

"Progress in harmonizing indicators across agencies"

Data production and implementation?

C. Gunneberg / B. Coggin

**The 16th Core Group Meeting of the TB/HIV Working
Group**

**May 26-28, 2010
Almaty, Kazakhstan**



We will discuss:

- Progress in implementation of the WHO 3ILPMS
(the generic HIV R&R which contains the TB screening, IPT and TB treatment indicators)
- Progress in data collection harmonisation and latest from the databases.

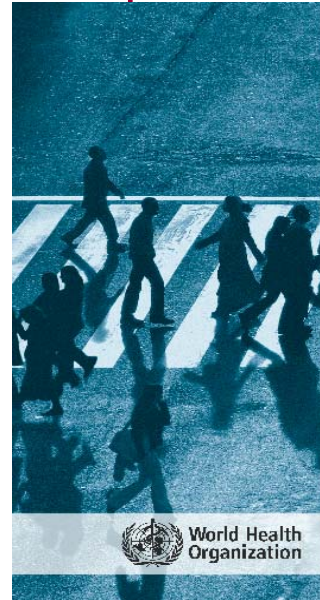
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Progress in implementation of the 3ILPMS

- **Problem:** Progress in integrating HIV fields to TB R&R system has outpaced integration of TB fields to HIV PMS
- **Response:** 3 interlinked patient monitoring systems (3ILPMS)
 - forms booklet finalized.
 - with minimum data set & illustrative forms.
 - http://www.who.int/hiv/pub/imai/three_patient_monitor/en/index.html.



May 2009

**Three Interlinked
Patient Monitoring Systems
for HIV care/ART, MCH/PMTCT
(including malaria prevention during pregnancy),
and TB/HIV: Standardized
Minimum Data Set and
Illustrative Tools**

How does the 3ILPMS integrate the TB/HIV indicators?

- Status of TB service provision
 - TB status assessment
 - TB treatment provision
 - IPT provision
- On HIV patient forms
- On HIV Pre ART & ART Registers
- On quarterly cross-sectional reporting forms

3. ART register

Cohort : Year		Month																	
Registration and personal information						Status at start of ART			EIL in when applicable			PMTCT				1 st -line regimen		2 nd -line regimen	
ART start date	Unique ID No.	Patient clinic ID	Name Surname Given name	Sex	Age	Weight	WHO clinical stage	CD4	CTX Start Month/year	INH Start Month/year	TBRX Start month/year and TB reg No.	Prog 1	Prog 2	Prog 3	Prog 4	Original regimen	Substitution 1 st : reason/date 2 nd : Reason/date	Switches, substitution 1 st : Reason/date 2 nd : reason/date	

Reasons for regimen 1. Toxicity/side effects 2. Pregnancy 3. Risk of pregnancy 4. Due to new TB 5. New drug available 6. Drag out of stock 7. Other reason (specify)	Reasons for switch to 2nd-line regimen: 8. Clinical treatment failure 9. Immunologic failure 10. Virologic failure	Adult 1st-line regimens 1a - AZT-3TC-EFV 1b - AZT-3TC-NVP 1c - TDF-3TC-EFV 1d - TDF-3TC-NV 1e - 1f - 1g - other	Child 1st-line regimens 4a - AZT-3TC-EFV 4b - AZT-3TC-NVP 4c - ABC-3TC-EFV 4d - ABC-3TC-NVP 4e - 4f - 4g - other	Adult 2nd-line regimens 2a - AZT - 3TC - LPV/r 2b - AZT - 3TC - ATV/r 2c - TDF - 3TC - LPV/r 2d - TDF - 3TC - ATV/r 2e - 2f - 2g - other	Child 2nd-line regimen 5a - ABC - ddI - LPV/r 5b - ABC - ddI - NFV 5c - ABC - ddI - SQV/r 5d - 5e - other
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3. ART register

Write in year and month

Month 0	Month 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
						CD4						CD4						CD4						CD4

<p>Top row: Record follow-up status at end of each month</p> <p>On treatment (record current regimen code)</p> <p>DEAD</p> <p>STOPed ART (continued on other care)</p> <p>LOST (missed drug pick-up)</p> <p>DROOP (lost to follow-up), not seen 3 months from last missed appointment</p> <p>RESTART</p> <p>Transferred out(TO)- If TO, transferred out to where</p>	<p>Bottom row: Record TB status at last visit during the month</p> <p>Yes/No - TB status completed at last visit in last quarter</p>	<p>If follow-up status is "STOP", then add reason (and weeks of interruption if later restarted)</p> <table style="width: 100%;"> <tr> <td>1. Toxicity/side effect</td> <td>8. Other patient decision</td> </tr> <tr> <td>2. Pregnancy</td> <td>9. Planned treatment interruption</td> </tr> <tr> <td>3. Treatment failure</td> <td>10. Other</td> </tr> <tr> <td>4. Poor adherence</td> <td>11. Excluded HIV infection in infant</td> </tr> <tr> <td>5. Illness, hospitalization</td> <td></td> </tr> <tr> <td>6. Drugs out of stock</td> <td></td> </tr> <tr> <td>7. Patient lack finances</td> <td></td> </tr> </table>	1. Toxicity/side effect	8. Other patient decision	2. Pregnancy	9. Planned treatment interruption	3. Treatment failure	10. Other	4. Poor adherence	11. Excluded HIV infection in infant	5. Illness, hospitalization		6. Drugs out of stock		7. Patient lack finances	
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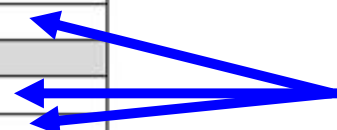
Cross-sectional quarterly report

Cross-sectional quarterly (or monthly) report form

Reporting period:	Year:
MOH or Project or Grantee:	Facility:
Location:	Country:

1. Pre-ART -- new and cumulative enrolled in HIV care			
	Cumulative number of persons ever enrolled in HIV care at this facility at end of the previous reporting period	New persons enrolled in HIV care at this facility during the reporting period	Cumulative number of persons ever enrolled in HIV care at this facility at end of the current reporting period
Males (>14 years)	a.	f.	k.
Females (>14 years)	b.	g.	l.
Boys (0-14 years)	c.	h.	m.
Girls (0-14 years)	d.	j.	n.
Total	e.	i.	o.
Subset of those newly enrolled in HIV care			
Pregnant females		p.	
Started INH prophylaxis during the reporting period		q.	
Already enrolled in HIV care who transferred in from another facility during the reporting period		r.	
Subset of those cumulatively enrolled in HIV care			
Total number of persons who are enrolled and eligible for ART but have not been started on ART			s.

2. Pre-ART -- seen for HIV care during the reporting period	
	Total
Total	a.
Subset of those seen during the reporting period	
TB status completed at last visit	b.
TB treatment started during the reporting period	c.



Capacity building in country adaptation & use of 3ILPMS.

Region	Country	Version 1	Version 2
AFRO	Burkina Faso	✓	
	Côte d'Ivoire	✓	
	Ethiopia	✓	
	Kenya	✓	✓
	Lesotho	✓	✓
	Mozambique	✓	✓
	Namibia	✓	✓
	Nigeria	✓	
	Senegal	✓	
	South Africa	✓	✓
	Swaziland	✓	
	United Republic of Tanzania	✓	✓
	Uganda	✓	✓
	Zambia	✓	
Zimbabwe	✓		
EMRO	Djibouti	✓	
	Somalia	✓	
	Sudan	✓	
	Yemen	✓	
SEARO/WPRO	India	✓	
	Indonesia	✓	
	Myanmar	✓	
	Nepal	✓	
	Sri Lanka	✓	
	Viet Nam	✓	
EURO	Republic of Moldova	✓	
	Ukraine	✓	
PAHO	Guyana	✓	
% of Global TB/HIV in countries		79%	42%

Capacity building workshops:

Addis Ababa 2009 for WHO Regional /National Staff

Washington 2010 introduced partners and agencies to the 3ILPMS

Countries with pilots or scale up of 3 ILPMS version 2 have 42% of global TB/HIV estimates

The 3ILPMS Version 2 has TB/HIV indicators reported to national level.

Progress in implementation of the 3ILPMS

- **Training materials near completion.**
 - facilitator guides, participants manuals exercise books for district staff. being field tested.
- **Annual patient monitoring review (APMR)-**
 - improve the use of data at facility level.
 - needs further review and a final field test (Zimbabwe is keen).
- **Computerisation of the 3ILPMS**
 - This is proceeding
 - Electronic version of version 2 expanded minimum data set is near completion.
 - WHO has been working with CDC (Xen Santos and Mead Walker) and Philippe Boucher IER.
- **Country adaptation guide for 3ILPMS**
 - A website for storing and sharing country adaptation guidelines this is being worked on.

Next steps

- **Regional workshops planned**
 - by AFRO EST (Inam, for FCH) with UNICEF by SEARO/WPRO (DongBao WPRO has offered to organize this once funding is secured).
- **Simple electronic register development**

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STATUS OF INDICATOR DATA COLLECTION, GLOBAL LEVEL: 2010

Indicator	Availability at country level if following WHO R&R tools	PEPFAR	WHO HIV DEPT	WHO STB DEP
In HIV care, starting TB treatment	Annually	Annually (direct and national data)		Annually (NTP asks NAP)
(subset) In HIV care on ART, starting TB treatment	Annually		Annually	Annually (NTP asks NAP)
IPT provision to newly in HIV Care	Annually	Harmonised and collected	Was annually From now on every 2nd yr	Annually (NTP asks NAP)
Screening at last visit of all in HIV care	Annually	Harmonised and collected	Was annually From now on every 2nd yr	Annually (NTP asks NAP)
HIV testing of TB patients	Annually	Annually (direct & national data)		Annually (NTP)
TB patients on ART	Annually	Harmonised and collected within countries		Annually (NTP)
TB patients on CPT	Annually	Harmonised and collected within countries		Annually (NTP)

Note: Global Fund collects indicators proposed by countries for grant periods.. Generally not annualised & usually cumulative data for grant period

QUESTIONS

- Which countries will report on the TB/HIV indicators every year / every other year through SIRS? Using the ART register as a basis?
- Is our monitoring keeping pace with the roll out?

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TB/HIV UNGASS indicator 6 monitoring by SIRS 2009 data

Recording method	Number of countries Reporting data	Number of People living with HIV on ART starting TB treatment in 2009	Proportion of global TB on ART Tx recorded	Proportion of global Estimated TB/HIV these countries present
using ART register	44	50626	29%	19%
using TB register	35	67954	39%	42%
Blank Dont state method	6	49546	29%	26%
ART and TB register reconciliation	8	381	0%	0%
Hospital and clinical records	7	1045	1%	0%
ART database / ART and TB database linkage	3	3394	2%	1%
System being updated	1	359	0%	0.7%
TOTAL	104	173305	100%	89%

104 countries report data on this UNGASS indicator.

Have 89% of est. TB/HIV

From ART registers only: 44 countries almost a third of the Global data
From TB registers only 35 countries 40% of global total.

173,305 TB and ART Tx 13% of estimated incident TB/HIV cases 1.36 million
(in 2008 108,448 reported on ART from TB programmes 8%)

DATA 2010 from SIRS

Relevance of the UNGASS TB indicator to country 2010	
Indicator Relevant to Our Country - Data Entered	117
Indicator Relevant to Our Country - No Data Available	42
Subject Matter not relevant	3
Subject Matter Relevant: Indicator not relevant	8
No information	24
TOTAL	194

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Is there likely to be more reporting of TB/HIV from ART registers ?

Where data comes from	ART register			
	Data			
Country	EST TBHIV 08	TB REG HIV POS TB IDENTIFIED 09	TB PGM RPT ART REG TB 09	HIV ART REG TB on Tx 09
Burundi	8500	1305	423	594
Djibouti	720	197	172	170
Dominica	0	1	1	2
Egypt	310	11	11	3
Gabon	2800	667	303	366
Lao People's Democratic Republic	190	179	166	85
Myanmar	22000	1015	681	959
Paraguay	190	133	99	72
Rwanda	13000	2529	1239	1148
Senegal	2300	804	136	259
Seychelles	0	3	2	2
Somalia	2100	96	59	59
Sudan	5000	692	823	823
United Republic of Tanzania	38000	21031	3436	5918
Viet Nam	6600	5934	1190	1818
Grand Total	101710	34597	8741	12278
	7%	34%	25%	35%

- In 15 countries in 2009 (with 7% of global TB/HIV) where both have data (*provisional from Stop TB database*), the ART registers reported 40% more TB cases on ART than the TB registers

How does Pefpar reporting compare to TB programme reporting of PLHIV in care with TB

- In 19 countries (with 51% of est TB/HIV) which have reported 2009 data (*provisional from Stop TB database*)

PEPFAR reported: TB treatment in HIV care reported

PEPFAR

28% of estimated TB/HIV in HIV care & receiving TB Tx

WHO (NTP reports PLHIVwTB)

34% of estimated TB/HIV identified on TB registers

Country	Data				
	EST TBHIV 08	DIRECT PEPFAR HIV CARE TB TX	TB REG HIV POS TB IDENTIFIED 09	TB PGM RPT ART REG TB 09	HIV ART REG TB on Tx 09
Cambodia	11000	700	3597	733	526
China	22000	800	2511	0	
Côte d'Ivoire	25000	3800	5207	88	1681
Democratic Republic of the Congo	20000	100	4173	0	724
Ethiopia	50000	15700	11098	0	4515
Ghana	6900	700	2218	531	531
India	130000	6100	31058	0	2693
Kenya	57000	47000	42294	0	14116
Lesotho	9900	1300	8084	0	2235
Malawi	30000	2700	13329	3124	4929
Mozambique	57000	16100	25056	0	5622
Namibia	9400	11100	5676	673	
Nigeria	120000	33300	16813	0	18788
Rwanda	13000	2300	2529	1239	1148
Swaziland	12000	7100	6895	0	
Thailand	16000	2600	8202	4151	4151
Uganda	58000	18600	17711	0	18062
United Republic of Tanzania	38000	17800	21031	3436	5918
Viet Nam	6600	5300	5934	1190	1818
Grand Total	691,800	193,100	233,416	15,165	87,457
	51%	28%	34%		

Messages

- The UNGASS indicator is popular and well reported on: **Most countries reporting.**
- ART registers providing sizable part of numbers.. and in countries where we have data for both.. Generally reporting more...
- Need to push for **revised HIV R&R** of the interlinked patient monitoring systems (3ILPMS)

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