Instruction

This presentation is expected to provide Country perspective on use of following *Existing indicators* among the top 10 indicators for monitoring of the End TB Strategy (Please refer [http://www.who.int/tb/publications/2015/The_Essentials_to_End_TB/en/](http://www.who.int/tb/publications/2015/The_Essentials_to_End_TB/en/)) namely,

**Indicator 1:** Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage

**Indicator 2:** Percentage of notified TB patients who were successfully treated (drug-susceptible + drug-resistant TB)

**Indicator 9:** Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage

**Indicator 10:** Number of TB deaths (from a national VR system) divided by estimated number of incident cases in the same years, expressed as a percentage

Your presentation (10 min) will be followed by a brief verbal commentary by a paired country (5 min). May we request you to kindly include following content in your presentation

**Slide 1:** Overview of existing national monitoring and evaluation system (Is it paper based/electronic/mixed, what is data flow from service delivery to national level, strengths)

**Slide 2:** Anticipated challenges in implementation and nationwide scaleup of NEW indicators e.g. data source, data disaggregation, data management, indicator definitions, Health system capacity

**Slide 3:** Suggested solutions to address the challenges identified in slide 2
Overview of existing national monitoring and evaluation system - MALAWI

Routine TB reporting system
- NTP
- Zonal TB officers
- District TB officers
- TB registration site

TB/HIV integrated Supportive Supervision
- TB.HIV team CHISSU
- Health facilities

Central referral laboratory (external quality assurance)
- Zonal lab supervisors
- District lab officers

Central referral laboratories (DST activities)

Routine
- Paper based
- DHIS 2: customized with TB (recent development)
- Timeliness (challenge)

Integrated TB/HIV
- More data elements captured
- Timely compilation and analysis

Data elements
1. Notification
2. Treatment outcome
3. TBHIV
4. MDR TB
5. Contact investigation and IPT
6. Case detection effort
# Existing indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Indicator 1: Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage</td>
<td>Report is generated National incidence estimate is used to assess coverage No subnational estimate is available to assess coverage at district level</td>
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<tr>
<td>Indicator 2: Percentage of notified TB patients who were successfully treated (drug-susceptible + drug-resistant TB)</td>
<td>It is reported disaggregated by patient category</td>
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<tr>
<td>Indicator 9: Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage</td>
<td>Reporting is for all notified cases No disaggregation (until end of 2016) NTP has finalized the preparation to implement the 2013 TB RR guideline</td>
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<tr>
<td>Indicator 10: Number of TB deaths (from a national VR system) divided by estimated number of incident cases in the same years, expressed as a percentage</td>
<td>VR system is not functional in Mw</td>
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Anticipated challenges in implementation and nationwide scaleup of EXISTING indicators

1. Need for timely country-wide and continuous training of health workers in the existing indicators
2. Data source: new register and reporting forms for latent infection coverage for PLHIV is required
3. Setting target for LTBI treatment coverage: specifically PLHIV
4. More data elements and disaggregation required to be completed at facility & district level: overburdened TB focal persons especially with paper-based reporting
5. Capacity to deal with new changes introduced in the reporting and recording system
6. Having electronic Data systems could reduce the manual disaggregation problems.
7. Data capturing through VR is not within the control of NTP.
Suggested solutions to address the challenges identified above

1. Collaborative with HIV Department on improving the data capturing for latent TB treatment among PLHIV
2. Collaborate with relevant stakeholders to improve implementation of VR
3. Limit levels of disaggregation reported at international level
4. Continuous Training and follow up is required to build capacity (with high turn over of HCW)
• THANKS