

Annex 5. Assessing quality of TB services

A5.1. Measuring quality

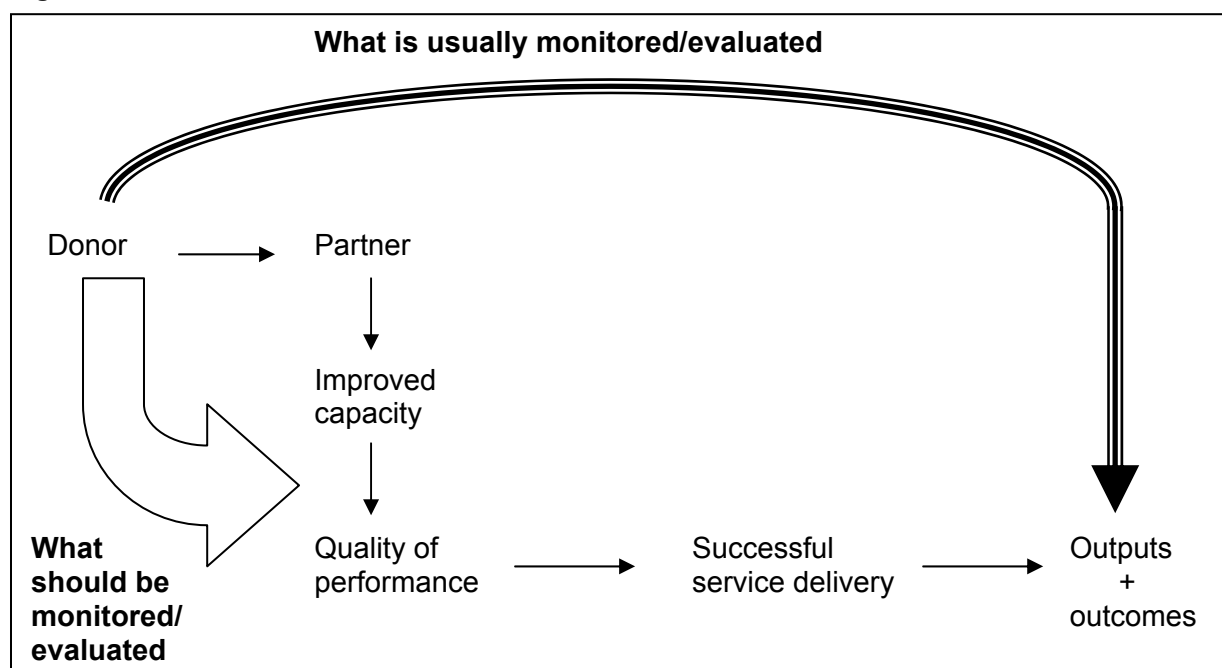
Several definitions of quality of health services have been proposed, such as:

- *The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.*
- *The ability to access effective care on an affordable and equitable basis.*

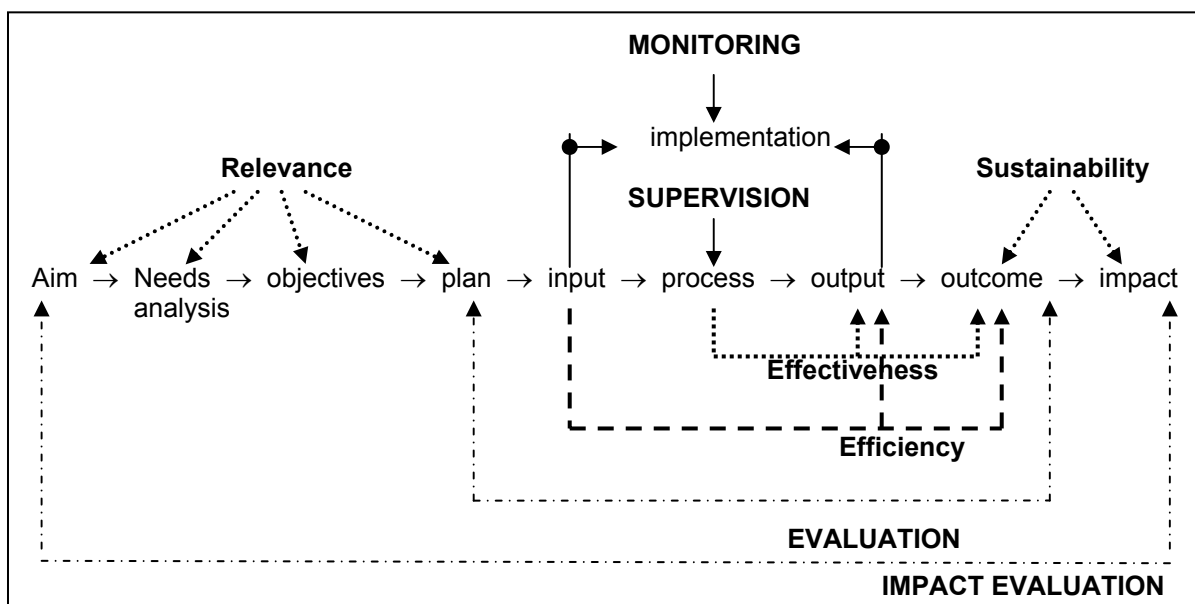
Simply said, what we want to know is: **Are we doing the best possible job?**

In order to assess quality of services, a number of quality aspects need to be looked at. Often, quality assessment is thought to deal primarily with programme effectiveness and to a lesser degree with efficiency, but many more criteria need to be taken into consideration when looking at the quality of services. Too often, donor agencies focus on the results obtained, even if the aim of their intervention is to improve service delivery (see Figure A1).

Figure A1



The management cycle will be a helpful tool to provide a framework to look at the various components of quality of services. Usually, the management cycle is represented in a more or less circular manner but for the purpose of the present explanation, it may be easier to pull the management cycle open horizontally. This will allow to clearly indicate the place of such quality criteria as effectiveness, efficiency, relevance and sustainability: see Figure A2.

Figure A2

Many additional quality criteria can be considered, and various development agencies have come up with their own preferred lists. Some of the criteria listed are: effectiveness, efficacy, efficiency, optimality, managerial capacity, appropriate technology, relevance, coherence, acceptability, legitimacy, suitability, feasibility, access, accessibility, equity, synergy/complementarity, partnership, integration, etc. Some of these are almost synonymous, and many are closely related or clearly linked.

A5.2. Grouping of quality criteria

It is possible to group the quality indicators around 5 major criteria: effectiveness, efficiency, access, sustainability and relevance, although several indicators will be relevant in connection to more than one of those criteria.

Effectiveness

Effectiveness can be translated simply as: is the programme achieving what it intended to achieve? Sometimes a distinction is made between efficacy (the ability to achieve the intended result) and effectiveness (the degree of achievement) but for all practical purposes they can be considered synonymous. Strictly speaking, it can be said that in the context of monitoring, effectiveness looks at the relationship between process and output (see Figure 2) while in the context of evaluation it looks at the relationship between process and outcome. In practice, this distinction is rather artificial, and effectiveness indicators will be a mixture of output and outcome indicators.

For most of the indicators related to effectiveness, the data needed to calculate them can be found in the routine reports.

Efficiency

Efficiency looks at the relationship between inputs and outputs/outcomes. In other words: Is the programme achieving its results in the best possible manner? Very often this question

focuses almost exclusively on the financial aspects (sometimes called optimality: balancing costs and benefits). Although financial cost is one of the inputs that need to be considered, cost-benefit analysis is not included here as it would require very specialised and costly studies and it would be very difficult to obtain reliable findings. Those who are interested in this aspect can refer to a WHO publication on the subject¹.

The indicators related to TB – HIV/AIDS are included under efficiency because TB control will be inefficient if the HIV/AIDS problem is not addressed.

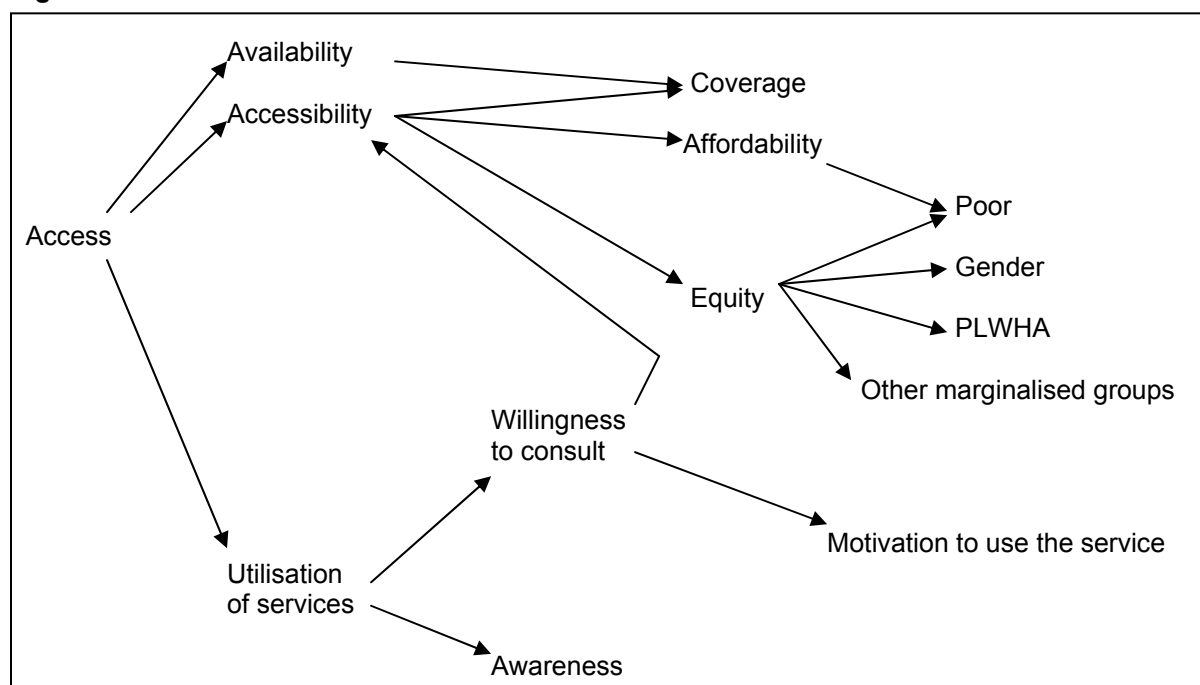
Access

Access requires 3 things:

1. Availability. This usually depends on coverage (density of units).
2. Accessibility. This also depends on coverage (distance in relation to difficulty to get there), but affordability (transportation cost, user fee) and equity (Have all groups in the population equal access?) are important as well.
3. Utilisation of services. Whether the potential users are using the service will depend on awareness (Do people know about the disease? About the existence of the service?) but also on willingness to use the service, which in turn depends on the already mentioned accessibility with its various components but also on motivation: Do people trust the service? Is it socio-culturally acceptable? Are people satisfied with the quality of the staff and of the services provided?

The various components of access and their interrelationships are shown in Figure A3.

Figure A3



¹ Guidelines for cost and cost-effectiveness analysis of TB control (3 volumes), WHO 2002. Available on www.who.int/docstore/gtb/publications/whodoc/guidelines_cost_tb_control/
Click on cds_tb_2002-305a for volume 1, ...305b for volume 2 and ... 305c for volume 3.

From Figure A3 it can be inferred that the indicators dealing with access will also allow to address several of the other quality criteria such as accessibility, suitability, acceptability, legitimacy and equity. Integration is not specifically mentioned in the context of access: it may improve access in certain situations but is not a condition sine qua non as services may be fully accessible without any integration at all. Integration will rather be included in the discussion on sustainability.

Sustainability

Too often, sustainability is defined from a very narrow perspective: Can the programme survive if all external support is withdrawn? Again, as for efficiency, this survival is usually looked at in financial terms. But whether a programme is viable or not will depend on many factors:

- ⇒ **Technical viability**
Is the available technology appropriate? Is it adapted to the local conditions? To the capabilities of the users? Is it affordable?
- ⇒ **Operational viability**
This has to take into consideration such factors as integration (including the role of the private sector), synergy and complementarity, and political commitment.
- ⇒ **Managerial viability**
Looks at managerial capacity: planning ability, absorption capacity, competence of staff, etc.
- ⇒ **Financial viability**
Often, this is understood to mean: Will the programme continue to have sufficient funds to operate at an acceptable level if the support from outside donors is stopped?
However, in the context of quality assessment it would be more appropriate to look beyond such a simplistic all or nothing scenario and rather ask the question: Will sufficient funds (from whatever source) continue to be available?
- ⇒ **Socio-cultural viability**
This will include such factors as suitability, acceptability and legitimacy.
Several of the indicators already listed in relation to the other components will also be relevant in relation to sustainability.

Relevance

A number of questions can be asked when assessing the relevance of a programme:

- The programme leads to sustainable benefits?
- The programme addresses poverty alleviation, gender equity and human rights?
- The programme pays sufficient attention to HIV/AIDS?
- The programme promotes equal access?
- The programme is appropriate and feasible? (= suitability)

Other aspects related to relevance are:

- Partnership: What is the degree of partner involvement? What is the partner's capacity? Does a partner network exist? Are the partners complementary? Is there good collaboration with the government?
- Coherence: Is the choice of objectives, of partner, of target group, of geographical area in line with the organisation's specificity and priorities?
- Methodological approach

The indicators addressing the various points pertaining to relevance have already been mentioned in relation to the other quality criteria. The table below lists only one additional indicator for relevance.

A5.3. List of indicators of quality of TB services according to criteria

Not all the indicators in the list below will be needed for the present evaluation, but many will be very useful. These are marked with ✓ in the table below. The indicators can be calculated based on the information requested as per the annexes 1, 2, 3 and 4 and on the observations made during the evaluation visit.

Indicators of effectiveness		
1	Case notification of new P+ (rate + absolute numbers)	✓
2	Case notification of all TB cases (absolute number)	✓
3	TB case detection rate	
4	% of P+ among all TB cases	✓
5	% of new pulmonary TB cases without a sputum smear	✓
6	% of pulmonary TB suspects with 3 sputum smears	
7	% of pulmonary TB suspects who are smear positive	✓
8	% of TB laboratories that have EQA	✓
9	% of high false negative and high false positive results at EQA	
10	% of TB laboratories with at least 1 major error at EQA	✓
11	Laboratory guidelines are available	✓
12	Laboratory safety instructions are included in the laboratory guidelines	✓
13	Score the ability of the programme to correctly diagnose smear negative pulmonary TB and extrapulmonary TB	✓
14	% of new P+ put on treatment	✓
15	% of new TB patients who are prescribed the correct treatment regimen	✓
16	Smear conversion rate	
17	% of P+ without a sputum smear result at 2 months	✓
18	TB treatment outcome rates	✓
19	Proportion of training that took place	✓
20	Appropriate training curricula are available	✓
21	Standardised training materials are available	✓
22	Proportion of supervision that took place	✓
23	Supervision guidelines are available	✓
24	What is the quality of the supervision reporting?	✓
25	Are the recommendations in the supervision reports acted upon?	✓
26	% of reports submitted timely	✓
27	% of reports that are accurate and complete	✓
28	Health service delay	✓

Indicators of efficiency		
29	% of TB units with a good microscope	✓
30	% of TB patients who are HIV positive	✓
31	A national TB/HIV policy is being applied	✓
32	Presence of a TB/HIV coordinating body	
33	% of TB patients tested for HIV	✓
34	% of PLWHA screened for TB	✓
35	% of PLWHA without TB receiving isoniazide	
36	% of TB/HIV patients receiving cotrimoxazole	
37	% of TB/HIV patients receiving anti-retroviral therapy	
38	% of units that experienced a stock-out of at least 1 drug	✓
39	Expired drugs are present or were destroyed during the last 12 months?	✓
40	% of correct drug inventory cards	✓
41	Drug management guidelines are available	✓
42	Score the financial management ability of the project	
43	Is a well developed human resource development plan being used?	✓
44	% of trained staff who are still in the programme	
Indicators of access		
45	TB coverage	
46	F/M ratio of new P+	✓
47	F/M ratio of diagnostic delay	✓
48	Patient delay	✓
49	% of the population with access to the health services	✓
50	% of cases detected through various methods	✓
51	Density of diagnostic units	✓
52	Density of treatment points	✓
53	% of patients treated peripherally	✓
Indicators of sustainability		
54	TB drug sales are regulated	✓
55	Score the planning ability of the project	
56	Score the absorption capacity of the project	
57	Score the quality of the project management staff	✓
58	Budget input of all partners	✓
59	% of budget per partner obtained	
60	The input of the respective partners is well coordinated	✓
61	Score the project for integration	✓
62	% of cases managed by private practitioners	
Indicators of relevance		
63	Score the added value of the donor agency contribution	✓