

Guidance for national strategic planning for tuberculosis



World Health
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Foreword

Global efforts to end tuberculosis (TB) are primarily guided by the World Health Organization's (WHO's) End TB Strategy. In line with the United Nations (UN) Sustainable Development Goals (SDGs), the strategy has targets to reduce TB deaths and TB incidence by 90% and 80%, respectively, by 2030 compared with 2015. It also targets eliminating TB-related catastrophic costs by 2020.

At the first UN General Assembly high-level meeting on tuberculosis, held in 2018, heads of state and government adopted the political declaration on the fight against TB, which includes commitment to ambitious targets for TB treatment and prevention through universal access to quality diagnosis, treatment, care and support, without suffering financial hardship, with a special focus on vulnerable and marginalized populations, by 2022.¹

A national strategic plan (NSP) for TB is a key document that guides national authorities and stakeholders in how to comprehensively address the TB epidemic through interventions within the health sector and in other sectors. These interventions are implemented as part of collective efforts towards achievement of the health-related SDGs.

Strategic planning for TB should, where possible, be conducted as part of the overall national health sector planning process. The development of the NSP should be grounded in primary health care (PHC); it should contribute to universal health coverage (UHC),² and to addressing the broader determinants of TB. This guidance is intended for use to develop standalone TB strategic plans, and to develop TB interventions as part of multidisease or national health sector plans. It promotes the development of NSPs that are human-rights based and that comprehensively address interrelated aspects of health and well-being through collaboration

between programmes and sectors within and beyond the health sector. The interventions should put people at the centre, with comprehensive services³ – from promotion and prevention to treatment, rehabilitation and palliative care – for all people in need, without causing financial hardship.

Comprehensive and inclusive engagement of stakeholders, including TB-affected communities and civil society, is critical for implementing the End TB Strategy. This will also facilitate planning for quality TB services that are responsive to the needs of people and affected communities and individuals. Deliberate actions should therefore be taken to ensure that the planning process facilitates input from those most affected by health inequities.

The NSP should respond to the needs of all affected populations, including the most vulnerable, as informed by a comprehensive analysis of the epidemiological, health system and socioeconomic situation.⁴ To foster sustainability, interventions with medium- and long-term outcomes should be prioritized where possible. Use of innovative approaches, including digital technologies, should also be considered to address gaps and needs along the care continuum, as informed by the situation analysis.⁵

The coronavirus disease (COVID-19) pandemic has demonstrated the extent to which health systems must be able to respond in a timely and appropriate manner to unanticipated events. Thus, contingency planning for TB should be included in the national health sector emergency preparedness plan.

The process of developing the guidance included a quality assessment of NSPs for nine countries, an online survey targeting key stakeholders in the strate-

¹ United Nations General Assembly. Resolution 73/3: Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis. New York: United Nations; 2018 (https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3).

² Universal health coverage (UHC). Geneva: World Health Organization; 2021 ([https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))).

³ Primary health care: Declaration of Astana [website]. Geneva: World Health Organization; 2021 (https://www.who.int/health-topics/primary-health-care#tab=tab_2).

⁴ Walugembe DR, Sibbald S, Le Ber MJ, Kothari A. Sustainability of public health interventions: where are the gaps? Health Res Policy Syst. 2019;17(1):8 (<https://doi.org/10.1186/s12961-018-0405-y>).

⁵ Handbook for the use of digital technologies to support tuberculosis medication adherence. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/i/item/9789241513456>).

gic planning process, and inputs to the draft document from key partners and experts.

Quality assessment of NSPs for TB was performed in 2020 for nine countries (Cambodia, Ethiopia, Ghana, Indonesia, Kenya, Rwanda, Uganda, the United Republic of Tanzania and Viet Nam) which had applied the people-centred framework for TB programme planning and prioritization (PCF).¹ The results of this assessment and the experience with applying the PCF during the development of strategic plans were shared and discussed at a joint meeting with participating countries (Ethiopia, Ghana, Indonesia, Kenya, Rwanda, Uganda, the United Republic of Tanzania, Viet Nam and Zambia) and several partners (Action Damien, Avenir Health, Bill & Melinda Gates Foundation, Expertise France, the Global Fund to Fight AIDS, Tuberculosis and Malaria, London School of Hygiene & Tropical Medicine, KIT Royal Tropical Institute, KNCV Tuberculosis Foundation, McGill University, Stop TB Partnership, International Union Against Tuberculosis and Lung Disease (The Union), United States Agency for International Development, United States Centers for Disease Control and Prevention, and WHO) in January 2021.

An online survey was conducted to obtain inputs and perspectives on the challenges and good practices for national strategic planning for TB. This global survey targeted staff working in national TB programmes (NTPs), other departments of ministries of health, relevant staff in WHO regional and country offices, technical and funding partners, other experts in TB strategic planning and implementation, representatives of non-governmental organizations and civil society, affected communities and people affected by TB.

The draft guidance was shared widely to stakeholders and experts for further input and comments, which were consolidated and incorporated.

Finally, this guidance is intended to complement, rather than to replace, national planning processes. It should be used to support strategic planning for aspects of TB services that may not be optimally covered by existing national tools.

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