1. Core plan

2. Operational plan

3. M&E plan

4. Budget plan

5. Technical support plan

6. Emergency preparedness plan

Considerations on methodology:

- NATIONAL LEADERSHIP: The NTP leads the NSP development process.
- INCLUSIVE PROCESS: National, regional and district level authorities are part of the NSP development, together with civil society actors, affected communities, private sector, development partners and other relevant stakeholders.
- NATIONAL COHERENCE: Alignment with country health priorities and existing national policies.
- COHERENT and CONSISTENT PLAN: Consistency across all sections of the plan, by defining a coherent numbering system.

Developing an evidence-based and prioritised NSP

Background analysis includes health system context, analysis of TB burden, intervention measures undertaken to date, interventions’ outcomes, SWOT analysis, identification of gaps, prioritization of interventions.

Description of TA needs

Identification and definition of indicators for each section of the plan

Mapping out availability and source of financial resources

 Especially for challenging operating environments.

PCF feeds the core plan

PCF feeds the core plan

Not mandatory

Developing the core plan based on the People Centred Framework (PCF)

A. Extract data from 3 types of evidence: EPI evidence, people evidence, system evidence
B. Meet and discuss with all relevant stakeholders working on TB, including NGOs and CBOs
C. Organize a national workshop and follow the 3 planning steps: problem prioritization; root cause analysis; intervention optimization.

Preparing for the NSP development:

A. Develop the NSP roadmap.
B. Establish the writing committee.
C. Discuss with MOH/MOF the health policy context and the available financial envelope.

Finalizing the process,

A. Meet with stakeholders to discuss the draft NSP for final consensus.
B. Seek approval and endorsement by MOH/Government.
C. Use the NSP to mobilize and secure resources with government and donors Process.
The Core plan

The NSP core plan outlines the goals, objectives, strategic interventions and activities over a period of time. It should include:

- an analysis of the TB burden and TB situation
- a clear description of the challenges and programmatic gaps
- definitions of the goals and objectives
- identification of strategic interventions and their related activities and sub-activities

A. Situation analysis of the country

Description of the country context
- Geography
- Demography
- Socio-economics and economic development agenda
- Health system

Situation analysis
- TB burden
- HIV/AIDS situation
- Drug-resistant TB
- Organization of national TB programme
- Results of TB policies implemented to date

Strength, weakness, opportunity and threat (SWOT) analysis

The SWOT analysis is a prerequisite step to undertaking the gap analysis. This analysis helps the NTP to identify the positive and negative influencing factors that are inside and outside the programme. Strengths and weaknesses refer to the factors that are inside and outside the programme, while opportunities and threats refer to factors that are beyond the scope of TB programmes but may have a significant influence on TB.

The gap analysis is a fundamental step in the development of the NSP and, therefore, should be well described in the core plan.

The gap analysis is based on SWOT analysis. It should describe the constraints and insufficiencies that have been identified and that can explain the current and expected weaknesses in the TB or, TB elimination strategy. It should describe what has been lacking, missed or not achieved through the implementation of the ongoing TB strategy.

This analysis should be done for each pillar of the WHO End TB strategy.

Example of a goal and of two objectives related to the goal:

**GOAL**: To reduce the mortality from TB by at least 10% per year from 2020 onwards

**OBJ 1**: To increase by 2022 the number of all forms of TB notified to 35,000 per year and successfully treat at least 85% of them. Then to further increase by 2019 this annual number to 42,000 cases per year and successfully treat at least 90% of them.

**OBJ 2**: To successfully treat at least 75% of new MDR-TB cases identified in 2020 and at least 85% of those identified in 2021.

B. Programmatic gap analysis per pillar of the End TB strategy

The identification of gaps and constraints will help to define goals and objectives of the NSP.

**Formation of goals**

Each goal should be defined in line with SMART criteria: specific, measurable, attainable, relevant and time-bound criteria.

**Examples**:
- Reduce the mortality from TB by at least 10% per year from 2020 onwards.
- Reduce the prevalence of TB from 140 per 100,000 population in 2005 to 70 per 100,000 population by 2020.

**Formation of objectives**

Each objective must be a clear statement, logically related to the goal(s) and rationally linked to one or more gaps that are to be addressed through the implementation of the strategic interventions specified in the NSP. An objective needs to be ambitious in order to contribute to achieving the goal(s) and should be established using SMART criteria.

C. Formulation of goals and objectives

The consistency between the SWOT analysis, the objectives and their inherent strategic interventions is paramount and constitutes one of the key parameters to assess soundness of a NSP.

The identified areas of action inform the focus for strategic interventions. The strategic interventions should be in line with the WHO recommendations for TB prevention, care and control and need to be adapted to the local context in order to ensure sustainability and equity.

Each strategic intervention usually includes the activities that need to be implemented. Each activity should be described and be as specific as possible. Activities and their inherent sub-activities must always be consistent, and their implementation will be assessed through a process indicator.

D. Identification of strategic interventions and activities to be implemented
If you develop the core plan using consolidated data from the people centred Framework... The aim is to ensure an holistic analysis and that all relevant data and evidence are used during planning and prioritization process. Consolidate country-based data and evidence along the care continuum prior to a workshop:

**Epidemiological evidence:**
includes data about the burden of TB disease, including its distribution (e.g. by age and sex) and trends, for both drug-susceptible and drug-resistance TB. Sources: national surveillance systems, prevalence surveys, drug resistance surveys, mortality studies, epi review, etc.

**People evidence:**
includes the risk profiles (e.g. age, sex, socioeconomic status, HIV status), knowledge, perceptions, expectations and behaviour of people with TB or at risk of developing TB. Sources: adherence studies, PPA, prevalence surveys, DHS, patient cost surveys, nutrition surveys, etc.

**System evidence:**
includes the capacity, performance, limitations and distribution of health and social services, both TB-specific and general. Sources: health system reviews, service availability and readiness assessment mapping (SARA), health expenditure and utilization survey (HEUS) etc.

Based on this analysis, meet and discuss with all relevant stakeholders working on TB, including NGOs and CBOs. Organize a national workshop and follow the 3 planning steps:

1. **Problem prioritization**
   What are the biggest problems?
   Here the magnitude and scope of problems is assessed and priority issues for the TB response are identified.

2. **Root cause analysis**
   Why are these happening?
   Once the main programmatic priorities have been identified, including missed opportunities to reach people with TB or at risk of developing TB, the root causes of the problems should be analysed. For each priority problem, root causes that are driving sub-optimal outcomes are discussed and identified.

3. **Intervention optimization**
   What are priority solutions to optimize impact?
   The identified areas of action inform the focus for strategic interventions. In the end, priority problems and strategic interventions will be aligned with the evidence and country context, with a commensurate budget. Each strategic intervention usually includes the activities that need to be implemented. Each activity should be described and be as specific as possible.
## The operational plan
How to transform the NSP into actions?

Operational planning is the link between NSP strategic objectives and the implementation of activities. It is about transforming the strategic-level plan into actionable tasks.

1. **The operational plan must be fully consistent with:**
   - The NSP core plan
   - The NSP budget plan
   - The NSP monitoring and evaluation plan
   - The NSP technical assistance plan

   Ideally it should also be in line with (i) the national health authority planning cycle, (ii) the subnational operational plan developed for TB at intermediate health levels, as well as (iii) other programmes’ operational plan such as HIV/AIDS, maternal and child health or noncommunicable disease.

2. **Structure of the operational plan**
The Activities and sub-activities must be identified in the operational plan under the strategic interventions and objectives to which they are linked. The plan should specify detailed information, by quarter, on the activities and sub-activities that need to be implemented at least the first year of the period covered by the NSP.

For the first year, on a quarterly basis and for each activity or sub-activity, identify the following information:
- The dates or the period when it will be implemented
- The setting where it will be implemented
- The person/institution that will be responsible for its implementation
- The cost inherent in the implementation of this activity or sub-activity as calculated in the budget plan
- The source of funding that will cover this cost
- The process indicator that will be used to monitor the implementation of the activity or sub-activity

### Table: Operational plan

<table>
<thead>
<tr>
<th>Goal: To reduce the prevalence of MDR-TB among new cases by 5% per year from 2018 onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: To identify at least 3500 new MDR-TB cases by 2015 and at least 4200 by 2016</td>
</tr>
<tr>
<td>January – March Year 1</td>
</tr>
<tr>
<td>Strategic intervention 1.1: Improving the skills of health workers to identify and manage MDR-TB cases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity 1.1.1: Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-activity 1.1.1.1</strong></td>
</tr>
<tr>
<td>Development of training materials on MDR-TB</td>
</tr>
<tr>
<td>Unit: Set of training material</td>
</tr>
<tr>
<td>Quantity: 1 set of training material</td>
</tr>
<tr>
<td>Date: January Year 1</td>
</tr>
<tr>
<td>Location: Capital city</td>
</tr>
<tr>
<td>Implementer: NTP</td>
</tr>
<tr>
<td>Costs in US$: 10,000</td>
</tr>
<tr>
<td>Source of funding: MoH</td>
</tr>
<tr>
<td>Indicator: Need for international technical assistance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-activity 1.1.1.2</th>
<th>Printing the training materials on MDR-TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit: Set of training material</td>
<td></td>
</tr>
<tr>
<td>Quantity: 10,000</td>
<td></td>
</tr>
<tr>
<td>Date: 1-15 February Year 1</td>
<td></td>
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<tr>
<td>Location: Capital city</td>
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<tr>
<td>Implementer: NTP</td>
<td></td>
</tr>
<tr>
<td>Costs in US$: 5,000</td>
<td></td>
</tr>
<tr>
<td>Source of funding: MoH</td>
<td></td>
</tr>
<tr>
<td>Indicator: Set of training material printed</td>
<td></td>
</tr>
</tbody>
</table>

### Grid: Operational planning

<table>
<thead>
<tr>
<th>VISION</th>
<th>Short term</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOCUS</td>
<td>Concrete activity implementation</td>
</tr>
<tr>
<td>TIME FRAME</td>
<td>At least 1 year</td>
</tr>
<tr>
<td>FLEXIBILITY</td>
<td>Should be easily adapted and modified according to changing circumstances</td>
</tr>
</tbody>
</table>
The technical assistance (TA) plan

What are the TA needs to implement NSP activities?

The technical assistance (TA) plan should be consistent with the other 4 components of the NSP, using the established numbering system: Core plan, operational plan, M&E plan and budget plan.

The TA plan provides detailed information on the technical assistance required for the strategic interventions and activities, as identified in the operational plan.

The following information should be specified for each strategic intervention or activity that needs TA:

- A brief description of the terms of reference for technical support required, including a clear description of the deliverables
- A brief description of the profile/expertise of the consultant (international or national) who will ensure the implementation of the TA
- The identification of the entity responsible for the supervision of the activity
- The timeframe to carry out the TA
- The estimated cost of TA (as calculated in the budget plan)
- Identification of source funding, if available
- Identification of the funding gap that needs to be closed if there is no financial source available

Ensure NTP ownership and coordination with relevant technical and financial partners:

- Encourage country ownership of technical assistance plans and TA missions
- Planning in advance, including differentiating technical assistance into possible long term and short term support
- Urge the country and partners to work together when developing technical assistance plans as part of the larger NSP
- Work with technical and financial partners to coordinate technical assistance and follow up of key recommendations
- Coordinate with other programmes at national level

<table>
<thead>
<tr>
<th>TA planning</th>
<th>VISION</th>
<th>FOCUS</th>
<th>TIME FRAME</th>
<th>FLEXIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mid-term</td>
<td>Identification of concrete TA needs</td>
<td>2 years</td>
<td>Should be easily adapted and modified according to changing circumstances</td>
</tr>
</tbody>
</table>

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- Encourage country ownership of technical assistance plans and TA missions
- Planning in advance, including differentiating technical assistance into possible long term and short term support
- Urge the country and partners to work together when developing technical assistance plans as part of the larger NSP
- Work with technical and financial partners to coordinate technical assistance and follow up of key recommendations
- Coordinate with other programmes at national level
The monitoring and evaluation plan
How to monitor and evaluate the NSP implementation?

A monitoring and evaluation plan is a comprehensive framework that defines the indicators aimed at assessing the achievement level made to reach the objective(s), targets and goals specified in the NSP.

Why is this plan needed?
1. To monitor the progress made in the implementation of planned activities and in delivery of services, usually on a continuous basis;
2. To evaluate the progress made to achieve the intended goal(s), objective(s) and targets, which could in many circumstances be a periodic process.

A sound monitoring and evaluation 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 of interventions and activities or helps evaluate the level of a specific health condition in a given population. It can be expressed as an absolute number, a rate, a proportion, a ratio, an index.

Indicators should be limited to the most ESSENTIAL ones. It is important to consider ONLY indicators for which there are sound sources of information.

When each indicator is defined in the monitoring and evaluation plan to assess a goal, an objective, strategic interventions should be developed. For each indicator, the following elements must be specified:
1. The purpose of the indicator;
2. The procedure of calculation;
3. The source(s) of information that will be used (it this is a rate, ratio, proportion, index, the sources of information for the numerator and denominator need to be specified);
4. The periodicity (and timeiness) of data collection;
5. The entity that will collect the information;
6. The levels where the information will be collected, compiled and analysed;
7. the entity to which results of the analysis need to be disseminated;
8. the values of the indicator at the baseline and expected values at the relevant moment(s) covered by the NSP.

Example of the M&E framework of Kenya
The budget plan
How much would the NSP cost, by year and by input?

The budget plan is a fundamental component of the NSP. It is a multi-year expenditure framework that needs to be aligned with the fiscal year cycles. It should refer to the established goal(s), objective(s), strategic interventions (including activities and sub-activities) as identified in the core plan. The budget plan must be fully consistent not only with the core plan but also with the monitoring and evaluation plan, operational plan and TA plan.

1. The budget plan establishes the cost:
   - To reach the goal
   - To achieve each objective
   - To implement each strategic intervention
   - To carry-out each activity and sub-activity
   - For each quarter, with detailed information, for at least the first two years of the plan
   - For each year after year 2 without detail
   - For the full period covered by the NSP

2. There are tools that can be used to establish a budget:
   - The OneHealth tool
     http://www.internationalhealthpartnership.net/en/tools/one-health-tool/
   - The WHO One Health TB module Companion book for TB costing and funding analysis

   With this tool, the user can easily match the budget and the different formats that may be required by donors.

3. To calculate the budget, the consecutive steps are required:
   - Define the unit cost for activity or sub-activity
   - Establish the cost of this unit
   - Establish the quantity of units to be developed or implemented: the quantity of the units should be appropriately predicted for each year of the plan (and for each quarter of the first two years of the plan) based on adequate data and/or sound assumptions
   - Set the budget of the activity or sub-activity by multiplying this quantity by the unit cost.

4. To calculate and present the unit cost of each activity (or sub-activity), consider the following:
   - **Keep order** – Each activity must be numbered as it is in the four other sections of the NSP.
   - **Be precise** – The unit cost for each activity or sub-activity should be demonstrated and documented.
   - **Use an adequate price** – The price or cost should be appropriate and in line with the country context.
   - **Be consistent** – The national standards to establish the cost of activities and sub-activities should be used. These standards should not vary across the budget plan.

5. The budget plan should identify for each year of the plan:
   - The source of funding for every intervention. The funding contributions of the government (including loans) and of each international partner
   - The expected funding gap which will be calculated as the difference between the amounts of funds and those mobilized
   - And the activities and strategic interventions required to achieve the NSP objectives that remain unfunded at that point in time

<table>
<thead>
<tr>
<th>VISION</th>
<th>Long term</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOCUS</td>
<td>Identification of concrete costs for each activity and sub-activity</td>
</tr>
<tr>
<td>TIME FRAME</td>
<td>At least the first 2 years of the NSP with detailed information</td>
</tr>
<tr>
<td>FLEXIBILITY</td>
<td>Should be easily modified according to changing strategic interventions and unit costs.</td>
</tr>
</tbody>
</table>
The emergency preparedness plan
How to manage risks and respond to emergencies in a timely, predictable and effective manner?

To improve effectiveness in countries with fragile security situation or those prone to natural disaster, reduce administrative burden & increase agile response to changes in contexts, through contingency planning and reprogramming is crucial.

Key principles - Contingency planning should be
- NTP-led process
- Developed and implemented with relevant technical and financial partners
- Practical
- Realistic and feasible
- Needs based and efficient, ensuring fair use of resources
- Process driven for effective operationalization
- Monitored and updated

Priority should be given to
- The identification of patients whose treatment has been interrupted and to re-establishment of TB treatment of these patients.
- TB drug supply and management and monitoring systems should be integrated into the health sector response to the emergency.
- Integration of TB services into acute and chronic phases of the plan for complex emergencies through a set of interventions, such as designated a NTP focal point for emergencies, NTP participation in the emergency readiness meetings, involvement of stakeholders around specific issues.

Format of the plan
A standard logical framework format can be used to develop the details, timing and budget requirements of the different elements of the plan.

Monitoring the risks
As risks are dynamic and evolve continuously, there is a need to keep monitoring them, and adjust plans and actions accordingly.

For TB care and control in refugee and displaced populations