

### 3. Political Commitment

#### Introduction

In TB control, political commitment is absolutely essential for scale-up, impact, and sustainability of effective interventions. Therefore, sustained political commitment is among the five core elements of the DOTS strategy. The commitment of governments to specific policies and programs is notoriously difficult to measure in a quantitative fashion, especially in complex integrated or decentralized health systems.

Nevertheless, it is possible to broadly gauge whether support is strong, moderate, or weak. There are various means by which commitment can be expressed, including 1) via policy document language, 2) via plans, budgets, and financing, and 3) via institutional engagement, human resources availability, and interagency coordination. Each of these areas is covered within the list of indicators described in the following pages.

**Policies:** The first set of proposed political commitment indicators relates to the existence of approved policies that are consistent with effective DOTS delivery. These include documented statements of the priority of TB control and/or communicable disease control, expressed in the national health system and development and poverty reduction policies (Indicators 3.1 and 3.2); standardized and disseminated norms (national TB control manual) (Indicator 3.3); and a commitment to collaborative TB and HIV activities (Indicator 3.12).

**Plans, budgets, and financing:** The second set of indicators relates to the documentation of strategic plans, annual work plans, budgets, and financing to support implementation of stated policies. In countries with high TB burden, a number of key documents are needed to guide, manage, and finance effective TB control and related financial allocations, whether under highly categorical programs or under more integrated systems of health service delivery (Indicators 3.4 through 3.8).

**Institutions, human resources, and coordination:** The third set of proposed indicators concerns the documented evidence of the institutional anchor for coordinated national TB control (i.e., a central TB unit); the availability of key human resources needed to direct and manage TB control interventions; and the existence of an effective coordination mechanism among key agencies in government, the donor community, and civil society, given the technical complexity of TB control and case management (Indicators 3.9 through 3.11).

### **Limitations**

Good TB control performance is not dependent on one expression of political commitment alone. For example, strong policy statements committing to prioritize TB control may not always be accompanied by operational plans and budgets, or by disbursement of funds for implementation and coordination. Furthermore, the indicators provided are only proxies for political commitment and are affected by other variables as well. Therefore, no one or two indicators will adequately reflect commitment, and not all will be appropriate in any given country. A radar graph with high/low or high/medium/low gauges may be a useful way to present and reflect on multiple indicators at once.

Although absolute and relative financial investments may be among the most important measures of political commitment, they are difficult to evaluate on the basis of generic measures. Selecting a proportional measure of financial commitment that could be adopted in a majority of countries would be impossible (e.g., a percentage of gross national product per capita, a percentage of public expenditure in health, a percentage relative to other public health priorities). Such standardized proportions would lend themselves too easily to misinterpretation, given the diversity of factors (e.g., underlying epidemiological burdens, economic and political systems, income, level of donor dependency). Standardized indicator review will be less useful than qualitative assessments of domestic and international financing trends for evaluating commitment and for problem-solving.

Many of the indicators in this section are written to be measured at the national level, but they could be adapted for all levels of a health system.

### **Indicators**

- TB control is among stated priorities
- National TB policy
- National TB program manual
- NTP medium-term development plan and budget
- NTP annual work plan and budget
- Peripheral units with work plan and budget
- Financial resources committed to NTP from the government
- Annual NTP budget allocated to implement DOTS as required by medium-term development plan
- Key NTP staff positions filled
- Interinstitutional coordination of TB control

- Existence and dissemination of NTP annual report
- National TB control policy addresses links between TB and HIV

### **Resources**

*An expanded DOTS framework for effective tuberculosis control. WHO report 2002. Geneva, World Health Organization, 2002 (WHO/CDS/TB/2002.297). (This includes a full explanation of the DOTS strategy and elements, background considerations, and application.)*

Bertrand J, Escudero G. *Compendium of indicators for evaluating reproductive health programs, Vol. 1. Overview indicators that crosscut programmatic areas. Chapel Hill, NC, Carolina Population Center, 2002 (MEASURE Evaluation Manual Series, No. 6).*

*Global tuberculosis control: surveillance, planning, financing. WHO report 2003. Geneva, World Health Organization, 2003 (WHO/CDS/TB/2003.316).*

Hanson C. *Expanding DOTS in the context of a changing health system. Geneva, World Health Organization, 2003 (WHO/CDS/TB/2003.318). (This includes important additional selected indicators that can help gauge the likely effectiveness and/or impact of health reform measures on TB control structures, effectiveness, and sustainability.)*

Pinet G. *Good practice in legislation and regulations for TB control: an indicator of political will. Geneva, World Health Organization, 2001 (WHO/CDS/TB2001.290).*

**Indicator 3.1**

**TB CONTROL IS AMONG STATED PRIORITIES**

**Definition**

A qualitative indicator that notes whether TB control, in particular, or communicable disease control, in general, is among the stated health and development priorities of a government or, specifically, the Ministry of Health. This information is reflected in national planning documents. This is a yes/no indicator.

**What It Measures**

The indicator provides a minimal indicator of government support for TB control and its integration within the array of public health, poverty reduction, or development objectives and priorities. Although TB control has risen as a priority globally and is included among the indicators of the United Nations (UN) Millennium Development Goals, there is still variability in its positioning among the large array of public health and development challenges in countries with high and moderate TB burden. National TB programs and their partners can benefit from engaging in the development, discussion, and/or tracking of large health sector, poverty reduction, and development strategies and planning documents. The existence of TB control as a stated priority does not necessarily signify strong government and partner support for TB efforts. However, the absence of any mention of TB control or communicable disease control may be a signal of important deficiencies in support for TB control and/or engagement of TB control implementers in health or development planning.

**How to Measure It**

This indicator is measured via review of stated references to TB control within the major planning and strategy documents. These will vary substantially from country to country. For example, in some countries, a Planning Ministry will oversee the development of 5-year strategic plans for government investment and activity, as well as annual plans. In other settings, poverty reduction strategy papers are prepared with the assistance of development partners, including the World Bank, the International Monetary Fund, bilateral agencies, and UN agencies. MOHs develop broad sectoral plans and medium-term expenditure frameworks that provide the foundation for prioritizing and allocating the use of scarce human and financial resources.

### **Data Sources**

- Government planning and strategy documents

### **Frequency & Function**

This indicator should be monitored annually or upon release of any new major government and MOH planning and strategy documents. This indicator is measured at the national level.

### **Strengths & Limitations**

As noted above, this is a minimal indicator that is most useful where there may be omissions in references to TB control, when other public health challenges may be noted and addressed. There may be examples where priorities are restricted to one or two themes in the health sector (e.g., HIV/AIDS), and it may be highly appropriate that TB control is not included in this specified first tier of priorities. Where TB control is included in stated priorities, it may still not suggest that TB control is or will be well financed or supported, especially where priorities are numerous or ill defined. Review of planning and strategy documents is an important process in itself. It provides a chance to identify major themes and opportunities for linking TB control within broader concerns (e.g., targeted poverty reduction efforts, responses to urbanization, refugee challenges, penal reform, community-driven development).

**Indicator 3.2**

**NATIONAL TB POLICY**

**Definition**

The government formally adopts, through legislative or administrative measures, a complete national TB control policy that supports the internationally recommended DOTS strategy and guidelines for tuberculosis control. This is a yes/no indicator – either the national policy is complete or incomplete.

**What It Measures**

The adoption of a formal policy demonstrates political commitment to action at the central level and facilitates more effective, strategic implementation of TB control activities. The policy should reflect the internationally accepted DOTS strategy and specify its position in the health system as a key element of health services. The policy should also refer to the role played by management units and facilities at all levels of the health system in DOTS implementation, with a goal of nationwide coverage. This indicator may be helpful for stimulating policy development and for identifying strengths and weaknesses of national TB control policy.

**How to Measure It**

A content analysis of the national TB policy and guidelines should be conducted and matched against the key policy components listed below. Routine monitoring will allow for an assessment to determine which components are lacking. A policy is considered complete if it contains the following key policy components and is formally adopted by the government:

- Program goals
- Establishment of an NTP management unit
- Description of financial and human resources needed by NTP, including roles and responsibilities at all levels
- Description of the smear microscopy network and its use as the primary method for diagnosing pulmonary TB
- Administration of standardized short-course chemotherapy under direct observation
- Description of drug management as well as standardized recording and reporting systems

- ❑ The role of and approaches to the private medical sector
- ❑ Description of the involvement of other government institutions and partner organizations.

#### **Data Sources**

- Formal MOH policies and/or directives regarding TB control at the national level
- Checklist of key policy components

#### **Frequency & Function**

This indicator should be measured annually and used for monitoring purposes.

#### **Strengths & Limitations**

Measurements of political commitment require some subjective evaluation; they are rarely useful for cross-national comparisons and may not capture trends. This indicator goes beyond identifying the existence of a national policy by defining components of a “complete” policy according to international guidelines. This indicator does not ensure that all components are fully funded or implemented, only that the government has articulated political commitment to them. Likewise, the quality of program goals cannot be assessed with this indicator.

**Indicator 3.3**

**NATIONAL TB PROGRAM MANUAL**

**Definition**

A complete manual of norms and procedures for management of DOTS programs exists and is disseminated to all diagnostic and treatment centers affiliated with the NTP.

This is a yes/no indicator—either the manual is complete or incomplete.

**What It Measures**

The existence of an NTP manual to guide implementation of DOTS shows that MOH is taking a step towards institutionalizing norms and procedures associated with DOTS at facilities throughout the health system. The development and dissemination of a manual requires a significant investment of time and money, which the NTP is not likely to make unless it is serious about promoting the DOTS strategy as the national norm for TB control.

**How to Measure It**

The NTP manual should be oriented towards implementing DOTS, as described in the national TB policy (Indicator 3.2). The manual contents should be analyzed and compared with the components listed below. Thus, at a minimum, the following components should be addressed in terms of how they are operationalized through the NTP:

- Program goals
- Establishment of an NTP management unit
- Description of human resources needed by NTP
- Promotion of smear microscopy as primary method for diagnosing pulmonary TB
- Administration of standardized short-course chemotherapy, consistent with WHO recommendations, under direct observation
- Description of drug management system
- Description of standardized recording and reporting system, according to international guidelines
- Roles and responsibilities at different levels
- TB and HIV collaboration.

### **Data Sources**

- Manual of norms and procedures for NTPs
- Checklist of key manual components

### **Frequency & Function**

This indicator should be monitored annually to check whether or not the guidelines for program implementation are appropriate, given the ongoing expansion of DOTS programs in terms of geographic coverage and mandate.

### **Strengths & Limitations**

Similar to other political commitment indicators, the existence of a manual for DOTS implementation does not ensure that the guidelines are used in the everyday practice of TB control at the facility level. This could be due to a lack of training in specific procedures or resistance to change on the part of doctors and other clinicians who are charged with the clinical management of TB. However, without a manual, the NTP has no central reference or resource for program managers who need information on norms and procedures.

**Indicator 3.4**

**NTP MEDIUM-TERM DEVELOPMENT PLAN AND BUDGET**

**Definition**

A complete medium-term development plan and budget, consistent with international guidelines, directs NTP activities over a 3- to 5-year period. This is a yes/no indicator—the MDP and related budget are either complete or incomplete according to international and country guidelines.

**What It Measures**

This indicator measures the ability of the NTP to strategically plan and budget for activities aimed at achieving global targets for TB control. The MDP highlights country needs and resource gaps, emphasizing collaboration among key local, national, and international agencies involved in TB control. The MDP should also reinforce government commitment and be used to mobilize national and external resources. Increasingly, governments (e.g., Ghana, Uganda, United Republic of Tanzania) are developing strong frameworks for medium-term planning in the health sector as a whole and providing parameters for disease- or program-specific plans.

**How to Measure It**

The MDP and budget contents should be analyzed and compared with the key MDP components listed below. The MDP framework may vary from country to country and should not only be consistent with international guidelines, but also with national health sector guidelines for programmatic development plans. In countries where sectorwide planning is occurring, the NTP MDP and budget may fall within sectorwide planning and not as a separate document. In a decentralized system, components may appear at the regional or district level; however, the NTP should provide advocacy and technical support for these areas in its work plan. The design of decentralized plans may depend on local MOH guidelines. The MDP should reflect all components included in a complete national policy (Indicator 3.2), as well as the following additional components:

**Medium-term development plan**

- Situation analysis
- Clear goals and measurable objectives that support the NTP policy, with indicators defined for each goal and objective
- Strategies to meet NTP objectives, including:

- ❑ DOTS components: political commitment; case detection; case management (including D.O.T.); drug supply; recording and reporting system; and human resources development, supervision, and health systems
- ❑ Specific initiatives to improve or broaden DOTS: examples include TB and HIV collaborative activities, MDR-TB/DOTS-Plus, public and private mix, infection control, operations research, community-based DOTS, social mobilization/IEC, and prison-based initiatives
- ❑ Activities to support program goals and objectives
- ❑ Monitoring and evaluation of national TB program implementation
- ❑ A timeframe.

### **MDP budget**

- ❑ Budget defined for each DOTS component
- ❑ Budget defined for each specific initiative to improve or broaden DOTS
- ❑ Budget tables showing both the total budget and a detailed breakdown by line item (e.g., each DOTS component, each specific initiative) and funding source (e.g., government, WHO, World Bank loan, USAID, GFATM)
- ❑ Harmonization of donor funding and general roles and responsibilities of partners.

### **Data Sources**

- NTP MDP and budget

### **Frequency & Function**

This indicator should be measured as a monitoring indicator every 2 to 3 years to detect any revisions that may be made during implementation and to provide an overall strategic context for other activities that are reviewed more frequently.

### **Strengths & Limitations**

The measurement of the MDP and budget alone is not a measure of quality or whether the NTP can implement the MDP given political, financial, or epidemiological realities. Furthermore, in the context of a decentralized NTP, the plan and budget may not necessarily translate into action at the district level.

In countries that develop a framework for medium-term planning in the health sector as a whole and provide parameters for disease- or program-specific plans, it is important for the NTPs to work with partners in MOH to develop these sectorwide plans, seek endorsements of them, and ensure that their objectives, major strategies, and results are incorporated into larger synthesis planning and reporting documents.

**Indicator 3.5**

**NTP ANNUAL WORK PLAN AND BUDGET**

**Definition**

A complete annual plan and budget, consistent with international guidelines and the MDP, that describes the NTP activities to be undertaken in a specific year, the budget for these activities, and the sources of funding for these activities. This is a yes/no indicator—the plan and budget are either complete or incomplete.

**What It Measures**

This indicator measures the ability of the NTP to translate its MDP into a detailed annual plan and budget. In a decentralized system, annual plans and budgets may also be produced at the regional or district level.

**How to Measure It**

The contents of the annual plan and budget should be analyzed and compared with the key components listed below. In countries where sectorwide planning is occurring, the NTP annual work plan and budget may fall within this framework and not as a separate document. The plan should be consistent with national policy (Indicator 3.2) and the MDP (Indicator 3.4) and should include, at the minimum, the following components:

**Key components: annual plan of activities**

- Detailed list of activities for each objective defined in the MDP
- Timeframe for each activity
- Definition of the person(s) or agency responsible for implementation of each activity
- Definition of the indicators to be used to assess whether or not activities were successfully implemented
- Definition of the budget required for each activity, whether or not activities were successfully implemented
- Description of the source of funding for each activity.

**Key components: annual budget**

- There should be a table summarizing the budget required for the annual plan of activities. This should include the total budget requirements and a breakdown of the budget by line item (e.g., each component of DOTS, any specific initiative designed to improve or broaden DOTS) and funding source (e.g., government, WHO, World Bank, USAID, GFATM).

### **Data Sources**

- NTP annual plan and budget
- MDP

### **Frequency & Function**

This indicator should be measured annually and routinely used as a monitoring indicator.

### **Strengths & Limitations**

Assessment of the annual work plan and budget alone cannot measure successful implementation or whether the planned activities and budget will be sufficient to achieve MDP objectives. Furthermore, in the context of a decentralized NTP, the plan and budget may not necessarily translate into action at the district level.

**Indicator 3.6**

**PERIPHERAL UNITS WITH WORK PLAN AND BUDGET**

**Definition**

In a decentralized system, the percentage of peripheral management units (e.g., regional and district offices) with budget responsibility for which a complete annual work plan and budget consistent with international guidelines and the MDP are available.

$$\frac{\text{Number of peripheral management units for which a work plan and budget are available}}{\text{Total number of peripheral management units with budget and planning responsibility}} \times 100$$

**What It Measures**

This indicator measures the planning capacity of peripheral management units in a decentralized health system. Thus, it provides information on how well the NTP is organized at the subnational level. Decentralization is a relatively new concept for many countries, and a lack of managerial experience at peripheral units impedes the effective implementation of NTP policy. All decentralized NTPs should aim to reach 100% on this indicator. It should be used as an internal indicator for the NTP and validated during an external monitoring activity.

**How to Measure It**

Determination of the numerator and denominator will depend on whether or not peripheral management units are required to submit annual work plans and budgets to the central NTP management office. Where these units submit the items to the central office, the numerator is the number of units that submitted a complete work plan and budget to the NTP for the current fiscal year, and the denominator is the total number of units required to submit plans to the central level. Where the work plan and budget remain at the peripheral level, the numerator is the number of units included in the current M&E activity that have a work plan and budget, and the denominator is the total number of units included in the M&E activity. Regardless of the method, each work plan and budget should be reviewed with the list of key components for work plans and budgets included in Indicator 3.5.

### **Data Sources**

- Work plans and budgets available at the central level or at peripheral units
- Checklist of key components for annual work plans (Indicator 3.5)

### **Frequency & Function**

This indicator should be measured annually and used as a monitoring indicator, especially in countries that are currently decentralizing management of the health sector.

### **Strengths & Limitations**

The measurement of the annual work plan and budget alone is not a measure of quality or whether the NTP can implement the plan given political, financial, or epidemiological realities. Additionally, the plan is not meant to provide details on activities nor serve as an indicator of the adequacy of resources committed to each component. TB activities may not have the same priority at the district level as at the national level, given the smaller population and number of TB cases; TB activities and budget may be part of communicable diseases or a general PHC system and not identified specifically.

**Indicator 3.7**

**FINANCIAL RESOURCES COMMITTED TO NTP FROM THE GOVERNMENT**

**Definition**

The percentage of the NTP budget, as defined in the MDP or annual plan of activities, that is funded by the national government.

$$\frac{\text{Total funding from the national government for the annual plan of activities}}{\text{Total budget required for full implementation of the annual plan of activities (consistent with MDP)}} \times 100$$

**What It Measures**

This indicator measures the national government's level of financial commitment to TB control.

**How to Measure It**

Data on available funding should be compiled and compared with the budget defined in the annual plan of activities.

**Data Sources**

- Annual TB work plan and budget
- MDP budget

**Frequency & Function**

This indicator should be measured annually and used as a monitoring indicator.

**Strengths & Limitations**

The components of the NTP budget must remain fairly consistent in order to make comparisons over time. A more general limitation of this indicator is that most existing budgets do not cover the costs of resources that are essential for TB control but that are shared by TB programs and other programs and services (e.g., general health services, staff, buildings). These resources are usually funded primarily by the national government, but they are not measured in this indicator. As a result, the indicator may underestimate the total contribution of the national government to TB control, as well as the overall fraction of total TB control costs that are funded by the national government.

**Indicator 3.8**

**ANNUAL NTP BUDGET ALLOCATED TO IMPLEMENT DOTS AS REQUIRED BY  
MEDIUM-TERM DEVELOPMENT PLAN**

**Definition**

Total amount of funds (all sources) available to NTP for DOTS-based TB control, as a percentage of the annual amount specified by the MDP for DOTS implementation and related activities.

$$\frac{\text{Total amount of funds allocated for DOTS-based TB control in the previous year's NTP budget}}{\text{Total amount of funds budgeted for DOTS-based TB control in the previous year's NTP budget as described in the annual plan}} \times 100$$

**What It Measures**

This indicator demonstrates progress made by the NTP in securing funds for implementation of DOTS and identifies important funding gaps that will need to be filled by government, donors, or both in order to make progress in global TB control. The proportion of funds needed that is annually available is also a check on whether or not goals and objectives in the MDP are realistic and sustainable over the 3- to 5-year planning period.

**How to Measure It**

The numerator is the amount of funds from all sources that were allocated for TB control in the annual work plan or MDP for the previous year. The denominator is the corresponding annual figure budgeted for the annual work plan or MDP.

**Data Sources**

- Annual NTP work plan and budget
- MDP budget

**Frequency & Function**

This indicator should be measured annually and used as a monitoring indicator.

### **Strengths & Limitations**

As with other financial indicators, the components of the NTP budget must remain fairly consistent for comparisons to be made over time. A more general limitation of this indicator is that most existing budgets focus on costs specific to TB control. They do not include an assessment of costs to the general health system (e.g., for staff and buildings that are shared among different types of patients and are required with or without a TB control program). These resources are essential for successful TB control but are not necessarily measured in this indicator. The indicator may also be used to determine whether or not funding levels are appropriate for specific DOTS components and activities, especially if a DOTS-Plus pilot or another costly program is introduced.

**Indicator 3.9**

**KEY NTP STAFF POSITIONS FILLED**

**Definition**

The percentage of key NTP positions filled by local staff, according to MDP.

$$\frac{\text{Number of key NTP positions filled by local staff}}{\text{Total number of key NTP positions, as described in the NTP human resources development plan}} \times 100$$

**What It Measures**

This indicator measures political commitment to TB control in terms of human resources and provides information on the organizational and human resources capacity to perform and achieve the objectives outlined in the MDP. Specifically, the NTP requires a combination of employees possessing skills in clinical management, laboratory expertise, data management, drug procurement and distribution, training, and supervision. Some NTPs will meet staffing needs through a unique combination of employees possessing the necessary skills to manage the program. This may include full-time staff in some areas of program management and part-time staff who are “shared” with other programs, as is common in NTPs that combine their efforts with leprosy programs or are part of a larger communicable diseases office.

**How to Measure It**

Staff positions included in the numerator and denominator should include managerial staff; clinical staff employed at the service delivery level are not included. Technical advisors supported by donors should not be included in the assessment of optimum staffing levels, and the contribution of part-time staff working on other infectious disease programs must be considered in light of the TB situation in a given country.

A program could be considered fully staffed if the following key areas are covered by a combination of staff who work full- or part-time for the NTP, according to the human resources development plan (if available).

National Level	Regional Level	District Level
<ul style="list-style-type: none"> <li>• Overall TB program management</li> <li>• TB laboratory management</li> <li>• Drug management</li> <li>• Human resources development</li> <li>• M&amp;E</li> <li>• Research</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of TB control activities</li> <li>• Laboratory management</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of TB control activities</li> <li>• Laboratory management</li> </ul>

Depending on the epidemiological situation, country size, TB burden, and TB program activities, specific staff may be necessary at the national level or for programs for TB/HIV, MDR-TB, and social mobilization/IEC.

### **Data Sources**

- NTP organizational diagram, with clearly assigned staff positions and their functions
- Human resource development plan

### **Frequency & Function**

This indicator should be measured annually because of staff turnover and changes due to disease burden (other than TB) or other MOH priorities beyond the control of the NTP.

### **Strengths & Limitations**

This indicator can only provide a “snapshot” of the human resources situation at one point in time. One important limitation of this indicator is that it does not measure competency of the staff filling key positions. Second, if the program has local staff whose salaries are subsidized by donors, the NTP is not as committed to providing human resources as an NTP where all staff salaries are covered by the government budget. Another limitation is that the denominator is the number of key positions described in the human resources development plan. If this plan is not well developed to fit the TB situation in the country, the indicator loses its value.

**Indicator 3.10**

**INTERINSTITUTIONAL COORDINATION OF TB CONTROL**

**Definition**

Existence of an interinstitutional coordinating body consisting of key agencies and institutions, of the public and private sectors, that participate in a formal process of planning, implementation, and funding of TB control. This is a yes/no indicator.

**What It Measures**

This indicator demonstrates commitment to a comprehensive and multisectoral approach to TB control. Depending on the country, there are a variety of agencies involved with TB control, and these will be specific to the context. Examples include MOH, Ministry of Justice, Ministry of Interior, national AIDS control program (NACP), private sector health care associations, and NGOs. Ideally, all agencies implementing TB control activities should be coordinated through a national TB advisory committee or task force, and specific referral systems, for example, between the prison and civilian TB systems, should be established. In some countries, the concept of a Stop TB partnership is being established at the country level.

**How to Measure It**

There are three basic components to this indicator, and each country program should be scored yes/no on the basis of the evidence of the components:

- Evidence of regular coordination among and communication between key partners (e.g., meeting reports)
- Evidence of standardized recording and reporting to the NTP (e.g., review of reporting forms)
- Evidence that all key agencies involved in TB control follow NTP guidelines.

This indicator is measured at the national level; however, participation in these activities by local or regional associations or NGOs involved with TB control should be documented and encouraged.

**Data Sources**

- Reports from coordination meetings
- Joint planning documents, if available
- Recording and reporting forms

### **Frequency & Function**

This indicator should be measured annually as a monitoring indicator for tracking organizational involvement in TB control.

### **Strengths & Limitations**

This indicator is not useful for cross-country comparisons because of its subjective nature. Measuring the contribution of key agencies may be problematic. For example, if two agencies are working together and achieve the three components but do not include a third agency managing a significant part of the TB burden in the country, the indicator will lose its value. Additionally, where the NTP has decentralized planning and implementation at the regional or district level, there may be local organizations that are involved with TB control activities but are not represented at the central level, so their presence and coordination with other local actors should be considered.

**Indicator 3.11**

**EXISTENCE AND DISSEMINATION OF NTP ANNUAL REPORT**

**Definition**

A complete report on NTP outcomes and activities is produced and disseminated annually. This is a yes/no indicator.

**What It Measures**

The existence of an annual report allows the NTP, MOH, donors, and other interested parties to track yearly progress in DOTS implementation and shows the capacity of the NTP to compile data, report on key indicators, and assess general strengths and weaknesses of the DOTS program. The production of a basic annual report also demonstrates accountability to MOH and donors.

**How to Measure It**

The report should correspond to priorities and objectives identified in the annual work plan; report the outcomes of key activities of the program, including cohort analysis outcomes and results of global and program indicators; analyze NTP challenges; and specify next steps to address these concerns. Additionally, it should be disseminated to all levels of the program and to the partners identified in Indicator 3.10. If countries are required by MOH to report on priority programs (including TB) in a standardized format, this report is sufficient.

**Data Sources**

- NTP annual reports
- Dissemination records

**Frequency & Function**

This indicator should be measured annually.

**Strengths & Limitations**

The key limitation of this indicator is that the development and existence of an annual report do not ensure that it has correctly identified programmatic strengths and weaknesses, nor that it is used for future program planning and management.

**Indicator 3.12**

**NATIONAL TB CONTROL POLICY ADDRESSES LINKS BETWEEN TB AND HIV**

**Definition**

National TB control policy, endorsed by government, addresses the link between TB and HIV, and the potential impact that HIV may have on TB control throughout the country. This is a yes/no indicator—either the national policy is complete or incomplete.

**What It Measures**

This indicator measures government commitment to TB and HIV collaboration by evaluating whether government TB policy assesses and addresses the potential impact that HIV may have on TB control. A national TB control policy is an official government statement that establishes goals for TB control, includes strategies for attaining them, and guides implementation of a comprehensive TB control program. The potential impact of HIV on TB control is so great that it is considered essential that governments accept the link between TB and HIV and explicitly address, within the national TB control policy, the likely impact of HIV on TB control in their setting.

**How to Measure It**

National TB control policy should reflect international policy guidance on collaborative TB and HIV activities. A content analysis of the government's TB policies, plans, and/or guidelines should be conducted and matched against the key policy components listed below. A policy is considered complete if it contains all of the following eight key components:

- Explicit recognition of the potential impact of HIV on TB control
- Inclusion of NACP representative in the planning process of the NTP
- Surveillance of HIV prevalence among TB patients that is consistent with international recommendations
- IEC strategy for TB that includes appropriate information about HIV
- Training for those working in TB that includes appropriate information about HIV
- Recommendation of intensified TB case-finding for all who test positive for HIV
- Eligibility of HIV-infected TB patients for antiretroviral therapy as indicated by national protocols
- Full access to the continuum of care for people living with HIV/AIDS (PLWHA) granted to TB patients who are infected with HIV.

Additional components are required for countries with a generalized HIV epidemic (more than 1% in the general population):

- ❑ Establishment of a national TB and HIV coordinating body, technical advisory committee, or task force
- ❑ HIV testing and counseling that are routinely offered to all patients diagnosed with TB
- ❑ Availability of cotrimoxazole preventive therapy for all HIV-positive TB patients and PLWHA consistent with international guidelines.

Supporting documentation should include the policy, plan, or guideline itself, as well as where or by whom it was issued or published.

### **Data Sources**

- Policy audit of MOH and NTP records and policies
- Checklist of key components for policy

### **Frequency & Function**

This indicator should be measured at the national level every 3 to 5 years if complete or annually if not complete.

### **Strengths & Limitations**

Measuring political commitment and policy analysis involves some subjective judgment and limits use in cross-national comparisons, and it may not capture trends over time. This indicator goes beyond measuring the simple existence of a TB prevention and control policy by defining standards that must be met in order to have a “complete” policy that addresses the issue of HIV according to international guidelines, thus eliminating some, though not all, subjective judgment. This indicator is useful in describing which countries have a formal and complete policy and which are lacking, and thus where policy development work is most needed.

Although this indicator measures the commitment of an NTP to HIV control, a similar indicator is needed to measure the commitment of national HIV/AIDS programs to TB; for example, a national HIV/AIDS control policy, endorsed by government, addresses the link between TB and HIV, as well as the importance of TB as a major treatable and preventable cause of morbidity and mortality among PLWHA. A full description of this indicator is forthcoming from WHO.