Surveys in Africa: translating results into action

African TB Prevalence Surveys: lessons learned, programme implications and future actions

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Lessons learned - Operational

- **Initial underestimation of TPS complexity**: it’s usually during pilot test and first clusters that NTP or implementing institution realizes that TPS is different from other surveys.

- **Careful preparation** of field AND central activities before the survey is essential.

- During the survey, regular **monitoring** of field AND central activities and data analysis is crucial to timely correct mistakes.

- **Common challenges in African countries**: low/disomogeneous community engagement (i.e. urban clusters, young males), central laboratory survey samples’ management capacity, field/central CXR reading, final case definition by central panel due to the recent introduction of Xpert.
Lessons learned - Programmatic

During TB Prevalence Surveys NTP can learn essential information that goes largely beyond the TB prevalence itself

- Living conditions in the different regions of the country and possible barriers limiting the access to health system and TB services
- Community response to TB prevalence survey/stigma
- Level of awareness about TB and health seeking behavior
- TB cases characteristics
- TB/HIV coinfection, access to HIV services
- Risk factors (i.e. smoking)
- Programmatic areas that need to be strengthened (i.e. lab diagnostic capacity, diagnostic algorithm, community engagement, case management)
Program implications

- **PS can identify vulnerable groups or key population** (i.e. young/old age bands, male/female, PLHIV)
- **PS can identify certain geographic areas** with higher burden, (i.e. urban/rural/nomadic population, hot spots) and/or low access to TB services
- This information is crucial for the NTP, as it can help the **prioritization exercise** and the selection of strategic interventions to detect, treat and prevent more TB cases and achieve maximum impact
- This is particularly important in the context of post-2015 strategy and GF NFM
Lessons learned from the September TRP review

October 2014
GF TRP’s perspective
Lessons learned

General lesson (across the three diseases)

The TRP applauds a notable improvement of situational analysis and programmatic gap analysis in concept notes, and better discussion of geographic variations in prevalence and program access.

However, stronger situational analyses have not always translated into programs and budgets.

To strengthen concept notes, the TRP recommends applicants to match appropriate programs and activities to situational analysis.

TB specific lesson learned

Results of recent TB prevalence surveys have been included in CNs and they contributed to robust situational analysis.

However, data from TPS have not been always fully utilized to prioritize activities and plan strategies for increasing case detection in KAP.
Future actions

MAXIMIZE THE USE OF DATA COLLECTED DURING TPS TO:
• PLAN NTP INTERVENTIONS TO ADDRESS THE GAPS AND INCREASE CASE NOTIFICATION IN NATIONAL STRATEGIC PLANS
• REQUEST FUNDS

• New areas to explore based on TPS lessons learned (i.e. priority interventions on KAP, active case finding, increased access to (digital) CXR and telemedicine, increased access to Xpert)
Thank you