Comprehensive and Harmonized Data Collection and Reporting for Collaborative TB/HIV Activities

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What We Want to Measure
Progress towards TB/HIV Collaborative Activities

• Reduce HIV among TB patients
  – HIV testing for TB patients
  – ART and CPT

• Reduce TB among PLHIV
  – Isoniazid preventive therapy
  – TB diagnosis and treatment
  – ART for TB prevention
Key issues

• Documenting scale-up of activities
• Retention in and quality of services
• As activities scale-up >> experience and data accrues >> concerns about quality & consistency
• Numerous players and reporting systems:
  – Country-level: NAPs, NTPs, PEPFAR, partners
  – Global level:
    • WHO Stop TB Department & HIV Department
    • GFATM
    • UNAIDS
    • PEPFAR
TB Program

- HIV testing
- ART
- CPT
- Condoms

Referral to HIV

Partially integrated

HIV Program

- HIV testing
- ART
- CPT
- Condoms

Referral/back-referral

Bidirectional data flow

Site-level(s)

- TB screening
- IPT
- TB diagnosis
- TB treatment
- TB contact tracing

Partially integrated

Reporting

Aggregate level(s)

- Data cleaning & verification
- Harmonization

Referral to TB

Getahun WHO (modified)
Reporting on Screening of TB/HIV Clients

- Confusion on cohort (newly enrolled PLHIV vs enrolled PLHIV)
- Confusion about the indicator (which screening to report)
- Issues with numerator or denominators to calculate coverage (e.g. # screened > # PLHIV in care)
- Different reporting periods
- Missing data; R&R systems not modified to capture
### Discrepancies between Reports to WHO & PEPFAR Reporting

<table>
<thead>
<tr>
<th>country</th>
<th>PLHIV screened for TB (HIV reported)</th>
<th>PLHIV screened for TB (PEPFAR reported) (Oct 2010 - Sep 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>170</td>
<td>3,037</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>174,146</td>
<td>224,545</td>
</tr>
<tr>
<td>Kenya</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>297,489</td>
<td>83,670</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Not reported</td>
<td>216,888</td>
</tr>
<tr>
<td>Namibia</td>
<td>12,744</td>
<td>130,137</td>
</tr>
<tr>
<td>Nigeria</td>
<td>223,933</td>
<td>496,197</td>
</tr>
<tr>
<td>South Africa</td>
<td>1,256,212</td>
<td>769,083</td>
</tr>
<tr>
<td>Swaziland</td>
<td>57,721</td>
<td>115,071</td>
</tr>
<tr>
<td>Uganda</td>
<td>553,057</td>
<td>524,303</td>
</tr>
<tr>
<td>Tanzania</td>
<td>148,177</td>
<td>387,637</td>
</tr>
<tr>
<td>Zambia</td>
<td>Not reported</td>
<td>186,635</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Not reported</td>
<td>204,413</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2,723,649</strong></td>
<td><strong>3,494,685</strong></td>
<td>-1,089,509</td>
</tr>
<tr>
<td><strong>Total number under-reported by PEPFAR compared with the government figures in five countries (SA, India, Malawi, Uganda &amp; Cambodia)</strong></td>
<td>-1,089,509</td>
<td></td>
</tr>
<tr>
<td><strong>Total number over-reported by PEPFAR compared with the government figures in 22 countries</strong></td>
<td>1,962,288</td>
<td></td>
</tr>
</tbody>
</table>
# Provision of Antiretroviral Therapy to HIV-Infected TB Patients, 2011

**World Health Organization, Global TB report 2012**

<table>
<thead>
<tr>
<th>Country</th>
<th>HIV +ve TB patients</th>
<th>HIV +ve TB patients receiving antiretroviral therapy (ART)</th>
<th>Missed Opportunity to Initiate ART</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Botswana</td>
<td>3,441</td>
<td>1,548</td>
<td>45%</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>4,820</td>
<td>1,735</td>
<td>36%</td>
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</tr>
<tr>
<td><strong>17 high TB/HIV burden PEPFAR Countries in Sub-Saharan Africa</strong></td>
<td>449,066</td>
<td>200,982</td>
<td>46%</td>
</tr>
</tbody>
</table>

| South Africa   | 211,800             | 92,376                                                     | 44%                                 | 119,424 |
| Swaziland      | 6,480               | 3,305                                                      | 51%                                 | 3,175 |
| Uganda         | 26,782              | 14,194                                                     | 53%                                 | 12,588 |
| Tanzania       | 21,125              | 14,090                                                     | 67%                                 | 7,035 |
| Zambia         | 21,125              | 14,090                                                     | 67%                                 | 7,035 |
| Zimbabwe       | 449,066             | 200,982                                                    | 46%                                 | 236,084 |

**If all HIV-infected TB patients are initiated on ART**

**TB clinics can contribute 10-20% of annual target for ART Initiations**
Challenges: Reporting on Screening and ART Initiation

- One patient two parallel care systems
  - Limited dialogue between TB and HIV clinics
  - Lack of tracking of referred patients

- Inadequacies in recording & reporting system
  - TB & HIV systems do not communicate
  - HIV M & E does not capture TB diagnostic cascade
  - TB M & E system does not capture late ART initiations

- Inadequacies with current TB/HIV PEPFAR indicators
  - Monitors only TB screening and TB treatment initiation
  - No indicator on ART initiation among TB clients
Suggestions to Improve Reporting

Focus on:

– Country level:
  • Harmonization of data collection tools and reporting systems, including definitions
  • Implementation of WHO “3 Interlinked patient monitoring system HIV/ART, MCH/PMTCT, TB/HIV”
  • Reporting and data quality from facility-level
  • Data harmonization at national level

– Global level:
  • Further efforts to harmonize reporting elements
• Thank you. Muito obrigado