

People-centred  
framework for  
tuberculosis  
programme planning  
and prioritization

User guide



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## Abbreviations and acronyms

CXR	chest X-ray
DHIS2	district health information system 2
DHS	demographic health survey
DR-TB	drug-resistant TB
DST	drug susceptibility testing
DS-TB	drug-susceptible TB
EMR	electronic medical record
HCW	health care worker
HEUS	health expenditure and utilization survey
KELIN	Kenya legal and ethical issues network
M&E	monitoring and evaluation
MDR/RR-TB	multidrug-resistant TB or rifampicin-resistant TB
MDR-TB	multidrug-resistant TB
MOH	ministry of health
NSP	national strategic plan
NTLDP	national TB, leprosy and lung disease programme
NTP	national TB programme
PhilSTEP 1	Philippines national strategic TB elimination plan
PPM	public-private mix
R/R	recording/reporting
SDG	sustainable development goal
TA	technical assistance
TB	tuberculosis
TIBU	treatment information from basic unit (Kenya's TB electronic recording and reporting system)
UHC	universal health coverage
USAID	United States Agency for International Development
WHO	World Health Organization
WRD	WHO-recommended rapid diagnostic
XDR	extensively drug-resistant

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Following pilot work in Kenya, the Philippines and Ghana, the framework and country case studies were presented and further discussed during an October 2018 meeting which was attended by representatives from partner agencies and several national TB programmes (NTPs). Based on feedback received as well as a further country application in Pakistan, this user guide was developed to facilitate expanded use of the framework in the context of TB programme planning and prioritization.

The writing team thanks the NTPs of Ghana, Kenya, Pakistan and the Philippines for their willingness to pilot the framework and for the feedback provided. Thanks are also due to WHO staff in regional and country offices for their assistance with pilot work and contributions to associated in-country workshops.

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## Executive summary

In 2017, tuberculosis (TB) caused an estimated 1.6 million deaths, making it the leading cause of death from a single infectious agent worldwide and the tenth cause of death overall. Of the estimated 10 million new cases of TB that occurred in 2017, only 6.4 million (64%) were diagnosed and notified to national authorities, leaving a gap of 3.6 million cases who were either diagnosed but not reported, or not diagnosed. The WHO End TB Strategy and the United Nations (UN) Agenda for Sustainable Development share the common aim of ending the TB epidemic; the former includes ambitious milestones (2020, 2025) and targets (2030, 2035) for reductions in TB cases and deaths. In September 2018, the UN held its first-ever high-level meeting on TB.

In recent years, there has been substantial improvement in the availability of quality data to track the TB epidemic and progress in response efforts, at national and global levels. This follows major investments in national surveys, improvements in surveillance and programmatic data, and other studies. However, the greater availability of data has not always resulted in systematic analysis and use of data for national strategic and operational planning for TB, or in associated prioritization for programmatic impact. In addition, evidence generation has sometimes been driven by top-down planning rather than by key programmatic priorities and questions.

In this context, WHO and partners developed the “people-centred framework for TB programme planning and prioritization” (hereafter the people-centred framework) in 2018. The framework’s aim is to facilitate a systematic approach to country-led, data-driven and people-centred planning, prioritization and decision-making.

The people-centred framework consists of three main components. First, it is based on the continuum of care. Second, it uses three major types of data: epidemiological, people-centred and system-related. Third, it is based on three planning steps: problem prioritization, root cause analysis and optimization of interventions. Use of consolidated data along the continuum of care in the three planning steps provides the basis for planning, prioritization and resource allocation using a people-centred approach.

The people-centred framework is most effectively applied during the development of a national strategic plan (NSP). However, there are other possible applications of the framework within a country’s planning and policy cycle. These include prioritization of how to use additional funding; facilitating evidence-informed discussions during national TB programme reviews and annual or quarterly review meetings; and to inform setting priorities for research.

In 2018 and early 2019, four countries piloted the use of the people-centred framework. The national tuberculosis programme (NTP) in Kenya used the framework to initiate the development process for a new

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