

TB data collection form 2009



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National TB Programme representatives are strongly encouraged to enter their data online **before 31 August 2009** at the following URL: www.stoptb.org/tme. A login and password will be provided separately, and can be requested from tbdata@who.int, at WHO Headquarters in Geneva. Instructions to fill the data online are available in four languages on the database website. Online data entry is recommended to ensure that the most accurate data are used in forthcoming WHO Global TB Reports.

If online data entry is not possible, please send this completed data collection form by email: tbdata@who.int, fax: +41 22 791 1589, or mail: 20 Avenue Appia, 1211-Geneva-27, Switzerland.

SECTION 1: IDENTIFICATION

Country _____

Date (OF COMPLETING THIS FORM (YYYY/MM/DD)) _____

National TB control programme manager (NTP) or equivalent

1.1 Name (AS YOU WOULD LIKE IT TO APPEAR IN ANY FUTURE PUBLICATIONS) _____

1.2 Functional title _____

1.3 Address (MAILING ADDRESS) _____

1.4 Telephone (INCLUDING COUNTRY AND CITY CODES) _____

1.5 Fax (INCLUDING COUNTRY AND CITY CODES) _____

1.6 E-mail _____

Person filling out this form (if different from NTP manager)

1.7 Name (AS YOU WOULD LIKE IT TO APPEAR IN ANY FUTURE PUBLICATIONS) _____

1.8 Functional title _____

1.9 Address (MAILING ADDRESS) _____

1.10 Telephone (INCLUDING COUNTRY AND CITY CODES) _____

1.11 Fax (INCLUDING COUNTRY AND CITY CODES) _____

1.12 E-mail _____

SECTION 2: TB CASE NOTIFICATIONS AND TREATMENT OUTCOMES

Enter numbers in the fields provided below. For "None", enter 0. If a question is not applicable, or you do not know the answer, please indicate this in the "Remarks" section, and explain why.

TB cases by history, site and smear result, 2008 calendar year (number of patients)

2.1	New pulmonary smear-positive	_ _ _ _ _ _ _ _ _
2.2	New pulmonary smear-negative	_ _ _ _ _ _ _ _ _
2.3	New pulmonary smear-unknown/not done	_ _ _ _ _ _ _ _ _
2.4	New extrapulmonary	_ _ _ _ _ _ _ _ _
2.5	Other NEW cases not in lines 2.1–2.4	_ _ _ _ _ _ _ _ _
2.6	Relapse (pulmonary smear and/or culture-positive)	_ _ _ _ _ _ _ _ _
2.7	Treatment after failure (pulmonary smear and/or culture-positive)	_ _ _ _ _ _ _ _ _
2.8	Treatment after default (pulmonary smear and/or culture-positive)	_ _ _ _ _ _ _ _ _
2.9	Other re-treatment cases not in lines 2.6–2.8	_ _ _ _ _ _ _ _ _

- 2.10 Other, not in lines **2.1–2.9** (e.g. history unknown).
Please specify what these cases are in the **“Remarks” section** | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.11 New pulmonary laboratory-confirmed cases. Laboratory-confirmed includes all cases confirmed by smear and/or culture, or by any other laboratory methods | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.12 Total number of new and re-treatment TB cases reported among foreign-born individuals in 2008 (or among non-citizens if that is the criterion used in your country) | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.13 Number of people with signs and symptoms suggestive of pulmonary TB (e.g. cough of long duration; more than 2–3 weeks) screened for TB in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.14 Number of TB deaths registered by the vital registration system of your country following the ICD-10 (or ICD-9) codes for TB in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |

2.15 **New pulmonary smear-positive TB cases by age and sex, 2008 calendar year (number of patients)**

If you have data by age and sex that do not fit this framework (e.g., different age groups), please provide the data that you do have in the **“Remarks” section**.

	0–4	5–14	0–14	15–24	25–34	35–44	45–54	55–64	65+	Unknown
Male										
Female										

2.16 **New pulmonary smear-negative/smear-unknown/smear-not done TB cases by age and sex, 2008 calendar year (number of patients)**

	0–4	5–14	0–14	15–24	25–34	35–44	45–54	55–64	65+	Unknown
Male										
Female										

2.17 **New extrapulmonary TB cases by age and sex, 2008 calendar year (number of patients)**

	0–4	5–14	0–14	15–24	25–34	35–44	45–54	55–64	65+	Unknown
Male										
Female										

MDR-TB, 2008 calendar year (number of patients)

- 2.18 Number of new and re-treatment patients who received diagnostic drug susceptibility testing (DST, including rapid tests) in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.19 Among those new and re-treatment patients tested (**question 2.18**), number of laboratory-confirmed cases of **MDR-TB** that were identified | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.20 Number of confirmed cases of MDR-TB (**question 2.19**) who were started on treatment with **second-line drugs** | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.21 Number of MDR-TB cases (**question 2.19**) that received **2nd-line DST** in 2008 (include all MDR-TB cases for which 2nd-line DST was performed, whether done at the same time as 1st-line DST or following diagnosis of MDR-TB) | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.22 Number of MDR-TB cases that received 2nd-line DST (**question 2.21**), that were found to have **XDR-TB** | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.23 Number of patients registered as **new cases** that received diagnostic DST (including rapid tests) in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.24 Among those new patients tested (**question 2.23**), number of laboratory-confirmed cases of **MDR-TB** that were identified in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.25 Number of patients registered as **re-treatment cases** that received diagnostic DST (including rapid tests) in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |
- 2.26 Among those re-treatment patients tested (**question 2.25**), number of laboratory-confirmed cases of **MDR-TB** that were identified in 2008 | _ | _ | _ | _ | _ | _ | _ | _ | _ |

TB/HIV, 2007 and 2008 calendar years (number of patients)

Data on co-trimoxazole preventive therapy and antiretroviral therapy should be reported with the quarterly data on TB treatment outcomes and therefore final numbers for 2008 may not be available yet. However, we request that you provide us with provisional numbers for 2008 as well as the final numbers for 2007.

		2007	2008
2.27	How many TB patients (new and re-treatment) had an HIV test result recorded in the TB register? (This should include TB patients who were known to be HIV-positive before being diagnosed with TB, as well as TB patients with a negative HIV test result from previous testing that was acceptable to the clinician (e.g. done in the last 3–6 months in a reliable laboratory).)		
2.28	Of these patients (i.e. question 2.27), how many were recorded to be HIV-positive?		
2.29	How many HIV-positive TB patients (question 2.28) started or continued on co-trimoxazole preventive therapy?		
2.30	How many HIV-positive TB patients (question 2.28) started or continued on antiretroviral therapy (ART)?		

To obtain the data required to answer questions **2.31–2.35**, please consult with your colleagues in the national HIV programme (or equivalent)

		2008
2.31	How many people were registered as HIV-positive in 2008, regardless of year of diagnosis? (include everyone in the HIV care and/or ART register)	
2.32	How many of the people registered as HIV-positive (question 2.31) were screened for TB at least once during 2008?	
2.33	How many of the people registered as HIV-positive (question 2.31) started TB treatment during 2008?	
2.34	How many of the people registered as HIV-positive and started on TB treatment (question 2.33) were also on ART (i.e. recorded in ART register) in 2008?	
2.35	How many of the people registered as HIV-positive (question 2.31) were given isoniazid prophylaxis (treatment of latent TB infection) in 2008?	

Treatment outcomes for TB cases (including both HIV-negative AND HIV-positive cases) registered in 2007 calendar year (number of patients)

2.36 Are you able to report the treatment outcomes of pulmonary cases by smear status only? Yes No

2.37 If no, please specify which method of confirmation is used

- Culture
 Smear or culture
 Not applicable

		Total number of cases registered	Cured	Completed	Died	Failed	Defaulted	Transferred out*
2.38	New pulmonary smear-positive (and/or culture positive)							
2.39	New pulmonary smear-negative and extrapulmonary (or smear unknown/not done)							
2.40	Re-treatment							

* "Transferred out" means transferred out and not evaluated. It is the subset of transferred patients for whom the outcome was not evaluated.

Treatment outcomes for HIV-positive TB cases registered in 2007 calendar year (number of patients)

		Total number of cases registered	Cured	Completed	Died	Failed	Defaulted	Transferred out
2.41	New pulmonary smear-positive (and/or culture positive)							
2.42	New pulmonary smear-negative and extrapulmonary (or smear unknown/not done)							
2.43	Re-treatment							

Final treatment outcomes for MDR-TB cases registered in 2006 calendar year (number of patients)

Please include ONLY the outcomes of cases registered for treatment OUTSIDE GLC-approved* projects. WHO receives data on the outcomes of cases treated in GLC-approved projects through a different process, so there is no need to report them here.

	Non-GLC*	Total number of cases registered	Cured	Completed	Died	Failed	Defaulted	Transferred out	Still on treatment
2.44	New cases								
2.45	Re-treatment cases								
2.46	Other cases								

* GLC – The Green Light Committee: The mechanism of WHO and the Stop TB Partnership to enable access to second-line anti-TB drugs in low- and middle-income countries to treat multidrug-resistant tuberculosis (MDR-TB) under programmatic conditions and following specific guidelines.

SECTION 3: IMPLEMENTING THE STOP TB STRATEGY

Overview of services for diagnosis and treatment of TB

3.1 How many TB basic management units (BMUs) were there in 2008? | _ | _ | _ | _ | _ |

The basic management unit is defined in terms of management, supervision, and monitoring responsibility. It may have several treatment facilities, one or more laboratories, and one or more hospitals. The defining aspect is the presence of a manager or coordinator who oversees TB control activities for the unit and who maintains a master register of all TB patients being treated, which is used to monitor the programme and report on indicators to higher levels.

3.2 What is the main type of health-care facility through which the NTP provides TB treatment?

Rural

- Hospital
 Health centre (or equivalent)
 Health post (or equivalent)

Urban

- Hospital
 Health centre (or equivalent)
 Health post (or equivalent)

3.3 How many of these types of health-care facility were there in the country at the end of 2008? | _ | _ | _ | _ | _ |

3.4 In how many of these facilities was the NTP providing TB treatment services at the end of 2008? | _ | _ | _ | _ | _ |

3.5 Are these facilities part of the general primary health-care network?

- Yes No

3.6 Is TB diagnosis provided through the NTP free-of-charge, and/or can fees be fully reimbursed through health insurance?

- Yes (all TB suspects) Yes (if TB is confirmed) Yes (for smear-positive TB)
 Yes (for certain income groups) Yes (other criteria) No

3.7 For how many new and re-treatment patients was treatment supervised in 2008? | _ | _ | _ | _ | _ | _ | _ | _ |

3.8 Which of the following groups provided treatment supervision (for patients treated through the NTP) during the initial phase of treatment in 2008?

Health-care worker	Community member	Family member
<input type="checkbox"/> Yes (most/all supervised patients)	<input type="checkbox"/> Yes (most/all supervised patients)	<input type="checkbox"/> Yes (most/all supervised patients)
<input type="checkbox"/> Yes (some supervised patients)	<input type="checkbox"/> Yes (some supervised patients)	<input type="checkbox"/> Yes (some supervised patients)
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Laboratory diagnostic services

3.9 How many laboratories were providing TB diagnostic services in 2008 and how many laboratories will provide services in 2009? PLEASE INCLUDE ALL LABORATORIES CONTRIBUTING TO THE DIAGNOSIS OF PATIENTS NOTIFIED BY THE NTP (INCLUDING COLLABORATING LABORATORIES WITHIN OR OUTSIDE THE PUBLIC HEALTH SECTOR).

	2008			2009	
	Number of laboratories at end of 2008	Number of microscopy units for which EQA was carried out	Of units for which EQA was carried out, number that failed to show adequate performance*	Number of laboratories expected to be providing services by end of 2009	Total number of microscopy units for which EQA will be carried out
Smear microscopy					
Culture					
Drug susceptibility testing					

* Criteria for failing to show adequate performance are as follows:
 Microscopy: one or more high false positive (HFP) or high false negative (HFN);
 Culture: more than 10% of specimens from patients who were smear-positive prior to the start of treatment fail to grow;
 DST: the results of more than 5% of tests for susceptibility to isoniazid and rifampicin are not consistent with those from the National Reference Laboratory.

3.10 Was second-line drug susceptibility testing available for NTP patients in 2008?

- Yes, within the country
- Yes, using laboratories in another country
- Yes, using laboratories within and outside the country
- No

3.11 How many non-NTP laboratories were collaborating with the NTP in 2008?

Private sector (including NGOs) | _ | _ | _ | _ | _ | **Public sector** | _ | _ | _ | _ | _ |

3.12 Were there any stock-outs of laboratory reagents and supplies in 2008?

Central level

- Yes
- No
- Don't know

Peripheral level

- Yes
- No
- Don't know

3.13 Did you have a national reference laboratory or laboratories (NRL) in 2008?

- Yes
- No

Human resource development (HRD)

3.14 How many staff are needed, available and trained for TB control in the country?

	Needed	Available	Trained
Total staff			

3.15 Is TB control (following NTP guidelines) formally included in the curricula for basic training of the following categories of health-care worker?

- | | | | |
|-------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Doctors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Nurses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Laboratory technicians | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

Drug management

3.16 Were TB drugs provided free-of-charge to ALL TB patients treated with first-line drugs under the NTP in 2008?

- Yes
- No
- Don't know

3.17 Were there any stock-outs of TB drugs at any level in 2008 (i.e. drugs not present for at least one day)?

	Stock-outs of first-line drugs	Stock-outs of second-line drugs in MDR-TB management units
Central level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Peripheral level (which resulted in treatment interruption or delay in start of treatment for TB patients)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

3.18 What are the NTP-recommended regimens for TB treatment?

Use the table provided to describe the regimens. If the regimen(s) used cannot be described using the table or if you have more than one regimen in use for a given category of patients, please describe the regimen(s) and provide an explanation in the **"Remarks" section**.

	Initial phase		Continuation phase	
	Duration/drugs	Frequency (per week)	Duration/drugs	Frequency (per week)
New TB Patients	<input type="checkbox"/> 2HRZE <input type="checkbox"/> 2(HR)ZE <input type="checkbox"/> 2(HRZ)E <input type="checkbox"/> 2(HRZE) <input type="checkbox"/> 2HRZ <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7	<input type="checkbox"/> 4HR <input type="checkbox"/> 4(HR) <input type="checkbox"/> 6HE <input type="checkbox"/> 6(HE) <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7
Previously treated TB patients	<input type="checkbox"/> 2HRZES <input type="checkbox"/> 2(HR)ZES <input type="checkbox"/> 2(HRZ)ES <input type="checkbox"/> 2(HRZE)S <input type="checkbox"/> 2HRZ <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7	<input type="checkbox"/> 5HRE <input type="checkbox"/> 5(HRE) <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7
Children	<input type="checkbox"/> 2HRZE <input type="checkbox"/> 2(HR)ZE <input type="checkbox"/> 2(HRZ)E <input type="checkbox"/> 2(HRZE) <input type="checkbox"/> 2HRZ <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7	<input type="checkbox"/> 4HR <input type="checkbox"/> 4(HR) <input type="checkbox"/> 6HE <input type="checkbox"/> 6(HE) <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 3–6 <input type="checkbox"/> 7

"H" indicates isoniazid; "R", rifampicin; "Z", pyrazinamide; "E", ethambutol; "S", streptomycin. Parentheses "("") indicate fixed-dose combinations.

3.19 Were paediatric formulations of anti-TB drugs procured specifically for children in 2008?

Yes No

3.20 Are first-line TB drugs available in private pharmacies?

Yes No

3.21 Are first-line TB drugs available without a prescription?

Yes No

Monitoring and evaluation system, and impact measurement

3.22 Did you keep (or have access to) data for individual TB patients at the NTP central office in 2008?

Yes No

3.23 Are data at the NTP central office stored in a relational database management system (RDBMS)?

An RDBMS is an application or system that allows you to store and easily access an extensive amount of data for use in your routine work. It is usually accessible to several people at the same time and allows users to enter/upload and edit/update the data. It also allows users to produce standard and/or customized analyses (e.g. tables and graphs) using these data at the click of a button. An RDBMS is usually purchased from a software company or developed by an internal IT team. It is usually operated using standard database technologies such as MySQL, PostgreSQL, Microsoft SQL or Oracle.

Yes, web-based Yes, stand-alone No

3.24 How many quarterly reports (or equivalent) were received and expected for these categories?

	Case finding, 2008	Treatment outcomes, 2007
Received		
Expected		

3.25 Which of the following approaches have been used, or will be used, to assess the epidemiological burden of TB and the impact of TB control in your country?

		Year of most recent assessment	Year of next assessment
In-depth analysis of routine surveillance data	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Capture-recapture study	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Population-based prevalence of disease survey	<input type="checkbox"/> Yes, national <input type="checkbox"/> Yes, subnational <input type="checkbox"/> No		
Population-based prevalence of infection survey	<input type="checkbox"/> Yes, national <input type="checkbox"/> Yes, subnational <input type="checkbox"/> No		
Population-based mortality survey (e.g. verbal autopsy study)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Analysis of vital registration mortality data	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3.26 By your estimate, what % of notifiable TB cases occurring in your country were actually reported in 2008 (your estimate of the case detection rate)?

|_|_|_|%

Collaborative TB/HIV activities

3.27 Was there a national surveillance system to measure the prevalence of HIV in TB patients in 2008?

Yes No

3.28 If yes, what sources of data were used?

	Estimated prevalence (%)	Year of estimate	95% Confidence interval	
			lower limit	upper limit
Nationwide representative surveys				
Sentinel sites				

Management of drug-resistant TB

MDR = multidrug-resistant. DST = drug susceptibility testing. GLC = The Green Light Committee: the mechanism of WHO and its partners in the Stop TB Partnership to enable access to second-line anti-TB drugs in low- and middle-income countries to treat multidrug-resistant tuberculosis (MDR-TB) under programmatic conditions and following specific guidelines, XDR = extensively-drug resistant.

3.29 What is the status of the management of drug-resistant TB?

		If yes, since which year?
National guidelines for management of drug-resistant TB developed?	<input type="checkbox"/> Yes, including XDR <input type="checkbox"/> Yes, not including XDR <input type="checkbox"/> No	
Training material developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training specifically for drug-resistant TB conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.30 Was there a national surveillance system to measure the prevalence of drug resistance among TB cases in 2008?

Yes No

3.31 If yes, what sources of data were used?

	Estimated prevalence (%)	Year of estimate	95% Confidence interval	
			lower limit	upper limit
Nationwide representative surveys of new TB cases				
Nationwide representative surveys of retreatment TB cases				

3.32 For which groups of patients is first-line drug-susceptibility testing routinely performed? (select all that apply)

- All patients Treatment failures
 New cases Chronic cases
 Re-treatment cases Contacts of MDR-TB cases

Special populations and other high-risk groups

3.33 Did the NTP implement any specific activities for TB control for the following groups/situations in 2008? (select all that apply)

- Refugees/displaced people Alcohol abusers
 Cross-border populations Injecting drug users
 Orphaned/homeless People with diabetes
 Slum dwellers People who smoke tobacco
 Ethnic minorities

Population movement due to:

- Political unrest War
 Natural disaster

		Children (< 5 years old)	All ages
3.34	How many contacts of smear-positive TB cases were screened for TB in 2008?		
3.35	How many TB cases were identified among contacts in 2008?		
3.36	How many contacts began IPT in 2008?		

3.37 How many TB patients received free food supplements in 2008?

| _ | _ | _ | _ | _ | _ | _ | _ |

3.38 Do you routinely screen immigrants for TB?

The definition of an immigrant varies among countries. In some countries, the definition is based on place of birth, while in others it is based on citizenship or residency. When answering the following two questions, please apply the definition used in your country.

- Yes No

3.39 What is your policy for treatment of TB in immigrants?

- Same treatment as non-immigrants
 Patient must pay for treatment
 Treatment for initial phase followed by repatriation
 Immediate repatriation
 Other

Health systems strengthening and integration of TB control within primary health care

3.40 Which of the following exist in your country?

		If yes, is the NTP plan and budget aligned (i.e. linked to and coordinated) with it?
Plan for national human resources for health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan for national health sector development	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poverty Reduction Strategy Paper	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medium-term Expenditure Frameworks for health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sector Wide Approach (SWAp)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TB infection control

- 3.41 How many health-care workers had TB in 2008 (regardless of job position)? | _ | _ | _ | _ | _ | _ | _ | _ |
- 3.42 How many health-care workers were working in the country in the public and private sector in 2008? | _ | _ | _ | _ | _ | _ | _ | _ |
- 3.43 Have health-care workers been trained in TB infection control in 2008?
 Yes No
- 3.44 How many tertiary (referral) hospitals have the following?
- | | |
|---|-------------------------------|
| Person in charge of TB infection control | _ _ _ _ _ _ _ _ |
| TB infection control assessment done since 2008 | _ _ _ _ _ _ _ _ |
| Training on TB infection control conducted since 2008 | _ _ _ _ _ _ _ _ |
| Total number of tertiary (referral) hospitals | _ _ _ _ _ _ _ _ |

Practical Approach to Lung Health (PAL)

- 3.45 How many primary health-care facilities implemented PAL in 2008? | _ | _ | _ | _ | _ |
- 3.46 Out of how many primary health-care facilities in total? | _ | _ | _ | _ | _ |

Public-Private and Public-Public Mix (PPM) including International Standards for TB Care (ISTC)

- 3.47 Is the source of patient referral (by major categories of provider) routinely recorded in the laboratory or treatment register?
 Yes No
- 3.48 Is the place of patient treatment (by major categories of provider) routinely recorded in the treatment register?
 Yes No
- 3.49 How many BMUs provided such data in 2008? | _ | _ | _ | _ | _ |
- 3.50 Please describe the number of non-NTP providers in the public and private sectors that collaborated with the NTP in 2008, and the number of cases that they diagnosed and treated, using the table below:

	Number in country	Number collaborating	Number of TB suspects referred for diagnosis to NTP facilities	Number of new cases of TB diagnosed according to NTP guidelines	Number of TB patients (new cases) treated following NTP guidelines
Non-NTP public providers*					
Private providers**					

* for example, public medical colleges, prisons/detention centres, military facilities

** for example, private practitioners, private hospitals, private clinics, corporate services and NGOs

- 3.51 Were you using the ISTC to promote the involvement of non-NTP providers in TB control in 2008?
 Yes No
- 3.52 Have the ISTC been formally endorsed by any professional association(s) in the country?
 Yes No

Advocacy, communication and social mobilization (ACSM)

Advocacy, communication and social mobilization (ACSM) is a term that describes a set of activities aimed at encouraging care-seeking behaviour, providing education on the signs and symptoms of TB, providing education on where to go for TB testing and treatment, increasing knowledge about risk factors for TB, combating stigma, providing a channel for afflicted individuals and communities to voice needs and concerns, encouraging community action, and calling for increased political and financial support for local, national and international action.

- 3.53 Were NGOs and other relevant stakeholders outside the NTP involved in planning and implementing ACSM activities?
 Yes No
- 3.54 Have you conducted a Knowledge, Attitudes and Practices (KAP) study or similar survey on TB?
 Yes No
- 3.55 If Yes, was the last KAP study used to:
- Measure a baseline in order to perform a follow up ACSM impact evaluation at a later stage?
 Yes No
- Design appropriate ACSM or service-related activities based on the findings?
 Yes No

Patients' Charter for Tuberculosis Care

3.56 Has the patients' charter been printed and disseminated to TB treatment centres?

Yes No

3.57 Have TB personnel been trained on the use of the Patients' Charter?

Yes No

Operational research

Operational research: research specifically aimed at developing interventions that result in improved policy-making, better design and implementation of health systems, and more efficient methods of service delivery.

3.58 How many operational research projects were completed (final report published) in 2008, in the following areas?

Improving case detection	_ _ _
Collaborative TB/HIV activities	_ _ _
MDR/XDR-TB	_ _ _
Social mobilization, community involvement	_ _ _
Other	_ _ _

3.59 Which funding source(s) were used (specify the number of projects for each source)?

Global Fund	_ _ _
Bilateral organizations (DFID, USAID, etc.)	_ _ _
Multilateral organizations (WHO, UNICEF, etc.)	_ _ _
Private (BMGF, NGOs, etc.)	_ _ _

3.60 Who conducted the project(s) (specify the number of projects for each category)?

NTP alone	_ _ _
NTP in collaboration with academic/research institutions	_ _ _

3.61 How many papers based on the results of operational research projects were published in 2008?

|_|_|_|

Retooling

3.62 Please describe the current status of retooling in your country using the table below:

	Included in TB control guidelines for diagnosis	Implemented by public TB services for diagnosing TB
Liquid culture and DST in low- and middle-income settings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rapid speciation test for Mycobacterium tuberculosis cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line-probe assay for detecting resistance to rifampicin and isoniazid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smear-positive case definition based on a patient having one positive sputum smear (≥ 1 AFB per smear) instead of two positive smears	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Algorithm for the diagnosis of TB in HIV-positive people, which includes use of all investigations at the same time including CXR, culture (when available) and no use of an antibiotic trial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED fluorescent microscopy*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please note that LED fluorescent microscopy is not yet officially recommended by WHO, but is already in use in some countries.

3.63 In which of the following was the NTP involved (in clinical trials or other research to evaluate effectiveness)?

New diagnostic technologies or approaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New drug regimens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TB vaccines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other research	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 4: FINANCE

Budget fiscal year 2009

4.1	Beginning of your fiscal year (MM/DD)	_ _ / _ _
4.2	Expected number of new smear-positive patients to be treated in 2009	_ _ _ _ _ _ _ _ _
4.3	Expected number of new smear-negative/extra-pulmonary patients to be treated in 2009	_ _ _ _ _ _ _ _ _
4.4	Number of HIV-positive TB patients expected to start ART in 2009	_ _ _ _ _ _ _ _ _
4.5	Number of MDR-TB patients expected to be treated in 2009	GLC-approved _ _ _ _ _ _ _ _ _
		Other _ _ _ _ _ _ _ _ _

	Please report all financial data in <i>absolute US Dollars</i>	Budget required ^a	EXPECTED funding				Gap ^f
	Budget line items:		Government ^b	Loans ^c	Global Fund ^d	Other grants ^e	
4.6	First-line TB drugs						
4.7	Staff working for TB control (central unit staff and subnational TB staff)						
4.8	Routine programme management and supervision activities						
4.9	Laboratory supplies and equipment for smears, culture and DST						
4.10	PAL (Practical Approach to Lung Health)						
4.11	PPM (Public-Public, Public-Private Mix-DOTS)						
4.12	Collaborative TB/HIV activities						
4.13	Second-line drugs for MDR-TB						
4.14	Management of MDR-TB (budget excluding second-line drugs)						
4.15	Community involvement						
4.16	ACSM (Advocacy, communication and social mobilization)						
4.17	Operational research						
4.18	Surveys to measure TB burden and impact of TB control						
4.19	All other budget lines for TB (e.g., technical assistance)						
4.20	TOTAL						

Budget fiscal year 2010

4.21	Expected number of new smear-positive patients to be treated in 2010	_ _ _ _ _ _ _ _ _
4.22	Expected number of new smear-negative/extra-pulmonary patients to be treated in 2010	_ _ _ _ _ _ _ _ _
4.23	Number of HIV-positive TB patients expected to start ART in 2010	_ _ _ _ _ _ _ _ _
4.24	Number of MDR-TB patients expected to be treated in 2010	GLC-approved _ _ _ _ _ _ _ _ _ Other _ _ _ _ _ _ _ _ _

	Please report all financial data in <i>absolute US Dollars</i>	Budget required ^a	EXPECTED funding				Gap ^f
	Budget line items:		Government ^b	Loans ^c	Global Fund ^d	Other grants ^e	
4.25	First-line TB drugs						
4.26	Staff working for TB control (central unit staff and subnational TB staff)						
4.27	Routine programme management and supervision activities						
4.28	Laboratory supplies and equipment for smears, culture and DST						
4.29	PAL (Practical Approach to Lung Health)						
4.30	PPM (Public-Public, Public-Private Mix-DOTS)						
4.31	Collaborative TB/HIV activities						
4.32	Second-line drugs for MDR-TB						
4.33	Management of MDR-TB (budget excluding second-line drugs)						
4.34	Community involvement						
4.35	ACSM (Advocacy, communication and social mobilization)						
4.36	Operational research						
4.37	Surveys to measure TB burden and impact of TB control						
4.38	All other budget lines for TB (e.g., technical assistance)						
4.39	TOTAL						

Utilization of health services, 2009

		New smear-positive	New smear negative/ extra-pulmonary	MDR-TB
4.40	Typical number of visits to a health facility after diagnosis			
4.41	Estimated percentage of cases that are hospitalized (%)			
4.42	Estimated average duration of stay if hospitalized (days)			
		New cases (non-MDR TB)	MDR-TB	Total
4.43	Number of hospital beds used exclusively for TB (including beds in sanatoria, where these exist)			

Expenditure, fiscal year 2008

	Please report all financial data in <i>absolute US Dollars</i>	Actual expenditure ^g	RECEIVED funding ^h			
			Government	Loans	Global Fund	Other grants
4.44	First-line TB drugs					
4.45	Staff working for TB control (central unit staff and subnational TB staff)					
4.46	Routine programme management and supervision activities					
4.47	Laboratory supplies and equipment for smears, culture and DST					
4.48	PAL (Practical Approach to Lung Health)					
4.49	PPM (Public-Public, Public-Private Mix-DOTS)					
4.50	Collaborative TB/HIV activities					
4.51	Second-line drugs for MDR-TB					
4.52	Management of MDR-TB (budget excluding second-line drugs)					
4.53	Community involvement					
4.54	ACSM (Advocacy, communication and social mobilization)					
4.55	Operational research					
4.56	Surveys to measure TB burden and impact of TB control					
4.57	All other budget lines for TB (e.g., technical assistance)					
4.58	TOTAL					

INSTRUCTIONS FOR SECTION “4. FINANCE”

Please remember that funding for TB control can only be improved if some attempt to describe the financial situation is made, even if data availability is limited. If the central NTP office has no information on the exact amounts that peripheral governments make available for TB control, please try to estimate.

Budget items

4.1	The date of the beginning of your fiscal year (between 1 January and 31 December)
4.2 & 4.21	The number of patients you expect to detect and treat – new smear-positive cases in all areas. It does NOT mean the total estimated incident number of cases in your country.
4.3 & 4.22	The number of patients that you expect to detect and treat – new smear-negative and extra-pulmonary cases in all areas. It does NOT mean the total estimated incident number of cases in your country.
4.4 & 4.23	The number of HIV+TB patients that you expect will start ART treatment in this year, either in the NTP programme or in the national AIDS programme. If patients are provided ART by the National AIDS programme please let us know in the remarks.
4.5 & 4.24	The number of MDR-TB patients that you expect to treat. Please report separately: a) patients treated in GLC-approved projects and b) other patients.
4.6 & 4.25	Budget for anti-TB drugs, excluding drugs to treat multidrug-resistant (MDR) TB. If drugs are provided by the Global Drug Facility (GDF), please include an estimate of the value of these drugs. Please include the budget for all first-line drugs used to treat category I, II and III cases, i.e. all new (including children) and re-treatment cases, and the budget for buffer stock (if any).
4.7 & 4.26	Staff cost for staff working ONLY on TB activities at central and peripheral levels (for example provincial TB coordinators, district TB coordinators, etc). Do NOT include, for example, primary health care nurses working on several diseases, including TB.
4.8 & 4.27	Budget for activities to manage and supervise the TB control programme. Examples are training, policy development, meetings, visits for supervision, fuel for supervision, purchase of office equipment/vehicles, construction of buildings for use by programme staff, recording and reporting, and drug management and distribution.
4.9 & 4.28	Budget for laboratory supplies and equipment for microscopy, culture and DST, including for external quality assurance.
4.10 & 4.29	Budget necessary to manage PAL, e.g. meetings related to PAL and development of guidelines.
4.11 & 4.30	Budget necessary to manage PPM, e.g. meetings related to PPM, development of guidelines and any payment/contractual scheme that might exist.
4.12 & 4.31	Activities involving collaboration between TB and HIV programmes aimed at reducing the impact of HIV-related TB. These include TB/HIV coordinating bodies, joint TB/HIV training and planning, HIV testing for TB patients, HIV surveillance among TB patients, TB screening for people living with HIV/AIDS, isoniazid preventive therapy, joint TB/HIV information/education/communication, antiretroviral treatment for TB patients, etc. For clarifications, please see the WHO TB/HIV interim policy or the Monitoring and Evaluation guide.
4.13 & 4.32	Budget for second-line drugs, include drugs procured through the Green Light Committee (GLC) and through other mechanisms.
4.14 & 4.33	Budget for the management of MDR-TB (excluding anti-TB drugs for MDR-TB). Include all activities related to programme management not already included in 4.7 & 4.26.
4.15 & 4.34	Budget for activities related community involvement, including policy development, incentives and enablers.
4.16 & 4.35	Budget for activities related to advocacy, communication & social mobilization, and community-based care, including workshops to create awareness, mass media campaigns or World TB Day.
4.17 & 4.36	Budget for operational research. Please remember that OR studies are designed to answer specific questions arising from routine data and management such as “Why do we have a high default rate?”.
4.18 & 4.37	Budget for periodic surveys to measure burden of TB and impact of TB control, e.g. disease prevalence surveys, ARI surveys, surveys of TB mortality or drug resistance surveys.
4.19 & 4.38	Include in the “Other” category all other budget lines not included in previous budget lines. Examples are technical assistance, supplies and equipment for X-rays, budget for high-risk groups, infection control and childhood TB.

Utilization of health services

4.40	The average number of visits per smear-positive, smear-negative/extra-pulmonary and MDR-TB patient to any health facility during TB treatment, for example for observed treatment (DOT), collection of drugs, smear monitoring, etc. after the patient has been diagnosed with TB, in view of your treatment guidelines. For example, if a smear-positive patient receives directly observed treatment daily in the intensive phase at clinics and, in the continuation phase 4 visits are required (one per month for collection of drugs), the total would be 60+4=64. If unsure, please give a range.
4.41	The approximate percentage of smear-positive, smear-negative/extra-pulmonary and MDR-TB patients hospitalized for TB treatment (for any duration of stay), in view of your treatment guidelines. For example, if your policy or general practice is to admit all TB patients for 2 months, the figure will be 100%. If unsure, please give a range.
4.42	If smear-positive, smear-negative/extra-pulmonary and MDR-TB patient are hospitalized for TB treatment, the average number of days they would spend in hospital. If unsure, please give a range.
4.43	Estimated number of beds in TB hospitals and in TB wards of other hospitals. Include sanatoria beds if these exist. If unsure, please give a range.

Expenditure items

4.44–4.57 Report actual expenditures and funds received on line items. For explanations see 4.6-4.19 above.

Sources of funding

- a The total budget required should be in line with your annual plan of activity. Indicate the total amount required to carry out all activities and NOT only the amount you expect to receive.
- b Include funding from both the central and peripheral government sources (provinces, districts, etc.).
- c All loans for TB or amount for TB in an overall health sector-wide loan.
- d Grants awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The amount for the relevant fiscal year only and NOT the total amount of the grant.
- e All grants, excluding Global Fund grants. The amount should be for the relevant fiscal year and not the total amount of the grant.
- f The amount in this column should equal the "Total budget required" column MINUS the total of all expected funding columns (i.e. government, loans, grants excluding Global Fund, Global Fund grants, other).
- g Report the amounts that were actually spent on each line item during your last fiscal year. The total in this column might be lower than the total funds received, but not higher.
- h Report the funds actually received from each source of funding. The total amount from all sources might be higher than the expenditure reported, but not lower.

WHO planning and budgeting tool

If you have the WHO planning and budgeting tool before March 2008 (version 1.5.19), the summary table "Stop TB strategy costs by source of funding" provides the data required to complete the budget tables for 2007 and 2008 for this form but note that the line items do not appear in the same order.

If you have used version 3 of the WHO planning and budgeting tool, the summary table "Total NTP budget and sources of funding by intervention" provides the required data. The list below indicates which line items in the planning and budgeting tool correspond to the rows of the tables in this data collection form. In some cases you will need to add together more than one line item from the tool to complete this form.

From June 2008, version 3 of the WHO planning and budgeting tool produced the budget tables required for this data collection form.

This form	Planning and budgeting tool
4.6 & 4.25	1.4 First-line drugs procurement and management (please exclude costs of management and distribution)
4.7 & 4.26	1.5.3.1 HRD: Staff
4.8 & 4.27	1.5.2 Programme management and supervision activities + 1.5.3.3 HRD: Training + costs of first-line drug management and distribution
4.9 & 4.28	1.2 Improving diagnosis
4.10 & 4.29	3.2 PAL
4.11 & 4.30	4.1/4.2 PPM/ISTC
4.12 & 4.31	2.1 Collaborative TB/HIV activities
4.13 & 4.32	2.2.1 Second-line drugs
4.14 & 4.33	2.2.2 Management of MDR-TB (excluding second-line drugs)
4.15 & 4.34	5.2 Community involvement in TB control
4.16 & 4.35	5.1 ACSM
4.17 & 4.36	6.1 Enable and promote research – OR
4.18 & 4.37	1.5.1 M&E, including impact assessment
4.19 & 4.38	1.3 Patient support + 1.5.3.2 HRD: International TA + 2.3.1 High-risk groups + 2.3.2 Infection control + 2.3.3 Childhood TB + Other