MANAGING AND MONITORING THE TB PROGRAMME

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Outline

• Burden of disease of TB globally
• Progress towards MDG targets
• Burden of disease of TB globally
• Monitoring and evaluation of the programme
• Conclusion
% of MDR-TB among TB cases: 2014

New TB cases

Previously treated TB cases
XDR-TB patients on treatment: 2014

Number of patients
- 0
- 1–9
- 10–99
- 100–499
- ≥500
- No data
- Not applicable
TB Burden by province: 2008-2014
TB Case notification rates by district
2014 (per 100 000)
Rifampicin Resistant TB by District 2014 (% of Xpert Dx)
TB and HIV Co-infection rates by gender and age: 2009 - 2014

[Diagram showing percentage of total number of records by gender, age group, and treatment start date for 2009 and 2014.]
# Improved TB Treatment Outcomes

<table>
<thead>
<tr>
<th>Year</th>
<th>TB case notification</th>
<th>Successful treatment rate</th>
<th>Cure rate</th>
<th>Default Rate</th>
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<tr>
<td>2000</td>
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<td>2007</td>
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<td>2013</td>
<td>328 896</td>
<td>82</td>
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<td>6</td>
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<tr>
<td>2014</td>
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</table>
Data Collection tools

Data entry into computer system
All the fields in the TB register entered
Facility data collated for the sub-district
Beyond this point only aggregated data transmitted upwards

District Health Information System (DHIS)
Submit TB Register forms to ‘sub-district Pink; Yellow; Green
As soon as forms are completed and validated – at least on a monthly basis (1st week of the month)

Analysis/Interpretation/Action (Facility Case Load Forms)

Data validation

Transfer data to TB Register

Complete GW20/12 & GW20/15

Submit Summary of Case Identification & Follow-up Register 1st week of the month
To the Sub-district Information Officer

Confirmed TB

Laboratory Results

Laboratory Request form

Case Identification Register (GW20/13)
Submit DISPATCH ETR.Net File to next level
Submit DHIS Export and NMD Export files to DIO

ACTION
Identification of Challenges/Planned Actions

Give FEEDBACK to All levels
(Back to Facilities, Horizontal – to Managers; Vertical to higher levels)

RUN and ANALYSE Reports
(Case Finding; Smear Conversion, Treatment Outcomes; Facility Summary Report and Detailed Facility Reports)

Run Data Checks
Validate, identify problems and take action

Capture data into etr.net and update reporting rate tracking form

Validate data during Data Capturing

Record received Register Forms on the Reporting Rate Tracking form

Data Capturer

TB Coordinator

TB Coordinator, Data Capturer & Facility TB Nurse

Update incompleteness and incorrect data from Facilities

TB Coordinator

- TB Coordinator
- Sub-District information Officer

- TB Coordinator
- Sub-District information Officer

- TB Coordinator

- TB Coordinator
- Sub-District information Officer
Submit DISPATCH ETR.Net File to next level

ACTION
Identification of Challenges/ Planned Actions

Give FEEDBACK to All levels
(Back to Facilities, Horizontal – to Managers; Vertical to higher levels)

RUN and ANALYSE Reports
(Case Finding; Smear Conversion, Treatment Outcomes; Facility Summary Report and Detailed Facility Reports)

Receive Dispatch file from Sub-district level

TB Coordinator

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TB Coordinator
Facilities should be visited AND SUPERVISED on a monthly basis where possible but at least once a quarter.

**CASE FINDING:**
Check Pink sheets for:
- Completeness
- Correctness
- Sequence of Pt registration numbers
- Correct Registration of Pt - Newly Registered versus Moved-In
- Correct Treatment Start date

At each facility check the Suspect Register; Blue cards; Green cards and Patient Treatment Register for completeness:

Before tear out papers from TB Treatment Register for next level:

**TREATMENT OUTCOME:**
Check green sheet:
- Follow-up sputa – for initial ‘NewSm+ve’ PTB patients
  - at end of intensive phase
  - as well as end of treatment
- Ensure that all patients have an outcome and end-of-treatment date
- For “New” TB patients that completed treatment
  - after 6-months
- For re-treatment patients that completed treatment
  - after 8-months

**SMEAR CONVERSION:**
Check Yellow sheets for:
- 2-month and 3-month follow-up sputums
  - dates and results
- Cultures – if a patient was till positive at end of 2/3-months
- If patients already
  - ‘Transferred-Out’;
  - ‘Moved-Out’;
  - Died or
  - Defaulted, that it has been recorded – as well as the last known date that the patient had treatment

**DATA FLOW:**
After data has been validated at the facility level,
- forms are sent to the sub-district office
  - For data entry (into ETR.Net)
  - Data validation
  - Data analysis
  - Feedback & Action
- The electronic data are then dispatched to the next level, District and/or Provincial
  - Provinces then dispatch to National

**Facility Case Load Forms**
- What is the facility staff’s knowledge about the number of TB cases that they treat per quarter?
- Do they know what their Smear Conversion rate is?
- Do they know how many patients interrupted treatment, and were traced?
- Do they know what their Defaulter rate is?

**Data Analysis:**
1. **Case Finding:** - Look at trends:
   - Increase; decrease or constant number of patients
   - Bacteriological Coverage
   - New versus Re-treatment cases
   - TB in Children
2. **Smear Conversion**
   - Smear conversion for
     - New Smear Positive cases - @ 2-months
     - Re-treatment Smear Positive cases - @ 3-months
   - Trends: Does it improve or not – Investigate reasons
   - Smear Positivity rate
3. **Treatment Outcomes**
   - What is their Cure rate?
   - What is their ‘Treatment completion rate’
     - If High, why?
   - What is their Defaulter rate
   - Are there patients that do not have outcomes?
Critical Factors

- Clear measurable indicators
- Simple data collection tools
- Continuous quality improvement
- Data management
- Impact measurement
  - Drug resistant surveys
  - Prevalence surveys
Challenges

• Poor quality of data
• Incomplete and late reporting
• Data analysis not done at facility level
• Data not used for planning
• Lack of datacapturers at facility level
• Too many registers for completion
Conclusion

We know what to do – “basics right”,

Prevent, find, treat until cure

We know who the target populations are, have the tools though not the ideal.

Measure the progress towards the 2035 targets
THANK YOU