

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)

Please send your completed form to your local/regional WHO office.

This form is a tool for WHO to collect data appropriate for analyses at regional/global level from some 200 diverse countries. It does not constitute a recommended template for national programmes. Respondents are referred to WHO guidelines for templates.

2. Components of TB control in 2003

Please take care that your answers correspond to the situation in 2003. (We welcome information on newer developments under 'Remarks' on last page)

Response for questions A-B: Circle one (NA = not applicable)

A Did you have a national TB control manual (or guidelines for TB diagnosis and treatment) in 2003?
(If Yes, please provide a copy to WHO, if you have not already done so.)

No	Yes	
No	Yes	NA

B Did the principle national professional medical society in your country recognize and advocate standardized TB regimens, with standard duration of treatment leading to standardized outcome definitions, as of 2003?

Technical components of DOTS in 2003

Responses for questions C-F: Circle one (SOME means "in some units", ALL means "in all units")

C Was sputum microscopy routinely used to diagnosis suspected pulmonary cases?

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

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

F 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	Yes	No	Some	All
No	Yes	No	Some	All
No	Yes	No	Some	All
No	Yes	No	Some	All

Responses for questions G, H: absolute numbers; Question I: Yes or No; Question J: percentage.

G How many basic administrative/operational health units were there in 2003?

H How many of these units (2.G) were considered as "DOTS" units at the end of 2003?

I Do you have additional criteria (beyond implementation of the technical components, above) that must be met for an operational unit in your country to become a "DOTS" unit (e.g., local political commitment, training requirements)? (If 'Yes', please attach this list of criteria, or mention these under 'Remarks'.)

No	Yes

J What proportion of the country's population was attributed to administrative/operational units defined as DOTS units in your country in 2003? (Note: Only this rough administrative apportioning is needed. It may not equate with true "access" to DOTS. If you have additional information on "access" to DOTS, you may share these data under 'Remarks' in addition to answering this question. If a unit became a DOTS unit in October of 2003, then use only 1/4 of its population in your calculation; if in July, then use 1/2 of its population, etc.)

%

3. HIV-related activities among TB patients in 2003

A **Please provide below the best data for prevalence of HIV in TB patients in 2003 (if any), and describe the source type** (e.g., sentinel surveillance based on anonymous testing data from routine HIV testing of TB patients) **and the scope and methodology** (e.g., 100% sampling of TB patients in selected metropolitan TB clinics).

Responses for questions C, D, E, H: enter a number; For questions B, E, F: circle appropriate response.

- B **Did you implement (even if only partially) a national policy of offering HIV testing and counselling to all TB patients in 2003?**
- | | |
|----|-----|
| No | Yes |
|----|-----|
- C **How many "operational units" (see question 2G) had TB diagnostic and treatment facilities that routinely offered HIV testing and counselling to all TB patients in 2003?**
-
- If C=0, skip to question E:
- D **- How many TB patients were tested for HIV in 2003 in the facilities counted in question 3.C?**
-
- E **- Were HIV positive TB patients routinely assessed (or referred for assessment) for eligibility to commence antiretroviral therapy in 2003?**
- | | | |
|----|-----|------------|
| No | Yes | Don't Know |
|----|-----|------------|
- If E="No", skip to next page.
- F **Is assessment for ART eligibility carried out by the TB programme, the HIV programme, some combination of the two, or other?** (Feel free to provide more description in 'Remarks'.)
- | | | | |
|----|-----|-------------|-------|
| TB | HIV | Combination | Other |
|----|-----|-------------|-------|
- G **Please indicate how many HIV positive TB patients were assessed for eligibility for ART in 2003.**
-
- H **Please indicate how many HIV positive TB patients were assessed AND started antiretroviral treatment in 2003.**
-

4. TB Notifications for 2003 (absolute numbers)

A **Number of TB cases in 2003, as per your national statistics**

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Number of these cases, by strategy, that are

B **New pulmonary smear-positive**

C **New pulmonary smear-negative**

D **New pulmonary smear unknown**

E **New extra-pulmonary**

F **Relapse**

G **Treatment after Failure**

H **Treatment after Default**

I **Other cases not in lines B-H.**

DOTS

Non-DOTS

J **New pulmonary lab-confirmed cases**

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Please list all potential sources of data that were NOT represented in line A (e.g., pulmonology clinics, private practitioners, hospitals, prisons, other government institutions [specify]).

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Please describe completeness of the data in line A (i.e., were certain district quarterly reports expected but not received)?

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Notes:

Strategy is attributed to operational units, not sub-sets of cases treated within those units. If a unit is considered a DOTS units, then all cases from that unit should be reported as DOTS cases.

If lines B-I (both DOTS and non-DOTS) do not add up to the number in line A, please explain in Remarks.

"Other" cases (line I) may include any cases that do not fit into above categories (e.g., history of previous disease/treatment unknown, retreatment case that is smear negative)

In line J, "lab-confirmed" includes smear-positive cases plus any cases confirmed by additional laboratory methods.

Do the data on this page include data from any dependencies or overseas territories?

No	Yes
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If yes, please describe under 'Remarks.'

5. Notifications for 2003, continued (absolute numbers):

Age and sex of new pulmonary smear-positive TB cases

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

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

If you have data by age and sex that do not fit this framework (e.g., different age groups or data based on all new cases, not just smear-positive), then you can provide the data that you have on the "Remarks" page.

6. Treatment outcomes for cases registered in 2002 (absolute numbers)

	DOTS				non-DOTS
	New pulmonary smear-positive	Relapse	Treat-after-Failure	Treat-after-Default	New pulmonary smear-positive
Z Cases included in cohort	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If line Z different from the number of cases notified to WHO last year, please explain reasons, or indicate need to update WHO database, under 'Remarks'.					
A Cured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C Died	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D Failed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Defaulted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F Transferred out, not evaluated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If sum of lines A-F does not equal line Z, please note any known reasons (e.g., missing reports) under 'Remarks'.

G **What is/are the mechanism(s) used for a registration unit to determine outcomes of TB patients who have transferred out?** List any/all of the following: None, Quarterly meetings of unit coordinators (exchange info); Telephone; Mail; Linkages performed at a higher admin level; Other (specify)

Notes

If culture is routinely available throughout the country, then you should instead use these columns to report outcomes of the cohort of laboratory-confirmed cases, where the outcome is determined by the best laboratory evidence available for each case. Indicate this in Remarks.

If treatment outcomes for retreatment cases are compiled together and cannot be separated, then please provide these outcome results under 'Remarks'.

If non-DOTS treatment outcomes are available but not for new smear-positive cases specifically, please provide what data are available and make a note about the types of cases included.

7. Financial information - budget data

FISCAL YEAR 2004

(your fiscal year starting during the calendar year 2004)

1. Beginning of your fiscal year 2004 (day, month, year)

2. Expected number of new smear-positive patients to be treated in 2004

3. Expected number of new smear-negative/extra-pulmonary patients to be treated in 2004

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Please give amounts for budget, funding, and gap in US dollar equivalent, in millions (example: '78' for US\$ 78 million or 0.1 for US\$ 100,000)

TOTAL BUDGET REQUIRED ^a (US\$ millions)	EXPECTED Funding				GAP ^f
	Government ^b	Loans ^c	Grants (excluding GFATM) ^d	GFATM ^e	
4. TB drugs: first-line					
5. TB drugs: second-line (for MDR-TB)					
6. Staff working exclusively for TB control (central unit staff and subnational TB coordinators)					
7. Initiatives to increase case detection and cure rates					
8. TB/HIV collaborative activities					
9. Buildings, equipment (vehicles, lab / office equip. etc.)					
10. All other budget lines for TB					
11. TOTAL					

FISCAL YEAR 2005

(your fiscal year starting during the calendar year 2005)

1. Beginning of your fiscal year 2005 (day, month, year)

2. Expected number of new smear-positive patients to be treated in 2005

3. Expected number of new smear negative/extra-pulmonary patients to be treated in 2005

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Please give amounts for budget, funding, and gap in US dollar equivalent, in millions (example: '78' for US\$ 78 million or 0.1 for US\$ 100,000)

TOTAL BUDGET REQUIRED ^a (US\$ millions)	EXPECTED Funding (if available)				GAP ^f
	Government ^b	Loans ^c	Grants (excluding GFATM) ^d	GFATM ^e	
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9. Buildings, equipment (vehicles, lab / office equip. etc.)					
10. All other budget lines for TB					
11. TOTAL					

PLEASE SEE EXPLANATORY NOTES ON PAGE 9. Contact the following people for assistance if required:

Pilar Ramon_Pardo ramonpp@paho.org (for AMRO), Katherine Floyd: floydk@who.int (for EURO, SEARO, WPRO), Holger Sawert: sawerth@emro.who.int (for EMRO) and Lisa Véron: veronl@who.int (for AFRO).

9. Explanations for financial information

Please remember that funding for TB control can only be improved if some attempt to describe the financial situation is made, even if data availability is limited. If the central NTP office has no information on the exact amounts that peripheral governments make available for TB control, please try to estimate.

For all questions, please indicate "NA" or "not applicable" if the intervention asked for (e.g., hospitalization) is not used in your country, and indicate "DK" or "Don't know" if you do not have the information required to answer the question. Please do not leave any field blank.

1	The date of the beginning of your fiscal year (between 1 January and 31 December of the year indicated)
2	The number of patients you expect to detect and treat -- new smear-positive cases in all areas (DOTS and non-DOTS). It does NOT mean the total estimated number of cases in your country.
3	The number of patients that you expect to detect and treat -- new smear-negative and extra-pulmonary cases in all areas (DOTS and non-DOTS). It does NOT mean the total estimated number of cases in your country.
4	Budget for anti-TB drugs, excluding drugs to treat multi-drug resistant (MDR) TB. If drugs are provided by the Global Drug Facility (GDF), please include an estimate of the value of these drugs.
5	Budget for anti-TB drugs for multi-drug resistant (MDR) TB only, including drugs procured through the Green Light Committee (GLC).
6	Staff cost for staff working ONLY on TB activities at central and peripheral levels (for example provincial TB coordinators, district TB coordinators, etc). Do NOT include, for example, primary health care nurses working on several diseases, including TB. The total per category can be estimated as the average annual salary for each staff category x number of staff in that category. Please report the total for ALL categories.
7	Refers to activities that aim to increase case detection and cure rates; possible examples are social mobilization campaigns, activities to engage the private sector (for example PPM-DOTS projects), incentives/enablers for providers or patients, community TB care, strengthening of diagnostic services and supervision, etc. Include any staff not already covered in number 6.
8	Activities involving collaboration between TB and HIV programmes aimed at reducing the impact of HIV-related TB. These include TB/HIV coordinating bodies, joint TB/HIV training and planning, HIV testing for TB patients, HIV surveillance among TB patients, TB screening for people living with HIV AIDS, isoniazid preventive therapy, joint TB/HIV information/education/communication, antiretroviral treatment for TB patients, etc. Does NOT include staff dedicated to TB and partially managing TB/HIV activities already accounted for under number 6. For clarifications, please see the WHO TB/HIV interim policy or the Monitoring and Evaluation guide.
9	Refers to all equipment, such as vehicles, microscopes, office equipment, etc. It does NOT refer to consumables (such as laboratory supplies), nor to investments related to and already accounted for in numbers 7 and 8.
12	The average number of visits per smear-positive patient to any health facility during TB treatment, for example for observed treatment, collection of drugs, smear monitoring, etc. after the patient has been diagnosed with TB, in view of your treatment guidelines. For example, if directly observed treatment is provided daily in the intensive phase at clinics and, in the continuation phase 4 visits are required (one per month for collection of drugs), the total would be $60+4=64$
13	The average number of visits per smear-negative and extra-pulmonary TB patient to any health facility during TB treatment, for example for DOT, collection of drugs, smear monitoring, etc. after the patient has been diagnosed with TB in view of your treatment guidelines.
14	The approximate percentage of smear-positive patients hospitalised for TB (for any duration of stay), in view of your treatment guidelines. For example, if your policy is to admit all TB patients for 2 months, the figure will be 100%. If unsure, please give a range.
15	The approximate percentage of smear negative or extra-pulmonary patients hospitalised for TB (for any duration of stay), in view of your treatment guidelines. If unsure, please give a range.
16	If a smear-positive patient is hospitalized for TB, the average number of days he/she spends in hospital.
17	If a smear-negative or extra-pulmonary patient is hospitalized for TB, the average number of days he/she spends in hospital.
18	Estimated number of beds in TB hospitals and in TB wards of other hospitals.
19-24	See explanations for items 4-9. above.
a	The total budget required should be in line with your annual plan of activity. Indicate the total amount required to carry out all activities and NOT the amount you expect to receive.
b	Include funding from both the central and peripheral government sources (provinces, districts, etc.).
c	All loans for TB or amount for TB in an overall health sector-wide loan.
d	All grants, excluding GFATM grants. The amount should be for the relevant fiscal year and not the total amount of the grant.
e	Grants awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The amount for the relevant fiscal year only and NOT the total amount of the grant.
f	The amount in this column should equal the "Total budget required" column MINUS the total of all expected funding columns (i.e. government, loans, grants excluding GFATM, GFATM grants, other).
g	During your last fiscal year, the funds that were actually received and spent. The total in this column should equal h+i+j+k.

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.

Thank you for completing the WHO annual data collection form. Please return to your local/regional WHO office.

When you submit your responses, please also attach the latest version of your TB register (or TB case notification card) and a set of your quarterly reporting forms (or, if all data individualized at all levels, any other relevant format for standard analytic outputs), if you have not recently supplied these to WHO.