the NSP for the health sector, covering top objectives in health and important related health system strengthening issues (e.g. financing, private sector regulation and quality assurance mechanisms);
  - the national guidelines on TB prevention and care;
- ▶ human resources:
  - the human resources capacity, especially the programme’s managerial and technical capacity to implement the NSP;
  - the national plan for training staff, and the materials and methods to be used in training;

- ▶ coordination:
  - collaborations within the health sector (e.g. with the programme addressing HIV, and those addressing noncommunicable diseases [NCDs]);
  - coordinating mechanisms used with key stakeholders (e.g. the national reference laboratory, implementing partners, donors, CSOs or the private sector);
- ▶ multisectoral engagement and accountability;
  - the implementation of a multisectoral accountability framework and coordination with other government sectors involved in TB prevention and care;
  - the social protection policy, and any benefits for TB patients (e.g. disability grants);
  - platforms for ongoing participation of CSOs and communities on a regular basis in activities related to the national strategy to prevent and control TB;
- ▶ monitoring:
  - data collection, analysis and reporting;
  - procedures for supervising staff, and for monitoring and evaluating implementation of the NTP; and
- ▶ operational research:
  - the agenda and activities for operational research.

Review team members that are part of the national level team should have the experience and the ability to review the above aspects, as defined in the concept note.

The team assigned to the national level should start with the central unit of the NTP and other relevant disease programmes (e.g. HIV and NCDs), and relevant ministries (e.g. finance, justice or social welfare). Other sites that should be visited include national referral hospitals, the national reference laboratory, the central medical store, the national medicines regulatory authority, the MoH's warehouse, donors, implementing partners, key NGOs and CSOs, and health education institutions, such as medical schools or nursing schools.

### 6.6.2 Subnational level

Field visits at subnational level should include institutions at each level of the health care service, such as regional, provincial or district health offices and hospitals, and peripheral health centres.

At the intermediate level (e.g. regional or provincial), it is important to assess the managerial capacities of the coordination unit in charge of the TB programme. This would involve assessing how capable the unit is in training and supervising staff, how well it manages the anti-TB medicines, and how effectively it coordinates with local stakeholders and investigates the contacts of TB index cases.

In countries with a devolved or decentralized administrative structure (e.g. federal states or counties) where health at subnational levels is also decentralized, review teams should conduct a similar type of assessment to the national level team and review subnational level policies.

At the subnational level (district and peripheral health facilities), it is important to visit the health facility that serves as the centre for the diagnosis, treatment and reporting of TB patients, and keeps the TB treatment register and TB laboratory registers. The level of a health centre within the health care delivery structure depends on its functions and the services it provides. In this guidance, a health facility is considered as the place where the first point of contact between symptomatic patients and the health system occurs, and that is connected to other health care structures through a referrals system. Aspects to assess during the visit to the health facility are described in **Box 6.3**.

Teams should also visit other service providers, such as public and private hospitals, general outpatient clinics, paediatric wards, hospitals caring for patients with MDR-TB, pharmacies, and NGOs and CSOs providing community-based services through health workers or volunteers. It may also be necessary to visit medical schools, penitentiary health services and workplace health facilities.

Teams should visit NGOs and CSOs providing community-based services through health workers or volunteers. Discussions should also be arranged with people affected by TB, with local leaders and with a small group of community workers and volunteers, to elicit their perspectives on access to care and treatment.

## BOX 6.3

### Aspects to assess during the field visit to the health facility

During the field visit to the health facility, the following should be assessed:

- ▶ the number of trained staff and the availability of training opportunities;
- ▶ the process for identifying and managing patients suspected of having TB;
- ▶ the efforts made in implementing TB screening activities;
- ▶ the procedures used to diagnose TB and the quality of diagnosis;
- ▶ the procedures and approaches to addressing comorbidities (e.g. HIV/AIDS or diabetes) as well as risk factors such as smoking or malnutrition that may influence the effectiveness of care;
- ▶ the appropriateness of the TB treatment provided;
- ▶ the monitoring of and support provided to patients receiving treatment, including monitoring of patient safety through active TB drug-safety monitoring and management (aDSM) and other pharmacovigilance-related activities, and any related human rights concerns on access, discrimination or provision of care;
- ▶ the recording and reporting systems, the completeness of registration, the availability of quarterly reports, and whether there is consistency between the registers and reported data;
- ▶ how the implementation and provision of TB prevention and care services are supervised, and whether supervisory visits are recorded;
- ▶ the supplies of anti-TB medicines (including buffer stock and availability of child-friendly formulations), and laboratory consumables and equipment;
- ▶ the logistics management information system (LMIS) including availability of updated LMIS recording tools, timeliness of reporting and ordering of TB commodities;
- ▶ whether informational, educational and communication materials are available to promote TB prevention, care and control within the community;
- ▶ whether mechanisms are in place to overcome access barriers related to stigma, discrimination, gender norms or other factors (e.g. migrant status) and to link TB patients to social protection mechanisms, to ensure access to relevant benefits;
- ▶ the system established to refer patients suspected of having TB and patients diagnosed with TB from one basic management unit to another;
- ▶ other national programmes addressing important comorbidities or risk factors;
- ▶ the level of involvement in identifying and managing patients with MDR-TB; and
- ▶ the links with community-based organizations and volunteers.

Depending on local protocols, team members may first need to visit the health authorities of a particular region, province or district, to explain the purpose of the review before starting the field assessment. Wherever possible, summary information for each site visit should be prepared beforehand by the person in charge of the site, to optimize the use of time during the visit and leave more time for discussion with the local staff.

Following the visit to the facilities at the subnational level, the team should schedule appointments with the respective authorities (e.g. the provincial or district health director, the hospital director and relevant stakeholders) to provide feedback on their findings.

Field teams should comprise the various technical expertise required to assess the component of the NSP under review, as defined in the concept note. Individual team members should be given responsibility for making specific observations and for specific places to visit and people to meet. It is helpful if all team members stay in the same hotel so they can meet briefly at the end of each day to review and summarize their findings and observations, and plan activities for the next day. The designated recorder should note the key points of the discussion, and these should be included in the field report.

**Box 6.4** summarizes the steps to be taken during field visits at the subnational level, and **Box 6.5** summarizes the roles and composition of field teams.

**BOX 6.4**

**Steps during field visits at the subnational level**

Five steps are essential when undertaking field visits at the subnational level:

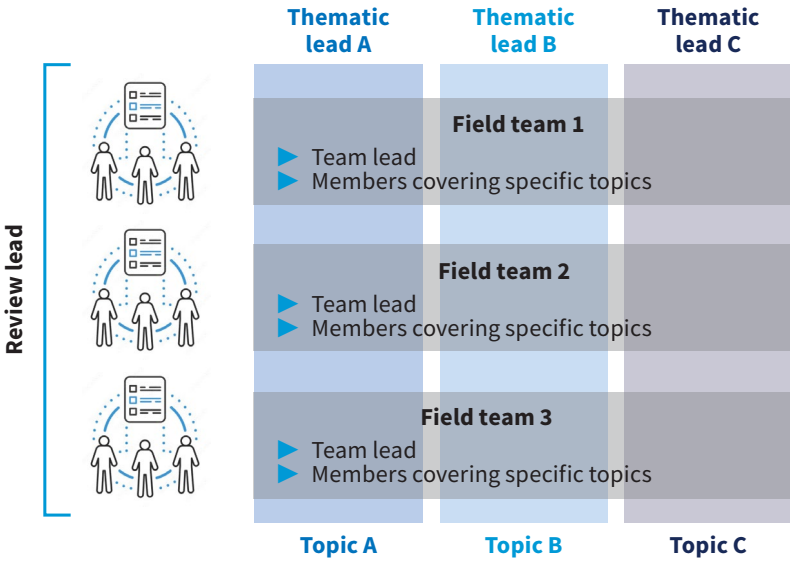
1. The field team should pay a courtesy visit to the local health authority before initiating the field visit.
2. Usually, at this stage, a presentation on the TB situation is made by the health authority. This is an opportunity for the review team to gain an understanding of the organizational structure and obtain updated information on the local area. The review team should communicate to the local health authority the objectives and scope of the visit, emphasizing the learning and quality improvement aspect of the review.
3. The review team should then visit various health centres and communities, according to the plan.
4. The field team may set aside some time at the end of each day to summarize the findings.
5. The field team should debrief the health authority (e.g. the provincial or district health director, the hospital director and other relevant stakeholders) before ending the field mission, to share the findings.

**BOX 6.5**

**Roles and composition of field teams**

During the field work, each field team represents the overall programme review team and should cover all aspects of the programme, as identified in the concept note. Each field team should have a team lead. Usually, a field team consists of members who each have a different thematic focus. Each team member should prepare a summary of the findings from the field visits and share it with the thematic lead, who is responsible for summarizing the findings from across the field teams for a specific topic of the review (**Fig. 6.1**).

**Fig. 6.1 Relationships between the thematic groups and field teams**



## 6.7 Thematic tools and checklists

The use of standardized questions and checklists ensures that the information collected by the review team members is complete and comparable, and facilitates analysis of the information. In addition, such tools can serve to remind reviewers about the things to observe, steps to follow, documents and registers to check, people to meet, questions to ask and other information to collect during site visits.

The focus of the field exercise should be on collecting adequate information to respond to the review objectives, but should also involve observing the practices and relevant contextual factors, and exploring and understanding the root causes of the observed trends and data. The purpose of the field visits is to gain first-hand experience of how policies are translated into practice and how TB services are delivered, with the tools serving as a guide during this process. Thus, field visits should focus on verifying the findings, understanding the root causes and filling information gaps.

Tools should be relevant to the main intervention areas that are outlined in the NSP and addressed by the objectives of the review. They should be developed by the review coordination committee and reviewed by the thematic leads and the lead reviewer. Tools included in this guidance may be used as a basis for developing the tools used in the field, but they should be adapted to each country and type of review (**Web annex B**). Ideally, draft tools should be produced before the start of the field review and should be piloted before they are used in actual field visits. The tools should be presented to the review team during a virtual briefing before all review team members convene in the country. Following feedback from the review team and findings from the desk review, tools should be finalized and all members of the review team should receive an orientation during the in-country briefing. The lead reviewer should ensure that all field teams have been made familiar with the tools and share a common understanding of their purpose and the information to which they pertain.

## 6.8 Reporting and summarizing findings from the field visits

During the briefing, the lead reviewer should provide clear instructions to the field teams on how the findings from the field visits should be consolidated and summarized. An example of a reporting template that can be used to summarize findings from the field visits is given in **Annex 7**. The report should be a document and a PowerPoint slide deck.

## 6.9 Summary of activities for the field assessment phase

**Box 6.6** summarizes the activities to be undertaken in the field assessment for a programme review.

### BOX 6.6

#### Summary of activities for Phase 3: the field assessment phase of the review

- ✓ Technical briefing has been conducted
- ✓ Field teams have been formed
- ✓ People to be interviewed have been identified
- ✓ Field sites and interviewees have been informed
- ✓ Interview schedule has been developed
- ✓ Travel logistics have been arranged
- ✓ Interview questions and tools have been developed
- ✓ Reporting templates have been shared with field teams

# Phase 3: synthesis of findings and prioritization of recommendations

## KEY MESSAGES

- Information gathered during the review should be analysed to answer the questions posed by the review.
- The workshop following the field visits allows the review team to:
  - extract findings related to specific thematic areas from the field experience;
  - agree on the key recommendations; and
  - prepare for debriefing with MoH senior management and stakeholders.
- The recommendations should be specific and clear, realistic, prioritized, manageable in number and time bound.

## 7.1 Introduction

During Phase 3, information gathered during the preliminary assessments (i.e. the desk review and review of TB epidemiology and determinants) and field assessment is analysed to identify the key issues and propose a way forward. The aim of the analysis should be to provide a factual and objective basis for interpreting the performance of the programme and making recommendations. It is important to acknowledge any limitations of the process that could have a bearing on the findings; for example, the review presents only a snapshot of the status and circumstances regarding the implementation of the strategic plan, being based on visits to a limited number of facilities and interactions with a limited number of stakeholders.

This chapter describes a proposed approach to the presentation and consolidation of findings, and to the formulation and prioritization of the recommendations from the review.

## 7.2 Briefing on preliminary findings and recommendations following the field visits

Following the field visits, each field team should prepare a presentation about their observations, using a standardized format (**Annex 9**). Once the preliminary findings have been framed, they should be presented during a plenary workshop attended by the entire review team (internal and external team members) and key stakeholders.

During this workshop, each field team will present its findings. The thematic teams then may extract specific points related to their thematic areas. Time should be allotted for members of the thematic teams to discuss and clarify among themselves the findings from the different field reports. The thematic teams will then summarize the findings for their topic. Teams should compare the information gathered and the interpretations of it before reaching consensus on the findings and recommendations.

The adoption of a consistent approach to reporting by the field teams will facilitate presentation and consolidation of findings from various field teams across the different topics covered by the review. **Table 7.1** is a sample table for summarizing findings across the different thematic areas.

**Table 7.1 Sample table for summarizing findings across thematic areas of the review, with examples**

Review topic (or thematic area)	Findings (facts)		Conclusions (explanation of the facts)	Recommended actions
	Observations and good practices	Challenges and limitations		
Topic 1 e.g. <i>Diagnosis</i>	<i>Coverage of Xpert MTB/Rif expanded to cover 50% of all diagnostic facilities by 2022</i>	<i>Further expansion is hampered by a shortage of qualified laboratory technicians</i>	<i>Coverage of Xpert MTB/Rif is currently stalling owing to the low number of qualified laboratory technicians</i>	<i>Training and capacity-building of additional laboratory technicians should be prioritized</i>
Topic 2 e.g. <i>Social protection</i>	<i>Material support to TB patients was introduced by the TB programme 2 years ago</i>	<i>Only 50% of DS-TB patients are receiving material support</i>	<i>Roll-out and expansion of material support to TB patients has reached only half of the DS-TB patients in need owing to delays in the disbursement of domestic funding</i>	<i>Expansion of material support to TB patients should be enhanced to reach all DS-TB patients, by ensuring timely disbursement of domestic funding</i>

DS-TB: drug-susceptible TB; TB: tuberculosis.

The objectives of the workshop following the field visits are therefore to:

- ▶ share preliminary findings from the field visits;
- ▶ extract findings related to specific thematic areas from the field experience;
- ▶ propose and agree on the key recommendations;
- ▶ allow discussion of sensitive topics that would normally be difficult to debate in front of a large audience;
- ▶ help in building the ownership and credibility of these findings among stakeholders; and
- ▶ prepare for debriefing with wider stakeholders and MoH senior management.

Reviewers should remember that the purpose of a programme review is to assist the programme in optimally achieving its objectives, and not to pass judgement on the programme or the people involved. Thus, framing the findings and conclusions requires the reviewers to be objective and candid, and to focus on things that help the programme to move in the right direction. Special attention must be paid to the possible reactions of the NTP regarding the findings and recommendations. The review team should ensure that the NTP takes ownership of the actions required to follow up on the recommendations that have been made.

### 7.3 Consolidating the findings from the review

The analysis normally starts by assessing the impact of the programme on the epidemic (e.g. incidence, mortality and catastrophic costs). The programme as a whole should be addressed first, and recommendations should be generated at that level. Thereafter, the review team should assess specific components in relation to how they contributed to the observed impact on the epidemic, and how well they have been implemented; the review team should then formulate recommendations for such specific priority thematic areas.

Consolidating the findings of the review may be challenging owing to the large amount of information that is often collected and the limited time allocated to this stage of the process. It is therefore best to start by identifying the main highlights of the findings and subsequently work into the details.

**Table 7.2** shows a simple framework for presenting the findings and their relationship with the review objectives, and recommended actions or changes.

**Table 7.2 Template table for presenting the findings from the review and related recommendations, with examples**

Review question or objective	Main findings		Conclusions	Action or change required to sustain or increase impact (recommendations)
	Desk review	Field visits		
Objective 1 e.g. Review the overall progress of the national programme, in relation to multisectoral engagement as set in the NSP 2021–2025	The programme has conducted a MAF-TB assessment	A multisectoral engagement committee has been established but it is not functional	The country has made progress towards establishing a national multisectoral accountability mechanism but this is not functional owing to lack of resources	Monitoring mechanisms and adequate resources should be ensured for the implementation of the national multisectoral accountability mechanism
Objective 2 e.g. Review the implementation status of the country's PMDT scale-up plan in relation to the set targets	rGLC mission report highlights the establishment of two new DR-TB centres	All four DR-TB centres in the country are now functional, and the new all-oral shorter DR-TB treatment regimen has been introduced countrywide	The programme has made progress in the implementation of its PMDT scale-up plan	The programme should sustain efforts to scale up its PMDT plan

DR-TB: drug-resistant TB; MAF-TB: multisectoral accountability framework for TB; NSP: national strategic plan; PMDT: programmatic management of drug-resistant TB; rGLC: Regional Green Light Committee; TB: tuberculosis.

## 7.4 Formulating recommendations

Recommendations suggest how the programme could move forward from the time of the review and assist the programme in improving its quality, and updating or developing the NSP. Recommendations should be developed based on the objective findings of the review. They should be ethically sound and gender sensitive, and contribute to protecting human rights and promoting equity.

Recommendations can be generated by considering the following 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?

Recommendations should follow the SMART principle (i.e. they should be specific, measurable, achievable, realistic and time bound), and should include specific deliverables; also, they should be given an order of priority. Thus, recommendations should be:

- ▶ **Specific.** That is, they should be clear about what is being recommended, to whom and by when, and should avoid general or vague statements.
- ▶ **Measurable.** Recommendations should include how to track progress towards the targets and show impact over time.
- ▶ **Achievable.** If there are too many recommendations, they become difficult or impossible to implement, and keeping track of all the items can become a challenge. The fewer and more achievable the recommen-

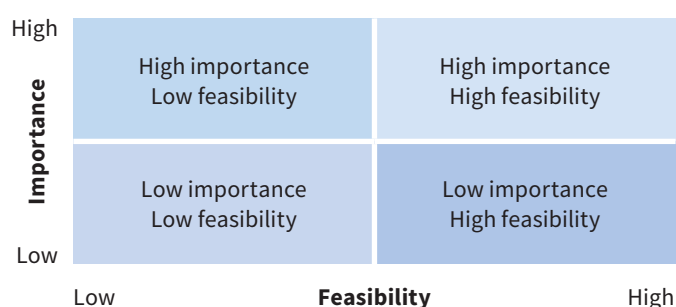


dations, the better. A good test for well-written recommendations is whether people can remember at least the main recommendations without referring to the report.

- ▶ **Realistic.** Some things might be important for the programme but it might not be feasible to implement them in the specific country context. Recommended interventions should be ambitious, but recommending interventions that exceed the capacity to implement should be avoided.
- ▶ **Time bound.** Recommendations should be categorized as “immediate”, “mid-term” and “long-term”.
- ▶ **Prioritized.** Not all recommendations carry the same weight and urgency; therefore, it is important to set priorities for the recommendations; for example, by ranking each recommendation as having “high”, “medium” or “low” significance for the programme. Those that are ranked as “high” can come first in order of presentation or can be framed as overarching recommendations.

Where the recommendations are too numerous to be ranked as described above, reviewers can assign each recommendation a score based on importance (in terms of the goal and objectives of the NSP) and feasibility (in terms of resources and capacity of the programme, and acceptability of the proposed recommendations to the major stakeholders). The scoring can be plotted on a chart, as shown in **Fig. 7.1**.

**Fig. 7.1 Framework for prioritizing recommendations**



## 7.5 Summary of activities for the synthesis of findings and prioritization of recommendation phase

**Box 7.1** summarizes the activities to be undertaken when synthesizing findings and prioritizing recommendations for a programme review.

### BOX 7.1

#### Summary of activities for Phase 3: synthesis of findings and prioritization of recommendations

- ✓ The analytical framework has been defined
- ✓ Information required for specific components has been identified
- ✓ Special analytical work that might be required has been identified
- ✓ Findings have been clearly identified and verified
- ✓ Findings for the whole programme review have been synthesized
- ✓ Recommendations have been developed and prioritized
- ✓ Preliminary findings and recommendations have been presented to key national stakeholders for feedback

# Phase 4: reporting

## KEY MESSAGES

- The debriefing is an opportunity to convey the main messages and key recommendations to senior policy-makers and relevant stakeholders.
- Once the programme review team has finalized the findings and recommendations, it should write and disseminate the programme review report.
- The report of the review should be finalized as soon as possible (no longer than 3 months after the end of the field assessment of the programme review) and disseminated to all stakeholders.
- Disseminating the findings raises public and professional awareness of the programme; it also increases the visibility of the recommendations and the likelihood that they will be implemented.

### 8.1 Introduction

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

This chapter provides guidance on the process of debriefing after the review, writing the report (including a suggested outline) and making use of the findings from the review.

### 8.2 Debriefing with stakeholders and MoH senior management

Debriefing is a major opportunity for advocacy, and the review team should aim for high-level participation in the debriefing. This step is also important to ensure participation from different sectors and all relevant stakeholders. If the minister of health and other high-level policy-makers are present at the debriefing, the focus should be on political issues and recommendations for which action should be taken by those policy-makers. The review coordinator should introduce the reviewers, then the review lead usually makes the final debriefing presentation on behalf of the review team. The presentation should include the key findings and recommendations on which all the reviewers have agreed. During this type of debriefing, the discussion should avoid technical issues and recommendations (these can be summarized in a fact sheet and handed out at the beginning of the session).

A more detailed technical debriefing should follow with the staff of the NTP and 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.

It is the responsibility of the review lead and coordinator to ensure that an executive summary, which includes the main findings and recommendations of the review, is written, as outlined in **Box 8.1**. A copy of the execu-

tive summary should be given to the NTP before the departure of the reviewers, with the understanding that the full report will be prepared and submitted at a later date. Alternatively, the final PowerPoint presentation should be shared with the NTP.

### BOX 8.1

#### **Suggestions for developing the executive summary**

- ▶ 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 about five to ten recommendations that will contribute most effectively to improving the TB programme
- ▶ The draft findings and recommendations should be shared with and vetted by the NTP

A high-level advocacy event for debriefing is a good way to ensure political commitment and resource mobilization, as outlined in **Box 8.2**. The debriefing may be followed by a media event (e.g. a press conference for national and international media) organized by the MoH, and journalists should be given the executive summary. 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.

### BOX 8.2

#### **The debriefing as an opportunity for advocacy and political commitment**

- ▶ The debriefing session is an opportunity to convey the main messages from the review to the stakeholders.
- ▶ Usually, the debriefing is attended by senior policy-makers.
- ▶ Presentations to be given during the debriefing should be developed carefully.
- ▶ The main recommendations should be highlighted.
- ▶ The debriefing session should be used as an opportunity for strategic communication.
- ▶ A press briefing or a press release (or both) should be considered.

## 8.3 Writing and finalizing the report

Once the team has finalized the review findings and recommendations, the process of writing the review report should start. The review lead is accountable for the final report. In some cases, a report writer may be appointed; in such instances, the review lead should work closely with the report writer because the accountability for the final product remains with the review lead.

The review coordinator should make sure that all reports and all presentations (e.g. desk review, field visits report and thematic presentations) are available to the lead reviewer at the end of the review process. In coordination with the review coordinator, the review lead assigns components of the report to specific reviewers (thematic team leads or responsible team members); the lead reviewer also provides those reviewers with a deadline for returning their parts of the report. Once all the parts have been received, the lead reviewer combines them into a single report. The lead reviewer, review coordinator and team members need to agree on the components that should be included in the report. The lead reviewer then reviews the draft sections of the report and prepares the executive summary. When compiling the report, any feedback provided by senior policy-makers, stakeholders, key implementing partners and CSOs during the in-country debriefing should be considered and incorporated, as appropriate.

The report should outline the purpose and objectives of the review, the methods used and the major findings, conclusions and recommendations. A template report is provided at **Annex 8**. The aim should be to produce a

report that is factual, clear, concise and easy to read; often it is useful to include figures and tables that clarify the text. In addition to preparing the full report, the team can suggest other formats (e.g. a slide presentation or summary brochure) to accompany the full report.

The time frame should be agreed by the NTP and the review coordination committee, but ideally the final report should be written and distributed for comments to the reviewers and stakeholders within 1 month of the end of the field assessment. In general, this phase should take no longer than 3 months. Delays in finalizing the report may jeopardize the use of the report.

The draft report, including the executive summary, should be circulated for any final revisions to all members involved in the review. When final comments have been received and integrated into the report, the final report is submitted by the NTP to the members of the review coordination committee for endorsement. Once the review coordination committee has approved the report, the document is sent to the MoH for final approval. The procedures for final approval may depend on the administrative organization of the country.

#### 8.4 Disseminating the findings and process

The manager of the NTP should take responsibility for disseminating the report of the review. The final report should be discussed with and disseminated to all levels of the MoH and the NTP's network; also, it should be discussed with and disseminated to all key government sectors and stakeholders, and to national and international partners. The manager must ensure that the final, approved report is sent to all members of the review coordination committee and the review team, senior policy-makers and relevant ministerial departments. Copies should also be sent to all institutions and individuals visited during the review, particularly TB control coordinators at the provincial or district level (the intermediate health level).

Other opportunities for disseminating the findings include journal articles, newsletters and websites. The results of the review might also be presented at conferences and discussed during national and regional workshops.

#### 8.5 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 ongoing implementation of the programme. They can indicate the need for adjustments to improve the quality of services, achieve better integration, improve the targeting of the services in relation to the population groups in greatest need, and address bottlenecks to scaling up TB services.
- ▶ **Political commitment and multisectoral action:** The findings of the programme review should be harnessed to mobilize political commitment and buy-in from the country's highest authorities, and from sectors both within and beyond health, for multisectoral action for ending TB. The executive summary and the report of the programme review can be used to inform the country's leadership; for example, during interministerial committee hearings, meetings of the health committee of the parliament, interagency coordination committee meetings on the SDGs, or special meetings of the presidential committee or task force specifically devoted to TB that provide high-level leadership, participation of all stakeholders and the issuing of legally bounded resolutions or decisions. This will help to secure high-level governmental approval and enable cross-sectoral implementation of the recommendations of the review.
- ▶ **Reprogramming:** The review can indicate areas in which the current plan needs to be modified to fit the current epidemiology and context. Such areas could include modifying programme targets, redefining the population groups to be involved or switching interventions.
- ▶ **Development of a new strategy:** An end-of-term programme review normally precedes the development of a new plan, and it becomes part of the situation analysis for the new strategy. Such a review provides the context for building and improving on past performance; it also 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 strong case for continuing or increasing the resources of the programme. The programme review identifies the gaps, and the report is a useful tool for advocating domestic and external resources. It may be helpful to prepare a budget listing the main activities that need to be implemented according to the timelines in the report. Estimates of the additional resources required to implement the activities (the funding gap) and possible sources of funding should be highlighted.
- ▶ **Accountability:** Programme reviews bring greater transparency to programmes and, in turn, make the programmes and various stakeholders accountable. The review report may be used by the community and CSOs to demand further actions.

## 8.6 Summary of activities for the reporting phase

**Box 8.3** summarizes the activities to be undertaken during the reporting phase of a programme review.

### BOX 8.3

#### Summary of activities for Phase 4: reporting

- ✓ The lead reviewer has developed the final debriefing presentation with the key findings and recommendations
- ✓ Debriefing with stakeholders and MoH senior management has taken place
- ✓ The executive summary with the main findings and recommendations of the review has been written and shared with the NTP (alternatively, the final debriefing presentation has been shared with the NTP)
- ✓ The technical debriefing with the staff of the NTP and key implementing partners has taken place
- ✓ The review report has been written, finalized and disseminated
- ✓ The recommendations from the review have been translated into actions

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ISBN 9 789240 085817

9789240085817



9 789240 085817