

Governance of TB Programmes:

Third assessment of practices in 21 countries



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Acknowledgments

Members of the core team who produced this report were:

Staff from the Stop TB Partnership and United States Agency for International Development (USAID), and a consultant formed the core team. These included:

Mohammed Anouar | Lucica Ditiu | James Malar | Enos Masini | Andrei Mosneaga | Sreenivas A Nair | Suvanand Sahu | Alka Aggarwal Singh | Viorel Soltan | Amna-Noor Al-Gallas-Streeter | Cheri Vincent.

The core team carried out the conceptualization, finalization of the methodology, data collection, desk review, analysis of the survey and writing of the report. Interviews, where required, were conducted by the consultant (Alka) and staff of the Stop TB Partnership. Alka did the preliminary analysis and wrote the first draft of the report, which was finalized with inputs from the core team.

National respondents who contributed were the national TB programme managers and civil society respondents of each country. The contribution of various staff at the national TB programme offices and civil society organizations is recognized and highly valued, even though individual members are not listed here.

Country	NTP respondent	Civil society respondent 1	Civil society respondent 2	Civil society respondent 3
Bangladesh	Mahafuzer Rahman Sarkar	Asif Mujtaba Mahmud	Mahfuzur Rahman	Mahfuza Rifat
Cambodia	Chanyuda Huot	Heng Bunsieath	Choub Sok Chamreun	Mom Ky
DR Congo	Michel Kaswa	Maxime Lunga	Patrick Nsimba Mata	Olivier Rusumba
Ethiopia	Taye Letta	Getachew Wondemagegn		
India	Rajendra P Joshi	Gopa Kumar	Sudeshwar Singh	Anupama Srinivasan
Indonesia	Tiffany Tiara Pakasi	Nurliyanti	Henry Diatmo	Thea Hutnamon
Kenya	Immaculate Kathure	Evaline Kibuchi	Peter Ngo'la Owiti	Stephen Anguva Shikoli
Kyrgyzstan	Abdylat Kadyrov	Evgenii Milykov	Natalya Shumskaya	Aibar Sultangaziev
Malawi		Kingsley Chikaphupha	Laizer Mwale	Thokozile Phiri Nkhoma
Mozambique	Benedita Jose	Algy Abdula Cassamo	Helen Hallstrom	Acacio Mugunhe
Nigeria	Anyaike Chukwuma	Deborah Ogwuche Ikeh	Stephen John	Rommy Mom
Pakistan	Sabira Tahseen	Arif Asghar	Ali Osmani	Asghar Satti
Philippines	Charisse Malbacias	Jason Alacapa	Christian Sergio Biglaen	Reiner Lorenzo Tamayo
South Africa	Norbert O Ndjeka	Alison Best	Russell Rensburg	Ingrid Schoeman
Tajikistan	Rustam Nurov	Tolibjon Karimov	Obidjan Norov	Ehson Tursunov
Uganda	Stavia Turyahabwe	Roger Paul Kamugasha	Lydia Mungherera	Angella Nakiyimba
Ukraine	Yana Terleeva	Olya Klymenko	Natalia Nesvat	Drozd Roman
Tanzania (UR)	Kisonga Riziki	Willy Mbawala	Rodrick Mugishagwe	Rodrick Wilbroad
Uzbekistan	Nargiza Parpieva	Aleksandra Dragomirova	Tatyana Nikitina	Sergey Uchaev
Viet Nam	Nguyen Binh Hoa	Le Truong Giang	Nguyen Thi Kim Dung	Nguyen Phuong Lan
Zambia	Abel Mubanga	Cindy Maimbolwa	Maxwell Mumba	Carol Nawina
Zimbabwe	Fungai Kavenga	Disaster and Environmental Management Trust	Students and Youth Working on Reproductive Health Action Team	Donald D Tobaiwa

Regional networks provided coordination support for the participation of civil society and affected community members in the survey. These were: APCASO and Activists' Coalition on TB Asia-Pacific (ACT! AP); African Coalition on Tuberculosis (ACT); and Center for Health Policies and Studies (PAS Center) on EECA region.

Abbreviations

CRG Community, Rights and Gender

CS Tuberculosis-affected Communities and Civil Society

GDF Global Drug Facility

JEPR Joint External Programme Review

KVP Key vulnerable population

DR-TB Drug-resistant tuberculosis

MDR-TB Multidrug-resistant Tuberculosis

MoH Ministry of Health

nEML National Essential Medicines List

NGO Nongovernmental Organization

NSP National Strategic Plan

NTP National Tuberculosis Programme

TB Tuberculosis

USAID United States Agency for International Development

WHO World Health Organization

Highlights

This is a first of its kind assessment of the governance of tuberculosis (TB) responses in relation to four themes of transparency; inclusiveness; legal framework; and process efficiency and effectiveness of national TB responses. The assessment enables countries to understand their status on each of the 20 governance benchmarks, prioritize activities and track their progress.

This is the third report in the series. Between December 2023 and April 2024, 22 TB-affected community and civil society (CS) partners of high-burden countries along with 21 of their national TB programmes (NTPs; one NTP did not respond) reported on the country's progress with respect to 20 benchmarks across the four governance themes. This report presents country profiles for all the participating countries.

Scoring is explained in detail in the Methodology section but is outlined briefly here. Each benchmark consists of one or more components, with a maximum cumulative score of 4. A score of zero signifies that meaningful action has yet to be initiated, a score of 4 indicates achievement of the benchmark, while a score of less than 4 signifies intermediate progress (please see the "Dashboard" and "Benchmarks" table below). The theme index is a percentage derived by aggregating the scores on all the benchmarks in that theme and dividing by 20.

Country profiles give detailed results and specific recommendations for each of the 20 benchmarks for each country.



How to use this report:

This report is an important advocacy tool in the hands of NTPs and CS partners for improved governance at the national level.

- 1 It can be used to track progress over years as a "Governance report card".
- 2 In-country stakeholders can, in consultation, make action plans with clear timelines, responsible entities and reallocation of available resources.
- 3 Countries can focus on "easy wins" to improve their scores in the next round. Detailed recommendations for specific countries are also included in the country profiles.

Results

1. Dashboard with score for individual benchmarks

	Bangladesh	Cambodia	Democratic Republic of Congo	Ethiopia	India	Indonesia	Kenya	Kyrgyzstan	Mozambique	Nigeria	Pakistan	Philippines	South Africa	Tajikistan	Uganda	Ukraine	United Republic of Tanzania	Uzbekistan	Viet Nam	Zambia	Zimbabwe
Transparency																					
A working NTP website	4	1.5	0	0.5	4	4	3	3	0.5	2	3	4	0.5	4	0.5	3	2	4	3	0.5	0.5
Case notification data on the website	0	0	0	0	4	3	1	0	0	0	2	0	0	0	0	3	0	0	3	0	0
Latest TB technical guidelines on the website	1	0	0	0	1	2	2	1	0	4	1	2	1	0	2	4	0	0	2	4	0
NSP and annual budget on the website	3	3	0	0	1	3	3	2	0	0	2	0	2	3	3	2	3	0	0	3	0
External programme review	4	2	2.5	3	3	4	4	2	2	3	3	4	0	3	3	3	3	2.5	3	2	2
Theme Score for Transparency	12	6.5	2.5	3.5	13	16	13	8	2.5	9	11	10	3.5	10	8.5	15	8	6.5	11	9.5	2.5
Theme Index for Transparency	60%	33%	13%	18%	65%	80%	65%	40%	13%	45%	55%	50%	18%	50%	43%	75%	40%	33%	55%	48%	13%
Inclusiveness																					
Social contracting with government funds (NGOs/private sector)	2	0	2	0	3	2	0	2.5	0	0	2	3	2	1.5	2	2	0	2	0	2	0
Inclusion of key populations in NSP	3.5	2	3.5	3	3	2.5	2.5	2	4	3.5	1	2.5	2.5	2	2	2	3.5	2	3.5	2.5	1.5
Inclusion of civil society/TB survivors	3	4	4	4	3	4	4	0	2.5	4	1.5	4	2.5	2	3.5	2	3	4	2.5	3	4
Inclusion of TB community and subnational entities	4	4	4	4	4	3	4	3	4	4	4	4	3	2	3	4	4	1	1	4	4
Gender inclusiveness	1.9	1.7	1.3	2	2.5	2.5	1.9	0.8	2	2	1.1	2.7	2	2.5	3.1	0.9	1.7	0.9	1.6	1	2
Theme Score For Inclusiveness	14.4	11.7	14.8	13	15.5	14.0	12.4	8.3	12.5	13.5	9.6	16.2	12	10.0	13.6	10.9	12.2	9.9	8.6	12.6	11.4
Theme Score For Inclusiveness	72%	59%	74%	65%	78%	70%	62%	42%	63%	68%	48%	81%	62%	50%	68%	55%	61%	50%	43%	63%	57%
Legal Framework																					
Mandatory TB notification	4	0	0	0	4	4	4	4	0	4	2	4	4	4	4	4	4	4	4	4	4
DR-TB medicines in nEML and available for free	3	3	1	3	3	2	3	3	3	3	4	3	1	4	3	2	4	4	1	3	1
Social protection	1	0.7	0.7	1.3	1.7	2.3	1	1.3	1	0.7	0.7	1.3	0.3	1.3	1.3	2.3	1.3	2.3	1.7	1	0.7
Law/policy on human rights for TB	1.6	2.4	4	3.2	3.2	3.2	3.2	0.8	3.2	2.4	2.4	4	0	1.6	2.4	3.2	3.2	3.2	4	3.2	3.2
Policy framework to reduce TB stigma	3	1	4	3	2	2	3	2	3	3	1	1	2	1	2	2	2	1	2	2	2
Theme Score for Legal Framework	12.6	7.1	9.7	10.5	13.9	13.5	14.2	11.1	10.2	13.1	10.1	13.3	7.3	11.9	12.7	13.5	14.5	14.5	12.7	13.2	10.9
Theme Index for Legal framework	63%	35%	48%	53%	69%	68%	71%	56%	51%	65%	50%	67%	37%	60%	64%	68%	73%	73%	63%	66%	54%
Process Efficiency & Effectiveness																					
Approval process efficiency	2	2		0	3	3	3	1	3	4		2		4	3	0	3	3	3	1	
NTP manager empowerment	2.5	2.5	4	4	2.5	3.5	2	2	4	3.5	3	2	4	3.5	2.5	3	2.5	4	3	2.5	3
Capacity of NTP	3.8	2.8	3.8	2.8	1.5	3.8	2.8	3.3	2.8	3.8	3.3	1.3	3.3	3.8	3.3	2.8	2.8	3	2.8	2.3	3.8
Ability of NTP to rapidly adopt/adapt international policies	1.3	1.3	2.6	1.3	0.7	1.3	1.3	4	0	2.6	0.7	2.6	0.7	0	1.3	2.6	0	1.3	2.6	2.6	2.6
Capacity of NTP for fund absorption	2	1	2	0	2	3	2	1	2	1	0	4	0	4	4	3	3	0	1	3	3
Theme Score For Process Efficiency & Effectiveness	11.6	9.6	15.4	8.1	9.7	14.6	11.1	11.3	11.8	14.9	8.7	11.9	9.9	15.3	14.1	11.4	11.3	11.3	12.4	11.4	12.4
Theme Score For Process Efficiency & Effectiveness	58%	48%	77%	40%	48%	73%	55%	56%	59%	74%	43%	59%	50%	76%	70%	57%	56%	57%	62%	57%	62%

Notes:

- Theme score was adjusted for Benchmark 1 of 'Process efficiency and effectiveness' for Democratic Republic of the Congo, Pakistan and South Africa as procurement through GDF was not done recently. Adjustment not done for Zimbabwe where data was not made available.
- For benchmark 5 of 'Process efficiency and effectiveness' theme - a) WHO data on TB funds from all domestic and external sources was not available for Cambodia, Nigeria, South Africa and Uzbekistan; and no adjustment was done in their scoring.
- b) GF fund absorption was based on TB/HIV grants for Cambodia, Kyrgyzstan, South Africa, Tajikistan, Ukraine, Uzbekistan and Zambia. For other countries it was based on TB grants.

2. Benchmarks achieved by countries

	Transparency					Inclusiveness					Legal Framework					Process Efficiency & Effectiveness					Total number of benchmarks achieved by countries
	Benchmark 1: A working NTP website	Benchmark 2: Case notification data on the website	Benchmark 3: Latest TB technical guidelines on website	Benchmark 4: NSP and annual budget on the website	Benchmark 5: External programme review	Benchmark 1: Social contracting with gov. funds	Benchmark 2: Inclusion of key populations in NSP	Benchmark 3: Inclusion of civil society/ TB survivors	Benchmark 4: Inclusion of TB community and subnational entities	Benchmark 5: Gender inclusiveness	Benchmark 1: Mandatory TB notification	Benchmark 2: DR-TB medicines in nEML and free	Benchmark 3: Social protection	Benchmark 4: Law/Policy on Human rights for TB	Benchmark 5: Policy framework to reduce TB stigma	Benchmark 1: Approval process efficiency	Benchmark 2: NTP manager empowerment	Benchmark 3: Capacity of NTP	Benchmark 4: Ability to adopt/adapt international guidelines	Benchmark 5: NTP's capacity for fund absorption	
Bangladesh	✓				✓				✓		✓										4
Cambodia								✓	✓												2
Democratic Republic of Congo								✓	✓				✓	✓	✓	✓					5
Ethiopia								✓	✓							✓					3
India	✓	✓							✓		✓										4
Indonesia	✓				✓			✓			✓										4
Kenya					✓			✓		✓											4
Kyrgyzstan									✓	✓									✓		2
Mozambique						✓		✓	✓		✓				✓	✓					3
Nigeria			✓				✓	✓		✓					✓						5
Pakistan								✓	✓		✓				✓						2
Philippines	✓				✓			✓	✓				✓							✓	7
South Africa									✓	✓					✓	✓					2
Tajikistan	✓								✓	✓					✓					✓	5
Uganda									✓	✓										✓	2
Ukraine			✓					✓		✓											3
United Republic of Tanzania								✓	✓	✓											3
Uzbekistan	✓						✓			✓	✓				✓						5
Viet Nam									✓	✓			✓								2
Zambia			✓					✓	✓	✓											3
Zimbabwe								✓	✓	✓					✓						3
Number of countries that achieved the benchmarks	6	1	3	0	4	0	1	9	14	0	16	4	0	3	1	2	5	0	1	3	

The benchmarks of "Inclusion of TB community and subnational entities" and "Mandatory TB notification" were achieved by most of the countries (70% and 80%, respectively). Among the four themes, more benchmarks were achieved in the themes of "Inclusiveness" and "Legal framework" than in the other two themes. Many countries can potentially improve their score in the "Transparency" theme.



The “**Transparency**” index ranged from **13% to 80%**. Nine (43%) countries achieved an index of 50% or more.

Transparency

6 (29%) countries achieved the benchmark of “A working NTP website” – Bangladesh, India, Indonesia, Philippines, Tajikistan and Uzbekistan.

1 (5%) country achieved the benchmark of “Case notification data on the website” – India.

3 (14%) countries achieved the benchmark of “Latest TB technical guidelines on website” – Nigeria, Ukraine and Zambia.

None of the countries achieved the benchmark of “National Strategic Plan (NSP) and annual budget on the website”.

4 (19%) countries achieved the benchmark of “External programme review” – Bangladesh, Indonesia, Kenya and Philippines.



The “**Inclusiveness**” index ranged from **42% to 81%**. Eighteen (86%) countries achieved an index of 50% or more.

Inclusiveness

None of the countries achieved the benchmark of “Social contracting with government funds”.

1 (5%) country achieved the benchmark of “Inclusion of key populations in NSP” – Mozambique.

9 (43%) countries achieved the benchmark of “Inclusion of civil society/TB survivors” – Cambodia, Democratic Republic of the Congo, Ethiopia, Indonesia, Kenya, Nigeria, Philippines, Uzbekistan and Zimbabwe.

14 (67%) countries achieved the benchmark of “Inclusion of TB community and subnational entities” – Bangladesh, Cambodia, Democratic Republic of the Congo, Ethiopia, India, Kenya, Mozambique, Nigeria, Pakistan, Philippines, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe.

None (0%) of the countries achieved the benchmark of “Gender inclusiveness”.



The “**Legal framework**” index ranged from **35% to 73%**. Eighteen (86%) countries achieved an index of 50% or more.

Legal framework

16 (76%) countries achieved the benchmark of “Mandatory TB notification” – Bangladesh, India, Indonesia, Kenya, Kyrgyzstan, Nigeria, Philippines, South Africa, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Viet Nam, Zambia and Zimbabwe.

4 (19%) countries achieved the benchmark of “Drug-resistant (DR-) TB medicines in the National Essential Medicines List (nEML) and free” – Pakistan, Tajikistan, United Republic of Tanzania and Uzbekistan.

None (0%) of the countries achieved the benchmark of “Social protection”.

3 (14%) countries achieved the benchmark of “Law/policy on human rights for TB” – Democratic Republic of the Congo, 1 (5%) country achieved the benchmark of “Policy framework to reduce TB stigma” – Democratic Republic of the Congo.

1 (5%) country achieved the benchmark of “Policy framework to reduce TB stigma” – Democratic Republic of the Congo.



The “**Process efficiency and effectiveness**” index ranged from **40% to 77%**. Seventeen (81%) countries achieved an index of 50% or more.

Process efficiency and effectiveness

2 (12%) countries achieved the benchmark of “Approval process efficiency” – Nigeria and Tajikistan.

5 (24%) countries achieved the benchmark of “NTP manager empowerment” – Democratic Republic of the Congo, Ethiopia, Mozambique, South Africa and Uzbekistan.

None (0%) of the countries achieved the benchmark of “Capacity of NTP”.

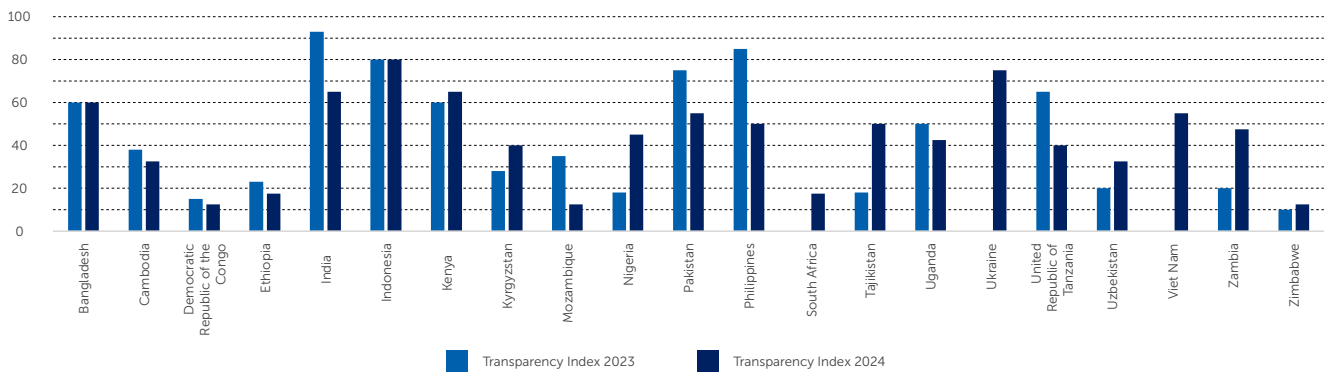
1 (5%) country achieved the benchmark of “Ability to adopt/adapt international guidelines” – Kyrgyzstan.

3 (14%) countries achieved the benchmark of “NTP’s capacity for fund absorption” – Philippines, Tajikistan and Uganda.

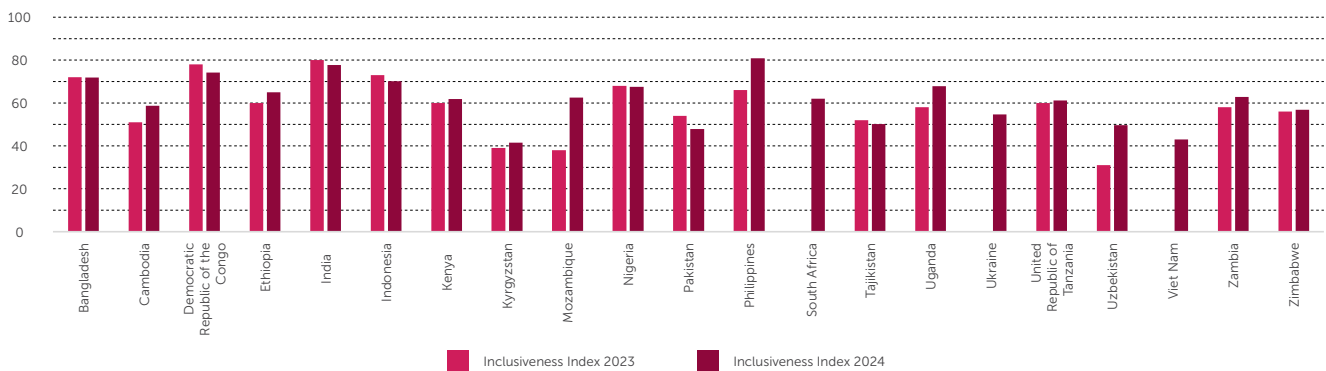
3. Theme Indices achieved by countries

The following charts present indices of each theme for each country in 2023 and 2024.

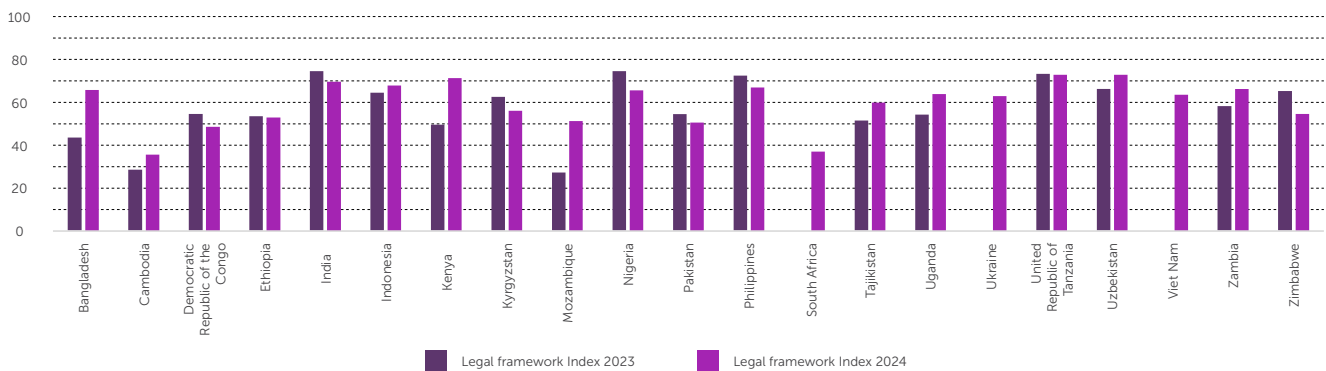
Transparency index 2023, 2024



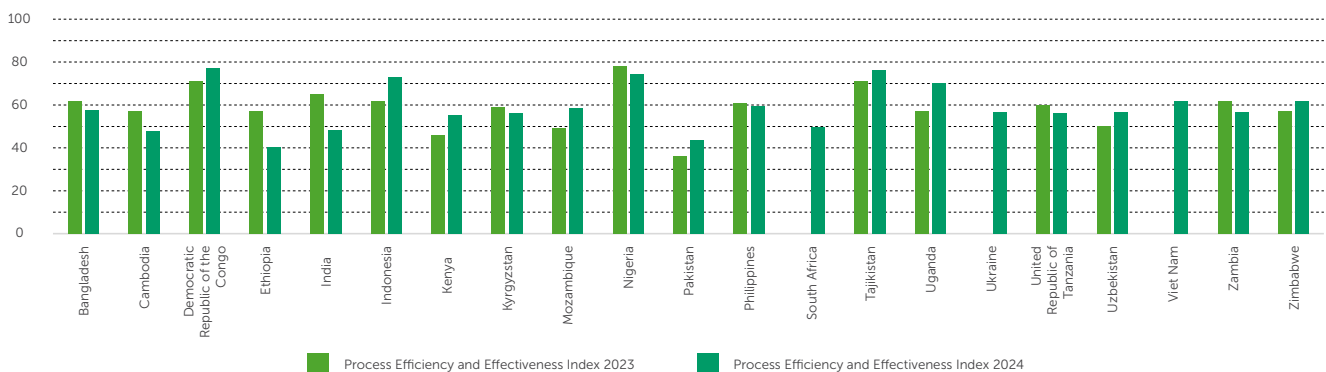
Inclusiveness index 2023, 2024



Legal framework index 2023, 2024



Process efficiency and effectiveness index 2023, 2024



Note. There are no data points for 2023 for South Africa, Ukraine or Viet Nam.



Easy wins to improve scores in the next round

- 1 The NTP should have a **functional website or webpage** that includes these elements:
 - a. contact details of all NTP officials
 - b. latest case notification data
 - c. latest TB technical guidelines or protocols
 - d. current NSP and annual budget
 - e. report of the last Joint External Programme Review (JEPR).
- 2 Countries with no **policies and guidelines for contracting nongovernmental organizations** (NGOs) and the private sector using government funds should formulate these, and those countries that already have such policies and guidelines should implement them. This recommendation can be challenging for an easy win.
- 3 **Include an action plan** for each of the key vulnerable populations (KVPs) identified, along with specific indicators and budget lines.
 - a. If not an action plan, points can be gained by updating the NSP with specific indicators and budget lines for each KVP, or at least by including a combined indicator and budget line for KVPs.
 - b. Include specific indicators and a budget line for gender in the NSP.
- 4 **Increasing CS participation** in NTP activities, such as in programme reviews at the national and subnational levels, the JEPR and research activities, would result in a gain of one point each.
- 5 **Active participation** of subnational entities in the JEPR would lead to gain of one point.
- 6 **Include DR-TB medicines**, especially pretomanid, in the nEML.
- 7 **Train all those involved in TB care** in the human rights elements of privacy, confidentiality and freedom from discrimination.
 - a. Include these elements in the most commonly used training modules (ideally all). When these training modules are used, everyone trained should also have received training on human rights.
- 8 **Update the NSP to include stigma interventions.** Adding specific indicators and budget lines would garner additional points.
- 9 **Streamline the approval mechanism** to ensure the adaptation and adoption of international guidelines as soon as they are released.

Introduction

Governance encompasses a set of processes including institutions, rules, customs, policies and laws that formally and informally distribute roles, responsibilities and accountability among various actors ^[1].

Good governance promotes transparency, inclusiveness and a supportive legal framework, and ensures process efficiency and effectiveness. These elements foster cross-learning and healthy negotiations and serve as a foundation for effective and accountable partnerships. *Governance determines how well stakeholders complement each other's efforts in their work and how they collectively drive the programme forward towards impact.*

The first report on the assessment of the governance of national TB programmes (NTPs) at the national level was published in 2021^[2]. The assessment was conducted from a programme management perspective for the purpose of (i) enabling policymakers and NTP managers to take action to achieve the benchmarks identified in the report and scale up good practices, and (ii) serving as a tool for NTP managers and civil society to advocate for improved governance.

The first report (2021) was based only on NTPs' responses and served as a pilot. The second report (2023) included responses from both the NTPs and TB-affected community and civil society (CS) partners and served as a baseline. This is the third report in the series. Annual or biennial publication of such reports will reveal trends in the governance of NTPs in the selected countries. However, the lessons learned are expected to be useful for the NTPs of all countries and likely for other health programmes as well.

Note: The acronym CS is used throughout this report to refer collectively to "TB-affected communities and civil society".

A new feature introduced in this report is the addition of a "country profiles" section. Each country's results are presented in some detail for ease of reference of national stakeholders.



The report is designed to be practical, enabling countries to understand their status on each of the 20 governance benchmarks and thereby prioritize areas for progress.



Methodology

The survey is based on assessing progress towards achieving benchmarks in four themes: “Transparency”, “Inclusiveness”, “Legal framework” and “Process efficiency and effectiveness”. Each of these themes is based on global recommendations and consists of five benchmarks. The survey assesses governance at the national level and progress towards each benchmark.

As before, 22 priority countries of the United States Agency for International Development (USAID) were selected, all of which, except for Cambodia¹, are also defined by the World Health Organization (WHO) as high burden for TB, TB/HIV or multidrug-resistant (MDR-) TB. All 22 countries are recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Both the CS and NTPs of these countries responded to the same questionnaire. Malawi’s NTP did not respond. The CS responded in all countries.²

The questionnaire and methodology remained consistent with the previous reports. Readers may refer to the [second report](#) for a detailed methodology.

Questions and scoring were adjusted in this round to include recent information. The original plan was to collect data at the end of the year (December 2023) and

publish the report in the subsequent year. However, data collection stretched to April 2024. Therefore, scoring had to be further adjusted for some questions; for example, scoring for the “recency” of case notification was assessed against the time of analysis, and the definition of “current” for the annual plan and NSP was adjusted to the year 2024. For assessing the inclusiveness of community and subnational entities, the original period (Q4 2022 to Q3 2023) was considered; however, more recent data presented by countries were also accepted. Other adjustments were made to the questions related to the “Process efficiency and effectiveness” theme, and these are explained in the appropriate places.

In the case of conflicting responses, documentation was used for resolution. If documentation could not be obtained after multiple requests, the CS response was considered for scoring in the “Inclusiveness” theme.

Each country’s status in this third round of the governance survey (2024) is presented as a country profile in this report. The profile also gives the score from the second round (2023), enabling comparison of the country’s achievements.

1. Cambodia is on the WHO watchlist.

2. In all countries, the CS response was a joint response by three organizations; however, in Ethiopia, only one organization provided the response.



How to use the report

This section describes the organization of the report, how to understand the results and how to use the report at the country level.

Organization of the report – As before, this report provides a concise summary of the results at the outset for convenient reference. Each governance theme has a dedicated chapter describing the comprehensive findings across all countries. This chapter has been shortened in this report to give high-level results. Country profiles have been added as a new feature to present country-specific results in the hope of aiding advocacy efforts at the national level. As Malawi's findings could not be confirmed with its NTP, these are presented separately as Annex 1.

Understanding the scores/results – As before, the assessment results are presented in three distinct formats:

- 1 **Scoring of components:** Each benchmark consists of one or more components, with a maximum cumulative score of 4. This score indicates a country's progress towards achieving that benchmark. A score of zero signifies that meaningful action has yet to be initiated, while a score of 4 indicates achievement of the benchmark. Please refer to the dashboard for the component scores corresponding to each benchmark. For detailed scoring guidance, please refer to Annex 2.
- 2 **Theme index:** Each theme consists of five benchmarks with a maximum score of 4, leading to a maximum cumulative theme score of 20. The theme index is derived by aggregating a country's scores across all five benchmarks of a given theme and dividing by 20. This enables countries to have four theme indices with which to identify strengths and areas of improvement.
- 3 **Achievement of benchmarks (yes/no):** For simplicity, a separate visual presentation using green blocks illustrates the benchmarks achieved by each country in a particular theme. Definitions of each benchmark are given in the respective chapters, and, for ease of reference, all 20 benchmarks are consolidated in Annex 3.



How to use the results

The country profiles give detailed results and specific recommendations for each of the 20 benchmarks for a country. The chapters on each theme present broad results for all countries. The chapters can thus give insight into what is potentially achievable.

The report can serve as an important advocacy tool in the hands of NTPs and CS partners for improved governance at the national level. It can also be used to track progress over the years. Therefore, this report can serve as a "Governance report card".

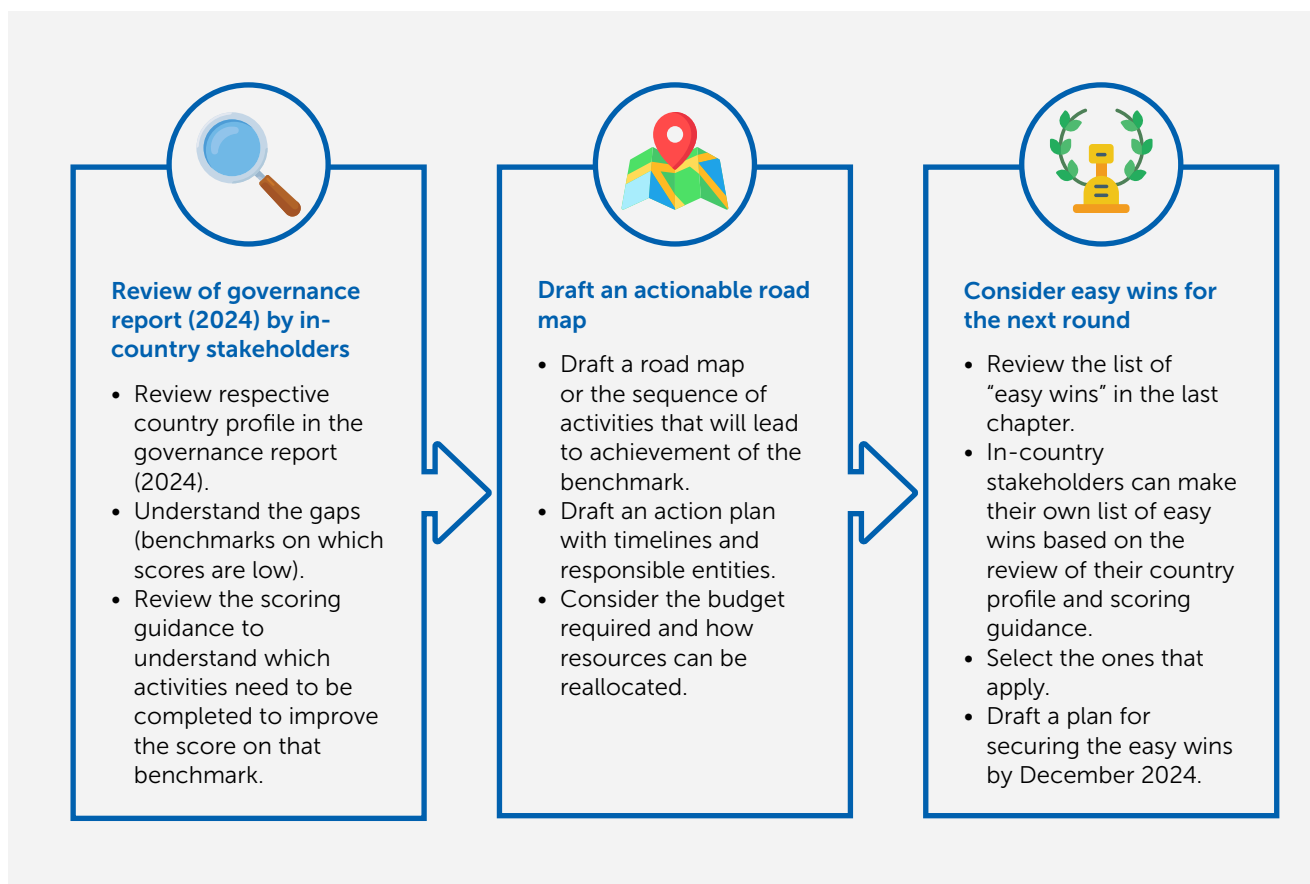
The dream scenario at the time of designing this survey was that in-country stakeholders would review the report, hold consultations to foster a common understanding of the country's position with respect to each benchmark, agree on the report, find easy wins to improve scores in the next round, simultaneously identify areas of improvement for the long term and make a road map for the achievement of goals (see Figure 1). Country-level consultations would help to establish action plans with clear timelines, responsible entities and reallocation of available resources. To complete the dream scenario, global partners would support the road maps and action plans.



Understanding the results

- There are three distinct formats for presenting the results: (i) scoring of components; (ii) theme index; and (iii) achievement of benchmark (yes/no).
- Annex 3, which defines the 20 benchmarks, and Annex 2, which outlines guidance for scoring, are useful for further understanding.
- Broad results for each theme are presented in the respective chapters.
- Detailed results of each country are given in the respective country profiles.
- The last chapter includes overall recommendations, but country-specific recommendations are included in the respective profiles.

Figure 1. How to use the results – the dream scenario



This is a first of its kind assessment of the governance of TB responses in relation to the themes of transparency, inclusiveness, legal framework, and process efficiency and effectiveness of national TB responses. The assessment enables countries to understand their status on each of the 20 governance benchmarks, prioritize activities and track their progress.

It is with this dream scenario in mind that country profiles have been introduced in this report. One of the other ways to use this report is to help improve it by giving feedback on the format of the survey and the report. This is a global report, i.e., global in its effort.

How not to use the results

The report is based on the premise that country circumstances vary in terms of programme implementation, stakeholder relationships and policy frameworks. Therefore, it does not aim to compare countries directly, but includes examples by way of “aspirations” or “learning opportunities”.



Transparency

Theme 1 : Transparency

Transparency is a cornerstone of effective national health programmes and End TB efforts. It enhances accountability in partnerships, promotes trust among stakeholders and facilitates informed decision-making processes.

It enables the public, policymakers and health care providers to access accurate information regarding programme objectives, implementation strategies and resource allocation ^[3]. In this way, transparency facilitates collaboration conducive for improved programme performance and outcomes. For example, transparent reporting of health data allows for timely identification of gaps in service delivery, enabling prompt corrective actions to be taken.

For the public, transparency provides access to knowledge – a path towards empowerment. Transparency enhances public participation and engagement, fostering a sense of ownership and accountability among citizens. It also facilitates the dissemination of health information to marginalized and vulnerable populations, promoting equity and improved service delivery ^[4].

The “Transparency” theme has five benchmarks (see Figure 2). Each benchmark has several components with corresponding questions. In this chapter, the benchmarks are explained, followed by a presentation of the high-level results. These results may not cover all 21 countries. For country-specific results for each benchmark, the dashboard presents a snapshot, whereas the country profiles present the details. *If the reader is interested in planning for improving the scores, then the best tip is to consider the country profile alongside the scoring guidance (Annex 2).*

Figure 2. Dashboard with scores on transparency benchmarks, 2024

	Bangladesh	Cambodia	Democratic Republic of Congo	Ethiopia	India	Indonesia	Kenya	Kyrgyzstan	Mozambique	Nigeria	Pakistan	Philippines	South Africa	Tajikistan	Uganda	Ukraine	United Republic of Tanzania	Uzbekistan	Viet Nam	Zambia	Zimbabwe
Transparency																					
A working NTP website	4	1.5	0	0.5	4	4	3	3	0.5	2	3	4	0.5	4	0.5	3	2	4	3	0.5	0.5
Case notification data on the website	0	0	0	0	4	3	1	0	0	0	2	0	0	0	0	3	0	0	3	0	0
Latest TB technical guidelines on the website	1	0	0	0	1	2	2	1	0	4	1	2	1	0	2	4	0	0	2	4	0
NSP and annual budget on the website	3	3	0	0	1	3	3	2	0	0	2	0	2	3	3	2	3	0	0	3	0
External programme review	4	2	2.5	3	3	4	4	2	2	3	3	4	0	3	3	3	3	2.5	3	2	2
Theme Score for Transparency	12	6.5	2.5	3.5	13	16	13	8	2.5	9	11	10	3.5	10	8.5	15	8	6.5	11	9.5	2.5
Theme index for Transparency	60%	33%	13%	18%	65%	80%	65%	40%	13%	45%	55%	50%	18%	50%	43%	75%	40%	33%	55%	48%	13%

Results

Benchmark 1. A working NTP website



A working NTP website, owned by the NTP/Ministry of Health (MoH), with the latest relevant information, including the latest organogram of the NTP, with the contact details (phone number and email) of individual officials and their functions to enable the public to give feedback or ask a question to the NTP.

1. Why this benchmark?

With increasing access to the Internet and mobile telephones in countries, a well-organized website presents an inexpensive and sustainable way to widely share recent and relevant.

Results

Six (29%) countries achieved the benchmark for "A working NTP website" (see Table 1), but one (5%) scored zero and six (29%) scored 0.5.

- Six (29%) countries had all elements of "A working NTP website":
 - Bangladesh, India, Indonesia, Philippines, Tajikistan and Uzbekistan.
- One (5%) country did not have a webpage or website:
 - Democratic Republic of the Congo.

- Six (29%) countries scored 0.5, i.e., they did not have a webpage or a website, but some information related to the NTP was on the Internet:
 - Ethiopia, Mozambique, South Africa, Uganda, Zambia and Zimbabwe.

These seven countries could improve their score by having a webpage on the MoH website or an NTP website. The other 14 countries could improve their score by placing recent and relevant information on their webpage/website as shown below.



Some well-organized NTP websites:

1. [Туберкульоз | Центр громадського здоров'я \(phc.org.ua\)](http://phc.org.ua)
2. [National Tuberculosis Control Programme – An Official Website of National Tuberculosis Control Program of Bangladesh \(ntp.gov.bd\)](http://ntp.gov.bd)

Benchmark 2. Case notification data on the website



Publicly available real-time TB case notification data are available on the website.

(Note: Real-time means at least daily updates for national- and provincial-level data.)

2. Why this benchmark?

Digital case-based real-time surveillance assists in agile planning and monitoring of the TB response. The coronavirus disease (COVID-19) pandemic showed what is possible.

Results

- One (5%) country had digital case-based real-time surveillance data:
 - India.
- Three (14%) countries had provincial-level data on their website:
 - Indonesia, Ukraine and Viet Nam.
- Fifteen (71%) countries either did not have data or their data were more than four quarters old.



1. Link to India's real-time data: <https://reports.nikshay.in/Reports/TBNotification>

Benchmark 3. Latest TB technical guidelines on the website



(Note: Easily accessible means that the relevant information on the website is categorized appropriately and easy to find. The element of timing in this benchmark was assessed less stringently for this survey.)

This benchmark was assessed for two guidelines – (i) BPaL/BPaLM and the nine-month regimen for DR-TB; and (ii) the four-month regimen for children.

Results

- Three (14%) countries had all the guidelines assessed by the survey on their website:
 - Nigeria, Ukraine and Zambia.
- Eight (38%) countries had none of these guidelines:
 - Cambodia, Democratic Republic of the Congo, Ethiopia, Mozambique, Tajikistan, United Republic of Tanzania, Uzbekistan and Zimbabwe. These countries either had not updated their guidelines or had not placed the updated guidelines on their website.

3. Why this benchmark?

Prevention, diagnosis and treatment based on best science and best practices is a right of people affected by TB. It is the best use of taxpayers' money.

Benchmark 4. NSP and annual budget on the website



Final and approved three-to-five-year budgeted NSP is on the NTP website and is easily available at least a quarter before the NSP comes into effect. This document is supplemented with a detailed approved annual budget for the NTP for the year, which is available on the NTP website in the first quarter of the financial year and is easily accessible.

4. Why this benchmark?

A budgeted NSP enables all stakeholders to know the funding gap and lays the groundwork for additional funding.

While the NSP includes the year-wise budget, an approved detailed annual budget on the website can potentially galvanize partners for implementation and for finding additional funding through their own or other resources.

Results

- Eight (38%) countries had an approved and budgeted NSP on their website:
 - Bangladesh, Cambodia, Indonesia, Kenya, Tajikistan, Uganda, United Republic of Tanzania and Zambia.
- None of the countries had their approved annual budget for the current financial year on their website.

Benchmark 5. External programme review



The NTP provides an opportunity for all stakeholders to provide organized and systematic feedback through a JEPR at least every three years and has the final review reports available on the website within three months of the review.

(Note: The JEPR has various names, e.g., Joint Monitoring Mission or External Programme Review. In this report, JEPR denotes a process whereby national and international stakeholders jointly review the programme and make recommendations to the government. Country missions by the Green Light Committee are not considered JEPRs.)

5. Why this benchmark?






Programme reviews are a unique learning opportunity from peers outside and within the country. They offer the opportunity to develop a shared understanding of strengths and gaps, and to collectively advocate for the programme.

A published report inspires confidence in the investors.

Results

- Thirteen (62%) countries had carried out a JEPR in the last three years.
 - Four of these 13 had placed the final report on their website – Bangladesh, Indonesia, Kenya and Philippines. Two other countries had placed the final report of an earlier JEPR on their website.

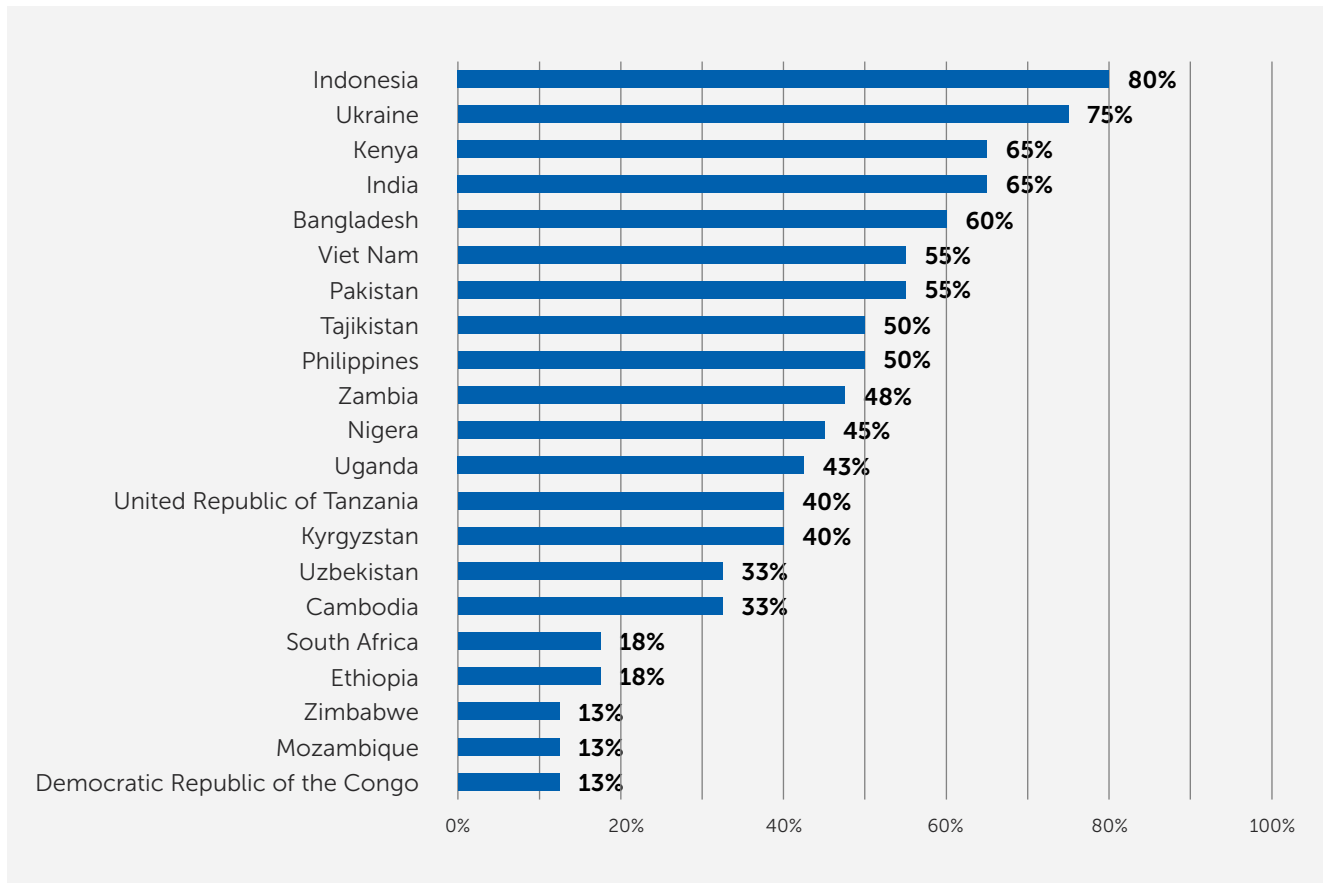
Table 1. Transparency Benchmarks Achieved by 18 Countries

    					
Achievement of Transparency Benchmarks (Yes/No)					
Country Name	Benchmark 1: A Working NTP Website	Benchmark 2: Case Notification Data on the Website	Benchmark 3: Latest TB Technical Guidelines on Website	Benchmark 4: NSP & Annual Budget on the Website	Benchmark 5: External Programme Review
Bangladesh	Yes	No	No	No	Yes
Cambodia	No	No	No	No	No
Democratic Republic of the Congo	No	No	No	No	No
Ethiopia	No	No	No	No	No
India	Yes	Yes	No	No	No
Indonesia	Yes	No	No	No	Yes
Kenya	No	No	No	No	Yes
Kyrgyzstan	No	No	No	No	No
Mozambique	No	No	No	No	No
Nigeria	No	No	Yes	No	No
Pakistan	No	No	No	No	No
Philippines	Yes	No	No	No	Yes
South Africa	No	No	No	No	No
Tajikistan	Yes	No	No	No	No
Uganda	No	No	No	No	No
Ukraine	No	No	Yes	No	No
United Republic of Tanzania	No	No	No	No	No
Uzbekistan	Yes	No	No	No	No
Viet Nam	No	No	No	No	No
Zambia	No	No	Yes	No	No
Zimbabwe	No	No	No	No	No
Number of countries that achieved the benchmarks	6	1	3	0	4

Note:

- A benchmark is said to be achieved with a score of 4.

Figure 3. Transparency index by countries, 2024

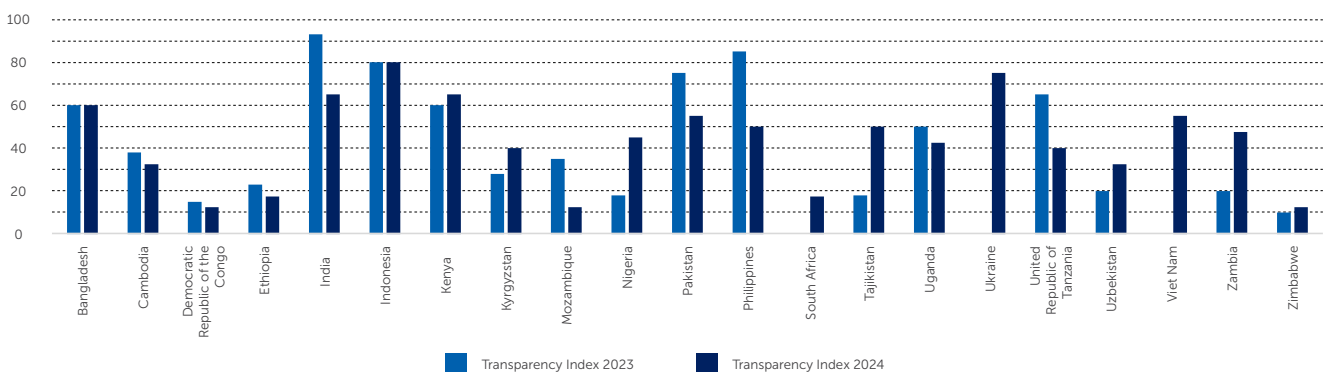


The theme index is calculated by dividing the total theme score of the country by 20. Refer to the dashboard for the exact scores. As an example, if a country achieves a total score of 10 for all five benchmarks in the “Transparency” theme, its index will be 50%.

Countries can improve their theme scores by implementing activities related to the scoring (Annex 2). There could be a few easy wins, for example, by placing the contact details of all NTP officials or the JEPR report on the website. Improvement in theme scores will eventually lead to the achievement of the benchmarks.

Figure 4 presents the comparison of transparency indices in 2023 and 2024.

Figure 4. Transparency index 2023, 2024



Note:

- There are no data points for 2023 for South Africa, Ukraine or Viet Nam.

2

Inclusiveness

TEAMWORK

Theme 2 : Inclusiveness

Inclusive health policies and programmes contribute to improved health outcomes and reduced health care disparities. Inclusiveness means reaching vulnerable populations, such as migrants, prisoners and indigenous communities, who are disproportionately affected by TB [5]. Including all segments of society results in health equity.

Inclusiveness in TB care and prevention strategies is promoted by prioritizing community engagement and empowering affected individuals to participate actively in TB prevention, diagnosis and treatment efforts, and to be part of decision-making. Participation fosters trust and builds confidence. This inclusiveness results in ownership among the people – of the programme and of its results.

The “Inclusiveness” theme has five benchmarks (see Figure 5). Each benchmark has several components with corresponding questions. In this chapter, the benchmarks are explained followed by a presentation of the high-level results. These results may not cover all 21 countries. For country-specific results for each benchmark, the dashboard presents a snapshot, whereas the country profiles present the details. *If the reader is interested in planning for improving the scores, then the best tip is to consider the country profile alongside the scoring guidance (Annex 2).*

Figure 5. Dashboard with scores on inclusiveness benchmarks, 2024

	Bangladesh	Cambodia	Democratic Republic of Congo	Ethiopia	India	Indonesia	Kenya	Kyrgyzstan	Mozambique	Nigeria	Pakistan	Philippines	South Africa	Tajikistan	Uganda	Ukraine	United Republic of Tanzania	Uzbekistan	Viet Nam	Zambia	Zimbabwe
Inclusiveness																					
Social contracting with government funds (NGOs/ private sector)	2	0	2	0	3	2	0	2.5	0	0	2	3	2	1.5	2	2	0	2	0	2	0
Inclusion of key populations in NSP	3.5	2	3.5	3	3	2.5	2.5	2	4	3.5	1	2.5	2.5	2	2	2	3.5	2	3.5	2.5	1.5
Inclusion of civil society/ TB survivors	3	4	4	4	3	4	4	0	2.5	4	1.5	4	2.5	2	3.5	2	3	4	2.5	3	4
Inclusion of TB community and subnational entities	4	4	4	4	4	3	4	3	4	4	4	4	3	2	3	4	4	1	1	4	4
Gender inclusiveness	1.9	1.7	1.3	2	2.5	2.5	1.9	0.8	2	2	1.1	2.7	2	2.5	3.1	0.9	1.7	0.9	1.6	1	2
Theme Score For Inclusiveness	14.4	11.7	14.8	13	15.5	14.0	12.4	8.3	12.5	13.5	9.6	16.2	12	10.0	13.6	10.9	12.2	9.9	8.6	12.6	11.4
Theme Score For Inclusiveness	72%	59%	74%	65%	78%	70%	62%	42%	63%	68%	48%	81%	62%	50%	68%	55%	61%	50%	43%	63%	57%

Results

Benchmark 1. Social contracting with government funds (NGOs/private sector)



A well functioning TB programme should develop a mechanism for using government funds to procure services from nongovernmental entities for interventions that are better implemented outside of government for quality, cost or other reasons. The mechanism should ensure clear and transparent policies and guidelines for applying for these contracts, as well as a tender process that meets international standards. Contracting at subnational level is also encouraged to successfully implement the programme.

(Note: There were numerous examples of countries engaging NGOs, TB-affected community networks and the private sector through grants from the Global Fund and other donors. This component of the survey assessed whether there was a mechanism in place in the country for engaging these entities with government funds and whether such engagement had already been implemented.)

Results

- Thirteen (62%) countries had policies and guidelines for contracting NGOs and the private sector, including Tajikistan, which had these for contracting NGOs alone:
 - Bangladesh, Democratic Republic of the Congo, India, Indonesia, Kyrgyzstan, Pakistan, Philippines, South Africa, Tajikistan, Uganda, Ukraine, Uzbekistan and Zambia.
- Four (19%) countries had implemented these policies/guidelines either at the national or provincial level:
 - India, Kyrgyzstan, Philippines and Tajikistan.
 - India was the only country in which implementation was in more than 50% of the provinces.

1. Why this benchmark?

Having social contracting mechanisms, i.e., the policy and guidelines for engaging NGOs and the private sector, promotes sustainability of the programme. Mature programmes can define and adapt terms and conditions best for their country context.

Benchmark 2. Inclusion of key vulnerable populations (KVPs) in the NSP



The NSP includes prioritization of KVPs using the Stop TB Partnership Key Populations Data for Action Framework [6], appropriate activities, adequate budget and monitoring indicators for all KVPs identified through a data-based prioritization exercise.

Results

- Mozambique is the only country to have achieved this benchmark (see Table 2).

2. Why this benchmark?

Millions of people who develop TB globally face structural barriers that increase their risk of exposure and limit their access to good quality TB services. It is thus important that (i) such KVPs are identified and prioritized at the national and subnational levels according to assessments of emerging risks; (ii) their population size is estimated; (iii) specific barriers to TB treatment and gender-related issues are assessed; and (iv) a time-bound and fully budgeted action plan that includes each of the prioritized KVPs is formulated.

Benchmark 3. Inclusion of civil society/TB survivors



The NTP includes civil society, TB survivors, KVPs and minority groups in a meaningful way in (a) programme reviews at national and subnational levels, (b) joint monitoring missions/external programme reviews, (c) development of the NSP or proposals for major donors (Global Fund and USAID), and (d) as members of the core team for research planning and implementation, as well as in the dissemination of research findings.

Results

- Nine (43%) countries achieved the benchmark:
 - Cambodia, Democratic Republic of the Congo, Ethiopia, Indonesia, Kenya, Nigeria, Philippines, Uzbekistan and Zimbabwe.
- Twelve (57%) countries had CS participation in research activities.
- Five (24%) countries reported no participation of CS in the JEPR.
 - These were Kyrgyzstan, Mozambique, Pakistan, South Africa and Ukraine.

3. Why this benchmark?

Civil society organizations represent a diverse range of expertise, perspectives and lived experiences, and play a valuable role in bringing insights to strengthen the basis of policymaking^[3]. Therefore, interactive dialogue with civil society at national and subnational levels is important.

Civil society engagement is important for identifying barriers to care and finding appropriate solutions, including multisectoral action. It can also be important for building bridges with the affected communities. Finally, the voices of TB survivors and affected communities are crucial for advocacy to bring the focus of decision-makers to TB work and increase the much-needed funding.

Benchmark 4. Inclusion of TB community and subnational entities



NTPs collect 360-degree feedback from all stakeholders of the NTP, i.e., systematically and regularly collecting inputs from all stakeholders – the communities, civil society and governmental implementers at all levels. Feedback from the community can be either through digital platforms, for example, the Onelmpact app or WhatsApp groups, or through non-digital/traditional platforms, for example, regular feedback surveys collected on paper from people receiving TB treatment. Subnational entities (provincial and district) provide inputs for planning and budgeting, for example, for the NSP, as well as for implementation and monitoring, for example, during quarterly/annual programme reviews conducted by the NTP, and the JEPR. Countries might have additional platforms to gauge the inputs of subnational entities.

Results

- All except two (90%) countries had a community feedback mechanism of some kind.
- Fourteen (67%) countries had active participation of the provinces during the last JEPR.
- Fourteen (67%) countries achieved this benchmark.

4. Why this benchmark?

Data from subnational entities and communities supplement national-level data and highlight local challenges that need to be addressed. For a rights-based TB approach, feedback from affected communities is important to identify and address gaps in programme effectiveness.

Input and feedback from provinces/districts present an opportunity to exchange learning and join forces to end TB. Participation of subnational entities builds consensus and ownership of the programme.



Benchmark 5. Gender inclusiveness

This benchmark has six components:

- a. Service providers (and staff at all levels) have received training on TB and gender in the past two years.
- b. Data are available (gender-disaggregated treatment outcome data in addition to case notification), and monitoring indicators and evaluation criteria adequately measure the programme's response to gender inequalities in TB care.
- c. At least 50% of TB programme managers at the national and provincial level combined are women.
- d. The NTP has developed a national TB gender strategy and action plan based on a gender assessment for TB.
- e. The NSP highlights gender inclusiveness in TB services and programmes, which is assessed based on five elements: (i) the NSP mentions gender; (ii) the NSP provides data or commits to conducting a gap analysis or assessment on gender; (iii) gender-specific activities are described; (iv) indicators with targets for gender are included; and (v) a defined budget is allocated for gender-specific activities.
- f. Women TB survivors are included in NTP events.

5. Why this benchmark?

Gender is an important social determinant of health. Epidemiology of TB is such that young males are disproportionately affected. Nevertheless, the all-pervasive gender inequality in societies shapes access to resources and the ability to make decisions and act on those decisions. Women are under-represented in decision-making bodies. Inclusion of all genders in the TB programme empowers them, while benefiting the programme.

Results

- Two (10%) countries had trained more than 50% of their service providers in TB and gender:
 - India and Philippines.
- Two (10%) countries had published gender-disaggregated treatment outcome data in the public domain:
 - Tajikistan and Uganda.
- Four (19%) countries had at least 50% of provincial TB programmes led by women, affirming their decision-making and leadership abilities:
 - Indonesia, Philippines, South Africa and Uganda.
- Seventeen (81%) countries had included gender-specific activities in their NSP, but only seven had specific indicators and nine had a budget line for them.



Emphasis on gender in the Philippines

Women lead the TB programme at national and regional levels. Of the 17 regions in the country, 12 are currently led by women TB programme managers. At the national level, the TB programme enjoys the leadership of a woman, which has been the case for the last several years.

Gender and development training is provided by the Department of Health for health workers of all public health programmes (not just the NTP). This training is online and thus has a large-scale and convenient reach (<https://learn.doh.gov.ph/>). The training database is maintained by the Health Human Resource Development Bureau of the Department of Health, Government of Philippines.



Gender training/sensitization of programme managers in India

In 2023, the National TB Elimination Programme of India organized training for provincial-level managers on operationalizing the National Framework for a Gender-responsive Approach to TB. Twenty master trainers were first trained virtually followed by in-person regional workshops of the provincial-level managers. The civil society organization Resource Group for Education and Advocacy for Community Health (REACH) provided technical support for the workshops.

The workshop provided a unique opportunity for participants to look beyond the biomedical aspects of TB and engage with both conceptual and practical questions around gender and sexuality. There were several energetic discussions on gender and LGBTQIA++ issues, with both personal and professional reflections from participants. For many participants, this was their first such discussion on the gendered dimensions of TB, going beyond the male–female binary.

The two-and-a-half-day workshop was designed based on the TB gender curriculum developed by the National TB Elimination Programme. The first day began with a power walk exercise, designed to help participants identify powers and privileges and the importance of understanding intersectional vulnerabilities for TB. Sessions focused on basic concepts of sex and gender, gendered norms, roles and relations, the gender spectrum and the gendered nature of language. On the second day, the conversation moved to gender and health and recognizing gender as a significant determinant of health. Participants then used the WHO Gender Analysis Matrix to analyse the TB care cascade through a gender lens. The workshop ended with presentations on gendered actions for each pillar of the NSP – Detect, Treat, Prevent, Build – and with participants sharing both individual and state-specific action plans.

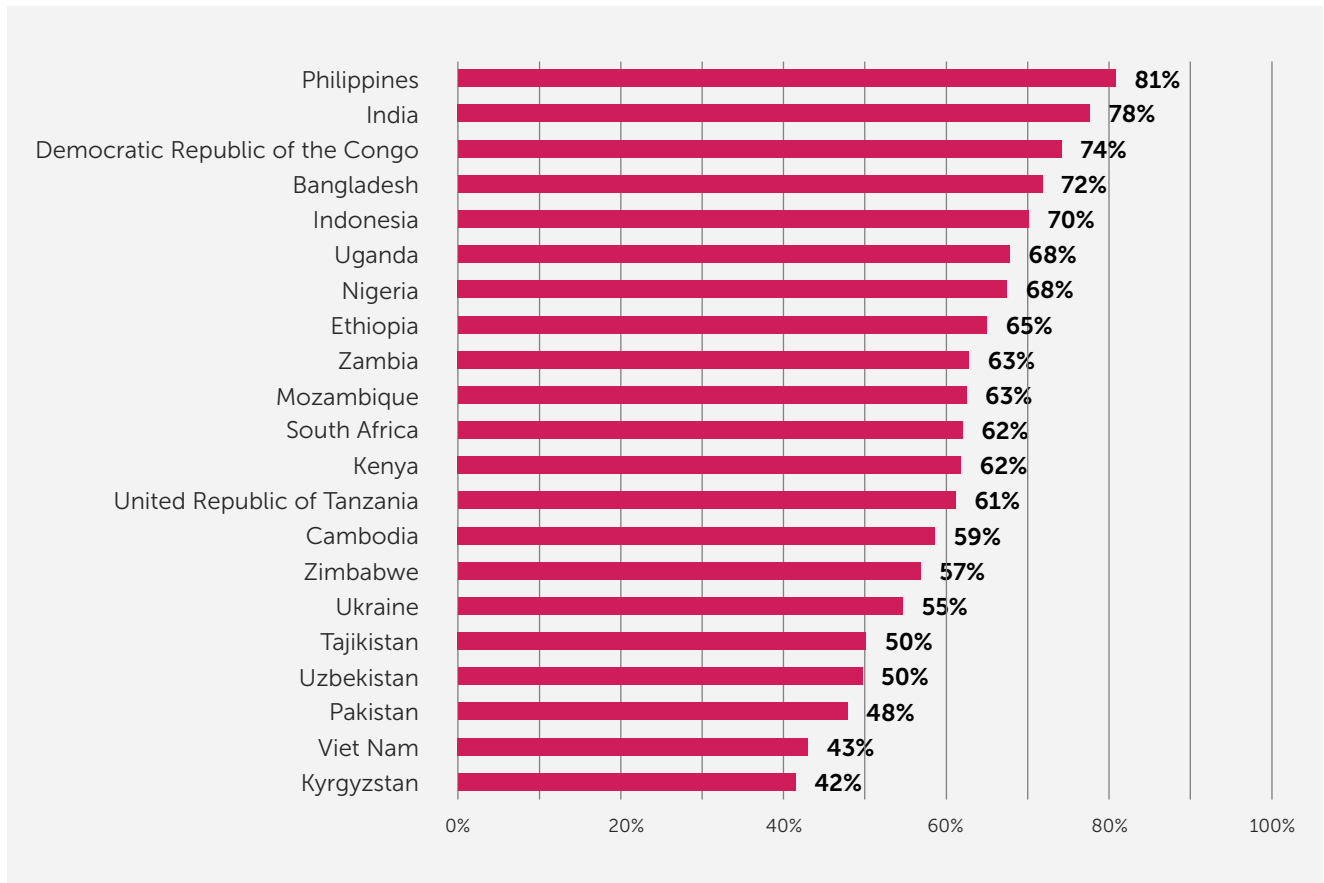
Table 2. Inclusiveness benchmarks achieved by countries, 2024

Country Name	Achievement of Inclusiveness Benchmarks (Yes/No)				
	Social contracting with govt. funds	Inclusion of key populations in NSP	Inclusion of civil society/TB survivors	Inclusion of TB community and subnational entities	Gender inclusiveness
Bangladesh				Yes	
Cambodia			Yes	Yes	
Democratic Republic of the Congo			Yes	Yes	
Ethiopia			Yes	Yes	
India				Yes	
Indonesia			Yes		
Kenya			Yes	Yes	
Kyrgyzstan					
Mozambique		Yes		Yes	
Nigeria			Yes	Yes	
Pakistan				Yes	
Philippines			Yes	Yes	
South Africa					
Tajikistan					
Uganda					
Ukraine				Yes	
United Republic of Tanzania				Yes	
Uzbekistan			Yes		
Viet Nam					
Zambia				Yes	
Zimbabwe			Yes	Yes	
Number of countries that achieved the benchmarks	0	1	9	14	0

Note:

- A benchmark is said to be achieved with a score of 4.

Figure 6. Inclusiveness index by countries, 2024

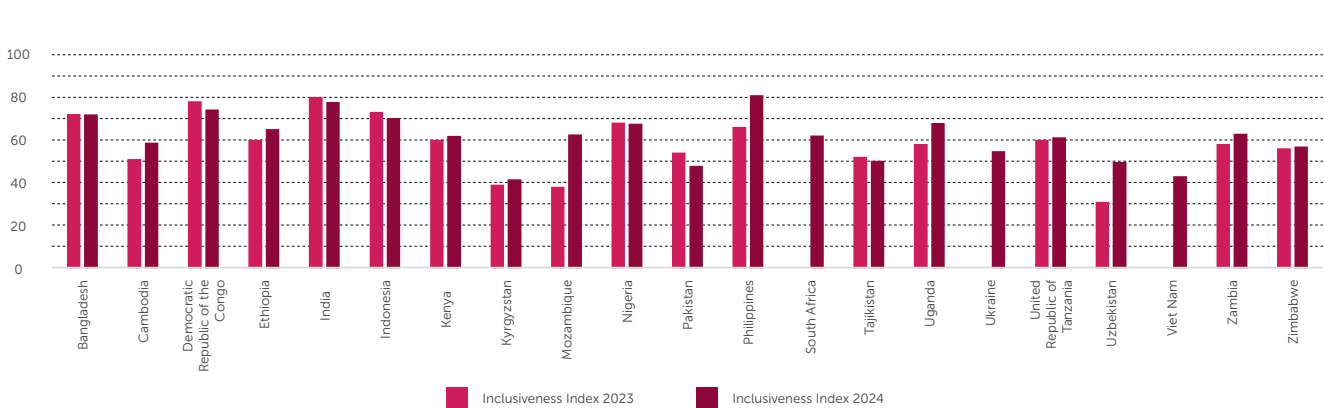


The theme index is calculated by dividing the total theme score of the country by 20. Refer to the dashboard for the exact scores. As an example, if a country achieves a total score of 15 for all five benchmarks in the “Inclusiveness” theme, its index will be 75%.

Countries can improve their theme scores by implementing activities related to the scoring (Annex 2). There could be some easy wins, for example, through CS participation in the provincial-level programme reviews held by the NTP or MoH, and participation of provincial TB programmes (subnational entities) in NTP programme reviews and supervisory visits and in the JEPR. Scores can also be improved by updating the NSP to include corresponding indicators and budget lines for the gender-specific activities. Improvement in theme scores will eventually lead to achievement of the benchmarks.

Figure 7 presents the comparison of inclusiveness indices in 2023 and 2024

Figure 7. Inclusiveness index 2023, 2024



Note:

- There are no data points for 2023 for South Africa, Ukraine or Viet Nam.

3

THE

WORLD

OF

LEGAL

FRAMEWORK

AND

GOVERNANCE

Legal
framework



Theme 3 : Legal framework

Community, rights and gender (CRG) assessments in various countries have revealed an array of issues, including limited access to health services, disease-based discrimination, lack of privacy protections and the impact of patriarchal norms on women affected by TB ^[7].

A robust legal framework ensures the protection of public health and guarantees access to essential health care services for all individuals within a country. Availability, access and uptake of services can be improved at the societal level by removing legal barriers; harmful social and gender norms; inequalities; and disadvantageous institutional and community practices that perpetuate stigma and discrimination; and by promoting multisectoral action.

Legal provisions, such as anti-discrimination laws, health care financing regulations and public health statutes contribute to the protection of the rights of vulnerable populations and in promoting health equity. Legal provisions such as mandatory reporting of TB cases are essential to reduce TB transmission.

Appropriate health insurance benefit packages and provider payment mechanisms, combined with a supportive legal framework, provide affordable access to recent evidence-based regimens. A well defined legal framework facilitates effective governance and accountability mechanisms in national health programmes.

The "Legal framework" theme has five benchmarks (see Figure 8). Each benchmark has several components with corresponding questions. In this chapter, the benchmarks are explained followed by a presentation of the high-level results. These results may not cover all 21 countries. For country-specific results on each benchmark, the dashboard presents a snapshot, whereas the country profiles present the details. *If the reader is interested in planning for improving the scores, then the best tip is to consider the country profile alongside the scoring guidance (Annex 2).*

Figure 8. Dashboard with scores on legal framework benchmarks, 2024

	Bangladesh	Cambodia	Democratic Republic of Congo	Ethiopia	India	Indonesia	Kenya	Kyrgyzstan	Mozambique	Nigeria	Pakistan	Philippines	South Africa	Tajikistan	Uganda	Ukraine	United Republic of Tanzania	Uzbekistan	Viet Nam	Zambia	Zimbabwe
Legal Framework																					
Mandatory TB notification	4	0	0	0	4	4	4	4	0	4	2	4	4	4	4	4	4	4	4	4	4
DR-TB medicines in nEML and available for free	3	3	1	3	3	2	3	3	3	3	4	3	1	4	3	2	4	4	1	3	1
Social protection	1	0.7	0.7	1.3	1.7	2.3	1	1.3	1	0.7	0.7	1.3	0.3	1.3	1.3	2.3	1.3	2.3	1.7	1	0.7
Law/policy on human rights for TB	1.6	2.4	4	3.2	3.2	3.2	3.2	0.8	3.2	2.4	2.4	4	0	1.6	2.4	3.2	3.2	3.2	4	3.2	3.2
Policy framework to reduce TB stigma	3	1	4	3	2	2	3	2	3	3	1	1	2	1	2	2	2	1	2	2	2
Theme Score for Legal Framework	12.6	7.1	9.7	10.5	13.9	13.5	14.2	11.1	10.2	13.1	10.1	13.3	7.3	11.9	12.7	13.5	14.5	14.5	12.7	13.2	10.9
Theme index for Legal framework	63%	35%	48%	53%	69%	68%	71%	56%	51%	65%	50%	67%	37%	60%	64%	68%	73%	73%	63%	66%	54%

Results

Benchmark 1. Mandatory TB notification



TB notification is mandated by a public health act or law and is implemented in the entire country (public and private sector), including monitoring of the implementation of the law while ensuring protection of privacy and confidentiality.

Results

- Sixteen (76%) countries have mandatory TB notification.
 - The four (18%) countries that do not have this are Cambodia, Democratic Republic of the Congo, Ethiopia and Mozambique. In Pakistan, it is mandatory only in some provinces.

1. Why this benchmark?

Mandatory notification helps to prioritize an end to TB. Data make the problem visible, thereby contributing to improved treatment adherence and prevention of transmission efforts by all stakeholders, resulting in better health outcomes among affected populations. Notification helps in tracking disease trends and identifying high-risk populations.

Benchmark 2. DR-TB medicines are in the National Essential Medicines List (nEML) and available for free



All WHO Group A and B DR-TB medicines are included in the nEML and available free of charge to people receiving treatment for TB (public and private sector), including monitoring of

Results

- Sixteen (76%) countries have included bedaquiline in their nEML. The same is true for linezolid.
- Only four (18%) countries have included pretomanid in their nEML:
 - Pakistan, Tajikistan, United Republic of Tanzania and Uzbekistan.

2. Why this benchmark?

Inclusion in the nEML signals that these are priority medicines as per the needs of the country and that these medicines have an impact. It can assist in prioritizing for procurement and distribution of medicines, as well as in advocacy for price reduction.

Benchmark 3. Social protection



This benchmark has two components measuring the provision of (a) social protection schemes, and (b) social health insurance for all people with TB, including those from ethnic minorities, migrants and other vulnerable populations. Systems for social protection include legal, financial, mental health and nutrition support, among others. Furthermore, the social health insurance system in the country, under Universal Health Coverage or otherwise, should include the diagnosis, treatment and prevention of all forms of TB, including MDR-TB, for all populations of the country to prevent catastrophic costs.

(Note: While social protection includes a number of elements in the benchmark, only three elements are measured: (a) employment protection, (b) nutrition support, and (c) cash transfer.)

Results

- Seven (33%) countries have employment protection for all, and an equal number of countries have it only for some people.
- One (5%) country has nutrition support for all, while two have no nutrition support. In the majority of 18 (86%) countries, it is available for some people.

3. Why this benchmark?

Social protection measures and social health insurance help to mitigate the economic consequences of TB, which is essential not only for the affected persons but also for their families who are likely to experience a downward spiral because of the loss of income and care-taking capacity of the affected individuals. Nutrition protection helps in speedier recovery and is part of the standard treatment and care of TB^[3]. Social protection reduces poverty and vulnerability; enhances the capacity to manage economic and social risks; and prevents catastrophic costs.

- One (5%) country has cash transfer for all, while three have no cash transfer. In the majority of 17 (81%) countries, it is available for some people.

India is the only country that provides nutrition support and cash transfers to all people receiving TB treatment.

Benchmark 4. Law or policy that defines and protects the human rights of people with TB



(a) Human rights to privacy and confidentiality for people affected by TB and freedom from discrimination are three elements included in TB training modules/technical guidelines; and b) all those engaged in TB service delivery are trained on these issues.

Results

- In only three countries (14%), the TB programme managers at national and subnational level had been trained in human rights elements of confidentiality, privacy and freedom from discrimination:
 - Democratic Republic of the Congo, Philippines and Viet Nam. All three countries achieved this benchmark (see Table 3).

In many countries, these human rights elements are scattered across different documents. Although these elements are scored in the survey, the guess is that this issue makes the training outcomes inconsistent.

4. Why this benchmark?

Poverty and low socioeconomic status as well as legal, structural and social barriers prevent universal access to quality TB prevention, diagnosis, treatment and care. The promotion and realization of confidentiality, privacy and freedom from discrimination builds confidence in the affected people. At the same time, the approach to TB prevention, treatment and care as a human right can inspire not only the programme managers, CS and other TB partners but potentially the whole of society to overcome these multiple barriers. The resulting improvement in TB prevention, treatment and care is beneficial for the entire society.

Benchmark 5. Policy framework to reduce stigma



This benchmark includes four elements:


- The NSP makes it clear that it is illegal to stigmatize anyone with TB, including by limiting or preventing access to TB services: (i) the NSP mentions activities to reduce stigma, including stigma against women and other vulnerable populations; (ii) the NSP provides data from a stigma assessment; (iii) appropriate context-specific activities are described to respond to stigma; (iv) indicators with targets are included to reduce stigma; and (v) a defined budget is allocated for stigma-reduction activities.
- A baseline stigma assessment has been done.
- Service providers (and staff at all levels) are trained on TB and stigma.
- A communication strategy has been developed that includes advocacy to reduce stigma.

5. Why this benchmark?

Fear, self-isolation, ostracization, loss of status in the community, and discrimination by providers are some of the effects of stigma. Stigma leads to health-seeking delays and decreased compliance with treatment, resulting in continued transmission and poor health outcomes that further reinforce stigma, thus perpetuating the cycle ^[3].

Results

- The majority of countries (20; 95%) had stigma interventions in their NSP, but only 10 (50%) of these had included specific indicators and only eight (40%) had a specific budget.
- Six (28%) countries had carried out a stigma assessment.
 - One (5%) country, Democratic Republic of the Congo, achieved this benchmark.

Table 3. Legal framework benchmarks achieved by countries, 2024


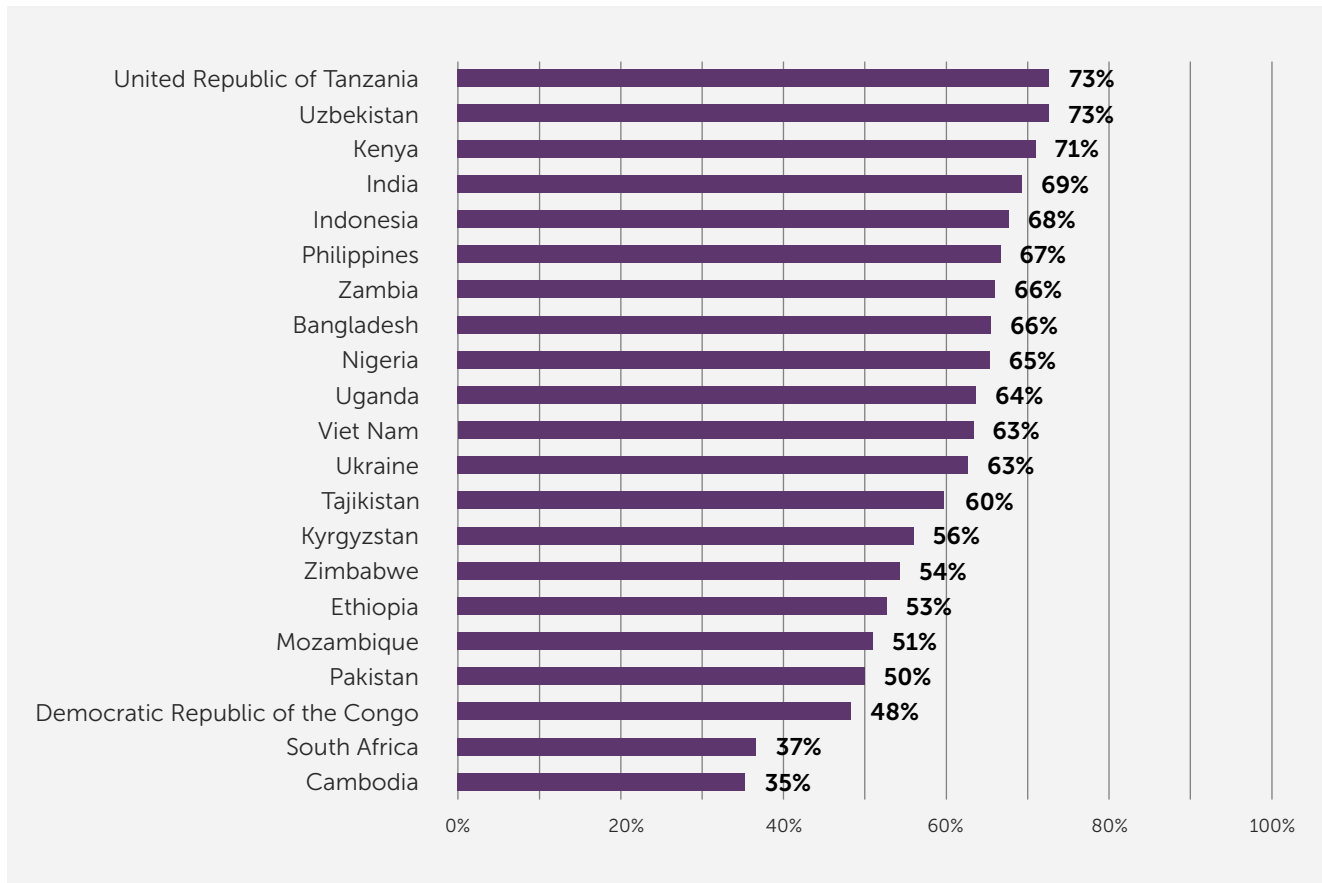
Achievement of Inclusiveness Benchmarks (Yes/No)

Country Name	Mandatory TB notification	DR-TB medicines in nEML and free	Social protection	Law/policy on human rights for TB	Policy framework to reduce TB stigma
Bangladesh	Yes	No	No	No	No
Cambodia	No	No	No	No	No
Democratic Republic of the Congo	No	No	No	Yes	No
Ethiopia	No	No	No	No	No
India	Yes	No	No	No	No
Indonesia	Yes	No	No	No	No
Kenya	Yes	No	No	No	No
Kyrgyzstan	Yes	No	No	No	No
Mozambique	No	No	No	No	No
Nigeria	Yes	No	No	No	No
Pakistan	No	Yes	No	No	No
Philippines	Yes	No	No	Yes	No
South Africa	Yes	No	No	No	No
Tajikistan	Yes	Yes	No	No	No
Uganda	Yes	No	No	No	No
Ukraine	Yes	No	No	No	No
United Republic of Tanzania	Yes	Yes	No	No	No
Uzbekistan	Yes	Yes	No	No	No
Viet Nam	Yes	No	No	Yes	No
Zambia	Yes	No	No	No	No
Zimbabwe	Yes	No	No	No	No
Number of countries that achieved the benchmarks	16	4	0	3	1

Note:

- A benchmark is said to be achieved with a score of 4.

Figure 9. Legal framework index by countries, 2024

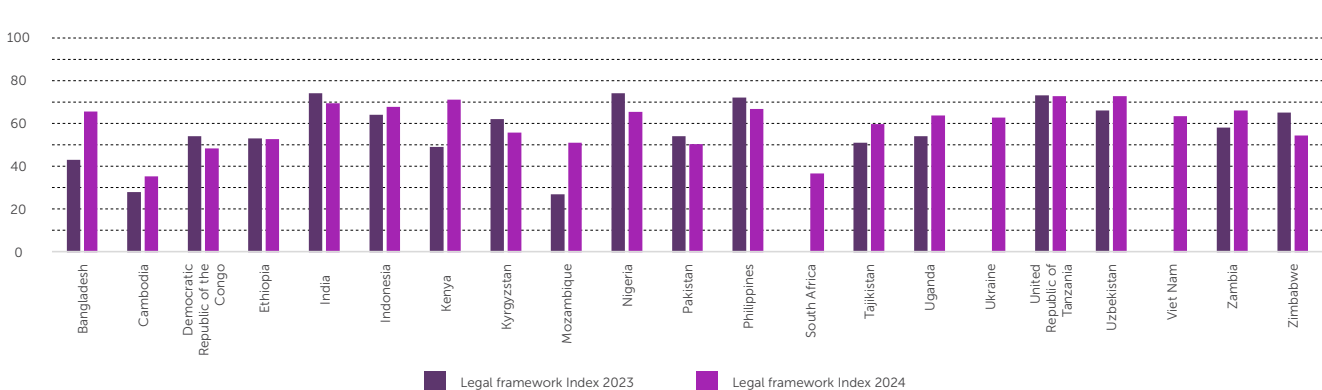


The theme index is calculated by dividing the total theme score of the country by 20. Refer to the dashboard for the exact scores. As an example, if a country achieves a total score of 12 for all five benchmarks in the “Legal framework” theme, its index will be 60%.

Countries can improve their theme scores by implementing activities related to the scoring (Annex 2). There could also be a few easy wins, for example, by updating the NSP to include specific indicators and a budget for stigma interventions, or by updating the most commonly used TB training modules to include all the elements of human rights. This will not only improve the score but also have the ripple effect of all staff getting trained on human rights. Improvement in theme scores will eventually lead to achievement of the benchmarks.

Figure 10 presents the comparison of the legal framework indices in 2023 and 2024.

Figure 10. Legal framework index 2023, 2024



Note:

- There are no data points for 2023 for South Africa, Ukraine or Viet Nam.

A vibrant green background featuring a butterfly with yellow and black wings perched on a leaf. A white flower is visible in the background. A white speech bubble contains the text.

**Process
efficiency and
effectiveness**

Theme 4 : Process efficiency and effectiveness

Efficient and effective governance is essential for ensuring TB programmes’ success in utilizing resources and delivering timely results. Adequately empowered NTPs with sufficient capacity have the potential to function efficiently within the given governance processes of a country.

Such NTPs would be able to optimally utilize resources, make critical decisions, facilitate decision-making at the senior executive level of the MoH, and facilitate technical and managerial decisions with stakeholders to scale up cost-effective technologies and innovations, besides meeting the rigorous demands of implementing a complex health programme like that of TB elimination. To assess the NTP’s ability to operate efficiently and effectively within the government system, this survey collected information on several key benchmarks. There is a lack of data-backed science to support many of these benchmarks. These are instead backed by implementation experience of several experts from NTPs, CS and international agencies.

The “Process efficiency and effectiveness” theme has five benchmarks (see Figure 11). Each benchmark has several components with corresponding questions. In this chapter, the benchmarks are explained followed by presentation of the high-level results. These results may not cover all 21 countries. For country-specific results for each benchmark, the dashboard presents a snapshot whereas the country profiles present the details. *If the reader is interested in planning for improving the scores, then the best tip is to consider the country profile alongside the scoring guidance (Annex 2).*

Figure 11. Dashboard with scores on process efficiency and effectiveness benchmarks, 2024

	Bangladesh	Cambodia	Democratic Republic of Congo	Ethiopia	India	Indonesia	Kenya	Kyrgyzstan	Mozambique	Nigeria	Pakistan	Philippines	South Africa	Tajikistan	Uganda	Ukraine	United Republic of Tanzania	Uzbekistan	Viet Nam	Zambia	Zimbabwe
Process Efficiency & Effectiveness																					
Approval process efficiency	2	2	N/A	0	3	3	3	1	3	4	N/A	2	N/A	4	3	0	3	3	3	1	N/A
NTP manager empowerment	2.5	2.5	4	4	2.5	3.5	2	2	4	3.5	3	2	4	3.5	2.5	3	2.5	4	3	2.5	3
Capacity of NTP	3.8	2.8	3.8	2.8	1.5	3.8	2.8	3.3	2.8	3.8	3.3	1.3	3.3	3.8	3.3	2.8	2.8	3	2.8	2.3	3.8
Ability of NTP to rapidly adopt/adapt international policies	1.3	1.3	2.6	1.3	0.7	1.3	1.3	4	0	2.6	0.7	2.6	0.7	0	1.3	2.6	0	1.3	2.6	2.6	2.6
Capacity of NTP for fund absorption	2	1	2	0	2	3	2	1	2	1	0	4	0	4	4	3	3	0	1	3	3
Process efficiency and effectiveness - Total score and Index%	11.6	9.6	12.4	8.1	9.7	14.6	11.1	11.3	11.8	14.9	7.0	11.9	8.0	15.3	14.1	11.4	11.3	11.3	12.4	11.4	12.4
Theme Score For Process Efficiency & Effectiveness	58%	48%	77%	40%	48%	73%	55%	56%	59%	74%	43%	59%	50%	76%	70%	57%	56%	57%	62%	57%	62%

Results

Benchmark 1. Approval process efficiency



The final approved NSP, annual budget or other such document with prior approval (for example, at the beginning of the financial year) enables the NTP to move forward with implementation without requiring additional approvals from other ministry officials. If approvals are required, the process takes less than a week, as TB activities have already been prioritized.

1. Why this benchmark?

Delays in approval processes, be they for medicine procurement or training or any other activity, lead to uncertainty and demotivation, besides derailing the timeline of the activity.

Results

This benchmark was assessed by checking for the days required for approval of the latest Global Drug Facility (GDF) quote. If medicines were not procured in the last two years, countries did not have to report on this.

Data were not available for four countries. Of these, three had not procured through GDF in the last two years.

- Ten (59%) of 17 countries received approvals within a week. Of these, two countries achieved the benchmark, as approval was within three days:
 - Nigeria and Tajikistan (see Table 4).

Benchmark 2. NTP manager empowerment



This benchmark includes four elements:

- The NTP manager is senior staff and is no more than two steps from the health minister in the hierarchy.
- The NTP manager has access to relevant and recent programme information to be empowered for making decisions.
- The NTP manager perceives him/herself to be fully empowered to deliver the targets of the Global Fund TB grant.
- CS partners perceive the NTP manager to be fully empowered to deliver the targets of the Global Fund TB grant.

2. Why this benchmark?

Empowered programme managers have access to relevant information, have understanding of the TB programme, and have an understanding of how to make the TB programme and its teams succeed.

Results

This benchmark consists of four elements: (a) the seniority of the NTP managers in the health system; (b) NTP managers' access to information (to be empowered for making decisions); (c) NTP managers' perception of their empowerment to deliver the targets of the Global Fund grant; and (d) CS partners' perception of the NTP manager's empowerment. This was not an evidence-based measure. Two of the elements were based on perception. However, this was an important benchmark and the motivation for including it was to bring to focus this important issue and stimulate a conversation at the country level.

- In nearly half i.e., 10 (48%) of the countries, the NTP manager was senior staff only one or two positions away from the health minister of the country. However, 14 (66%) NTP managers felt fully empowered to deliver the targets of the Global Fund grant, and 11 (52%) were perceived to be fully empowered by CS partners. All NTP managers had access to programme information, as measured by their knowledge of how many people received rapid molecular tests as their initial test.
- Five (24%) countries achieved the benchmark:
 - Democratic Republic of the Congo, Ethiopia, Mozambique, South Africa and Uzbekistan.

Benchmark 3. Capacity of the NTP (number of staff in relation to population/burden/province)



The NTP has sufficient capacity at the national level. The required strength of the technical/management staff at the national level will vary with the size of the country, burden of TB and status of the programme. Applying a uniform criterion can be challenging. It is expected that countries will carry out an assessment to determine the staffing needs in the NTP, which will serve as the benchmark for that country. Until that happens, four subcomponents have been considered as given below:

- Population in millions divided by the number of technical staff (staff and long-term consultants of more than a year) is 1 or less in small countries (50 million or less – eight such countries in the survey) and 10 or less in bigger countries.
- Number of people developing TB in the last year divided by the number of technical staff (staff and long-term consultants of more than a year) is 10,000 or less in countries with a population of 50 million or less, and 50,000 or less in bigger countries.
- Number of provinces/oblasts/states in the country divided by the number of technical staff (staff and long-term consultants of more than a year) at the NTP is 0.5 or less.
- The CS perception of the NTP's capacity of staff strength in relation to the work or responsibilities.

Note: Provincial- and district-level staff were not considered for this component.

3. Why this benchmark?

At the national level, it is important for the NTP to have sufficient staffing in terms of the national population it is serving, the TB burden of the country, and the number of provinces. Ideally, countries should have their own assessment of NTP capacity.

Results

Capacity of national units needs to be measured at the national level. However, to draw attention to this important issue, the survey attempted an assessment from the global level. It was not perfect, but it is hoped that this assessment might stimulate appropriate conversation at the country level. Assumptions were as follows: (a) one staff per million population in small countries and per 10 million in big ones; (b) one staff per 10,000 people with TB in small countries or per 50,000 in big ones; (c) one staff to oversee/support two provinces/administrative units; and (d) perception of the national stakeholders, i.e., the CS partners. These assumptions were not backed by evidence but were based on programme experience. It was hoped that a combination of these four elements would help to identify at least the outliers.

- None of the countries achieved the benchmark, but 11 (52%) countries had a score of 3 or more, including six (29%) that had a score of 3.75.
- CS partners in 14 (66%) countries felt that the NTP capacity was 75%, including one country where the capacity was perceived to be 100%.

Benchmark 4. Ability of the NTP to rapidly adopt/adapt international guidelines as national policies



(a) Adoption of new international guidelines by the NTP within a year (this benchmark refers to the most recent international guidelines each year), and (b) roll-out of the policies to the provincial/district level within six months of national policy adoption.

4. Why this benchmark?

Adoption/adaptation of evidence-based policies and their quick implementation is essential to achieve impact and End TB targets.

Results

Questions related to guidelines were also included in the "Transparency" theme, checking if these were publicly available. Guidelines-related questions in this theme assessed the efficiency of the national mechanism for adapting/adopting recent global recommendations. Therefore, countries scored here if guidelines were adopted/adapted, but lost out on scoring in transparency if the guidelines were not placed on the website.

Note that the most recent guidelines were assessed in the 2024 survey and differed from the guidelines assessed in 2023.

- Kyrgyzstan was the only country that achieved the benchmark by having adopted/adapted all three guidelines assessed.
- Seven (33%) countries had adopted/adapted two of the three guidelines.

Benchmark 5. Capacity of the NTP for fund absorption



This benchmark includes two components:

- a. The NTP absorbs 95% or more funds from all domestic and external sources in the designated time period.
- b. The NTP absorbs 95% or more funds from the Global Fund in the designated time period.

5. Why this benchmark?

Absorption capacity represents the extent to which a country is capable of effectively and efficiently spending its domestic and donor funds. One of the factors for low absorption rate is the level of governance, besides other things.

Results

- a. Absorption of funds from all sources:

note: This is based on WHO data reported by countries.

- Four countries – Cambodia, Nigeria, South Africa and Uzbekistan – did not report fund absorption data to WHO.
- Of the 17 countries, 13 (77%) absorbed more than 95% of funding from all sources in 2022.

- b. Absorption of funds from the Global Fund:

note: This is based on data shared by the Global Fund. Nine countries had only TB grants, seven had only TB/HIV grants, and five (Democratic Republic of the Congo, India, Mozambique, Uganda, United Republic of Tanzania) had both. One additional variation in the data was the period covered by each grant. Lastly, for some of the grants, the data were reported by the principal recipient and have not been validated. These are the limitations for these data.

As with the WHO data, the score was considered to be 2 if fund absorption was 95% or more, 1 if it was 85% to 94%, and 0 if it was < 85%. For the five countries that had both TB and TB/HIV grants, the scoring was based on absorption of the TB grant.

The scores on the WHO and Global Fund components were added to get the final score for this benchmark. No adjustment was made for the four countries that did not report data to WHO.

- Of the 21 countries, three (14%) countries absorbed more than 95% of Global Fund funds.
- The benchmark was achieved by three countries – Philippines, Tajikistan and Uganda.

- c. Utilization of domestic funds:

NTP managers were asked what expenditures were covered by domestic funds. The amount of funding was not asked, and these responses were not scored. Based on their responses:

- Twenty (95%) countries spent domestic funds on human resources.
- Fourteen (67%) countries spent domestic funds on first-line medicines and six (29%) on second-line medicines.
- Eight (38%) countries spent domestic funds on rapid molecular diagnostics and 15 (71%) on other diagnostics.
- Nineteen (90%) countries spent domestic funds on infrastructure and health system services for TB.
- Ten (48%) countries spent domestic funds on programmatic activities, such as travel, supervision, meetings and training.

Table 4. Process efficiency and effectiveness benchmarks achieved by countries, 2024



Achievement of Inclusiveness Benchmarks (Yes/No)

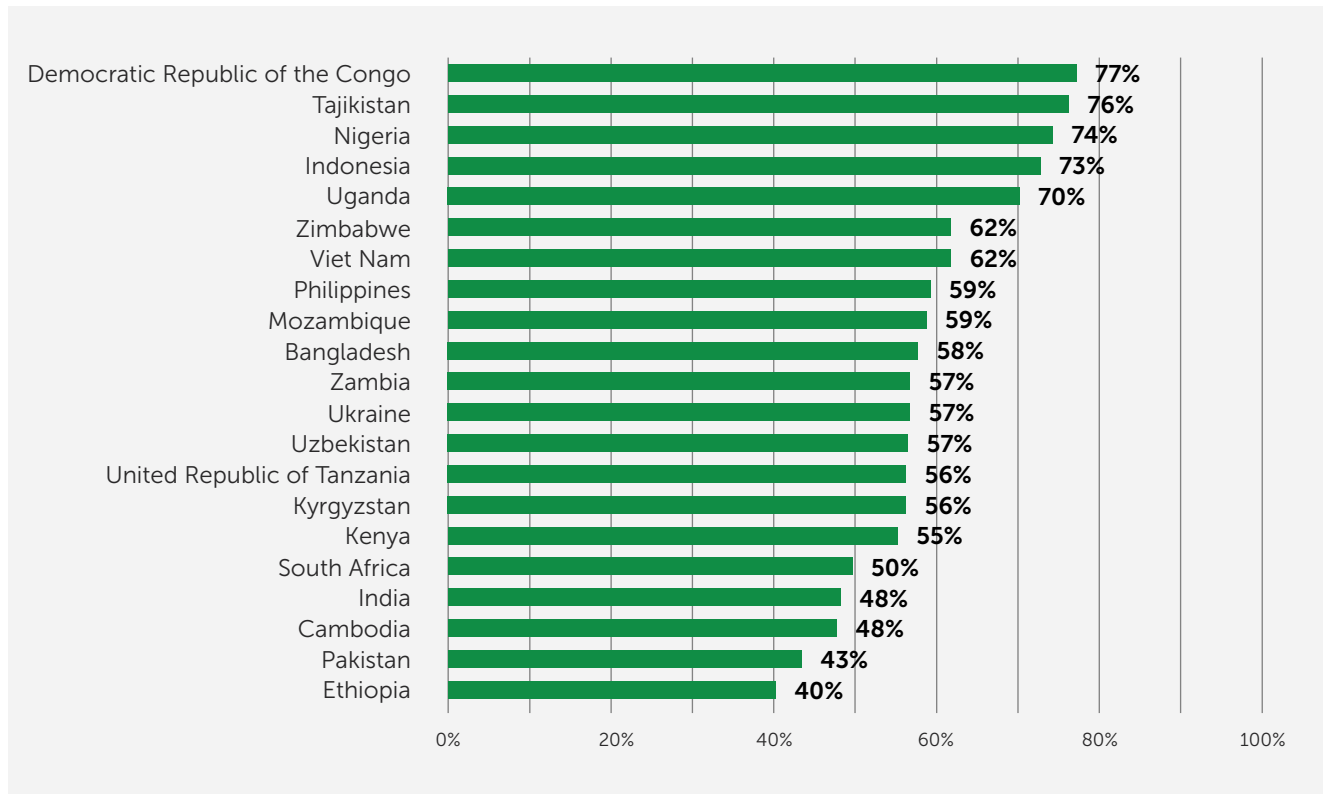
Country Name	Approval process efficiency*	NTP manager empowerment	Capacity of NTP	Ability to adopt/adapt international guidelines	NTP's capacity for fund absorption**
Bangladesh					
Cambodia					
Democratic Republic of the Congo	Grey	Green			
Ethiopia		Green			
India					
Indonesia					
Kenya					
Kyrgyzstan				Green	
Mozambique		Green			
Nigeria	Green				
Pakistan	Grey				
Philippines					Green
South Africa	Grey	Green			
Tajikistan	Green				Green
Uganda					Green
Ukraine					
United Republic of Tanzania					
Uzbekistan		Green			
Viet Nam					
Zambia					
Zimbabwe	Grey				
Number of countries that achieved the benchmarks	2	5	0	1	3

Note:

Data N/A

A benchmark is said to be achieved with a score of 4.

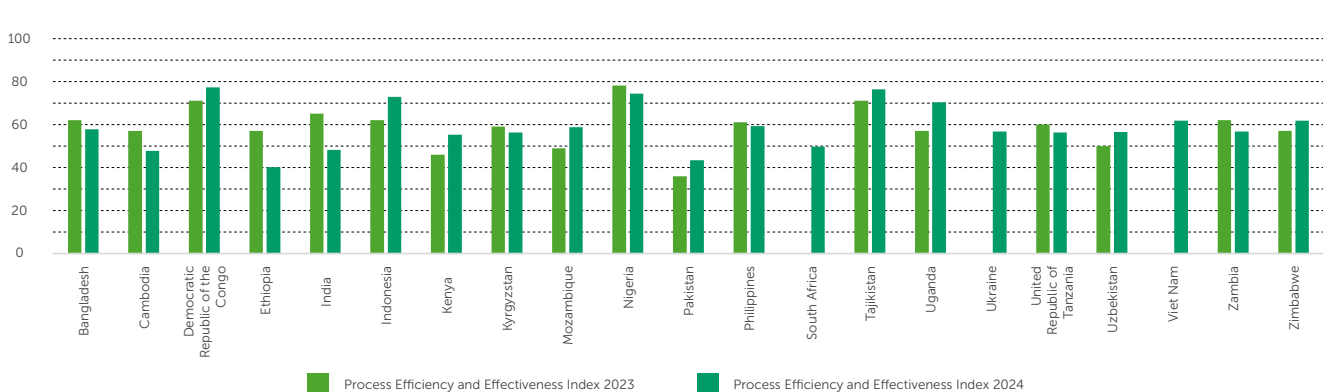
**Cambodia, Nigeria, South Africa and Uzbekistan did not report fund absorption data to WHO.

Figure 12. Process efficiency and effectiveness index by countries, 2024

The theme index is calculated by dividing the total theme score of the country by 20. Refer to the dashboard for the exact scores. As an example, if a country achieves a total score of 10 for all five benchmarks in the “Process efficiency and effectiveness” theme, its index will be 50%.

Countries can improve their theme scores by implementing activities related to the scoring (Annex 2). There are probably no easy wins in this theme, but mechanisms to adopt/adapt global guidelines can be pre-approved for a year or two to accelerate the process. Improvement in theme scores will eventually lead to achievement of the benchmarks.

Figure 13 presents a comparison of the process efficiency and effectiveness indices in 2023 and 2024.

Figure 13. Process efficiency and effectiveness index 2023, 2024**Note:**

- There are no data points for 2023 for South Africa, Ukraine or Viet Nam.



The 21 Country Profiles

Country profiles of each country are included in a separate section. These include detailed information on (i) the findings reported by countries, along with the scoring as per the guidance in Annex 2; (ii) scores from the previous round (2023); and (iii) recommendations for achieving improved scores in the next round. This section includes profiles for 21 countries, as Malawi is not included. For Malawi, the findings reported by the CS are presented in Annex 1.

SETIF PROFILES

Bangladesh



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	4	4	NTP website was mostly functional with occasional glitches. Recommendation - A consistently functioning NTP website with a list of all NTP officials with their designations and contact details, enabling the public to give feedback or ask a question.
2. Case notification data on the website	1	0	Annual report of 2022 was on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	2	1	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	3	3	NSP (2024–2030) was on the NTP website, but the annual budget of the NTP was not. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	2	4	JEPR was in October 2022, with a final report on the website.
Transparency - Theme score and index (%)	12	12	The Transparency score was 12 out of a max of 20, resulting in an index of 60%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2	2	The country had policy and guidelines for contracting NGOs and private sector using domestic funds. Recommendation - Contracting of NGOs and private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	2	3.5	Assessment for KVPs was done, CRG action plan 2021–2023 was formulated. KVPs were included in the NSP along with specific budget. Recommendation - For further improvement, specific indicators, budget, timelines and responsible entities are included for each KVP identified in the action plan.
3. Inclusion of civil society/ TB survivors	4	3	CS partners participated in the recent JEPR, in programme review by the NTP at both national and subnational levels, and in development of the NSP/Global Fund proposal. Recommendation - Continued CS participation as at present, but also in research.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through regular meetings. Feedback by subnational entities was for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.4	1.9	CRG report (2018) was available. NSP included gender-specific activities with budget. Women TB survivors participated in NTP events. Recommendation - All TB programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	14.4	14.4	The Inclusiveness score was 14.4 out of a max of 20, resulting in an index of 72%.
Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	2.5	3	The nEML included two of the three medicines checked for treating DR-TB, and all were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1	1	Employment protection, nutrition support and cash transfer were available for some people on treatment. There was no social health insurance. Recommendation - Employment protection is available for all people on TB treatment. Cash, nutrition support and social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	0	1.6	The TB training module includes "freedom from discrimination". Recommendation - All those involved in TB service delivery are trained in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	1	3	Stigma assessment was done; NSP included interventions with specific budget for stigma. Recommendation - NSP includes indicators for stigma interventions to mark progress.
Legal framework - Theme score and index (%)	8.5	12.6	The Legal framework score was 12.6 out of a max of 20, resulting in an index of 63%.
Process Efficiency & Effectiveness			
1. Approval process efficiency	3	2	Approval of GDF quote took 10–15 days. Recommendation - Approval time of less than a week or prior approvals of routine processes
2. NTP manager empowerment	3	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	4	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	1.3	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	1	2	The country had absorbed more than 95% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	12.3	11.6	The Process efficiency and effectiveness score was 11.6 out of a max of 20, resulting in an index of 58%.

	Meaningful action has yet to start
	Some progress has been made
	Benchmark was achieved

*Score decreased because the case notification data on the website in 2024 were old.

**Score decreased because in 2023 a format for gender disaggregated data was considered, whereas in 2024 the actual report was considered.

***Score decreased because the perception changed

Please refer to Annex 2 for scoring guidance
Recommendations are in line with the benchmarks (Annex 3)

Cambodia



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	1.5	1.5	NTP website was not consistently functional. Recommendation - A consistently functioning NTP website with a list of all NTP officials with their designations and contact details, enabling the public to give feedback or ask a question.
2. Case notification data on the website	0	0	Annual report of 2022 was on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	0	0	Latest TB guidelines were not on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	3	3	NSP (2021–2030) was on the NTP website but not the annual budget. Recommendation - Detailed annual budget of the program for the current financial year is on the NTP website."
5. External programme review	3	2	Joint external programme review (JEPR) was in June 2019 and a final report was available. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	7.5	6.5	The Transparency score was 6.5 out of a max of 20, resulting in an index of 33%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	1.5	2	Assessment for key vulnerable populations (KVPs) (2017) was done; three priority populations were included in the NSP/Global Fund proposal along with a specific budget. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/TB survivors	3	4	Civil society partners participated in the recent JEPR, in programme review by the NTP at the subnational and national levels, in research, and in development of the NSP/Global Fund proposal.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	1.7	1.7	Community, rights and gender report (2017) was available. Gender-specific activities were included in the NSP. Women TB survivors participated in World TB Day events. Recommendation - All programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	10.2	11.7	The Inclusiveness score was 11.7 out of a max of 20, resulting in an index of 59%.

Legal Framework			
1. Mandatory TB notification	0	0	TB notification was not mandated in the country. Recommendation - TB notification is mandated by law.
2. DR-TB medicines in nEML and available for free	4	3	The nEML included two of the three medicines checked for treating DR-TB, and were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	0.7	0.7	Employment protection and nutrition support were available for some people receiving treatment, while cash transfer and social health insurance were not available for people with TB. Recommendation - Employment protection, cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	0	2.4	"The declaration of rights of people affected by TB" includes "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	1	1	Stigma assessment was done. Recommendation - NSP includes stigma interventions with specific indicators and budget.
Legal framework - Theme score and index (%)	5.7	7.1	The Legal framework score was 7.1 out of a max of 20, resulting in an index of 35%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	2	2	Global Drug Facility quote was approved in 10 days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	3	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	2.8	2.8	As per the survey methodology, the NTP capacity seemed to need some improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	1	1	Funding received from all sources and its expenditure was not available (WHO data); score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	11.4	9.6	The Process efficiency and effectiveness score was 9.6 out of a max of 20, resulting in an index of 48%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Score decreased as JEPR was not done after 2019.
 **Pretomanid was not assessed in 2023.
 ****Refer to the benchmark details.
 *****Recent guidelines were not yet adapted/adopted.
 Please refer to Annex 2 for scoring guidance.
 Please refer to Annex 3 for detailed description of the 20 benchmarks.

Democratic Republic of the Congo



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	0	0	There was no NTP website or a page on the Ministry of Health website. Recommendation - Develop and publish an NTP website with recent and relevant TB materials.
2. Case notification data on the website	0	0	No NTP website
3. Latest TB technical guidelines on the website	0	0	No NTP website
4. NSP and annual budget on the website	0	0	No NTP website
5. External programme review	3	2.5	Joint external programme review (JEPR) was done in November 2022 and a draft report was available. Recommendation - Ideally, final report is on the website within three months of the JEPR.
Transparency - Theme score and index (%)	3	2.5	The Transparency score was 2.5 out of a max of 20, resulting in an index of 13%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	3.5	3.5	Assessment for key vulnerable populations (KVPs) was done, and KVPs were included in the NSP. Community, rights and gender (CRG) action plan for 2021–2023 was reviewed and a new one formulated for 2024–2026. Recommendation - For further improvement, a budget and specific indicators for each KVP are considered in the CRG action plan.
3. Inclusion of civil society/ TB survivors	3.5	4	Civil society partners participated in the recent JEPR, programme review by the NTP at the national and subnational levels, research, and development of the NSP/Global Fund proposal.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.7	1.3	CRG report (2018) was available and CRG action plan (2024–2026) was available with gender-specific activities, indicators and budget. Recommendation - Women TB survivors participate in NTP events. All programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	15.7	14.8	The Inclusiveness score was 14.8 out of a max of 20, resulting in an index of 74%.
Legal Framework			
1. Mandatory TB notification	0	0	TB notification was not mandated in the country. Recommendation - TB notification is mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	1	The nEML included all three medicines for treating DR-TB but was in the draft stage. These medicines were available for free to people receiving treatment. Recommendation - The nEML is finalized.
3. Social protection	0.7	0.7	Cash transfer and nutrition support were available for people receiving treatment for multidrug-resistant TB. There was no employment protection and no social health insurance in the country. Recommendation - Employment protection, cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	4	Latest TB training module included "confidentiality", "freedom from discrimination" and "privacy"; all TB service providers were being trained using this module.
5. Policy framework to reduce TB stigma	3	4	Stigma assessment was done; NSP included stigma interventions with specific indicators and a budget.
Legal framework - Theme score and index (%)	10.9	9.7	The Legal framework score was 9.7 out of a max of 20, resulting in an index of 48%.
Process Efficiency & Effectiveness			
1. Approval process efficiency	0	N/A	The NTP did not procure through the Global Drug Facility.
2. NTP manager empowerment	3.5	4	As per the survey methodology, the NTP manager seemed to be fully empowered.
3. Capacity of NTP	3.8	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	3.9	2.6	The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	3	2	The country had absorbed more than 95% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	14.2	15.4	The Process efficiency and effectiveness score was 15.4 out of a max of 20, resulting in an index of 77%. (Note the score and index are adjusted for Benchmark 1)

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*Decrease in score because of draft report.

**Women's participation in NTP events (2024) was reported to be nil; in addition, availability of a format for gender-disaggregated treatment outcomes was scored in 2023, whereas a report in the public domain was scored in 2024.

***The nEML is a draft (2024) and inclusion of medicines in a draft nEML was not scored.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Ethiopia



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	0.5	0.5	Ministry of Health (MoH) website had a webpage on "programmes" that gave information on TB. The MoH website functioned inconsistently. Recommendation - Develop and publish an NTP website with recent and relevant TB materials.
2. Case notification data on the website	0	0	Case notification data were not on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	2	0	Latest TB guidelines were not on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	0	0	Current NSP as well as the current annual budget of the NTP were not on the website. Recommendation - Approved and budgeted NSP as well as the approved annual budget of the NTP with details are on the website.
5. External programme review	2	3	Joint external programme review (JEPR) was in Feb 2023; a final report was available with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years with a final report on the website within three months.
Transparency - Theme score and index (%)	4.5	3.5	The Transparency score was 3.5 out of a max of 20, resulting in an index of 18%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	2	3	Assessment for key vulnerable populations (KVPs) was done. NSP included KVPs with specific indicators and a budget. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	4	4	Civil society partners participated in the recent JEPR, in the programme review by the NTP at the subnational and national levels, in research, and in development of the NSP/Global Fund proposal.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2	2	Community, rights and gender (CRG) report (2023) was available. Gender-specific activities were included in the NSP along with specific indicator(s) and budget. Women survivors participated in NTP events. Recommendation - All programme managers are trained on gender issues. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	12	13	The Inclusiveness score was 13 out of a max of 20, resulting in an index of 65%.

Legal Framework			
1. Mandatory TB notification	0	0	TB notification was not mandated in the country. Recommendation - TB notification is mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	3	The nEML included two of the three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1.3	1.3	Employment protection and cash transfer were not available for people receiving TB treatment, while nutrition support was available for some. Social health insurance included TB. Recommendation - Employment protection, cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	3.2	The TB training module included "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	2	3	NSP included stigma interventions with specific indicator(s) while its budget was in the Global Fund grant. Recommendation - A finalized report of stigma assessment is available.
Legal framework - Theme score and index (%)	10.5	10.5	The Legal framework score was 10.5 out of a max of 20, resulting in an index of 53%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	0	0	Approval of Global Drug Facility quote took 30-45 days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	3	4	As per the survey methodology, the NTP manager seemed to be fully empowered.
3. Capacity of NTP	2.8	2.8	As per the survey methodology, the NTP capacity seemed in need of some improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	3	0	The country had absorbed 84% of TB funds from all domestic and external sources (WHO data) (score 0); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	11.4	8.1	The Process efficiency and effectiveness score was 8.1 out of a max of 20, resulting in an index of 40%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Pretomanid was not assessed in 2023.

**Refer to the benchmark details.

***Score decreased because recent guidelines were not yet adapted/adopted.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

India



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	4	4	NTP had a functional website.
2. Case notification data on the website	4	4	National and provincial level case notification data were publicly available and updated daily on the NTP website.
3. Latest TB technical guidelines on the website	4	1	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	2.5	1	Multiple draft versions of the National Strategic Plan (NSP) were on the NTP website with a budget until 2023–2024. The annual budget of the NTP was not available. Recommendation - Approved version of a fully budgeted NSP and a detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review	4	3	Joint external programme review (JEPR) was done in November 2019 and the final report was on the website. Recommendation - Ideally, a JEPR is carried out at least every three years with a final review report on the website within three months.
Transparency - Theme score and index (%)	18.5	13	The Transparency score was 2.5 out of a max of 20, resulting in an index of 13%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	4	3	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. The majority of the states had engaged NGOs and the private sector.
2. Inclusion of key populations in NSP	2.5	3	Assessment for key vulnerable populations (KVPs) was done. KVPs were included in the NSP along with specific indicators and a budget. Guidelines for active case finding issued for states gave specific indicators and a budget. States were expected to develop their own action plans. Recommendation - For further improvement, specific indicators, budget, timelines and responsible entities are included for each KVP identified in the action plan.
3. Inclusion of civil society/ TB survivors	3	3	Civil society partners participated in the recent JEPR, the programme review by the NTP at both national and subnational levels, and the development of the Global Fund proposal. Recommendation - Civil society is engaged in research.
4. Inclusion of TB community and subnational entities	4	4	Community feedback was taken through a forum at district, state and national levels and through a beneficiary survey (Nikshay Sampark); the NTP took feedback from subnational entities for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.4	2.5	Community, rights and gender (CRG) 2018 report was available. The NSP included gender-specific activities with indicator(s) and a budget. Women TB survivors participated in World TB Day events. Recommendation - All programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	15.9	15.5	The Inclusiveness score was 15.5 out of a max of 20, resulting in an index of 78%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification is mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	2.5	3	"The nEML included two of the three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	3.2	1.7	Employment protection was available for some, but nutrition support and cash transfer were available for all people receiving treatment. Social health insurance was only partially available for TB. Recommendation - Employment protection for all people receiving TB treatment. Social health insurance is available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	3.2	The TB training module included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	2	2	"The NSP included stigma interventions with a budget. Recommendation - NSP includes specific indicators for stigma interventions. Stigma assessment is done.
Legal framework - Theme score and index (%)	14.9	13.9	The Legal framework score was 13.9 out of a max of 20, resulting in an index of 69%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	4	3	Approval of Global Drug Facility quote took five days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2.5	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	1.3	1.5	As per the survey methodology, the NTP seemed to have challenges with capacity. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	1.3	0.7	The TB programme had adapted/adopted one of the international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	4	2	The country had absorbed more than 95% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	13.1	9.7	The Process efficiency and effectiveness score was 9.7 out of a max of 20, resulting in an index of 48%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*Score decreased because in 2023 the national level was said to have contracted NGOs as well as the private sector.

**Score decreased because last time social health insurance (a newly introduced scheme) was said to have covered all people, whereas it is now clear it covers only hospitalization.

***Refer to the benchmark details.

****Recent guidelines were not yet adapted/adopted.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Indonesia

Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	3	4	NTP had a functional website.
2. Case notification data on the website	2	3	National and provincial level case notification data are publicly available and updated regularly on the NTP website. Recommendation - Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	4	2	Only one of the two latest TB guidelines checked by the survey was on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and are available on the website.
4. NSP and annual budget on the website	3	3	Approved budgeted NSP (2020–2024) was on the NTP website. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	4	4	Joint external programme review (JEPR) was in December 2022 and a final report was on the website.
Transparency - Theme score and index (%)	16	16	The Transparency score was 16 out of a max of 20, resulting in an index of 80%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	1	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	2.5	2.5	Assessment for key vulnerable populations (KVPs) was done (July 2020), and KVPs were included in the NSP along with a specific indicator. Recommendation - A detailed action plan for all KVPs with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	4	4	Civil society partners participated in the recent JEPR, in the programme review by the NTP at both national and subnational levels, in research activities and in development of the Global Fund proposal.
4. Inclusion of TB community and subnational entities	4	3	Community feedback to the programme was through 'laportbc'; subnational entities provided feedback for a) NSP development, and b) programme performance. Recommendation - Subnational entities participate in the JEPR.
5. Gender inclusiveness	3.1	2.5	Community, rights and gender (CRG) 2020 report was available. More than half of the provincial TB programmes were led by women. The NSP includes gender-specific activities with indicators. Women TB survivors participated in NTP events. Recommendation - All programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain. Gender-specific activities are budgeted for.
Inclusiveness - Theme score and index (%)	14.6	14.0	The Inclusiveness score was 14.0 out of a max of 20, resulting in an index of 70%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandatory.
2. DR-TB medicines in nEML and available for free	4	2	The nEML included one of the three medicines checked for treating DR-TB, and all were available for free to the people receiving treatment. Recommendation - Pretomanid and linezolid are included in the nEML.
3. Social protection	1.3	2.3	Employment protection was available, but nutrition support and cash transfer were available for some people receiving TB treatment. Social health insurance was available for TB but not enough to prevent catastrophic costs. Recommendation - Nutrition support, cash transfer and social health insurance for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	2.4	3.2	The TB training module included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in these human rights elements.
5. Policy framework to reduce TB stigma	1	2	NSP included interventions for stigma. Stigma assessment was done. Recommendation - The NSP includes specific indicators and a budget for stigma interventions.
Legal framework - Theme score and index (%)	12.7	13.5	The Legal framework score was 13.5 out of a max of 20, resulting in an index of 68%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	NA	3	The Global Drug Facility quote was approved in a week. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	3.5	3.5	As per the survey methodology, the NTP manager seemed to have adequate support and empowerment.
3. Capacity of NTP	3.8	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	0	3	The country had absorbed 100% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	12.3	14.6	The Process efficiency and effectiveness score was 14.6 out of a max of 20, resulting in an index of 73%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*Subnational entities had participated in the JEPR (2020), but this was not convincingly documented in the JEPR of 2022.

**Score decreased, as in 2023 a format for gender-disaggregated treatment outcomes was considered, whereas in 2024 a publicly available report was scored.

***Recent guidelines were not yet adapted/adopted.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Kenya



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	3	3	NTP had a functional website. Recommendation - For further improvement, contact details of all NTP officials are added to the website.
2. Case notification data on the website	0	1	Case notification data from Q1 2023 for the national level were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	4	2	Only one of the two latest TB guidelines checked by the survey was on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and are available on the website.
4. NSP and annual budget on the website	3	3	NSP (2023/24 to 2027/28) was on the NTP website but not the annual budget of the NTP. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	2	4	Joint external programme review (JEPR) was in Mar–Apr 2022 and the final report was on the NTP website.
Transparency - Theme score and index (%)	12	13	The Transparency score was 13 out of a max of 20, resulting in an index of 65%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	3	2.5	TB data assessment of key vulnerable populations (KVPs) was done (2018). The NSP included the KVPs. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	2.5	4	Civil society partners participated in the programme review by the NTP, development of the Global Fund proposal, JEPR, and research activities.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the I-monitor and Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.4	1.9	Gender assessment and legal environment assessment were done (2018). The NSP included gender-specific activities with a budget. Women TB survivors participated in NTP events. Recommendation - All programme managers are trained on gender. The NSP includes indicators for gender-specific activities. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	11.9	12.4	The Inclusiveness score was 12.4 out of a max of 20, resulting in an index of 62%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandatory.
2. DR-TB medicines in nEML and available for free	1	3	The nEML included two of the three medicines checked for treating DR-TB and all were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	0.7	1	Employment protection, nutrition support and cash transfer were available for some people receiving treatment. Health insurance through the public sector covered TB partially. Recommendation - Employment protection is available for all people on TB treatment. Cash transfer, nutrition support and social health insurance for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	3.2	The TB training module and NSP included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in human rights.
5. Policy framework to reduce TB stigma	1	3	NSP includes interventions for stigma with specific indicators and a budget. Recommendation - Stigma assessment report is finalized.
Legal framework - Theme score and index (%)	9.9	14.2	The Legal framework score was 14.2 out of a max of 20, resulting in an index of 71%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	2	3	Global Drug Facility quote was approved in a week. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2.5	2	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	2.8	2.8	As per the survey methodology, NTP capacity seemed to need more improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	0	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	2	2	The country had absorbed 100% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	9.3	11.1	The Process efficiency and effectiveness score was 11.1 out of a max of 20, resulting in an index of 55%.

Meaningful action has yet to start

Some progress has been made

Benchmark was achieved

*NSP included an indicator for KVPs in 2023, but not in 2024.

**Score decreased because in 2023 a format for gender-disaggregated treatment outcomes was considered and not the report, as in 2024.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Kyrgyzstan



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	1.5	3	NTP had a functional website. Recommendation - For further improvement, contact details of all NTP officials are added.
2. Case notification data on the website	0	0	Case notification data were not on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	1	1	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	0	2	Approved NSP (2023–2026) without a budget was on the NTP website. Recommendation - The budget of the TB NSP as well as the detailed annual budget of the NTP for the current financial year are publicly available on the NTP website.
5. External programme review	3	2	Joint external programme review (JEPR) was in 2019, the final report of which was with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years with a final review report on the website within three months.
Transparency - Theme score and index (%)	5.5	8	The Transparency score was 8 out of a max of 20, resulting in an index of 40%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	1	2.5	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. The NTP had contracted an NGO. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	2.5	2	Community, rights and gender (CRG) assessment was done (2022). NSP included key vulnerable populations (KVPs). Recommendation - Detailed action plan with activities, indicator, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	1	0	Civil society partners' participation in NTP activities was nil. Recommendation - Civil society participation in programme review by the NTP at national and subnational levels, JEPR, development of NSP/proposals and research activities.
4. Inclusion of TB community and subnational entities	2	3	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, and b) programme performance. Recommendation - Subnational entities participate in the JEPR.
5. Gender inclusiveness	1.3	0.8	Gender assessment was done (2016). NSP mentions gender. Recommendation - All TB programme managers are trained on gender. NSP includes gender-specific activities with indicators and a budget. Treatment outcome data for all genders are available in the public domain. Women TB survivors participate in NTP events.
Inclusiveness - Theme score and index (%)	7.8	8.3	The Inclusiveness score was 8.3 out of a max of 20, resulting in an index of 42%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law.
2. DR-TB medicines in nEML and available for free	4	3	The nEML included two of the three medicines checked for treating DR-TB, and these were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	2	1.3	There was no employment protection or nutrition support. Cash transfer was available for some people receiving TB treatment. Health insurance through the public sector was available and TB and multidrug-resistant TB were included in it for all. Recommendation - Employment protection, cash and nutrition support are available for all people with TB; social health insurance includes TB to an extent to prevent catastrophic costs.
4. Law/policy on human rights for TB	2.4	0.8	The country had a law on data privacy. Recommendation - Training of all those involved in TB service delivery in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	0	2	NSP included interventions for stigma with specific indicators. Recommendation - NSP includes budget for stigma interventions and stigma assessment is done.
Legal framework - Theme score and index (%)	12.4	11.1	The Legal framework score was 11.1 out of a max of 20, resulting in an index of 56%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	2	1	"Global Drug Facility quote was approved in a month." Recommendation - Less than a week of approval time or prior approvals of routine processes is desirable."
2. NTP manager empowerment	3	2	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	3.3	3.3	As per the survey methodology, the NTP seemed to have good capacity. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	4	The TB programme had adapted/adopted all three international guidelines assessed in the survey within a year.
5. Capacity of NTP for fund absorption	1	1	The country had absorbed 81% of TB funds from all domestic and external sources (WHO data) (score 0); and score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	11.9	11.3	The Process efficiency and effectiveness score was 11.3 out of a max of 20, resulting in an index of 56%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*Score decreased, as in 2023 a specific indicator for KVPs was considered to have been included in the draft NSP.

**Civil society had participated in NSP/Global Fund proposal development in 2023 but was not reported to do so in 2024. considered.

***Score decreased, as in 2023 a format for gender-disaggregated treatment outcomes was considered, whereas in 2024 a publicly available report was scored.

****A law from 1998 was quoted in 2023 for employment protection and nutrition support, but was not in 2024.

^Difference in score because of difference in documentation.

^^Change in score because of change in perception.

Please refer to Annex 2 for scoring guidance

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Mozambique



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	1	0.5	NTP does not have a website or a page on the Ministry of Health (MoH) website, but some information can be found on the MoH website. Recommendation - A consistently functioning NTP website with recent and relevant information on TB.
2. Case notification data on the website	0	0	Case notification data from 2022 were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	3	0	Latest TB guidelines were not available on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	0	0	NSP and annual budget of the NTP were not available. Recommendation - Approved budgeted NSP and detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review	3	2	Joint external programme review (JEPR) was in Q4 2018 and the final report was available with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years with a final review report on the website within three months.
Transparency - Theme score and index (%)	7	2.5	The Transparency score was 2.5 out of a max of 20, resulting in an index of 13%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	1	4	Assessment for key vulnerable populations (KVPs) was done, and priority populations were included in the NSP along with specific indicators and a budget; an action plan for KVPs was included in the community, rights and gender (CRG) action plan for 2023–2026.
3. Inclusion of civil society/ TB survivors	1	2.5	Civil society partners participated in the programme review by the NTP at the national level, in research, and in development of the Global Fund proposal. Recommendation - Civil society participation in programme review at the subnational level and in the JEPR.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	1.6	2	CRG report (2020) was available. Gender-specific activities with specific indicators and budget were included in the NSP and CRG action plan. Women TB survivors participated in World TB Day events. Recommendation - All programme managers are trained in gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	7.6	12.5	The Inclusiveness score was 12.5 out of a max of 20, resulting in an index of 63%.

Legal Framework			
1. Mandatory TB notification	0	0	TB notification was not mandated in the country. Recommendation - TB notification is mandated by law.
2. DR-TB medicines in nEML and available for free	1	3	The nEML included two of the three medicines checked for treating DR-TB, and were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1	1	Employment protection, cash transfer and nutrition support were available for some people receiving treatment. There was no social health insurance in the country. Recommendation - Employment protection, cash and nutrition support and social health insurance for all people with TB to avoid catastrophic costs.
4. Law/policy on human rights for TB	2.4	3.2	A TB training document includes "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in human rights for people affected by TB. "
5. Policy framework to reduce TB stigma	1	3	NSP includes interventions for stigma with specific indicators and budget. Recommendation - Stigma assessment is done.
Legal framework - Theme score and index (%)	5.4	10.2	The Legal framework score was 10.2 out of a max of 20, resulting in an index of 51%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	3	3	Global Drug Facility quote was approved in one week. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	3.5	4	As per the survey methodology, the NTP manager seemed to be fully empowered.
3. Capacity of NTP	1.3	2.8	As per the survey methodology, the NTP capacity seemed to need more improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	0	0	The TB programme had adapted/adopted none of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	2	2	The country had absorbed 100% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	9.8	11.8	The Process efficiency and effectiveness score was 11.8 out of a max of 20, resulting in an index of 59%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Refer to the benchmark details.
Please refer to Annex 2 for scoring guidance.
Please refer to Annex 3 for detailed description of the 20 benchmarks.

Nigeria



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	0.5	2	NTP has a website. Recommendation - For further improvement, contact details of all NTP officials are added.
2. Case notification data on the website	0	0	Case notification data from 2022 for the national level were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website."
3. Latest TB technical guidelines on the website	0	4	Both of the latest TB guidelines checked by the survey were available on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and are available on the website.
4. NSP and annual budget on the website	0	0	Link to the NSP (2021 to 2025) on the NTP website was not functional. Recommendation - NSP and a detailed annual budget of the NTP for the current financial year are on the website.
5. External programme review	3	3	Joint external programme review (JEPR) was in Dec 2022–Jan 2023 and the final report was available with the NTP. Recommendation - Final report is on the NTP website.
Transparency - Theme score and index (%)	3.5	9	The Transparency score was 9 out of a max of 20, resulting in an index of 45%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	3	3.5	Size estimation of key vulnerable populations (KVPs) was done (2023) (rapid assessment in 2018–19). The NSP included indicators and a budget for KVPs. Community, rights and gender (CRG) action plan (2021–2025) was available. Recommendation - For further improvement, specific indicators and budget lines are considered for each KVP identified.
3. Inclusion of civil society/ TB survivors	4	4	Civil society partners participated in the programme review by the NTP at the national and subnational levels, development of Global Fund proposal, JEPR, and research activities.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.5	2	Legal environment assessment (2017) and gender assessment (2018) were done. NSP included gender-specific activities with specific indicators and a budget. Women TB survivors participated in NTP events. Recommendation - All programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	13.5	13.5	The Inclusiveness score was 14 out of a max of 20, resulting in an index of 70%.
Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law.
2. DR-TB medicines in nEML and available for free	4	3	The nEML included two of the three medicines checked for treating DR-TB and were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	0.7	0.7	Employment protection was not available, while nutrition support and cash transfer were available for some people receiving TB treatment. Health insurance through the public sector did not cover TB. Recommendation - Employment protection is available for all people receiving TB treatment. Cash transfer, nutrition support and social health insurance are for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	2.4	The training module included "privacy" and "confidentiality". Recommendation - Training of all those involved in TB service delivery in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	3	3	NSP included interventions for stigma with specific indicators and data on stigma. Recommendation - Stigma interventions have a specific budget line.
Legal framework - Theme score and index (%)	14.9	13.1	The Legal framework score was 13.1 out of a max of 20, resulting in an index of 65%.
Process Efficiency & Effectiveness			
1. Approval process efficiency	4	4	Global Drug Facility quote was approved in three days.
2. NTP manager empowerment	3	3.5	As per the survey methodology, the NTP manager seemed to be adequately supported and empowered.
3. Capacity of NTP	3.8	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	3.9	2.6	The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	1	1	Funding received from all sources and its expenditure was not available (WHO data); the score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	15.7	14.9	The Process efficiency and effectiveness score was 14.9 out of a max of 20, resulting in an index of 74%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Score decreased, as in 2023 a format for gender-disaggregated data was considered, whereas in 2024 a publicly available report was considered.
 **Pretomanid was not assessed in 2023.
 Please refer to Annex 2 for scoring guidance.
 Please refer to Annex 3 for detailed description of the 20 benchmarks.

Pakistan



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	4	3	NTP website was mostly functional with occasional glitches. Recommendation - For further improvement, a consistently functioning NTP website with designations and contact details of all NTP officials, and a regularly updated website.
2. Case notification data on the website	1	2	National level case notification data for Q3 2023 were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	4	1	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	3	2	NSP (2024–2026) was on the NTP website. (Budget was not seen in the updated NSP). Recommendation - The NSP budget and a detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review	3	3	Joint external programme review (JEPR) was in November 2022 and a final report was with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years with a final review report on the website within three months.
Transparency - Theme score and index (%)	15	11	The Transparency score was 11 out of a max of 20, resulting in an index of 55%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2.5	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. (Contracting of the private sector at the national level was not reported in 2024.) Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	2	1	Community, rights and gender (CRG) assessment was done. However, the updated NSP did not focus on key vulnerable populations (KVPs). Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP identified is part of the NSP.
3. Inclusion of civil society/ TB survivors	2	1.5	Civil society partners participated in the programme review by the NTP at the national level and in the development of the Global Fund proposal. (Civil society participated in subnational review in 2023.) Recommendation - Civil society participation in programme reviews at both national and subnational levels, in JEPR, and in research activities.
4. Inclusion of TB community and subnational entities	3	4	Community feedback to the programme was through regular meetings; feedback by subnational entities was for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	1.3	1.1	CRG report was available. NSP included gender-specific activities with a budget. (Women's participation in NTP events was reportedly nil in 2024.) Recommendation - All TB programme managers are trained on gender. NSP includes activities and specific indicators for gender. Treatment outcome data for all genders are available in the public domain. Women TB survivors participate in NTP events.
Inclusiveness - Theme score and index (%)	10.8	9.6	The Inclusiveness score was 9.6 out of a max of 20, resulting in an index of 48%.

Legal Framework			
1. Mandatory TB notification	2	2	TB notification was mandated by law in some provinces.
2. DR-TB medicines in nEML and available for free	4	4	The nEML included all three medicines checked for treating DR-TB, and all were available for free to the people receiving treatment.
3. Social protection	0.7	0.7	Employment protection was not available, while nutrition support and cash transfer were available for some people receiving treatment. There was no social health insurance in the country. Recommendation - Employment protection is available for all people receiving TB treatment. Cash and nutrition support and social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	2.4	The TB training module included "privacy" and "confidentiality". Recommendation - Training of all those involved in TB service delivery in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	1	1	NSP included interventions for stigma. Recommendation - NSP includes specific indicators and budget for stigma interventions.
Legal framework - Theme score and index (%)	10.9	10.1	The Legal framework score was 10.1 out of a max of 20, resulting in an index of 50%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	1	NA	
2. NTP manager empowerment	2	3	As per the survey methodology, the NTP manager seemed to need some more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	3.3	3.3	As per the survey methodology, the NTP seemed to need some more capacity. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	0	0.7	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	1	0	The country had absorbed 66% of TB funds from all domestic and external sources (WHO data) (score 0); and score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	7.3	8.7	The Process efficiency and effectiveness score was 8.7 out of a max of 20, resulting in an index of 43%. (Note the score and index are adjusted for Benchmark 1)

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Refer to the benchmark details.
Please refer to Annex 2 for scoring guidance.
Please refer to Annex 3 for detailed description of the 20 benchmarks.

Philippines



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	4	4	NTP had a functional website and included a facility directory with contact details of private sector partners and other organizations such as correctional facilities.
2. Case notification data on the website	2	0	Case notification data from 2022 were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	4	2	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	4	0	The NTP website did not include the most recent NSP or the annual NTP budget. Recommendation - Approved budgeted NSP and a detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review	3	4	Joint external programme review (JEPR) was done in September 2022 and the final report was on the website.
Transparency - Theme score and index (%)	17	10	The Transparency score was 10 out of a max of 20, resulting in an index of 50%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2.5	3	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. NGOs and the private sector had been contracted by the national level. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds, even at the subnational level, as it is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	1	2.5	Assessment for key vulnerable populations (KVPs) was done with the community, rights and gender (CRG) report (2019). The NSP included KVPs (but fewer than four) along with a combined indicator and budget. The CRG action plan (2021–2023) included KVPs. Recommendation - All the KVPs identified are included in the NSP/CRG action plan. Action plan is updated to include activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	3.5	4	Civil society partners participated in the recent JEPR, in programme review by the NTP at both national and subnational levels, and in development of the Global Fund proposal. Recommendation - Continued civil society participation as at present but also their engagement in research.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through regular meetings; feedback by subnational entities was for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	2.3	2.7	Gender assessment had been done (CRG report 2019). Remarkably - a) More than half of the regional TB programmes were led by women; and, b) training on "Gender and development" was provided to all health care workers by the Department of Health. Women TB survivors participated in World TB Day events. Recommendation - NSP includes gender-specific activities with their corresponding indicators and budget. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	13.3	16.2	The Inclusiveness score was 16.2 out of a max of 20, resulting in an index of 81%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	3	The nEML included two of the three medicines checked for treating DR-TB, and all were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1.3	1.3	Employment protection was available for all receiving TB treatment, while nutrition support and cash transfer were available for some. Social health insurance was available only for outpatient drug-susceptible TB services. Recommendation - Cash, nutrition support and social health insurance for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	4	4	The TB training module included elements of human rights (privacy, confidentiality and freedom from discrimination) and more than 50% of regional programme managers had been trained on it.
5. Policy framework to reduce TB stigma	1	1	Stigma assessment was done (2019). Recommendation - NSP includes stigma interventions with specific indicators and budget.
Legal framework - Theme score and index (%)	14.3	13.3	The Legal framework score was 13.3 out of a max of 20, resulting in an index of 67%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	2	2	Global Drug Facility quote was approved in eight days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2	2	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	2.3	1.3	As per the survey methodology, the NTP seemed to have challenges with capacity. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	3.9	2.6	The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	2	4	The country had absorbed more than 95% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 2 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	12.2	11.9	The Process efficiency and effectiveness score was 11.9 out of a max of 20, resulting in an index of 59%.

Meaningful action has yet to start

Some progress has been made

Benchmark was achieved

*Refer to the benchmark details.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

South Africa



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website		0,5	No NTP website and no separate TB webpage on the Ministry of Health (MoH) website, but an Internet search showed some NTP information on the MoH website. Recommendation - Develop and publish an NTP website with recent and relevant TB information.
2. Case notification data on the website		0	Case notification data were not on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website		1	Only one of the latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website		2	Approved combined NSP for TB, HIV/AIDS & sexually transmitted infections (2023–2028) was on the website, but without a budget. Recommendation - The budgeted TB NSP as well as the detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review		0	Joint external programme review (JEPR) was apparently last done in 2012, a final report of which was on the website. Recommendation - Ideally, a JEPR is carried out at least every three years with a final report on the website within three months.
Transparency - Theme score and index (%)	-	3.5	The Transparency score was 3.5 out of a max of 20, resulting in an index of 18%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)		2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP		2.5	Assessment for key vulnerable populations (KVPs) was done. NSP highlighted and identified four or more KVPs, and included specific indicator(s). Recommendation - Detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors		2.5	Civil society partners participated in programme review by the NTP at the national level, in research, and in the development of the NSP/Global Fund proposal. Recommendation - Civil society participation in programme review by the NTP at both national and subnational levels as well as in the JEPR.
4. Inclusion of TB community and subnational entities		3	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, and b) programme performance. Recommendation - Active participation of subnational entities in the JEPR.
5. Gender inclusiveness		2	Community, rights and gender (CRG) 2019 report was available. Gender-specific activities were included in the NSP. Women survivors participated in NTP events. The majority of the provincial TB programmes were led by women. Recommendation - All programme managers are trained on gender issues. Treatment outcome data for all genders are available in the public domain. NSP includes gender-specific activities with specific indicators and a budget.
Inclusiveness - Theme score and index (%)	-	12	The Inclusiveness score was 12 out of a max of 20, resulting in an index of 62%.

Legal Framework			
1. Mandatory TB notification		4	TB notification was mandated by law.
2. DR-TB medicines in nEML and available for free		1	The nEML included none of the three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - Bedaquiline, linezolid and pretomanid are included in the nEML.
3. Social protection		0.3	Employment protection was available for some people receiving TB treatment, while cash transfer and nutrition support were not available at all. There was no social health insurance in the country. Recommendation - Employment protection, cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB		0	The TB training modules did not include "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma		2	NSP included stigma interventions with specific indicator(s). Recommendation - NSP includes budget for stigma interventions. Assessment for TB stigma is done.
Legal framework - Theme score and index (%)	-	7.3	The Legal framework score was 7.3 out of a max of 20, resulting in an index of 37%.

Process Efficiency & Effectiveness			
1. Approval process efficiency		NA	Global Drug Facility procurement was not done for TB medicines.
2. NTP manager empowerment		4	As per the survey methodology, the NTP manager seemed to be fully empowered.
3. Capacity of NTP		3.3	As per the survey methodology, NTP capacity seemed in need of some improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment. "
4. Ability of NTP to rapidly adopt/adapt international policies		0.7	The TB programme had adapted/adopted one of the international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption		0	Funding received from all sources and its expenditure was not available (WHO data); the score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	-	9.9	The Process efficiency and effectiveness score was 9.9 out of a max of 20, resulting in an index of 50%. (Note that the score and index are adjusted for Benchmark 1.)

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*There were no data for 2023.
 **Refer to the benchmark details.
 Please refer to Annex 2 for scoring guidance.
 Please refer to Annex 3 for detailed description of the 20 benchmarks.

Tajikistan



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	3.5	4	The NTP had a functional website.
2. Case notification data on the website	0	0	Case notification data were not on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	0	0	The latest TB guidelines assessed by the survey were not on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	0	3	NSP (2021 to 2025) was available on the NTP website. Recommendation - A detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	0	3	Joint external programme review (JEPR) was in Oct 2023 and the final report was available with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	3.5	10	The Transparency score was 10 out of a max of 20, resulting in an index of 50%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	1.5	1.5	The country had a policy and guidelines for contracting NGOs with domestic funds, and the NTP had contracted an NGO. However, there were no policy and guidelines for contracting the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	1.5	2	The NSP included a few key vulnerable populations (KVPs) identified through TB service mapping exercises, along with a specific indicator. The "Action plan to reduce stigma and gender barriers to access TB diagnosis and treatment 2022–25" included activities with indicators and budget for KVPs. Recommendation - KVP assessment carried out as planned in 2024, followed by a detailed action plan/update of the action plan to include indicators, budget, timelines and responsible entities for each KVP identified.
3. Inclusion of civil society/ TB survivors	2	2	Civil society partners participated in the JEPR and development of the NSP/proposals. Recommendation - Civil society participation in programme review by the NTP and research activities.
4. Inclusion of TB community and subnational entities	4	2	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for NSP development. Recommendation - Subnational entities participate in the JEPR and review of programme performance by the NTP.
5. Gender inclusiveness	1.5	2.5	Community, rights and gender (CRG) assessment report (2020) was available. NSP mentioned gender, and the "Action plan to reduce stigma and gender barriers to access TB diagnosis and treatment 2022–25" included indicators and budget for gender-specific activities. Gender-disaggregated data for treatment outcomes were given in the annual report. Women TB survivors participated in NTP events. Recommendation - All TB programme managers are trained on gender.
Inclusiveness - Theme score and index (%)	10.5	10.0	The Inclusiveness score was 10 out of a max of 20, resulting in an index of 50%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law.
2. DR-TB medicines in nEML and available for free	2.5	4	The nEML included all three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment.
3. Social protection	1	1.3	Employment protection was available for all people receiving TB treatment, while cash transfer and nutrition support were available for some. Health insurance through the public sector was not available. Recommendation - Cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	1.6	1.6	Health Codex included "confidentiality" and stigma is included in the "Action plan to reduce stigma and gender barriers to access TB diagnosis and treatment 2022–25". Recommendation - Training of all those involved in TB service delivery in the human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	1	1	The NSP included interventions to reduce stigma. Recommendation - NSP includes stigma interventions with specific indicators and budget, and stigma assessment report is available for the country.
Legal framework - Theme score and index (%)	10.1	11.9	The Legal framework score was 11.9 out of a max of 20, resulting in an index of 60%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	4	4	The Global Drug Facility quote was approved in a day.
2. NTP manager empowerment	2.5	3.5	As per the survey methodology, the NTP manager seemed to be supported and empowered.
3. Capacity of NTP	3.8	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	3.9	0	The TB programme had adapted/adopted none of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	0	4	The country had absorbed more than 95% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 2 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	14.2	15.3	The Process efficiency and effectiveness score was 15.3 out of a max of 20, resulting in an index of 76%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Uganda



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	2	0.5	There was no NTP website or a page on the Ministry of Health (MoH) website, but some information on TB was available. Recommendation - Develop and publish an NTP website with recent and relevant TB materials.
2. Case notification data on the website	0	0	Case notification data were not available on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	2	2	One of the two latest TB guidelines assessed by the survey was on the website. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
4. NSP and annual budget on the website	3	3	Approved budgeted NSP (20/21–24/25) was on the MoH website. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	3	3	Joint external programme review (JEPR) was done in April 2023 and the final report was available with the NTP. Recommendation - JEPR report is finalized and shared with all stakeholders.
Transparency - Theme score and index (%)	10	8.5	The Transparency score was 8.5 out of a max of 20, resulting in an index of 43%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	1	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	1	2	Assessment for key vulnerable populations (KVPs) was done (2023), and KVPs were included in the NSP. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	4	3.5	Civil society partners participated in the recent JEPR, in programme review by the NTP at the national level, in research, and in development of the Global Fund proposal. Recommendation - Civil society participates in the subnational level programme review.
4. Inclusion of TB community and subnational entities	4	3	Community feedback to the programme was through various technical working groups; subnational entities provided feedback for a) NSP development, and b) programme performance. Recommendation - Subnational entities actively participate in the JEPR.
5. Gender inclusiveness	1.6	3.1	Community, rights and gender (CRG) report (2023) was available. More than half of the provincial TB programmes were led by women; NSP included gender-specific activities. Gender-disaggregated data for treatment outcomes were available, and women TB survivors participated in the NTP events. Recommendation - All programme managers are trained in gender. The NSP includes gender-specific activities with corresponding indicators and budget.
Inclusiveness - Theme score and index (%)	11.6	13.6	The Inclusiveness score was 13.6 out of a max of 20, resulting in an index of 68%.
Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	1	3	The nEML included two of the three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1.3	1.3	Employment protection was for all, while cash transfer and nutrition support were available for some people receiving treatment. There was no social health insurance in the country. Recommendation - Cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	2.4	2.4	Patient charter and Client charter included "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	2	2	The NSP included stigma interventions with specific indicators. Recommendation - Stigma assessment is done. Stigma interventions are budgeted for in the NSP.
Legal framework - Theme score and index (%)	10.7	12.7	The Legal framework score was 12.7 out of a max of 20, resulting in an index of 64%.
Process Efficiency & Effectiveness			
1. Approval process efficiency	2	3	The Global Drug Facility quote was approved in one week.
2. NTP manager empowerment	2.5	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	2.3	3.3	As per the survey methodology, the NTP capacity seemed in need of some improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	2	4	The country had absorbed 99% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 2 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	11.4	14.1	The Process efficiency and effectiveness score was 14.1 out of a max of 20, resulting in an index of 70%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

*Refer to the benchmark details.
Please refer to Annex 2 for scoring guidance.
Please refer to Annex 3 for detailed description of the 20 benchmarks.

Ukraine



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website		3	NTP had a functional website with relevant details, including information on regional facilities for TB care. Recommendation - For further improvement, include a list of all NTP officials with their designations and contact details.
2. Case notification data on the website		3	Regional level case notification data for Q1 2024 were on the NTP website. Recommendation - Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website		4	Both of the latest TB guidelines assessed by the survey were on the website.
4. NSP and annual budget on the website		2	Approved NSP (2019–2030) with TB budget for 2020 to 2023 was on the website. Annual budget of the NTP was not available. Because of martial law in the country, some information was said to be restricted.
5. External programme review		3	A modified joint external programme review (JEPR) was done in Dec 2020, and the NTP had the final report. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	-	15	The Transparency score was 15 out of a max of 20, resulting in an index of 75%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)		2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP		2	Community, rights and gender (CRG) assessment (2018) report was available. The NSP highlighted key vulnerable populations (KVPs), and a draft action plan for KVPs was available. Recommendation - Finalization of the CRG action plan such that activities are included for each KVP identified, along with specific indicators, budget, timelines and responsible entities.
3. Inclusion of civil society/ TB survivors		2	Civil society partners participated in the programme review with the NTP and in the development of the NSP. Recommendation - Civil society participation in the JEPR and research activities as appropriate for the circumstances.
4. Inclusion of TB community and subnational entities		4	Community feedback to the programme was through the OnImpact app; subnational entities provided feedback for a) NSP development, b) programme performance, c) JEPR.
5. Gender inclusiveness		0.9	CRG report (2018) was available. Gender-disaggregated data for treatment outcomes were available in the public domain. Recommendation - NSP includes gender-specific activities with indicators and a budget. Women TB survivors participate in NTP events as appropriate for the current context.
Inclusiveness - Theme score and index (%)	-	10.9	The Inclusiveness score was 10.9 out of a max of 20, resulting in an index of 55%.

Legal Framework			
1. Mandatory TB notification		4	TB notification was mandated by law.
2. DR-TB medicines in nEML and available for free		2	The nEML included linezolid. All DR-TB medicines were available for free to the people receiving treatment. Recommendation - Bedaquiline and pretomanid are included in the nEML.
3. Social protection		2.3	Employment protection is available for all, whereas nutrition support and cash transfer were available for some people receiving treatment. Health insurance through the public sector included TB. Recommendation - Cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB		3.2	The TB training module and patient charter included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma		2	NSP included stigma. Stigma assessment (2021) report was available Recommendation - NSP includes stigma interventions with specific indicators and budget.
Legal framework - Theme score and index (%)	-	13.5	The Legal framework score was 13.5 out of a max of 20, resulting in an index of 68%.

Process Efficiency & Effectiveness			
1. Approval process efficiency		0	Global Drug Facility quote was approved in 180 days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment		3	As per the survey methodology, the NTP manager seemed to need some support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP		2.8	As per the survey methodology, the NTP seemed in need of more capacity. Recommendation - As appropriate for the situation**
4. Ability of NTP to rapidly adopt/adapt international policies		2.6	The TB programme had adapted/adopted two of the three recent international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption		3	The country had absorbed 99% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	-	11.4	The Process efficiency and effectiveness score was 11.4 out of a max of 20, resulting in an index of 57%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*There were no data for 2023.

**Given the ongoing conflict, it is recognized that there are limitations to the extent of data reported and implementation of recommendations.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

United Republic of Tanzania



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	2	2	NTP had its own website. Recommendation - The NTP website includes a list of all NTP officials with their designations and contact details, enabling the public to give feedback or ask a question.
2. Case notification data on the website	0	0	National level case notification data for 2022 were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	4	0	None of the latest TB guidelines assessed by the survey were on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website	3	3	NSP (2020 to 2025) was available on the NTP website. Recommendation - Detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	4	3	Joint external programme review (JEPR) was in Feb 2020 and the final report was on the NTP website. Recommendation - Ideally, a JEPR is every three years.
Transparency - Theme score and index (%)	13	8	The Transparency score was 8 out of a max of 20, resulting in an index of 40%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	3	3.5	Key vulnerable populations (KVPs) were identified based on epidemiological review. The NSP and the "Operational framework and budget summary for TB and leprosy" included at least four KVPs with specific indicators and budget for many of them. Recommendation - For further improvement, the operational plan includes interventions with specific indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	3.5	3	Civil society partners participated in the programme review by the NTP, development of the Global Fund proposal, and the JEPR. Recommendation - Civil society participation in research activities.
4. Inclusion of TB community and subnational entities	3	4	OneImpact app and Tanzania TB Community Network provided community feedback to the programme; subnational entities provided feedback for a) NSP development, b) programme performance, and c) external programme review.
5. Gender inclusiveness	2.4	1.7	Community, rights and gender (CRG) assessment report (2019) was available. NSP included gender-specific activities. Women TB survivors participated in the NTP events. Recommendation - All TB programme managers are trained on gender. The NSP includes corresponding indicators and budget for the gender-specific activities. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	11.9	12.2	The Inclusiveness score was 12.2 out of a max of 20, resulting in an index of 62%.
Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	4	The nEML included all three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment.
3. Social protection	1.3	1.3	Employment protection was available for all, while nutrition support and cash transfer were available for some people receiving treatment. Health insurance through the public sector covered TB partially. Recommendation - Cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	3.2	The TB training module and NSP included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	2	2	NSP included interventions for stigma with specific indicators. Recommendation - NSP includes budget line for stigma and stigma assessment report is available for the country.
Legal framework - Theme score and index (%)	14.5	14.5	The Legal framework score was 14.5 out of a max of 20, resulting in an index of 73%.
Process Efficiency & Effectiveness			
1. Approval process efficiency	2	3	The Global Drug Facility quote was approved in seven days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2.5	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - An internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	3.3	2.8	As per the survey methodology, the NTP capacity seemed to need improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	1.3	0	The TB programme had adapted/adopted none of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	3	3	The country had absorbed 100% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	12.1	11.3	The Process efficiency and effectiveness score was 11.3 out of a max of 20, resulting in an index of 56%.

	Meaningful action has yet to start
	Some progress has been made
	Benchmark was achieved

*Score decreased because in 2023 a format for gender-disaggregated data was considered, whereas in 2024 an actual report was considered.

**Refer to the benchmark details.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Uzbekistan

Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	4	4	NTP had a functional website.
2. Case notification data on the website	0	0	Case notification data were not on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	0	0	Latest TB guidelines were not available on the NTP website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and are available on the website.
4. NSP and annual budget on the website	0	0	NSP and annual budget of the NTP were not available on the NTP website. Recommendation - Approved budgeted NSP and detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review	0	2.5	Joint external programme review (JEPR) was in October 2022 and the draft report was available with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	4.0	6.5	The Transparency score was 6.5 out of a max of 20, resulting in an index of 33%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	0.5	2	Based on statistical data, people living with HIV and three other key vulnerable populations (KVPs) were identified. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	2	4	Civil society partners participated in the recent JEPR, in programme review by the NTP at both national and subnational levels, in research and in development of the Global Fund proposal.
4. Inclusion of TB community and subnational entities	0	1	The subnational entities provided feedback for NSP development. Recommendation - A platform is available for community to give feedback to the programme; subnational entities provide feedback for programme review and JEPR.
5. Gender inclusiveness	1.6	0.9	NSP included gender-specific activities. Women TB survivors participated in World TB Day events. Recommendation - Gender assessment is done. All TB programme managers are trained on gender. Treatment outcome data for all genders are available in the public domain. The NSP includes corresponding indicators and budget for the gender-specific activities.
Inclusiveness - Theme score and index (%)	6.1	9.9	The Inclusiveness score was 9.9 out of a max of 20, resulting in an index of 50%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	4	The nEML included all three medicines checked for treating DR-TB, and all were available for free to the people receiving treatment.
3. Social protection	1	2.3	Employment protection was available for all people receiving treatment for TB, while nutrition support and cash transfer were available for some. There was social health insurance in the country and TB was covered. Recommendation - Cash, nutrition support and social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	3.2	3.2	The TB training module included "privacy", "confidentiality" and "freedom from discrimination". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	1	1	NSP included interventions for stigma. Recommendation - Stigma assessment is done; NSP includes specific indicators and budget for stigma interventions.
Legal framework - Theme score and index (%)	13.2	14.5	The Legal framework score was 14.5 out of a max of 20, resulting in an index of 73%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	3	3	The approval of the Global Drug Facility quote was in four days.
2. NTP manager empowerment	4	4	As per the survey methodology, the NTP manager seemed to be fully empowered.
3. Capacity of NTP	1.8	3	As per the survey methodology, the NTP capacity could be improved further. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	1.3	1.3	The TB programme had adapted/adopted one of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	0	0	Funding received from all sources and its expenditure was not available (WHO data); and the score for Global Fund grant absorption was 0 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	10.1	11.3	The Process efficiency and effectiveness score was 11.3 out of a max of 20, resulting in an index of 57%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

* A draft CRG report was scored in 2023, but as it continues to be a draft to date, it has not been scored in 2024.

**Refer to the benchmark details.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Viet Nam



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website		3	NTP had its own website. Recommendation - For further improvement, the NTP website includes contact details of all NTP officials and is regularly updated with recent and relevant information.
2. Case notification data on the website		3	Regional level case notification data for Q3 2023 were on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website		2	One of the two latest TB guidelines assessed by the survey was on the website. Recommendation - Ideally within six months of release of the global technical guidelines, national guidelines are adopted/adapted and available on the website.
4. NSP and annual budget on the website		0	The website did not have the most recent NSP or the annual budget of the NTP. Recommendation - Approved and budgeted NSP as well as a detailed annual budget of the NTP for the current financial year are on the NTP website.
5. External programme review		3	Joint external programme review (JEPR) was in Jan 2023 and the final report was with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years with a final review report on the website within three months.
Transparency - Theme score and index (%)	-	11	The Transparency score was 11 out of a max of 20, resulting in an index of 55%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)		0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP		3.5	Community, rights and gender (CRG) assessment was done, which included key vulnerable populations (KVPs). The NSP included KVPs with specific indicators and budget. Recommendation - A detailed action plan with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors		2.5	Civil society partners participated in the programme review by the NTP at the national level, JEPR and development of the Global Fund proposal. Recommendation - Civil society participation in programme reviews at the subnational level and in research activities.
4. Inclusion of TB community and subnational entities		1	NTP takes feedback from subnational entities for NSP development. Recommendation - A platform is available for community to give feedback to the programme; subnational entities provide feedback for programme performance and JEPR.
5. Gender inclusiveness		1.6	CRG assessment report (post COVID-19) was available. The NSP had a gender-based approach. Women TB survivors participated in NTP events. Recommendation - All TB programme managers are trained on gender. NSP includes gender-specific activities with corresponding indicators and budget. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	-	8.6	The Inclusiveness score was 8.6 out of a max of 20, resulting in an index of 43%.

Legal Framework			
1. Mandatory TB notification		4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free		1	The nEML did not include any of the three DR-TB medicines checked in the survey. These medicines were available for free to the people receiving treatment. Recommendation - All medicines for treating TB and DR-TB are included in the nEML.
3. Social protection		1.7	Employment protection was not available, while nutrition support and cash transfer were available for some people receiving treatment. Social health insurance included diagnosis and treatment for TB but not enough to prevent catastrophic costs. Recommendation - Employment protection is available for all people receiving TB treatment. Cash, nutrition support and social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB		4	The human rights elements of "privacy", "confidentiality" and "freedom from discrimination" are part of law.
5. Policy framework to reduce TB stigma		2	NSP included interventions for stigma with a budget. Recommendation - NSP includes specific indicators for stigma interventions. Stigma assessment is done.
Legal framework - Theme score and index (%)	-	12.7	The Legal framework score was 12.7 out of a max of 20, resulting in an index of 63%.

Process Efficiency & Effectiveness			
1. Approval process efficiency		3	The last Global Drug Facility quote was approved in seven days. Recommendation - Approval time of less than a week is desirable or prior approvals of routine processes.
2. NTP manager empowerment		3	As per the survey methodology, the NTP manager seemed to need some more support and empowerment. Recommendation - An internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP		2.8	As per the survey methodology, the NTP seemed to need more capacity. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies		2.6	The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption		1	The country had absorbed nearly 50% of TB funds from all domestic and external sources (WHO data) (score 0); and the score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	-	12.4	The Process efficiency and effectiveness score was 12.4 out of a max of 20, resulting in an index of 62%.

	Meaningful action has yet to start
	Some progress has been made
	Benchmark was achieved

*There were no data for 2023.
 **Refer to the benchmark details.
 Please refer to Annex 2 for scoring guidance.
 Please refer to Annex 3 for detailed description of the 20 benchmarks.

Zambia



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	0	0.5	No NTP website and no separate TB webpage on the Ministry of Health (MoH) website, but Internet search showed that some NTP information was on the MoH website. Recommendation - Develop and publish an NTP website with recent and relevant TB materials.
2. Case notification data on the website	0	0	Annual report of 2022 was on the website. Recommendation - Recent national and provincial level data are on the website. Ideally, real-time TB case notification data are publicly available on the NTP website.
3. Latest TB technical guidelines on the website	0	4	The latest TB guidelines assessed by the survey were on the MoH website.
4. NSP and annual budget on the website	0	3	NSP (2022–2026) was on the website. Recommendation - A detailed annual budget of the NTP for the current financial year is on the NTP website.
5. External programme review	4	2	Joint external programme review (JEPR) (mid-term review) report of May 2020 was with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	4	9.5	The transparency score was 9.5 out of a max of 20, resulting in an index of 48%.

Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	2	2	The country had a policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme.
2. Inclusion of key populations in NSP	1	2.5	Assessment for key vulnerable populations (KVPs) was done. NSP identified four or more KVPs and included budget for them. Recommendation - Detailed action plan of defined duration with activities, indicators, budget, and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	3	3	Civil society partners participated in the recent JEPR, in programme review by the NTP at the national and subnational levels, and in development of the Global Fund proposal. Recommendation - Civil society participation in research activities.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the "Quarterly partner coordination meeting"; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR. Recommendation - Scale-up of OnelImpact app.
5. Gender inclusiveness	1.6	1	Gender-specific activities were included in the NSP along with a budget. Women survivors participated in World TB Day events. Recommendation - Gender assessment report is available. All TB programme managers are trained on gender issues. Treatment outcome data for all genders are available in the public domain.
Inclusiveness - Theme score and index (%)	11.6	12.6	The Inclusiveness score was 12.6 out of a max of 20, resulting in an index of 63%.

Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	2.5	3	The nEML included two of three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - Pretomanid is included in the nEML.
3. Social protection	1.7	1	Employment protection, nutrition support and cash transfer were available for some people receiving TB treatment. The Zambia National Health Insurance did not cover TB. Recommendation - Employment protection is available for all people receiving TB treatment. Cash, nutrition support and social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	2.4	3.2	The "Patient charter" included "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in human rights elements of privacy, confidentiality and freedom from discrimination.
5. Policy framework to reduce TB stigma	1	2	NSP included activities for stigma along with a budget. Recommendation - Stigma assessment is done; NSP includes specific indicators for stigma-related activities.
Legal framework - Theme score and index (%)	11.6	13.2	The Legal framework score was 13.2 out of a max of 20, resulting in an index of 66%.

Process Efficiency & Effectiveness			
1. Approval process efficiency	3	1	The approval of the Global Drug Facility quote took 30 days. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2.5	2.5	As per the survey methodology, the NTP manager seemed to need more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	1.3	2.3	As per the survey methodology, the NTP capacity seemed to need further improvement. Recommendation - Assessment of NTP capacity in terms of strength, skills and tools/equipment.
4. Ability of NTP to rapidly adopt/adapt international policies	2.6	2.6	The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	3	3	The country had absorbed 97% of TB funds from all domestic and external sources (WHO data) (score 2); and the score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	12.4	11.4	The Process efficiency and effectiveness score was 11.4 out of a max of 20, resulting in an index of 57%.

■ Meaningful action has yet to start

■ Some progress has been made

■ Benchmark was achieved

*Score decreased because in 2023 a format for gender-disaggregated data was considered, whereas in 2024 an actual report was considered.

**Social protection was scored in 2023. However, in 2024, it was clarified that TB is not in the list of diseases that are covered.

***Refer to the benchmark details.

Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.

Zimbabwe



Benchmarks	2023 score	2024 score	Remarks and recommendations to achieve the benchmark
Transparency			
1. A working NTP website	0	0.5	No NTP website and no separate TB webpage on the Ministry of Health (MoH) website, but TB was mentioned on the MoH website. Recommendation - Develop and publish an NTP website with recent and relevant TB materials.
2. Case notification data on the website	0	0	No NTP website
3. Latest TB technical guidelines on the website	0	0	No NTP website
4. NSP and annual budget on the website	0	0	No NTP website
5. External programme review	2	2	Joint external programme review (JEPR) report from June 2019 was available with the NTP. Recommendation - Ideally, a JEPR is carried out at least every three years and the final review report is on the website within three months.
Transparency - Theme score and index (%)	2	2.5	The Transparency score was 2.5 out of a max of 20, resulting in an index of 13%.
Inclusiveness			
1. Social contracting with government funds (NGOs/private sector)	0.5	0	The country had no policy and guidelines for contracting NGOs and the private sector using domestic funds. Recommendation - Contracting of NGOs and the private sector for TB care through domestic funds is important for long-term sustainability of the programme. Approved contracting mechanisms for these are important.
2. Inclusion of key populations in NSP	1.5	1.5	The NSP included key vulnerable populations (KVPs) with a budget. Recommendation - Assessment for KVPs is done. A detailed action plan is formulated with activities, indicators, budget, timelines and responsible entities for each KVP.
3. Inclusion of civil society/ TB survivors	3.5	4	Civil society partners participated in the recent JEPR, programme review by the NTP at the national and subnational levels, and development of the Global Fund proposal.
4. Inclusion of TB community and subnational entities	4	4	Community feedback to the programme was through the Onelmpact app; subnational entities provided feedback for a) NSP development, b) programme performance, and c) JEPR.
5. Gender inclusiveness	1.7	2	Community, rights and gender (CRG) assessment (2021) report was available. Gender-specific activities were included in the NSP along with the budget. Women survivors participated in World TB Day events. Recommendation - All TB programme managers are trained on gender issues. Treatment outcome data for all genders are available in the public domain. The NSP includes corresponding indicators for gender-specific activities.
Inclusiveness - Theme score and index (%)	11.2	11.4	The Inclusiveness score was 11.4 out of a max of 20, resulting in an index of 57%.
Legal Framework			
1. Mandatory TB notification	4	4	TB notification was mandated by law in the whole country.
2. DR-TB medicines in nEML and available for free	4	1	The nEML did not include any of the three medicines checked for treating DR-TB. These medicines were available for free to the people receiving treatment. Recommendation - The nEML includes bedaquiline, linezolid and pretomanid.
3. Social protection	0.7	1	Nutrition support and cash transfer were available for some people receiving TB treatment. There was no social health insurance in the country. Recommendation - Employment protection is available for all people receiving TB treatment. Cash and nutrition support as well as social health insurance are available for all people with TB to prevent catastrophic costs.
4. Law/policy on human rights for TB	2.4	3.2	The "Patient charter" included "confidentiality", "freedom from discrimination" and "privacy". Recommendation - Training of all those involved in TB service delivery in these elements of human rights.
5. Policy framework to reduce TB stigma	2	2	NSP included stigma interventions with a budget. Recommendation - Stigma assessment is done; NSP includes specific indicators for stigma interventions.
Legal framework - Theme score and index (%)	13.1	10.9	The Legal framework score was 10.9 out of a max of 20, resulting in an index of 54%.
Process Efficiency & Effectiveness			
1. Approval process efficiency			Information not available from the NTP. Recommendation - Approval time of less than a week or prior approvals of routine processes.
2. NTP manager empowerment	2	3	As per the survey methodology, the NTP manager seemed to need some more support and empowerment. Recommendation - Internal review within the government can be considered to provide the NTP manager with more support and empowerment.
3. Capacity of NTP	2.8	3.8	As per the survey methodology, the NTP seemed to have good capacity.
4. Ability of NTP to rapidly adopt/adapt international policies	1.3	2.6	"The TB programme had adapted/adopted two of the three international guidelines assessed in the survey within a year. Recommendation - All international guidelines are adopted/adapted within a year and are rolled out to districts within another six months.
5. Capacity of NTP for fund absorption	3	3	The country had absorbed 97% of TB funds from all domestic and external sources (WHO data) (score 2); and score for Global Fund grant absorption was 1 (Global Fund data). Recommendation - Absorption of 95% or more of TB funds from all domestic and external sources in the year, and absorption of 95% or more of funds from the Global Fund in the designated time period.
Process efficiency and effectiveness - Theme score and index (%)	11.3	12.4	The Process efficiency and effectiveness score was 12.4 out of a max of 20, resulting in an index of 62%.

■	Meaningful action has yet to start
■	Some progress has been made
■	Benchmark was achieved

* In 2023, government funds to private insurance agencies were considered. Please refer to Annex 2 for scoring guidance.

Please refer to Annex 3 for detailed description of the 20 benchmarks.



Insights from the 2024 governance survey: bridging gaps and charting a path forward

The country profiles provide an opportunity to compare the status of each country from the second (2023) to the third (2024) round of the survey. It is evident that progress has been patchy. While some countries have exhibited no discernible improvement, others have shown modest gains on some components. Occasionally, there have even been setbacks reflected in the regression of scores.

Recommendations

The country profiles provide an opportunity to compare the status of each country from the second (2023) to the third (2024) round of the survey. It is evident that progress has been patchy. While some countries have exhibited no discernible improvement, others have shown modest gains on some components. Occasionally, there have even been setbacks reflected in the regression of scores.

In the section on **“How to use the report”**, suggestions are made for national stakeholders to draft a road map and action plan once the gaps revealed in this report have been prioritized. In this section, suggestions are made for “easy wins” that could potentially result in improved scores in the next round. These suggestions are based on the overall results, common gaps across themes and ease of implementation.

“Transparency” is the easiest theme in which to make gains and improve scores. There are a few countries that do not have a website or webpage, and others that do, but their theme index is still low at about 30%. The following recommendations can help to improve their score significantly. Countries with an index of 40–60% can also achieve substantial gains by following these recommendations.

- 1 The NTP has a functional website or a webpage that includes these elements:
 - a. contact details of all NTP officials
 - b. latest case notification data
 - c. latest TB technical guidelines or protocols
 - d. current NSP and annual budget
 - e. report of the last JEPR.

In the **“Inclusiveness”** theme, the majority of countries have a theme index of at least 50%. Countries did not score well in social contracting, inclusion of key populations and gender inclusiveness. Nonetheless, some of the easy wins are as follows:

- 2 Countries with no policies and guidelines for contracting NGOs and the private sector using government funds should formulate these, and those countries that already have such policies and guidelines should implement them. This recommendation can be challenging for an easy win.

- 3 Include an action plan for each KVP identified, along with specific indicators and budget lines.
 - a. If not an action plan, points can be gained by updating the NSP with specific indicators and budget lines for each KVP, or at least by including a combined indicator and budget line for KVPs.
 - b. Include specific indicators and a budget line for gender in the NSP.
- 4 Increasing CS participation in NTP activities, such as programme reviews at the national and subnational levels, the JEPR and research activities, would result in a gain of one point each.
- 5 Active participation of subnational entities in the JEPR would result in a gain of one point.

In the **“Legal framework”** theme, as in the **“Inclusiveness”** theme, the majority of countries have an index of 50% or more. Countries did not score well on the inclusion of DR-TB medicines in the nEML, social protection, policy on human rights, and policy framework to reduce stigma. Accordingly, some of the easy wins are suggested as follows:

- 6 Include DR-TB medicines, especially pretomanid, in the nEML.
- 7 Train all those involved in TB care in the human rights elements of privacy, confidentiality and freedom from discrimination.
 - a. Include these elements in the most commonly used training modules (ideally all). When these training modules are used, everyone trained should also have been trained on human rights.
- 8 Update the NSP to include stigma interventions. Adding specific indicators and budget lines would garner additional points.

Finally, for the **“Process efficiency and effectiveness”** theme, there is one suggestion:

- 9 Streamline approval mechanisms to ensure the adaptation and adoption of international guidelines as soon as they are released.



If these recommendations are prioritized, then countries will improve their scores in the next round of the governance survey!

Limitations of the survey

It is important to reiterate that this survey is by no means a comprehensive assessment of the governance of NTPs. The design of the survey focuses on (i) activities/policies/guidelines/processes that will move the programme forward; (ii) entities that are tangible, i.e., measurable; and (iii) progress that can be tracked over time.

Detailed limitations are cited in the 2023 report. However, important ones are listed here.

Limitations related to the questions – There were limitations related especially to questions in the “Process efficiency and effectiveness” theme. How does one measure the capacity of the NTP from the global level in the absence of global recommendations or peer-reviewed evidence? Undoubtedly, NTP capacity is important for moving the programme forward. However, there are several aspects related to capacity that are not measured in this survey: the diversity of country size and administrative units, support from other government departments or in-country partners, and leadership style of the programme manager, among other aspects.

More challenging was measuring the empowerment of the NTP manager. The four components were meant to assess seniority, access to information, the managers’ own perception of their empowerment, and the CS perception. The question on access to information

(regarding the number of people receiving a rapid molecular test as the initial diagnostic test) (see Annex 2) is a standard question; however, as one NTP manager pointed out, the information received is on the number of Xpert tests carried out, not whether they were the initial test. The two perception-based questions are subjective. As for the question on NTP capacity, the motivation for including this imperfect question on the NTP manager’s empowerment was to stimulate discussion at the national level.

In cases of conflicting responses, documentation was used for resolution. If documentation could not be obtained after multiple requests, the CS response was considered for scoring in the “Inclusiveness” theme, for example, with respect to participation in subnational programme reviews. However, it is possible that the documentation would have yielded a different response.

Despite the limitations, the informal feedback suggests that this survey is useful. There is no other governance survey in any other health programme from which to draw lessons. For this reason alone, this survey is exemplary. It does bring out aspects of the TB programme that are important but that do not receive sufficient attention. This survey can serve as an important tool for advocacy for the TB programme.



Conclusions

The 2024 global survey marks a significant milestone – the second iteration of a comprehensive assessment that builds on the pilot conducted in 2021 and the baseline established in 2023. Participating countries have dedicated substantial time and effort to these surveys, revealing critical insights across four key themes for both global partners and national stakeholders.



Results

In the majority of countries, the progress has been gradual in some benchmarks or lacking in others compared to the previous survey. However, there is considerable potential for improvement.



Unlocking the value of data

The reports generated from these surveys hold immense potential if leveraged effectively. At the global level, there must be deliberate reflection on how countries can be better supported for rapid adoption of guidelines, bolstering the development of NSPs and other critical documents.



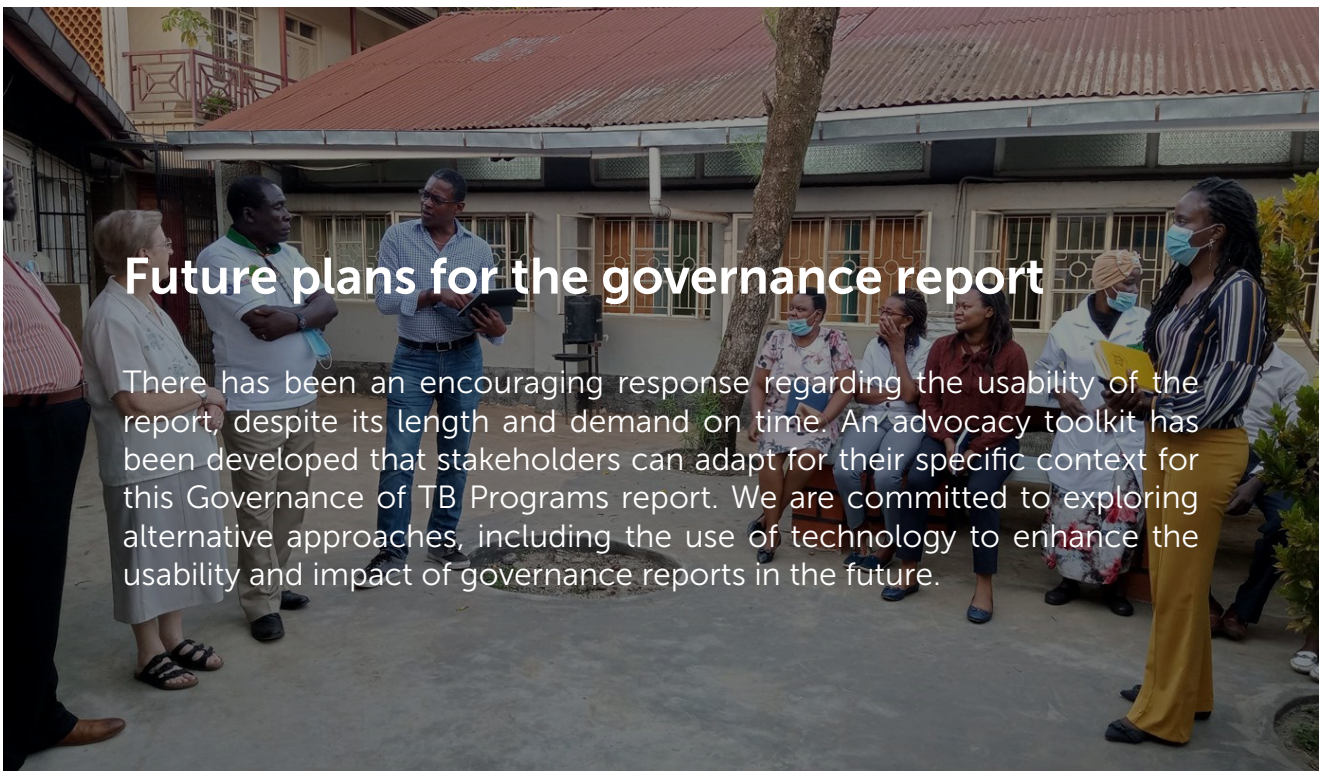
In-country collaboration

In-country stakeholders play a pivotal role in bridging gaps, prioritizing activities and creating actionable road maps. Collaborative efforts are essential among governments at the national, provincial and local levels, NGOs at the national, provincial and local levels, the private sector, communities and academic institutions to define clear paths forward, address deficiencies and enhance health systems.



Feedback-driven improvement of the survey

Survey participants and readers are encouraged to actively participate in providing insights and feedback that will shape future iterations of this report, thereby ensuring continuous refinement and relevance.



An aerial photograph of a vast, lush green field, likely a pasture or agricultural land. The field is filled with numerous small, dark spots, possibly representing people or animals. A white, irregular outline is drawn around a central portion of the field, containing the word "Annexures" in a bold, white, sans-serif font. The background is a dense, vibrant green, with some darker green areas in the lower right corner, possibly indicating a forest or a different type of vegetation. The overall scene is bright and sunny, with long shadows cast across the field.

Annexures

Annex 1. CS response for the governance survey in Malawi

The NTP Malawi did not respond to the governance survey. Therefore, the CS response is captured here.



The Malawi NTP did not have a website or a webpage. National guidelines had not been updated to include the recent international guidelines and were not on the website. A JEPR was done in February 2023 and a draft report was available.



TB notification was mandatory. Bedaquiline, linezolid and pretomanid were reportedly included in the nEML, and these medicines were available free of charge to people receiving treatment.

Employment protection was not available, while cash transfer and nutrition support were partially available. There was no social health insurance in the country.

The TB training modules reportedly included all three elements of human rights – confidentiality, privacy and freedom from discrimination – and apparently more than 50% of the TB programme managers were trained on these elements.

The NSP included interventions for stigma without specific indicators or budget line, and there had been no assessment of stigma.



Social contracting – There were policy and guidelines for contracting the private sector (but not NGOs) using government funds, and private sector had been contracted at both the national and subnational levels.

The prioritization of KVPs was not based on data or any assessment, but the NSP included four or more KVPs along with corresponding indicators and budget lines. An action plan for KVPs had yet to be formulated.

The CS participated in programme reviews at the national level, JEPRs, the development of donor proposals and research activities.

Feedback from the community was through the OnImpact app, and subnational entities participated in the review of programme performance, the JEPR and NSP development.

Gender inclusiveness – District-level “training of trainers” for TB and gender training had been given to all districts. The country had conducted a CRG assessment. The NSP mentioned gender but did not include specific activities. Women TB survivors participated in NTP events.



This theme requires input from the NTP. However, as per the CS, the NTP manager was not in a senior position but had access to the programme information assessed by the survey. The perception was that the NTP manager was partially empowered but was limited in terms of institutionalizing change and innovation within the programme; this is the responsibility of the respective Directors within the MoH. The CS perception of NTP capacity was 75%. The three recent guidelines assessed by the survey had not been adapted/adopted by the country. As per WHO data, fund absorption from all sources was 77%, and as per Global Fund data, absorption of funds was 71% (score 0).

Annex 2. The scoring guidance

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Transparency										
Transparency Benchmark 1	A working NTP website	T1a. Does NTP have a web page/website T1b. Is NTP organogram (or the names and designations of all NTP officials) available on the website T1c. Are contact details (email or phone number) available for any one NTP official on the NTP/MoH website T1d. Name, designation and contact details (email or phone number) of all officers of NTP is available on the website	T1a can be scored as 0, 0.5 & 1 but T1b, c & d are scored as 0 or 1; Score for each sub-component is added to get the total score for the benchmark. A final review of the websites is done before finalizing the survey results.	No NTP website/ webpage on MoH website, and no information on NTP is available on the net; or if website not working for more than 6 months.	if no NTP website and no webpage on MoH website but search for TB on MoH site gives results; if website was working earlier but now not working for less than 6 months	NTP website/ webpage available and information for the sub-component is current and readily available on the NTP website or on a dedicated page of MoH website.		Information on 2 of 4 sub-components is present on the NTP website/ webpage on MoH website	Information on 3 of 4 sub-components is present on the NTP website/ webpage on MoH website	A working NTP website or webpage on MoH website with no glitches in last six months with all four subcomponents
Transparency Benchmark 2	Case notification data on the website	T2. Is Case Notification data available publicly on NTP website/MoH?	The NTP websites were reviewed before finalizing the survey results and scores were adjusted according to the latest data available on NTP website/webpage.	No data or latest data is from more than four quarters earlier		Latest available data is from more than last two quarters but not older than four quarters		Latest data available is from up to two quarters prior and for national level only	Latest data available is from up to two quarters prior and for provincial level	Provincial level data available which is updated daily on the national website
Transparency Benchmark 3	Latest TB technical guidelines on the website	T3a. National guidelines have been published on the website after updating to include use of the 6-month BPALM regimen, and the 9-month all oral regimen (December 2022)	*Two guidelines are used as markers. If a single technical guideline covers both topics, both are scored. Score of the benchmark is sum of score of T3a & b.	National guidelines have not been updated but not published on the website		Updated national guidelines for either 6-month BPALM regimen or the 9-month all oral regimen are published on the website		Updated national guidelines (both) are published on the website		
		T3b. National guidelines have been published on the website after updating to include use of the 4-month regimen for treatment of children with non-severe TB. (May 2022)	as above	National guidelines have not been updated or national guidelines are updated but not published on the website			Updated national guidelines are published on the website			
Transparency Benchmark 4	NSP and Annual budget on the website	T4a. Is TB National Strategic Plan available on the website? (most recent)		NSP not available on the website		Draft NSP available on website		Approved NSP without budget on website	Approved NSP with budget on the website	
		T4b. Is Annual budget of NTP available?		not available	0.5 if annual budget is old by one year (not of current year) (or if the current annual budget is given as just a figure i.e. not in detail)	Head-wise annual budget either on the NTP/MoH website				
Transparency Benchmark 5	External program review	T5a. When was JEPR done? (JEPR is Review with inclusion of external partners)	Score of the benchmark is score of T5a+T5b	0 if JEPR done more than 5 years ago (NOTE - if JEPR done more than 5 years ago and report available, total score stays 0)		if JEPR done 3-5 years ago		if JEPR done within the last three years		
		T5b. Is the final JEPR report available (please share a copy)	Scoring is based on documentation.	if no report	if draft report available (debriefing PPT considered as draft)	if final report is available with NTP		if final report of JEPR is on the website		

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Inclusiveness										
Inclusive-ness Benchmark 1	Social Contracting with Govt funds (NGOs/ Private Sector)	<p>Social Contracting NGO :social contracting mechanism (tendering/ guidelines/policy) available to contract NGOs with the government funds (not donor funds) 11ai. A policy for contracting NGOs using government funds (not donor funds) is available. 11aii. Guidelines for contracting NGOs using government funds (not donor funds) is available. 11aiii. Contracting of NGOs has been done in the national TB program at the national level only 11aiv. Contracting of NGOs has been done under the TB program at the sub-national level- in more than 50% of the sub-national entities</p>	<p>Questions pertained to social contracting mechanisms for NGOs using government funds. Scoring was for mechanisms and practice to direct domestic funds from government to NGOs. Contracts using donor funds were not scored. Policy could be for health programs in general and not specifically for TB program. Each of the four sub-components (i, ii, iii & iv) carries a score of 0 or 1. Engagement of NGOs by in-kind grants is also not scored. Average score of 11a and 11b is considered for the scoring of this benchmark.</p>	No policy or guidelines and no tendering has been done using govt. funds		One of four elements is present (policy, guidelines, contracting at national level, contracting by >50% of sub-national entities)		2 of 4 elements are present (policy, guidelines and tendering at the national or sub-N level) or if tendering has been done at the national and sub-N levels without policy or guidance	3 of 4 elements are present	All 4 elements are present - policy, guidelines are present and tendering has been done at national and more than 50% of the sub-national levels
		<p>Social Contracting Private sector :social contracting mechanism (tendering/guidelines/policy) available to contract Private Sector with the government funds (not donor funds) 11bi. A policy for contracting the private sector using government funds (not donor funds) is available. 11bii. Guidelines for contracting the private sector using government funds (not donor funds) is available. 11biii. Contracting of private sector has been done in the national TB program at the national level only 11biv. Contracting of private sector has been done under the TB program at the sub-national level- in more than 50% of the sub-national entities</p>	<p>Questions pertained to social contracting mechanisms for private sector using government funds. Scoring was done for mechanisms and practice to direct domestic funds from government to the private sector. Contracts using donor funds are not scored. The policy could be for health programs in general and not specifically for TB program. Each of the four sub-components (i, ii, iii and iv) carries a score of 0 or 1. Engagement of private sector by in-kind grants is also not scored. Average score of 11a and 11b is considered for scoring the benchmark.</p>	No policy or guidelines and no tendering has been done using govt. funds		One of four elements is present (policy, guidelines, contracting at national level, contracting by >50% of sub-national entities)		2 of 4 elements are present (policy, guidelines and tendering at the national or sub-N level) or if tendering has been done at the national and sub-N levels without policy or guidance	3 of 4 elements are present	All 4 elements are present - policy, guidelines are present and tendering has been done at national and more than 50% of the sub-national levels
Inclusive-ness Benchmark 2	Inclusion of Key Populations in NSP	<p>12a. NSP highlights and identifies/lists 4 or more Key Vulnerable Populations (other than children and PLHIVs) 12b. STP assessment has been done or based on data, KVPs have been prioritized 12c. NSP includes monitoring indicator and/ or budget for any KVPs other than children & PLHIVs 12d. Action plan has been formulated for KVPs</p>	<p>12a&b are scored as 0 & 1, 12c & d are scored as 0, 0.5 & 1. Thus, max score for each sub-component is 1. 12a-Score 1 if NSP lists 4 KVPs other than children and PLHIVs, otherwise 0 12b-if no STP assessment or if KVPs have been listed without a data-based exercise then scored zero 12c-score of 0.5 for monitoring indicator and 0.5 for budget for any KVP other than children and PLHIVs 12d-score of 0.5 if indicator and budget line given for individual KVPs and 0.5 if action plan given. Action plan should be with time-lines and responsible entities. Score 0 if individual indicators and budget lines not given for individual KVPs and no action plan or if action plan doesn't cover all KVPs.</p>	if KVPs not mentioned at all, or only children & PLHIVs are listed or if less than 4 KVPs other than children and PLHIVs are listed; and no activity done for identification of KVPs	NSP includes monitoring components (0.5 point) and budget (0.5 point) for any KVPs other than children & PLHIVs. However, budget and components are not individually given for all listed KVPs.	1 of 4 elements are given in the NSP;	2 of 4 elements are given in the NSP but not fully.	2 of 4 elements are given;	3 of 4 elements are present	If 4 or more KVPs for TB are listed in NSP, formal prioritization for KVPs for TB has been done, and components and budget are given individually for all KVPs and action plan has been formulated.

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4	
Inclusiveness Benchmark 3	Inclusion of civil society/TB survivors	I3a. NTP consulted with TB civil society/ TB survivors to review progress in the given period	Scoring of I3a, b, c, d is based on documentation or confirmation by CS. I3a scored as 0,0.5,1 and the other three subcomponents scored as 0,1. I3a - Based on minutes of the meeting shared by NTP or CS, if NTP consulted with the CS/TB survivors for progress review at the quarterly/semi annual/ annual meetings at the national level (0.5) or at the sub-national level (0.5)	0 if NTP did not consult with TB civil society/TB survivors to review progress in 2019	0.5 if CS consulted at national or sub-national level only;	if consulted at both national & sub-national levels					
		I3b. NTP invited TB Civil Society/TB Survivors to participate in the most recent JEPR [^] /external reviews	This was based on acknowledgment or list of participants or methodology sections of the JEPR report or if answered as yes by the CS respondents. Because of the pandemic a modified version of JEPR was also considered.	if CS did not participate in JEPR		if CS participated in JEPR					
		I3c. NTP consulted with civil society and TB survivors to develop the NSP and donor proposals	This was based on acknowledgment or list of participants or methodology sections of the NSP or if answered as yes by the CS respondents	if NTP did not consult CS in development of NSP and donor proposal		if NTP consulted CS in development of NSP and donor proposal					
		I3d. Civil Society/TB survivors are involved in TB Research development/planning, implementation and dissemination in the given period	Supporting information sought was - topic of research, role of the civil society/TB survivors, name of the civil society involved in research.	if CS did not participate in any research activity		if CS participated in research planning, implementation or dissemination of research findings					
Inclusiveness Benchmark 4	Inclusion of TB community and sub-national entities	I4a. Does a platform(s) exist for obtaining feedback from the community – e.g. standing bodies, meetings, apps, etc.?	Total score of I4a, b, c and d is considered. All four subcomponents scored as 0,1. Scoring of I4a was based on documentation or confirmation by CS.	if no platform for feedback from the community		if a platform for community feedback exists (OnImpact app, member of TWG, patient feedback survey etc.)					
		I4b. Did sub-national entities participate in the NSP consultation or stakeholder engagement?	This was based on documented information	if no platform for feedback from sub-national entities (e.g., JEPR or NSP consultation)		if platform for feedback from sub-national entities exists or if sub-national entities participated in JEPR or NSP consultation					
		I4c. Did sub-national entities participate in the quarterly or annual program review	This was based on documented information	if sub-national entities did not participate in quarterly or annual program review		if sub-national entities participated in quarterly or annual program review					
		I4d. Did sub-national entities participate in the Joint External Program Review or in the supervision visits conducted by the NTP	This was based on documented information	if sub-national entities did not participate in JEPR or supervisory visits		if sub-national entities participated in JEPR or supervisory visits					

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Inclusiveness Benchmark 5	Gender inclusiveness	15a. NTP staff undertaken TB & gender sensitization /training in the past 24 months.	"Scoring for the 'gender inclusiveness' benchmark is based on six sub-components each with a maximum score of 1 (sum of score of 15a to f)*4/6 15a-scored as 0,1; and based on supporting documentation"	if NTP staff have no training		if at least 50% of the staff have taken training				
		15b. Male-female ratio of NTP and provincial managers	Based on list of provincial TB managers. NTP manager also included.	if less than 50% of provincial managers are women		if 50% or more of provincial TB managers are women				
		15c. TB Gender assessment report available for the country		TB Gender assessment report NOT available for the country		TB Gender assessment report available for the country				
		15d. NSP highlights gender inclusiveness in TB services and programs.	Based on five elements mentioned in the NSP, (each carried a score of 0.2)- i) Gender mentioned in the NSP; ii) NSP provides data or mentions conducting a gap analysis/assessment on gender; iii) gender specific activities for implementation are described in the NSP; iv) NSP has indicators or targets for gender; v) a defined budget of funds is allocated specifically for gender activities.	NSP does NOT highlight gender inclusiveness in TB services and programs.		NSP highlights all five elements of gender inclusiveness in TB services and programs. (Score is adjusted as per the number of elements in NSP).				
		15e. Women TB survivors included in any NTP event in the given period.	This was based on documented information or confirmation by CS	Women TB survivors NOT included in any NTP event		Women TB survivors included in any NTP event				
		15f. Gender disaggregated data for treatment outcome available for the given cohort/for the most recent treatment outcome report		Gender disaggregated data for treatment outcome is NOT published for the given cohort.		Gender disaggregated data for treatment outcome is published for the given cohort				
Legal Framework										
Legal Framework Benchmark 1	Mandatory notification	L1. TB notification is mandated by the govt.	This was based on documented information like an Act or legislation	Not mandatory				Mandatory in some provinces or in the process of being made mandatory (partial)		Mandatory
Legal Framework Benchmark 2	DR-TB drugs in nEML and free	L2a. i) Country has Bedaquiline listed on their National Essential Medical List		Not listed			It is listed			
		L2a. ii) Country has Linezolid listed on their National Essential Medical List		Not listed			It is listed			
		L2a. iii) Country has Pretomanid listed on their National Essential Medical List		Not listed			It is listed			
		L2b. Are the above drugs available for free to the people on treatment	As confirmed by both NTP and CS	These drugs are not available for free to the people on treatment		These drugs are available for free to the people on treatment				

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Legal Framework Benchmark 3	Social protection	Social protection schemes available	L3a had three elements, each with a maximum score of 1. Scoring of L3a = (L3ai+ii+iii) * 2/3 L3a and L3b had a maximum score of 2 each; Scoring of benchmark = (L3a+L3b)							
		L3ai. Employment protection		if not available	if partially available	if available for all people on treatment for TB				
		L3aii. Cash transfer/reimbursement		if not available	if partially available	if available for all people on treatment for TB				
		L3aiii. Nutrition support		if not available	if partially available	if available for all people on treatment for TB				
		L3b. Is there a social health insurance system in the country, under Universal Health Care or otherwise?		if no social health insurance or if social health insurance is available but TB & MDR-TB are excluded from it or are included partially		if social health insurance is available and TB & MDR-TB are included in it for all people in the country		if social health insurance is available and TB & MDR-TB are included in it for all the people in the country; and the proportion of total costs covered by the insurance averts catastrophic costs for the people on treatment.		
Legal Framework Benchmark 4	Law/policy on human rights for TB	L4a. TB training module/guidance or any other document like patient charter contains information on 'Confidentiality'?	Each of the five sub-components are scored as 0,1. Score of the benchmark is (sum of score of L4 a to e)*4/5	if none of the documents mention 'Confidentiality' or if given in NSP only.		If given in patient charter or any TB guidelines/training module				
		L4b. TB training module/guidance or any other document like patient charter contains information on 'Privacy'?		if none of the documents mention 'Privacy' or if given in NSP only		If given in patient charter or any TB guidelines/training module				
		L4c. TB training module/guidance or any other document like patient charter contains information on 'Freedom from discrimination'?		if none of the documents mention 'Freedom from discrimination' or if given in NSP only		If given in patient charter or any TB guidelines/training module				
		L4d. The human rights issues (L4a,b,c) are given in the TB training module?		if none of the documents mention these three elements of human rights or if given in NSP or patient charter		If given in TB guidelines/training module				
				Training of NTP staff has not been conducted or less than 50% of staff have been trained		Training of at least 50% of the staff has been conducted in human rights issues				

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Legal Framework Benchmark 5	Policy framework to reduce TB stigma	L5a. NSP includes Intervention(s) to reduce stigma due to TB	Total of score of L5a, b, c and d was considered; Information in NSP was considered.	no mention in NSP		NSP includes intervention(s) to reduce TB stigma				
		L5b. NSP includes Indicator(s) for TB stigma		no mention in NSP		NSP includes Indicator(s) for TB stigma				
		L5c. NSP includes budget line(s) for reducing TB stigma		no mention in NSP		NSP includes budget line(s) for reducing TB stigma				
		L5d. NSP provides data or mentions conducting a gap analysis/assessment on stigma		no mention in NSP		NSP provides data or mentions conducting a gap analysis/assessment on stigma				

Process Efficiency & Effectiveness

Process Efficiency & Effectiveness Benchmark 1	Approval process efficiency	P1. Time taken by the country to approve the GDF quote for the last procurement.	"The GDF quote for last procurement was considered. Number of days taken for approval were scored. If the country had not procured from GDF in the last two years then the survey response was considered as 'not procured' and theme score was adjusted. "	more than a month		up to 1 month		up to 2 weeks	up to 1 week	up to 3 days
Process Efficiency & Effectiveness Benchmark 2	NTP Manager empowerment	"P2a. Number of officials in the hierarchy between the NTP Manager and Health Minister "	Total score of P2a, b, c and d was considered for the score of this benchmark	If more than two officials in the hierarchy between the NTP manager and the health minister		if two or fewer officials in the hierarchy between the NTP manager and the health minister				
		P2b. NTP manager has a way of knowing how many people were tested with Xpert as an initial test in a particular district	The method of knowing was as mentioned by the NTP manager.	NTP manager had no way of knowing		NTP manager had a way of knowing (method to be mentioned)				
		P2ci. Perception of NTP manager (not the civil society) – if s/he feels adequately empowered to deliver targets of Global Fund TB grant (P2cii. Who is/are the PR(s) for the current TB grants in the country?)	This was based on NTP Manager's perception and they had the option of elaborating on their response.	NTP manager feels not empowered at all	NTP manager feels the need for more empowerment	NTP manager feels fully empowered				
		P2d. Perception of civil society – if the NTP manager is adequately empowered to deliver targets of Global Fund TB grant	This is based on Civil Society's perception and they had the option of elaborating on their response.	CS feels NTP manager is not empowered at all	CS feels NTP manager needs more empowerment	CS feels NTP manager is fully empowered				

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Process Efficiency & Effectiveness Benchmark 3	Capacity of NTP (number of staff in relation to population/burden/provinces)	Total number of staff and consultants (working for at least one year duration) at the national level	Total score of P3a, b, c and d was considered for the score of this benchmark; Score was calculated from i) information given by NTP on number of staff and number of provinces; ii) Information in the last Global TB Report.							
		P3a. Relation to total population:	Population in million/# staff & long-term consultants	if >1		"if 1 or less in small countries (if 10 or less in big countries) (small countries were with population of 50m or less)"				
		P3b. Relation to TB burden:	Incidence of TB as given in the last Global TB Report/# staff & long-term consultants	if more than 10,000		if 10,000 or less (if 50k or less in big countries)				
		P3c. Provinces and districts:	# of provinces/# staff & long-term consultants	if more than 0.5		if 0.5 or less				
		P3d. Civil society's perception of the NTP's capacity (staff strength in relation to its work/responsibilities)	This was based on CS' perception.	0 if civil society's perception was that NTP had no capacity	0.25 if CS's perception was that NTP had 25% capacity and needed 75% more	1 if civil society's perception was full capacity or adequately staffed with no need for additional staffing	0.75 if CS's perception was that NTP had 75% capacity and needed 25% more			
Process Efficiency & Effectiveness Benchmark 4	Ability of NTP to rapidly adopt/adapt international policies	NTP should be able to rapidly adapt international policies into national policies.	"Total score of P4 a,b and c was considered for scoring the benchmark; If a country said yes to all three questions, the total score was rounded to 4. NTP's ability to adopt international policies within a year of their publication was assessed as evidenced by the inclusion in the national guidelines of the policies which were released by WHO from mid-2022 to mid-2023. If the answer was yes to any of the questions, then NTP was requested for the date of enacting the policy. "							
		P4a. The national guidelines include the following policy – In children and adolescents between 3 months and 16 years of age with non-severe TB (without suspicion or evidence of MDR/RR-TB), a 4-month treatment regimen (2HRZ(E)/2HR) should be used		0 if no		1.3 if yes				
		P4b. The National guidelines include the use of the 6-month BPaLM regimen, and the 9-month all oral regimen		0 if no		1.3 if yes				
		P4c. Based on guidelines of Aug 2021 from WHO and International Atomic Energy Agency, national guidelines have been formed to include technical specifications of portable radiographic digital systems as well as, indications and contra-indications of their use.		0 if no		1.3 if yes				

Benchmark No.	Themes and Benchmark	Components	Notes on Scoring	Score 0	Score 0.5	Score 1	Score 1.5	Score 2	Score 3	Score 4
Process Efficiency & Effectiveness Benchmark 5	Capacity of NTP for absorption of funds	P5a. What is the % of expenditure/funding from all sources in the (most recent) year (2021) (WHO database)	Total of score of P5a and b was considered	<85%		85% to 94%		95% or more		
		P5b. Capacity of NTP for GF fund absorption	This was based on information provided by GF. The scoring did not consider if NTP was the Principal Recipient. If the countries had a mix of both TB and TB/HIV grants, then the absorption rate of TB grant was considered for scoring.	<85%		85% to 94%		95% or more		
		P6. What does the domestic budget funds cover. Options are given below	This component was not scored but was described in the narrative.							
		P6a. Human Resources								
		P6b. First line drugs								
		P6c. Second line drugs								
		P6d. Rapid molecular diagnostics (e.g. Xpert)								
		P6e. Other diagnostics (e.g. microscopy)								
		P6f. Infrastructure and services of health system for TB								
		P6g. Programmatic activities (travel, supervision, meetings, trainings etc)								
		P6h. Others								

LEGEND

^JEPR is Joint External Program Review and includes Joint Monitoring Mission, Joint Program Review etc. where review is jointly done by internal and external partners

Annex 3. The 20 benchmarks

The benchmarks are the recommended best practices. For each theme these are described below.

Benchmarks for Transparency

1. **A working NTP website** – A working NTP website, owned by the NTP/MoH, with the latest relevant information, including the latest organogram of NTP with the contact details (phone number and email) of individual officials and their functions to enable the public to give feedback or ask a question to the NTP.
2. **Case notification data on the website** – Publicly available real-time TB case notification data are available on the website (real-time means at least daily updates for national- and provincial-level data).
3. **Latest TB technical guidelines on the website** – Latest national guidelines are available on the NTP website and easily accessible. (Note – Easily accessible means that the relevant information on the website is categorized appropriately and easy to find. The element of timing in this benchmark was assessed less stringently for this survey.)
4. **NSP and annual budget on the website** – Final and approved three- to five-year budgeted NSP is on the NTP website and is easily available at least a quarter before the NSP comes into effect. This document is supplemented with a detailed approved annual budget for the NTP for the year, which is available on the NTP website in the first quarter of the financial year and is easily accessible.
5. **External programme review** – The NTP provides an opportunity for all stakeholders for organized and systematic feedback through a Joint External Programme Review (JEPR) at least every three years and has the final review reports available on the website within three months of the review. (Note – JEPR has various names, e.g., Joint Monitoring Mission or External Programme Review. In this report, JEPR denotes a process whereby national and international stakeholders jointly review the programme and make recommendations to the government. Country missions by the Green Light Committee are not considered JEPRs.)

Benchmarks for Inclusiveness

1. **Social contracting with government funds (NGOs/private sector)** – A well-functioning TB programme should develop a mechanism for using government funds to procure services from nongovernmental entities for interventions that are better implemented outside of government for quality, cost or other reasons. The mechanism should ensure clear and transparent policies and guidelines for applying for these contracts, as well as a tender process that meets international standards. Contracting at subnational level is also encouraged to successfully implement the programme. (Note – There were numerous examples of countries engaging NGOs, TB-affected community networks and the private sector through grants with the Global Fund and other donors. This component of the survey assessed whether there was a mechanism in place in the country for engaging these entities with government funds and whether such engagement had already been implemented.)
2. **Inclusion of key vulnerable populations (KVPs) in the NSP** – The NSP includes prioritization of KVPs using the STP Key Populations Data for Action Framework, appropriate activities, adequate budget and monitoring indicators for all KVPs identified through a data-based prioritization exercise.
3. **Inclusion of civil society/TB survivors** – The NTP includes civil society, TB survivors, KVPs and minority groups in a meaningful way in a) programme reviews at national and subnational levels, b) joint monitoring missions/external programme reviews, c) development of the NSP or proposals for major donors (Global Fund and USAID), and d) as members of the core team for research planning and implementation, as well as in the dissemination of research findings.

4. Inclusion of TB community and subnational entities –

TPs collect 360-degree feedback from all stakeholders of the NTP, i.e., systematically and regularly collecting inputs from all stakeholders – the communities, civil society, and governmental implementers at all levels. Feedback from the community can be either through digital platforms, for example, the “OneImpact” app or WhatsApp groups, or through non-digital/traditional platforms, for example, regular feedback surveys collected on paper from people receiving TB treatment. Subnational entities (provincial and district) provide inputs for planning and budgeting, for example, for the NSP, as well as for implementation and monitoring, for example, during quarterly/annual programme reviews conducted by the NTP and the JEPR. Countries might have other additional platforms to gauge the inputs of subnational entities.

5. Gender inclusiveness – This benchmark has six components:

- a. Service providers (and staff at all levels) have received training on TB and gender in the past two years.
- b. Data are available (gender-disaggregated treatment outcome data in addition to case notification), and monitoring indicators and evaluation criteria adequately measure the programme’s response to gender inequalities in TB care.
- c. At least 50% of TB programme managers at the national and provincial level combined are women.
- d. The NTP has developed a national TB gender strategy and action plan based on a gender assessment for TB.
- e. The NSP highlights gender inclusiveness in TB services and programmes, which is assessed based on five elements: i) the NSP mentions gender; ii) the NSP provides data or commits to conducting a gap analysis or assessment on gender; iii) gender-specific activities are described; iv) indicators with targets for gender are included; and v) a defined budget is allocated for gender-specific activities.
- f. Women TB survivors are included in NTP events.

Benchmarks for Legal framework

1. Mandatory TB notification – TB notification is mandated by a public health act or law and is implemented in the entire country (public and private sector), including monitoring of the implementation of the law while ensuring protection of privacy and confidentiality.

2. Drug-resistant (DR-) TB medicines are on the National Essential Medicines List (nEML) and available for free – All WHO Group A and B DR-TB medicines are included in the nEML and available free of charge to people receiving treatment for TB (public and private sector), including monitoring of the implementation of the law/policy.

3. Social protection – This benchmark has two components measuring the provision of social protection schemes and social health insurance for all people with TB, including those from ethnic minorities, migrants and other vulnerable populations. Systems for social protection include legal, financial, mental health, and nutrition support, among others. Secondly, the social health insurance system in the country, under Universal Health Coverage or otherwise, should include diagnosis, treatment and prevention of all forms of TB, including MDR-TB, for all populations of the country to prevent catastrophic costs.

4. Law or policy that defines and protects the human rights of people with TB – a) Human rights to privacy and confidentiality for people affected by TB and freedom from discrimination are three elements included in TB training modules/technical guidelines; and b) all those engaged in TB service delivery are trained on these issues.

5. Policy framework to reduce stigma – This benchmark includes four elements:

- a. The NSP makes it clear that it is illegal to stigmatize anyone with TB, including limiting or preventing access to TB services: i) the NSP mentions activities to reduce stigma, including stigma against women and other vulnerable populations; ii) the NSP provides data from a stigma assessment; iii) appropriate context-specific activities are described to respond to stigma; iv) indicators with targets are included to reduce stigma; and v) a defined budget is allocated for stigma-reduction activities.
- b. A baseline stigma assessment has been done.
- c. Service providers (and staff at all levels) are trained on TB and stigma.
- d. A communication strategy has been developed that includes advocacy to reduce stigma.

Benchmarks for Process efficiency and effectiveness

1. **Approval process efficiency** – The final approved NSP, annual budget or other such document with prior approval (for example, at the beginning of the financial year) enables the NTP to move forward and implement without requiring additional approvals from other ministry officials. If approvals are required, the process takes less than a week, as TB activities have already been prioritized.
2. **NTP manager empowerment** – This benchmark includes four elements:
 - a. The NTP manager is senior staff and is no more than two steps from the health minister in the hierarchy.
 - b. The NTP manager has access to relevant and recent programme information to be empowered for making decisions.
 - c. The NTP manager perceives him/herself to be fully empowered to deliver the targets of the Global Fund TB grant.
 - d. CS partners perceive the NTP manager to be fully empowered to deliver the targets of the Global Fund TB grant.
3. **Capacity of the NTP (number of staff in relation to population/burden/provinces)** – The NTP has sufficient capacity at the national level. The required strength of the technical/ management staff at the national level will vary with the size of the country, burden of TB and status of the programme. Applying a uniform criterion can be challenging. It is expected that countries will carry out an assessment to determine the staffing needs in the NTP, which will serve as the benchmark for that country. Until that happens, four sub-components have been considered as given below.
 - a. Population in millions divided by the number of technical staff (staff and long-term consultants of more than a year) is 1 or less in small countries (50 million or less – eight such countries in the survey) and 10 or less in bigger countries.
 - b. Number of people developing TB in the last year divided by the number of technical staff (staff and long-term consultants of more than a year) is 10,000 or less in countries with a population of 50 million or less, and 50,000 or less in bigger countries.
 - c. Number of provinces/oblasts/states in the country divided by the number of technical staff (staff and long-term consultants of more than a year) at the NTP is 0.5 or less.
 - d. The civil society's perception of NTP's capacity of staff strength in relation to the work or responsibilities.

Note - provincial and district level staff were not considered for this component.
4. **Ability of the NTP to rapidly adopt/adapt international guidelines as national policies** – Adoption of new international guidelines by the NTP within a year (this benchmark refers to the most recent international guidelines each year), and b) roll-out of the policies to the provincial/district level within six months of national policy adoption.
5. **Capacity of the NTP for fund absorption** – This benchmark includes two components: a. The NTP absorbs 95% or more funds from all domestic and external sources in the designated time period. b. The NTP absorbs 95% or more funds from the Global Fund in the designated time period.

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