Strengthening TB surveillance: progress-to-2015, priority areas of work for 2016-2020

WHO Global Task Force on TB Impact Measurement
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Outline

A. Progress-to-2015
B. Proposed strategic areas of work 2016-2020
C. Questions to the task force
A. Progress-to-2015

1. TB surveillance checklist
2. Guide on electronic recording and reporting
3. Guide on inventory studies to measure TB under-reporting
4. Handbook on understanding and using TB data
5. TB epidemiological reviews
6. Growing use of vital registration data
1. Development of a TB surveillance checklist

Describe and assess current national TB surveillance and vital registration systems, with particular attention to their capacity to measure the level of and trends in TB disease burden (incidence and mortality)

Part A. Characteristics of the TB surveillance system

Part B. Standards & associated benchmarks (13):
• Quality & coverage of notifications (9)
• quality & coverage of VR (1)
• sub-populations (3)
  DR-TB, TB/HIV, children
Where has the checklist been implemented?

41 countries until December 2015
Common recommendations

- Safeguard and routine analysis of historical (& prospective) sub-national surveillance data
- Transition from paper to electronic case-based surveillance
- Inventory study to measure under-reporting, mandatory reporting of TB, PPM expansion
- Advocate for use of VR system
- Improve surveillance data for burden in MDR-TB, TB/HIV, children

Standards and Benchmark summary n=41
B1.1-Case definitions are consistent with WHO guidelines
B1.2-TB surveillance system is designed to capture a minimum set of variables for reported TB cases
B1.3-All scheduled periodic data submissions are consistent and timely at the national level
B1.4-Data in quarterly reports (or equivalent) are internally consistent (For paper-based surveys, check against previous quarterly reports)
B1.5 (Electronic) – Data in national data sets are consistent, and free of duplicates
B1.6-TB surveillance data are externally auditable
B1.7-Number of reported TB cases is internally consistent
B1.8-All diagnosed cases of TB are reported
B1.9-Population has good access to healthcare facilities (for case detection and reporting)
B1.10-Vital registration system has high quality of reporting
B2.1-Surveillance data provide a direct comparison of TB burden in the latest year
B2.2-Surveillance data provide a direct comparison of TB burden in the latest year when compared to the previous year
B2.3-Surveillance data for children reported OR all diagnosed childhood TB cases are reported

Met Partially met Not met Not applicable Not assessed
2. A guide on electronic recording and reporting

http://www.who.int/tb/publications/electronic_recording_reporting/en/

Define requirements, select a solution, and implement an electronic recording and reporting system
Countries with national electronic case-based surveillance

132 countries for all TB, 26 for MDR-TB patients in 2014
3. A guide on TB inventory studies to assess under-reporting

http://www.who.int/tb/publications/inventory_studies/en/

Describe and explain how to design, implement and analyse a TB inventory study
Where have national inventory studies been completed?

9 studies by 2015
Objectives

1. To explain and promote the role and value of inventory studies to TB care and control
2. To explain (i) major alternative study design & (ii) key issues concerning the implementation and analysis of inventory studies
3. To facilitate the development of a draft protocol outline for a TB inventory study
4. A handbook on understanding and using TB data

Provide practical guidance on the analysis and use of TB surveillance and other relevant data to track the level of and trends in burden, detect outbreaks, and inform programmatic performance.
Where have analysis workshops been held?

17 countries by 2015
5. TB epidemiological reviews

- Institutionalised in TB programme reviews and Global Fund’s Concept Note preparation “epidemiological stage”
- Standardised terms of reference (available since early 2013)
- Four objectives, with suggested analytical tasks per objective:
  1. Assessing quality & coverage of the surveillance system
  2. Understanding the level of, and trends in, TB burden
  3. Plausible interpretation of how various factors drives TB burden (control activities and risk factors)
  4. Development of investment framework to address gaps identified

- Dedicated epidemiologist at WHO HQ since 2014
- Feedback on what worked, what didn’t, what should we be doing differently?
6. Growing use of VR data to estimate TB mortality

From 3 countries in 2008 to 127 countries by 2015
B. Priority areas of work 2016 – 2020

1. TB notification systems
   1. TB epidemiological reviews
   2. Regional analysis workshops
   3. Transitioning from paper to electronic surveillance
   4. TB inventory studies
   5. Real-time surveillance

2. TB vital registration systems
   6. Promote use of VR data
   7. Create and sustain links with relevant stakeholders
1. TB epidemiological reviews

- Keen support to continue this stream of work
- Establish roster of consultants – workshop, May 2016
- Establish repository of results from past reviews
- Make available model examples of reports
- Produce implementation guidance document – pre/during/post country mission
- Update ToRs: (i) End TB Strategy & SDGs, (ii) projections

*Funding required*
2. Regional analysis workshops

• Objectives
  – Establish national analysis teams (e.g. NTP, academia)
  – Safeguard historical surveillance data into DHIS2 platform
  – Promote analysis and critical review of sub-national aggregate data
  – Implement checklist of TB surveillance & produce country profiles
  – Develop investment framework of activities to address gaps in surveillance and direct measurement of disease burden
  – Facilitate follow-up for funding and completion of activities

• Activities
  – Pilot phase, May 2016 (16 WARN-TB countries)
  – Two additional workshops, Q4 2016–Q2 2017
    (high impact Africa, high impact Asia)

*Funding provided by the Global Fund*
Safeguarding aggregate historical sub-national TB data
3. Transitioning from paper to electronic surveillance

- Obvious advantages of electronic case-based compared with paper surveillance
- Support countries
- Careful and appropriate planning and transition period
- Define core set of TB surveillance indicators
  - End TB Strategy & SDGs
  - Checklist and ToRs of epidemiological reviews
  - Indicators considered core in state-of-the-art countries
- Develop a DHIS2 case-based TB surveillance module
4. TB inventory studies
5. Real-time surveillance

Example features

- Mapping cluster of cases

- Outbreak investigation (including DR epidemics)
6. Promote use of VR data

- Continue to report on progress in coverage and quality of VR
- Highlight gaps
- Illustrate use of data – e.g. CFR sub-national estimates for some countries in Global TB Report 2016
7. Create and sustain links with relevant stakeholders

- Civil Registration and Vital Statistics (CRVS) global community
- Commission on Information and Accountability on women’s and children’s health (CoIA)
- Funding agencies (e.g. Global Fund)
- Research and UN Working groups (e.g. verbal autopsy and minimally invasive autopsies)
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C. Questions to the Task Force

1. Do you agree with the proposed priority areas of work for 2016–2020 for (i) notification and (ii) vital registration systems? If not, what additions or modifications would you suggest?

2. Do you think there should be any country prioritisation in all or some of these areas of work? If so, on what basis?

3. Do you agree with the major proposed updates to the TORs for TB epidemiological reviews? If not, what additions or modifications are proposed?

4. What are the key steps the Task Force recommends to expand implementation of inventory studies?

5. Who are the individuals and agencies willing to participate in each of the proposed priority areas of work?
Feedback from group work and plenary discussion
C. Suggestions from the Task Force

1. Do you agree with the proposed priority areas of work for 2016–2020?

Strengthening national notification systems for direct measurement of TB cases

1. TB epidemiological reviews including TB surveillance checklist
2. Regional analysis workshops (TB surveillance checklist, safeguarding, capacity building for analysis and use of data, sharing of country experience)
3. From paper to electronic surveillance
4. TB inventory studies
5. **Real-time surveillance** (more relevant for low incidence countries, but keep as aspirational)

Strengthening national vital registration systems for direct measurement of TB mortality

5. Promote use of VR data
6. Create and sustain links with relevant stakeholders
   - CRVS, CHAMPS, input to ICD-11, MCH
7. Mortality studies to validate the use of VR data for measurement of TB deaths
C. Suggestions from the Task Force

2. Do you think there should be any country prioritisation in all or some of these areas of work? If so, on what basis?

Yes.

• High burden countries considered for all areas of work, within this list countries with a large private sector for inventory studies
• Further prioritisation/customisation of package of activities based on results from TB surveillance checklist/epi reviews, and expressed demand from countries (“logical order/schedule/timing”)
Suggestion for consideration re. country prioritization

• In dialogue with the 30 HBCs before and during the End TB Summit planned for October 2016, set a target for
  – Number of HBCs that have met all TB surveillance checklist data quality standards and the under-reporting standard (B1.1-B1.8) by 2020
  – Explore a similar target for number of countries that meet the VR standard or that have undertaken a mortality study
C. Suggestions from the Task Force

3. Do you agree with the major proposed updates to the TORs for TB epidemiological reviews? If not, what additions or modifications are proposed?

Yes, agreement on two major updates (End TB Strategy indicators and SDG disaggregation, projections)

Other suggestions include:
- Executive summary as an additional deliverable
- More emphasis on sub-national analysis
- Debriefing of high level officials
- Including a checklist of required data for analysis in ToRs
- Identify optimal timing
C. Suggestions from the Task Force

4. What are the key steps the Task Force recommends to expand implementation of inventory studies?

• Systematically incorporate in PEPFAR country operational plans (although the restriction for this funding is that the activity will need to be for TB/HIV), alongside TB epi reviews/TB surveillance checklist

• Systematically incorporate as plans developed under Challenge TB, alongside TB epi reviews/TB surveillance checklist

• Communication to key stakeholders about the value of inventory studies (e.g. two-page factsheet featuring case studies, showcase how results are used to focus programmatic action)
C. Suggestions from the Task Force

5. Who are the individuals and agencies willing to participate in each of the proposed priority areas of work?

Key technical and donor agencies involved in supporting TB prevention and care.
Additional points to highlight

• Epi reviews are for countries

• Proposed priority areas of work are suggested based on results from the implementation of TB surveillance checklist in 41 countries, regular country dialogue, workshops and lessons learnt from work of the Task Force since 2007

• Very important to make sure not to lose core TB surveillance indicators with integration in the wider HMIS
  – Ongoing work to develop case-based DHIS2 TB module that includes core TB surveillance indicators

• Lack of committed future funding for epi reviews is a major threat for this area of work