Analysis and use of TB data
An overview of progress

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(GTB/TME)
Priority topics
identified during the last TF meeting

1. Regional TB data analysis & use workshops
2. Data collaborative for HIV, TB, malaria, HIS
3. Framework for optimization of evidence and tools for action
Regional and national data analysis and use workshops

NTPs of 45-50 countries in Africa and Asia
Problem statement: underuse of data
bad data management practices, lack of analytical capacity
Most common recommendations

• Transition from paper to electronic case-based surveillance
  – Compile and safeguard sub-national data from previous years (e.g. quarterly reporting forms)

• Measure and address under-reporting of TB cases

• Strengthen national vital registration system

• Build capacity to analyse and use TB data
Regional workshops: key objectives

• Compile, safeguard, analyze and visualize sub-national TB data using DHIS2 module for aggregate data

• Provide guidance on recommended analysis & use of TB surveillance and other data

• Promote transition to case-based surveillance (e.g. DHIS2 case-based module)

• Develop investment frameworks for M&E to strengthen surveillance
WHO **dhis2** TB platform developed to compile, safeguard, visualize aggregated subnational TB data

With: University of Oslo, Health Data Collaborative, Global Fund

1. **Standardized data entry forms**
   - 2006 and 2013 RR frameworks

2. **Dashboards**

3. **Filters to review data across different admin levels**
   - Comparisons (e.g. by province, by district)

4. **In-built GIS mapping capacity**
Regional and national workshops
3 regional workshops, 45 countries since May 2016

With WHO/TDR, Global Fund, Challenge TB, Stop TB Partnership/KIT
Subnational data currently stored on
https://tbhistoric.org
WHO platform

Example from dashboards

Sub-national TB notification rates (all forms) per 100,000

TB notification rate all forms/100K pop 2015

- 0 - 25 (47)
- 25 - 50 (84)
- 50 - 100 (111)
- 100 - 200 (185)
- 200 - 400 (92)
- 400 - 1000 (18)
Demo account, Benin data

user name: Demo2017

Password : Ben!n2017
Data collaborative for HIV, TB, malaria and HIS

NTPs of 20-30 countries
• Collaboration of governments, international agencies, donors, academia, civil society

• Improve availability and use of quality data, build capacity, track progress towards SDGs

• 11 time-limited working group (2016-2017)
  – Routine health facility data, facility and household surveys, community data, LMIS, measuring quality of care, CRVS, data analytics and use, digital health & interoperability, health workforce accounts, health financing

• Global and country-level deliverables for each working group

https://www.healthdatacollaborative.org
Data Collaborative for HTM, HIS
joint planning, coordination, technical oversight, implementation
With WHO (HIV, malaria, HIS), HDM, Global Fund, UoO

Priority areas (2017-2020)

1. Strengthen surveillance
   1. Develop/implement routine HMIS and DHIS2
   2. Case-based and patient level reporting

2. Analysis, interpretation and use of data
   1. Epidemiological and impact reviews
   2. Regional and national workshops

3. Ensuring quality
   1. Guidance
   2. Qualified pool of consultants
   3. Peer-review
Country implementation of DHIS2 TB module
With: University of Oslo, Health Data Collaborative, WHO HIV TB Malaria HIS, Global Fund

<table>
<thead>
<tr>
<th>Country</th>
<th>Status</th>
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<tr>
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Priority
- Substitute
WHO country planning, integrated HMIS + disease-specific
Malawi, Myanmar, Pakistan, Tanzania, Uganda, Zimbabwe

With: BMGF, CHAI, CDC, GF, GAVI, PMI, UoO, USAID, UNICEF, UNAIDS

27 Feb – 2 March 2018, Athens, Greece

1. What are the current country data practices, needs for improving facility data systems?
2. To what extent do standards & integrated approach meet country /programmatic needs?
3. What are the main issues to be addressed to ensure strong sustainable routine facility data systems? - *Initiate work plans*
Reaction from countries

On the curriculum

- The indicators are collected in my programme: Strongly disagree (4.3), Strongly agree (4.4)
- The indicators are relevant for my programme: Strongly disagree (4.4), Strongly agree (4.4)
- The analysis will help us make better decisions

On the DHIS2 WHO Health App

- Will be easy to adopt: Strongly disagree (3.6), Strongly agree (4.4)
- Is relevant to our programme
- Will drive decision making

Main barriers

- Governance and collaboration: 37%
- IT / Technical / Infrastructure: 22%
- Training and HR: 21%
- Financial resources: 19%
Priorities for data harmonization use & quality

Next steps
1. Countries to finalize work plans and hold national high level stakeholder meetings to launch the approach
2. Alignment of financial & technical support behind country plans
Framework for optimization of evidence and tools for action

NTPs of Indonesia, Kenya, Philippines, South Africa
Problem statement
uncoordinated efforts, underuse of data, overwhelming NTPs
“Patient-centred planning: a framework for evidence consolidation and policy translation” for discussion
Deliverables for 2018

1. In-country work
   - Indonesia (domestic resource prioritization exercise)
   - Kenya (NSP development, national workshop 17-19 April 2018)
   - Philippines (Subnational evidence generation)
   - South Africa (*under discussion*)

2. Patient-centred planning framework

3. Encyclopaedia of data and evidence resources
Group work agenda items (Thursday, 3 May)

1. Review of the White Paper
2. Kenyan experience, lessons learnt
3. Next steps for in-country implementation
4. Review of the Encyclopaedia
5. FIND diagnostic pathway analysis
Conclusion

1. Regional/national data analysis and use workshops
   - A lot of progress with implementation of regional (& some national) workshops
   - *Future focus*: national workshops for priority countries, other WHO regions, CARN-TB

2. Joint data collaborative HIV, TB, malaria, HIS
   - Standard DHIS2 modules (aggregate and case-based) and reference material are now available
   - Strong country interest generated and partner collaboration established
   - *Future focus*: in-country implementation

3. Framework for optimization of evidence and tools
   - Strong country interest and partner collaboration established
   - Huge potential for a patient-centred, country-driven process of policy prioritization
   - *Future focus*: support in-country processes of selected NTPs, further refinement of Framework and Encyclopaedia
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