

# MANAGING AND MONITORING THE TB PROGRAMME

---

Dr Lindiwe Mvusi

---

14 April 2016



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Outline



- Burden of disease of TB globally
- Progress towards MDG targets
- Burden of disease of TB globally
- Monitoring and evaluation of the programme
- Conclusion

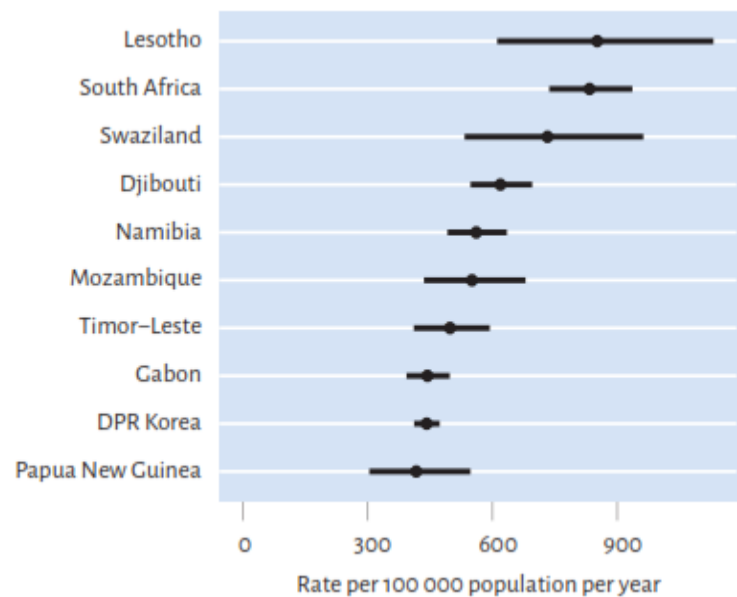
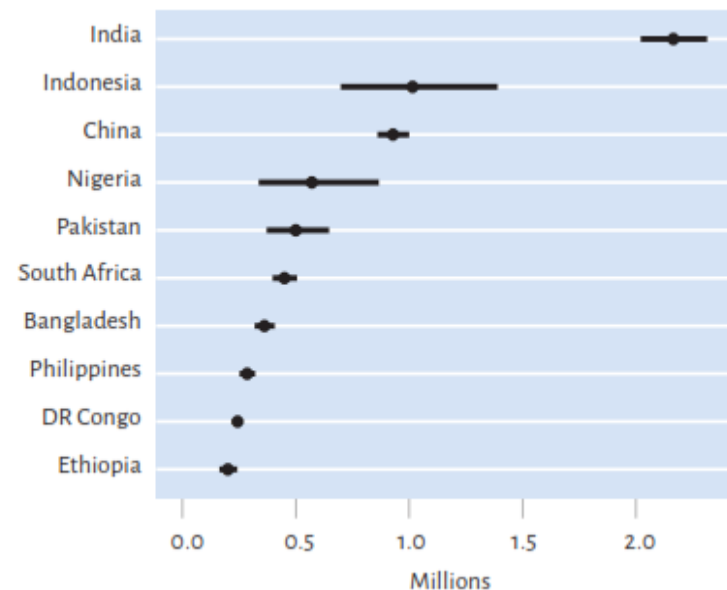
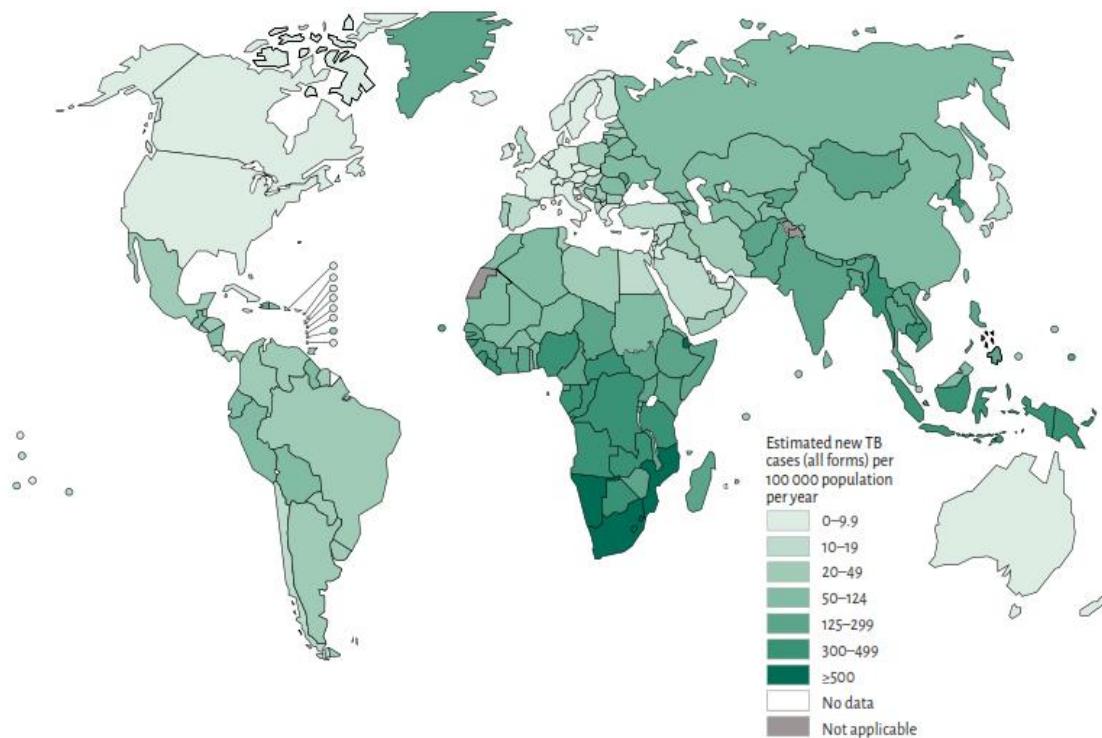


health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



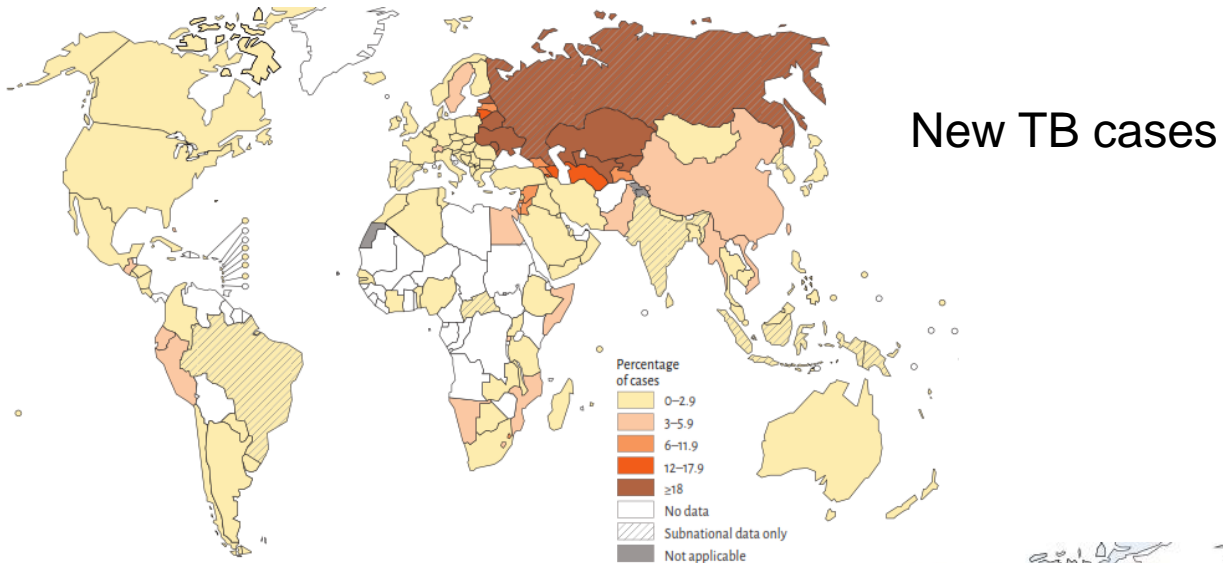
# Global TB Burden : 2014



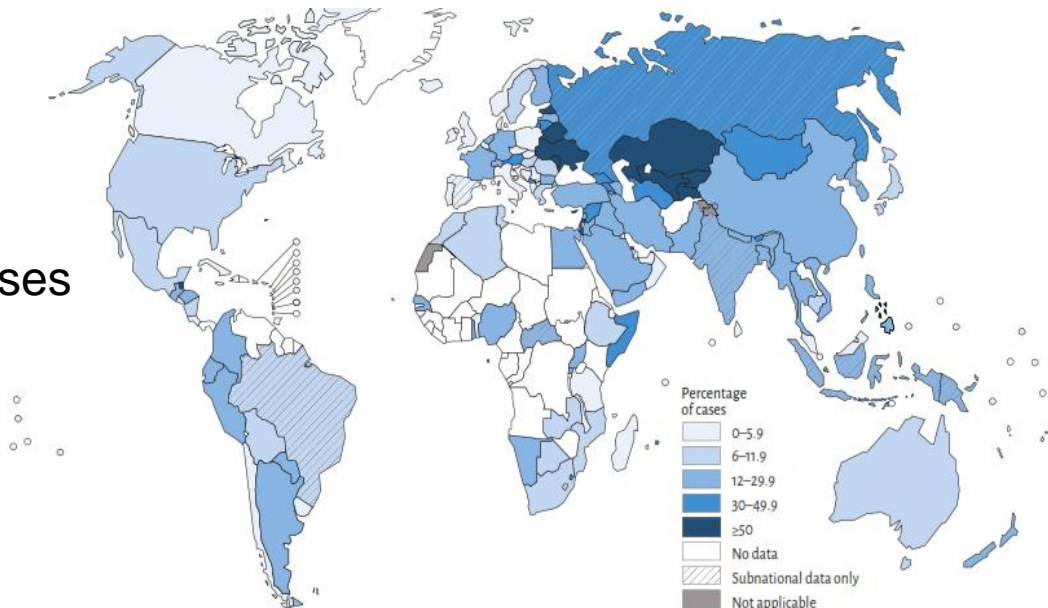
health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# % of MDR-TB among TB cases: 2014



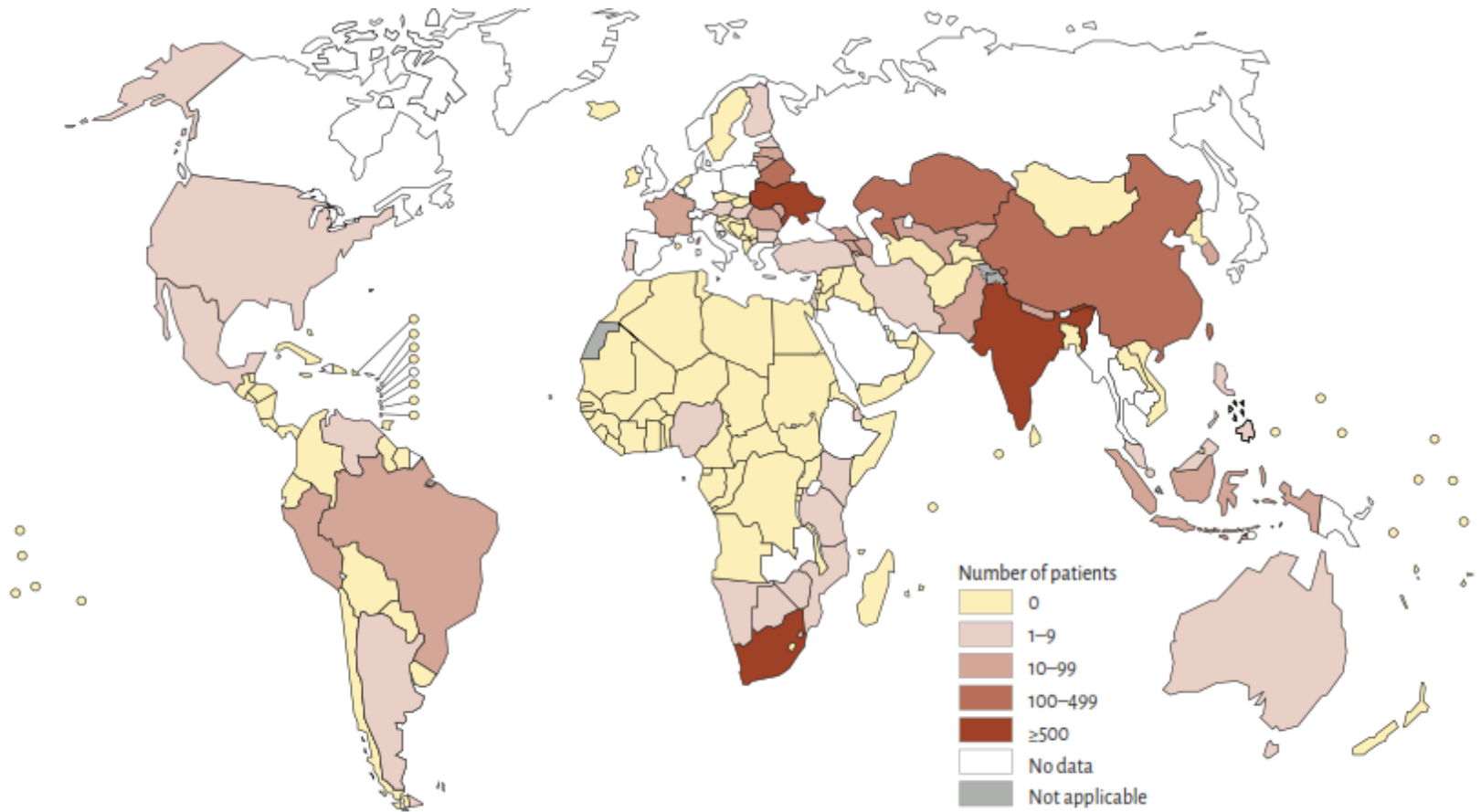
Previously treated TB cases



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# XDR-TB patients on treatment: 2014

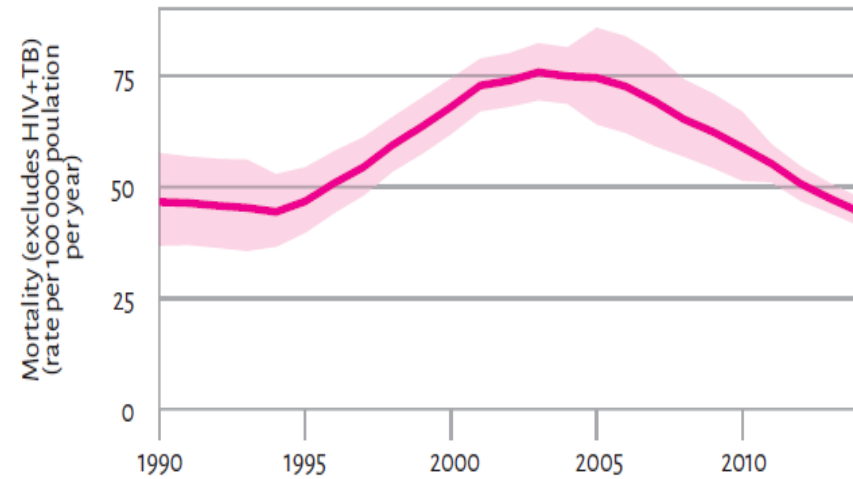
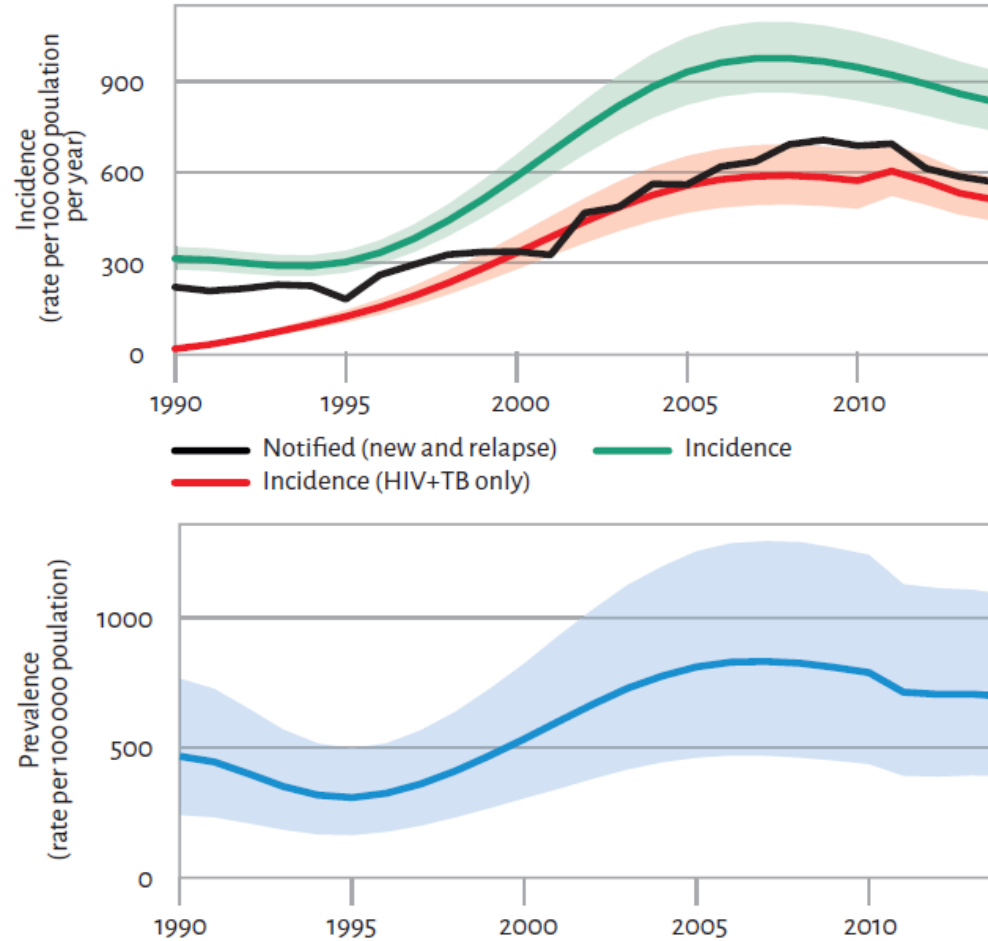


**Health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# South African Situation

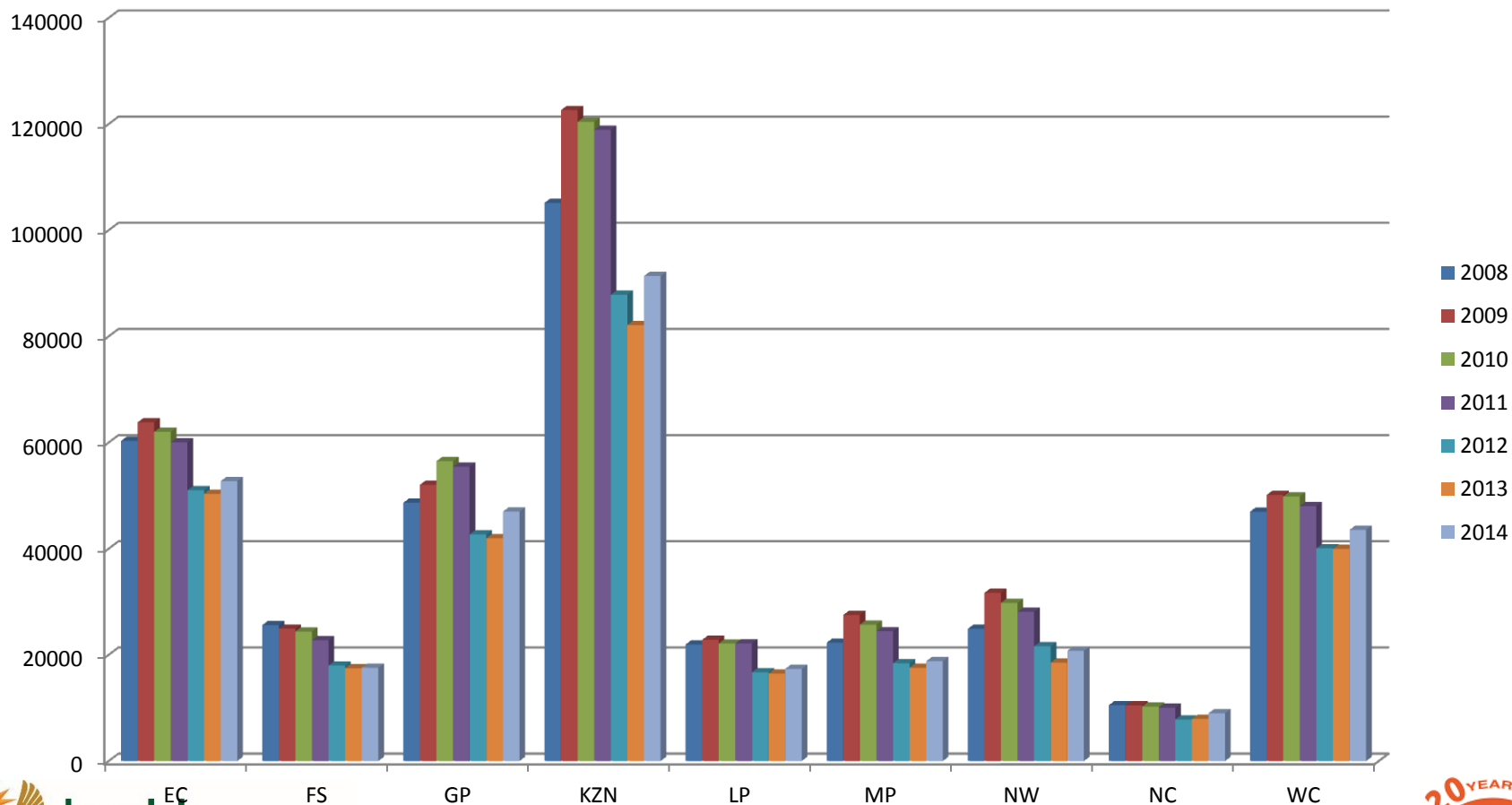


**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# TB Burden by province: 2008-2014

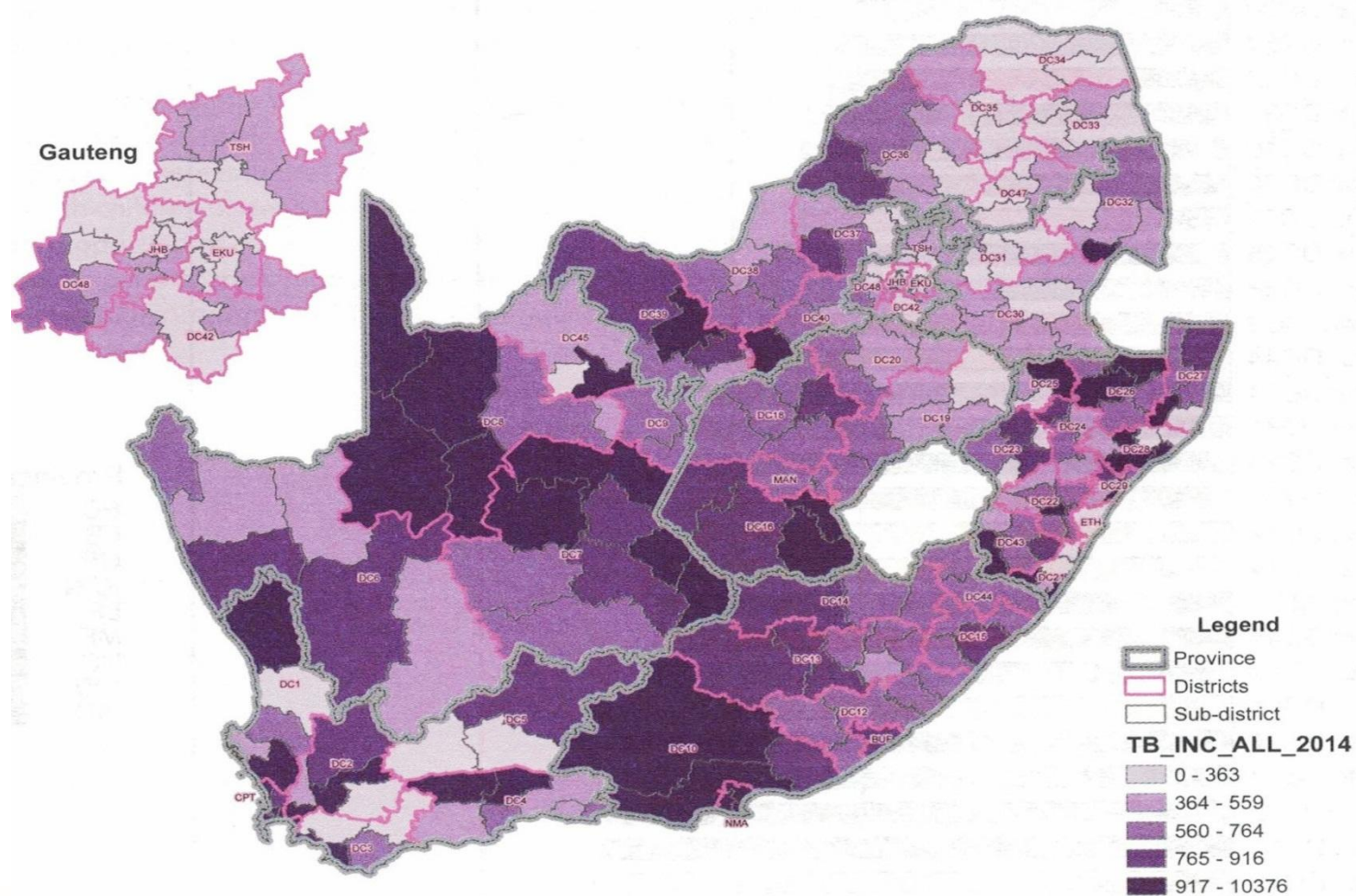


**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# TB Case notification rates by district 2014 (per 100 000)



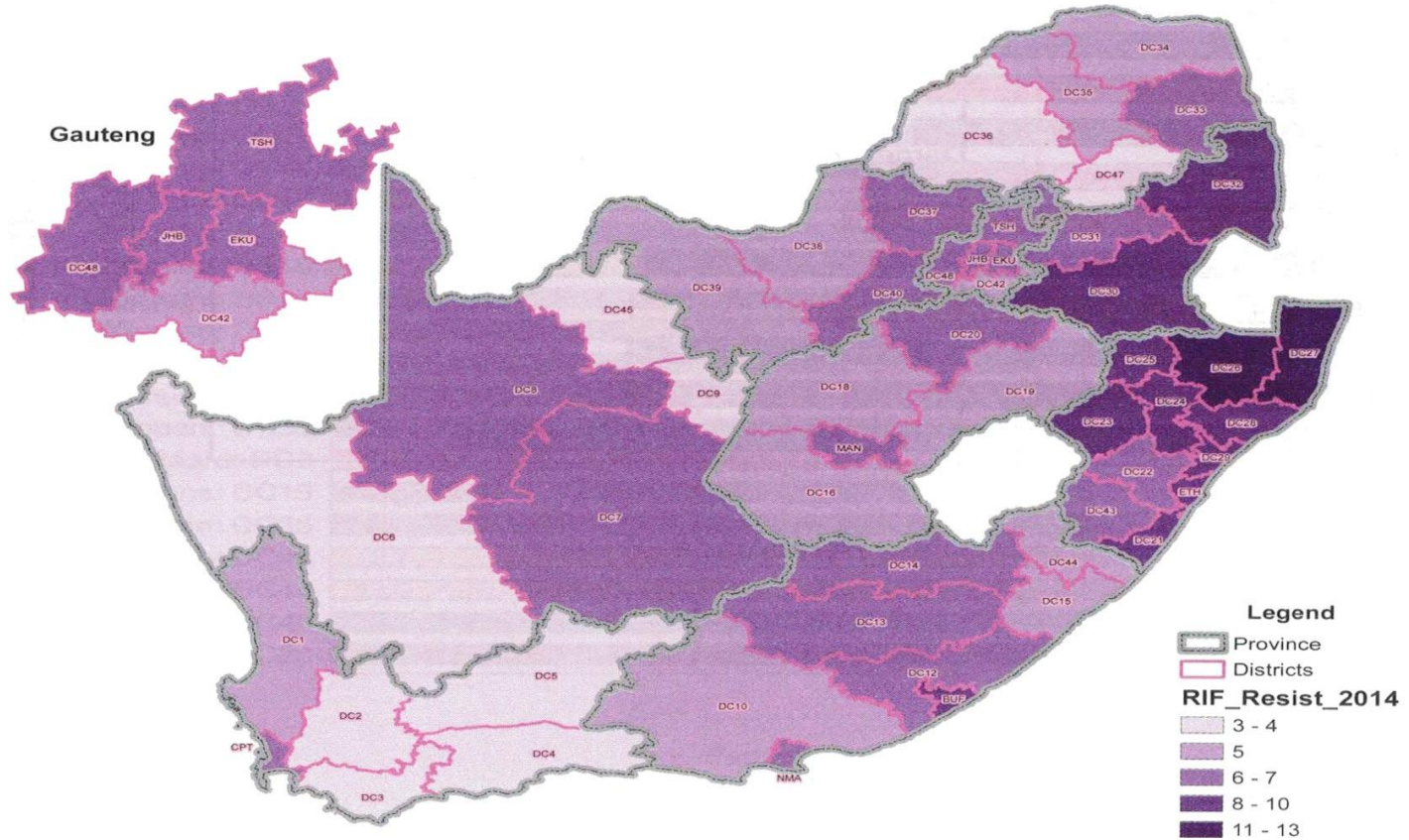
**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA





# Rifampicin Resistant TB by District 2014 (% of Xpert Dx)

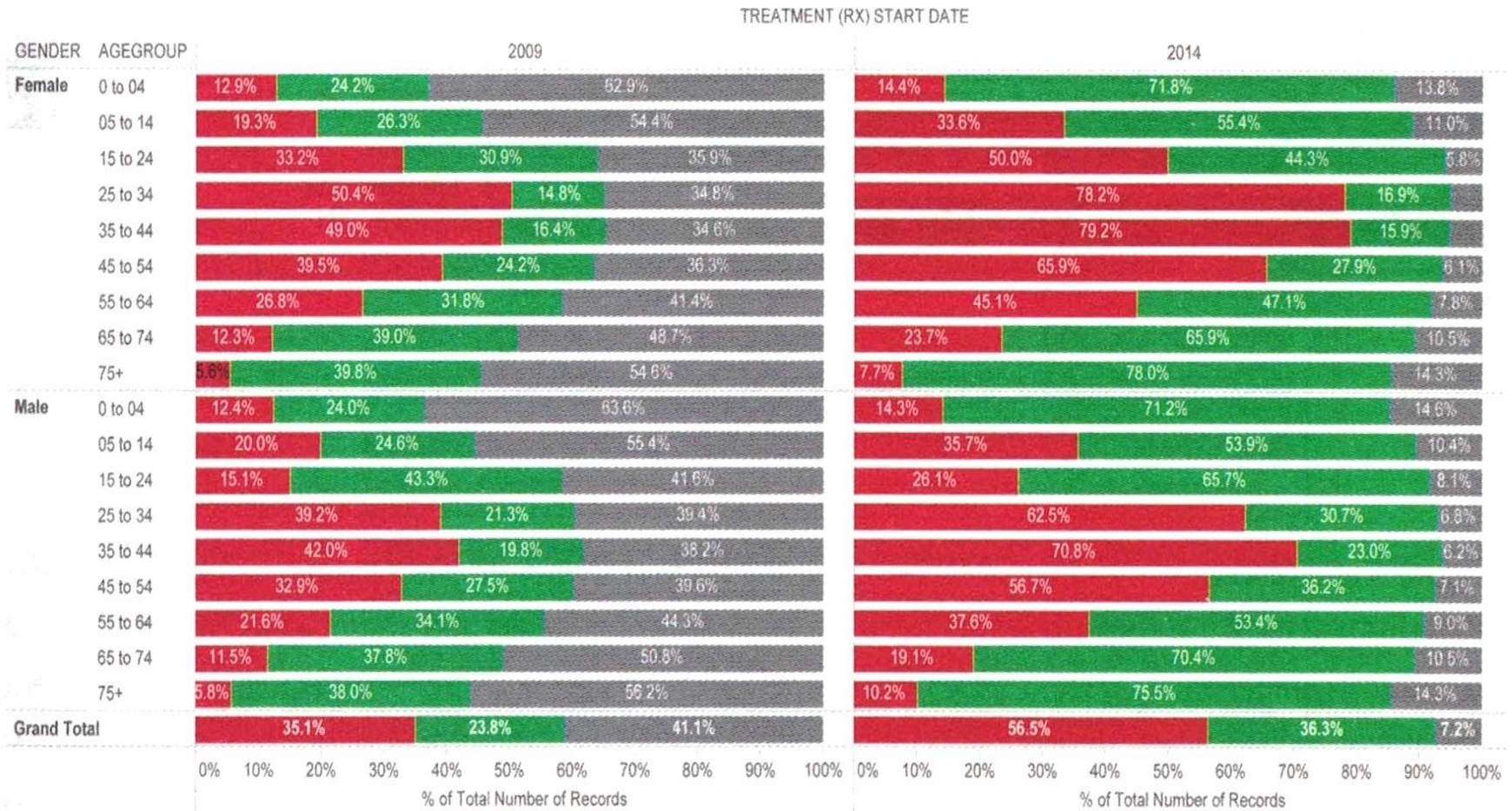


health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# TB and HIV Co-infection rates by gender and age: 2009 - 2014



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Improved TB Treatment Outcomes



Year	TB case notification	Successful treatment rate	Cure rate	Defaulter Rate
2000	151 239	63	54	13
2001	188 695	61	50	11
2002	224 420	63	50	12
2003	255 422	63	51	11
2004	279 260	66	51	10
2005	302 467	71	58	10
2006	341 165	73	62	9
2007	336 328	71	63	8
2008	340 559	71	69	8
2009	406 082	74	67	8
2010	401 048	79	71	7
2011	389 974	79	74	6
2012	349 582	81	76	6
2013	328 896	82	77	6
2014				11





- PHC/Facility Supervisor
- TB Coordinator (CDC/HAST)

Submit TB Register forms to 'sub-district  
Pink; Yellow; Green  
As soon as forms are completed and validated  
- at least on a monthly basis (1<sup>st</sup> 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  
1<sup>st</sup> week of the month  
To the Sub-district  
Information Officer

Laboratory Results

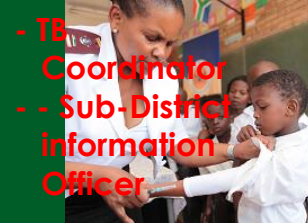
Laboratory Request form

Confirmed TB

Case Identification Register (GW20/13)

**FACILITY LEVEL**





- TB Coordinator  
- Sub-District information Officer

Submit DISPATCH ETR.Net File to next level  
Submit DHIS Export and NMD Export files to DIO

**ACTION**  
Identification of Challenges/Planned Actions

TB Coordinator

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

TB Coordinator

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

- TB Coordinator  
- Sub-District information Officer

**Run Data Checks**  
Validate, identify problems and take action

TB Coordinator,  
Data Capturer & Facility TB Nurse

Update incompleteness and incorrect data from Facilities

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

Validate data during Data Capturing

Data Capturer

Record received Register Forms on the Reporting Rate Tracking form

Data Capturer

DATA ENTRY LEVEL

**DISTRICT/ PROVINCIAL LEVELS**



Submit DISPATCH ETR.Net File to next level

TB Coordinator



**ACTION**

Identification of Challenges/ Planned Actions

TB Coordinator



**Give FEEDBACK to All levels**

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

TB Coordinator



**RUN and ANALYSE Reports**

(Case Finding; Smear Conversion,  
Treatment Outcomes;

Facility Summary Report and Detailed Facility Reports)

- TB  
Coordinator  
- - Information  
Manager



Receive Dispatch file from  
Sub-district level

TB Coordinator

health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Standard Operational Procedures for TB Surveillance A Practical guide for Sub-district TB Managers (Facility-focus)



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

1



## 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?

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:

3

## 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

## 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

## 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 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



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Challenges



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



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# 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*



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA





**THANK YOU**



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

