

**Guidance and Terms of Reference for
National Integrated Specimen Referral
Technical Working Group**

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Guidance for establishment of an integrated national specimen referral technical working group (TWG)

Reference: GLI GUIDE to TB Specimen Referral Systems and Integrated Networks

Role: the TWG is responsible for issues related to specimen referral networks (SRNs)

Aspects to consider:

- To optimize the SRN, it is important to understand which programs, donors and partners are supporting which specimen referral mechanisms and the respective coverage, costs, efficiency and effectiveness of service providers.
- Coordination can be facilitated through the establishment of an integrated national specimen referral technical working group (TWG), which ideally should be a subcommittee or task force of the national laboratory TWG.
- The group should meet regularly and be governed by written terms of reference (ToRs) – see next section for an example of ToRs.
- Strong commitment and leadership from the ministry of health (MoH) are essential for ensuring success of the TWG but stakeholders from other ministries may also be included if taking a One Health approach.
- **Broad stakeholder inclusion in the TWG is important. The TWG should accordingly include stakeholders representing the MoH, various disease programs, national referral laboratories (NRLs), disease surveillance programmes, emergency outbreak response centres, technical experts, donors and implementing partners, and stakeholders from other ministries, if taking a One Health approach. These stakeholders should all be working specifically with specimen referrals.**
- Existing SRSs should be identified and mapped, and their operations, routing and schedules described.
- A strategy and plans for an integrated network of specimen referral systems (SRSs) should be developed. Throughout this process, the TWG must keep all stakeholders informed and engaged to ensure a strong commitment by all to the development and implementation of the system.
- Any disease- or system-specific standard operating procedures (SOPs), guidelines and policies should also be collected such that the TWG can take them into consideration in setting the overarching SOPs, guidelines and policies for a SRSs suitable for use with any diagnostic specimen; these should all in-line with the national laboratory strategy and policy.
- Members of the TWG should also discuss how to gain efficiencies and harmonize or integrate parts or all of the various referral systems, particularly if there are overlapping or competing fragmented systems.
- Any barriers to coordination between competing fragmented systems must be addressed. While integration may not occur immediately, processes should be established to ensure that resources are not being used inefficiently under multiple SRSs.
- After the SRN is in place, it must be monitored and evaluated regularly as part of a continuous improvement cycle.
- Annual review should be planned and conducted of consolidated indicators measuring each of the five goals of specimen referrals (access, timeliness, quality, safety and cost-efficiency) for each region and for the country.

Terms of Reference for Integrated Specimen Referral Network Technical Working Group (TWG)

1. Background

Specimen referral systems (SRSs) are essential components of both diagnostic networks for patient management and surveillance networks for disease detection and response. These systems span across human, animal and environmental health and across directorates and departments in the ministry covering each. Examples of these ministries, directorates and programs include, but are not limited to:

Ministry of Health

- Laboratory Directorate
- Disease Control Directorate (including Surveillance Program)
- EPI Program
- National Referral Laboratories (NRLs)
- National AIDS Control Program
- National TB Control Program

Ministry of Livestock

- Surveillance Directorate
- Laboratory Directorate

Ministry of Environment

- Environmental health/surveillance Directorate
- Laboratory Directorate

SRSs have typically been fragmented with limited, if any, coordination and communication across disease programs, across surveillance and clinical diagnosis, and across ministries. However, it is crucial to bring these groups together under a One Health Approach to discuss the specimen referral network (SRN) that will allow the transport, logistics and data management for all specimens to be referred to any laboratory within or outside of the country in a safe, timely, quality and cost efficient manner that increases access to offsite diagnostics and surveillance networks.

2. Rationale of TWG formation

It is against this background that the <INSERT APPROPRIATE ENTITY HERE> is forming the integrated specimen referral network TWG to provide better coordination and communication among the various stakeholders. Further, this coordination and communication will allow for the currently disparate systems to be managed as a network in an efficient and effective way.

3. TWG overview, mandate, goals and activities

The integrated specimen referral network TWG will be a group of stakeholders working in the technical areas of specimen referrals within the government and supporting partners and donors. Its mandate will focus on coordination of activities and funding with the goal of improving the performance of the SRN for all specimens from humans, animals and the environment. The TWG will provide strategic direction, national policy recommendations and guidance, expertise, and technical assistance on all matters concerning specimen referral operations and improvement initiatives to ensure services are implemented in a coordinated and efficient manner. The TWG is a key element of the performance of

the national SRN that works towards ensuring the availability of diagnostic and surveillance systems at all levels of the health system.

3.1 Goal

The overall goal of the TWG is to provide national availability of diagnostics for patient management and disease surveillance in a timely, safe, quality and cost-efficient manner.

The main responsibility of the TWG is to identify priorities to strengthen the overall specimen referral network and correspondingly to coordinate partners' support in these areas. The TWG also provides evidence-based recommendations in the areas of specimen referrals.

The TWG covers the following key strategic and operational areas:

- Reviewing, developing and adopting guidance related to specimen referrals
- Developing and monitoring the implementation of the National Specimen Referral Policy or Guidelines
- Informing decision makers and practitioners about specimen referral issues
- Coordinating technical assistance and partners' investments to align with national priorities and make optimal use of resources
- Explore opportunities for innovation
- Planning and timely and efficient decision-making of specimen referral activities
- Monitoring and evaluating the progress of specimen referral activities once implemented

3.2 Specific activities

Within the overall goal of the TWG, specific activities may include, but are not limited to:

- Strengthen the specimen referral system from primary health facilities to district level
- Strengthen the results feedback mechanism using both paper based and electronic system
- Discuss and document information, evidence and lessons learned among stakeholders supporting specimen referral systems
- Support the implementation of an integrated specimen referral system, where possible
- Develop a more structured approach to identify and overcome specimen referral issues
- Take immediate action on critical specimen referral issues
- Organize quarterly national review meetings
- Preparing annual workplan
- Review relevant policy and strategies
- Assess effectiveness and efficiency of present referral systems
- Identify requisite tools, knowledge and expertise to build capacity within specimen referrals such as technology and change management
- Evaluate capacity of various staff working with specimen referrals and plan for capacity building where it is identified as necessary
- Continuous Monitoring and periodic Evaluation of the logistics system
- Identify performance measurement gaps within the health logistics system and develop a performance measurement framework
- Review data collection, data reporting and data analysis tools and processes; standardize where possible and implement across the various SRSs

3.3 TWG's work plan

The TWG's annual workplan is developed to align with other relevant national health strategies and policies. Members define priorities in consultation with the relevant ministries based on national

priorities and other factors, including feasibility in the short term, existing delivery capacity, funding equity, economic affordability, and sustainability. This plan can then also be used to identify and coordinate support from government and development partners in accordance with the activities forecasted in the workplan.

4. Governance, composition and membership of the TWG

4.1 Governance, roles and responsibilities

The TWG is comprised of regular members (described in the next sub-sections) and is chaired by the executive secretary, as delegated by the <INSERT RELEVANT PARTY HERE WHO CAN DELEGATE THIS POWER>. The chair of the TWG is in charge of preparing meeting agendas, sending invitations for regular and special meetings, disseminating minutes, mobilizing members, and updating lists of questions/subjects to be discussed by TWG in accordance with the workplan. The secretariat keeps files of the TWG (knowledge management), and monitors and evaluates the TWG’s effectiveness.

4.2 Size, composition and membership

The size of the TWG will be limited to <enter number here> regular members (this number will depend on the availability of experts in the country). Membership shall comprise representatives of government, funding and implementing partners directly involved in specimen referrals. Members have been selected based on expertise and responsibility/accountability for specimen referrals. They are nominated from the public, non-governmental and private sectors, and cover the following main expertise areas:

- Transport, logistics, network planning
- Specimen referral equipment and packaging
- Biosafety and biosecurity
- Quality management
- Resource management/financing
- Human resource management/training

It consists of the following members <ENTER ALL MEMBERS BELOW – NOT SPECIFIC NAMES BUT INSTEAD ROLES>:

S.N.	Member	Assign Position	No. of Person
1	Xxx	Chairperson/ Executive Secretary	1
	Laboratory Directorate manager responsible for specimen referrals	Member	
	Disease surveillance manager responsible for specimen referrals	Member	
	EPI manager responsible for vaccine-preventable disease specimen referrals	Member	
	HIV program manager responsible for specimen referrals	Member	

	TB program manager responsible for specimen referrals	Member	
	National referral laboratory managers (at each relevant NRL) responsible for specimen referrals	Member	
	Environmental health surveillance manager responsible for specimen referrals		
	Environmental health NRL manager responsible for specimen referrals		
	Animal health surveillance manager responsible for specimen referrals		
	Animal health NRL manager responsible for specimen referrals		
	Global Fund representative responsible for HIV/TB specimen referrals (if applicable)		
	US Government representative responsible for HIV/TB specimen referrals (if applicable)		
	US Government representative responsible for Global Health Security specimen referrals (if applicable)		
	Partners supporting HIV/TB specimen referrals (if applicable)		
	Partners supporting Global Health Security specimen referrals (if applicable)		

Conflict of interest

In the interest of transparency, members should declare any conflict of interest. Given financial and other implications that recommendations may have for the public and private sectors, members

should be free of conflict of interests. A member, who is in any doubt as to whether they have a conflict of interest that should be declared, or whether they should take part in the proceedings, should ask the chairperson for guidance.

Geographical consideration

- Sub-national logistics working groups should also be created at tiers below national level and should include any relevant sub-national health and surveillance teams
- Existing sub-national working groups can be invited to attend TWG meeting in accordance with the agenda

Members' nomination, rotation, and termination process

Members, including the chairperson, are formally nominated and appointed by senior-level government officials:

- The chair is recognized as a senior expert in specimen referrals or a person accountable and/or responsible for specimen referral functions with strong program management skills.
- Members commit to attend TWG's meetings and to fulfill duties and responsibilities of the group.
- Members are nominated for three-year terms with provisions for term renewals. Appointments may be renewed at the end of the first term of office on the condition of satisfactory appraisal.

Possible reasons for the termination of memberships include:

- Failure to attend three consecutive meetings,
- A change in affiliation resulting in a conflict of interest, or
- A lack of professionalism involving, for Example a breach of confidentiality.

Invited guests

If needed, other experts can be invited, including NGO members, independent consultants, or transportation and logistics service representatives. However, the setting and handling of meetings must prevent undue influence from any private service provider.

5. Meetings

5.1 Frequency of TWG meetings

Meeting should be arranged at least once per month or more frequently as per the need of the group. On rare occasions, additional meetings might be organized for urgent or important matters.

5.2 Meeting agendas

Questions to be addressed by the TWG are identified by the government. However, based on their expertise, members may propose important topics and issues to be addressed to the chairperson.

5.3 Process to review and share evidence with the group

Based on the annual plan, it may be mandatory to assign members or a subgroup of members to gather, analyze and prepare information for presentation and recommendations during meetings.

The agenda is circulated at least one week prior to meetings with necessary relevant background documents attached. This is necessary to allow TWG members to prepare themselves for the discussion ahead.

6. Monitoring and evaluation of TWG activities

The TWG will monitor and evaluate its functioning performance using the following set of indicators:

- Formal legislative or administrative status
- Formal written ToRs
- Members required to systematically declare any interest
- Members are selected based on acknowledged expertise in immunization supply chains and logistics
- TWG meets at least once a month as confirmed by written and signed meeting report
- Agendas and background documents are circulated at least one week ahead of meetings
- Meeting reports and recommendations are circulated to decision makers and key stakeholders
- Annual workplan is in place

6.1 Reporting

The meeting report is written within a week of the meeting's conclusion. Content should focus on main conclusions and recommendations of the TWG. The reports are sent to <INSERT NAMES OF MEMBERS HERE> members. During the TWG meetings, a summary of key conclusions and recommendations is presented.

7. Approval of ToRs for TWG

The Terms of Reference of the Integrated Specimen Referral Network TWG was approved on <INSERT DATE HERE>, by <INSERT APPROPRIATE PARTY HERE> at <INSERT LOCATION HERE>. The TWG operates as a specimen referral leadership group and coordination mechanism amongst stakeholders to facilitate the implementation of national specimen referral priorities.

Legal framework: <INSERT ANY RELEVANT LEGAL FRAMEWORK AND DECISION HERE>

<INSERT SIGNATURES, TITLE, DATES WHERE RELEVANT HERE>