Regional consultation meeting - collaborative TB/HIV activities

20-22 September
Nairobi, Kenya
Ms Sanelisiwe Tsela
Overview of existing national monitoring and evaluation system

- Extensive Program Review 2014 (WHO support) of National Strategic Plan (NSP) 2010-2014
- A parallel TB M&E system from the MOH HMIS
- Currently paper-based
- Development of eDR-TB database (WHO support), integration and roll out of electronic system (CMIS – Global Fund support) ongoing
- Partner support for the M&E unit
- Community health response has been strengthened with ACF
TB Data – flow

**TB MANAGEMENT UNITS**
- TB Focal nurses
- TB Doctors
- Diagnostic facilities

**COMMUNITY LEVEL**
- Adherence officers
- Treatment supporters
- CBOs

**REGIONAL LEVEL**
- Regions TB coordinators
- Regional Data Entry Clerks
- Strategic Information Department
- NGOs

**NTCP EXTERNAL STAKEHOLDERS**
- Global Fund
- TB Reach
- PEPFAR
- World Bank
- WHO

**NTCP CENTRAL M&E OFFICE**
- RM&E Officer
- Epidemiologist/Research Coordinator
- Statistician
- Data Entry Clerk

**NTCP INTERNAL STAKEHOLDERS**
- MOH HQ
- NERCHA
- Strategic Information Department
- TB BMUs
Strengths of the M&E system

• Finalised new TB- RR tools incorporating new revised definitions as per WHO guidance
• M&E Capacity has been improved through support from partners
• Quarterly national, regional and Annual data review meetings
• TB Epi-analysis (2014)
  – Decrease 30% and 40% in estimated prevalence and incidence for Swaziland (605 and 733/100,000)
• Mobilized resources (Technical & Financial) to conduct key studies
  – Drug resistant survey (2016)
  – Prevalence survey (2017)
CHALLENGES and SOLUTIONS IN THE IMPLEMENTATION OF EXISTING INDICATORS
**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

**Challenges**

- Case detection rate - 60% (2015)
- Missing an unknown number of cases
- Use of estimates without updated prevalence survey data
- No unique identifier – results in poor record linkage; HCW rely on patients ability to confirm if they are relapse cases
- Private sector engagement – not comprehensive
- Current tools do not have disaggregation of key populations

**Solutions**

- Introduction of integrated Electronic data base (CMIS) with unique identifier
- Embarked on Active case finding strategy to strengthen national TB case detection
- TB Prevalence Survey (2017) to inform the country's TB prevalence and incidence estimates.
- Need to strengthen national level data quality audits
- Roll out of newly approved TB tools with disaggregation for key populations
**Indicator 2:** Percentage of notified TB patients who were successfully treated (drug-susceptible + drug-resistant TB)

**Challenges**

- Source documents – mainly TB register; LAB register
- 33% cases missed by GeneXpert
- Data inconsistencies GeneXpert for MTB+ cases and culture and DST – 2nd sample
- Long Turn Around Time (6 weeks) for return of results due to limited HR in the NTRL
- Assignment of outcomes during intensive and continuation phase in relation to wrongly diagnosed patients
- Disaggregation - key population

**Solutions**

- Electronic database - Linkages with the HMIS and LIS system (unique identifier)
- Introduced MGIT DST to improve detection of the missed RR cases.
- Gx Alert (remote monitoring) and LIS to improve monitoring and reporting.
- Program is in the process of procuring GeneXpert Ultra which has a higher sensitivity
- Advocate for additional HR in the NTRL
- Roll out of updated TB tools
**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

**Challenges**

- No unique identifier
- Laboratory request forms do not have HIV status indicated.
- No key population disaggregation

**Solutions**

- Electronic system (CMIS) rollout with TB and HIV modules
- Roll out of new updated TB tools with disaggregation
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

Challenges

• Issues of completeness of data from VR systems
• Vital registration data is not frequently used furthermore the cause of death is not clearly identified.
• Definition and Coding of TB deaths
• Estimates for incident cases may be higher than actual

Solutions

• Improving on TB deaths coding and reporting by the program
• Efforts to harmonise electronic database linkage with BMD
THANK YOU

SIYANIBONGA NONKHE NINE BEKUNENE