

## Annexe 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 “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.
- 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.

### 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 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. 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
	<b>Social contract-ing group score</b>	<b>Average of scores for components 9 &amp; 10</b>							

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
		<b>KPs group score</b>	<b>Same as component score as only one component in the group</b>						
* 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 <sup>A</sup> / 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			
	<b>Civil society group score</b>	<b>Sum of scores of 4 components (12-15), each with a score of 1</b>							

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)	
	<b>TB community and subnational entities group score</b>	<b>Sum of scores of components 16 &amp; 17</b>							
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			
	<b>Gender group score</b>	<b>Sum of scores of 6 components (18–23) (each with a score of 1) multiplied by 4/6</b>							
	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		
		<b>Social protection group score</b>	<b>Sum of scores of components 26 &amp; 37</b>						
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		
	<b>Approval pro-cess efficiency group score</b>		<b>Sum of scores of components 29 and 30</b>						

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			
	<b>NTP empowerment group score</b>		<b>Sum of 31 a, b, c &amp; 32</b>						
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			
	<b>NTP capacity group score</b>	<b>Same as component score as only one component in the group</b>	<b>Sum of scores a, b &amp; c multiplied by 4/3</b>						

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				
	<b>Ability to adapt international policies group score</b>		<b>Sum of scores of a, b &amp; c</b>						
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		
	<b>Capacity to absorb funds - group score</b>		<b>Sum of components 35 &amp; 36</b>						
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.