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## HEALTH SYSTEMS FOR TUBERCULOSIS (HS4TB)



Expert Consultation on Government led Contracting. Photo credit: HS4TB

# Roadmap and Action Plan for Contracting of Tuberculosis Services in Bangladesh 2023–2028

January 2023 • Bangladesh



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### **About HS4TB**

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership with Nathan Associates and Open Development.

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## Acronyms and Abbreviations

BCCM	Bangladesh Country Coordinating Mechanism
CCEA	Cabinet Committee for Economic Affairs
CPTU	Central Procurement Technical Unit
CSO	civil society organization
DGHS	Directorate General of Health Services
DOT	directly observed therapy
DP	development partner
e-GP	electronic government procurement [system]
ERD	Economic Relations Division
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOB	Government of Bangladesh
HCFS	Health Care Financing Strategy
HEU	Health Economics Unit
HPNSDP	Health, Population and Nutrition Sector Development Program
HS4TB	Health Systems for Tuberculosis
HSD	Health Service Division
INGO	international nongovernmental organization
M&E	monitoring and evaluation
MEL	monitoring, evaluation, and learning
MOF	Ministry of Finance
MOHFW	Ministry of Health and Family Welfare
MOLJA	Ministry of Law, Justice and Parliamentary Affairs
MOP	Ministry of Planning
NASP	National AIDS/STD Programme
NGO	nongovernmental organization
NGOAB	NGO Affairs Bureau
NSP	National Strategic Plan
NTP	National Tuberculosis Control Programme
OP	Operational Plan
PFM	Public Financial Management [Strategy]
PPA	Public Procurement Act
PPP	public-private partnership
PPR	Public Procurement Rules
STD	standard tender document
TB	tuberculosis
TCG	Tuberculosis Commitment Grant
TEC	Tender Evaluation Committee
TIFA	Tuberculosis Implementation Framework Agreement
TOR	terms of reference
TWG	technical working group
USAID	United States Agency for International Development
WHO	World Health Organization

# Background

## Overview of the Tuberculosis Context and Progress toward National Goals

Over the past decade, the National Tuberculosis Control Programme (NTP) in Bangladesh has achieved and maintained laudable performance, with only a short interruption in program achievements caused by the COVID-19 pandemic. The tuberculosis (TB) treatment coverage rate increased from 51% in 2012 to 81% in 2019. There was a decrease to 64% TB treatment coverage in 2020 as a result of the COVID-19 pandemic,<sup>1</sup> but a recovery to 82% in 2021 after the NTP initiated a rapid response to the pandemic by developing guidelines and catch-up plans that ensured adaptation and continuity of TB services.<sup>2,3</sup> In 2021, 54% of TB cases were notified from community interventions, up from 49% in 2018. The TB treatment success rate has been maintained at more than 90% over the past decade<sup>4</sup> including, most recently, a treatment success rate of 97% for the 2020 cohort.<sup>5</sup>

Despite these remarkable achievements, Bangladesh still remains one of the highest burden countries for TB, with an estimated 306,701 people contracting TB and 42,600 TB-related deaths annually.<sup>6</sup> The estimated TB incidence currently stands at 221 per 100,000 population, accounting for 3.6% of global cases.<sup>7</sup> TB is the fifth major cause of death in Bangladesh, with 6.8% of total deaths being related to TB. There are still challenges around the use of GeneXpert machines, implementation of TB preventive treatment interventions, and diagnosis of childhood TB, and accelerated efforts will be needed to reach national goals.<sup>8</sup>

The NTP in Bangladesh is committed to achieving the targets set in the National Strategic Plan (NSP) 2021–2025 based on the World Health Organization’s (WHO) End TB Strategy targets (table 1). Bangladesh must accelerate its national TB response to reach its goals by embracing innovations and optimizing TB strategies.

**Table 1. Bangladesh NTP’s goals**

Indicators	2020	2025	2030 (SDG)	2035 (End TB)
Reduction in the number of TB death compared with 2015 (%)	35	75	90	95
Reduction in the TB incidence rate compared with 2015 (%)	20	50	80	90
TB-affected families facing catastrophic costs due to TB (%)	00	00	00	00

SDG=Sustainable Development Goal

<sup>1</sup> World Health Organization (WHO). Global tuberculosis report 2021. Geneva: WHO; 2021. Available from <https://www.who.int/teams/global-tuberculosis-programme/data>

<sup>2</sup> World Health Organization (WHO). Global tuberculosis report 2022. Geneva: WHO; 2022. Available from <https://www.who.int/teams/global-tuberculosis-programme/data>

<sup>3</sup> The Global Fund. Audit report: Global Fund grants in Bangladesh. Geneva: Global Fund; 2022. Available from: [https://www.theglobalfund.org/media/12351/oig\\_gf-oig-22-015\\_report\\_en.pdf](https://www.theglobalfund.org/media/12351/oig_gf-oig-22-015_report_en.pdf)

<sup>4</sup> World Health Organization (WHO). Global tuberculosis report 2022. Geneva: WHO; 2022. Available from <https://www.who.int/teams/global-tuberculosis-programme/data>

<sup>5</sup> The Global Fund. Audit report: Global Fund grants in Bangladesh. Geneva: Global Fund; 2022. Available from [https://www.theglobalfund.org/media/12351/oig\\_gf-oig-22-015\\_report\\_en.pdf](https://www.theglobalfund.org/media/12351/oig_gf-oig-22-015_report_en.pdf)

<sup>6</sup> World Health Organization (WHO). Global tuberculosis report 2022. Geneva: WHO; 2022. Available from <https://www.who.int/teams/global-tuberculosis-programme/data>

<sup>7</sup> Ibid.

<sup>8</sup> The Global Fund. Audit report: Global Fund grants in Bangladesh. Geneva: Global Fund; 2022. Available from [https://www.theglobalfund.org/media/12351/oig\\_gf-oig-22-015\\_report\\_en.pdf](https://www.theglobalfund.org/media/12351/oig_gf-oig-22-015_report_en.pdf)



## Contribution of NGOs, CSOs, and the Private Sector to the TB Response

The achievements of the NTP are a testimony to the political and technical leadership of the Government of Bangladesh (GOB). Historically, development partners (DPs), international nongovernmental organizations (INGOs), national NGOs, civil society organizations (CSOs), and private sector organizations have worked closely with the government and have played an important role in the national TB response.

TB services and community-based programming have expanded through increased partnerships with NGOs and CSOs, including TB education and information dissemination, active case finding, referral of presumptive cases for diagnosis, and community-based provision of directly observed therapy (DOT). These partnerships have also helped expand the availability of advanced diagnostic technologies, such as GeneXpert MTB/RIF and digital X-rays, allowing for faster and more accurate TB diagnostic services.<sup>9</sup>

Private providers and NGOs have steadily become a larger source of curative health service provision over the past several decades, increasing from 28.9% of all hospital expenditures in 1997 to 70.4% by 2012.<sup>10</sup> The NGO sector has emerged as a critical sector for health service delivery, with a dynamic landscape of nearly 2,500 NGOs registered with the NGO Affairs Bureau (NGOAB) working in the field of socioeconomic development in Bangladesh.<sup>11</sup>

However, these essential NGO-led TB services are financed through contracts from the United States Agency for International Development (USAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The Global Fund allocated USD\$115.8 million to TB for the 2020–2022 period.<sup>12</sup> Over the same three year period, Global Fund financing represented 44% of the total allocation to the country's TB control program (external and government funding).<sup>13</sup> Based on a longstanding role for multiple organizations in the TB response in Bangladesh, 64% of the Global Fund grant amount is implemented through international and national NGOs.<sup>14</sup> To ensure that the national TB response is uninterrupted as the country graduates from a low-middle income to middle income country and begins to transition away from external funding over the next decade, the GOB needs to be able to leverage the existing network, the complementary inputs, and the reach of local NGOs and INGOs to be able to sustain and scale up the TB response.

As the steward of the national TB response, the GOB governs the response, coordinating NGO, CSO and private sector contributions with complementary inputs from the government. Being able to contract directly with NGOs, CSOs, and private sector entities to deliver TB services would strengthen the GOB's power, control, and ability to oversee and govern the response. To do so, the GOB needs to be able to issue and manage contracts with NGOs, CSOs, and other private entities, and the legal and regulatory environment needs to be enabled for TB-related NGOs and CSOs, specifically, to participate in the public procurement system.

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<sup>9</sup> National TB Control Programme, Directorate General of Health Services, Ministry of Health and Family Welfare (MOHFW). National strategic plan for public-private mix in tuberculosis (2016–2022). Dhaka: MOHFW; 2016. Available from [http://etoolkits.dghs.gov.bd/sites/default/files/national\\_strategic\\_plan\\_on\\_tuberculosis\\_2016-2020.pdf](http://etoolkits.dghs.gov.bd/sites/default/files/national_strategic_plan_on_tuberculosis_2016-2020.pdf)

<sup>10</sup> Mustafa A, Rahman A, Hossain N, et al. Bangladesh national health accounts 1997–2015 (BNHA-V). Dhaka: Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare; 2018. Available from [https://www.researchgate.net/publication/327545331\\_Bangladesh\\_National\\_Health\\_Accounts\\_1997-2015\\_BNHA-V](https://www.researchgate.net/publication/327545331_Bangladesh_National_Health_Accounts_1997-2015_BNHA-V)

<sup>11</sup> United States Agency for International Development, Bureau for Democracy, Conflict and Humanitarian Assistance, Center of Excellence on Democracy, Human Rights and Governance. 2019 civil society organization sustainability index for Asia, 6th Edition. Washington, DC: FHI 360; 2020. Available from <https://www.fhi360.org/sites/default/files/media/documents/csosi-asia-2019-report.pdf>

<sup>12</sup> The Global Fund. Bangladesh: Allocation. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2022. Available from <https://data.theglobalfund.org/location/BGD/allocations>

<sup>13</sup> World Health Organization (WHO). Global tuberculosis report 2022. Geneva: WHO; 2022. Available from <https://www.who.int/teams/global-tuberculosis-programme/data-programme/data>

<sup>14</sup> The Global Fund. Audit of Global Fund grants in Bangladesh. Geneva: The Global Fund; 2017. Available from <https://www.theglobalfund.org/en/oig/updates/2017-12-22-audit-of-global-fund-grants-in-bangladesh/>

In 2021, the Health Economics Unit (HEU) and the NTP conducted an assessment of contracting for TB services in Bangladesh, with the support of the USAID-funded Health Systems for TB (HS4TB) project, to examine the current legal and political environment for government-led contracting of TB services.<sup>15</sup>

This Roadmap is designed as a response to the assessment findings. It aims to promote an enabling legal and regulatory environment where the GOB has the capacity to contract out some carefully selected and relevant TB services to NGOs, CSOs, and other nongovernment entities. It also aims to build and maintain the capacity of the GOB to execute and manage such contractual agreements, and the capacity of NGOs/CSOs to implement such agreements, taking into account the political economy around the contracting of health services.

## Purpose of the Roadmap

This multi-year Roadmap is a practical, operational plan that outlines concrete steps, roles, and responsibilities, and a timeline for introducing domestically financed contracting of TB services, giving more power and control to the GOB to steward the national TB response. It offers stakeholders a direction for further developing the evidence base and engaging organizations, coalitions, and champions to support advocacy efforts to establish the legal framework, secure financing, refine systems, and develop capacity for government-led contracting. This Roadmap and Action Plan build on the multi-pronged recommendations from the assessment report (Annex I) to provide additional action steps with operational details for engaged government entities and partners to agree on. It will also support the NTP and HEU to monitor progress in making government-led contracting to NGOs/CSOs/private sector entities a reality for the health sector, including for the TB program.

The Roadmap will support the Ministry of Health and Family Welfare (MOHFW), other relevant ministries, and the HEU and NTP, in particular, to efficiently use public revenue for contracting of TB services engaging NGOs, CSOs, and private sector entities when and where appropriate to complement services provided by the public sector. The capacities that are built through this pathfinding TB effort will benefit not only TB but also the broader health sector program, given that contracting are critical tools in health governance that allow the government to harness, direct, and harmonize the contributions of a wide variety of health organizations and providers. This initiative will contribute to Bangladesh's path to universal health coverage and the achievement of Sustainable Development Goal 3 by developing a sustainable pathway for leveraging nongovernmental entity strengths to improve the reach and efficiency of the national TB response.

This Roadmap will be implemented under the leadership of the HEU and NTP/Directorate General of Health Services (DGHS), in collaboration with the Central Procurement Technical Unit (CPTU)/Ministry of Planning (MOP), Ministry of Finance (MOF), DPs (Global Fund, USAID, WHO, and others), NGOs/CSOs, and private sector entities. The Steering Committee will be the focal monitoring agency to systematically assess implementation progress. The Steering Committee is a six-member working group chaired by the Director of the HEU, formed to support and guide the initiative to establish government-led contracting of TB services, including reviewing and monitoring the progress of activities and the quality of work. A Monitoring, Evaluation, and Learning (MEL) Plan (Annex 2) has been developed to provide a systematic plan for the implementors of the Roadmap to monitor the implementation of the Action Plan and to measure the results of activities to advance the achievement of the Roadmap's five objectives.

## Roadmap Development Process

This Roadmap was developed as an implementation guide for government-led contracting of TB services, informed by the recommendations from the recent assessment of contracting of TB services in Bangladesh. The Roadmap was developed under the leadership of the HEU and NTP with financial and technical assistance from the USAID-funded

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<sup>15</sup> Ministry of Health and Family Welfare (MOHFW). Contracting of tuberculosis services in Bangladesh: Assessment report. Dhaka: MOHFW; 2022. Available from <http://www.heu.gov.bd/site/notices/75673d59-1aff-471d-b058-e096c4eb9f8f/Contracting-of-Tuberculosis-Services-in-bd--Assessment-Report-May-2022>



HS4TB project. A wide range of stakeholders and professional leaders were consulted during the development of the Roadmap through group meetings with the Steering Committee, and one-on-one meetings with the NTP, CPTU, and the Bangladesh Country Coordinating Mechanism (BCCM)/Global Fund. In parallel, ICF International is supporting the BCCM to conduct a Sustainability and Transition Assessment for TB in Bangladesh. Given that the government's ability to contract with NGOs, CSOs, and private sector entities to deliver essential services is a critical element of sustainability, the inclusion of the BCCM in this Roadmap is important because it analyzes and builds a pathway to eventual transition.

Because the Roadmap builds directly from the assessment report validated earlier in 2022, the following section provides a summary of the assessment report's findings that were used to inform this document.

## Summary of Findings from the Assessment Report on Contracting of TB Services

The goal of the assessment was to explore the adequacy of the current legal, regulatory, and policy environment to support contracting of TB services; the current landscape of contracting with NGOs/CSOs/private sector; the institutional capacity of the MOHFW, NGOs, CSOs, and the private sector for contracting; and political economy considerations and potential political barriers to contracting. For the purposes of the assessment and the Roadmap, the term “contracting” refers to both the definitions of outsourcing and social contracting, as presented in Box 1.

The assessment found that critical policy documents, such as the Eighth Five-Year Plan 2020–2025 and the Health Care Financing Strategy (HCFS) 2012–2032<sup>16</sup> included a role for increased involvement of the nongovernmental sector and for government procurement of health services from nongovernment entities. The HCFS indicates that the GOB will assume diversified roles of steward, promoter, provider, contractor, and regulator to maximize the complementary role of NGOs and the private sector through contracting and public-private partnerships (PPPs). Publicly provided health services will continue and, in addition, the government will purchase services from non-state providers through contracting and PPPs. The process for designing, costing, implementing, and monitoring contracting of health services to nongovernmental entities needs to be included in the MOHFW's Operational Plans (OPs) for the government to take action. The MOHFW also needs to develop detailed guidelines on the procurement process that are aligned with relevant laws, regulations, and policies to aid implementation.

The assessment found that the GOB has a strong legal and regulatory framework guiding procurement, detailed in the Public Procurement Act (PPA) 2006 and Public Procurement Rules (PPR) 2008; however, the system is not set up for the participation of NGOs and CSOs or for the procurement of health services specifically. The GOB made amendments to the PPA/PPR in 2016 adding a definition of the procurement of “physical services”—the procurement category that health services fall under—but the definition does not include health services specifically. Physical services include “individual service-oriented contracts regarding security services, catering services, geological services, or third-party services,” which could include ambulance services, clinical services, or public health services, but health-related services are not specifically mentioned. The PPA/PPR and supporting regulations also still lack the detailed provisions and procedures needed to procure physical services and health services specifically. For example, the standard tender documents (STDs) that guide the implementation of the rules and regulations are not yet developed for the procurement of health services specifically. In addition, physical services are not included in the electronic government procurement (e-GP) management system because the STDs and other instruments have not yet been developed.

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<sup>16</sup> Health Economics Unit, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh. Expanding social protection for health towards universal coverage: Health care financing strategy 2012–2032. Dhaka: MOHFW; 2012. Available from <http://oldweb.heu.gov.bd/pdf/Health%20Care%20Financing%20Strategy%202012-2032.pdf>

In addition to the lack of guidance documents, NGOs and CSOs are not eligible to be “tenderers” and to participate in the procurement of goods, works, and physical services because they are not listed in the definition of a tenderer in the PPA and PPR. They also do not meet, or it is difficult for them to meet, the eligibility and qualification criteria set out in the PPA and PPR because, for example, they do not belong to a trade/professional organization, do not have previous contracting experience with the government, and may struggle to show liquid assets and lines of credit. The PPR framework only explicitly allows NGOs/CSOs to participate in the procurement of intellectual services/professional services (e.g., research, landscape studies). However, the relevant STD for the procurement of these services by NGOs/CSOs has not yet been developed, making it challenging to execute a contract even when explicitly allowed. As a result, NGOs/CSOs do not participate in the public procurement system.

#### Box 1. Common Definitions

*Outsourcing:* The act of a public organization transferring internal activities or services and decision making to external suppliers through long-term contracts or agreements.

*Social Contracting:* The process by which government resources are used to fund entities that are not part of government (called here CSOs) to provide health services that the government has a responsibility to provide to assure the

Extensive legal and regulatory changes are needed to support government contracting of TB services, and those changes could take years to complete, most notably:

- The PPA, PPR, and MOF circulars on contracting need to be revised to allow NGOs/CSOs to meet the criteria to qualify as a tenderer in the Public Procurement System (this may require developing specific rules, regulations, and criteria appropriate to the legal definition of NGOs) and to include health services under the definition of physical services.
- STDs for the procurement of physical services and of health-related services, specifically, need to be developed.
- The Delegation of Financial Powers needs to be revised to assign the financial power for large-scale physical service procurements, including health services, to a specific government entity.
- Physical services need to be integrated in the e-GP platform.

Table 2 summarizes the reforms needed in the key legal and regulatory documents as they relate to health sector-related contracting. The assessment report provides additional information.

**Table 2. Key legal and regulatory instruments requiring changes to introduce health service/health sector-related contracting**

<b>Document (Law, Policy, Regulation, Circular)</b>	<b>Purpose of the Document</b>	<b>Reform Required</b>
Public Procurement Act 2006 and Public Procurement Rules 2008	Primary and secondary legislation providing procedures to be followed for ensuring transparency and accountability in the procurement of goods, works, and services using public funds and ensuring equitable treatment and free and fair competition among all persons wishing to participate in such procurement.	Include health services under the definition of physical services in the PPA/PPR. Develop separate STDs to guide the contracting of health services, including TB.  Make necessary adjustments to the PPA/PPR and supplementary instruments, such as the STD, to allow NGOs/CSOs to be eligible as tenderers, including modifying the definition of a tenderer and either adjusting existing criteria or developing alternatives that facilitate NGO/CSO participation.
Delegation of Financial Powers (issued by Finance Division)	The orders regarding the delegation of financial authorities issued by the government from time to time relating to the conduct of public procurement or sub-delegation of financial powers under such delegation.	Finance Division assigns increased financial power to the MOHFW for large-scale physical service procurements for health services.
Policy on Procurement of Services through Contracting (issued by Finance Division)	Circular issued for the purpose of specifying the procedure for paying salary and other benefits for procurement of human resources and other services through contracting.	Amend policy to align procedures with the PPA/PPR. The two documents are currently conflicting because the Finance Division's policy on contracting includes a fixed rate for hiring personnel, which conflicts with the spirit of competitive tendering stipulated in the PPR.
Circular of Economic Relations Division for enhancement of the mobility of project implementation	Defines the up-front activities that a procurement entity can do to prepare to process a procurement before the project is approved by the relevant authorities, thereby minimizing the time between project approval and implementation.	Because procurement and project approval are under the purview of the MOP, this circular should be issued by the MOP, instead of by the Economic Relations Division.
Arbitration Act 2001	Law relating to international commercial arbitration, recognition, and enforcement of foreign arbitral awards and other arbitrations.	Needs more clarity on the role of arbitration in resolving disputes in an international procurement contract.
Public Financial Management (PFM) Strategy (2016–2021) and PFM Action Plan (2018–2023)	Strategy and action plan to carry out reform to improve fiscal discipline, financial reporting, and greater transparency and accountability in selected government agencies.	Additional procurement-related reforms should be included in these documents. This is an opportunity to integrate the reforms needed to procure physical services with broader health sector reforms in procurement management being undertaken by the GOB.

In addition to legal reforms, action is needed to improve the capacity to implement contracting. To date, NGOs, CSOs, and private sector entities are contracted with DP funding to support the national TB program to provide services, such as prevention/screening, diagnostics, treatment, research and training, technical assistance, and support services. There are several well-documented examples of contracting NGOs/CSOs/private sector organizations for health services with donor funding (with mixed results in the available literature), such as the Urban Primary Health Care Services Delivery Project.<sup>17</sup> Because the MOHFW has not yet entered into contracts with any NGO/CSO to procure healthcare services with government funding, NGOs and CSOs have not had any opportunity to gain experience in contracting via the public procurement system with the MOHFW. In addition, only the larger and well-known NGOs have experience providing health services under donor-funded contracts, and as such, the general capacity of the NGO and CSO sector to potentially undertake government contracting in the future is weak, especially among smaller and less-experienced organizations that do not have the benefit of a long history of providing services in the country.

Last, the assessment found that the MOHFW did not have sufficient capacity or systems in place that would allow it to lead the contracting process. The GOB has diverse experiences in contracting with the private sector to provide technical assistance, goods, and support services, such as logistics, information technology, human resource support, and analytics; however, few MOHFW staff are adequately trained in the public procurement system and, in general, officials lacked key skills required to appropriately design, evaluate, negotiate, implement, and monitor contracts. Most contracting processes were conducted manually, with limited administrative, financial, or programmatic systems in place to allow the MOHFW to monitor and use data generated by the service provider.

The assessment report provided a series of recommendations to improve the enabling environment for contracting of TB services to NGOs, CSOs, and private sector entities through government channels. The full list of recommendations can be found in Annex I.

## Roadmap Vision and Objectives

### Roadmap Vision

The MOHFW, including the NTP specifically, use contracting as a key strategy to ensure universal coverage of cost-effective and quality TB services to achieve national TB goals.

### Roadmap Objectives

The Roadmap was developed to implement the recommendations of the assessment report to achieve the following specific objectives:

- Contracting of selected TB control services to NGOs/CSOs/private entities with domestic funding is included in the next Health, Population and Nutrition Sector Development Program (HPNSDP) and fiscal year 2024–2025 OP and subsequent OPs that include the NTP and/or the HEU.
- The PPA, PPR, and related regulations are revised to enable the MOHFW to procure TB and other health services through the public procurement system and for NGOs and CSOs to participate in the public procurement system.
- Required government resources are mobilized, following the recommendation in the OP, to fund an agreed-on package of TB services to be provided by government-contracted NGOs/CSOs/private entities.
- The organization and management capacity of the NTP are strengthened to manage the complete contracting process.

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<sup>17</sup> A project managed by the Ministry of Local Government, Rural Development and Cooperatives and funded by a GOB grant and an Asian Development Bank loan. In partnership with NGOs, the project provides health services to the urban poor in all seven city corporations and five municipalities in the country.

- The capacity of potential nongovernmental TB service providers (NGOs, CSOs, private sector organizations) is developed to effectively participate in the public procurement process and execute government-led contracts to provide a package of TB services.

## Roadmap Pillars to Achieve the Objectives

Building on the recommendations provided in the assessment report, the Roadmap is organized into five pillars:

- Pillar 1: Advocacy and strategic communication for policy reform
- Pillar 2: Legal, regulatory, and policy reforms to enable contracting for TB using domestic funding
- Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services
- Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contracting management, implementation, and monitoring
- Pillar 5: Pilot and scale up contracting of TB services

## Linking Each Recommendation under a Strategic Pillar

Table 3 links each pillar with the recommendations in the assessment report.

**Table 3. Summary of recommendations by pillar**

Pillar	Summary of Assessment Report Recommendations
Pillar 1 Advocacy and strategic communication for policy reform	<ul style="list-style-type: none"> <li>• <b>Recommendation 2 (P).</b> Develop a set of <u>advocacy materials</u></li> <li>• <b>Recommendation 3 (P).</b> Develop a detailed <u>stakeholder engagement plan</u></li> <li>• <b>Recommendation 4 (P).</b> Conduct <u>advocacy and sensitization meetings</u>, seminars, conferences, networking, and strategic engagement on contracting health services</li> <li>• <b>Recommendation 5 (P).</b> Develop and obtain <u>high-level endorsement</u> from the MOHFW on a position paper that demonstrates the clear commitment of the GOB to pursue contracting of selected health services</li> <li>• <b>Recommendation 8 (P).</b> Include contracting in <u>key MOHFW policy documents</u>, such as OPs</li> <li>• <b>Recommendation 10 (P).</b> <u>Mobilize domestic resources</u> for contracting by the TB program in the government's fiscal space</li> <li>• <b>Recommendation 23 (P).</b> <u>Communicate with</u> key policymakers</li> </ul>
Pillar 2 Legal, regulatory, and policy reforms to enable contracting in the health sector using domestic funding	<ul style="list-style-type: none"> <li>• <b>Recommendation 6 (L).</b> Identify CPTU focal point</li> <li>• <b>Recommendation 7 (L).</b> Propose specific amendments to the legal and regulatory framework</li> <li>• <b>Recommendation 11 (L).</b> Create a strategy to introduce and monitor the revisions to the legal and regulatory framework</li> <li>• <b>Recommendation 12 (L).</b> Develop a comprehensive guidance document on the legal and regulatory requirements for contracting health services</li> <li>• <b>Recommendation 13 (L).</b> Incorporate “physical services” in the e-GP platform</li> </ul>
Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services	<ul style="list-style-type: none"> <li>• <b>Recommendation 9 (M).</b> Develop and implement a <u>Roadmap and Action Plan</u> for government-led and financed contracting of TB services</li> <li>• <b>Recommendation 18 (M).</b> Create a <u>new Procurement Unit</u> at the DGHS</li> <li>• <b>Recommendation 19 (M).</b> Conduct a training needs assessment and organize a <u>training</u> for NTP and DGHS personnel</li> <li>• <b>Recommendation 20 (M).</b> Develop <u>performance indicators</u> to monitor and evaluate the performance of NGOs, CSOs, and private organizations</li> <li>• <b>Recommendation 22 (M).</b> Form a <u>dedicated team</u> (committee/working group) to share challenges and best practices on contracting</li> </ul>

Pillar	Summary of Assessment Report Recommendations
Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contract management, implementation, and monitoring	<ul style="list-style-type: none"> <li>• <b>Recommendation 14 (N).</b> Conduct a capacity <u>needs assessment of NGOs and CSOs</u></li> <li>• <b>Recommendation 15 (N).</b> Define <u>clear scopes of work</u> for NGOs, CSOs, and private organizations in the provision of clinical and non-clinical TB services</li> <li>• <b>Recommendation 16 (N).</b> Review, revise, and disseminate existing <u>training modules</u> on governance, tax/VAT policy, public procurement management, contract management, etc. for NGOs/CSOs/private sector</li> </ul>
Pillar 5: Pilot and scale up contracting of TB services	<ul style="list-style-type: none"> <li>• <b>Recommendation 1 (M).</b> Conduct an analysis to support the decision-making process for <u>which TB services to contract and where</u></li> <li>• <b>Recommendation 17 (M).</b> Develop a detailed design for a pilot to contract clinical and non-clinical TB services to NGOs, CSOs, or strategic alliances</li> <li>• <b>Recommendation 21 (M).</b> <u>Implement piloting</u> of contracting of TB services through the government procurement system</li> </ul>

The HEU and NTP of the MOHFW will lead the implementation of the Roadmap. Both Units will work closely with concerned parts of the MOHFW to get overall agreement from the MOHFW, and also work with other key government offices, such as the CPTU/MOP, MOF, and the Cabinet Division, to implement the suggested changes in the procurement of services, and in the associated rules and regulations. A Steering Committee and a technical working group (TWG) were formed in 2021 to support the assessment report, and these two groups will remain important catalysts for the implementation, monitoring, and oversight of this Roadmap.

The Steering Committee consists of six members: Director General, HEU (Chairperson of the Committee); Additional Secretary/Joint Secretary, Public Health/WHO, Health Services Division (HSD); Director (Mycobacterial Disease Control - MBDC) and Line Director, TB & Leprosy Control, DGHS; Director (Planning), DGHS; Director (Research), HEU; and a representative from USAID. The role of the Steering Committee is to support and guide the implementation of activities related to contracting for TB; periodically review and monitor the progress of activities and ensure the relevance and quality of the work; support networking with wider stakeholders; and arrange the required approval of different outputs by the competent authority.

The TWG consists of four members from the HEU, NTP, and DGHS. The role of the TWG is to provide technical assistance to the process as and when necessary. The Steering Committee and the TWG may co-opt any person as a member as and when required in the interests of the Roadmap's implementation. These structures will work together to ensure inclusive input and feedback as the Roadmap is implemented and ensure commitment to results. Each pillar will require the combined efforts of these key stakeholders, along with other government and nongovernmental offices/agencies.

In terms of roles during implementation, because procurement is a decentralized function, procurement of TB services will be carried out by the Line Director/Director of the NTP as the procuring entity (up to a certain threshold defined in the Delegation of Financial Powers issued by the MOF). If the procurement is more than 1 billion Bangladesh Taka, the NTP cannot approve the procurement, and approval must be sought from the Cabinet Committee. The NTP's responsibility is to prepare the tenders, the tender document (based on a template from the CPTU), the official cost estimate, and the technical specifications. Procurement responsibility, including selection of the tenderer, lies with the procuring entity and, in the case of contracting of TB services, the procuring entity is the NTP.

The CPTU, under the MOP, is the regulatory body and nodal office that regulates the public procurement process and creates the legal framework that is followed by all procuring entities. The CPTU provides regulatory and technical support across GOB offices to ensure the proper implementation of the PPA/PPR, ensuring quality control.



The new procurement unit in the DGHS that was proposed following the assessment will not engage in procurement but will provide technical/knowledge support to the NTP and other procuring entities in the health sector. This unit will be staffed by procurement experts who will be trained on the procedures for physical services and new procurement reforms related to health services, as they are approved. When this unit is operational, they will help the NTP by checking the tender document and vetting its quality. The unit could include five to ten experts who will be trained specifically in the procurement of health services.

## Summary of Key Roadmap Activities

Each recommendation and related activity presented in this Roadmap builds on each other. To maximize efficiency, the activities under each pillar will progress simultaneously. Some activities, such as the finalization of procurement guidelines, should occur only after approval of the legal/regulatory amendments by Parliament and the Ministry of Law, Justice and Parliamentary Affairs (MOLJPA); however, most activities can progress with approval from the HEU, NTP, or Minister of Health. Figure 1 presents a summary of the progression of some of the main activities presented in the Roadmap in the first three years. The actual timeline in months is illustrative and will depend on the length of the political and legal processes.

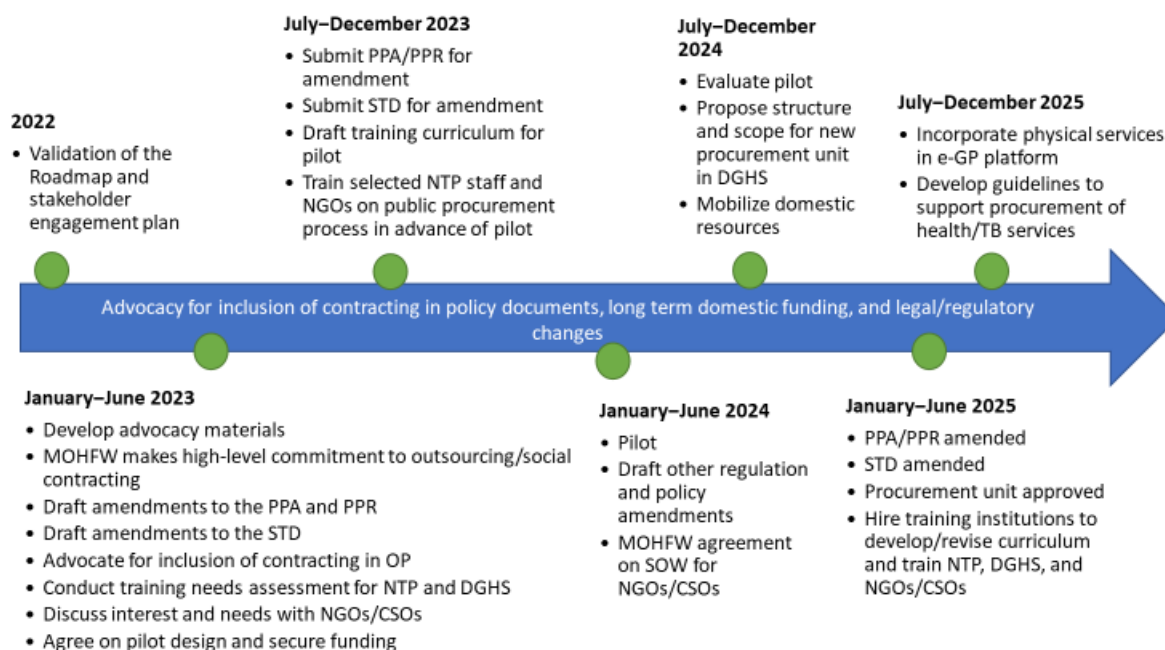


Figure 1. Summary Roadmap timeline 2022–2025

## Pillar 1: Advocacy and strategic communication for policy reform

An extensive effort is needed to create the enabling environment that facilitates contracting of TB services to NGOs, CSOs, and private organizations. High-level policy consultation and targeted advocacy efforts are needed to engage and gain buy-in from key political decision makers, especially the MOHFW, MOLJPA, MOF, and the MOP/CPTU, to take action to reform the legal and regulatory environment, build capacity, and implement contracting. Advocacy will be needed throughout the implementation of this Roadmap but, most especially, in the first two years, to gain political support and buy-in and receive the necessary approvals to work toward meaningful reforms.

The HEU and NTP will work together to secure comprehensive buy-in from key ministries (MOHFW, Prime Minister's Office, MOP, MOF), NGOs, CSOs, private sector entities, civil society leadership groups, and professional associations through networking, advocacy meetings, and strategic communications. They will develop a stakeholder engagement plan, leveraging the findings from the assessment report, to help determine targeted advocacy efforts to secure government approval of contracting for TB services. They will develop advocacy messages, publish policy briefs, and apply advocacy best practices to engage key policy decision makers.

To secure political buy-in and support, the HEU will draft a position paper for the MOHFW to approve that presents contracting of health services, including TB, as a key strategy for the development of the health sector. The position paper will be prepared with input from the Steering Committee, whose members will also support advocacy efforts.

With support from the NTP, the HEU will need to define clear scopes of work for NGOs, CSOs, and private organizations in the provision of clinical and non-clinical TB services. This includes identifying a package or packages of clinical and non-clinical TB services that will be contracted out. Existing Global Fund contracts provide information on what services are already being provided by Global Fund-supported NGOs and CSOs; however, a more extensive and comprehensive mapping of the private organizations providing TB services will also need to be conducted to better understand the landscape and competition among providers, including a full list of services currently being provided, where, and by whom. This will inform the development of one or more clear scopes of work that will be endorsed by the MOHFW.

The HEU and NTP will use advocacy tools to promote the necessary legal and regulatory reforms and the inclusion of contracting in key MOHFW policy documents. Although the HEU and NTP can start drafting recommended amendments to the legal and regulatory documents (discussed in Pillar 2) with support of the Minister of Health, the CPTU needs to be actively engaged in the drafting and stakeholders with roles in the legal approval process need to be sensitized to the need for these changes in advance of receiving a recommended amendment for review and approval. The stakeholder engagement plan will include targeted messaging and communication methods for decision makers throughout the legal approval process and will serve as a guide for Steering Committee members to engage them and gain their buy-in and support for government-led contracting of health services, including TB. Stakeholders include the CPTU, MOLJPA, Cabinet Division and parliamentarians, including the Parliamentary Standing Committee on the MOHFW, in particular. Considering their equal interest in enabling government-led contracting of health services, the HEU and NTP will also leverage the National AIDS/STD Programme (NASP) to support advocacy efforts as well.

The HEU and NTP will also focus on the inclusion of contracting in their own OPs. OPs are the annual planning documents—developed under the five-year health, population and nutrition sector development plan—that include the activities and a proposed budget for each program, with implementation responsibilities for each line director.<sup>18</sup> The current Bangladesh HPNSDP and all OPs under the program have been implemented since January 2017 and will be completed in June 2023. Preparation for the next five-year HPNSDP and its OPs started in August 2022. Therefore, the first year of this Roadmap will partly focus on securing the inclusion of contracting in the new HPNSDP and the relevant

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<sup>18</sup> There are 32 OPs under the current sector program, including one each for the NTP and HEU.

OPs that start in 2023, and other planning documents (e.g., the Strategic Investment Plan, Program Implementation Plan). The NTP and HEU will advocate to and work with the Chief of the Planning Wing and Health Secretary of the MOHFW's HSD for inclusion of contracting in the HPNSDP and its OPs. If the MOHFW agrees on the importance of contracting for the health sector and it is included in the HPNSDP, the programs will be asked to include it in their respective OPs, which are developed by the programs and approved by a steering committee headed by the Minister of Health.

The HEU has its own OP; however, the NTP's OP is combined with the Leprosy, HIV, and Sexually Transmitted Infections programs and, therefore, additional advocacy and coordination across the different disease programs, especially HIV, are essential for successful inclusion of contracting in the OP. Historically, the NTP is not invited to take part in the OP development process, and is asked to provide a few indicators for TB to be included in the document. Because TB has been substantially funded by DPs with support from NGOs, the HPNSDP and OPs have not focused on TB. Given the limited political leverage of the NTP, advocacy at the policy level of the MOHFW (e.g., HSD and Office of the Minister) will be essential. For other existing policy documents, such as the National HCFS (2012–2032), which is currently being reviewed, the HEU and NTP will suggest including appropriate provision for contracting as a key policy for the sustainability of the health sector, and specifically TB.

The HPNSDP and its OPs outline the funding that each program will receive and from which source (government, DP, etc.). Successful inclusion of contracting of TB services in the next OPs is critical to securing domestic funding for an initial pilot and its subsequent scale-up. For government-led contracting to be a reality, the government must mobilize domestic resources to support implementation. It will require funding for training, supervision, and management, and for the contracts to NGOs/CSOs/private organizations. The HEU, which also oversees the National HCFS, will identify opportunities to mobilize domestic resources for contracting of TB services in line with broader health sector financing strategies, and will work closely with the NTP to advocate for resources during the development and implementation of the OPs. The advocacy tools and approaches mentioned above will inform strategic engagement with political decision makers to secure financing long term. The first step will be to secure funding for a pilot (discussed further in Pillar 5).

In summary, the major activities of Pillar 1 for advocacy and strategic communication for policy reform entail the HEU and the NTP (1) developing advocacy materials; (2) preparing a stakeholder engagement plan and maintaining continuous communications with key policymakers and stakeholders; (3) conducting advocacy and sensitization meetings, workshops, etc.; (4) developing and soliciting high-level endorsement on a position paper demonstrating explicit commitment of the GOB to pursue contracting of health services—TB control services, in particular; (5) advocating for the legal and regulatory adjustment described in Pillar 2; (6) including contracting intents and provisions in key MOHFW policy documents, such as the Program Implementation Plan for the next five-year HPNSDP, OPs, etc.; and (7) mobilizing domestic resources to finance the contracting of TB services in the government's fiscal space.

## **Pillar 2: Legal, regulatory, and policy reforms to enable contracting for TB using domestic funding**

Reforming the legal, regulatory, and policy environment to support contracting for TB using domestic funding is essential for the government and implementing agencies to be able to execute contracts. Without the proper legal and regulatory provisions in place, it will not be possible to ensure proper management and execution of contracts. The full-scale implementation of government-led contracting of TB (and health) services is dependent on the approval of these legal/regulatory reforms. Although the legal process will take years, there are opportunities to leverage existing tools in the public procurement system, and domestic and DPs' funding to build capacity and experience through a pilot before the final legal and regulatory framework is formally endorsed. (See Pillar 5 for a discussion of these opportunities and the Action Plan for details.)

The HEU, NTP, and CPTU will recommend revisions/amendments to existing laws, regulations, and policies; promote consensus around the required changes; and navigate the political economy to bring about these changes to allow for contracting of health services, including TB. Changes to laws and regulations are often a long process that require

moving through many intermediate steps. Under the legal process, an amended law/Act is approved first before the related rules and regulations are revised. However, new rules/regulations or changes to existing rules/regulations can be drafted in parallel with the revision and approval process for the law/Act. The legislative approval process depends on the type of law, regulation, policy, etc. A change in the Act (PPA) will require approval of Parliament, whereas changes to the rules (PPR), regulations, STD, etc. will be approved by the Legislative Division, MOLJPA. The drafting of the proposed revisions to the PPA and PPR should be done simultaneously to be able to share them at the same time with the Cabinet Division (the first level of approval following the CPTU).

To summarize the revision and approval process, first, the role of the HEU, in collaboration with the NTP and CPTU, will be to suggest drafts to the CPTU, with specific rephrasing, addition, or deletion of specific sections in the PPA and of specific rules in the PPR. The revisions to the PPA/PPR will be reviewed by and gain approval from the Steering Committee as a first step before continuing through the long approval process. The CPTU, with support from the HEU, will then (1) consult with a variety of government and nongovernment stakeholders to sensitize them to and advocate for these amendments; and (2) mobilize a DP's forum to agree on the suggested changes and mobilize their support to advocate to the government for contracting. The CPTU will finalize the draft through inter-ministerial consultation before sending it to the Cabinet Division. The Cabinet Division reviews only the draft Act (with a minor review of the rules) and the Cabinet Division provides in-principle approval of the amendment to the Act. After having the in-principle approval of the proposed amendment to the Act and related rules, the proposed amendments go to the Legislative Division of the MOLJPA for its vetting. Only then is the Act sent back to the Cabinet Division for final approval before it is sent to Parliament for approval/signature. The rules (PPR) are sent back to the MOP and only after the approval of the PPA by Parliament and subsequent notification, the CPTU sends the PPR to the Legislative Division of the MOLJPA for final approval.

Although the development of a draft STD could start before final approval of the PPA and PPR is received, the approval process cannot start before the Act and rules are approved. The CPTU and then the Legislative Division of the MOLJPA will approve the STDs.

The revision of the Delegation of Financial Powers and Policy on Procurement of Services through contracting is led by the Finance Division. The MOF usually forms a committee (including a CPTU representative) to review the market and recommend the financial powers of officials at different levels to approve procurement proposals, which is approved by the Finance Minister. Revisions to the Circular for enhancement of the mobility of project implementation will be led and formulated by the Economic Relations Division (ERD) and require approval from the Cabinet Committee for Economic Affairs (CCEA). These policy documents under the MOF and ERD do not go through the MOLJPA or CPTU and do not need to be amended before a pilot is implemented.

Revisions to the legal and regulatory framework are likely to take at least two years based on experiences in other countries and the political environment. General elections in Bangladesh are scheduled for December 2023. Considering the political sensitivity of private sector engagement, including contracting, it is unlikely that any significant policy reforms—especially those related to private sector engagement—would be approved before the elections. Therefore, 2024 is likely to offer a more favorable environment to pass legislation. Before 2024, the HEU will take steps to draft the required amendments to the legal/regulatory framework.

To initiate the legal/regulatory reform process, the CPTU will identify one focal point to serve as the point of contact for the proposed legal/regulatory changes and facilitate communication among the different government offices. With inputs from the Steering Committee and CPTU, the HEU will also develop a strategy to introduce and monitor the revisions to the legal and regulatory framework. The strategy will ensure that there is a plan for how to comprehensively address each different legal/regulatory barrier identified in the assessment report. It will also include mapping the specific sequence of approvals required and establish processes to obtain approvals from the Legislative Division of the MOLJPA. This approach will prioritize amendments that will be drafted first and determine what, if any,

can be drafted in parallel or require agreement on one before moving to amend another. One of the first activities that the HEU will undertake with the Steering Committee is to review the eligibility checklist in the PPR 2008 for NGOs and CSOs to participate in the public procurement process, propose revisions, and share them with the CPTU because this was identified as a key barrier for engagement of NGOs/CSOs in the public procurement process. The HEU and NTP will also meet with additional stakeholders, including the NGO Affairs Bureau and the Directorate of Social Services' HIV program, which have experience contracting services to NGOs, and with the International Center for Not-For-Profit Law, to gain additional insights on what the legal and operational barriers are and have been for contracting services to NGOs/CSOs.

Once the legal/regulatory reform proposals are in the final stages of receiving endorsement, the HEU, with support from the CPTU, will draft guidance documents on how to operationalize the laws and regulations, including performance indicators to monitor and evaluate the performance of contracting implementing partners. These documents will support NTP managers and NGOs/CSOs/private organizations to navigate the public procurement process and follow the procedures for contracting.

Last, the CPTU will support the integration of physical services in the e-GP platform to facilitate simpler and more transparent management and monitoring of procurement contracts. As per the PPA, only one national portal shall exist for electronically processing public procurements. The CPTU develops, manages, and operates the e-GP platform and has issued an e-GP Guideline to regulate the portal. Inclusion of physical services in the e-GP is also a reform/expansion of digitization in public procurement. This update of the portal to include physical services will require the development of required STDs based on the needs of the NTP; converting them to e-STDs; upgrading the e-GP portal with the modules for procurement of physical services; and operationalization after testing. All these activities will be implemented with the CPTU in the lead because the CPTU owns, manages, and operates the e-GP portal.

In summary, the major activities of Pillar 2 for legal, regulatory, and policy reforms to enable contracting for TB using domestic funding entail (1) the HEU and NTP working with the CPTU to propose draft amendments to the PPA/PPR and STD and advocating for their approval; (2) the MOF amending the Delegation of Financial Powers and Policy on Procurement of Services through contracting; (3) the ERD proposing amendments to the Circular for enhancement of the mobility of project implementation and getting approval from the CCEA; (4) the HEU and CPTU drafting guidance documents to operationalize the laws and regulations; and (5) the CPTU integrating physical services in the e-GP platform.

### **Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services**

The success of this Roadmap depends on the commitments and stewardship of the GOB to contracting of certain health services generally, and specifically of TB services, using domestic funding. Although the government has experience using the public procurement system for other types of procurement, it does not have experience procuring health services. Therefore, a concerted effort is needed to ensure that the relevant offices have the knowledge and resources needed to effectively manage, implement, and monitor contracts with implementing partners.

One of the main tools to support the GOB is this Roadmap, which will serve as an operational tool to guide the development of the required enabling environment and the implementation of contracting. Following the validation of the Roadmap, the HEU and NTP, with the Steering Committee and TWG, will develop a monitoring plan and other guidance tools/briefs to support implementation, as needed.

Recommendation 18 in the assessment report suggests the creation of a new procurement unit at the DGHS. Procurement is a technical process and most health managers are medical doctors by training and do not have the requisite procurement training. The procurement unit will be able to (1) support the relevant government health agencies and managers in executing any policy adopted for procurement of health services from NGOs/CSOs/private



entities; and (2) develop tools, STDs, and guidelines. This unit, having trained personnel, will also be able to support different units of the DGHS, including the NTP, in preparing procurement plans, tender documents, and costing documents, and providing other legal and technical services.

Therefore, an early step in this Roadmap will be to gain political support for the formation of such a procurement unit at the DGHS, and to initiate the administrative steps required for its formation, functioning, and funding. In collaboration with the CPTU, the HEU will consult with the DGHS, NTP, and MOHFW to outline the structure of the unit and facilitate agreement on a proposed terms of reference (TOR), scope of work, job descriptions, and its level of authority. The exact steps will depend on what jurisdiction the unit falls under: the MOHFW or MOP or Ministry of Public Administration or the Prime Minister's Office.

In addition, the NTP, as the procurement entity for the contracting of TB services, will need to strengthen its operational and technical capacity to be able to effectively manage the procurement process and monitoring. The NTP has limited staff and certain positions remain vacant. The NTP will gain support from the MOHFW to increase its human resource capacity through targeted advocacy efforts.

To develop the technical capacity of the government in contracting, the HEU, in collaboration with the CPTU, will conduct a training needs assessment and create a comprehensive training plan on the procurement of health services, specifically targeting the NTP and other health sector personnel. The HEU will review existing training materials related to procurement and leverage them to develop a package of training modules that will support the NTP and other health sector programs to develop skills on how to design, negotiate, implement, and monitor contracts. A specific training will also be provided on the e-GP system. The HEU will conduct an initial training with NTP and DGHS personnel and a refresher training after six months. The complete training curriculum and training will be developed and provided following the approval of the PPA/PPR and STDs, at a minimum. However, a smaller scale intermediary training will be conducted before the approval of the PPA/PPR and STDs to support the implementation of the pilot (Pillar 5).

When contracting is being implemented, to strengthen existing institutional arrangements for contracting, the HEU, in collaboration with the CPTU, will form a dedicated team (a committee/working group with a specific TOR, scope of work, goals, deliverables, and milestones) with relevant stakeholders to share challenges and best practices in health services procurement that are evident at different levels of the MOHFW. This will include high-level officials, mid-level health managers and line directors, procurement specialists, and field-level health managers at divisional and district levels. This team will provide an opportunity for learning; facilitate the adaptation and revision of approaches, procedures, or protocols to improve quality; and/or highlight areas for continued capacity development and support.

In summary, the major activities of Pillar 3 for capacity development and stewardship of government agencies to manage, implement, and monitor contracting of TB services entail (1) the HEU and NTP stewarding the implementation and monitoring of this Roadmap; (2) the HEU conducting a training needs assessment, developing a comprehensive training curriculum, and training the NTP and DGHS personnel; (3) the MOHFW establishing a new procurement unit in the DGHS; and (4) the HEU forming a committee or working group to support the learning from the procurement of health services.

#### **Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contracting management, implementation, and monitoring**

As previously mentioned, although some NGOs have experience in providing TB services under Global Fund contracts, they do not have experience with the public procurement system. Private organizations that operate in areas other than the provision of health services may have experience with the public procurement system, but not for the procurement of health services. Because the legal and regulatory framework needs to be revised to allow for meaningful participation from NGOs, CSOs, and the private sector, it will be important to develop the capacity of prospective contractors based on their needs.



In collaboration with the NTP and CPTU, the HEU will meet with NGOs/CSOs/private entities to better understand their level of interest in participating in the public procurement system and any challenges they are facing in executing DP-funded contracts that may influence their capacity to contract with the government in the future. The HEU will map and group potential NGOs/CSOs/private entities based on their level of institutional capacity and willingness/interest to receive training on and participate in the public procurement process. Simultaneously, the HEU will review existing training modules on governance, tax/VAT policy, public procurement management, contract management, etc. and determine whether these modules require revision, changes, or additions to be suitable for the potential government partners.

Based on the needs assessment, the HEU will develop a training plan and build on existing training modules to develop and conduct a series of training sessions that will provide NGOs, CSOs, and private entities with the necessary knowledge to participate in the public procurement system and execute government contracts. The HEU and NTP may work with accredited training institutions and procurement experts to develop the curriculum and training programs such as: Bangladesh Public Administration Training Centre, Bangladesh Institute of Administration and Management, Engineering Staff College of Bangladesh, Bangladesh Institute of Governance and Management, Bangladesh Civil Service Administration Academy, Bangladesh Petroleum Institute, National Academy for Planning and Development, and Financial Management Academy. Similar to the training for the NTP and DGHS, the complete training curriculum and training program will be developed and provided following the receipt of approval of the PPA/PPR and STDs, at a minimum. However, a smaller scale intermediary training will be conducted beforehand to support the implementation of the pilot (Pillar 5).

In summary, the major activities of Pillar 4 for capacity development of prospective NGOs/CSOs/private sector organizations entail, the HEU (1) conducting assessment of NGOs/CSOs/private sector entities interests and capacity in contracting; and (2) developing a training plan and curriculum and training NGOs/CSOs/private sector entities.

### **Pillar 5: Pilot and scale up contracting of TB services**

The main objective of this Roadmap is for the GOB to contract certain TB services to ensure the sustainability of the program. Because establishing the enabling environment, including the essential activities highlighted in the previous four pillars, will take time, developing and implementing a pilot will serve as an opportunity for all parties to gain experience in contracting, build capacity, learn from challenges, and improve the guidance documents being developed. Piloting the contracting of TB services will be an important step to test the systems and capacities before launching a national initiative.

To support the GOB to prepare a pilot for contracting specific TB services, the HEU and NTP will conduct an analysis to identify and agree on the services and the geographic areas to be covered in a small-scale pilot of the contracting of TB services to NGOs/CSOs. This will include exploring the comparative advantage of engaging NGOs/CSOs for specific areas and beneficiary populations through a participatory process that engages key stakeholders in the health sector. The analysis will also consider lessons learned from past and current experiences contracting health services in Bangladesh. This may include engaging the Local Government Division implementing the Urban Primary Health Care Delivery Project with funding from the Asian Development Bank and speaking with the NASP on its experience contracting HIV services with government funding.

Based on the results from the analysis, the HEU, with support from the NTP, Steering Committee, and TWG, will develop a detailed design for the pilot that includes what services will be contracted, how they will be contracted, what population(s) the pilot will serve, the target region/district for the pilot, the timeframe, and the steps that will be taken to implement and monitor the pilot.

There are multiple considerations for the timing and financing of the pilot. To test the domestic contracting system, the pilot should pay implementing NGOs/CSOs with funds that are administered by GOB officials through GOB systems,

using the government's procurement-related policies and regulations. To be able to fully test the new proposed reforms to the PPA/PPR and other guidance documents, the NTP and HEU could organize the pilot once these required legal and regulatory reforms are completed and formally approved by the government. However, the legal and regulatory reforms will take years to complete and waiting for the amendments to be fully approved before piloting will delay opportunities for the NTP and NGO/CSO community to gain practical experience with the public procurement system, the testing of government systems, and the identification of procedural bottlenecks that could be further addressed in the revision of the laws, regulations, and policies.

Therefore, it would be beneficial for the government to fund a pilot while the legal/regulatory reform is in process. In this case, the NTP and HEU could initiate a pilot using the existing limited provisions available for the procurement of "physical services" (e.g., one existing STD), and when guidance on the procurement of "physical services" is unavailable, use the provisions for the procurement of "goods." Because a pilot funded with domestic government resources would need to follow existing government policies and procedures, the NTP could not use or test draft amendments to the PPA/PPR and/or a draft STD in a pilot. Second, legally, NGOs/CSOs would still not be allowed to participate as a tenderer; therefore, the NTP would need to request special permission from MOHFW leadership to allow for their participation in the pilot. Therefore, although initiating a pilot before the legal and regulatory reforms are completed would allow the NTP to gain practical contracting experience using the existing procurement system, there are limitations and challenges for the design of the pilot.

In addition, because a pilot would be a new activity that is not included in the current OPs for either the HEU or NTP, which have been extended to June 2023 (with another potential extension until June 2024), it will be difficult for the HEU or NTP to arrange government funding for the pilot before then. Inclusion of a new activity in the OP requires a revision or reappropriation, which is challenging. However, the NTP and HEU have line items in their budgets for research projects. It is possible that a portion of these budgets could be used to support a pilot, although the funding may not be sufficient.

With consideration of the limitations related to the design and resourcing of a pilot implemented with domestic funding, alternatively, USAID or another DP could fund the pilot through a mechanism like the Tuberculosis Implementation Framework Agreement (TIFA). TIFA is a USAID-funded project that provides fixed-amount award grants directly to the NTP and other partners to support TB-related priority activities. In this case, a grant agreement could be developed and it would follow the regular government approval process. If under USD\$1 million, the grant agreement could be approved by the Minister of Health.

Although it is optimal for the government to fund the pilot, a DP-funded pilot would allow more flexibility. For example, the grant agreement could include exceptions to be made in following the public procurement process to allow for the draft PPA/PPR and STD amendments to be used and tested, and for NGOs/CSOs to participate. In addition, the research budget in the OP is often small and it may be challenging to secure sufficient government funds for a first pilot for several years, further delaying the opportunity to gain practical experience. A DP-funded pilot could allow for a faster start-up and more flexibility in the provisions that would be followed.

As mentioned in Pillar I, this Roadmap will focus on securing long-term funding for contracting of TB services in the next health sector program and its associated OPs. For the pilot to be conducted before then, additional external funding will be explored. In the first year of the Roadmap, the NTP and HEU will further explore the opportunity to fund the pilot through TIFA with USAID.

The pilot will be implemented and closely managed by the NTP and HEU with oversight from the Steering Committee. The pilot will be monitored based on agreed-on indicators that measure the efficiency and effectiveness of the mechanism to execute TB services, including the capacity of implementing actors (government and NGOs/CSOs) to manage contracts. The HEU will hold quarterly monitoring meetings with the Steering Committee to review the pilot's

process indicators and discuss any necessary adjustments to the implementation approach, including if additional technical assistance is needed to improve performance. The Steering Committee will also document and disseminate the results and lessons learned to the MOHFW, CPTU, and other stakeholders to advocate for domestic funding to scale up health services contracting under the HPNSDP.

In summary, the major activities of Pillar 5 to pilot and scale-up contracting of TB services entail, the HEU and NTP (1) developing an evidence-informed design for the pilot; (2) securing funding for the pilot; (3) selecting an NGO or CSO following proposed amendments to public procurement rules and regulations; and (4) implementing and monitoring the pilot and reporting on lessons learned.

## Action Plan

The activities described below are actionable steps that are necessary to engage stakeholders, generate data needed for evidence-based decision making and advocacy, and make progress toward each Roadmap pillar. The implementation timeframe is 2022 to 2028. This Action Plan be a living document and will be updated as needed during quarterly Steering Committee meetings as progress is reviewed and new and/or alternative activities are identified.

### Pillar 1: Advocacy and strategic communication for policy reform

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
I.1	Develop a stakeholder engagement plan (Recommendation 3)										
I.1.1	Develop an outline for the stakeholder engagement plan to include the identification and classification of stakeholders, objectives of each engagement (what are the “asks” for each stakeholder), mode of engagement, and the advocacy messages and advocacy tools that are required	Stakeholder engagement plan outline	X							HEU, NTP	HS4TB
I.1.2	Hold a Steering Committee meeting to reflect on key policy/decision makers’ and NGOs/CSOs’ level of interest, knowledge, and influence on contracting	Positions of key policy/decision makers identified	X							Steering Committee	HS4TB
I.1.3	Draft stakeholder engagement plan (engagement activities, follow-up, next steps)	Draft stakeholder engagement plan	X							HS4TB	
I.1.4	Steering Committee reviews and approves the draft stakeholder engagement plan	Approved stakeholder engagement plan	X							Steering Committee	
I.2	Develop advocacy materials (Recommendation 2)										

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
I.2.1	Conduct a desk review of background materials, such as reports, studies, and consolidate information on: <ul style="list-style-type: none"> <li>• TB financing landscape</li> <li>• Government budget process</li> <li>• How contracting impacts existing financing governance and program implementation</li> <li>• Contribution of NGOs/CSOs in the TB control program</li> <li>• Comparative advantages of NGOs/CSOs in different activities of TB control (awareness, education, identification, and referral, DOT, etc.) in terms of coverage and quality</li> <li>• Contribution of NGOs/CSOs to other public health program, like immunization, nutrition, etc.</li> <li>• Transition of DP funding and the future of the TB program</li> </ul>	Data collected to inform the advocacy materials and stakeholder engagement plan	X							HEU, NTP	HS4TB
I.2.2	Map the government budget cycle with identified advocacy opportunities to inform policy and financing	Budget cycle mapped	X							HS4TB	
I.2.3	Draft targeted advocacy materials aimed at different stakeholder groups, including MOHFW, MOF, MOP leadership, CPTU, Parliament members, etc.	Advocacy materials developed, such as policy briefs, presentations, etc.	X	X	X					HEU, NTP	HS4TB
I.3	Conduct advocacy and sensitization in favor of regulatory reform and gaining political buy-in for contracting, leveraging the stakeholder engagement plan, and advocacy materials (Recommendation 4)										
I.3.1	Meet with the Minister of Health and other MOHFW senior officials on the importance of contracting for TB and the health sector as a whole	Minister of Health support for contracting obtained	X	X						HEU, DGHS	
I.3.2	Meet with MOF, MOP, and CPTU officials on contracting	MOF, MOP, and CPTU support for contracting obtained	X	X						HEU, NTP	HS4TB

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
I.3.3	Organize meetings with the Prime Minister's Office on contracting	Prime Minister is aware of the importance of contracting to the health sector and specifically to TB	X	X						HEU, DGHS	
I.3.4	Organize a meeting with the Parliamentary Standing Committee on contracting and its importance for the health sector and sustainability	Parliament is aware of the importance of contracting to the health sector and specifically to TB		X						HEU, DGHS	
I.3.5	Organize an advocacy meeting with DPs and project representatives (Asian Development Bank, World Bank, Global Fund/NASP, WHO, Urban Primary Health Care Services Delivery Project) to build support for a joint campaign for reform	DPs and their implementing partners support for contracting obtained		X	X					HEU, NTP, DGHS	HS4TB
I.3.6	Organize a DPs' advocacy meeting with MOF, MOP, and MOHFW to gather support for mobilization of domestic resources for contracting	MOF, MOP, MOHFW aware of domestic resource mobilization needs			X					HEU, NTP, DGHS	
I.3.7	Organize meetings with NGOs' and CSOs' leadership on contracting	NGOs/CSOs informed about the need for and steps for government-led contracting	X	X	X					HEU, NTP	HS4TB
I.3.8	Orient health reporters on the TB program and the requirements and benefits of contracting	Meeting notes Published news articles		X	X					HEU, NTP	MOH, HS4TB
I.3.9	Encourage and support the media to publish news materials (op-eds, commentary, etc.) on this issue	Op-eds, commentary, news articles		X	X	X	X	X	X	HEU, NTP	MOHFW, HS4TB
I.3.10	Maintain regular relationships with print and electronic media and update them about the relevant developments	Regular communication with the media		X	X	X	X	X	X	HEU, NTP	MOHFW, HS4TB
I.3.11	Create an online platform to increase networking through continuous engagement and exchange, if included in the stakeholder engagement plan, among the NTP, HEU, iccdr,b, BRAC, CPTU, and the financial management wing of the MOHFW for working on procurement policy issues	List of focal points, stakeholder engagement platform		X	X	X	X	X	X	HEU, NTP	
I.3.12	Engage and meet with the Cabinet Division and Legislative Division of the MOLJPA to introduce them to proposed legal/regulatory changes	MOLJPA representatives sensitized to the issue		X						HEU, NTP	



#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
I.3.13	Engage and meet with social standing committee in Parliament to introduce proposed legal/regulatory changes	Parliament committee sensitized to the issue		X						HEU, NTP	
I.3.14	Engage and meet with the MOF on proposed revisions to the Delegation of Financial Powers, Policy on Procurement of Services through contracting.	MOF representatives sensitized to the issue			X					HEU, NTP	
I.3.15	Engage and meet with the ERD on the proposed revisions to the Circular on expediting project implementation	ERD representatives sensitized to the issue			X					HEU, NTP	
I.3.16	Engage and meet with the CCEA that will approve the revisions to the ERD Circular	CCEA representatives sensitized to the issue			X					HEU, NTP	
I.4	Obtain high-level commitment for contracting (Recommendation 5)										
I.4.1	Draft a position paper demonstrating clear commitment of the MOHFW (develop and socialize through the TWG and Steering Committee); process it for approval by the MOHFW	Draft position paper demonstrating GOB commitment	X	X						HEU, NTP	HS4TB
I.4.2	Organize meetings to finalize the draft with input from government officials (Secretary, Director, etc.) to obtain high-level endorsement from the MOHFW on a position paper demonstrating clear commitment of the GOB	Approved position paper demonstrating GOB commitment		X						HEU, NTP	HS4TB
I.5	Inclusion of contracting in the next health sector program and its OPs and mobilize domestic resources (Recommendation 8 and 10)										
I.5.1	Analyze the domestic government fiscal space for TB programming	Fiscal space analysis		X						HEU	
I.5.2	Develop a policy brief on the TB funding landscape and opportunities to mobilize resources for TB contracting	Policy brief		X						MOHFW, HEU, NTP	HEU, NTP, HS4TB, Global Fund, DPs
I.5.3	Use this Roadmap to identify language for and activities to include in the next health sector program and OPs for contracting of TB services	Language identified for inclusion in the HPNSDP and OPs		X						HEU, NTP	

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
I.5.4	Take initiative to include contracting of TB services in NTP and HEU draft OPs and in the HPNSDP	Contracting included in the draft HPNSDP and OPs		X						HEU, NTP	
I.5.5	Use the policy brief and items identified above to advocate to the Planning Wing of the HSD for inclusion of contracting of TB services in the next health sector program and its OPs, including additional human resource support for the NTP (based on capacity assessment findings in Pillar 3)	Contracting included in the final HPNSDP and OPs		X						HEU, NTP, DGHS	
I.6	MOHFW endorsement of a clear scope of work for NGOs, CSOs, and private organizations in the provision of clinical and non-clinical TB services (Recommendation 15) (informed by results of Recommendation 1)										
I.6.1	Present the brief developed with recommendations for contracting of TB services (Recommendation 1) to the Planning Wing of the HSD	Brief disseminated at the policy level of the MOHFW		X						HEU	NTP, HS4TB
I.6.2	Discuss and agree on the proposed scope for NGOs, CSOs, and private organizations that complements the government's capabilities and fills gaps	Agreed on scope		X						Planning Wing, HSD	HEU, NTP, HS4TB
I.6.3	Brief the Minister of Health on the proposed scope	Minister informed		X						Planning Wing, HSD	
I.6.4	Obtain approval from the Minister of Health	Scope approved			X					Minister of Health	
I.7	Inclusion of contracting in other policy documents (Recommendation 8)										
I.7.1	Prepare draft text or annexes for inclusion of contracting in: Strategic investment plan for the next health sector program Program Implementation Plan Revised NHFS PFM Strategy Prospective Plan of Bangladesh	Drafts developed		X						HEU	NTP, Planning Wing of the MOHFW

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
1.7.2	Process for approval and inclusion	Drafts approved and included in existing documents		X						HEU	NTP, Planning Wing of the MOHFW
1.8	Establish regular policy dialogue among key decision makers to govern the implementation of government-led contracting of TB services (Recommendation 23)										
1.8.1	HEU keeps in regular contact and organizes meetings with key policy makers of the MOHFW, MOP, MOF, Prime Minister's Office, and other stakeholders as and where necessary	Key policy makers and other stakeholders support the implementation of government-led contracting of TB services	X	X	X	X	X			HEU	NTP

## Pillar 2: Legal, regulatory, and policy reforms to enable contracting for TB using domestic funding

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
2.1	Plan for legal and regulatory changes										
2.1.1	Prepare a timeline for legal and regulatory review and the amendment proposal and approval process	Legal and regulatory amendment plan	X							HEU	MOHFW, TWG, Steering Committee, HS4TB
2.1.2	Identify the issues and areas to be addressed for amendment	Legal and regulatory areas and issues list		X						HEU, NTP	MOHFW, Steering Committee, HS4TB
2.2	Conduct stakeholder identification and engagement (Recommendation 6)										
2.2.1	Identify stakeholders to be engaged directly or indirectly with the regulatory review and proposed amendments	Stakeholder engagement plan to include list of stakeholders, their role, and area of involvement	X							HEU, NTP	HS4TB
2.2.2	Prepare justification for why regulatory changes are needed and seek stakeholders' support	Proposal for stakeholders' support	X							HEU, NTP	MOHFW, HS4TB
2.2.3	Identify a CPTU focal point to support the legal and regulatory change process	A dedicated contact person identified for regular and	X							HEU	NTP, HS4TB

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
		continuous engagement in the CPTU									
2.3	Create a strategy to introduce and monitor the revisions to the legal and regulatory framework (Recommendation 11)										
2.3.1	Draft the strategy for introducing and monitoring the revision to the legal and regulatory framework, working closely with the CPTU focal point and relevant stakeholders	A legal and regulatory amendment strategy developed	X	X						HEU	NTP, CPTU, HS4TB
2.3.2	Map the specific sequence of prioritized amendments, approvals required, and suggested processes to obtain approvals from the Legislative Division of the MOLJPA	A legal and regulatory amendment timeline (to inform the above strategy) is developed		X						HEU	NTP, CPTU, HS4TB
2.3.3	Develop a monitoring tool and team to review the appropriateness of changes and their accuracy	Monitoring tool and team formed and status reported		X						HEU, NTP	CPTU, HS4TB
2.4	Propose specific amendments to the PPA 2006 and PPR 2008 (Recommendation 7)										
2.4.1	Draft specific amendments to the PPA 2006 and PPR 2008	Amendments drafted	X	X						HEU, NTP	CPTU, NGOAB, PKSF, MRA, MOSF, HS4TB
2.4.2	Present to and gain approval from the Steering Committee	Steering Committee approval		X						HEU, NTP, CPTU	Steering Committee
2.4.3	Package the recommended amendments to the PPA/PPR in one amendment proposal and share with inter-ministerial consultants for feedback	Shared amendment proposal		X						HEU, NTP, CPTU	HS4TB
2.4.4	Accommodate the feedback and revise the proposal	Revised amendment proposal		X						HEU, NTP, CPTU	HS4TB
2.4.5	Submit the amendment proposal to get the approval of the MOHFW	Submission note/letter from the MOHFW		X						HEU	MOHFW, CPTU, MOF, MOP, MOLJPA, Prime Minister's Office, HS4TB
2.4.6	Facilitate MOHFW review and approval of the draft amendment proposal	Draft accepted by the MOHFW		X						HEU, NTP	CPTU, HS4TB
2.4.7	Support the MOHFW to forward the accepted draft to the MOP for review by the CPTU and others	Forwarding note/letter to the MOP		X						HEU, NTP	HS4TB

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
2.4.8	Review and approval by the CPTU	CPTU approval			X					HEU, NTP	
2.4.9	Review and preliminary approval of the PPA by the Cabinet Division	Cabinet Division approval			X					CPTU	
2.4.10	Review and approval of the PPA by the Legislative Division of the MOLJPA	Legislative Division of MOLJPA approval			X					CPTU	
2.4.11	Final approval by the Cabinet Division	Cabinet Division approval			X					CPTU	
2.4.12	Approval and signature of PPA in Parliament	Parliament approval				X				CPTU	
2.4.13	Review and approval of the PPR by the Legislative Division, MOLJPA	PPR approval				X				CPTU	
2.5	Develop a STD specific to the procurement of health and TB services										
2.5.1	Use the one existing STD for physical services and existing STDs for purchasing goods to develop a STD template specific to TB services	Amendment proposal for existing STD		X						HEU, NTP	CPTU, MOHFW, HS4TB
2.5.2	Identify the services to be contracted out for procurement	Minimum health services to be contracted	X	X						HEU, NTP	MOHFW, HS4TB
2.5.3	Develop/modify existing STD template (as it is for purchasing goods) specific to other services (clinical and non-clinical services/components that can be contracted out) identified by the MOHFW for procurement	Specific STD prepared for the selected health services		X						HEU	MOHFW, DGHS, HS4TB
2.5.4	Develop a STD for specific types of TB services for purchasing through contracting	STD for procurement of TB services		X						HEU, NTP	CPTU, HS4TB
2.5.5	Review and approval by the Steering Committee	Steering Committee approval		X						Steering Committee	
2.5.6	Review and approval by the Minister of Health	Minister of Health approval		X						Minister of Health	
2.5.7	Review and approval by the CPTU	CPTU approval			X					CPTU	
2.5.8	Review and approval by the Legislative Division, MOLJPA	MOL approval			X					MOLJPA	
2.6	Propose specific amendments to the Delegation of Financial Powers and the Policy on Procurement of Services through contracting.										
2.6.1	Draft amendments to the Delegation of Financial Powers and the Policy on Procurement of	Amendments drafted			X					Finance Division, MOF	HEU, Planning Wing, CPTU

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
	Services through contracting to facilitate contracting of health services										
2.6.2	Organize inter-ministerial and regulatory authority consultations, including with the NGOAB, Directorate of Social Services, Joint Stock Company, etc., to gather feedback and revise amendments	Stakeholders engaged and feedback gathered			X					Finance Division, MOF	HEU, Planning Wing, CPTU
2.6.3	Propose draft to the Minister of Finance	MOF briefed			X					Finance Division, MOF	
2.6.4	Minister of Finance approval	Amendments approved				X				MOF	
2.7	Propose specific amendments to the Circular for enhancement of the mobility of project implementation										
2.7.1	Draft amendments to the Circular	Amendments drafted			X					Econo-mic Relations Division	HEU, NTP, CPTU
2.7.2	Organize inter-ministerial consultations, gather feedback, and revise amendments	Stakeholders engaged and feedback gathered			X					Econo-mic Relations Division	HEU, NTP, CPTU
2.7.3	Propose draft to the CCEA	Cabinet briefed			X					Econo-mic Relations Division	
2.7.4	CCEA approval	Amendments approved				X				CCEA	
2.8	Incorporate “physical services” in the e-GP platform (Recommendation 13)										
2.8.1	Develop proposal to incorporate physical services procurement in the e-GP system to facilitate simpler and more transparent management and monitoring of procurement contracts	Amendment proposal in e-GP guideline ready			X	X				CPTU	HSD, DGHS



#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
2.8.2	Work with the CPTU to upgrade the e-GP portal to manage the provision of physical services	e-GP system has a physical services procurement module				X				CPTU	HSD, DGHS
2.8.3	Develop an e-STD for physical services procurement through the e-GP (following political approval of STD- Activity 2.5)	e-Tender document in e-GP portal for procurement of physical services				X				CPTU	HSD, DGHS
2.8.4	Test the e-GP portal changes and operationalize (go-live)	Demonstrated use of the e-GP system to manage and monitor contracts				X				HEU, NTP	CPTU
2.9	Develop a comprehensive guidance document on how to operationalize the legal and regulatory requirements for contracting health services (Recommendation 12) including appropriately designed performance indicators to monitor and evaluate the performance of NGOs and CSOs in undertaking contracts (Recommendation 20)										
2.9.1	Develop a plan to draft a guideline to share with NTP managers and NGOs/ CSOs/private organizations to support them to navigate the public procurement process	Plan for developing a guideline ready			X	X				HEU	NTP, CPTU, HS4TB
2.9.2	Draft guideline (following approval of PPA/PPR – Activity 2.4)	Guideline developed				X				HEU	NTP, CPTU, HS4TB
2.9.3	Stakeholder review and approval of the guideline	Approval by Steering Committee, Minister of Health, and CPTU				X				Steering Committee, CPTU, MOHFW	HEU, NTP, HS4TB
2.9.4	Distribute to relevant stakeholders	Guideline distributed				X	X			HEU	NTP, CPTU, HS4TB

### Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services

#	Activity	Outputs	Year of Implementation								Responsibility	Partners
			22	23	24	25	26	27	28			
3.1	Implementation and monitoring of the Roadmap (Recommendation 9)											
3.1.1	NTP and HEU hold monthly meetings to connect on the contracting agenda, priorities, and solutions to challenges	Monthly NTP and HEU meetings	X	X	X	X	X	X	X	HEU, NTP	HS4TB	
3.1.2	Organize quarterly Steering Committee meetings to review progress on the Roadmap and solutions to bottlenecks, including legal/regulatory reform	Quarterly Steering Committee meetings	X	X	X	X	X	X	X	HEU, NTP	HS4TB	
3.2	Conduct a capacity needs assessment and create a comprehensive training plan on procurement of health services specifically targeting NTP and health sector personnel (Recommendation 19)											
3.2.1	Develop and implement a brief capacity assessment of the NTP and DGHS, and identify specific areas for development from organizational, structural, managerial, and technical perspectives to participate in and manage contracts	Training needs identified		X						HEU, NTP	MOHFW, DGHS, HS4TB	
3.2.2	Develop a training plan for the NTP and DGHS based on the assessment findings	Training plan developed		X						HEU, NTP		
3.2.3	Develop an organizational plan for the NTP based on the assessment findings, including alternative management/organizational structure, new/altered staff positions and roles	Organizational plan developed		X						NTP, HEU, DGHS		
3.2.4	Discuss the organizational plan with the DGHS and Minister of Health and get approval	Approval of organizational plan			X					NTP, DGHS	MOHFW	
3.3	Review existing public procurement training modules, develop new modules as needed, and conduct training			X								
3.3.1	Collect information (syllabus/training materials) related to capacity building on procurement from the concerned departments of specific organizations	Summarize and collate different training materials collected		X						HEU, NTP	HS4TB	

3.3.2	Collect and review information on NTP and DGHS officials who have undergone procurement training	List of trained NTP and DGHS officials		X						NTP	HEU, HS4TB
3.3.3	Determine the training requirements of NTP and DGHS officials and agree on the curriculum and modules through a consultative process	Agreed on curriculum and modules		X						HEU, NTP	MOHFW, DGHS, CPTU, HS4TB
3.3.4	Draft a training curriculum that can be used for the pilot while the legal/regulatory reforms are in process	Training on public procurement system and procedures for contracting drafted		X						HEU, NTP	HS4TB, CPTU
3.3.5	Train NTP officials using the draft training curriculum	NTP officials trained		X	X					HEU, NTP	HS4TB, CPTU
3.3.6	Draft a TOR to hire training institutions to develop materials/modules and organize the training (following approval of PPA/PPR and STD-Activities 2.4 and 2.5)	Draft TOR				X				HEU, NTP	MOHFW, CPTU, HS4TB
3.3.7	Hire training institutions to develop training materials/modules	Contract with training institutions				X				HEU, NTP	MOHFW, DGHS, HS4TB
3.3.8	Organize training, supervision, and evaluation for NTP and DGHS officials, including new procurement unit staff (Activity 3.3)	Report on training completion				X	X			HEU, NTP	HS4TB, DGHS, MOHFW
3.3.9	Work with the MOHFW and DGHS to ensure the appropriate placement of trained officials in the TB program	Request from HEU and NTP to the MOHFW and DGHS					X	X	X	HEU, NTP	MOHFW, DGHS, CPTU, HS4TB
3.4	Create a new proposed procurement unit at the DGHS (Recommendation 18)										
3.4.1	Outline the structure of the unit and facilitate agreement on a proposed TOR, scope of work, job descriptions, and its level of authority	Structure, scope, and authority of the unit drafted			X					HEU, NTP	DGHS, Steering Committee, MOHFW, CPTU, HS4TB
3.4.2	Obtain review and approval by the DGHS and Minister of Health	Approval of unit by the MOHFW			X					HEU, NTP	
3.4.3	Obtain political approval by relevant authorities (based on jurisdiction the unit will fall under)	Political approval of the unit				X				DGHS, MOHFW	Ministry of Public Administration, MOF, and Secretaries' Committee of

											Administrative Development
3.4.4	Hire and/or assign existing staff to the unit	Staff hired/assigned to the unit				X				DGHS, MOHFW	
3.5	Form a community of practice to share lessons learned from the pilot (Recommendation 22)										
3.5.1	Following the initiation of the pilot (Activity 5.4), identify members and form a community of practice	Community of practice established			X					NTP	HEU, DGHS, CPTU/MOP, Steering Committee, MOF, MOHFW
3.5.2	Share pilot findings monthly via email	Pilot findings disseminated			X					NTP	
3.5.3	Meet quarterly to discuss findings, lessons learned, and opportunities for improvement	Actions for improvement identified			X	X				NTP	Community of Practice

#### Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contracting management, implementation, and monitoring

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
4.1	Conduct a rapid assessment of NGOs and CSOs' interest and capacity for contracting (Recommendation 14)										
4.1.1	Review existing documentation on NGO/CSO capacity to manage contracts/procurement with DPs (e.g., Global Fund audit reports)	Existing documentation reviewed		X						HEU, NTP	HS4TB
4.1.2	Hold meetings/workshops with the selected NGOs working in and receiving funding from the Global Fund to discuss their interest in participating in government-led contracting, challenges faced under their current agreements with the Global Fund, and training/capacity priorities	Interest and capacity development support needs identified		X						HEU, NTP	NGOAB, MOSW, HS4TB
4.1.3	Develop a plan for addressing NGOs/CSOs level of interest and needs	Plan for addressing needs developed		X						HEU, NTP	

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
4.2	Review existing public procurement training modules, develop new modules as needed, and conduct training (Recommendation 16)			X							
4.2.1	Collect information (syllabus/contents/ training materials) related to capacity building on procurement of NGOs/CSOs from the concerned departments of specific organizations	Summarize and collate different training materials collected		X						HEU, NTP	HS4TB
4.2.2	Determine the training requirements of NGOs/CSOs and agree on the curriculum and modules through a consultative process	Agreed on curriculum and modules		X						HEU, NTP	HS4TB
4.2.3	Draft a training curriculum that can be used for the pilot while the legal/regulatory reforms are in process	Training on public procurement system and procedures for contracting drafted		X						HEU, NTP	HS4TB, CPTU
4.2.4	Train select NGOs (identified as possible competitors for the pilot) using the draft training curriculum	Select NGOs trained		X	X					HEU, NTP	HS4TB, CPTU
4.2.5	Draft a TOR to hire training institutions to develop materials/modules and organize the training (following approval of PPA/PPR and STD-Activities 2.4 and 2.5)	Draft TOR				X				HEU, NTP	NTP, NGOAB, MOSW, HS4TB
4.2.6	Hire the training institutions to develop the training materials/modules	Signed agreement, training materials/ module developed				X				HEU	NTP, NGOAB, MOSW, HS4TB
4.2.7	Organize the training, supervision, and evaluation	Report on training completion				X				HEU, NTP	HS4TB, CPTU
4.2.8	Conduct regular follow-up with the trained officials/organizations and conduct an impact assessment on the appropriate use of the training	Summary of impact assessment				X	X			HEU, NTP	HS4TB, CPTU

## Pillar 5: Pilot and scale up contracting of TB services

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
5.1	Designing a pilot (Recommendation I and 17)										
5.1.1	Identify and reach agreement through analysis of existing documentation (e.g., Global Fund contracts) and stakeholder consultative process (workshops/meetings) on services, areas, populations, etc. for whom the purchasing will be conducted (piloting)	Services, areas, populations identified	X	X						HEU, NTP	MOHFW, TB TWG, Steering Committee, HS4TB
5.1.2	Develop a concept note based on the analysis/consultations on the recommended pilot target services/populations	Concept note	X	X						HEU, NTP	MOHFW, HS4TB
5.1.3	Through a participatory process, develop a plan for the pilot, including its design, agreed on phased implementation, costing of the pilot, and financing arrangement	A plan developed with phased implementation strategy and cost	X	X						HEU, NTP	MOHFW, TB TWG, SC, HS4TB
5.1.4	Analyze the feasibility of the pilot and the identification of implementation challenges and probable solutions	Matrix on probable challenges and solutions	X	X						HEU, NTP	HS4TB
5.1.5	Validate a detailed design for a pilot to contract out TB services to NGOs/CSOs	Activity plan, budget, milestones	X	X						HEU, NTP	HS4TB
5.2	Secure USAID funding for the pilot										
5.2.1	Develop and submit a concept paper for TIFA funding to USAID/Bangladesh	Concept paper developed and submitted		X						NTP, HEU	HS4TB
5.2.2	Meet with USAID/Bangladesh and USAID/Washington and TIFA to discuss the scope and next steps	Agreement on general scope of the pilot		X						NTP, TIFA	USAID/Bangladesh USAID/Washington
5.2.3	Develop an activity plan and budget to accompany the concept paper	Activity plan and budget developed		X						NTP	HS4TB
5.2.4	Obtain approval of the activity plan and budget	Activity plan and budget approved		X						TIFA, USAID/ Bangladesh, USAID/ Washington	
5.2.5	Develop and agree on milestones and related payment	Milestones developed and approved		X						NTP, TIFA, USAID/	HS4TB

#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
										Bangladesh, USAID/ Washington	
5.2.6	TIFA conducts pre-award assessment	Pre-award assessment conducted		X						TIFA	NTP
5.2.7	Draft TB Commitment Grant (TCG) award	TCG drafted		X						TIFA	
5.2.8	Sign TCG award	TCG signed by NTP		X						NTP	
5.2.9	Obtain USAID approval and TIFA signature	TCG approved		X						USAID/ Bangladesh USAID/ Washington TIFA	
5.3	Contracting of pilot program to NGOs/CSOs following PPR proposed amendment										
5.3.1	Develop procurement plan using Open Tendering Method and get approval from the NTP director	Procurement plan developed		X						NTP	HEU, HS4TB
5.3.2	Develop the tender document, including design and cost estimate of the procurement	Tender document developed		X						NTP	CPTU, HEU, HS4TB
5.3.3	Establish a Tender Evaluation Committee (TEC) of legal, contract, and procurement specialists to examine and evaluate the tenders	TEC formed		X						NTP	HEU, HS4TB
5.3.4	Prepare the invitation for tender	Invitation for tender prepared		X						NTP	
5.3.5	Advertise the invitation for tender in the local newspaper	Invitation for tender advertised			X					NTP	
5.3.6	Receive tenders	Tenders received			X					NTP	
5.3.7	TEC opens, examines, and evaluates tenders and selects recommended tender	Tender recommended			X					NTP	TEC
5.3.8	NTP director approves contract award	Contract approved			X					NTP	
5.3.9	Contract is awarded and signed	Contract awarded and signed			X					NTP	HEU, HS4TB
5.4	Implementation and monitoring of the pilot (Recommendation 21)										
5.4.1	Hold pilot launch meeting with selected NGO	Pilot launch held			X					NTP	HEU, HS4TB



#	Activity	Outputs	Year of Implementation							Responsibility	Partners
			22	23	24	25	26	27	28		
5.4.2	Monitor and report on milestones as agreed on in the TIFA TCG	Milestones reported on time			X					NTP	HEU, TIFA
5.4.3	Hold monthly and quarterly monitoring meetings to review data and adjust approaches where needed	Notes on progress against milestones		X	X					HEU, NTP	Steering Committee
5.5	Evaluation & Learning										
5.5.1	Design a monitoring and evaluation (M&E) plan, including targets and indicators	M&E plan		X						HEU, NTP	HS4TB
5.5.2	Conduct evaluation based on the M&E plan	Case studies, evaluation reports, lessons learned		X	X	X				HEU, NTP	HS4TB

## Annex I. Assessment Report Recommendations

Based on the findings of the assessment report, there are several actions needed to create an enabling environment for contracting of TB services to NGOs/CSOs/private entities through the government public procurement process. The following recommendations include priority action steps that are needed. The recommendations are categorized by topic area: (L) – legal and regulatory; (N) – NGO capacity; (M) – MOHFW capacity; and (P) – policy buy-in.

### Immediate Priority Recommendations

This section presents the immediate priority recommendations based on the analysis. Recommendations for further support and actions specific to each topic area are listed further below. The recommendations are generally discussed in sequential order; however, many can be acted on simultaneously. Detailed sub-activities and a timeline will be developed as part of an action plan.

**Recommendation 1 (M).** The HEU at the MOHFW and the NTP conduct an analysis to support the decision-making process for which TB services to contract and where, including fiscal space projections with scenarios for decreased donor funding, and the strengths and experiences of the government and NGO sectors relative to TB clinical and non-clinical services.

**Recommendation 2 (P).** In collaboration with the NTP, the HEU develops a set of advocacy materials on the rationale and expected benefits of contracting of health services, in general, and of clinical and non-clinical TB services specifically, including policy briefs targeting different levels of the government.

**Recommendation 3 (P).** The HEU develops a detailed stakeholder engagement plan, based on the initial stakeholder analysis and recommendations, to manage each player based on their power, interest, and probable position on whether to contract health services.

**Recommendation 4 (P).** The HEU, with DGHS, conducts advocacy and sensitization meetings, seminars, conferences, networking, and strategic engagement on contracting health services across key stakeholders and change agents in the MOHFW, MOF, MOP, NGOs, CSOs, and professional associations.

**Recommendation 5 (P).** The HEU develops and obtains high-level endorsement from the MOHFW on a position paper that demonstrates the clear commitment of the GOB to pursue contracting of selected health services and link this reform to key national priorities laid out in the Eighth Five-Year Plan (2020–2025).

**Recommendation 6 (L).** The HEU mobilizes the CPTU to identify a focal point to facilitate communication and required changes in the PPA, PPR, and other legal instruments.

**Recommendation 7 (L).** In collaboration with the CPTU, the HEU proposes specific amendments to the legal and regulatory framework, including the PPA 2006, PPR 2008, and Delegation of Financial Powers, to incorporate the necessary provisions for contracting of health services to CSOs, NGOs, and the private sector. They include: (1) amendments to allow NGOs and CSOs to be tenderers in the government procurement processes; (2) amending the qualifications and/or creating new qualifications

for being a tenderer that are more appropriate and in line with NGO and CSO business models; (3) including health services in the definition of physical services; (4) creating an STD for physical services, especially health-related services; and (5) defining the authority on the procurement of physical services under the Delegation of Financial Powers.

**Recommendation 8 (P).** The HEU uses the policy briefs (Recommendation 2) and Roadmap (Recommendation 9) to engage MOHFW decision makers to include contracting in key MOHFW policy documents, such as OPs, Next Sector Program, National Healthcare Financing Strategy, and National Strategic Plan for TB Control.

**Recommendation 9 (M).** For effective planning, implementation, management, monitoring, and evaluation, the HEU and NTP lead the development and implementation of a Roadmap and Action Plan for government-led and financed contracting of TB services. The plan can include activities for the review and strengthening of procurement systems; training and refresher training; and the development of laws, policies, strategies, tools, guidelines, etc. The HEU and NTP also coordinate with the Global Fund on its transition readiness planning for the TB program.

**Recommendation 10 (P).** In view of the trend of decreasing donor funding and increasing funding gaps, the HEU works closely with the Program Management and Monitoring Unit of the MOHFW, the NTP, MOF, and MOP to mobilize domestic resources for the TB program within the government's fiscal space.

Additional Recommendations: Enhancing the Legal and Regulatory Environment for Contracting of Health Services

**Recommendation 11 (L).** The HEU creates a strategy to introduce and monitor the revisions to the legal and regulatory framework [Recommendation 7], including mapping the specific sequence of approvals required and suggested processes to obtain approvals from the Legislative Division of the Ministry of Law, Justice and Parliamentary Affairs.

**Recommendation 12 (L).** As the legal and regulatory framework is revised, the HEU, in close collaboration with the CPTU, develops a comprehensive guidance document on the legal and regulatory requirements for contracting of health services, targeting the MOHFW and implementing agencies, which discusses eligibility criteria, performance evaluation, selection process, etc.

**Recommendation 13 (L).** The CPTU incorporates “physical services” in the e-GP platform to digitally manage public procurements.

Additional Recommendations: Building the Capacity of NGOs and CSOs to Enter Into Contracting Arrangements with the Government

**Recommendation 14 (N).** In collaboration with the NTP and CPTU, the HEU develops and implements a capacity needs assessment of NGOs and CSOs, beginning with the NTP's implementing partners, to identify specific areas requiring additional capacity building to engage in contracting with the government, including all steps in the public procurement process.

**Recommendation 15 (N).** With support from the NTP, the HEU defines and receives the MOHFW's endorsement on a clear scope of work for NGOs, CSOs, and private organizations in the provision of clinical and non-clinical TB services (based on the results of Recommendation 1), and ensures that MOHFW policy documents reflect this scope of work.

**Recommendation 16 (N).** The HEU reviews, revises, and disseminates existing training modules on governance, tax/VAT policy, public procurement management, contract management, etc. for NGOs/CSOs/private sector to build their capacity for government contracting to be tenderers.

Additional Recommendations: Building MOHFW Capacity to Conduct Contracting

**Recommendation 17 (M).** The HEU and NTP develop a detailed design for a pilot to contract clinical and non-clinical TB services to NGOs, CSOs, or strategic alliances, including details on the specific health services to contract and the geographic areas and populations to be reached (based on the results of Recommendation 1).

**Recommendation 18 (M).** The HEU proposes and creates a plan for the creation of a new Procurement Unit at the DGHS to support, oversee, and monitor the procurement of all procuring entities under the DGHS, including the NTP.

**Recommendation 19 (M).** In collaboration with the CPTU, the HEU conducts a training needs assessment and creates a comprehensive training plan on the procurement of health services, specifically targeting NTP and health sector personnel. The HEU then develops or modifies existing training materials and organizes a training for NTP and DGHS personnel to develop their capacity to design, negotiate, implement, and monitor contracts, including use of the e-GP system.

**Recommendation 20 (M).** The HEU develops appropriately designed performance indicators to monitor and evaluate the performance of NGOs, CSOs and private sector entities in undertaking contracts, drawing on best practices from well-performing procuring entities in the GOB, and global experiences in contracting.

**Recommendation 21 (M).** The HEU and NTP implement piloting of contracting of TB services through the government procurement system, holding monthly and quarterly monitoring meetings to review data, discuss bottlenecks, and adjust approaches.

**Recommendation 22 (M).** To strengthen existing institutional arrangements for contracting, the HEU, in collaboration with the CPTU, forms a dedicated team (committee/working group) with a specific terms of reference, scope of work, goals, deliverables, and milestones, with relevant stakeholders to share challenges and best practices at different levels of the MOHFW: high-level officials, mid-level health managers and line directors, and field-level health managers at the divisional and district levels.

Additional Recommendations: Engaging with Stakeholders to Promote Political Acceptability and Buy-In for Contracting of Health Services

**Recommendation 23 (P).** The HEU communicates with and creates dialogue among key policymakers of the MOHFW, the Prime Minister's Office, the MOF, and public and private providers to

continue to advocate for contracting, keep them informed of progress in developing reforms to implement contracting for TB services, and to understand and mitigate concerns of various interest groups and stakeholders.

## **Annex 2. Monitoring, Evaluation, and Learning Plan**

### **Roadmap and Action Plan for Contracting of TB services in Bangladesh: 2023–2028**

#### **I. Introduction**

The purpose of this Monitoring, Evaluation, and Learning (MEL) Plan is to provide a systematic plan for the implementors of the Roadmap to monitor the implementation of the Action Plan and measure the results of activities to advance the achievement of the Roadmap’s five objectives. This MEL Plan includes a logical framework, the types of data that will be collected, from where the data will be collected, how often they should be collected, and how to communicate and use the data. The document includes tools to assist the operationalization of the MEL Plan, including indicator reference sheets, data collection tools, and data visualization tools. Mid-term and endline evaluations are proposed as part of Pillar 5. Mid-term and endline evaluations will also be defined for other pillars once key decision makers have reviewed and endorsed the proposed amendments to policy instances. This plan is a living document that may be updated, as needed, throughout the implementation of the Roadmap.

#### **II. Logical Framework**

The logical framework captures the key elements of the Roadmap and pathway toward intended long-term outcomes. Note that the long-term outcomes are to the right of a dashed line indicating that they are beyond the scope of this Roadmap. The desired impacts are to increase universal health coverage of cost-effective and quality TB services, and to decrease TB mortality and morbidity.

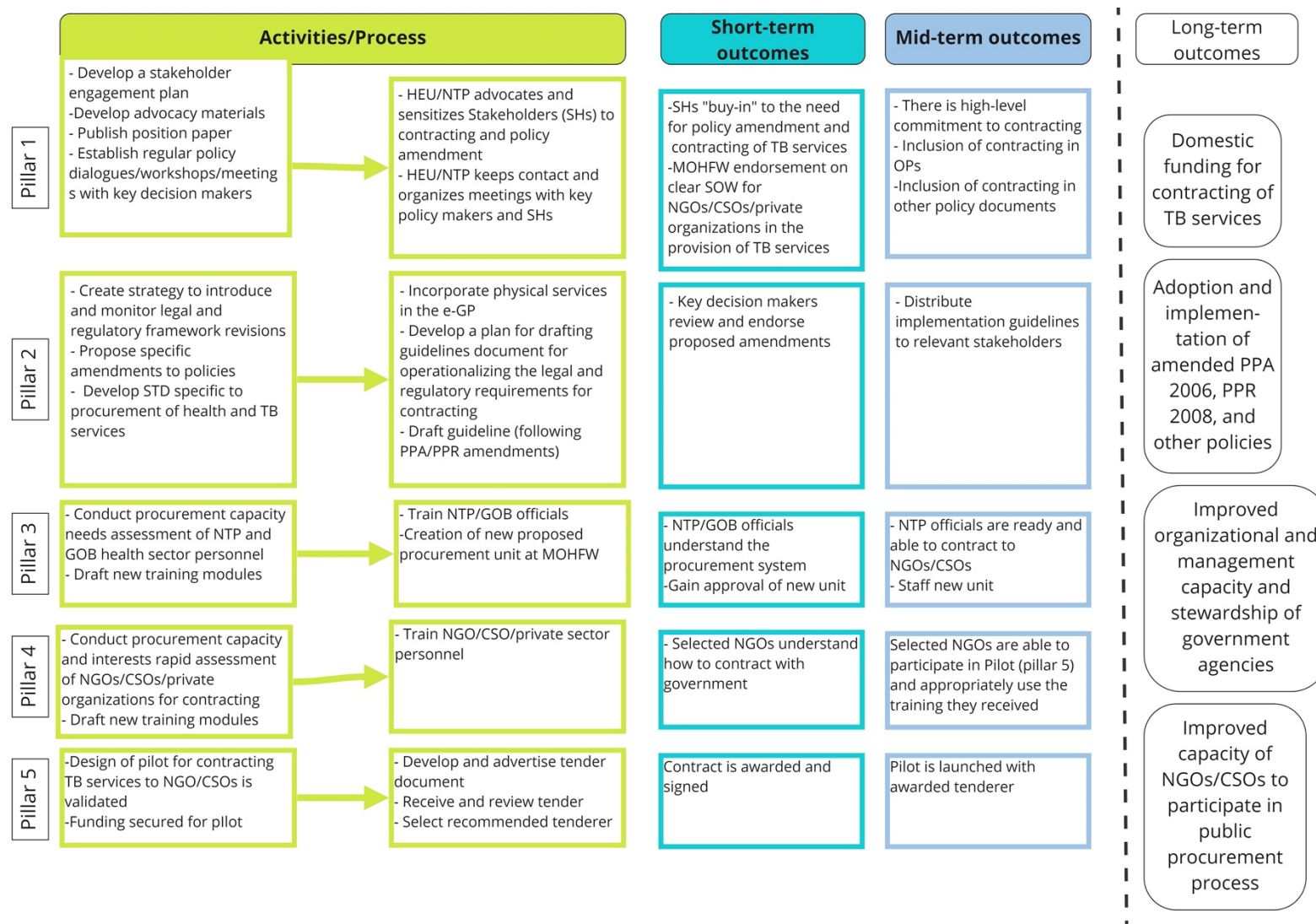


Figure 2.A. Roadmap logical framework

### III. Monitoring and Performance Indicators

**Table 2.A. Performance monitoring indicators and targets**

Indicator	Responsible entity	Data source	Frequency	Targets					
				2023	2024	2025	2026	2027	2028
Number and percentage of roadmap activities completed (disaggregated by Pillar)	HEU, NTP, HS4TB	Roadmap implementation records; monitoring tool	Quarterly	44% (154/ 347)	68% (237/ 347)	82% (283/ 347)	85% (307/ 347)	94% (327/ 347)	100% (347/ 347)
Pillar 1: Advocacy and strategic communication for policy reform									
Number of advocacy materials developed	HEU, NTP, HS4TB	Roadmap implementation records	Quarterly	3	2	1	--	--	--
Number of targeted groups reached with advocacy materials	HEU, NTP, HS4TB	Roadmap implementation records	Quarterly	0	6	6	6	6	6
Number of advocacy events/meetings held for government funding for contracting	HEU, NTP, HS4TB	Roadmap implementation records	Quarterly	2	3	3	--	--	--
Pillar 2: Legal, regulatory, and policy reforms to enable contracting for TB using domestic funding									
Number of policy instances drafted and submitted for amendment	HEU, NTP, HS4TB	Roadmap implementation records	Quarterly	1	6	--	--	--	--
Percentage of drafted policy instances approved by Steering Committee	HEU, NTP, HS4TB	Roadmap implementation records, minutes of the Steering Committee meetings	Quarterly	--	1	6	--	--	--
Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services									



Indicator	Responsible entity	Data source	Frequency	Targets					
				2023	2024	2025	2026	2027	2028
Number of NTP/DGHS/HEU officials trained using curriculum	HEU, NTP, HS4TB	Roadmap implementation records, training attendance records	Quarterly	30	20	--	--	--	--
Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contracting management, implementation, and monitoring									
Number of NGOs/CSOs/private sector entities officials trained using revised public procurement curriculum	HEU, NTP, HS4TB	Roadmap implementation records, training attendance records	Quarterly	30	20	--	--	--	--
Pillar 5: Pilot and scale up contracting of TB services									
Percentage of planned monitoring meetings held (for pilot-related activities)	HEU, NTP	Roadmap implementation records, meeting records	Monthly	100%	100%	--	--	--	--

## IV. Data Communication and Use

The implementing entities, as identified in the Action Plan, are responsible for reporting progress of Roadmap implementation and any results due to those activities (as listed in Table 2.A). The TWG will track and analyze data, as needed (as frequently as monthly but dependent on the data type). These data will be communicated to the Steering Committee quarterly through a short overview in writing and a PowerPoint presentation to be shared in the quarterly Steering Committee meetings. The HEU will meet monthly with the TWG during which it will share implementation progress and any results that may have been achieved since the previous meeting.

## V. Performance Management Meetings

This MEL Plan will allow program staff, USAID, and partners to track progress against expected results, as articulated in the logical framework. Results and targets should be revisited annually so that challenges and successes are assessed and addressed appropriately. The specific process and timelines for performance management, learning, and adapting activities are presented in table 2.B.

Although these learning and adapting meetings will occur on a regular schedule (outlined in Table 2.B), the technical activities and design of the Roadmap activities have a specific focus on gaining buy-in and support, and obtaining necessary amendments to policy instances before any longer-term outcomes can be measured. Once key milestones in the implementation of the Roadmap are reached, additional learning points may be identified and added to this plan.

**Table 2.B. Performance management, adapting, and learning activities**

<b>Performance Management Activity</b>	<b>Frequency</b>	<b>Participants</b>	<b>Objective and Output</b>
HEU/NTP Roadmap implementors meetings	Monthly	HEU, NTP, HS4TB/Task Team <sup>19</sup>	<b>Objectives:</b> Discuss the status of activities that each implementor is responsible for that period, update the Implementation Tracker, share lessons learned, troubleshoot any identified challenges to implementation (create an action plan, if needed), and prepare data communications for Steering Committee and TWG documentation of the activities. <b>Outputs:</b> Updated Implementation Tracker (Excel), action plan for improving implementation (if needed), and action/decision points for Steering Committee and TWG meetings, preparation of quarterly report for the Steering Committee.
TWG meeting	Monthly	TWG (HEU, NTP, HS4TB)	<b>Objectives:</b> Review and discuss progress of each Roadmap activity and discuss how to overcome any delays, challenges, or bottlenecks, including who needs to be engaged with whom to ensure that activities are implemented. <b>Outputs:</b> Updated Implementation Tracker, actions for improving implementation, and meeting report/minutes.
Steering Committee Meeting	Quarterly	Steering Committee	<b>Objectives:</b> Review and discuss overall progress of Roadmap implementation compared with the Action Plan, including reviewing the summary outputs of the Implementation Tracker. Discuss and agree on solutions to overcome key bottlenecks identified, with a timeline and who is responsible, primary approval, and endorsement of the activities/documents. <b>Outputs:</b> Updated Implementation Tracker, actions for improving implementation, meeting report/minutes, quarterly report, and summary lessons learned documentation.

<sup>19</sup> The Task Team is a dedicated Task Team (as suggested by the TWG) that will include 3–4 members from the HEU, NTP, and HS4TB. This team will conduct routine work assigned by the TWG, as needed.

## VI. Indicator Reference Sheets

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number and percentage of roadmap activities completed	
DESCRIPTION	
<p><b>Precise definition(s):</b> This indicator documents the progress of activities against the Action Plan across the five years of the Roadmap.</p> <p>Activities are defined per the Roadmap and its Action Plan. Activities that are recurring are counted for each anticipated occurrence. For example, a meeting that is planned to occur quarterly is counted as “4” activities for that year.</p> <p><b>Numerator:</b> Number of activities completed in the period</p> <p><b>Denominator:</b> Total number of activities planned in the Action Plan</p> <p><b>Calculation of number:</b> Sum the numerator across periods (cumulative progress)</p> <p><b>Calculation of percentage:</b> Numerator/denominator x 100</p>	
<b>Unit of measurement:</b> Number and percentage	
<b>Disaggregated by:</b> Pillar (1-5)	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records; monitoring tool	
<b>Method of data collection:</b> Monitoring tool will be updated quarterly during the TWG meetings. The tool includes built-in analysis producing these values, calculated across the pillars.	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of advocacy materials developed	
DESCRIPTION	
<p><b>Precise definition(s):</b>  <i>Advocacy materials</i> include policy briefs, advocacy briefs, slide deck, position paper, and technical documents that facilitate targeted advocacy discussions with key policy and decision makers to support contracting of TB services.</p> <p><b>Numerator:</b> Sum of the advocacy materials developed during the period  <b>Denominator:</b> N/A</p> <p><b>Unit of measurement:</b> Number</p> <p><b>Disaggregated by:</b> None</p>	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records	
<b>Method of data collection:</b> Review materials developed during the period and count those that are advocacy materials toward this indicator.	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of targeted groups reached with advocacy materials	
DESCRIPTION	
<p><b>Precise definition(s):</b></p> <p><i>Targeted groups</i> include: 1. High-level GOB decision-making institutions (e.g., ministries, Prime Minister's Office, Cabinet, Parliamentary Standing Committee); 2. Key GOB implementing agencies (e.g., HEU, NTP, DGHS, CPTU, HSD/MOHFW); 3. Government-led advisory and working groups (e.g., steering committees, TWGs, different task groups); 4. USAID implementing partners (e.g., Medicines, Technologies, and Pharmaceutical Services Program, Local Health System Sustainability); 5. NGOs/CSOs/private entities; and 6. DPs</p> <p><i>Reached:</i> A target group is considered reached if it has attended an advocacy workshop, meeting, consultation, and/or seminar. It can also be considered reached through receipt of advocacy materials shared.</p> <p><b>Numerator:</b> Count the number of targeted groups reached with advocacy materials during the period</p> <p>Denominator: N/A</p> <p>This is not a cumulative indicator. The same groups should not be counted twice in the same quarter. However, they can be counted again in different years/quarters.</p>	
<b>Unit of measurement:</b> Number	
<b>Disaggregated by:</b> None	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records (meeting agendas, meeting minutes, and participant lists)	
<p><b>Method of data collection:</b> Review meeting/workshop/consultation/seminar meeting agendas and participant lists. If an advocacy topic was included in the agenda (and meeting minutes) and a target group was in attendance, it can be counted. Review the advocacy materials that were distributed during the period.</p>	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of advocacy events/meetings held for government funding for contracting	
DESCRIPTION	
<p><b>Precise definition(s):</b>  <i>Advocacy events/meetings</i> include any of the planned (and ad hoc) events or meetings that take place as part of the Roadmap implementation that included an agenda item related to advocating for government funding for contracting of TB services.</p> <p><b>Numerator:</b> Sum the number of advocacy events/meetings held for government funding for contracting  Denominator: N/A</p>	
<b>Unit of measurement:</b> Number	
<b>Disaggregated by:</b> None	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records	
<b>Method of data collection:</b> Review Roadmap implementors' meeting minutes, agenda items, and other relevant records of implementation to count the number of meetings and/or events during which there was advocacy for government funding for contracting of TB services.	
<b>Collection Frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of policy instances drafted and submitted for amendment	
DESCRIPTION	
<p><b>Precise definition(s):</b></p> <p><i>Policy instance:</i> Policy instances include relevant policy documents, guidelines/tools, laws, regulations etc., such as PPA, PPR, STD.</p> <p><i>Drafted and submitted:</i> Drafted means newly developed and/or revision/specific changes to existing policy documents, guidelines/tools, laws, regulations, etc.</p> <p>Submitted means that the draft was submitted for amendment to the concerned authority, as described in the Action Plan.</p> <p><b>Numerator:</b> Number of policy instances drafted and submitted for amendment</p> <p>Denominator: N/A</p>	
<b>Unit of measurement:</b> Number	
<b>Disaggregated by:</b> None	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records	
<b>Method of data collection:</b> Review materials related to legal and policy issues developed during the period and count	
Collection frequency: Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022



Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Percentage of drafted policy instances approved by Steering Committee	
DESCRIPTION	
<p><b>Precise definition(s):</b></p> <p><i>Drafted policy instances:</i> Drafted means newly developed and/or revision/specific changes to existing policy documents, guidelines/tools, laws, regulations, etc.</p> <p><i>Approved by the Steering Committee:</i> Final endorsement of drafts by the Steering Committee.</p> <p><b>Numerator:</b> Number of drafted policy reforms approved by the Steering Committee</p> <p><b>Denominator:</b> Number of drafted policy reforms</p> <p><b>Calculation:</b> Numerator/denominator x 100</p> <p><b>Unit of measurement:</b> Percentage</p> <p><b>Disaggregated by:</b> None</p>	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records, minutes of Steering Committee meetings	
<b>Method of data collection:</b> Review drafts developed for policy reforms, review Steering Committee minutes, and count the numerator and denominator.	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of NTP/DGHS/HEU officials trained using curriculum	
DESCRIPTION	
<b>Precise definition(s):</b> <i>Officials trained:</i> NTP/DGHS/HEU officials who received training to manage, implement, and monitor contracting of TB services	
<b>Numerator:</b> Number of NTP/DGHS/HEU officials trained using curriculum <b>Denominator:</b> N/A	
<b>Unit of measurement:</b> Number	
<b>Disaggregated by:</b> None	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records, training attendance records	
<b>Method of data collection:</b> Review roadmap implementation records, review training attendance records, and count the number	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Number of NGOs/CSOs/private sector entities officials trained using revised public procurement curriculum	
DESCRIPTION	
<p><b>Precise definition(s):</b></p> <p><i>NGOs/CSOs/private sector entities officials:</i> Officials from nongovernmental/not-for profit/for-profit organizations.</p> <p><i>Revised public procurement curriculum:</i> Revised/newly drafted training curriculum with revised/proposed to be revised public procurement rules, regulations, or act.</p> <p><b>Numerator:</b> Number of NGOs/CSOs/private sector entities officials trained using revised public procurement curriculum</p> <p><b>Denominator:</b> N/A</p>	
<b>Unit of measurement:</b> Number	
<b>Disaggregated by:</b> Type of officials (NGOs, CSOs, private sector entities)	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records, training attendance records	
<b>Method of data collection:</b> Review Roadmap implementation records, review training attendance records, and count the number disaggregated by type of official	
<b>Collection frequency:</b> Quarterly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022

Bangladesh Roadmap Monitoring Indicators	
<b>Indicator:</b> Percentage of planned monitoring meetings held (for pilot-related activities)	
DESCRIPTION	
<b>Precise definition(s):</b> Demonstrates the progress of pilot-related activities. Assess the number of monitoring meetings actually held against the total number of monitoring meetings planned for pilot-related activities.	
<b>Numerator:</b> Number of monitoring meetings held for pilot-related activities	
<b>Denominator:</b> Number of monitoring meetings planned for pilot-related activities	
<b>Calculation:</b> Numerator/denominator x 100	
<b>Unit of measurement:</b> Percentage	
<b>Disaggregated by:</b> None	
DATA COLLECTION	
<b>Data source:</b> Roadmap implementation records, meeting records	
<b>Method of data collection:</b> Review Roadmap implementation and meeting records, and count	
<b>Collection frequency:</b> Monthly	
CHANGES TO INDICATOR	
<b>Changes to indicator:</b>	
<b>Other notes (optional):</b>	
<b>THIS SHEET LAST UPDATED ON:</b>	December 20, 2022



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