

Tuberculosis Data, Impact Assessment
and Communications Hub (TB DIAH)

TB Data-to-Action Continuum

Advisory Group
Tool Review Packet

March 2021





TB DIAH TB Data-to-Action Continuum

Advisory Group Tool Review Packet

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TB DIAH TB Data-to-Action Continuum Advisory Group

Data-to-Action Continuum Tool Review Overview

Introduction

The TB Data, Impact Assessment and Communications Hub (TB DIAH) project staff working on the Data-to-Action Continuum (D2AC) has identified you as a TB expert who would be able to provide quality insights as part of an external **technical review** of the D2AC tool. TB DIAH is organizing an external expert review of the D2AC tool in March 2021.

More information about the D2AC activity is provided in the **Concept Note** on page 5.

Purpose and Role

A **Terms of Reference** document can be found on page 9 and provides insight into the objective and scope for this activity and external review.

Timeline and Key Dates

1. Introductory call

Please fill out this poll so that we can choose a convenient time: doodle.com/poll/bgybqbiid9mcy5

A PowerPoint presentation will be shared during this introductory call.

2. Individual review of the D2AC tool. Each reviewer must submit feedback by **Monday, March 22** to D2AC activity coordinator Jeanne Chauffour at jeanne_chauffour@jsi.com using the **Feedback Rubric** which will be shared with all reviewers after the introductory call. Please see “Feedback Process and Instructions” on page 4 for more details.

3. Consensus and debrief call

Please fill out this poll so that we can choose a convenient time: doodle.com/poll/b8subxhvrrb6wf3r

Meeting Agendas

Introductory Call

5 mins	Welcome from USAID and TB DIAH	USAID and TB DIAH
10 mins	Meeting overview and objectives	D2AC team member
20 mins	Purpose of D2AC maturity model	D2AC team member
30 mins	Introduction of the D2AC maturity model and scale	D2AC team member
15 mins	Overview of advisor role: expectations, timeline, and feedback process	D2AC team member
10 mins	Next steps and Q&A	All

Consensus and Debrief Call

8 mins	Welcome from USAID and TB DIAH Introductions & Agenda overview	USAID and TB DIAH
20 mins	Presentation of findings from individual feedback rubrics submitted	D2AC team member
45 mins	Discussion of findings from feedback rubrics and prioritization of changes to implement	All
10 mins	Summarizing of changes to implement and consensus seeking	All
5 mins	Discussion of D2AC tool piloting (optional)	D2AC team member
2 mins	Closing and thanks	D2AC team member

Feedback Process and Instructions

TB DIAH wishes for the external review panel to provide detailed feedback on the following elements of the D2AC tool:

1. Continuum Levels
2. User Roles
3. Domains and subdomains of the D2AC scale
 - a. Comprehensiveness
 - b. Relevance
 - c. Content: omissions, redundancies, etc.
 - d. Feasibility for measuring/evaluating
4. Glossary
5. Usability of the tool
6. Layout of the tool
7. Technical content of the tool
8. Target stakeholders for the tool

A detailed **Feedback Rubric** will be shared with all reviewers after the introductory call and is to be used to return comments to the D2AC team. Please submit feedback by **Monday, March 22** to Jeanne Chauffour at jeanne_chauffour@jsi.com

Next steps

Following this expert review, all reviewers' feedback will be incorporated and the tool will be updated.

Once the D2AC tool will have been updated, TB DIAH will pilot the tool in one or two countries. If you are a field-based reviewer and believe your country's NTP would be interested in participating in the D2AC pilot, please inform the D2AC staff by emailing Jeanne Chauffour at jeanne_chauffour@jsi.com

TB DIAH's Tuberculosis Data-to-Action Continuum

Concept Note

Rationale

The [Global Accelerator to End TB](#), the United States Agency for International Development's (USAID) new tuberculosis (TB) business model, is designed to accelerate progress towards targets set by the United Nations General Assembly High-Level Meeting on TB by increasing the commitment and capacity of governments, civil society, and the private sector to fight TB. The goal is to reach every person with TB, cure those in need of treatment, and prevent the spread of new infections. The Accelerator to End TB focuses on performance-based measures for combating TB and will catalyze investments across multiple countries and sectors to end the epidemic while building country self-reliance. The Accelerator's ambitious goals will require enhanced systems for prevention, early and comprehensive case detection, diagnosis, and effective treatment and monitoring. The use of accurate data on TB service delivery will be critical for tracking progress and ensuring the appropriate interventions are targeted to the right place and population.

Although information systems for TB in low- and middle-income countries (LMICs) are improving, many countries still face challenges in accurately monitoring and evaluating TB program performance. Many LMICs that have high TB burden, and thus priority countries for USAID's investment, still rely on an uncoordinated mix of electronic and paper-based information systems, particularly at the level of the community. Management of a TB program requires a complex interplay of surveillance data for drug-susceptible and drug-resistant cases, contacts and patients with comorbidities; laboratory information; and financial and logistics information. Many of these high-burden priority countries are still far from establishing well-harmonized data systems for TB. As a result, in some countries data quality varies and data remain underutilized when monitoring TB prevention and care interventions. For example, decisions taken to prioritize investments in TB interventions might not always use the best available evidence. The barriers to evidence-based decision making in TB programming are many and not uniform across and within countries. Meanwhile, resources (tools, methods, etc.) exist for improving the use of data for strategic and programmatic purposes but are not always well adapted to local needs. Selecting the appropriate approach or tool, and covering the crucial step of adaptation to the country context, is imperative for effective interventions to improve data use and turn data into action.

TB Data-to-Action Continuum

The [TB Data, Impact Assessment and Communications Hub](#) (TB DIAH), funded by USAID, proposes a TB Data-to-Action Continuum—a maturity model and toolkit to identify where a country's National TB Program (NTP) resides on a continuum of TB data use for evidence-based programmatic and strategic decision making at different levels.

This activity supports TB DIAH's overall strategic objectives to (1) ensure optimal demand for and analysis of both routine and non-routine TB data for decision making, (2) provide support for the appropriate use of information for performance management, and (3) inform the interventions and policies of national

governments, ministries of health (MOHs), NTPs, USAID, and other stakeholders. The Data-to-Action Continuum builds on the work of the Monitoring and Evaluation Surveillance System Analysis (MESSA), the Performance-Based Monitoring and Evaluation Framework (PBMEF) Assessment of Reporting Capacity (ARC), and other existing documentation (i.e., joint program reviews, epidemiological assessments, etc.) to allow NTPs to precisely gauge the barriers to data use and select interventions appropriate for the context and maturity of the system and assess the decision-making capabilities of different actors across the health system.

Purpose

Each country and program is unique, and selecting the right interventions targeting decision-makers at various levels can be a challenge. NTPs need a systematic approach to identify the right intervention at the right time to improve their capacity to translate data to action at national, subnational, facility, and community levels.

In general, maturity models outline the elements and steps required to move from undeveloped and nascent capacity to well-developed and sustainable capacity for an entity or process. The continuum will draw inspiration and lessons learned from existing well-defined maturity models developed for health information systems (HIS), such as the HIS [Stages of Continuous Improvement Toolkit](#) developed by the USAID-funded [MEASURE Evaluation](#) project.

A conceptual model for the TB Data-to-Action Continuum will be designed to facilitate the accurate identification of country TB data-to-action maturity. A toolkit will then be developed to assist countries to use the continuum and craft interventions appropriate for their stage of maturity. New interventions can build on prior efforts and investments or introduce new approaches to improving the use of TB data for action.

Audience

The Data-to-Action Continuum is targeted toward NTPs and other country TB stakeholders, such as donors and technical assistance partners (international and local nongovernmental organizations [NGOs], multinationals, etc.). As our understanding of the factors that influence TB data use in countries improves, and depending on the specific country context, the continuum may focus on specific levels of the health system (e.g., the district).

Process

Toolkit Development

A literature review focusing on the use of TB data for action will be conducted in the short-term, building on existing reviews of maturity models for HIS, TB, data use, etc. Once the literature review is complete, a draft model will be developed incorporating a theory of change for data use and including milestones or benchmarks indicative of transition from one stage of maturity to the next. A workshop (accommodating remote participation, such as an online forum or interactive webinar) with subject matter experts will be held to obtain feedback on the model and secure buy-in of relevant stakeholders.

An expert review panel will be formed from global TB monitoring, evaluation, and learning experts from across the spectrum of the HIS technical assistance and donor communities, as well as MOH counterparts from selected countries (or individuals bringing that perspective). Involvement of country stakeholders in the co-creation process will be key to ensure contextual design, increase buy-in, build capacity, and later secure support for in-country implementation. This panel will review and comment on the vision and intermediate and final products of the activity, and the panel will provide expert advice on the practicality, feasibility, and generalizability of proposed solutions. This group will also review and guide the toolkit's development.

Two focal countries among the high TB burden priority countries will be selected as pilots in which to test the approach and tool. The countries will be selected strategically to provide as much information as possible on the usability of the tool across the landscape of TB-affected countries. For example, TB burden, geographic region, stage of development, TB transmission dynamics (i.e., high TB/HIV coinfection burden, important subpopulations such as children or prisoners) will all factor into the selection of priority countries. Other criteria, in addition to the epidemiological factors outlined above, may also come into play in the final country selection.

Based on the experience in the focal countries, the tool will be finalized and packaged with appropriate USAID and TB DIAH branding and made available through established dissemination procedures (website, conferences, online learning mechanisms, etc.). The experience and lessons learned will be written and published in an appropriate peer-reviewed journal.

In-Country Implementation

The toolkit is envisioned as a guide to a self-assessment process and will include information about various assessment approaches (see Table 1 below for possible implementation scenarios). In country, an initial desk review will be conducted, followed by key informant interviews with stakeholders. A workshop (accommodating remote participation) may be held to efficiently compile all required information and viewpoints. With this output, a roadmap to improving TB data-to-action will be developed, with interventions planned and costed. Efforts will be made to ensure proposed interventions are funded through established in-country and donor community mechanisms.

The TB data-to-action roadmap will then serve as a living document for use by NTPs and TB stakeholders to guide priorities for investment over time by outlining a vision for incremental and manageable improvement of TB data use for action.

Table 1: Approaches for TB DIAH support during implementation

Scenarios	Description of TB DIAH support
Scenario 1: Basic TB DIAH support	The mission or their designee (TB advisor, implementing partner, etc.) facilitates the self-assessment with minimal support from TB DIAH. Minimal support from TB DIAH includes orientation on the process and tool but, after that, only infrequent check-ins on an as-needed basis. The mission takes the lead role in all steps and reaches out to TB DIAH when any additional support is needed (e.g., organizing stakeholder workshops, conducting interviews, synthesizing results, finalizing a roadmap or other technical documents). Communications are expected mostly by email to address questions or for clarification purposes and by ad-hoc conference calls based on needs.
Scenario 2: Routine TB DIAH check-ins and support	The mission (or their designee) works with TB DIAH on a routine basis, with frequent check-ins, to complete the assessment. Routine support from TB DIAH includes orientation on the process and tool as well as other later steps where the mission may need more guidance and input from TB DIAH (e.g., organizing stakeholder workshops, conducting interviews, synthesizing results, finalizing a roadmap or other technical documents). A more formalized communications approach is to be set up with a regular schedule of conference calls for checking progress and addressing implementation issues and questions.

Scenario 3: Proactive TB DIAH engagement	The mission requests active engagement from TB DIAH to conduct the assessment. Active engagement from TB DIAH includes supporting the mission at critical junctures of the assessment, including organizing stakeholder workshops, conducting interviews, synthesizing results, finalizing a roadmap or other technical documents. Under this scenario, TB DIAH is expected to take a lead role in the implementation of the Data-to-Action Continuum and report regularly to the mission on the progress of implementation.
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TB DIAH TB Data-to-Action Continuum Advisory Group

Terms of Reference

Introduction

The United States Agency for International Development (USAID)'s [Tuberculosis Data, Impact Assessment and Communications Hub](#) (TB DIAH) is a key component of USAID's [Global Accelerator to End Tuberculosis](#). The Accelerator is USAID's new TB business model focusing on performance-based measures for combating TB and catalyzing investments across multiple countries and sectors to end the epidemic while building country self-reliance.

As the first award under the auspices of the Accelerator, the main purpose of TB DIAH is to ensure optimal demand for TB data, and analysis and use of such information to measure performance and inform programmatic decision making within national TB programs (NTPs).

Background

TB DIAH will develop a TB Data-to-Action Continuum, including a maturity model and toolkit to identify where a country's NTP resides on a continuum of TB data use for evidence-based programmatic and strategic decision making at different levels of the health system.

A conceptual model for the TB Data-to-Action Continuum will be designed to facilitate the accurate identification of country TB data-to-action maturity. A toolkit will then be developed to assist countries with using the continuum to craft interventions appropriate for their stage of data use maturity. The toolkit will also support country efforts to improve use of TB data for action.

The Data-to-Action Continuum is targeted toward NTPs and other country TB stakeholders, such as donors and technical assistance partners (international and local nongovernmental organizations [NGOs], multinationals, etc.). As our understanding of the factors that influence TB data use in countries improves, and depending on the specific country context, the continuum may focus on specific levels of the health system (e.g., the district).

More information on the TB DIAH Data-to-Action Continuum is available in the **Concept Note** on page 5.

Establishing a TB Expert Advisory Group for TB DIAH's Data-to-Action Continuum

An advisory group for TB DIAH's TB Data-to-Action Continuum is being established to support the development and implementation of the continuum and toolkit. The primary role of the advisory group will be to:

- Work in collaboration/coordination with TB DIAH staff to understand the data and feedback needs for developing the toolkit and facilitating in-country implementation
- Contribute technical expertise to the development of the TB data-to-action continuum, specifically in determining the model domains, benchmarks, and how to measure them
- Provide expert input to designing the methodology and self-assessment tool
- Provide expert inputs to the discussions around TB data and data systems
- Review relevant protocols, methods, tools, and documents and provide expert inputs and feedback

- Advise on strategic direction, priority areas, and activities to support developing and pretesting the tool, including selecting countries for pilot testing, and effective implementation of the tool in selected focal countries (including providing insight relevant to country context, health system structure and functioning, etc.)
- Advise on the usability of the tool as a self-assessment in various country contexts
- Advise on the development of roadmaps for TB system strengthening in countries
- Advise on dissemination of the toolkit and lessons learned
- Contribute towards dissemination of key documents to global and country level stakeholders
- Synthesize lessons learned and provide a forum for sharing best practices
- Be available to participate in individual or group feedback sessions

Participation of the Advisory Group Members

Participation in the advisory group is highly appreciated and voluntary and will be mostly limited to teleconferences. For an in-person consultative meeting, the TB DIAH project will specifically reach out to individual members to arrange for their participation.

The estimated level of effort for this role is 4-6 hours per month.

Advisory Group Members

Advisory group members will be jointly identified and nominated by TB DIAH and USAID/Washington colleagues and invited to participate on a voluntary basis.

Advisory group members will have extensive experience in TB programs at national and international levels, and will be employed by various TB stakeholders, such as donors, governments, universities, and NGOs. The following will be valuable contributors to the advisory group:

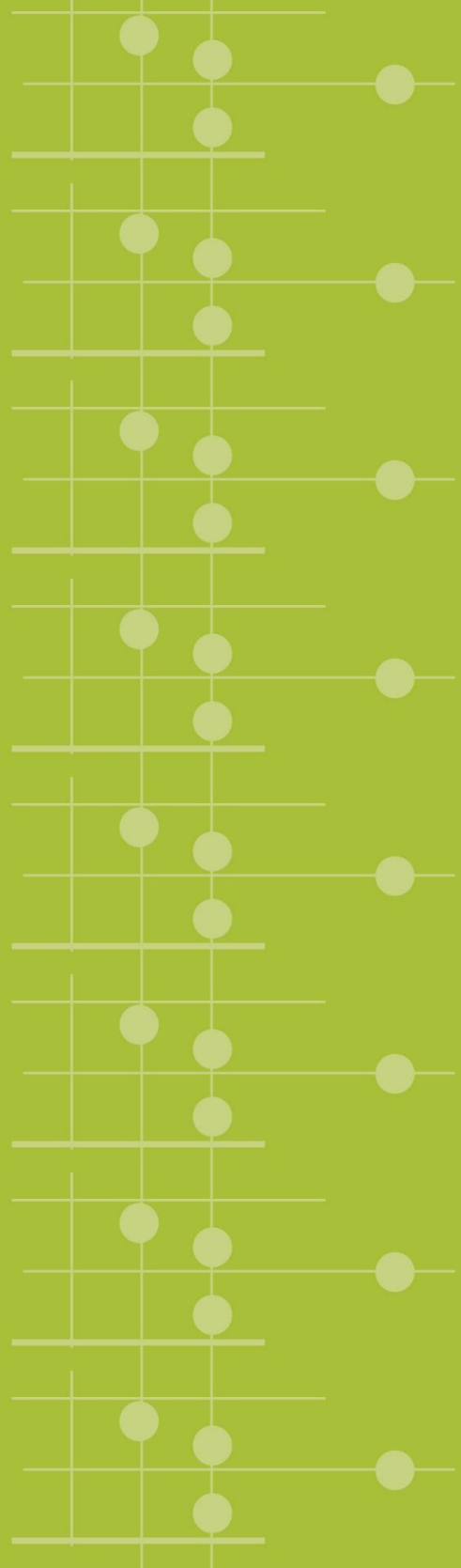
- USAID TB program experts
- TB experts in the field of medicine or research
- Country NTP staff (managers, monitoring and evaluation experts, officers)
- NGO staff implementing TB interventions

Deliverable

The Advisory Group's expected deliverable is to provide maximal technical and professional input for the development of the TB Data-to-Action Continuum, specifically in determining the model domains, sub-domains, and benchmarks. This includes technical comments on the protocols, methods, and tools and feedback on their practical applicability, added value in improving TB monitoring and evaluation, and suggested frequency of use, among others.

Acknowledgements

The technical contributions of experts who participate in the Advisory Group will be acknowledged and will be reflected in the final set of materials including presentations, booklets, and electronic and paper-based products.



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