

### 1. Identification

A **Country**

B **Date**

C **Name** *National TB control programme manager or equivalent:*

D **Functional Title**

E **Address**

F **Telephone**

G **Fax**

H **E-mail**

*Person filling out this form (if different from name at left)*

## 2. Strategic components of TB control in 2002

Response for question A: No, Yes (Select one). Question B: No, Yes, NA [not applicable] (Select one)

**A Did you have a national TB control manual (or guidelines for TB diagnosis and treatment) in 2002?**  
(If Yes, please provide a copy to WHO country office, if you have not already done so.)

|    |     |    |
|----|-----|----|
| No | Yes |    |
| No | Yes | NA |

**B Were TB drug forecasting, financing and procurement centralized in 2002?**

Responses for questions C - E: absolute numbers for C and D; percentage for E.

**C How many basic administrative health jurisdictions/operational health units were there in 2002?**

**D How many of these administrative/operational units were considered as "DOTS" units in 2002?**

**E What proportion of the country's population lived within the administrative/operational boundaries (catchment areas) of health facilities that fell under the DOTS scheme in your country in 2002?**

|  |
|--|
|  |
|  |
|  |

%

Responses for questions F-J: NO, In SOME units, In ALL units (Select one).

**F Was sputum microscopy routinely used to diagnosis suspected pulmonary cases?**

**G Was there a system for monitoring the number of TB suspects assessed by smear microscopy?**

**H Was standardized, short-course chemotherapy (less than 9 months) used routinely to treat sputum smear-positive cases?**

**I Was direct observation of treatment used routinely -- at least during the initial phase (2-3 months) of treatment?**

**J Were TREATMENT outcomes of ALL smear-positive patients monitored, analyzed by cohort, and reported to the next supervisory level?**

| DOTS units |      |     | Non-DOTS units |      |     |
|------------|------|-----|----------------|------|-----|
| No         | Some | All | No             | Some | All |
| No         | Some | All | No             | Some | All |
| No         | Some | All | No             | Some | All |
| No         | Some | All | No             | Some | All |
| No         | Some | All | No             | Some | All |

### 3. Completeness of Reporting in 2002

- A **Did you collect aggregated data** (not individualized) **at national level in 2002?**  
 (Select No or Yes. If Yes, please answer questions B-D below.)
- B **How many times were administrative/operational units supposed to report cases registered to the next level in 2002?** (absolute number)
- C **How many reports were EXPECTED in 2002?** (absolute number or "DK" [don't know]) \*
- D **How many reports were MISSING in 2002?** (absolute number or "DK" [don't know]) \*

| DOTS units |     | Non-DOTS units |     |
|------------|-----|----------------|-----|
| No         | Yes | No             | Yes |
|            |     |                |     |
|            |     |                |     |
|            |     |                |     |

\* If you answer "Yes" to question A, please answer questions B-D with regard to the lowest level possible (i.e., the district, or the basic administrative/operational level). The number of expected reports should equal the number of administrative/operational units you listed on page 2 multiplied by the number of times per year that these units should report. (For example, if you have 100 operational units are supposed to report quarterly, then you would expect  $100 \times 4 = 400$  reports.)

If district reports are consolidated at provincial level and information on their completeness is not transmitted to central level, then please answer the question with regard to the consolidated reports that you receive from midlevel. (For example, 25 consolidated reports received twice per year = 50 EXPECTED reports.)

#### 4. Notifications for 2002 (absolute numbers)

|  | DOTS | Non-DOTS |
|--|------|----------|
| A <b>New pulmonary smear-positive</b>                                  |      |          |
| B <b>New pulmonary smear-negative</b>                                  |      |          |
| C <b>New pulmonary: no smear or results unknown</b>                    |      |          |
| D <b>New extra-pulmonary</b>   |      |          |
| E <b>Relapse smear-positive</b>  |      |          |
| F <b>TOTAL NOTIFICATIONS (A - E) *</b>                                 |      |          |
| G <b>New pulmonary laboratory-confirmed **</b>                         |      |          |
| H <b>Other registrations</b> not included in WHO notification rate *** |      |          |

\* *Total notifications should equal the sum of A-E; it may be more than the sum of A-E if there are some additional cases with unknown site of disease or unknown history.*

\*\* *New pulmonary lab-confirmed cases include all cases in A plus any cases confirmed by additional laboratory methods.*

\*\*\* *These include retreatment after failure, retreatment after default, chronic cases.*

**5. Notifications for 2002, continued (absolute numbers): age and sex of new smear-positive cases**

|                 |        | 0-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | TOTAL |
|-----------------|--------|------|-------|-------|-------|-------|-------|-----|-------|
| <b>DOTS</b>     |        |      |       |       |       |       |       |     |       |
| A               | Male   |      |       |       |       |       |       |     |       |
| B               | Female |      |       |       |       |       |       |     |       |
| <b>Non-DOTS</b> |        |      |       |       |       |       |       |     |       |
| C               | Male   |      |       |       |       |       |       |     |       |
| D               | Female |      |       |       |       |       |       |     |       |

*If data are based on less than a year's worth of data, please note this in 'Remarks.'*

### 6. Treatment outcomes for cases registered in 2001 (absolute numbers)

#### New smear-positive cases \*

#### Retreatment cases

Please see note (\*) below, and use this box accordingly

Please indicate which re-treatment case types are including.

Y

*example*

**DOTS**

**Non-DOTS**

**DOTS**

**Non-DOTS**

Z **Cohort registered for treatment**  
(if different from that notified last year to WHO, please explain under 'Remarks'.)

107

A **Cured**

63

B **Completed**

27

C **Died**

3

D **Failed**

4

E **Defaulted**

3

F **Transferred out**

4

total evaluated: 104

\* If culture is routinely available throughout the country, then you should instead use these columns to report outcomes of the cohort of laboratory-confirmed new pulmonary cases, where the outcome is determined by the best laboratory evidence available for each case and indicate "lab-confirmed cohort" in box Y.

**7. Financial information**

**FISCAL YEAR 2003**

(your fiscal year starting between 1 July 2002 and 30 June 2003)

|  |  |   |  |
|--|--|---|--|
| Beginning of your fiscal year 2003 (day, month, year)  |  | Estimated proportion of new patients hospitalized (%)     |  |
| Expected number of patients to be treated  |  | Estimated average duration of stay if hospitalized (days) |  |
| Estimated number of visits to a health facility for one new case during treatment, for D-O-T, collection of drugs and sputum smear monitoring. |  | Number of hospital beds used exclusively for TB           |  |

| Please give amounts for budget, funding, and gap in US dollar equivalent, in multiples of 1 000 (example: '78' for 78,000 USD) | BUDGET REQUIRED | EXPECTED Funding        |       |        |       | GAP <sup>2</sup> |
|--|-----------------|-------------------------|-------|--------|-------|------------------|
|  |                 | Government <sup>1</sup> | Loans | Grants | Other |                  |
| Drugs  |                 |                         |       |        |       |                  |
| Dedicated staff working exclusively for TB control.  |                 |                         |       |        |       |                  |
| NEW activities to increase case detection and cure rates <sup>3</sup>  |                 |                         |       |        |       |                  |
| Buildings, equipment (vehicles, lab / office equip. etc.)  |                 |                         |       |        |       |                  |
| All other budget lines for TB  |                 |                         |       |        |       |                  |
| <b>TOTAL</b>   |                 |                         |       |        |       |                  |

**FISCAL YEAR 2002**

(your fiscal year starting between 1 July 2001 and 30 June 2002)

| Please give amounts spent and received in US dollar equivalent, in multiples of 1 000 (example: '78' for 78,000 USD) | EXPENDITURE | RECEIVED Funding        |       |        |       |
|--|-------------|-------------------------|-------|--------|-------|
|  |             | Government <sup>1</sup> | Loans | Grants | Other |
| Drugs  |             |                         |       |        |       |
| Dedicated staff working exclusively for TB control.  |             |                         |       |        |       |
| NEW activities to increase case detection and cure rates <sup>3</sup>  |             |                         |       |        |       |
| Buildings, equipment (vehicles, lab / office equip. etc.)  |             |                         |       |        |       |
| All other budget lines for TB  |             |                         |       |        |       |
| <b>TOTAL</b>   |             |                         |       |        |       |

NOTES:

<sup>1</sup> Include funding from both CENTRAL and PERIPHERAL government sources (provinces, districts etc.)

<sup>2</sup> Values in this column should equal the "Budget" column MINUS the total of all "Expected Funding" columns.

<sup>3</sup> Refers to activities that were NOT in the previous year's budget; possible examples are social mobilization campaigns, activities to engage the private sector, incentives/enablers for providers or patients etc.

## 8. Remarks

*Remarks may include: information on completeness of data, explanations for inconsistencies in data, more detailed data, revision of data reported in previous years, and further explanation of financial data.*