

GOVERNANCE OF TB PROGRAMMES:

An assessment of practices
in 22 countries





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The Stop TB Partnership
Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

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Design: Ghassan Mohammed

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
App	Application
CCM	Country Coordinating Mechanism
DR-TB	Drug-resistant tuberculosis
DS-TB	Drug-susceptible tuberculosis
HBC	High-burden country
HIV	Human immunodeficiency virus
JEPR	Joint External Programme Review
JMM	Joint Monitoring Mission
KP	Key population
LF-LAM	Lateral flow urine lipoarabinomannan assay
MDR-TB	Multidrug-resistant tuberculosis
MoH	Ministry of Health
nEML	National Essential Medicines List
NGO	Nongovernmental organization
NSP	National Strategic Plan
NTP	National tuberculosis programme
PLHIV	People living with HIV
PR	Principal Recipient
SHI	Social health insurance
STP	Stop TB Partnership
TB	Tuberculosis
TPT	Tuberculosis preventive treatment
UNHLM	United Nations High-Level Meeting
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

Introduction and methodology of the Governance report

Introduction

Governance is a critical yet neglected aspect of a strong national TB programme (NTP). It determines effective and efficient operationalization of the programme – not just at the national level, but also at the peripheral level – by individuals, the TB community, civil society and governmental subnational entities. Governance encompasses a set of processes: institutions, rules, customs, policies or laws that formally and informally distribute roles and responsibilities or accountability among various actors^[1].

Good governance promotes transparency, inclusiveness and a supportive legal framework, and ensures process efficiency and effectiveness. These four elements enable free expression of views and healthy negotiations and, thus, can be a bedrock for effective and accountable partnerships.

Significant investment has been made to strengthen the technical capacity of NTPs; however, engaging in a systematic and holistic approach to improve governance has not been a priority, nor has progress in this area been tracked.

This report focuses on assessing the governance of NTPs at the national level. Since this is the first attempt to conduct a global assessment and because of the ongoing COVID-19 pandemic, the process has been deliberately kept simple. This assessment is from the programme management perspective. The purpose of the assessment is a) to enable policy-makers and NTP managers to take actions to achieve the benchmarks identified in the report and scale up good practices, and b) to serve as an advocacy tool that NTP managers and civil society can employ to improve various governance components.

Methodology

Selection of countries

The survey targeted high-burden countries (HBCs) and countries with significant investments. A total of 24 countries were initially targeted, all of which, except Afghanistan, were defined by the World Health Organization (WHO) as high-burden for TB and/or TB/HIV and/or multidrug-resistant (MDR-) TB for the period 2016–2020.^a These 24 countries are: Afghanistan, Bangladesh, Cambodia, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, United Republic of Tanzania, Uganda, Ukraine, Uzbekistan, Viet Nam, Zambia and Zimbabwe.

Of the 24 countries, 23 (except for Pakistan) also have a partnership with the United States Agency for International Development (USAID) as part of the ‘Global Accelerator to End TB’. This initiative is designed to increase public and private investments and build local commitment and capacity to achieve the targets of the United Nations High-Level Meeting (UNHLM) on TB^[2]. Thirteen of these 24 countries are also supported by ‘Strategic Initiative’ funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria for governance, accountability and responsibility for the human rights-related aspects of Strategic Objective 3 (‘Breaking Down Barriers’)^b^[3].

Development and content of the questionnaire

A semi-structured questionnaire was developed by Stop TB Partnership (STP) and USAID experts in May–August 2020 to assess the governance structure and functions of NTPs in four thematic areas: (i) transparency, (ii) inclusiveness, (iii) legal framework, and (iv) process efficiency and effectiveness.

STP and USAID engaged in multiple rounds of discussion on which components would give an indication of governance in each of the four thematic areas. This was considered in the context of the short timeline to carry out the survey and the difficult circumstances around the COVID-19 pandemic, which has resulted in inadequate staffing of NTPs in some instances and extra responsibilities related to the pandemic for others. The emphasis was on components for which information was publicly available so that new data sources would not be required.

The overriding principle of this survey was to keep the exercise practical and useful for NTPs and stakeholders – to generate information they can use. Despite the simplicity, salient components of each theme are covered.

The survey measures governance in two ways: using rule-based measures (e.g., existence of policies or procedures) and using outcome-based measures (e.g., the extent to which a policy has been implemented).

An early version of the questionnaire was pilot tested, and the questionnaire was further developed. The final questionnaire that was sent out to the countries had 38 components (or questions) (please see box below): eight in the theme of Transparency, 15 in Inclusiveness, six in Legal Framework, and nine in Process Efficiency and Effectiveness. For a few components, the answer had a yes/no option (e.g., Is TB notification mandatory in the country?); most of the other components were multiple choice (e.g., availability of case notification data on the website).

^a High-burden countries (HBCs) are as defined by WHO (Global TB Report 2020) for the period 2016–2020. Nineteen of 24 countries (except for Malawi, United Republic of Tanzania, Uganda, Uzbekistan, and Zambia) are included in the Out of Step report.

^b The ‘Breaking Down Barriers’ project covered 20 countries, of which 13 were supported for TB. Nine of them were included in this governance survey.

Distribution of survey components by themes

Theme	No. of Components
Transparency	8
Inclusiveness	15
Legal Framework	6
Process Efficiency and Effectiveness	9

Process for data collection, analysis and validation

- The STP Secretariat reached out to the NTPs of the 24 selected countries to request their participation in the survey at a convenient day and time. After confirmation from the countries, STP sent an email giving a brief introduction to the process.
- A desk review was carried out, and questionnaires were pre-populated to the extent possible. This entailed a review of more than 250 documents and 100 websites. A complete list is available online ([Annex 1](#)). Once the interviews were confirmed, the pre-populated questionnaires were sent to the NTP managers at least a day in advance.
- Audio interviews were held mostly via the Zoom platform, except for a couple of countries where phone interviews were carried out due to poor Internet connection. The interviews were carried out by a lead external consultant along with STP staff. In three of the four countries from the Eastern Europe and Central Asia region, the interviews were facilitated by the country TB Advisors engaged by USAID. The interviews followed a standard process: the desk review findings were confirmed, and the questionnaire was answered by the NTP managers.
- Information on some components was drawn from the information NTPs had recently provided to STP for the 'Step Up for TB' report (2020). The WHO database for the Global TB Report 2020 was used for the component on annual TB budget and one of the components on fund absorption.
- Most interviews lasted an hour, but, for a few countries, they were longer, especially in cases where translation was required.
- After the interviews, an email was sent to the countries requesting supporting documentation.
- There were two rounds of follow-up to request information from the countries. The cut-off date to stop collecting data for the survey was 31 October 2020.
- By 31 October 2020, 21 of 24 countries had participated in the interviews. Afghanistan responded in November and completed the survey by email.

- Therefore, this report includes information on only 22 countries.

This survey was carried out for the first time and under a tight timeline. Limitations are mentioned below. However, it is hoped that this will serve as an advocacy tool that NTPs and civil society can employ to improve governance. Repeat surveys are expected to indicate progress, and the measurement itself is likely to be based on improved parameters for a few components.

Scoring of components and interpretation of results

- Based on internationally recommended practices, five benchmarks were formulated for each of the four themes. All benchmarks are presented together in Annex 2. In some cases, well-defined guidance was missing, for instance, on NTP staff capacity; in such cases, the evaluators used the best available evidence. Please see Annex 3 for detailed scoring.
- To get a balanced score across all components and themes, some components were grouped together. For instance, under the theme of inclusiveness, six of the 15 components were on gender and were grouped as such.
- Components were grouped into 20 benchmarks. A few benchmarks had single components. Components for one benchmark were scored as a group from 0 to 4, thus enabling the NTPs and stakeholders to track progress. A score of 4 implied that the country had achieved the benchmark for that area, whereas a score of less than 4 indicated the relevant progress required to achieve the benchmark. A score of 0 implied that meaningful efforts had yet to be initiated. For a few components, such as mandatory notification, intermediate steps were not required.
- When a component was not applicable to a country, the score was adjusted such that the maximum score continued to be 4 and the country's progress was suitably reflected. In ambiguous situations or when there was a lack of clarity, the scoring errored towards crediting the country.
- Each of the four themes had five benchmarks and a maximum score of 20.
- Considering a score of 20 to be 100%, a theme-wise index has been calculated for each country. Additionally, the report also provides the benchmarks achieved by countries.
- Detailed information on all 38 components is available for each country; however, the main report here focuses on presenting information on the benchmarks and themes.

Through this assessment, stakeholders will be able to track progress towards the global targets that countries have already committed to.

Challenges/limitations

Governance is characterized by complicated policy networks, and, to a great extent, responsibility is shared among many stakeholders. This assessment has not considered contextual analysis and stakeholder mapping, nor has it considered the subnational entities of a programme. However, the scoring essentially measures how far countries have come in achieving the benchmarks, which are based on targets national governments have committed to; hence, these benchmarks are valid for all countries.

The aim of this survey was to present user-friendly results for stakeholder action and advocacy. In line with this thinking, the assessment concentrates on those aspects of governance that are well recognized (e.g., gender, community engagement, human rights, etc.) and for which guidance and technical support are available through national and international communities.

The survey was based on the perceptions of NTP managers and did not take inputs from other government departments or civil society. Wider key informant interviews were not possible with the ongoing pandemic. The next survey is expected to include inputs from civil society, starting in the planning stage and including specific questions for civil society and other stakeholders in the country.

Limitations in the implementation of the survey – Participation or non-response bias was small, with only two (8%) of 24 countries not participating in the survey. However, among the participating countries, most programme managers were busy with the additional responsibilities of managing the pandemic or its effects on TB programmes, and many did not have the full attendance of their staff. This posed limitations on the availability of supporting documentation.

Limitations of the questionnaire – A few components did not provide specific answers and had to be removed from the analysis. For example, under the theme of transparency, sufficient information was not available for the component ‘Tenders are publicly available on the NTP/MoH website, procurement process is transparent, product specifications are clearly available, and outcome of tender is made public’. Similarly, a component on ‘participation of women in NTP events’ had a yes/no response and all countries said ‘yes’ women had participated in World TB Day events, advocacy events, etc. This component did not contribute information on the leadership roles of women in the TB programme. The component on use of domestic funding also had a set of yes/no responses. The results of this component were not used for scoring but are presented here.

For assessing the inclusion of civil society, there was no clear distinction between the different groups, as these entities played multiple roles. TB survivors were part of the TB community and TB nongovernmental organizations (NGOs), which in turn were part of civil society.

Although we asked whether budget was allocated or not with the intention of assessing if important issues had been prioritized, we did not assess whether the allocation was adequate.

Three components (two from the theme of social inclusiveness and one from legal framework) were based on the National Strategic Plan (NSP), which covered different periods for each country (Annex 1). NSP-based components might also pose a challenge in subsequent surveys, as the same documents might be used as the source material, leading to repetitive information. This issue will be addressed in the planning stage of the next survey.

There were three components related to the absorption of funds. One component was about total fund absorption, i.e., total expenditure/total funds received from various sources. The information on expenditure and total funding received was taken from the WHO expenditure database, which captures information as submitted by countries [4]. The second component was on Global Fund fund absorption. Since the grant expenditure data are not publicly available, the grant disbursement data [5] were taken as a proxy. For the 2018–2020 grant cycle, the ratio of disbursed amount to signed amount was used for this survey. For grants extending beyond 2020, as in Ethiopia, Kenya, India, South Africa, Tajikistan and Uzbekistan, the total budget amounts committed for 2021 and 2022 were subtracted from the signed amount. These figures are approximations. Other limitations include the impossible task of disaggregating the disbursements going to TB and HIV in TB/HIV grants. While the funding data are divided according to the source, i.e., domestic, Global Fund, USAID or other donors, the expenditure data are not. To overcome this limitation, future surveys will need to verify any contradictions with NTP managers and Global Fund country teams. The third component on fund absorption was to check the items on which domestic funds were spent. For simplicity, this asked for a yes/no response without ascertaining the absolute amount of funds and proportion of total funds.

Organization of this report

The chapters are organized by themes. Each chapter begins with a brief introduction to the theme, followed by the benchmarks for the theme and findings of the survey. Key findings, reported as percentages, are provided for each thematic area for each of the 22 countries. Best practices collected are highlighted in text boxes. Annexes include the list of documents and websites reviewed, the 20 benchmarks and details on scoring guidance.

In the coming years

Feedback from stakeholders will inform the next report. The themes and benchmarks are expected to retain the spirit of the first report. However, the methodology for a few components is expected to undergo changes. For instance, since NSPs cover multiple years, there will be a need to collect additional sources to inform the theme.

























Theme 1: Transparency

Transparency is a hallmark of good governance. Timely, impartial, complete and equitable sharing of information creates an enabling environment for the community at all levels, inside and outside the government, to understand and contribute to overall objectives. It promotes optimal and timely use of resources, compliance with procedures and standards, and improvement in performance. It helps enhance communication and collaboration across ministries, civil society, private sector, media, academia, members of parliament and people affected by TB. It allows for joint accountability to achieve a common goal for the good of the community.

For measuring transparency of NTP, four of five components were scored based on the availability of certain information in the public domain. The remaining component was related to Joint External Programme Review (JEPR) and the participation of stakeholders as a marker of transparency. Although publication of the JEPR report on the website would be ideal, only the report's availability was scored for this survey.

Dashboard 1.1. Transparency

	Transparency Benchmark 1	Transparency Benchmark 2	Transparency Benchmark 3	Transparency Benchmark 4	Transparency Benchmark 5	
	A working NTP website	Notification data on the website	Technical guidelines on the website	annual budget on the website	External programme review	Theme score for transparency
 Afghanistan	0	0	0	0.5	4	4.5
 Bangladesh	3	0	2	0.5	4	9.5
 DR Congo	0	0	0	0.5	2	2.5
 Ethiopia	0.5	0	1	3.5	3	8
 India	4	4	4	2.5	4	18.5
 Indonesia	3	1.5	0	0.5	3	8
 Kenya	3	1	3	3.5	3	13.5
 Kyrgyzstan	1	0	0	0.5	4	5.5
 Malawi	1	0	0	0.5	4	5.5
 Mozambique	1	0	4	0.5	2	7.5
 Myanmar	0.5	0	2	3.5	4	10
 Nigeria	1	0	2	3.5	3	9.5
 Pakistan	4	1	4	3.5	4	16.5
 Philippines	4	2.5	4	2.5	4	17
 South Africa	1	0	3	3.5	3	10.5
 Tajikistan	0	0	0	3.5	0	3.5
 Uganda	1	0	2	3.5	3	9.5
 Ukraine	2	1	4	3.5	0	10.5
 Uzbekistan	2	0	0	3	0	5
 Viet Nam	1	0	0	0.5	0	1.5
 Zambia	0	0	1	3.5	3	7.5
 Zimbabwe	0	0	0	0.5	2	2.5

Red (score of 0) indicates meaningful action is yet to be initiated

Green (score of 4) indicates the benchmark has been achieved

Other colours (score of more than 0 and less than 4) indicate relevant progress is required to achieve the benchmark

Key findings

Benchmarks achieved by countries:

- Three (14%) of the 22 countries achieved the benchmark for a working website.
- One (5%) country achieved the benchmark for availability of the latest case notification data on the website.
- Five (23%) countries achieved the benchmark for availability of the latest TB guidelines on the website.
- None (0%) of the countries achieved the benchmark for availability of the NSP and annual budget on the website.
- Eight (36%) countries achieved the benchmark for conducting a JEPR and finalizing the report.

Theme index:

- The index for transparency ranged from 8% to 93%.
- Seven (32%) of the 22 countries had an index of 50% or more in transparency, three of which achieved an index of 75% or more.



Scores for individual components

1. A working NTP website

Benchmark – A working NTP website, owned by the NTP/Ministry of Health (MoH), with the latest relevant information, including the latest NTP organogram with the contact details (phone number and email) of individual officials and their functions to enable the public to give feedback or ask a question to the NTP.

This component considers three elements: availability of a working website, contact details for the NTP and the presence of the latest organogram on the website.

Website:

- Nine (41%) NTPs of the 22 countries had their own website (Bangladesh, India, Indonesia, Kenya, Nigeria, Pakistan, Philippines, Uzbekistan and Viet Nam) and got a score of 1.
- Five (23%) had a webpage for the NTP on the MoH website (Malawi, Mozambique, South Africa, Uganda and Ukraine) and got a score of 1.
- Five (23%) had only an MoH webpage (Afghanistan, Kyrgyzstan, Myanmar, Zambia and Zimbabwe). It was possible to search for TB technical or programmatic information on the Myanmar site, and so the country was given a score of 0.5. Although the Kyrgyzstan MoH site also showed TB news, it did not give technical or programmatic information on TB and hence the country was given a score of zero, as were Afghanistan, Zambia and Zimbabwe.
- For three countries (14%) (Ethiopia, DR Congo and Tajikistan), their website had not been functional for a few months and so they received a score of zero. Countries that were experiencing temporary website maintenance issues affecting only some information still got a score.
- The majority of the NTP websites contained a wealth of information, but the NTP websites of India, Kenya and Pakistan were well-organized, making it easy to retrieve the relevant information.
- A few countries also had a Facebook and/or Instagram page (Afghanistan, Kenya, Kyrgyzstan, Pakistan and Viet Nam). These were appreciated; however, since such pages do not contain adequate information, they were not scored in lieu of a functional NTP website.

Organogram:

- Philippines had an organogram on its NTP website.
- Five (23%) countries (Bangladesh, India, Indonesia, Kenya and Pakistan) had a list of NTP officials with their designations on the website. This was considered to be the equivalent of an organogram.
- Seven (32%) countries (DR Congo, Kyrgyzstan, Malawi, Mozambique, South Africa, Tajikistan and Ukraine) did not have an NTP organogram on their

website.

- Five (23%) countries (Afghanistan, Ethiopia, Uganda, Uzbekistan and Zambia) had an organogram included in the NSP or other document published on the website. However, since this would require the general public to sift through a lot of information, this was not scored.
- Four (18%) countries (Myanmar, Nigeria, Viet Nam and Zimbabwe) had an organogram on an external website, which was not updated. This was not scored.
- Contact details (email and phone number):
- 10 (45%) countries (Bangladesh, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Pakistan, Philippines, Ukraine and Uzbekistan) included NTP contact details on the website. Ethiopia included these details on the WHO regional website and was given a score of 0.5. Kyrgyzstan did not have a website, but NTP contact details were given on Facebook and Instagram; therefore, the country received a score of 1.
- India and Pakistan included contact details of individual NTP officials on their website; this gave them an extra score to attain the benchmark. Philippines also got an extra score for including the contact details of regional and provincial coordinators. India included the contact details of subdistrict-level TB officials as well.
- 12 (55%) countries did not give NTP contact details. These were Afghanistan, DR Congo, Malawi, Mozambique, Myanmar, Nigeria, South Africa, Tajikistan, Uganda, Viet Nam, Zambia and Zimbabwe. Nigeria and South Africa included the physical address on their website, but this was not scored. Similarly, providing the contact details of the MoH was not scored.

The benchmark for a working website was achieved by India, Pakistan and Philippines.

2. Case notification data on the website

Benchmark – Publicly available real-time TB notification data are available on the website (real-time means at least daily updates for national- and provincial-level data).

Case notification data were taken as a marker for the availability of programme data on the website. At the time of conducting this survey, the situation was as follows:

- 16 (73%) countries (Afghanistan, Bangladesh, DR Congo, Ethiopia, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, South Africa, Tajikistan, Uganda, Uzbekistan, Viet Nam, Zambia and Zimbabwe) had case notification data on the website that was out-of-date by a year or more (mostly the data were available for the year 2018); these countries received a score of zero. Bangladesh had recent data from Dhaka Metro on its website, but no national-level data.

- Three (14%) countries (Kenya, Pakistan and Ukraine) had data available for 2019 (score of 1).
- Indonesia had national-level data up to the previous quarter; however, at the time of the survey, the data in different graphics on the website were inconsistent. As a result, the score of 2 for displaying recent national-level data was reduced to 1.5.
- Philippines had provincial-level data up to the previous quarter; it would have received a score of 3, but, as the provincial data were not displayed consistently, the score was reduced to 2.5.
- India demonstrated best practice (score of 4) with state-level data updated daily.
- Nine (41%) countries (Afghanistan, DR Congo, Indonesia, Kyrgyzstan, Malawi, Tajikistan, Uzbekistan, Viet Nam and Zimbabwe) had no technical guidelines on their website.

Five countries achieved the benchmark for availability of the latest TB technical guidelines on their website: India, Mozambique, Pakistan, Philippines and Ukraine.

4. NSP and annual budget on the website

Benchmark: Final and approved three- to five-year budgeted NSP is on the NTP website and is easily available at least a quarter before the NSP comes into effect. This document is supplemented with a detailed approved annual budget for the NTP for the year, which is available on the NTP website in the first quarter of the financial year and is easily accessible.

NSP:

- 11 (50%) countries (Ethiopia, Kenya, Myanmar, Nigeria, Pakistan, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan and Zambia) had a final approved NSP with budget on the website. NSPs of Ethiopia, Tajikistan and Zambia were on the Country Coordinating Mechanism (CCM) website; NSPs of South Africa and Myanmar were on the MoH website; and the NSPs of the other countries were on the NTP website.
- Two (9%) countries (India and Philippines) had an approved NSP without a budget covering the entire period on their website.
- Nine (41%) countries did not have an NSP on their website.

Annual budget:

Except for Uzbekistan, the annual budget for 2019 was available in the WHO database for all countries. Since the budget was for the previous year, all countries were given a score of 0.5, except for Uzbekistan, which got a score of 0. This sub-component was scored less stringently for this survey, as having the budget in the WHO database was considered, instead of having the detailed budget on the NTP website.

None of the countries achieved the benchmark for this component.

5. External programme review:

Benchmark: The NTP provides an opportunity for all stakeholders to provide organized and systematic feedback through a Joint External Programme Review (JEPR) at least every three years and has the final review reports available on the website within three months of the review. (The timeline has not been considered in scoring for this report.)

Note – JEPR has various names, e.g., Joint Monitoring Mission or External Programme Review. In this report, JEPR denotes a process whereby national and

India was the only country to achieve the benchmark for case notification data on the website.

3. Latest TB technical guidelines on the website

Benchmark: Within three months of the release of global technical guidelines, national guidelines are updated, and within six months, national guidelines are available on the NTP website and easily accessible.

Note – Easily accessible means that the relevant information on the website is categorized appropriately and easy to find. The element of timing in this benchmark was assessed less stringently for this survey.

This component had two sub-components: for recent MDR-TB guidelines and for recent TB preventive treatment (TPT) guidelines, each with a maximum score of 2. These two technical guidelines were considered markers for the availability of relevant technical material on the NTP website.

- 13 (59%) countries had technical guidelines on their website.
 - Of the 13, five (23%) countries (India, Mozambique, Pakistan, Philippines and Ukraine) achieved the benchmark by having recently updated guidelines for MDR-TB and TPT on their website.
 - South Africa had recent MDR-TB guidelines, but the TPT guidelines were not recent. The opposite was true for Kenya. They both scored 3.
 - Ethiopia shared its guidelines on the WHO regional website, as it did not have its own website; however, the guidelines were not recent. Therefore, the country was given a score of 0.5 for each sub-component.
 - Bangladesh, Myanmar, Nigeria and Uganda had both technical guidelines on their website, but these had not been updated since 2018 (score of 2).
 - Zambia had only MDR-TB guidelines that were not recent and no TPT guidelines (score of 1).

international stakeholders jointly review the programme and make recommendations to the government. Country missions by the Green Light Committee (GLC) are not considered JEPs.

This component had two sub-components: one for conducting the JEP and the other for availability of the JEP final report.

Conducting JEP:























- 16 (73%) countries conducted a JEP in 2019 or 2020. These were Afghanistan, Bangladesh, DR Congo, Ethiopia, India, Indonesia, Kyrgyzstan, Malawi, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Uganda, Zambia and Zimbabwe.
- Two (9%) countries (Kenya and Mozambique) conducted a JEP in 2017 and 2018, respectively.
- Four (18%) countries conducted a JEP prior to 2017 and scored zero. These were Tajikistan (2013), Ukraine (2010), Uzbekistan (2014) and Viet Nam (2015).

Availability of JEP report:

- The final JEP report was available for only nine (41%) countries (Afghanistan, Bangladesh, India, Kenya, Kyrgyzstan, Malawi, Myanmar, Pakistan and Philippines).
- A draft report or PowerPoint presentation was available for six (27%) countries (Ethiopia, Indonesia, Mozambique, South Africa, Uganda and Zambia), which received a score of 1 (the NTP Manager of Mozambique mentioned that the final report had not been received from WHO).
- Seven countries (32%) had no report. These were DR Congo, Nigeria, Tajikistan, Ukraine, Uzbekistan, Viet Nam and Zimbabwe. The NTP Manager of Zimbabwe mentioned that the final report is with WHO.

Eight (36%) countries (Afghanistan, Bangladesh, India, Kyrgyzstan, Malawi, Myanmar, Pakistan and Philippines) achieved the benchmark, i.e., they had a recent JEP and final report, but only India and Philippines had the final report of their recent JEP (2019) on their website.

Table 1.1. Transparency benchmarks achieved by the 22 countries

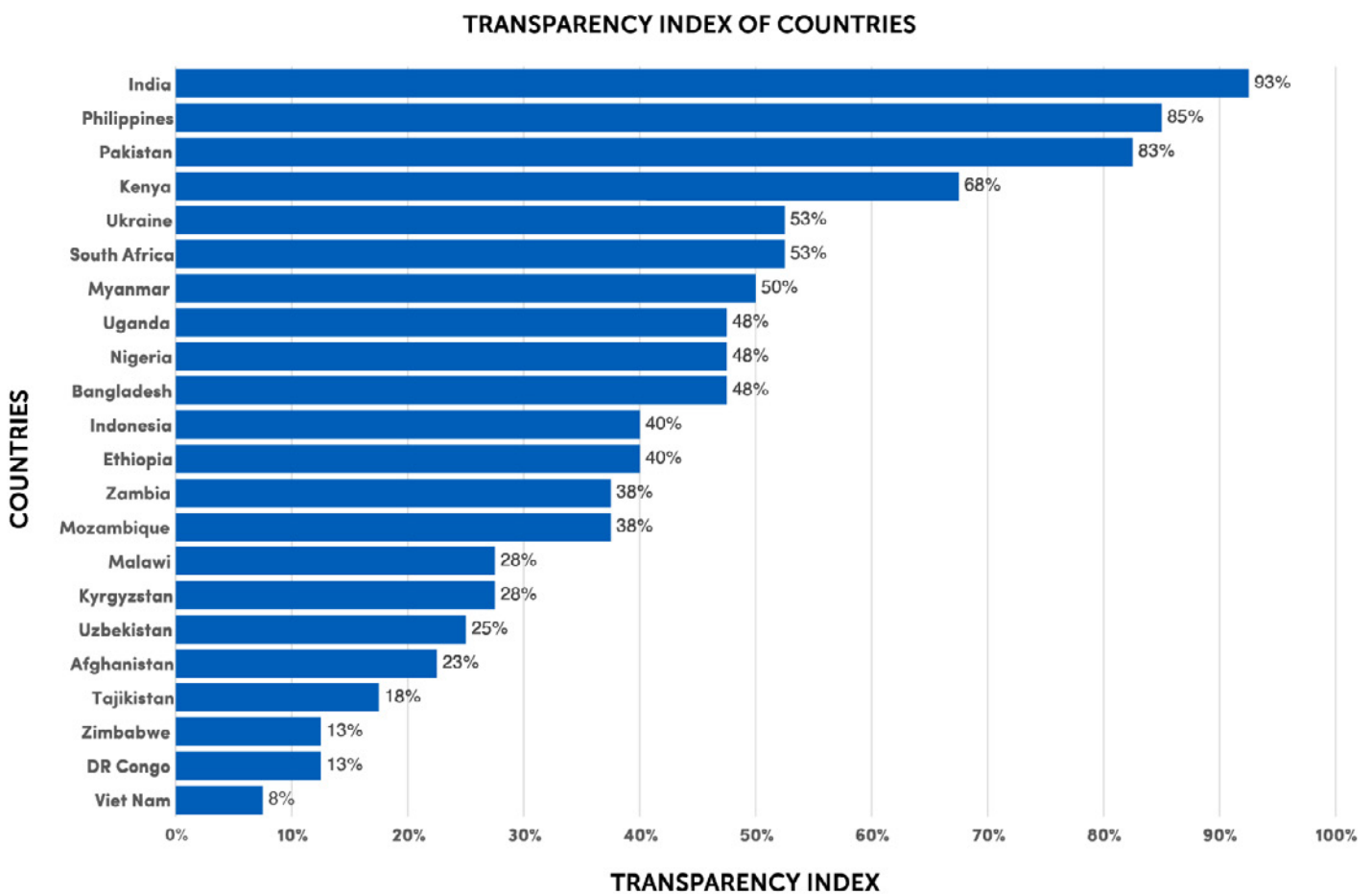
		ACHIEVEMENT OF TRANSPARENCY BENCHMARKS (YES/NO)				
		Benchmark 1	Benchmark 2	Benchmark 3	Benchmark 4	Benchmark 5
		A working NTP website	Case notification data on the website	Latest TB technical guidelines on the website	NSP & annual budget on the website	External programme review
	Afghanistan					
	Bangladesh					
	DR Congo					
	Ethiopia					
	India					
	Indonesia					
	Kenya					
	Kyrgyzstan					
	Malawi					
	Mozambique					
	Myanmar					
	Nigeria					
	Pakistan					
	Philippines					
	South Africa					
	Tajikistan					
	Uganda					
	Ukraine					
	Uzbekistan					
	Viet Nam					
	Zambia					
	Zimbabwe					
Number of countries that achieved the benchmark		3	1	5	0	8
%		14%	5%	23%	0%	36%

 Green cells denote that the benchmark was achieved

Transparency index

- The index for transparency ranged from 8% to 93%.
- Seven (32%) of 22 countries (Bangladesh, India, Kenya, Myanmar, Nigeria, Pakistan, Philippines, South Africa and Ukraine) had an index of 50% or more in transparency.
- Of these seven, three countries achieved an index of 75% or more: Pakistan (83%), Philippines (85%) and India (93%).

Figure 1.1. Transparency index of 22 countries



Note - A score of 20 corresponds to 100%.

























Theme 2: Inclusiveness

'Integrated, people-centred, community-based and gender-responsive health services based on human rights' is a key commitment by Heads of States, outlined in the Political Declaration of the UNHLM on TB. It is also the focus of a recently released community report on progress towards UNHLM targets, entitled *A deadly divide: TB commitments vs. TB realities* [6].

Gender inclusion at all levels can positively shape TB programmes and improve access to care for all. NTPs should scale up interventions to reduce health inequities, including disparities related to gender and age; remove human rights barriers for accessing TB services; integrate human rights considerations into policies and policy-making processes; and support meaningful engagement of key and vulnerable populations and networks. Ensuring equality and equity is an important benchmark for being considered an inclusive programme.

National TB responses with good governance promote and encourage active participation of NGOs, private sector, TB-affected communities, key population groups and civil society in the planning, implementation and monitoring of activities. This theme of social inclusiveness examines the extent and manner in which the entire community, within and outside the government, collaborates to set a high standard.

Dashboard 2.1. Inclusiveness

		Inclusiveness Benchmark 1	Inclusiveness Benchmark 2	Inclusiveness Benchmark 3	Inclusiveness Benchmark 4	Inclusiveness Benchmark 5	
		Social contracting with govt. funds	Inclusion of key populations in NSP	Inclusion of civil society/TB survivors	Inclusion of TB community and subnational entities	Gender inclusiveness	Theme score for Inclusiveness
	Afghanistan	0	1.5	3.5	3	1.1	9.1
	Bangladesh	2.5	2	4	4	2.1	14.6
	DR Congo	0	3	4	4	1.3	12.3
	Ethiopia	0	1.5	4	4	0.9	10.4
	India	4	3	4	4	3.1	18.1
	Indonesia	2	2.5	4	4	3.2	15.7
	Kenya	0	3	4	4	2.7	13.7
	Kyrgyzstan	1	1	4	3	2.4	11.4
	Malawi	2.5	2	4	4	1.5	14
	Mozambique	2	3	4	4	2	15
	Myanmar	0	2	4	3	1.5	10.5
	Nigeria	0.5	3.5	4	4	2.4	14.4
	Pakistan	0	2	3	3	2.4	10.4
	Philippines	1	1	4	3	3.6	12.6
	South Africa	2.5	3	3.5	4	3.3	16.3
	Tajikistan	0	2	3	4	1.7	10.7
	Uganda	0.5	1.5	4	3	0.9	9.9
	Ukraine	0.5	1	3	4	2.9	11.4
	Uzbekistan	2	1	2.5	3	1.7	10.2
	Viet Nam	0	2	1.5	3	2.3	8.8
	Zambia	1.5	2	4	4	1.7	13.2
	Zimbabwe	0.5	1.5	3	4	1.7	10.7

Red (score of 0) indicates meaningful action is yet to be initiated

Green (score of 4) indicates the benchmark has been achieved

Other colours (score of more than 0 and less than 4) indicate relevant progress is required to achieve the benchmark

Key findings

Benchmarks achieved by countries:

- One (5%) of the 22 countries achieved the benchmark for having a mechanism and practice for the social contracting of NGOs and private sector using government funds.
- None (0%) of the countries achieved the benchmark for inclusion of key populations (KPs) in their NSP.
- 14 (64%) countries achieved the benchmark for including TB civil society/TB survivors.
- 14 (64%) countries achieved the benchmark for having a platform in the country to collect feedback from the TB community and subnational entities.
- None (0%) of the countries achieved the benchmark for gender inclusiveness in various NTP activities.

Theme index:

- The index for social inclusiveness ranged from 44% to 90%.
- 20 (91%) countries had an index of 50% or more in social inclusiveness, four of which had an index of 75% or more.



Scores for individual components

1. Social contracting with government funds (NGOs/private sector)

Benchmark: A well-functioning TB programme should develop a mechanism for using government funds to procure services from nongovernmental entities for interventions that are better implemented outside of government for quality, cost or other reasons. The mechanism should ensure clear and transparent policies and guidelines for applying for these contracts, as well as a transparent tender process that meets international standards. Contracting at subnational level is also encouraged to successfully meet TB programme objectives.

Note – There were numerous examples of countries engaging NGOs, TB-affected community networks and the private sector through grants with the Global Fund and other donors. Though important, these were not the focus of this component. Grants to NGOs or private sector to purchase commodities, such as equipment, medicines, etc., were also not scored. This component of the survey assessed whether there was a mechanism in place in the country for engaging these entities *with government funds* and whether such engagement had already been implemented.

Government outsourcing can be an important way to create cost efficiencies and procure highly specialized services. Established mechanisms for the government to contract nongovernmental entities to provide key services denote the maturity and sustainability of the NTP. Therefore, this survey did not check the nature of services for which engagement was sought (e.g., service delivery, advocacy, monitoring, law and policy reform, etc.), but focused on the existence of a mechanism and its implementation. Countries were specifically asked about the availability of a mechanism, even if it was not put into practice for TB.

The engagement of NGOs, TB-affected community networks and the private sector was assessed separately, and the average score was considered for this component.

NGO engagement:

- India and South Africa had both a policy and guidelines, and had engaged NGOs at the national level and in more than 50% of the provinces; these countries received the maximum score of 4.
- Bangladesh and Mozambique had both policy and guidelines, and had engaged NGOs at the national level, but in less than 50% of the provinces. Malawi had a policy but no guidelines, and had engaged NGOs at the national level and in more than 50% of the provinces. These three countries received a score of 3.
- Uzbekistan and Zambia had a policy and guidelines for NGO engagement, but no implementation, thus getting a score of 2.

- Indonesia, Kyrgyzstan, Philippines and Ukraine had a policy for NGO engagement, but no guidelines and no implementation, thus getting a score of 1.
- 11 (50%) of the countries scored zero. These were Afghanistan, DR Congo, Ethiopia, Kenya, Myanmar, Nigeria, Pakistan, Tajikistan, Uganda, Viet Nam and Zimbabwe.

Private sector engagement:

- Only one country (5%), India, had all four elements that were measured for private sector engagement using government funds. India had a policy and guidelines, as well as engagement at the national level and in more than 50% of its provinces. Consequently, the country received the maximum score of 4.

Caveat – India has a common partnership guideline for engaging the private sector and NGOs and does not count the engagement of these entities separately. The engagement recorded in the country includes both private sector and NGOs.

- Indonesia had both a policy and guidelines, and engaged the private sector directly at the provincial level (not at the national level) (score of 3).
- Bangladesh and Malawi had a policy or guidelines. Bangladesh had engaged the private sector at the national level only, and Malawi had engaged at the health facility level in all zones (score of 2). Uzbekistan also got a score of 2 for having the policy and guidelines; however, since this was not used for TB diagnostic and treatment services, it could not count for implementation and the country's total score for this sub-component was 2.
- Eight (36%) countries (Kyrgyzstan, Mozambique, Nigeria, Philippines, South Africa, Uganda and Zambia) had either a policy or guidelines, but had not engaged the private sector using government funds (score of 1). Nigeria, South Africa, Zambia and Zimbabwe paid or had approved a policy to pay private providers through health insurance in an effort towards Universal Health Coverage.
- Nine (41%) countries scored zero. These were Afghanistan, DR Congo, Ethiopia, Kenya, Myanmar, Pakistan, Tajikistan, Ukraine and Viet Nam. These countries had no policy or guidelines, and no instances of engaging the private sector using government funds. Some countries like Kenya had used donor funds for private sector engagement, but these instances were not counted for this survey.

Engagement of both NGOs and private sector:

Eight (36%) countries (Afghanistan, DR Congo, Ethiopia, Kenya, Myanmar, Pakistan, Tajikistan and Viet Nam) scored zero for both NGO and private sector engagement. Only India achieved the benchmark for social contracting with government funds.

2. Inclusion of key populations in the NSP:

Benchmark: The NSP includes prioritization of KPs using the STP Key Populations Data for Action Framework, appropriate activities, adequate budget and monitoring indicators for all KPs identified through a data-based prioritization exercise.

Note – Almost all countries' NSP included monitoring indicators and budget for children and people living with HIV (PLHIV), but the other identified KPs were largely left out. Therefore, in this survey, a higher score was given to countries that included four or more KPs in their NSP.

- A total of 12 (55%) countries had undertaken a formal data assessment.
- The majority (19, or 86%) of the countries listed more than four KPs in their NSP. Of these 19, nine (almost half) had undertaken a formal data assessment. Bangladesh, Philippines and Ukraine had undertaken the data assessment, but listed fewer than four KPs.
- Monitoring indicators and budget for KPs in the NSP:
 - Eight (36%) countries (India, Kenya, Malawi, Mozambique, Myanmar, South Africa, Tajikistan and Zambia) included both monitoring indicators and a budget for KPs in their NSP.
 - Two (9%) countries (Indonesia and Nigeria) mentioned the indicators but not the budget.
 - Four (18%) countries (Afghanistan, Ethiopia, Uganda and Zimbabwe) gave the budget but not the indicators.
 - Eight (36%) countries (Bangladesh, DR Congo, Kyrgyzstan, Pakistan, Philippines, Ukraine, Uzbekistan and Viet Nam) gave neither.
- Only three (14%) countries (Bangladesh, DR Congo and Nigeria) had developed an action plan for KPs.

None of the countries achieved the benchmark for this component.

3. Inclusion of civil society/TB survivors

Benchmark: The NTP includes civil society, TB survivors, KPs and minority groups in a meaningful way in a) programme reviews at national and subnational levels, b) joint monitoring missions/external programme reviews, c) development of the NSP or proposals for major donors (Global Fund and USAID), and d) as members of the core team for research planning and implementation, as well as in the dissemination of research findings.

Note – The measurement of the fourth element of this component was made less stringent for this survey, considering research activity from the last 2 to 3 years instead of last year. In addition, the measurement of this component relied only on NTP interviews. Civil society/

TB survivors were not asked about their perception, and the nature and extent of their involvement was not explored (for instance, did they only do field visits or did they participate in the discussion or provide inputs to and feedback on the JEPR report). Ideally, TB civil society/TB survivors should have active participation in the planning and implementation of appropriate research activities. However, for this survey, the country received a score if these individuals were present for the dissemination of research findings. The data collection for this benchmark will be more comprehensive in future surveys.

- *Inclusion in the quarterly/semi-annual/annual progress reviews of the programme:* In all 22 countries, TB civil society/TB survivors participated in the progress reviews of the programme in 2019. In Afghanistan and South Africa, TB civil society/TB survivors participated in progress review at the subnational level only and not at the national level, whereas in Uzbekistan and Viet Nam, they participated at the national level only.
- *Inclusion in JEPR:* TB civil society/TB survivors participated in the JEPR in 19 (86%) of the 22 countries. Three countries (Ukraine, Uzbekistan and Viet Nam) that scored zero for this sub-component had carried out a JEPR in 2010, 2014 and 2015, respectively; Tajikistan, with a JEPR in 2013, mentioned participation of civil society or TB survivors in its report.
- *Inclusion in proposal or NSP development:* In all countries, TB civil society/TB survivors participated in the development of NSP or donor proposals. Since this is a requirement for Global Fund funding applications, this finding was not a surprise.
- *Inclusion in research activities:* TB civil society/TB survivors were involved in the research activities (planning or implementation of research or dissemination of findings) in 18 (82%) of the 22 countries.

Fourteen (64%) of the countries achieved the benchmark for this component of including civil society/TB survivors.

4. Inclusion of TB community and subnational entities

Benchmark: NTPs solicit 360-degree feedback from all stakeholders of the NTP, i.e., systematically and regularly collecting inputs from all stakeholders – the communities, civil society, and governmental implementers at all levels. Feedback from the community can be either through digital platforms, for example, the “OneImpact” app or WhatsApp groups, or through non-digital/traditional platforms, for example, regular feedback surveys collected on paper from people receiving TB treatment. Subnational entities (provincial and district) provide inputs for planning and budgeting, for example, for the NSP, as well as for implementation and monitoring, for example, during quarterly/annual programme reviews conducted by the NTP and the JEPR. Countries might have other additional platforms to gauge the inputs of subnational entities.

Note – The survey did not assess the quality of the feedback, i.e., if it was meaningful, inclusive and comprehensive, nor did the survey assess the NTP’s response to the feedback.

The measurement of participation of subnational entities was less stringent in this first survey; only a yes/no response was considered, with no consideration for the extent of involvement (for instance, no distinction was made in scoring if NTP reported that a) the sub-national entities were visited by the JEPR team or b) the sub-national entities were part of the JEPR team or c) the sub-national staff only participated in the discussions and provided inputs and feedback to the JEPR report). In this survey, the frequency of programme review and opportunities for feedback were not considered in the response. Therefore, the data collected for this benchmark will be more comprehensive in future surveys.

Subnational entities mean provinces or states and not districts.

Feedback from the community:

- 15 (68%) of the 22 countries had at least one platform for obtaining feedback from the community.
 - ‘Onelmpact’, a community-based monitoring app, is used in seven countries (DR Congo, India, Indonesia, Kyrgyzstan, Mozambique, Tajikistan and Ukraine). The app enables community-based monitoring of TB response, and provides a platform to hear from people affected by TB and respond to their needs. In India, the app is called TB Mitra.
 - The TB community is part of the national TB technical working groups/committees in 10 (45%) countries (Bangladesh, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, Tajikistan, Ukraine and Zambia).
 - A platform for obtaining feedback from the TB community was cited by five (23%) countries (India, Kenya, Tajikistan, Ukraine and Zimbabwe).^c
- In Zimbabwe, this platform is called the National Stop TB Partnership Forum, which meets quarterly, has representation from different organizations from different parts of the country, and has a presence on Twitter.
- In Tajikistan, it is also called the National Stop TB Partnership Forum; similarly, there is Partnership “Stop TB. Ukraine”.
- In India, ‘TB Forum’ has been institutionalized and exists at the national, state and district level (almost all of the more than 700 districts have a ‘TB Forum’). These include people affected by TB, elected representatives, policy-makers, civil society/NGOs,

^c A few countries mentioned the National Stop TB Partnership Forum for obtaining feedback from the community. These countries are included here. However, a complete list of countries that have a National Stop TB Partnership Forum is available on the website: <http://www.stoptb.org/countries/partnerships/partnerships.asp>

and programme managers. A standardized training curriculum has been developed for ‘TB Champions’.

- Kenya also has a national body called ‘Stop TB Kenya’. In 2020, a network of ‘TB Champions’ was formed, which was ratified by the TB-Interagency Coordination Committee of the CCM.
 - Four (18%) countries collect regular feedback from people receiving TB treatment (India, Malawi, Mozambique and Zambia).
- India takes feedback through a call centre.
- Mozambique takes annual feedback from communities at district level.
- Malawi has conducted a district-level client survey since 2017.
- Zambia has a protocol-based feedback survey of people receiving TB treatment that is conducted twice a year.
 - The TB community is part of a WhatsApp or Telegram group along with the NTP in three (14%) countries (Ethiopia, Kenya and Zambia).
- A community platform was lacking in seven (32%) countries (Afghanistan, Myanmar, Pakistan, Philippines, Uganda, Uzbekistan and Viet Nam).

Representation in the CCM did not count for this component, as the focus was on assessing community-level feedback. One-off meetings or messages through Facebook accounts or websites that did not provide a regular or frequently used platform were not scored.

Examples of some good practices for community feedback:

India has made good use of technology for community engagement. Besides the TB Mitra app, the country has ‘Nikshay Sampark’, a customer relationship management app for TB call centres that connect people on TB treatment to providers. Both of these apps are within the ‘Nikshay’ ecosystem of intercommunicating applications/modules that also includes the case notification system and direct benefit transfer to people on TB treatment.

Malawi has a smartphone-based platform that enables people affected by TB to give feedback. This platform is integrated with tracking for services, for example, tracking of sputum samples.

In Zambia, the NTP conducts protocol-based client-satisfaction surveys of people receiving TB care twice yearly. The last survey was done in July 2020 for the first half of the year. The second survey of the year was being planned at the time of conducting this survey.

Feedback from subnational entities (provinces/states):

- In all countries, subnational entities participated in NSP development or stakeholder engagement.
- In all countries, they participated in the quarterly/ semi-annual/annual programme review.
- In all countries, except Kyrgyzstan, subnational entities also participated in the JEPR or supervision visits of the NTP.
- Fourteen (64%) countries achieved the benchmark for NTPs taking feedback from the communities and subnational entities.

5. Gender inclusiveness

Benchmark – This benchmark has six components:

a) Service providers (and staff at all levels) have received training on TB and gender in the past two years.

b) Data are available (gender-disaggregated treatment outcome data in addition to case notification), and monitoring indicators and evaluation criteria adequately measure the programme's response to gender inequalities in TB care.

c) At least 50% of TB programme managers at the national and provincial level combined are women.

d) The NTP has developed a national TB gender strategy and action plan based on a gender assessment for TB.

e) The NSP highlights gender inclusiveness in TB services and programmes, which is assessed based on five elements: i) the NSP mentions gender; ii) the NSP provides data or commits to conducting a gap analysis or assessment on gender; iii) gender-specific activities are described; iv) indicators with targets for gender are included; and v) a defined budget is allocated for gender-specific activities.

f) Women TB survivors are included in NTP events.

Note – In this survey, inclusion of gender in NTP activities was assessed on the basis of six components, each with a score of 1. A 'yes' for all six sub-components meant achievement of a score of 4 (please see scoring guidance).

The component on inclusion of women TB survivors in NTP events should change to give an indication of the leadership role of women. Currently, all six elements carry equal weight, although inclusion in the NSP is a more complex sub-component. To adjust these sub-components, the assessment for gender inclusion is expected to change in future surveys.

Gender sensitization/training: The NTP staff in only three (14%) countries (India, Philippines and Ukraine) had received TB and gender sensitization/training in the previous 24 months.

Gender-disaggregated data for treatment outcomes: It was possible to get gender-disaggregated data for treatment outcomes for the 2018 cohort in 16 (73%) countries (Bangladesh, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Ukraine, Uzbekistan, Viet Nam, Zambia and Zimbabwe).

India had data disaggregated for male, female and transgender persons, and had developed a 'National framework for a gender-responsive approach to TB' [7].

Male-female ratio of NTP and provincial managers: Women TB programme managers at provincial/state and national levels were 50% or more in only four (18%) countries (Indonesia, Myanmar, Philippines and South Africa).

Availability of TB gender assessment report for the country: A TB gender assessment report led by the civil society, as per the tool developed by STP, was available for 13 (59%) countries (Bangladesh, DR Congo, India, Indonesia, Kenya, Kyrgyzstan, Mozambique, Nigeria, Pakistan, Philippines, South Africa, Ukraine and Viet Nam).























Women TB survivors included in any NTP event in 2019: All 22 countries had women participate in NTP events. Many countries mentioned their participation in advocacy events on the occasion of World TB Day (Afghanistan, Bangladesh, India, Kenya, Mozambique, Myanmar, Pakistan, South Africa, Uganda and Viet Nam); in national-level advocacy events as TB ambassadors (South Africa, Mozambique and Uzbekistan); and in advocacy events at the local level (DR Congo, India, Indonesia, South Africa and Zimbabwe). Women were involved as treatment supporters in Uganda and other countries.

Women TB survivors were members of a technical working group (Bangladesh and Nigeria) or guideline development workshop (Kenya); provided consultation to the NSP (Ethiopia, Indonesia, Myanmar, Nigeria, Philippines and Uzbekistan); and were part of the JEPR (India, Indonesia, and Philippines). In Kyrgyzstan and Ukraine, women headed the NGOs and activist groups.

NSP highlights gender inclusiveness in TB services and programmes: Three (14%) countries (Kenya, Mozambique and South Africa) had all five elements used for assessing gender inclusiveness in the NSP (see the benchmark). One country (DR Congo) had none of the elements, and the other 18 countries had met 1–4 elements. This sub-component was affected by the limitation mentioned earlier that the NSPs were from different periods.

While more robust measures should be considered, still none of the countries achieved the benchmark for gender inclusiveness.

Table 2.1. Inclusiveness benchmarks achieved by 22 countries

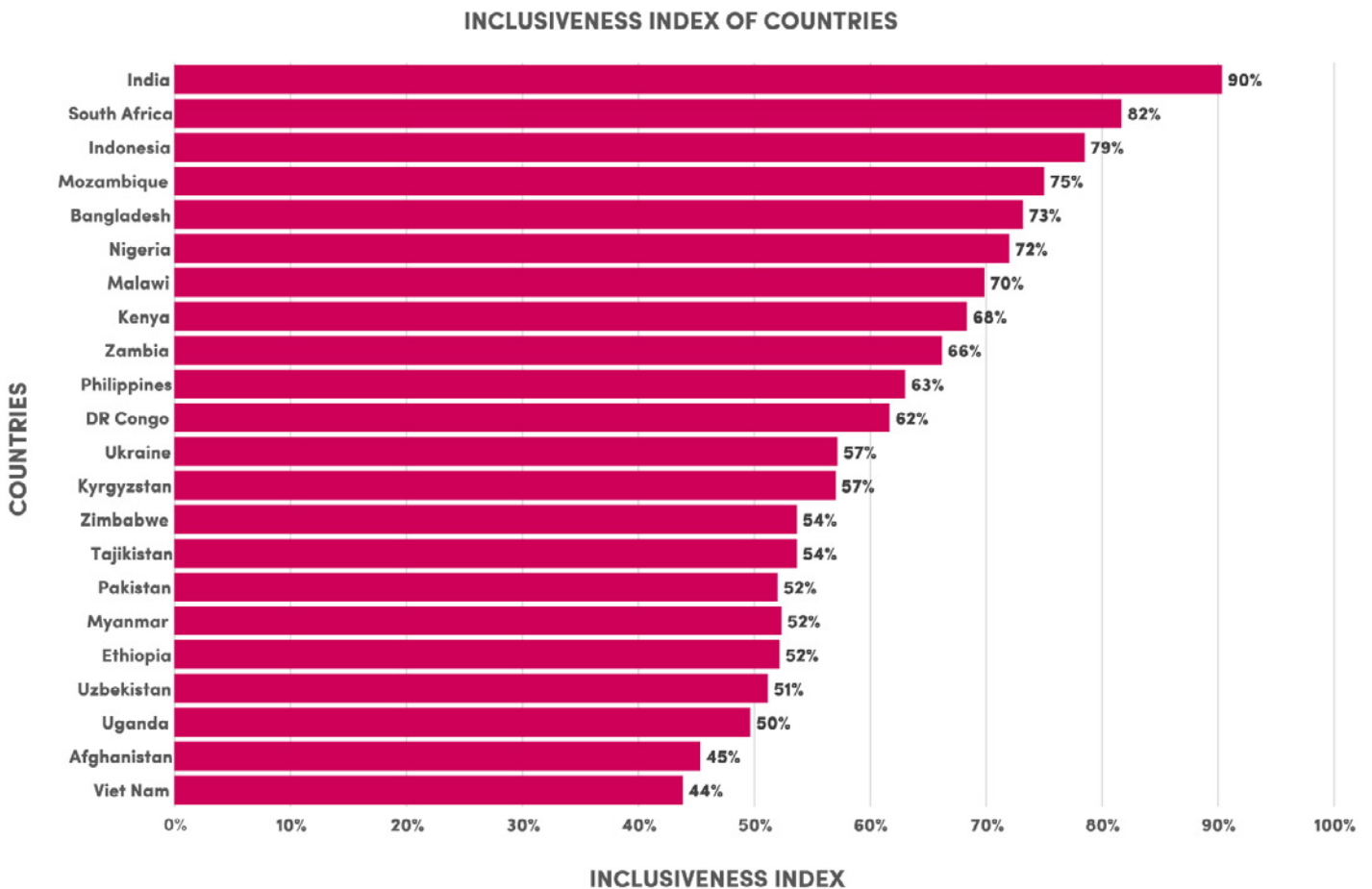
		ACHIEVEMENT OF INCLUSIVENESS BENCHMARKS (YES/NO)				
		<u>Benchmark 1</u>	<u>Benchmark 2</u>	<u>Benchmark 3</u>	<u>Benchmark 4</u>	<u>Benchmark 5</u>
		Social contracting with govt. funds	Inclusion of key populations in NSP	Inclusion of civil society/TB survivors	Inclusion of TB community and subnational entities	Gender inclusiveness
	Afghanistan					
	Bangladesh					
	DR Congo					
	Ethiopia					
	India					
	Indonesia					
	Kenya					
	Kyrgyzstan					
	Malawi					
	Mozambique					
	Myanmar					
	Nigeria					
	Pakistan					
	Philippines					
	South Africa					
	Tajikistan					
	Uganda					
	Ukraine					
	Uzbekistan					
	Viet Nam					
	Zambia					
	Zimbabwe					
Number of countries that achieved the benchmark		1	0	14	14	0
%		5%	0%	64%	64%	0%

 Green cells denote that the benchmark was achieved

Inclusiveness index

- The index for inclusiveness ranged from 44% to 90%.
- 20 (91%) of 22 countries (Bangladesh, DR Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan, Zambia and Zimbabwe) achieved an index of 50% or more in inclusiveness.
- Of these 20, the countries that achieved a score of more than 75% were Mozambique (75%), Indonesia (79%), South Africa (82%) and India (90%).

Figure 2.1. Inclusiveness index of 22 countries



Note – A score of 20 corresponds to 100%.

























Theme 3: Legal framework

The goal to end TB should be approached from an epidemiological, legal and social policy perspective. The Political Declaration of the UNHLM on TB commits to removing legal and social barriers in order to eliminate stigma and discrimination and promote TB responses guided by human rights principles.

Good governance requires a robust legal framework with strong laws and policies to be in place to allow implementation and monitoring of appropriate TB care and prevention services, and to protect the rights of people affected by TB. While the NTP may have the intent to promote good governance through its NSP, the legal and policy framework may not enable the NTP to reach its objectives in reality. Legislation on notification of TB and inclusion of TB commodities in the National Essential Medicines List (nEML) facilitate increased access to care. In addition, social protection measures and stigma reduction policies help to protect the people affected by TB and achieve NSP goals.

Overcoming the legal and policy barriers that exacerbate the stigma associated with TB and the people affected by it will enable access to quality, affordable and timely TB care, as well as a return to normal life. This rights-based approach to TB is articulated in both the *Declaration of the rights of people affected by TB* [8] and *Activating a human rights-based tuberculosis response* [9]. The need to scale up work that promotes enabling legal environments, identifies and overcomes legal barriers to TB services, and builds comprehensive social protection systems was identified as a priority in the recent communities report *The deadly divide: TB commitments vs. TB realities* [6] and in the UN Secretary General's UNHLM TB Progress Report [10].

Dashboard 3.1. Legal framework

	Legal Framework Benchmark 1	Legal Framework Benchmark 2	Legal Framework Benchmark 3	Legal Framework Benchmark 4	Legal Framework Benchmark 5	
	Mandatory TB notification	DR-TB medicines in nEML and free	Social protection	Law/Policy on human rights for TB	Policy framework to reduce TB stigma	Theme score for Legal Framework
 Afghanistan	0	4	0.3	3	1	8.3
 Bangladesh	4	1	1.3	0	0	6.3
 DR Congo	0	4	0.7	3	0	7.7
 Ethiopia	0	0	2.7	3	0	5.7
 India	4	1	2.7	2	1	10.7
 Indonesia	2	1	3.3	3	1	10.3
 Kenya	4	4	3	4	3	18
 Kyrgyzstan	2	4	1.3	3	1	11.3
 Malawi	4	1	0.7	0	1	6.7
 Mozambique	0	4	1.0	3	1	9
 Myanmar	4	4	1	0	3	12
 Nigeria	0	4	2.3	4	1	11.3
 Pakistan	2	4	0.3	3	2	11.3
 Philippines	4	1	2.3	4	0	11.3
 South Africa	4	1	4	3	4	16
 Tajikistan	0	4	1.3	0	2	7.3
 Uganda	4	4	1.3	3	3	15.3
 Ukraine	4	1	1.3	3	1	10.3
 Uzbekistan	4	4	1	3	1	13
 Viet Nam	4	1	2.7	3	1	11.7
 Zambia	4	1	3.3	3	1	12.3
 Zimbabwe	4	1	0.3	0	4	9.3

Red (score of 0) indicates meaningful action is yet to be initiated

Green (score of 4) indicates the benchmark has been achieved

Other colours (score of more than 0 and less than 4) indicate relevant progress is required to achieve the benchmark

Key findings

Benchmarks achieved by the 22 countries:

- 13 (59%) countries achieved the benchmark for mandatory TB notification.
- 11 (50%) countries achieved the benchmark for including MDR-TB medicines in the nEML and making them available for free to people receiving TB treatment.
- Only one (5%) country achieved the benchmark for the availability of social protection schemes and social health insurance for all people with TB.
- Three (14%) countries achieved the benchmark for inclusion of human rights issues in TB training modules or guidance documents.
- Two (9%) countries achieved the benchmark that TB stigma reduction was featured and measured in the NSP.

Theme index:

- The index for legal framework ranged from 28% to 90%.
- 14 (64%) of the 22 countries had an index of 50% or more for the legal framework theme, of which three had an index of 75% or more.



Scores for individual components

1. Mandatory TB notification

Benchmark: TB notification is mandated by a public health act or law and is implemented in the entire country (public and private sector), including monitoring of its implementation while ensuring protection of privacy and confidentiality.

- 13 (59%) countries (Bangladesh, India, Kenya, Malawi, Myanmar, Philippines, South Africa, Uganda, Ukraine, Uzbekistan, Viet Nam, Zambia and Zimbabwe) had mandatory TB notification (score of 4).
- Three (14%) countries (Indonesia, Kyrgyzstan and Pakistan) partially fulfilled the requirements for mandatory notification. In Indonesia, TB notification was mandated for all health facilities, excluding laboratories; in Kyrgyzstan, notification was to the sanitary agency, and in Pakistan, it was mandated in three of the four provinces (score of 2).
- Six (27%) countries (Afghanistan, DR Congo, Ethiopia, Mozambique, Nigeria and Tajikistan) had no mandatory notification supported by a public health act or law (score of zero). In Afghanistan, TB was notified as part of a basic package of health services. In DR Congo, TB was one of 13 notifiable diseases. Similarly, in Mozambique, TB was a notifiable disease, but there was no law. In Nigeria, the national health council mandated in 2017 that private sector providers should notify all TB cases. However, this was not uniformly practiced by all states. In Tajikistan, a standard operating procedure existed for notification, but it was not supported by a law and people with TB were fined for refusing treatment.

2. Drug-resistant (DR-) TB medicines are on the nEML and available for free

Benchmark: All WHO Group A and B DR-TB medicines are included in the nEML and available free of charge to people receiving treatment for TB (public and private sector), including monitoring of the implementation of the law/policy.

- 11 (50%) countries (Afghanistan, DR Congo, Kenya, Kyrgyzstan, Mozambique, Myanmar, Nigeria, Pakistan, Tajikistan, Uganda and Uzbekistan) had included DR-TB medicines on their nEML.
- The 11 (50%) countries that did not have DR-TB medicines on their nEML were Bangladesh, Ethiopia, India, Indonesia, Malawi, Philippines, South Africa, Ukraine, Viet Nam, Zambia and Zimbabwe.
- Except in Ethiopia, medicines for DR-TB treatment were available free of charge to people needing treatment in 21 (95%) countries.

The 11 countries that had included DR-TB medicines in their nEML also had medicines available for free to people with TB, achieving the benchmark.

3. Social protection

The community, rights and gender commitments of the Political Declaration include psychosocial, nutrition and socioeconomic support for all people affected by TB.

Benchmark: This benchmark has two components measuring the provision of social protection schemes and social health insurance for all people with TB, including those from ethnic minorities, migrants and other vulnerable populations. Systems for social protection include legal, financial, mental health, and nutrition support, among others [10]. Secondly, the social health insurance system in the country, under Universal Health Coverage or otherwise, should include diagnosis, treatment and prevention of all forms of TB, including MDR-TB, for all populations of the country.

Note – For this survey, social protection schemes included employment protection, nutrition support and financial support in the form of cash transfer/reimbursement. Scoring was done for partial and complete coverage. In future surveys, the assessment will likely include more elements of social protection and the assessment of social health insurance will be more comprehensive.

The extent to which the laws provide employment protection to people with TB: Every person with TB should have the right to accommodations at work, including leaves of absence and breaks to allow them to maintain their employment at the same status after their diagnosis and to accommodate them while they are infectious and receiving treatment. If long-term hospitalization and/or partial or permanent disability makes it impossible for a person with TB to maintain their employment due to restrictions imposed by law or the terms of their employment contract, they should have the right to social security.

Employment protection for people affected by TB:

- 10 (45%) countries (Bangladesh, Indonesia, Nigeria, Philippines, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan, and Zambia) had employment protection for all people with TB.
- Partial protection – In India, employment protection was available to those in government service or in certain formal sectors but not to all. In Kenya, too, employment protection was not available to casual labourers. In Mozambique, there was no legislation, but people with TB could get a certificate from a hospital to stay away from work for two months or more. In Myanmar, the legislative process was underway. These four (18%) countries, thus, got a partial score for employment protection.
- No protection – Eight (36%) countries (Afghanistan, DR Congo, Ethiopia, Kyrgyzstan, Malawi, Pakistan, Viet Nam and Zimbabwe) provided no employment protection.

Cash transfer/reimbursement scheme:

- Availability for all – South Africa and India were the only countries to cover all people with TB with cash transfer/reimbursement schemes.
- Availability for select groups – Most countries (18, or 82%) had cash transfer or reimbursement schemes for select groups of people with TB.
- No availability – In two countries (Afghanistan and Uzbekistan), there were no cash transfer/reimbursement schemes for people with TB.

Some examples of good practices for cash transfer/reimbursement

The majority of the countries (Bangladesh, DR Congo, Ethiopia, Indonesia, Kenya, Kyrgyzstan, Myanmar, Nigeria, Pakistan, Philippines, Uganda, Viet Nam, Zambia and Zimbabwe) provided cash to people with MDR-/XDR-TB, including reimbursement for transportation (DR Congo, Ethiopia, India (for tribal populations), Malawi, Nigeria, Pakistan, Viet Nam and Zambia). Other examples of cash transfer are as follows:

Nigeria supported children with TB with transport vouchers for X-rays.

Cash for nutrition support for vulnerable people with TB was provided in Bangladesh, India, Malawi and Myanmar. In India, INR 500 was provided to all people with TB, who could also receive additional funds from state TB programmes.

In Ukraine and Kyrgyzstan, cash incentives were given to promote adherence.

Treatment providers were also supported with cash incentives in India and Pakistan.

In Tajikistan, people with TB were exempt from paying some taxes.

In South Africa, people with TB could receive a social grant. Different grants were available, which could be structured to meet the needs of people with TB and respond to their situation. A monthly amount was paid for the duration of the treatment, adjusted based on need. If poverty needed to be addressed, the grant would continue until one household member was employed. In certain situations, the person affected by TB could get the grant for life. They could also receive a disability grant or chronic illness grant.

Nutrition support:

- Two (9%) countries (India and South Africa) provided nutrition support to all people with TB.
- 17 (77%) countries provided support to at least a portion of the people with TB.
 - In many countries, nutrition support was for people with MDR-TB only. The types of nutrition support varied: a nutrition kit in DR Congo and Myanmar, a food basket in Ethiopia, food packages in some states of India in addition to cash transfers for food for all, milk for some people with TB in Indonesia, blended flour in Kenya, sugar in Tajikistan, food packages in Ukraine, meals for those hospitalized with TB in Bangladesh and Uzbekistan, and family meals in Zambia.
 - In Malawi, it was for people living with TB/HIV coinfection and for malnourished persons. In Mozambique, too, food supplements were given if people with TB met certain criteria and it was distributed through a separate department. In Zambia, people with drug-susceptible (DS-) TB received soyabean as a high-energy food supplement.
- Three (14%) countries (Kyrgyzstan, Pakistan and Zimbabwe) provided no nutrition support to people with TB.

Caveat: Since April 2018, India has provided INR 500 per month as a 'Direct Benefit Transfer' under a scheme called 'Nikshay Poshan Yojana'. People with TB receive direct payments to their bank account to support their nutrition needs for the duration of their treatment. Consequently, India received a score for both cash transfer and nutrition support.

South Africa was the only country to provide employment protection, cash transfer and nutrition support for *all* people with TB.

Social health insurance:

- Six (27%) (Ethiopia, Indonesia, Kenya, South Africa, Viet Nam and Zambia) countries provided social health insurance for all people with TB.
- Four (18%) countries provided social health insurance for some groups of people with TB (e.g., for hospitalized persons in India, for a few states in Nigeria and for those with DS-TB only in Philippines; in Kyrgyzstan, although the 'state guaranteed benefit package' covered all people, the level of funding was not enough).
- 12 (55%) countries (Afghanistan, Bangladesh, DR Congo, Malawi, Mozambique, Myanmar, Pakistan, Tajikistan, Uganda, Ukraine, Uzbekistan and Zimbabwe) provided no social health insurance for people with TB.

South Africa was the only country that achieved the benchmark for social protection by virtue of providing coverage with the three schemes and social health insurance for all people with TB.

4. Law or policy that defines and protects the human rights of people with TB

Benchmark: a) Human rights to privacy and confidentiality for people affected by TB and freedom from discrimination are three elements included in TB training modules/technical guidelines; and b) all those engaged in TB service delivery are trained on these issues.

Note – The second element of this benchmark was not assessed in this survey.

- Overall, seven (32%) countries (Ethiopia, Kenya, Kyrgyzstan, Nigeria, Pakistan, Philippines and Viet Nam) had included one or more elements of human rights in their TB guidelines or training documents. Others had included them in their 'patient charter', standards of TB care or NSP.
- 12 (55%) countries had included all three elements (Afghanistan, DR Congo, Indonesia, Kenya, Mozambique, Nigeria, Philippines, South Africa, Uganda, Ukraine, Uzbekistan and Zambia). Of these 12, only Kenya, Nigeria and Philippines had included them in the TB guidelines or training documents, giving them a score of 4. The other nine got a score of 3.
- Five countries (Ethiopia, India, Kyrgyzstan, Pakistan and Viet Nam) had included two elements of human rights. Of these, India got a score of 2 and the others got a score of 3, because in India these were described in the 'patient charter' and not in the training modules.
- Five (23%) countries (Bangladesh, Malawi, Myanmar, Tajikistan and Zimbabwe) had not included any of the three elements of human rights in any TB document.

5. Policy framework to reduce TB stigma

The right to be free from discrimination should be the universal norm. The Universal Declaration of Human Rights and seven international treaties prohibit discrimination. Six regional treaties establish the right to be free from discrimination, and 147 national constitutions protect against discrimination, such as the constitutions of Afghanistan, India and Kenya [9].

Benchmark – includes four elements:

The NSP makes it clear that it is illegal to stigmatize anyone with TB, including limiting or preventing access to TB services: i) the NSP mentions activities to reduce stigma, including stigma against women and other vulnerable populations; ii) the NSP provides data from a stigma

assessment; iii) appropriate context-specific activities are described to respond to stigma; iv) indicators with targets are included to reduce stigma; and v) a defined budget is allocated for stigma-reduction activities.






















A baseline stigma assessment has been done.

Service providers (and staff at all levels) are trained on TB and stigma.

A communication strategy has been developed that includes advocacy to reduce stigma.

- The NSP mentioned stigma assessment in eight (36%) countries (Kenya, Mozambique, Myanmar, Nigeria, South Africa, Tajikistan, Uganda and Zimbabwe).
 - Only two of these countries (South Africa and Zimbabwe) had included at least one intervention, one indicator and one budget line for stigma reduction in their NSP, giving them the maximum score of 4.
 - The other six countries had included zero to two elements of intervention, indicator or budget.
- Overall, of the 22 countries, 16 (73%) had included an intervention, six (27%) had included an indicator and two (9%) had included a budget line for stigma reduction in their NSP.
 - Countries that included an intervention were Afghanistan, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Myanmar, Pakistan, South Africa, Tajikistan, Ukraine, Uganda, Uzbekistan, Viet Nam, Zambia and Zimbabwe.
 - Countries that included an indicator were Kenya, Myanmar, Pakistan, South Africa, Uganda and Zimbabwe; and countries that included a budget line, as mentioned above, were South Africa and Zimbabwe.
- Four (18%) countries (Bangladesh, DR Congo, Ethiopia and Philippines) had no mention of stigma in their NSP.

Table 3.1. Legal framework benchmarks achieved by 22 countries

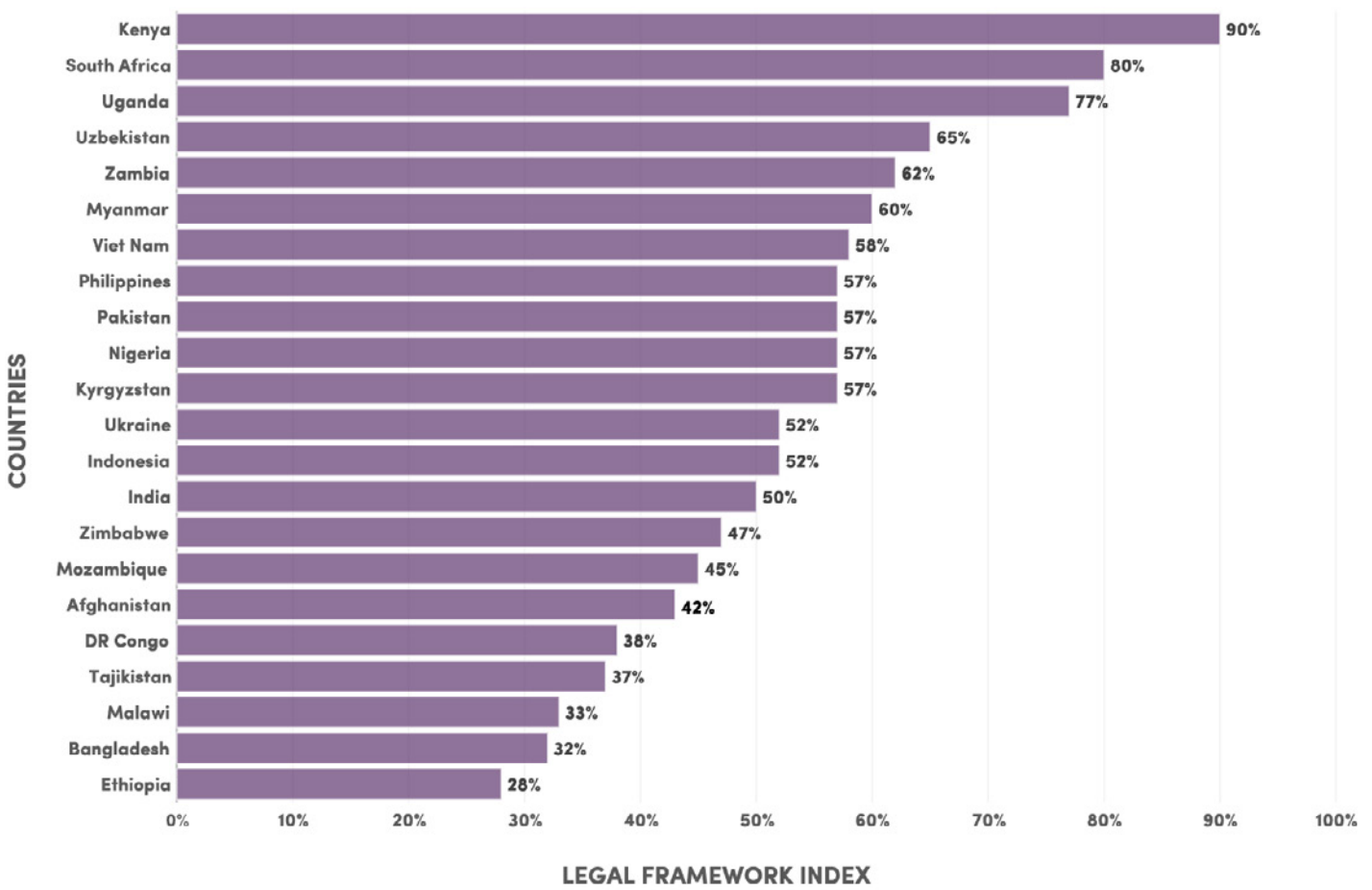
		ACHIEVEMENT OF LEGAL FRAMEWORK BENCHMARKS (YES/NO)				
		Benchmark 1	Benchmark 2	Benchmark 3	Benchmark 4	Benchmark 5
		Mandatory TB notification	DR-TB medicines in nEML and free	Social protection	Law/Policy on human rights for TB	Policy framework to reduce TB stigma
	Afghanistan					
	Bangladesh					
	DR Congo					
	Ethiopia					
	India					
	Indonesia					
	Kenya					
	Kyrgyzstan					
	Malawi					
	Mozambique					
	Myanmar					
	Nigeria					
	Pakistan					
	Philippines					
	South Africa					
	Tajikistan					
	Uganda					
	Ukraine					
	Uzbekistan					
	Viet Nam					
	Zambia					
	Zimbabwe					
Number of countries that achieved the benchmark		13	11	1	3	2
%		59%	50%	5%	14%	9%

 Green cells denote that the benchmark was achieved

Legal framework index

- The index for legal framework ranged from 28% to 90%.
- 14 (64%) of 22 countries (India, Indonesia, Kenya, Kyrgyzstan, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Uganda, Ukraine, Uzbekistan, Viet Nam and Zambia) achieved 50% or more for the legal framework index.
- Of these 14, the countries that achieved a score of more than 75% were Uganda (77%), South Africa (80%) and Kenya (90%).

Figure 3.1. Legal framework index of 22 countries



Note – A score of 20 corresponds to 100%.

























Theme 4: Process efficiency and effectiveness

The governance of TB programmes should be efficient and effective in the use of resources and timely delivery of results. For this to happen, NTPs need to be empowered, adequately staffed, and able to work efficiently within the governance processes.

The NTP should use existing resources more efficiently; increase access to affordable, quality-assured key medicines; stimulate innovation; and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models.

This survey sought information on several benchmarks that would give an indication of whether the national unit of the NTP was able to work efficiently within the government system.

Dashboard 4.1. Process efficiency and effectiveness

	Process Efficiency and Effectiveness Benchmark 1	Process Efficiency and Effectiveness Benchmark 2	Process Efficiency and Effectiveness Benchmark 3	Process Efficiency and Effectiveness Benchmark 4	Process Efficiency and Effectiveness Benchmark 5	Theme score for Process Efficiency and Effectiveness
	Approval process efficiency	NTP manager empowerment	Capacity of NTP	Ability to adopt/adapt international guidelines	NTP's capacity for fund absorption	
 Afghanistan	0	0.8	1.3	0	3	5.1
 Bangladesh	4	3	3	3	3	16
 DR Congo	1	1.8	2	2.5	3	10.3
 Ethiopia	3	2.6	1.3	1	3	10.9
 India	4	1.1	2.7	2.5	2	12.3
 Indonesia	2	1.5	3	3	2	11.5
 Kenya	0	1.1	2	3.5	2	8.6
 Kyrgyzstan	4	1.5	0.7	3	2	11.2
 Malawi	2	0.5	1.3	2.5	2	8.3
 Mozambique	0	1.1	0.7	3	3	7.8
 Myanmar	1	1.1	3	3.5	3	11.6
 Nigeria	2	2.6	2	3	0	9.6
 Pakistan	4	0.3	2	2.5	2	10.8
 Philippines	0	0.8	2	2.5	3	8.3
 South Africa	2	0.8	3	4	0	9.8
 Tajikistan	4	2	1	3	3	13
 Uganda	0	1.1	2	4	3	10.1
 Ukraine	4	1.5	1	4	3	13.5
 Uzbekistan	2	2	0.7	1	1	6.7
 Viet Nam	4	3	2	0.5	1	10.5
 Zambia	2	2.6	1	3.5	3	12.1
 Zimbabwe	0	0.4	1	4	2	7.4

Red (score of 0) indicates meaningful action is yet to be initiated

Green (score of 4) indicates the benchmark has been achieved

Other colours (score of more than 0 and less than 4) indicate relevant progress is required to achieve the benchmark

Key findings

Benchmarks achieved by countries:

- Seven (32%) of the 22 countries achieved the benchmark for approval efficiency, as assessed for the last training undertaken in the country.
- None (0%) of the countries achieved the benchmark for NTP manager empowerment.
- None (0%) of the countries achieved the benchmark for NTP capacity.
- Four (18%) countries achieved the benchmark for the ability to rapidly adopt/adapt international guidelines as national policies.
- None (0%) of the countries achieved the benchmark for the NTP's capacity to absorb funds from different sources.

Theme index:

- The index for process efficiency and effectiveness ranged from 25% to 80%.
- 13 (59%) countries had an index of 50% or more for the process efficiency and effectiveness theme, of which only one (5%) had an index of more than 75%.



Scores for individual components

1. Approval process efficiency

Benchmark – The final approved NSP, annual budget or other such document with prior approval (for example, at the beginning of the financial year) enables the NTP to move forward and implement without requiring additional approvals from other ministry officials. If approvals are required, the process takes less than a week, as TB activities have already been prioritized.

Note – This benchmark was assessed by reviewing the approval efficiency of the implementation of the last training organized by the NTP. The NTP managers were asked about a) the number of authorization signatures required to implement the training, and b) the number of weeks required for the approval of the last training. Countries follow different administrative paths for utilization of donor funds than for utilization of government funds. In this survey, the focus was on the approval efficiency for a training using government funds.

Number of authorization signatures:

- Eight (36%) countries (Bangladesh, Ethiopia, India, Kyrgyzstan, Pakistan, Tajikistan, Ukraine and Viet Nam) required no signatures for authorization of the last training, as approvals for the NTP budget or training plans at the beginning of the year were considered sufficient.
- Three (14%) countries (Nigeria, South Africa and Uzbekistan) required 1–2 signatures.
- 11 (50%) countries (Afghanistan, DR Congo, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Philippines, Uganda, Zambia and Zimbabwe) required three or more signatures.

Time taken for approval after NTP manager's sign-off:

- 10 (45%) countries (Bangladesh, India, Indonesia, Kyrgyzstan, Malawi, Pakistan, Tajikistan, Ukraine, Viet Nam and Zambia) took less than a week for approvals.
- Six (27%) countries (DR Congo, Ethiopia, Myanmar, Nigeria, South Africa and Uzbekistan) took more than a week but less than two weeks.
- Six (27%) countries (Afghanistan, Kenya, Mozambique, Philippines, Uganda and Zimbabwe) took two weeks or more.

Number of signatures and time for approval considered together:

Even though Ethiopia required no signatures for approval, 7–10 days were required for financial approval. In Nigeria, even though two signatures were required, approval took two days to two weeks. In Indonesia, six signatures were required, but approval took only three days; similarly, in Zambia, five signatures took two days for approval.

Seven (32%) countries (Bangladesh, India, Kyrgyzstan, Pakistan, Tajikistan, Ukraine and Viet Nam) achieved the benchmark for approval efficiency. Six (27%) countries (Afghanistan, Kenya, Mozambique, Philippines, Uganda and Zimbabwe) scored zero, i.e., more than three signatures were required for approval, which took two weeks or more.

2. NTP manager empowerment

Benchmark – includes four elements:

The NTP manager is senior staff and is no more than two steps from the health minister in the hierarchy.

The NTP manager has at least the same seniority as the HIV programme manager, i.e., the TB programme is given as much priority as the HIV/AIDS programme. (Note: This benchmark is not considered for scoring in countries where the HIV burden is low compared to that of TB.)

The NTP manager has at least the same seniority as the head of the national AIDS commission or there is an equivalent national TB commission in the country, i.e., the TB programme is given as much priority as the HIV/AIDS programme. (Note: This benchmark is not considered for scoring in countries where the HIV burden is low compared to that of TB. NTP managers were asked the number of steps the head of the AIDS commission was from the health minister. If this was the same as for the NTP manager, then a score of 0.5 was given).

Irrespective of the administrative structures of the health sector in the country, the NTP manager is empowered to get things done through the provincial/state TB programme managers.

Note – The first element was scored as 0 or 2; the second and third elements were scored as 0 or 0.5; and the fourth element was scored as 0 or 1 for no or yes, respectively. Greater weight was given to the administrative hierarchy of the NTP manager. This component was additionally scored through the perception of external partners. They were asked, 'What is your perception of the NTP's empowerment to get things done in the country?' The response was recorded as a percentage, with 100% implying that the NTP manager is perceived to be fully empowered and 0% implying that the NTP manager has no control. The score of the country was then multiplied by the external partner's score to get the final score for this component.

Seniority of the NTP manager:

- In 11 (50%) countries (Bangladesh, DR Congo, Ethiopia, Indonesia, Kyrgyzstan, Nigeria, Tajikistan, Ukraine, Uzbekistan, Viet Nam and Zambia), the NTP manager was two steps or fewer from the health minister (score of 2).
- In 11 (50%) countries (Afghanistan, India, Kenya, Malawi, Mozambique, Myanmar, Pakistan, Philippines, South Africa, Uganda and Zimbabwe), the NTP manager was more than two steps from the

health minister. These countries received a score of zero.

Comparison of the NTP manager's rank with that of the HIV programme manager – Bangladesh, Indonesia and Pakistan were excluded from the analysis as they have low HIV burden:

- In 18 (95%) of the 19 countries (Afghanistan, DR Congo, Ethiopia, India, Kenya, Kyrgyzstan, Mozambique, Myanmar, Nigeria, Philippines, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan, Viet Nam, Zambia, Zimbabwe), the NTP manager was of the same rank as the HIV programme manager (score of 0.5). In Malawi, the NTP manager was two steps junior from the HIV programme manager, and so the country received a score of zero.

Comparison of the NTP manager's rank with that of the head of the national AIDS commission – Here, too, Bangladesh, Indonesia and Pakistan were excluded from the analysis as they have low HIV burden:

- Five (26%) of the 19 countries (Kyrgyzstan, Tajikistan, Ukraine, Uzbekistan and Viet Nam) scored 0.5.
 - Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan have no national AIDS commission. So, they were given the maximum score of 0.5.
 - Viet Nam is one of the few countries in the world that has a National Commission to End TB.
- 14 (74%) of the 19 countries scored zero. These were Afghanistan, DR Congo, Ethiopia, India, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Philippines, South Africa, Uganda, Zambia and Zimbabwe.

Empowerment of the NTP manager to get things done through the provincial/state TB programme managers:

- In 18 (87%) countries, NTP managers were empowered to get things done through the provincial/state TB programme managers. These were Afghanistan, Bangladesh, DR Congo, Ethiopia, India, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Uganda, Uzbekistan, Viet Nam and Zambia.
- Four (13%) countries where NTP managers lacked empowerment were Indonesia, Kyrgyzstan, Ukraine and Zimbabwe.

The external partner's response ranged from 25% to 75%. The countries' scores, as explained above, were multiplied by the external partner's response.

None of the countries achieved the benchmark.

3. Capacity of the NTP (number of staff in relation to population/burden/provinces)

Benchmark: The NTP has sufficient capacity at the national level. The required strength of the technical/

management staff at the national level will vary with the size of the country, burden of TB and status of the programme. Applying a uniform criterion can be challenging. It is expected that countries will carry out an assessment to determine the staff need in the NTP, which will serve as the benchmark for that country. Until that happens, three sub-components have been considered, as given below, which take into account i) the total population of the country, since this affects the diagnostic effort, ii) the TB burden, since this determines the effort required for treatment support, and iii) the number of provinces/states in the country, since this determines the number of administrative interactions by the NTP's office. Also note that provincial and district-level staff were not considered for this component:

Population in millions divided by the number of technical staff (staff and long-term consultants of more than a year) is 1 or less in small countries (50 million or less – 11 such countries in the survey) and 10 or less in big countries.

Number of people developing TB in the last year divided by the number of technical staff (staff and long-term consultants of more than a year) is 10,000 or less in countries with a population of 50 million or less, and 50,000 or less in big countries.

Number of provinces/oblasts/states in the country divided by the number of technical staff (staff and long-term consultants of more than a year) at the NTP is 0.5 or less.

Note – Division into big and small countries: Based on population size, 10 countries were arbitrarily considered to be smaller (population of 50 million or less). These were Afghanistan, Kyrgyzstan, Malawi, Mozambique, Tajikistan, Uganda, Ukraine, Uzbekistan, Zambia and Zimbabwe. The others were regarded as bigger countries.

This component was also scored through the perception of external partners, who were asked, 'What is your perception of the NTP's capacity (staff strength in relation to its work/responsibilities)?' The response was recorded as a percentage, with 100% implying that the NTP had full capacity or was adequately staffed with no need for additional staffing, and 25% implying that the NTP had 25% capacity and needed 75% more. The country's score was then multiplied by the external partner's score to get the final score for this component.

Population in millions by number of technical/management staff: The assumption was that there was one NTP staff for every 1 million population in smaller countries and for every 10 million population in bigger countries.

- This criterion was met in 15 (68%) countries (Afghanistan, Bangladesh, DR Congo, Ethiopia, Indonesia, Kenya, Kyrgyzstan, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Uganda and Viet Nam), or in four of 10 (40%) small countries and 11 of 12 (92%) big countries. (score of 1).

- Seven (32%) countries (India, Malawi, Mozambique, Ukraine, Uzbekistan, Zambia and Zimbabwe) scored zero.

Estimated number of people developing TB by the number of technical/management staff: The assumption was that there was one NTP staff for every 10,000 people with TB in smaller countries and for every 50,000 people in bigger countries.

- This criterion was met in all countries.

Number of provinces by number of technical/management staff: The assumption was that there were two NTP staff per province/state.

- This criterion was met in 10 (45%) countries (Bangladesh, DR Congo, India, Indonesia, Malawi, Myanmar, Pakistan, South Africa, Tajikistan and Uganda) (score 1);
- 12 countries that did not meet the criterion were Afghanistan, Ethiopia, Kenya, Kyrgyzstan, Mozambique, Nigeria, Philippines, Ukraine, Uzbekistan, Viet Nam, Zambia and Zimbabwe.

The external partner's response ranged from 25% to 100%. The country's score was multiplied by the external partner's response. None of the countries achieved this benchmark.

4. Ability of the NTP to rapidly adopt/adapt international guidelines as national policies

Benchmark: Adoption of new international guidelines by the NTP within a year (this benchmark refers to the most recent international guidelines each year), and b) roll-out of the policies to the provincial/district level within six months of national policy adoption.

Three international guidelines were considered for this survey: injection-free MDR-TB treatment, lateral flow urine lipoarabinomannan assay (LF-LAM), and GeneXpert as the initial diagnostic test. Information on this was taken from STP's 'Step Up for TB' report (2020) [1].

Note – The second part of this benchmark was not part of the current survey and will be assessed in future surveys. Countries for which data were not available were excluded from the analysis of this benchmark.

Injection-free MDR-TB treatment – Data were not available for Afghanistan:

- This policy was adopted by 18 (86%) of 21 countries.
- The remaining three countries that had not yet adopted the guidelines were Ethiopia, Uzbekistan and Viet Nam.

LF-LAM – Data were not available for Malawi or Afghanistan:

- Five (25%) of 20 countries (Myanmar, South Africa, Uganda, Ukraine and Zimbabwe) had fully adopted LF-LAM.
- Two (10%) countries (Kenya and Zambia) had partially adopted LF-LAM, i.e., not for all groups of people.
- 13 (65%) countries (Bangladesh, DR Congo, Ethiopia, India, Indonesia, Kyrgyzstan, Mozambique, Nigeria, Pakistan, Philippines, Tajikistan, Uzbekistan and Viet Nam) had not adopted LF-LAM at all.

GeneXpert as the initial diagnostic test – Data were not available for Afghanistan:

- All countries had adopted this policy either partially or fully.
- Partial adoption was in seven (33%) of 21 countries (DR Congo, India, Malawi, Myanmar, Pakistan, Philippines and Viet Nam).
- Full adoption was in 14 (67%) countries (Bangladesh, Indonesia, Ethiopia, Kenya, Kyrgyzstan, Mozambique, Nigeria, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan, Zambia and Zimbabwe).

Four countries (South Africa, Uganda, Ukraine and Zimbabwe) achieved the benchmark for adopting/adapting international guidelines as national policies.

5. Capacity of the NTP for fund absorption

Benchmark – This benchmark includes two components:

- The NTP absorbs 95% or more funds from all domestic and external sources in the designated time period.
- The NTP absorbs 95% or more funds from the Global Fund in the designated time period.

Note – Ideally, component 'a' of this benchmark should cover domestic funds, while 'b' should cover the Global Fund. However, there is a limitation with the datasets currently available. Consequently, under component 'a', this survey considered the proportion of total expenditure/total funding received from all sources in the most recent year (2019), as per the information available in the WHO dataset (<https://www.who.int/teams/global-tuberculosis-programme/data>); information for 'b' covered only the Global Fund and did not consider whether the NTP was the Principal Recipient (PR). These data also had limitations, as explained in the methodology section. Data for Global Fund fund absorption were based on data available on the Global Fund website.

Absorption of funds from all sources in 2019 (WHO)

– Data were not available for three countries (Nigeria, South Africa and Uzbekistan), which were excluded from the analysis:

- 14 (74%) of 19 countries (Afghanistan, Bangladesh, DR Congo, Ethiopia, India, Indonesia, Kenya, Mozambique, Myanmar, Pakistan, Tajikistan, Uganda, Ukraine, and Zambia) expended 95% or more of their funds from all sources.
- Malawi and Philippines expended 85% or more but less than 95%.
- Three (16%) countries (Kyrgyzstan, Viet Nam and Zimbabwe) expended less than 85% of the funds from all sources.

Utilization of domestic funds – NTP managers were asked during the interviews about what domestic funds cover. The amount of funding was not asked. Based on their response:






















- More than 90% of the 22 countries spent some domestic funds on human resources (22 countries), infrastructure and health system services for TB (21 countries), other diagnostics (not molecular) and other activities (20 countries).
- 18 (82%) countries spent some domestic funds on programmatic activities (e.g., travel, supervision, meetings, etc.).
- Nearly 60% of the 22 countries spent some domestic funds on first-line medicines (14 countries) and rapid molecular diagnostics (13 countries).
- Only 41% of the 22 countries spent some domestic funds on second-line medicines (nine countries: India, Indonesia, Kyrgyzstan, Malawi, Nigeria, South Africa, Philippines, Zambia and Ukraine).

Absorption of funds available through Global Fund grants:

- Only three (14%) of 22 countries (Kyrgyzstan, Philippines and Zimbabwe) absorbed 95% or more of Global Fund funds.
- 13 (59%) countries (Afghanistan, Bangladesh, DR Congo, Ethiopia, Malawi, Mozambique, Myanmar, Tajikistan, Uganda, Ukraine, Uzbekistan, Viet Nam and Zambia) absorbed 85% or more, but less than 95% of Global Fund funds.
- Six (27%) countries (India, Indonesia, Kenya, Nigeria, Pakistan and South Africa) absorbed less than 85% of Global Fund funds.

The benchmark on capacity for fund absorption was not achieved by any country.

Table 4.1. Process efficiency and effectiveness benchmarks achieved by 22 countries

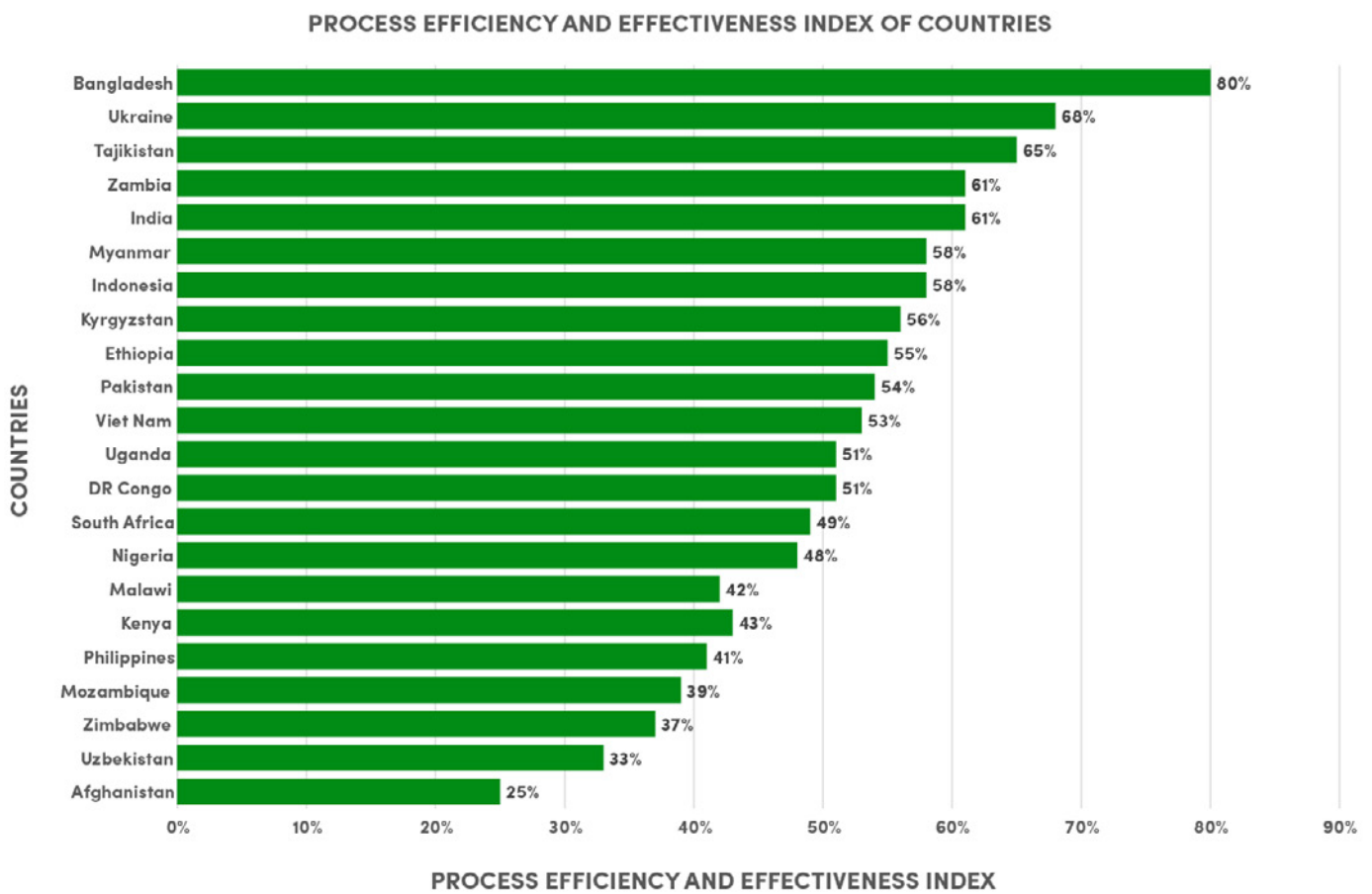
		ACHIEVEMENT OF PROCESS EFFICIENCY AND EFFECTIVENESS BENCHMARKS (YES/NO)				
		Benchmark 1	Benchmark 2	Benchmark 3	Benchmark 4	Benchmark 5
		Approval process efficiency	NTP manager empowerment	Capacity of NTP	Ability to adopt/adapt international guidelines	NTP's capacity for fund absorption
	Afghanistan					
	Bangladesh					
	DR Congo					
	Ethiopia					
	India					
	Indonesia					
	Kenya					
	Kyrgyzstan					
	Malawi					
	Mozambique					
	Myanmar					
	Nigeria					
	Pakistan					
	Philippines					
	South Africa					
	Tajikistan					
	Uganda					
	Ukraine					
	Uzbekistan					
	Viet Nam					
	Zambia					
	Zimbabwe					
Number of countries that achieved the benchmark		7	0	0	4	0
%		32%	0%	0%	18%	0%

 Green cells denote that the benchmark was achieved

Process efficiency and effectiveness index

- The index for process efficiency and effectiveness ranged from 25% to 80%.
- 13 (59%) of 22 countries (Bangladesh, DR Congo, Ethiopia, India, Indonesia, Kyrgyzstan, Malawi, Myanmar, Nigeria, Pakistan, South Africa, Tajikistan, Uganda, Ukraine, Viet Nam and Zambia) achieved 50% or more for the process efficiency and effectiveness index.
- Of these 13, only one country achieved a score greater than 75%: Bangladesh (80%).

Figure 4.1. Process efficiency and effectiveness index of 22 countries



Note – A score of 20 corresponds to 100%.



Summary

This section presents the dashboard showing the status of the 22 countries on achieving the 20 benchmarks and four indices for the themes of transparency, inclusiveness, legal framework, and process efficiency and effectiveness.

	Transparency Benchmark 1 A working NTP website	Transparency Benchmark 2 Notification data on the website	Transparency Benchmark 3 Technical guidelines on the website	Transparency Benchmark 4 annual budget on the website	Transparency Benchmark 5 External programme review	Theme score for Transparency	Inclusiveness Benchmark 1 Social contracting with govt. funds	Inclusiveness Benchmark 2 Inclusion of key populations in NSP	Inclusiveness Benchmark 3 Inclusion of civil society/TB survivors	Inclusiveness Benchmark 4 Inclusion of TB community and subnational entities	Inclusiveness Benchmark 5 Gender inclusiveness	Theme score for Inclusiveness	Legal Framework Benchmark 1 Mandatory TB notification	Legal Framework Benchmark 2 DR-TB medicines in nEML and free	Legal Framework Benchmark 3 Social protection	Legal Framework Benchmark 4 Law/Policy on human rights for TB	Legal Framework Benchmark 5 Policy framework to reduce TB stigma	Theme score for Legal Framework	Process Efficiency and Effectiveness Benchmark 1 Approval process efficiency	Process Efficiency and Effectiveness Benchmark 2 NTP manager empowerment	Process Efficiency and Effectiveness Benchmark 3 Capacity of NTP	Process Efficiency and Effectiveness Benchmark 4 Ability to adopt/adapt international guidelines	Process Efficiency and Effectiveness Benchmark 5 NTP's capacity for fund absorption	Theme score for Process Efficiency and Effectiveness	TOTAL SCORE
Afghanistan	0	0	0	0.5	4	4.5	0	1.5	3.5	3	1.1	9.1	0	4	0.3	3	1	8.3	0	0.8	1.3	0	3	5.1	27
Bangladesh	3	0	2	0.5	4	9.5	2.5	2	4	4	2.1	14.6	4	1	1.3	0	0	6.3	4	3	3	3	3	16	46.5
DR Congo	0	0	0	0.5	2	2.5	0	3	4	4	1.3	12.3	0	4	0.7	3	0	7.7	1	1.8	2	2.5	3	10.3	32.8
Ethiopia	0.5	0	1	3.5	3	8	0	1.5	4	4	0.9	10.4	0	0	2.7	3	0	5.7	3	2.6	1.3	1	3	10.9	35
India	4	4	4	2.5	4	18.5	4	3	4	4	3.1	18.1	4	1	2.7	2	1	10.7	4	1.1	2.7	2.5	2	12.3	59.5
Indonesia	3	1.5	0	0.5	3	8	2	2.5	4	4	3.2	15.7	2	1	3.3	3	1	10.3	2	1.5	3	3	2	11.5	45.5
Kenya	3	1	3	3.5	3	13.5	0	3	4	4	2.7	13.7	4	4	3	4	3	18	0	1.1	2	3.5	2	8.6	53.8
Kyrgyzstan	1	0	0	0.5	4	5.5	1	1	4	3	2.4	11.4	2	4	1.3	3	1	11.3	4	1.5	0.7	3	2	11.2	39.4
Malawi	1	0	0	0.5	4	5.5	2.5	2	4	4	1.5	14	4	1	0.7	0	1	6.7	2	0.5	1.3	2.5	2	8.3	34.4
Mozambique	1	0	4	0.5	2	7.5	2	3	4	4	2	15	0	4	1.0	3	1	9	0	1.1	0.7	3	3	7.8	39.3
Myanmar	0.5	0	2	3.5	4	10	0	2	4	3	1.5	10.5	4	4	1	0	3	12	1	1.1	3	3.5	3	11.6	44.1
Nigeria	1	0	2	3.5	3	9.5	0.5	3.5	4	4	2.4	14.4	0	4	2.3	4	1	11.3	2	2.6	2	3	0	9.6	44.8
Pakistan	4	1	4	3.5	4	16.5	0	2	3	3	2.4	10.4	2	4	0.3	3	2	11.3	4	0.3	2	2.5	2	10.8	49
Philippines	4	2.5	4	2.5	4	17	1	1	4	3	3.6	12.6	4	1	2.3	4	0	11.3	0	0.8	2	2.5	3	8.3	49.2
South Africa	1	0	3	3.5	3	10.5	2.5	3	3.5	4	3.3	16.3	4	1	4	3	4	16	2	0.8	3	4	0	9.8	52.6
Tajikistan	0	0	0	3.5	0	3.5	0	2	3	4	1.7	10.7	0	4	1.3	0	2	7.3	4	2	1	3	3	13	34.6
Uganda	1	0	2	3.5	3	9.5	0.5	1.5	4	3	0.9	9.9	4	4	1.3	3	3	15.3	0	1.1	2	4	3	10.1	44.9
Ukraine	2	1	4	3.5	0	10.5	0.5	1	3	4	2.9	11.4	4	1	1.3	3	1	10.3	4	1.5	1	4	3	13.5	45.8
Uzbekistan	2	0	0	3	0	5	2	1	2.5	3	1.7	10.2	4	4	1	3	1	13	2	2	0.7	1	1	6.7	34.9
Viet Nam	1	0	0	0.5	0	1.5	0	2	1.5	3	2.3	8.8	4	1	2.7	3	1	11.7	4	3	2	0.5	1	10.5	32.4
Zambia	0	0	1	3.5	3	7.5	1.5	2	4	4	1.7	13.2	4	1	3.3	3	1	12.3	2	2.6	1	3.5	3	12.1	45.2
Zimbabwe	0	0	0	0.5	2	2.5	0.5	1.5	3	4	1.7	10.7	4	1	0.3	0	4	9.3	0	0.4	1	4	2	7.4	30

Table A. Country position on achievement of benchmarks

	Transparency Benchmark 1 A working NTP website	Transparency Benchmark 2 Notification data on the website	Transparency Benchmark 3 Technical guidelines on the website	Transparency Benchmark 4 annual budget on the website	Transparency Benchmark 5 External programme review	Inclusiveness Benchmark 1 Social contracting with govt. funds	Inclusiveness Benchmark 2 Inclusion of key populations in NSP	Inclusiveness Benchmark 3 Inclusion of civil society/TB survivors	Inclusiveness Benchmark 4 Inclusion of TB community and subnational entities	Inclusiveness Benchmark 5 Gender inclusiveness	Legal Framework Benchmark 1 Mandatory TB notification	Legal Framework Benchmark 2 DR-TB medicines in nEML and free	Legal Framework Benchmark 3 Social protection	Legal Framework Benchmark 4 Law/Policy on human rights for TB	Legal Framework Benchmark 5 Policy framework to reduce TB stigma	Process Efficiency and Effectiveness Benchmark 1 Approval process efficiency	Process Efficiency and Effectiveness Benchmark 2 NTP manager empowerment	Process Efficiency and Effectiveness Benchmark 3 Capacity of NTP	Process Efficiency and Effectiveness Benchmark 4 Ability to adopt/adapt international guidelines	Process Efficiency and Effectiveness Benchmark 5 NTP's capacity for fund absorption
	Achievement of Transparency Benchmarks (yes/no)					Achievement of Inclusiveness Benchmarks (yes/no)					Achievement of Legal Framework Benchmarks (yes/no)					Achievement of Process Efficiency & Effectiveness Benchmarks (yes/no)				
Afghanistan																				
Bangladesh																				
DR Congo																				
Ethiopia																				
India																				
Indonesia																				
Kenya																				
Kyrgyzstan																				
Malawi																				
Mozambique																				
Myanmar																				
Nigeria																				
Pakistan																				
Philippines																				
South Africa																				
Tajikistan																				
Uganda																				
Ukraine																				
Uzbekistan																				
Viet Nam																				
Zambia																				
Zimbabwe																				

Green cells denote that the benchmark was achieved

Table B Country position on indices

		Transparency index	Inclusiveness index	Legal Framework index	Process efficiency and effectiveness index
	Afghanistan	23%	45%	42%	25%
	Bangladesh	48%	73%	32%	80%
	DR Congo	13%	62%	38%	51%
	Ethiopia	40%	52%	28%	55%
	India	93%	90%	50%	61%
	Indonesia	40%	79%	52%	58%
	Kenya	68%	68%	90%	43%
	Kyrgyzstan	28%	57%	57%	56%
	Malawi	28%	70%	33%	42%
	Mozambique	38%	75%	45%	39%
	Myanmar	50%	52%	60%	58%
	Nigeria	48%	72%	57%	48%
	Pakistan	83%	52%	57%	54%
	Philippines	85%	63%	57%	41%
	South Africa	53%	82%	80%	49%
	Tajikistan	18%	54%	37%	65%
	Uganda	48%	50%	77%	51%
	Ukraine	53%	57%	52%	68%
	Uzbekistan	25%	51%	65%	33%
	Viet Nam	8%	44%	58%	53%
	Zambia	38%	66%	62%	61%
	Zimbabwe	13%	54%	47%	37%

Annexes

Annex 1: The list of documents and websites reviewed

Access Annex 1 [here](#)

Annex 2: The 20 benchmarks for governance

Benchmarks for transparency

- 1. A working NTP website** – A working NTP website, owned by the NTP/MoH, with the latest relevant information, including the latest organogram of NTP with the contact details of individual officials and their functions (phone number and email) to enable the public to give feedback or ask a question to the NTP.
- 2. Case notification data on the website** – Publicly available real-time TB case notification data are available on the website (real-time means at least daily updates for national- and provincial-level data).
- 3. Latest TB technical guidelines on the website** – Within three months of release of global technical guidelines, national guidelines are updated, and within six months, national guidelines are available on the NTP website and easily accessible. (Note – Easily accessible means that the relevant information on the website is categorized appropriately and easy to find. The element of timing in this benchmark was assessed less stringently for this survey.)
- 4. NSP and annual budget on the website** – Final and approved three- to five-year budgeted NSP is on the NTP website and is easily available at least a quarter before the NSP comes into effect. This document is supplemented with a detailed approved annual budget for the NTP for the year, which is available on the NTP website in the first quarter of the financial year and is easily accessible.
- 5. External programme review** – The NTP provides an opportunity for all stakeholders for organized and systematic feedback through a Joint External Programme Review (JEPR) at least every three years and has the final review reports available on the website within three months of the review. (Note – JEPR has various names, e.g., Joint Monitoring Mission or External Programme Review. In this report, JEPR denotes a process whereby national and international stakeholders jointly review the programme and make recommendations to the government. Country missions by the Green Light Committee are not considered JEPRs.)

Benchmarks for inclusiveness

- 1. Social contracting with government funds (NGOs/private sector)** – A well-functioning TB programme should develop a mechanism for using government funds to procure services from nongovernmental entities for interventions that are better implemented outside of government for quality, cost or other reasons. The mechanism should ensure clear and transparent policies and guidelines for applying for these contracts, as well as a tender process that meets international standards. Contracting at subnational level is also encouraged to successfully implement the programme. (Note – There were numerous examples of countries engaging NGOs, TB-affected community networks and the private sector through grants with the Global Fund and other donors. This component of the survey assessed whether there was a mechanism in place in the country for engaging these entities *with government funds* and whether such engagement had already been implemented.)
- 2. Inclusion of key populations (KPs) in the NSP** – The NSP includes prioritization of KPs using the STP [Key Populations Data for Action Framework](#), appropriate activities, adequate budget and monitoring indicators for all KPs identified through a data-based prioritization exercise.
- 3. Inclusion of civil society/TB survivors** – The NTP includes civil society, TB survivors, KPs and minority groups in a meaningful way in a) programme reviews at national and subnational levels, b) joint monitoring missions/external programme reviews, c) development of the NSP or proposals for major donors (Global Fund and USAID), and d) as members of the core team for research planning and implementation, as well as in the dissemination of research findings.
- 4. Inclusion of TB community and subnational entities** – NTPs collect 360-degree feedback from all stakeholders of the NTP, i.e., systematically and regularly collecting inputs from all stakeholders – the communities, civil society, and governmental implementers at all levels. Feedback from the community can be either through digital platforms, for example, the “OnImpact” app or WhatsApp groups, or through non-digital/traditional platforms, for example, regular feedback surveys collected on paper from people receiving TB treatment. Subnational entities (provincial and district) provide inputs for planning and budgeting, for example, for the NSP, as well as for implementation and monitoring, for example, during quarterly/annual programme reviews conducted by the NTP and the JEPR. Countries might have other additional platforms to gauge the inputs of subnational entities.
- 5. Gender inclusiveness** – This benchmark has six components:
 - a. Service providers (and staff at all levels) have received training on TB and gender in the past two years.

- b. Data are available (gender-disaggregated treatment outcome data in addition to case notification), and monitoring indicators and evaluation criteria adequately measure the programme's response to gender inequalities in TB care.
- c. At least 50% of TB programme managers at the national and provincial level combined are women.
- d. The NTP has developed a national TB gender strategy and action plan based on a gender assessment for TB.
- e. The NSP highlights gender inclusiveness in TB services and programmes, which is assessed based on five elements: i) the NSP mentions gender; ii) the NSP provides data or commits to conducting a gap analysis or assessment on gender; iii) gender-specific activities are described; iv) indicators with targets for gender are included; and v) a defined budget is allocated for gender-specific activities.
- f. Women TB survivors are included in NTP events.

includes four elements:

- 6. The NSP makes it clear that it is illegal to stigmatize anyone with TB, including limiting or preventing access to TB services: i) the NSP mentions activities to reduce stigma, including stigma against women and other vulnerable populations; ii) the NSP provides data from a stigma assessment; iii) appropriate context-specific activities are described to respond to stigma; iv) indicators with targets are included to reduce stigma; and v) a defined budget is allocated for stigma-reduction activities.
 - a. A baseline stigma assessment has been done.
 - b. Service providers (and staff at all levels) are trained on TB and stigma.
 - c. A communication strategy has been developed that includes advocacy to reduce stigma.

Benchmarks for process efficiency and effectiveness

1. Approval process efficiency – The final approved NSP, annual budget or other such document with prior approval (for example, at the beginning of the financial year) enables the NTP to move forward and implement without requiring additional approvals from other ministry officials. If approvals are required, the process takes less than a week, as TB activities have already been prioritized.

2. NTP manager empowerment – This benchmark includes four elements:

- a. The NTP manager is senior staff and is no more than two steps from the health minister in the hierarchy.
- b. The NTP manager has at least the same seniority as the HIV programme manager, i.e., the TB programme is given as much priority as the HIV/AIDS programme. (Note: This benchmark is not considered for scoring in countries where the HIV burden is low compared to that of TB.)
- c. The NTP manager has at least the same seniority as the head of the national AIDS commission or there is an equivalent national TB commission in the country, i.e., the TB programme is given as much priority as the HIV/AIDS programme. (Note: This benchmark is not considered for scoring in countries where the HIV burden is low compared to that of TB.)
- d. Irrespective of the administrative structures of the health sector in the country, the NTP manager is empowered to get things done through the provincial/state TB programme managers.

3. Capacity of the NTP (number of staff in relation to population/burden/provinces) – The NTP has sufficient capacity at the national level. The required strength of the technical/management staff at the national level will vary with the size of the country, burden of TB and status of the programme.

Benchmarks for legal framework

1. Mandatory TB notification – TB notification is mandated by a public health act or law and is implemented in the entire country (public and private sector), including monitoring of the implementation of the law while ensuring protection of privacy and confidentiality.

2. Drug-resistant (DR-) TB medicines are on the National Essential Medicines List (nEML) and available for free – All WHO Group A and B DR-TB medicines are included in the nEML and available free of charge to people receiving treatment for TB (public and private sector), including monitoring of the implementation of the law/policy.

3. Social protection – This benchmark has two components measuring the provision of social protection schemes and social health insurance for all people with TB, including those from ethnic minorities, migrants and other vulnerable populations. Systems for social protection include legal, financial, mental health, and nutrition support, among others. Secondly, the social health insurance system in the country, under Universal Health Coverage or otherwise, should include diagnosis, treatment and prevention of all forms of TB, including MDR-TB, for all populations of the country.

4. Law or policy that defines and protects the human rights of people with TB – a) Human rights to privacy and confidentiality for people affected by TB and freedom from discrimination are three elements included in TB training modules/technical guidelines; and b) all those engaged in TB service delivery are trained on these issues.

5. Policy framework to reduce stigma – This benchmark

Applying a uniform criterion can be challenging. It is expected that countries will carry out an assessment to determine the staff need in the NTP, which will serve as the benchmark for that country. Until that happens, three sub-components have been considered, as given below, which take into account i) the total population of the country, since this affects the diagnostic effort, ii) the TB burden, since this determines the effort required for treatment support, and iii) the number of provinces/states in the country, since this determines the number of administrative interactions by the NTP's office. Also note that provincial and district-level staff were not considered for this component.

- a. Population in millions divided by the number of technical staff (staff and long-term consultants of more than a year) is 1 or less in small countries (50 million or less – 11 such countries in the survey) and 10 or less in big countries.
- b. Number of people developing TB in the last year divided by the number of technical staff (staff and long-term consultants of more than a year) is 10,000 or less in countries with a population of 50 million or less, and 50,000 or less in big countries.
- c. Number of provinces/oblasts/states in the country divided by the number of technical staff (staff and long-term consultants of more than a year) at the NTP is 0.5 or less.

4. Ability of the NTP to rapidly adopt/adapt international guidelines as national policies –

Adoption of new international guidelines by the NTP within a year (this benchmark refers to the most recent international guidelines each year), and b) roll-out of the policies to the provincial/district level within six months of national policy adoption.

5. Capacity of the NTP for fund absorption – This benchmark includes two components:

- a. The NTP absorbs 95% or more funds from all domestic and external sources in the designated time period.
- b. The NTP absorbs 95% or more funds from the Global Fund in the designated time period.

Annex 3: Scoring guidance

SCORING GUIDANCE FOR THE SURVEY									
COMPONENT NO.	THEMES & BENCHMARKS	COMPONENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
	TRANSPARENCY								
1	A working NTP website	Does the NTP have a webpage/website?	Components 1 & 7 score together; Component 7 has 2 sub-components	No NTP website/webpage on MoH website & no organogram & contact details of NTP	0.5 if no NTP website and no webpage on MoH, but search for TB on MoH site gives results; 0.5 if no NTP website, but contact details are available on WHO website	Website/webpage available but no organogram/contact details of NTP	Website/webpage available & either organogram or contact details of NTP are available	Website/webpage available & both organogram + contact details of NTP available	A working NTP website with latest organogram + contact details of NTP + contact details of individual NTP officials
2	Case notification data on the website	Is case notification data available publicly on NTP website/MoH?	Stand-alone component	No data or latest data are up to 2018		Latest available data are up to 2019	Latest data available are up to last quarter and for national level only	Updated provincial level data available up to last quarter or last month	Provincial level data available, updated daily on the national website
3		Are TB technical guidelines available on the NTP website?	Total of a & b both, each of which have max of 2						
a	Latest TB technical guidelines on the website	Are national MDR-TB guidelines available? (give date of the guidelines)		Not published on the website	0.5 if national TB technical guidelines are available on WHO website	Guidelines published on the website but updated in 2018 or earlier	Guidelines published on the website and updated in 2019 or 2020		
b		Are national TPT guidelines available? (give date of the guidelines)		Not published on the website	0.5 if national TB technical guidelines are available on WHO website	Guidelines published on the website but updated in 2018 or earlier	Guidelines published on the website and updated in 2019 or 2020		
4	NSP and annual budget on the website	Is TB National Strategic Plan available on the website? (most recent)	4 & 5 score together (component 4 has max score of 3)	NSP not available on the website		Draft NSP available on website	Approved NSP without budget on website	Approved NSP with budget on the website	
5		Is annual budget of NTP available?	Scored with component 4 (has max score of 1)	Annual budget not on the NTP/MoH website and not on WHO database	0.5 if annual budget is old by one year (not of current year)	Annual budget either on the NTP/MoH website or on WHO database			
6		Are TB commodity tenders published on website?	Dropped						

SCORING GUIDANCE FOR THE SURVEY									
COMPO-NENT NO.	THEMES & BENCHMARKS	COMPO-NENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
7	External pro-gramme review	Is NTP organogram available on the website?	Scored with component 1	Please see component 1 for scoring					
a		Are contact details (email or phone number) available for any NTP official on the NTP/MoH website?	Scored with component 1	Please see component 1 for scoring					
b		Are both organogram and contact numbers given?	Scored with component 1	Please see component 1 for scoring					
8a		Is the final JEPR report available? (please share a copy)	Considered with component b - Each has max score of 2, i.e. total of 4	If no JEPR or no report		If draft report available (de-briefing ppt considered as draft)	Final report of JEPR available either on website or with NTP		
b		When was the JEPR done? (JEPR is a review with inclusion of external partners) (JEPR done in recent years will get higher score)		0 if JEPR done before 2017 (NOTE - if JEPR done before 2017 and report available, total score stays 0)		If JEPR done in 2017 or 2018	If JEPR done in 2019 or 2020		
INCLUSIVENESS									
9	Social contract-ing with govt funds (NGOs/ Private Sector)	Social contracting NGO: social contracting mechanism (tendering/ guidelines/ policy) available to contract NGOs with the government funds (not GF funds)	Average score of components 9 & 10 is considered (This component has 4 elements, each with score of 1 - policy, guidelines, tendering at national level, and tendering at >50% of subnational entities)	No policy or guidelines and no tendering has been done using govt. funds		Either policy or guidelines are available or if tendering has been done at the national level	2 of 4 elements are present (policy, guidelines and tendering at the national or subnational level) or if tendering has been done at the national and subnational levels without policy or guidance	3 of 4 elements are present	All 4 elements are present - policy, guidelines are present and tendering has been done at national and more than 50% of the subnational levels
10		Social contract-ing private sector: social contracting mechanism (tendering/ guidelines/ policy) available to contract private sector with the government funds (not GF funds)	Same as for component 9 (same 4 elements for this component)	No policy or guidelines and no tendering has been done using govt. funds		Either policy or guidelines are available, or if tendering has been done at the national level	2 of 4 elements are present (policy, guidelines and tendering at the national or subnational level), or if tendering has been done at the national and subnational levels without policy or guidance	3 of 4 elements are present	All 4 elements are present - policy, guidelines are present, and tendering has been done at national and more than 50% of the subnational levels
	Social contract-ing group score	Average of scores for components 9 & 10							

SCORING GUIDANCE FOR THE SURVEY									
COMPONENT NO.	THEMES & BENCHMARKS	COMPONENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
11	Inclusion of key populations in NSP	NSP has activities or component or budget line - or a combination of these has been included for the indicated key populations	4 elements considered for scoring - 1) 4 or more TB KPs listed in NSP; 2) KP prioritization exercise done; 3) components and budget given in NSP; 4) Action Plan formulated. Each element carries score of 1. Components and budget have 0.5 each (see text for details)	If KPs not mentioned at all and no activity done for identification of KPs	NSP includes monitoring components (0.5 point) and budget (0.5 point) for any KPs other than children & PLHIV. However, budget and components are not individually given for all listed KPs.	1 of 4 elements are present	2 of 4 elements are present	3 of 4 elements are present	If 4 or more KPs for TB are listed in NSP, formal prioritization for TB KPs has been done, and components and budget are given individually for all KPs and action plan has been formulated
		KPs group score	Same as component score as only one component in the group						
* 12	Inclusion of civil society/TB survivors	NTP consulted with TB civil society/ TB survivors to review progress in 2019	score of 0, 0.5 or 1	0 if NTP did not consult with TB civil society/TB survivors to review progress in 2019	0.5 if CS consulted at national or subnational level only	1 if consulted at both national & subnational levels			
13		NTP invited TB civil society/TB survivors to participate in the most recent JEPR ^A / external reviews	score of 0 or 1	If CS did not participate in JEPR		If CS participated			
14		NTP consulted with civil society and TB survivors to develop the NSP and donor proposals	score of 0 or 1	If NTP did not consult CS in development of NSP or donor proposal		If NTP consulted CS			
15		Civil society/ TB survivors are involved in TB research development/ planning, implementation and dissemination	score of 0 or 1	If CS did not participate in any research activity in 2019 or 2018		If CS participated in research planning, implementation or dissemination of research findings in 2019 or 2018			
	Civil society group score	Sum of scores of 4 components (12-15), each with a score of 1							

SCORING GUIDANCE FOR THE SURVEY									
COMPO-NENT NO.	THEMES & BENCHMARKS	COMPO-NENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
16	Inclusion of TB community and subnational entities	Does a platform(s) exist for obtaining feedback from the community – e.g. standing bodies, meetings, apps, etc.?	Score of 0 or 1	0 if no platform for feedback from community		1 if platform for community feedback exists (OneImpact app, member of TWG, patient feedback survey etc.)			
17		Does a platform exist for obtaining feedback from subnational entities?	Score from 0 to 3 (has 3 elements each with score of 1)	If subnational entities participated in any 0 of 3 (NSP consultation, programme review, JEPR)		If subnational entities participated in any 1 of 3 (NSP consultation, programme review, JEPR)	If subnational entities participated in any 2 of 3 (NSP consultation, programme review, JEPR)	If subnational entities participated in all 3 of 3 (NSP consultation, programme review, JEPR)	
	TB community and subnational entities group score	Sum of scores of components 16 & 17							
18	Gender inclusiveness	NTP staff undertaken TB & gender sensitization /training in the past 24 months.	Score of 0 or 1	If NTP staff have no training		If at least 50% of the staff have taken training			
19		Male to female ratio of NTP and provincial managers	Score of 0 or 1	If less than 50% of provincial managers are women		If 50% or more of provincial TB managers are women			
20		TB gender assessment report available for the country	Score of 0 or 1	TB gender assessment report NOT available for the country		TB gender assessment report available for the country			
21		NSP highlights gender inclusiveness in TB services and programmes	Score of 0 or 1	NSP does NOT highlight gender inclusiveness in TB services and programmes		NSP highlights gender inclusiveness in TB services and programmes			
22		Women TB survivors included in any NTP event in 2019	Score of 0 or 1	Women TB survivors NOT included in any NTP event in 2019		Women TB survivors included in any NTP event in 2019			
23		Gender-disaggregated data for treatment outcomes available for 2018 cohort	Score of 0 or 1	Gender-disaggregated data for treatment outcomes NOT available for 2018 cohort		Gender-disaggregated data for treatment outcomes available for 2018 cohort			
	Gender group score	Sum of scores of 6 components (18–23) (each with a score of 1) multiplied by 4/6							
	LEGAL FRAMEWORK								
24	Mandatory notification	TB notification is mandated by the govt.	Score 0, 2, 4	Not mandatory			Mandatory in some provinces or in the process of being made mandatory (partial)		Mandatory

SCORING GUIDANCE FOR THE SURVEY									
COMPONENT NO.	THEMES & BENCHMARKS	COMPONENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
25a	DR-TB medicines in nEML and free	Country has all WHO Group A and B DR-TB medicines listed on their nEML	STP component	Red		Orange		Green	
b		Are the above medicines available for free to people with TB?	Score of 0 or 1	If not free		If free			
26	Social protection	Social protection schemes available (evidence in LEA or JEPR):	Combined with component 37 on social health insurance component 26 is sum of a, b, & c (each goes from 0 to 1) multiplied by 2/3	Consider with component 37 (SHI) with max score of 2 for each component					
a		Employment protection	Score of 0, 0.5 or 1	0 if not available	0.5 if available partially	1 if available for all people on treatment for TB			
b		Cash transfer/reimbursement	Score of 0, 0.5 or 1	0 if not available	0.5 if available partially	1 if available for all people on treatment for TB			
c		Nutrition support	Score of 0, 0.5 or 1	0 if not available	0.5 if available partially	1 if available for all people on treatment for TB			
37	Social protection	Is there a social health insurance system in the country, under Universal Health Coverage or otherwise?							
a		If the answer is yes, then is TB and MDR-TB diagnosis and treatment and preventive therapy included in it, and is it restricted to some parts of the country or some populations only?	Score of 0 to 2	0 if no social health insurance or if social health insurance available but TB & MDR-TB are excluded from it or if these are available only partially		1 if social health insurance is available and TB & MDR-TB are included in it for all the people in the country	If social health insurance is available and TB & MDR-TB are included in it for all the people in the country; and the proportion of total costs covered by the insurance averts catastrophic costs for patients		
		Social protection group score	Sum of scores of components 26 & 37						
27	Law/policy on human rights for TB	TB training module/guidance contains information on human rights issues: a) confidentiality, b) privacy, and c) freedom from discrimination	The three elements are a) confidentiality, b) privacy and c) freedom from discrimination	0 if none of the documents mention human rights or if given in NSP only		If 1 of 3 elements given in patient charter or any TB guidelines/training material	If 2 of 3 elements given in patient charter or any TB guidelines/training material	If 3 of 3 elements given in patient charter	If 3 of 3 elements given in any TB guidelines/training material (other than charter or standards of TB care)

SCORING GUIDANCE FOR THE SURVEY									
COMPO-NENT NO.	THEMES & BENCHMARKS	COMPO-NENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
28	Policy frame-work to reduce TB stigma	TB stigma reduction featured and measured in the NSP	The three elements are a) interventions, b) monitoring indicators and c) bud-get lines	No mention in NSP		If 1 of 3 elements (intervention, component or budget line) are given in the NSP, but stigma assessment has not been done earlier	If 2 of 3 elements (intervention, component or budget line) are given in the NSP, but stigma assessment has not been done earlier	If 3 of 3 elements (intervention, component or budget line) are given in the NSP, but stigma assessment has not been done earlier	If inter-ventions are based on stigma assessment done earlier and NSP mentions the findings of stigma assessment. Communi-cation strategy/ interventions specifically mention stig-ma as one of the objectives of communi-cation.
		PROCESS EFFICIENCY & EFFECTIVENESS							
29	Approval pro-cess efficiency	Number of authorization signatures required to complete the approval process of a request presented by NTP manager for organization of training	Components 29 & 30 go together; score from 0 to 2	3 or more signatures required		1-2 signatures required	No signatures required at the time of training (pre-ap-proved)		
30		How many weeks did it take for approval for organization of last train-ing after the NTP man-ager's signature (process turn-around time)?	Components 29 & 30 go together; score from 0 to 2	2 weeks or more		1 week but <2 weeks	<1 week		
	Approval pro-cess efficiency group score		Sum of scores of components 29 and 30						

SCORING GUIDANCE FOR THE SURVEY									
COMPO-NENT NO.	THEMES & BENCHMARKS	COMPO-NENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
31 a	NTP Manager empowerment*	Number of officials in the hierarchy between the NTP Manager and Health Minister: (This set of questions is to compare the reporting lines of TB Programme Manager with others.)	This component with 3 sub-components has max score of 3 (a is 0 or 2; b & c carry score of 0.5 each)	If more than 2 officials in the hierarchy between the NTP Manager and the Health Minister			If 2 or fewer officials in the hierarchy between the NTP Manager and the Health Minister		
b		Number of officials in hierarchy between HIV Prog Manager & Minister (H)--#	Score of 0 or 0.5	If different (less) from NTP Manager	If same as NTP Manager, then 0.5				
c		Number of officials in hierarchy between AIDS Commission & Minister (H)--#	Score of 0 or 0.5	If different (less) from NTP Manager	If same levels as NTP Manager or if no Commission, then 0.5				
32		NTP Manager empowered to get things done through provincial managers	Score of 0 or 1	If NTP Manager says s/he is not empowered		If NTP Manager says s/he is empowered			
	NTP empowerment group score		Sum of 31 a, b, c & 32						
33	Capacity of NTP (number of staff in relation to population/burden/provinces)*	Total number of staff and consultants (working for at least 1 year duration)	Sum of a, b & c (each has score of 0 or 1) AND multiply the total score by 4/3 to get a max score of 4						
a		Relation to total population:	Pop in million/# staff	If >1		If 1 or less in small countries (if 10 or less in big countries) (small countries are with pop of 50m or less)			
b		Relation to TB burden:	# of all people with TB in GTR 2019/# staff	If more than 10,000		If 10,000 or less (if 50k or less in big countries)			
c		Provinces and districts:	# of provinces/# staff	If more than 0.5		If 0.5 or less			
	NTP capacity group score	Same as component score as only one component in the group	Sum of scores a, b & c multiplied by 4/3						

SCORING GUIDANCE FOR THE SURVEY									
COMPO-NENT NO.	THEMES & BENCHMARKS	COMPO-NENTS	NOTES ON SCORING	Score 0	Score 0.5	Score 1	Score 2	Score 3	Score 4
34	Ability of NTP to rapidly adopt/adapt international policies	NTP should be able to rapidly adapt international policies into national policies	STP component						
		Does the country have an effective system for developing new policies? From the OOS report, for each country, use yes/no for presence of 3 policies							
a		Injection-free MDR-TB treatment	Score from 0 to 2	0 if red		1 if yellow	2 if green		
b		LAM	Score 0, 0.5, 1	0 if red	0.5 if yellow	1 if green			
c	Xpert as initial test	Score 0, 0.5, 1	0 if red	0.5 if yellow	1 if green				
	Ability to adapt international policies group score		Sum of scores of a, b & c						
35	Capacity of NTP for fund absorption	What is the % of expenditure/funding from all sources in the (most recent) year?	Has 2 components - both go from 0 to 2; This component is from WHO database	<85%		85% or more	95% or more		
36		Capacity of NTP for GF fund absorption (STP will provide)	STP component; goes from 0 to 2	<85%		85% or more	95% or more		
	Capacity to absorb funds - group score		Sum of components 35 & 36						
38	This component is not scored but is described in the narrative.	Do the domestic funds cover the following (yes/no)							
a		Human resources							
b		First-line medicines							
c		Second-line medicines							
d		Rapid molecular diagnostics (e.g. Xpert)							
e		Other diagnostics (e.g. microscopy)							
f		Infrastructure and health system services for TB							
g		Programmatic activities (travel, supervision, meetings, trainings, etc.)							
h		Others							

LEGEND

\$ The numbering of components in this column is not in order because it is linked to the numbering in the questionnaire.

^JEPR is Joint External Programme Review and includes Joint Monitoring Mission, Joint Programme Review etc. where review is jointly done by internal and external partners

#Note - b&c not scored for Bangladesh, Indonesia or Pakistan

*The perception of partners was asked. The final score was the country score multiplied by the partner's response.

Scoring explained

1. Transparency

Information on the components under this theme was searched for on the NTP, MoH and CCM websites. All information (or lack thereof) on the websites was confirmed with the NTP managers during the interviews. In a few instances, the managers shared links to information on related government websites or provincial websites. However, information on provincial websites was not considered for scoring; a score of 0.5 was given for information on the WHO regional website (Ethiopia and Zambia).

Benchmark 1 – *A working NTP website:*

- Sub-component 1 on the NTP website and sub-component 7 on the organogram and contact details were combined.
- The presence of an organogram in a document on the website or on an external website (e.g., Re-Imagining TB Care website) was not given a score; however, a list of NTP officials with designations was given the full score for organogram.
- Countries that gave the contact details of individual NTP officials on the website got an extra score.

Benchmark 2 – *Case notification data on the website:*
This was checked on the NTP/MoH website.

Benchmark 3 – *Availability of the latest TB technical guidelines on the website:*

- Two guidelines were used as markers, and more recent guidelines were scored higher.
- Countries with a single technical guideline that covered both topics were scored for both.
- In cases where the technical guidelines were on the WHO website, a score of 0.5 was given.

Benchmark 4 – *NSP and annual budget on the website:*

- Components on the NSP and annual budget were combined.
- The data source for the annual budget was the WHO database for the Global TB Report 2020, which was compiled from information given by the NTP.

Benchmark 5 – *External programme review:*

- Countries provided the JEPR reports for this survey.
- Conducting a JEPR was considered a mark of transparency, and availability of the report on the website was not scored.

The component on tenders for commodities was not scored for this survey. For scoring of all components and benchmarks, please refer to the scoring guidance.

2. Inclusiveness

Information on components under this theme was obtained through desk review, as well as from interviews with NTP managers.

Benchmark 1 – *Social contracting with government funds (NGOs/private sector):*

- A web search was conducted for policy and guidelines as part of the desk review. Additionally, NTP managers were asked for details, making sure that the mechanism and practice were only to direct domestic funds from the government to NGOs and the private sector. Channelling of donor funds was not scored.
- Engagement of NGOs and the private sector by in-kind grant was also not scored.
- However, if the mechanism existed but was not put into practice, countries were scored appropriately.
- Equal scores were given for availability of a policy, availability of guidelines, implementation of the mechanism at national level, and implementation of the mechanism in more than 50% of the provinces/states. Implementation in less than 50% of the provinces/states was not scored separately.
- The existence of an NGO contracting mechanism and its implementation were scored separately from those involving the private sector; an average was then considered for the final scoring of this benchmark.

Benchmark 2 – *Inclusion of key populations in the NSP:*

- Many countries listed children and PLHIV as KPs in the NSP. However, if four or more KPs were listed in the NSP, a score was given. Monitoring indicators and a budget for KPs in the NSP received a score of 0.5 each.
- The NSPs used were those that included the year 2020 (Annex 1).
- Data-based prioritization of KPs was scored additionally. Information on this was available with STP.
- To achieve the benchmark with a score of 4, each KP had to have a monitoring indicator and separate budget line, and an action plan for KPs had to have been formulated.
- The four elements for the scoring of this benchmark were as follows:
 1. Four or more TB KPs were listed in the NSP (most had children, prisoners and PLHIV and thus needed to have one more to make four), with or without a formal prioritization exercise.
 2. If a TB KP prioritization exercise (based on data for KPs) had been undertaken in the country, an extra 1 point was given to the country.

3. The NSP included monitoring indicators (0.5 points) and a budget (0.5 points) for any KPs other than children and PLHIV. However, budgets and indicators were not given individually for all listed KPs.

4. Four or more TB KPs were listed in the NSP, formal prioritization for TB KPs was done, indicators and budget were given individually for all KPs, and an action plan had been formulated

Benchmark 3 – *Inclusion of civil society/TB survivors:*

- The NTP consulted with civil society/TB survivors for progress review at the quarterly/semi-annual/annual meetings, during NSP development, for the JEPR and for research.
- Scoring for this component was based on information given by the NTP managers during the interviews.
- In some instances, the NTP managers sent supporting documentation such as the minutes of the progress review meeting.
- The JEPR and NSP documents were reviewed for the list of participants, acknowledgements or methodology noting the participation of civil society/TB survivors.

Benchmark 4 – *Inclusion of TB community and subnational entities:*

- Information on the availability of the OnelImpact app was available with STP.
- For the other platforms, information from the NTP managers was used.
- For the participation of subnational entities, JEPR and NSP documents were consulted.
- In a few instances, the NTP managers made available the minutes of meetings supporting the participation of subnational entities in progress review.

Benchmark 5 – *Gender inclusiveness:*

- This benchmark was based on six components.
- Information on TB and gender sensitization was taken from the NTP managers.
- The NTP managers provided a list of provincial managers and their gender.
- Information on the availability of gender assessment, individually or as part of CRG assessment, was already available with STP.
- For the component on 'NSP highlights gender inclusiveness', five elements were considered as part of the STP assessment:
 1. Gender is mentioned in the NSP.
 2. The NSP provides data or mentions conducting a gap analysis/assessment on gender.

3. Gender-specific activities for implementation are described in the NSP.

4. Indicators or targets for gender are included.

5. A defined budget is allocated specifically for gender activities.

This information was already available with STP. For this survey, each of the five elements were given a score of 0.2. Thus, the maximum score for this component was 1. For the country score, if, for example, two elements were present in the NSP, a score of 0.4 was given.

- For the remaining two of six gender components (women TB survivors included in NTP events and gender-disaggregated data available for treatment outcomes of the 2018 cohort), information was provided by the NTP managers during the interviews.
- All six components had a score of 1, and the final score was multiplied by 4/6, as explained in the scoring guidance.

Legal framework

Benchmark 1 – *Mandatory TB notification:*

- A desk review was done. Information was taken from the Legal Environment Assessment (LEA) reports where available and confirmed with the NTP managers.
- For countries where LEA reports were not available, information was provided by the NTP managers during the interviews.
- Partial implementation or legislation that was in process received a score of 2.

Benchmark 2 – *DR-TB medicines are on the nEML and available for free:*

- Information was already available with STP for all countries, except for Afghanistan and Myanmar. For these two countries, information was sought during the interviews.
- All NTP managers were asked whether MDR-TB medicines were available free to people receiving TB treatment.

Benchmark 3 – *Social protection:*

- For availability of social protection schemes, LEA and JEPR reports were reviewed. Additional information was obtained during the interviews.
- The component on social protection schemes was combined with that of social health insurance for which the information was initially sought through desk review and supplemented with information from the interviews.
- The sub-component for the three social schemes and the sub-component for social health insurance had a maximum score of 2 each.

- The three social schemes were each given a score of 0, 0.5 (for partial coverage) or 1 (for coverage of all people with TB). The total for the three schemes was then multiplied by 2/3 to get a maximum score of 2.

Benchmark 4 – *Law or policy that defines and protects the human rights of people with TB:*

- TB training modules/technical guidelines were reviewed for their inclusion of the three elements of the human rights issues being surveyed.
- The NTP managers were asked during the interviews to ensure that information was not missed.

Benchmark 5 – *Policy framework to reduce TB stigma:*

- Information on this was based on the NSP review and assessment already carried out by STP for the ‘Step Up for TB’ report.

Process efficiency and effectiveness

Information on all the benchmarks was collected during the interviews.

Benchmark 1 – *Approval process efficiency:*

The last training was considered to assess the approval efficiency. The NTP managers were asked about the number of signatures required for approval and the time taken in weeks.

Benchmark 2 – *NTP manager empowerment:*

- For this benchmark, two components were combined.
- One component was on hierarchy with three sub-components:
 - The sub-component on number of steps from the health minister carried a score of 2 and thus weighed more;
 - The two sub-components comparing the rank of the NTP manager with that of the HIV programme manager and AIDS commission had a score of 0.5 each; these were not scored for countries that had a low HIV burden compared to TB. These countries were Bangladesh, Indonesia and Pakistan.
- The second component was whether the NTP manager is empowered to get things done through provincial managers. This component was assessed during interviews based on the NTP managers’ responses and carried a score of 1.
- After the scoring as above, the perception of external partners was requested.

The country score was then multiplied by the external partner’s score to get the final score for this component.

Benchmark 3 – *Capacity of the NTP (number of staff in relation to population/burden/provinces):*

- The component on the capacity of the NTP had three sub-components.
- Information on the number of provinces was collected through an Internet search and confirmed during the interviews.
- Information on the estimated number of people who developed TB and population was for the year 2019 and taken from WHO’s Global TB Report 2020.
- Information on the number of technical and managerial staff was as provided by the NTP managers during the interviews.
- The cut-offs for the scoring of this benchmark were subjective. More work needs to be done to establish the norms for this component.
- After the scoring as above, the perception of external partners was requested.

The country score was then multiplied by the external partner’s score to get the final score for this component.

Benchmark 4 – *Ability of the NTP to rapidly adopt/adapt international guidelines:*

Information on this component was available with STP.

Benchmark 5 – *Capacity of the NTP for fund absorption:*

- This benchmark had two components.
- For proportion of expenditure/funding from all sources in the (most recent) year information was taken from the WHO database, which was as reported by the countries.

Absorption of domestic and external sources:

- This was defined as the ratio of total expenditure to total received funding, expressed in percentage.
- Both expenditure and total received funding were taken from the expenditure database available at <https://www.who.int/teams/global-tuberculosis-programme/data>.
- The reported results corresponded to 2019.

Global Fund absorption:

- In theory, this component should reflect the expenditure to signed ratio, analogous to domestic absorption. Unfortunately, the Global Fund does not make the grant expenditure data publicly available.
- As a proxy for Global Fund absorption in a country, the disbursed to signed ratio was calculated for all grants, including TB/HIV grants active during the 2018–2020 funding cycle, and expressed in percentages.

- To accommodate grants with termination dates extending well beyond the end of the funding cycle into years 2021 and 2022, the total budget amounts committed to 2021 and 2022 were subtracted from the signed amount, and absorption was calculated. This correction applied to Ethiopia, Kenya, India, South Africa, Tajikistan, and Uzbekistan.
- The approach used would have overestimated the absorption in countries where expenditure did not follow disbursements. In addition, it was impossible to disaggregate the allocation and disbursements for TB and HIV in the TB/HIV grants.

Question – What do domestic budget funds cover?

- All countries were asked this question; for each option, they had to give a yes or no response.
- The options were: human resources, first-line medicines, second-line medicines, rapid molecular diagnostics, other diagnostics (e.g., microscopy), infrastructure and health system services for TB, programmatic activities (e.g., training, supervision, meetings, trainings, etc.), and other.
- The extent of expenditure was not asked.
- The responses to this question are not presented in the dashboard, but are included in the text.

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Please note that an exhaustive list of documents reviewed is presented in Annex 1.



**Governance of TB Programmes:
An assessment of practices in 22 countries**

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