



## Questionnaire on DOTS Implementation and Expansion Activities

Reporting Period: July 1, 2004 to June 30, 2005

### Background

This questionnaire is being distributed to all 22 high TB burden countries. The responses will assist the WHO Stop TB Department to develop the Country Profiles of the Global TB Control WHO Report 2006. Information from the questionnaire will also be used in the preparation of the Joint Meeting of the DOTS Expansion, TB/HIV and DOTS-Plus for MDR-TB Working Groups in Versailles, France on October 15-17, 2005.

### Instructions

Please fill out electronically. We ask that you provide as much detail as possible and answer all questions. If you are unable to provide an answer, please state that the information is unavailable.

Please email all completed questionnaires to Ms Amy Piatek ([piateka@who.int](mailto:piateka@who.int)) or fax to +41 22 791 3218. If you have any questions, please contact Ms Piatek by email or by telephone +41 22 791 3218, or Dr Malgosia Grzemska ([grzemska@who.int](mailto:grzemska@who.int)) or by telephone +41 22 791 3989.

The deadline for submission of the completed questionnaire is **August 26, 2005**.

Thank you very much for your assistance and continued support.

<b>A. Contact Information</b>		
A1. Country name:		
A2. Person(s) filling out this form:		
A3. Telephone number:	Office:	
	Mobile:	
A4. Fax number:		
A5. Email address 1:		
A6. Email address 2:		

<b>B. General DOTS Expansion</b>	
B1. Describe the major activities your country has undertaken between July 1, 2004 and June 30, 2005 to control TB.	
B2. Describe the three major activities planned for the coming year (July 1, 2005 to June 30, 2006) to improve TB control.	
1.	
2.	
3.	

<b>C. Health Systems Strengthening and TB Control</b>	
C1. Describe changes in the health system over the past year that have had an impact on TB control activities.	
C2. Which investments in the health system would be most beneficial to improving DOTS coverage and quality in your country? Please list the top 5 investments (1 being most beneficial, 5 being least beneficial).	
1.	
2.	
3.	
4.	
5.	
Other comments:	

<b>D. Human Resource Development</b>		
D1. Describe the Human Resource situation in your country. Please comment in terms of <b>quality, quantity, categories of staff, geographical distribution of staff, performance evaluation, salaries and incentives.</b>		
D2. During the past year, how have you assessed the Human Resource situation?		
D3. Is there a Human Resource Development (HRD) plan or strategy in the country?	YES <input type="checkbox"/> (go to D3a)	NO <input type="checkbox"/> (go to D3b)
D3a. If yes, what are the medium and long-term objectives of the HRD strategy?		
D3b. If no, what are your plans to develop a HRD strategy?		
D4. Do you have a database of the staff involved in the implementation of TB control activities in your country?	YES <input type="checkbox"/> (go to D4a)	NO <input type="checkbox"/> (go to D4b)
D4a. If yes, what data are included in the database?		
D4b. If no, what are your plans to develop a HRD strategy?		

<b>E. Laboratory and Diagnostic Services</b>		
E1. Describe the laboratory network in terms of administrative and technical functions.		
E1a. How many laboratories are performing smear microscopy?		#:
E1b. How many laboratories are performing culture?		#:
E1c. How many laboratories are performing drug susceptibility testing?		#:
E2. Is there a protocol in your country for a quality assurance system for smear microscopy based on WHO/partner-recommended guidelines?	YES <input type="checkbox"/> (go to E2a)	NO <input type="checkbox"/> (go to E2b)
E2a. If yes, is the protocol implemented country-wide?	YES <input type="checkbox"/> Specify %:	NO <input type="checkbox"/>
E2b. If no, what are the plans for implementation?		
E3. Do you have a National plan for laboratory supervision?	YES <input type="checkbox"/> (go to E3a)	NO <input type="checkbox"/>
E3a. If yes, was the supervision plan carried out last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/> (go to E3b)
E3b. If the plan was not carried out, what were the obstacles that prevented achievement of this plan?		
E4. Describe your country's existing policy for culture (i.e. for which patients you systematically perform culture).		
E5. How many culture facilities will be strengthened/developed in the coming year in your country?		#:
E6. What is the plan to improve/strengthen laboratories in your country?		
E7. What are the major challenges in improving performance of laboratory services in your country?		

<b>F. Community TB Care</b>		
F1. Is community participation in TB control part of the National TB Control strategy?	YES <input type="checkbox"/> (go to F1a)	NO <input type="checkbox"/>
F1a. Is yes, what percentage of the country involve communities in TB control?	%:	
F2. Describe the community TB control activities currently in place in your country.		
F3. What are the future plans for community involvement in TB control?		
F4. What financial resources are available currently or in the future for community involvement in TB control?		

<b>G. Public-Private Mix (PPM)</b>			
G1. Do the following <u>private</u> sector providers in your country collaborate with the NTP for DOTS implementation in any way (refer / diagnose / treat / DOT / notify)? <i>Please check <b>All Providers</b>, <b>Some Providers</b> or <b>None of the Providers</b>.</i>			
PRIVATE PRACTITIONERS	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
PRIVATE HOSPITALS	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
NGO/MISSION CLINICS and HOSPITALS	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
CORPORATE (business) HEALTH SERVICES	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
OTHER (please specify)	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
OTHER (please specify)	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
G2. Do the following <u>public</u> sector providers in your country collaborate with the NTP for DOTS implementation in any way (refer / diagnose / treat / DOT / notify)? <i>Please tick <b>All Providers</b>, <b>Some Providers</b> or <b>None of the Providers</b>.</i>			
GENERAL PUBLIC HOSPITALS	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
MEDICAL COLLEGE HOSPITALS	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
HEALTH / SOCIAL INSURANCE SERVICES	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
PRISON	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
MILITARY	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
OTHER (please specify)	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
OTHER (please specify)	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>
G3. Is there a focal person at the central level of the NTP to address issues related to involving non-NTP providers in TB control?	YES <input type="checkbox"/> (go to G3a)	NO <input type="checkbox"/>	
G3a. What percentage of the time of the focal person is given for PPM-related activities?	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Specify %:	
G4. Does the NTP have any guidelines on involvement of non-NTP health care providers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
G5. Does the NTP conduct training specifically for non-NTP health care providers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
G6. What is the current state of PPM-related activities in your country? <i>Please tick one or more the following:</i>			
<input type="checkbox"/> Situation assessment	<input type="checkbox"/> Pilot projects		
<input type="checkbox"/> Guidelines development	<input type="checkbox"/> Training material development		
<input type="checkbox"/> Scaling up			

<b>H. Collaborative TB/HIV Activities</b>	
H1. What are the major obstacles to implementation of collaborative TB/HIV activities in your country?	
H2. What does your country need to overcome these barriers?	
H3. Please list your country's three main achievements or successes in addressing TB/HIV over the past year.	
1.	
2.	
3.	

<b>I. Drug Management</b>		
11. Have there been any first-line drug stock-outs between July 1, 2004 and June 30, 2005?	YES <input type="checkbox"/> (go to I1a)	NO <input type="checkbox"/>
I1a. If yes, describe the drug stock-out situation and steps taken to solve the problem.		
12. Is your country using fixed-dose combination drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Is your country using the Global Drug Facility services?	YES, Grant <input type="checkbox"/> YES, Direct Procurement <input type="checkbox"/>	NO <input type="checkbox"/>
I3a. What additional sources of first-line drugs, if any, are you using?		
14. Do you practice quality control on the drugs used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you using the WHO list of pre-qualified TB drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Which second-line drug are used in your country, if any?		
16a. What is the source of second-line drugs (i.e. local manufacturer, foreign manufacturer)?		
16b. Describe any second-line drug stock-outs.		
17. Do you have a drug management information system for the TB programme?	YES <input type="checkbox"/> (go to I7a)	NO <input type="checkbox"/> (go to I7b)
I7a. If yes, describe the system in terms of procurement, distribution, supply, stock-outs, quality assurance, etc.		
I7b. If no, what system is being used to manage TB drugs?		

<b>J. Drug Resistance Survey and Treatment of MDR-TB</b>		
J1. Has your country conducted a nationwide Drug Resistance Survey?	YES <input type="checkbox"/> (go to J1a)	NO <input type="checkbox"/> (go to J1c)
If yes:		
J1a. When was the last survey?		
J1b. Is there a repeat survey planned in the next 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no:		
J1c. Are there plans to conduct a survey in the next 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J1d. What are the biggest obstacles for your country to conducting a nationwide Drug Resistance Survey?		
J2. Does your country have an MDR-TB treatment programme?	YES <input type="checkbox"/> (go to J2a)	NO <input type="checkbox"/> (go to J2e)
If yes:		
J2a. Does it follow DOTS-Plus guidelines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J2b. How many patients are under MDR-TB treatment?	#:	
J2c. What are the plans to scale up the MDR-TB treatment programme?		
J2d. What the biggest obstacles to the implementation of the MDR-TB treatment programme?		
If no:		
J2e. Do you have plans to develop an MDR-TB treatment programme in the next 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J2f. What do you consider the biggest obstacles to setting up an MDR-TB treatment programme in your country?		
J3. What support do you feel is necessary to get a Drug Resistance Survey and/or MDR-TB treatment programme started in your country?		

<b>K. Global Fund to Fight AIDS, TB and Malaria (GFATM)</b>		
K1. What TB control activities are currently or approved to be funded through the GFATM?		
<input type="checkbox"/> Health systems strengthening	<input type="checkbox"/> Human resource development	
<input type="checkbox"/> Laboratory strengthening	<input type="checkbox"/> Community TB care	
<input type="checkbox"/> Drug resistance surveillance	<input type="checkbox"/> DOTS-Plus for MDR-TB	
<input type="checkbox"/> PPM	<input type="checkbox"/> TB/HIV collaborative activities	
<input type="checkbox"/> National coordination activities	<input type="checkbox"/> Advocacy, communications, social mobilization	
<input type="checkbox"/> First-line drugs	<input type="checkbox"/> Second-line drugs	
<input type="checkbox"/> Other (please specify)		
K2. Does your country need technical assistance to implement activities funded through the GFATM?	YES <input type="checkbox"/> (go to K2a)	NO <input type="checkbox"/>
K2a. If yes, please describe areas needing technical assistance.		
K3. What challenges do you face in accessing and/or using GFATM funds?		

<b>L. Advocacy, Communications and Social Mobilization (ACS)</b>		
L1. Does your country have a specific, written national TB ACS plan?	YES <input type="checkbox"/> (go to L1a)	NO <input type="checkbox"/> (go to L1b)
L1a. If yes, describe the primary goal/objective of the plan.		
L1b. If no, what are the plans to develop an ACS plan?		
L2. If you have an ACS plan, describe any surveys used in the development or implementation of the plan, i.e. demographic health information, KAPs studies (knowledge/awareness levels, treatment-seeking behaviors, barriers to diagnosis and treatment adherence), client satisfaction, tracking, etc.		
L3. How do ACS activities address the main strategic priorities or needs of the National TB Control Programme?		
L4. List the main successes or accomplishments of your ACS plan.		
L5. What are the three main challenge to improving ACS planning and implementation and what are your plans to overcome these challenges?		
1.		
2.		
3.		

<b>M. TB and Poverty</b>			
M1. What are the main barriers that pro poor face in accessing services that provide TB diagnosis and treatment?			
M2. What steps are you undertaking to overcome these barriers?			
M3. What kind of interaction or collaboration, if any, have you had with the Network Secretariat for Action on TB and Poverty?			
M4. Are you aware of the document "Addressing Poverty in TB Control: Options for National TB Control"?	YES <input type="checkbox"/>	SOMEWHAT <input type="checkbox"/>	NO <input type="checkbox"/>

**N. National Coordination Activities**

N1. Describe your National Coordination Activities (ICC, Partnership, CCM)<sup>1</sup> in terms of:

Aims and purposes:

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Results up to date:

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Constraints:

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N2. How are National Coordination Activities contributing to overall TB control in your country?

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N3. Who are the current **international** technical and financial partners that support DOTS implementation and expansion in your country?

	Name of agency	Area of work
Technical		
Financial		
Others		

N4. Who are the current **local/national** technical and financial partners that support DOTS implementation and expansion in your country?

	Name of agency	Area of work
Technical		
Financial		
Others		

**O. Technical Assistance/Other comments**

O1. In which areas of TB control is technical assistance needed in your country? Please prioritize the areas.

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O2. Other comments.

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<sup>1</sup> **Interagency Coordination Committee** (ICC) is a coalition of committed partners and donors directly connected to the performance of the NTP only. **Partnership** is a broad platform of partners in support of a much wider national response to Stop TB. **Country Coordinating Mechanism** (CCM) is a management coordination structure that includes all partners committed to implement a GFATM plan.