Ensure availability of high quality and validated data to improve decision making

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Mar 3rd, 2015
Bangkok, Thailand

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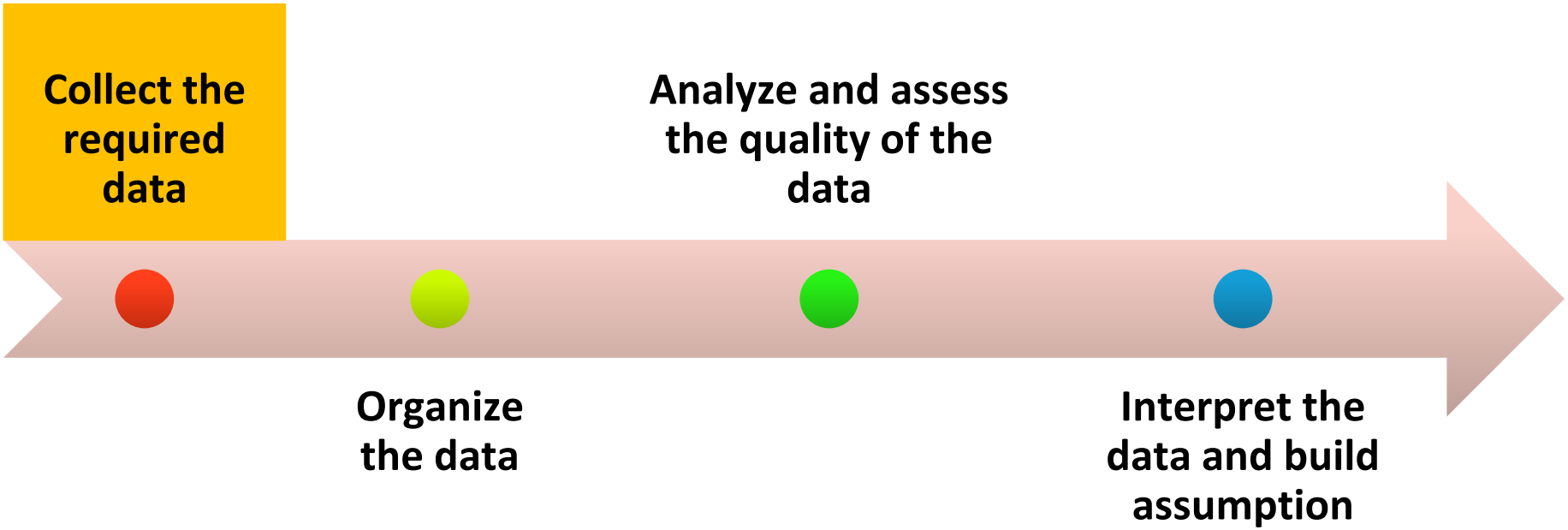
SIAPS Systems for Improved Access to Pharmaceuticals and Services
World Health Organization
Stop TB Partnership

Data collection and analysis process



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Data collection (1)

- A **well-functioning TB R&R (HMIS) and LMIS** are central to obtaining quality data on number of patients on regimens, historical growth trends and medicine consumption

- When data are not available or are very poor, it is necessary to **make estimates or assumptions** based on information gathered from key informants

Data collection (2)

- A coordinated team effort is needed to:
  - **Develop** and sustain a system for data collection
  - **Harmonize** tools and reporting systems
  - Develop, print, and **disseminate** tools to sites
  - Provide SOPs, advise, and **train** sites on data collection and aggregation
  - **Support** efficient reporting by sites
  - Give consistent and responsive **feedback** to sites

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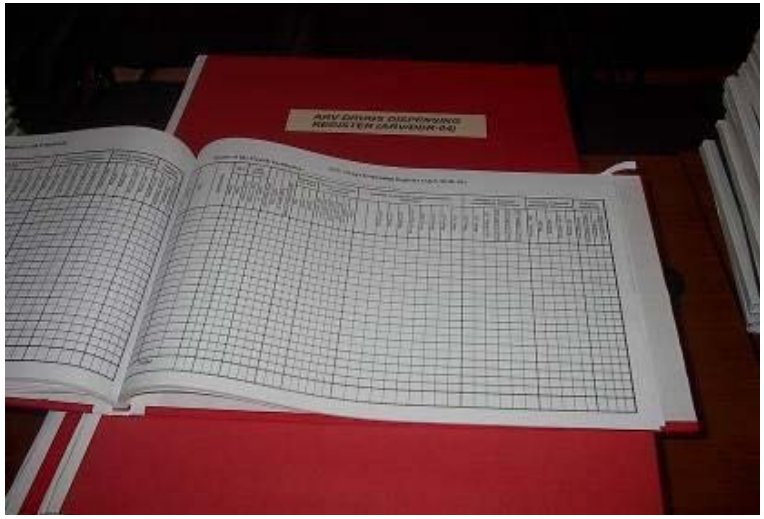
Tools for data collection



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Tools for Data Collection

- **Manual tools** – TB registers, treatment cards, TB quarterly reports, stock cards
- **Electronic tools** – TB LMIS, electronic TB reports from districts, e-TB Manager, TIBU, Open MRS, etc.

Irrespective of source, data should be ***accurate and reliable***

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Garbage in = Garbage Out

Source: http://blogs.mediapart.fr/blog/oliv92/300812/garbage-garbage-out

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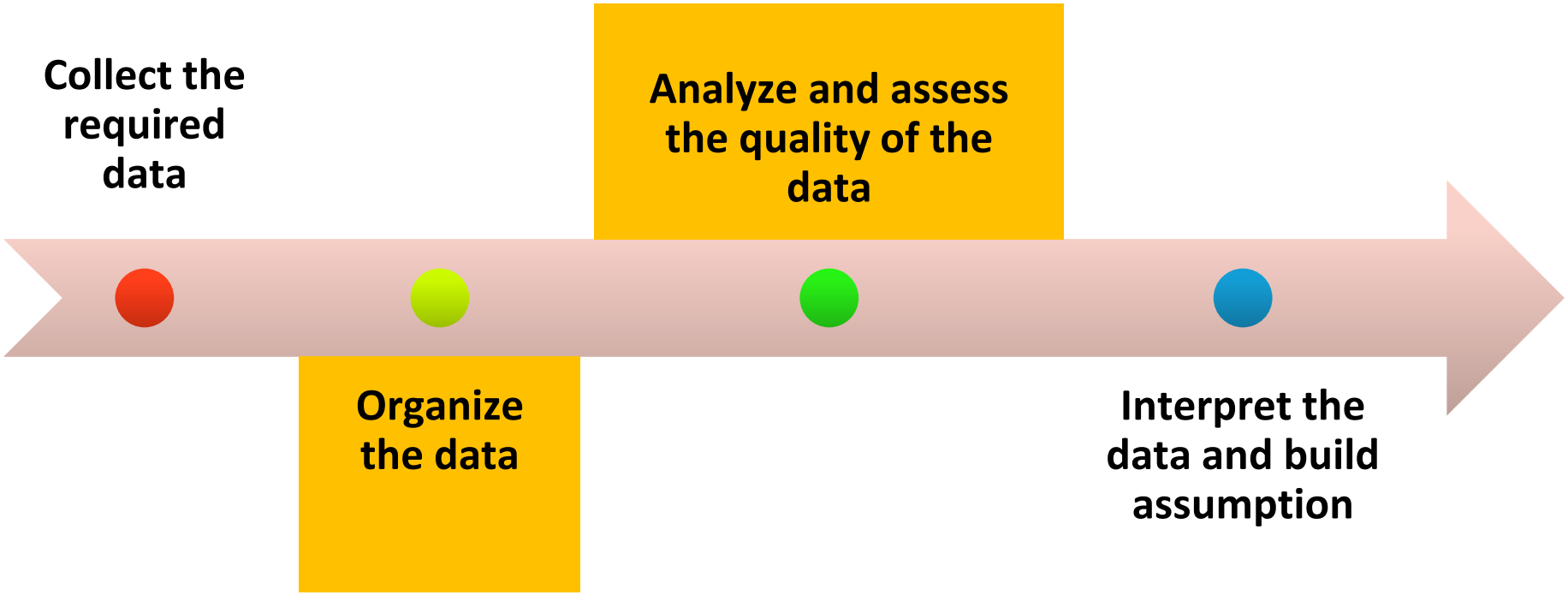
Data collection and analysis process



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Organization, analysis, and assessment of data (1)

- **Follow up** on inconsistent data
- **Ask questions**
- **Adjust** for under-reporting and stock-out period
  - ✓ Not all facilities are the same
- **Communicate** with stakeholders and partners
- Use different types of information and **compare**
- Create “what-if” **scenarios**
- **Cross-check**

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Organization, analysis, and assessment of data (2)

- Can be **difficult** to extract and aggregate data from manual tools
- **Standardized reporting forms** minimize errors
- Timely, complete and **accurate reporting** at facilities contributes to improved data
- Consider/plan for **computerized tools** as the program scales up (if not already available)

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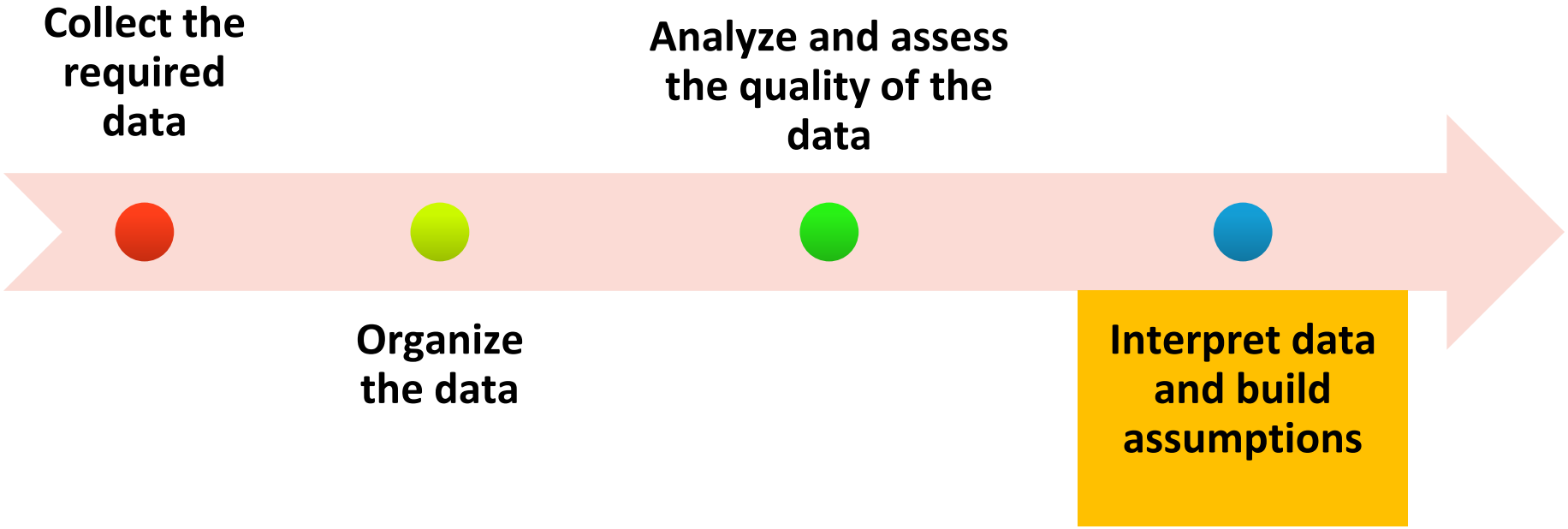
Data collection and analysis process



Data for decision making and source (1)

Data	Source
List of **all FLD and SLD**: including **generic name, strength/concentration, dosage form**, required packaging, and price for each medicine	GDF Product Catalogue Central Medical Store TB facilities GDF prices and costs/fees
List of **all treatment regimens**: standard and "individualized" for DS-TB, DR-TB, and pediatric; regimes used in ADR and IPT; other regimens used in special situations, etc.	NTP (National TB Treatment Guidelines) Treatment sites Treatment cards
Each regimen should include **drug presentation, daily dose, weekly frequency, and duration** (by prevalent weight bands)	National TB Treatment Guidelines Head physicians TB facilities Treatment cards

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Data for decision making and source (2)

Data	Source
Number of enrolled cases (started on treatment) in each of the treatment regimens **per month**: - # cases on each specific regimen (preferable); or - by percentage of use of each medicine; or - by percentage of use of each regimen (sensitive TB, PDR, MDR, etc.)	NTP R&R unit, cases that are still on treatment with start date Quarterly reports Treatment cards
Trends, rate or number of **cases lost to follow-up** (stopped or discontinued entire treatment or one medicine for any reason, i.e., "attrition rate"), such as loss to follow-up, defaulted, died, switch to another regimen	NTP Quarterly and annual reports

Data for decision making and source (3)

Data	Source
Number of expected cases to start (in the future) on each of the treatment regimens **by month** <u>Based upon</u>: - Historical case notification and NTP targets - NTP expansion plans, interventions (e.g. increase in case detection due to GeneXpert, LPA, new sites or labs) - Changes in treatment regimens or medicines formulations - Planned new treatment regimens (e.g. 9-month regimens, bedaquiline, etc.)	NTP (e.g. PMDT plans, program progress plans, strategic plans (NSP), Global Fund plans/proposal, partner and donor reports, etc.)
Expected **cases lost to follow-up** based on previous years and upcoming changes	NTP action plans
Number of cases for each type of treatment for which **funding is available**	MOH, the Global Fund, donors

Data for decision making and source (4)

Data	Source
Number of FLD and SLD in units (not package) **on stock countrywide** (central and sub-national levels) **by expiration date** (batch number not needed) and date when the stock information has been collected (i.e. **inventory date**)	LMIS, Central Medical Stores, Regional stores, health facilities
Number of FLD and SLD in units (not package) **already ordered** (or procured) through GDF and other providers, all donors and manufactures, but not yet received, and the **expected date of receipt.**	Central Medical Stores, NTP, The Global Fund PR

Data for decision making and source (5)

Data	Source
Usual **lead-time** throughout the supply chain, including procurement planning, ordering, shipping and receiving	MOH, NTP, CMS; the Global Fund PR, GDF
Safety/buffer stock (in months)	Central Medical Stores, NTP
Minimum and maximum levels (months of stock): facilities, regional medical stores, CMS	Central Medical Stores, NTP
Costs: freight, custom clearance, insurance, and other additional costs	GDF, MOH, Customs, Central Medical Stores

QuanTB tool

- Has all these key variables used for quantification, forecasting, and EWS
- Implemented in more than 10 countries
- Adopted as GDF tool (monitoring mission and global forecasting)
- Aligned with standard data dictionary
- More info at the booth (demonstration, implementation process, Q&A)

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