Key elements to develop a National Strategic Plan for TB care and prevention

Dr Giuliano Gargioni, Dr Salah Ottmani
Technical Support Coordination
Global TB Programme,
WHO, Geneva, Switzerland

Workshop on the development of National Strategic Plans
Cepina, Italy, 17 - 28 November 2013
Rationale for NSP preparation/update

• The National Strategic Plan (NSP) for TB control is a key instrument for NTP management.

• It should be based on clear situation analysis of the TB epidemic and of the TB control programme in each country.

• It should clearly state goal(s) and targets and identify the interventions to achieve them.

• It is a necessary tool to mobilize resources to implement these interventions.
Purpose of National Strategic Plans

- To set **goals** and **operational objectives** of the NTP.
- To decide and agree on key **strategic interventions**.
- To specify **activities** to be implemented.
- To prepare the related **budget** and identify funds availability and gaps.
- To establish standards and indicators to **monitor and evaluate** the strategic interventions.
- To **operationalize** the implementation of activities:
  - **Where** to implement these activities?
  - **When** to implement these activities?
  - **Who** will implement these activities?
  - **How** to monitor their implementation?
- To identify and plan the **technical support needs**.
The essential components of a National Strategic Plan

1 – Narrative description of the **core plan**
2 – **Budget** plan
3 – **Monitoring and evaluation** plan
4 – **Operational** plan
5 – **Technical assistance** plan

**Key principles to guide the NSP development/update:**

- All 5 essential components should be included.
- The NSP should be in line (e.g. HS structure and operations) with the national health policies and plan.
- Gaps analysis, objectives, interventions and related budget should all be consistent with each other.
The NSP is a framework for resource mobilization

- NSP can guide **mapping** and engagement of available **partners** and **resources** and help identifying **gaps** and **priorities** (essential tool for GF country dialogue).

- NSP is a basis for identification and **inclusion** of new partners in both advocacy and implementation activities.

- NSP should be used to **mobilize resources** at national and international levels, through bilateral and multilateral mechanisms (e.g.: Global Fund)
1st component: the Core Plan

• Situation analysis:
  - Health and health system context
  - Analysis of TB burden
  - Intervention measures undertaken to date
  - Outcomes of these intervention measures

• Strategic (SWOT) analysis:
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats

• Identification of gaps
SWOT analysis is a tool that sets the stage for strategic planning. Data are collected and sorted into four categories: strengths, weaknesses, opportunities, and threats.

- Strengths and weaknesses stem from factors within the organization (internal environment).
- Opportunities and threats usually arise from external factors (external environment).

SWOT analysis aims to inform the decision-making process to determine which strategic element or approach best meets the organization’s overall strategic plan.
Gap analysis

SWOT analysis also leads to the identification of gaps. **Gaps are differences between where the organization currently stands and where it needs to be in terms of performance.** These gaps become the focal points that shape the strategic plan.

The gap analysis promotes:

1. better understanding of barriers to change, innovation, and the transfer of knowledge into practice;
2. addressing operational problems and improving outcomes;
3. more efficient allocation of resources.
Inappropriate formulation of gap analysis

**Examples** of wrong formulation:

1. The managerial capacity of the NTP should be strengthened:
   - More staff should be recruited at central level.
   - Cars should be purchased for supervision.

2. PPM activities should be implemented.

3. There is no community DOTS.
1st component: the Core Plan (cont...)

- Definition of clear **goals** in line with SMART criteria
- Specification of **operational objectives**:
  - They should match with the situation analysis
  - They should be defined following SMART criteria
- Identification of **strategic interventions**:
  
  Each intervention should:
  - be clearly specified
  - have target(s) defined in SMART criteria
  - match with at least one strategic objective
  - include specific activities
A reminder about thinking SMART...

- **Specific**: goals/objectives target a specific area for improvement.
  

- **Measurable**: goals/objectives must be stated in quantifiable terms, or otherwise they’re only good intentions. Measurable goals facilitate planning, implementation, M & E.
  
  (questions: How much? How many? How do we know it is achieved?)

- **Attainable**: goals/objectives must provide a stretch that inspires people to aim higher and they must be achievable, or they’re a set-up for failure.
  
  (questions: How can the goal be accomplished?)

- **Relevant**: goals/objectives that matter, aligned with other goals/objectives and supporting them.
  
  (questions: Is this the right time for this? Is it worth?)

- **Time-bound**: goals/objectives must include a timeline of when your goals should be accomplished. The time frame helps to focus efforts and plan the necessary actions over time.
2nd component: the Budget Plan

- The budget plan is a fundamental component of the NSP.
- It should refer to each operational objective, each strategic intervention and activity and sub-activity specified in the core plan.
- It should be established for: each quarter, each year and the whole period covered by the NSP.
- It must be fully consistent not only with the core plan but also with the monitoring and evaluation plan, the operational plan and the technical assistance plan; to this end, a consistent numbering system needs to be used.
Example:
Goal: To decrease TB mortality to one death per 100,000 population by 2020.

Objective 1: To increase TB cure rate from 50% to 90% by 2017 onwards.

1.1. Improving and strengthening the managerial capacities at district level
   1.1.1. Clear definition of the role of the managerial unit for TB control at district level
   1.1.2. Reassignment and recruitment or of the appropriate staff according to the post descriptions in the Central Unit
   1.1.3. Appropriate training of the managerial staff at district level
   1.1.4. Organization of supervision activities from the district level
   1.1.5. Organization of training activities for health workers at district level

1.2. Implementation of TB drug treatment services in health facilities and community
   1.2.1. Appropriate drug supply and management
   1.2.2. Involvement of local community volunteer in treatment supervision
   1.2.3. Enablers for the patient to come to the health facility for monitoring and after hospitalization
   1.2.4. Provision of mobility means to the PHC workers to find identified defaulters
2nd component: the Budget Plan (cont...)

• The budget plan must establish the cost for:
  - each activity and sub-activity;
  - each strategic intervention;
  - each operational objective;
  - each goal;
  - for the whole plan.

• Distribution of the costing can be made by quarter (ideally for the 1st and 2nd year) and by year for the other 2-3 years.

• The WHO Planning and Budgeting Tool has been designed to help in the budgeting exercise:
  
Calculating the budget for a given activity requires the following steps:

1. The **unit cost of the activity** needs to be specified. For instance, if the activity is training, the unit cost of training is the cost of one training session.

2. The **quantity of units required** to implement the activity for each year of the NSP needs to be established. Example: number of training sessions.

3. The **quantities of units by quarter** for the first 2 (or 3) years need to be established. For the remaining years, the annual quantities will be specified.

4. The **total amount** of money requested for funding for each year for each activity, will be calculated multiplying the quantities by the unit cost of the activity.
The budget plan should identify:

- the funding contribution:
  - of the government
  - of each partner
  - for every year
  - for the overall period covered by the plan
- the activities and the strategic interventions that are not covered by any funding;
- the funding gap for:
  - every year
  - the overall period covered by the plan.
3rd component: Monitoring & Evaluation Plan

Monitoring and evaluation are essential managerial functions in every health plan.

The M&E plan is essential in order:
- to **monitor** the progress made in the implementation of planned activities and delivery of services (this is an ongoing, continuous process)
- to **evaluate** the progress made to achieve the intended objectives and targets (this is usually a periodical process)
The M&E plan should clearly identify and define indicators; the **indicators are the key instruments** for monitoring and evaluation.

An indicator provides an assessment of the achievements or helps evaluate the level of some health condition in a given population.

An indicator can be expressed as:

- an **absolute number** (e.g.: number of notified TB cases)
- a **rate** (e.g.: notified TB incidence)
- a **proportion** (e.g.: prevalence of MDR in new TB cases)
- a **ratio** (e.g.: number of MDR cases managed per Health Facility)
- an **index** (e.g.: body mass index of TB patients: Kg / m²)
There are 4 categories of indicators:

- **Impact** indicators: focus on goals (e.g.: mortality, prevalence, incidence)
- **Outcome** indicators: focus on operational objectives (e.g.: number of cases detected, cure rate)
- **Output** indicators: focus on strategic interventions (e.g.: number of MDR-TB cases managed)
- **Process** indicators: focus on activities and sub-activities (e.g.: number of health workers trained)

Others may be considered: Input indicator: e.g.: budget allocated annually.
The M&E plan must be consistent with the other components of the NSP and use the same numbering system.

For each indicator, the following elements must be specified:

- **purpose** of the indicator (impact, outcome, output, process, input);
- **how** it will be calculated (absolute figure, proportion, ratio, rate, index, others);
- **source(s)** of information that will be used; if it is a rate, ratio or proportion, sources of information for the numerator and denominator should be clearly identified;
- **how often** the information will be collected (periodicity/timeliness);
- **who** will collect it;
- **at which level(s)** it will be collected, compiled and analyzed;
- **to whom** the information should be disseminated;
- values of the indicator at the **baseline** and **expected values** within the timeframe covered by the NSP.
## Examples of indicators

<table>
<thead>
<tr>
<th>Type</th>
<th>Indicator</th>
<th>Baseline</th>
<th>Target (2017)</th>
<th>Source/responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>TB mortality</td>
<td>30/100,000 (WHO est.)</td>
<td>20/100,000</td>
<td>WHO estimates</td>
</tr>
<tr>
<td>Outcome</td>
<td>MDR Treatment success rate</td>
<td>50% (2009, NTP)</td>
<td>85% will be successfully treated by 2017</td>
<td>NTP report</td>
</tr>
<tr>
<td>Output</td>
<td>Number and % of MDR-TB cases managed in line with the national policy</td>
<td>300 (2009, NTP) 5% (2009, NTP)</td>
<td>6,000 (100%) by 2017</td>
<td>NTP report</td>
</tr>
<tr>
<td>Process</td>
<td>Number of health facilities insuring MDR-TB care services</td>
<td>18 health facilities</td>
<td>300 health facilities</td>
<td>NTP data</td>
</tr>
</tbody>
</table>
3rd component: Monitoring & Evaluation Plan (cont…)

- The **number** of indicators should be limited to the most essential ones.
- The indicators for which the source of information is not available or not accessible should not be considered; it is important to consider indicators for which there are appropriate **sources of information**.
- Indicators for the goals (**impact**), for the operational objectives (**outcome**) and for all the strategic interventions (**output**), as defined in the core plan, should be included in the M&E plan.
- The **process** indicators need to be considered only for the key activities (most of the process indicators are considered in the operational plan).
- Including too many indicators in the plan may be onerous and result in collection of low quality information.
4th component: the Operational Plan

- It should clearly **identify the activities** (and sub-activities) that should be implemented for each strategic intervention.
- It should clearly refer to the operational objectives associated with these strategic interventions (and activities)
- It should be **consistent** with the strategic core plan, the budgeting plan and the monitoring and evaluation plan: activities, strategic interventions and operational objectives highlighted in the operational plan must be the same as those identified in the strategic core plan and the budget plan.
4th component: the Operational Plan (cont...)

- The operational plan should be prepared covering in details **1 or 2 years** of the overall period covered by the NSP.
- The timeframe for the implementation of activities should be organized on a **quarterly basis**.
- Details about the implementation of activities for the **remaining years** of the NSP don't need to be included at this time.
4th component: the Operational Plan (cont...)

The operational plan should provide, for each activity, the following information:

- Clear **specification** of the activity (unit)
- **When** will it be implemented?
- **Where** will it be implemented?
- **Who** will be the implementer?
- How much will the implementation **cost**?
- What is the **source of funding** for the implementation of this activity?
- How is the implementation going to be **monitored and evaluated**? (usually through process indicator, possible output indicator, or other)
- Other **relevant details**, depending on the activity; e.g.: need for technical assistance.
**Objective 1.** i) to improve TB notification by 20% in 2013 and by 40% in 2014 in comparison to the year 2011 and ii) to increase TB cure rate by at least 10% in 2013 and 20% by 2014 in comparison to 2011

### January - March 2012

#### Strategic intervention 1.1. Improvement of health workers’ skills to identify and manage TB cases

<table>
<thead>
<tr>
<th>Unit</th>
<th>Quantity</th>
<th>Date</th>
<th>Location</th>
<th>Implementer</th>
<th>Cost In US$</th>
<th>Source of funding</th>
<th>Indicator</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1. Training</td>
<td>1.1.1.1. Development of training material</td>
<td>Set of training material</td>
<td>1 set of training material</td>
<td>January 2012</td>
<td>Tuberculand NTP</td>
<td>10,000</td>
<td>MOH</td>
<td>Set of training material developed</td>
</tr>
<tr>
<td></td>
<td>1.1.1.2. Printing the training material</td>
<td>Set of training material</td>
<td>10,000</td>
<td>1-15 February 2012</td>
<td>Teebeegrad NTP</td>
<td>5,000</td>
<td>MOH</td>
<td>Number of sets of training material printed</td>
</tr>
<tr>
<td></td>
<td>1.1.1.3. Training of health workers</td>
<td>Doctor</td>
<td>50</td>
<td>20 – 24 February 2012</td>
<td>Smearville Bingo</td>
<td>3,000</td>
<td>USAID</td>
<td>Number of doctors trained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse</td>
<td>100</td>
<td>1 – 15 March</td>
<td>Sputumovich Casino</td>
<td>6,000</td>
<td>GF</td>
<td>Number of nurses trained</td>
</tr>
<tr>
<td>1.1.2. Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5th component: the Technical Assistance Plan

- The technical assistance plan should be consistent with the other components of the NSP, using the same numbering system.
- Most importantly, it must be closely linked to the operational plan, on which it should be based.
- It provides detailed information on the technical assistance required to implement strategic interventions and activities highlighted in the operational plan.
- It should cover needs identified for the initial 1-2 years of the NSP.
The following information must be specified for each strategic intervention or activity that requires technical assistance:

- A brief description of the terms of reference of the TA needed.
- A brief description of the profile of the expert who will provide the TA.
- The identification of the institution/department responsible for implementing the activities that require TA.
- The timeframe to carry out the technical assistance.
- The estimated cost of the technical assistance.
- The confirmation of the funding source, if available.
- The identification of the funding gap, if there are no funds to cover the cost of the technical assistance.
6th component: Emergency Preparedness plan

• This 6th component should be seriously considered in countries with a fragile security situation or prone to natural disasters.

• The preparedness plan should be prepared for the acute phase of any complex emergency, when health service delivery can be disrupted.

• The plan should focus on ensuring the availability and access to TB treatment for the patients who were on treatment for TB before the crisis

Conclusion

- Country ownership.
- Clear vision about priorities in TB care and prevention and inherent interventions.
- Budget and costing of all interventions is essential.
- NSP as a framework for resource mobilization from government and local and international partners/donors.
- Involvement and contribution of GF and other donors in the implementation of the NSP.
- Establishment of a sound TA plan based on the operational plan.