Group 3
TB treatment coverage indicator

Challenges

• The indicator is being captured but paper based especially at primary (facility) level which compromise the quality of data, some cases are missed.
• Assessing data from private sector, NGOs and remote rural facilities is a challenge.
• Estimates are national and cannot be used at the lower level for monitoring coverage.
• The use of the denominator from the WHO estimate- it may not always be reliable.
• Some data is underreported by regional people hence when conducting DQA this discrepancy is observed.

Action

• MOH: Double the efforts to engage and collaborate private sector and NGOs to capture all cases in a single database.
• Program need to be more vigilant to be able to capture all the people that need to be put on treatment.
• Use mechanism so that every case is notified – explore different models to engage private sector e.g incentives to private labs and facilities.
• WHO: Need guidance on this one.
• DONOR & TECHNICAL: Use of DQA can improve reporting of this indicator.
• MOH: Need to strengthen active case finding and
Treatment success rate

Challenge

• Defaulters which can be costly in patient management

• High death rate in some provinces (25+); program have challenges in screening HIV positive patients diagnosed with TB

• Difficult in assigning Outcome in the DS register for patients with INH mono-resistant after Gene Xpert then DST (pts being transfer to DR register then unclear to assign outcome in the DS register

• Cross border issues on treatment assessing; patients come already very sick, issues of consenting ( wait for their spouse to consent before assessing treatment)

Action

• WHO: Technical clarity/ guidance on assigning the outcome

• MOH: Empower communities so that they can present early for treatment or take decision e.g pregnant women

• MOH: Change of the testing policy will play a pivotal role

• MOH: Need to strengthen active case finding and ensure that all patients who are put on treatment are cured and completed treatment including cross border issues
Case Fatality Ratio

Challenges

• Some countries are still adapting ICD 10 and also transition from paper base into electronics system

• Marriage and Death are still reported parallel to MOH data; there is need to link the two systems for accurate reporting on this indicator

• Some deaths which are not TB related are reported as TB deaths while some TB deaths occurring at community level are not reported

Action

• MOH: Currently piloting or rolling out electronic reporting systems

• MOH should collaborate with other ministries (MoH, Home affairs, ICT) in order to improve

• NTP: To put more effort in order to report actual TB deaths

• NTP: Train health care workers to know the importance of this indicator

• MoH: Involve political structures for advocacy to ensure commitment

• GF: Involve Donors & Partners financial support with systems set up and maintenance