

Zero TB Metrics

Mutli-dimensional Progress Cards

This is a companion document to be paired with “A Best-Practice Framework of Program Indicators for Monitoring a Comprehensive Approach to the Tuberculosis Epidemic”. The purpose of this document is to highlight supportive or complimentary policies and programmatic approaches required to implement a comprehensive program against TB.

The five Progress Cards capture three broad areas:

1. Specific questions regarding policies and programmtic approaches employed at your Zero TB site.

2. Indicates stakeholder groups that have responded to the question section. Stakeholder groups are not required to respond to every section.

3. Score should accurately reflect general progress made toward the ultimate goal. Variance calculated from individual stakeholder scores and left blank if only one stakeholder has completed Progress Card.

Empowering patients

1.1.1. In practice, does responsibility fall more on the patient or the program for adherence to treatment?

G1 G2 G3

AVERAGE SCORE

1 2 3 4

PROGRESS KEY

VAR

Stakeholder Key:

G1 = Implementing Coalition
G2 = ZTBI Accompaniment Lead
G3 = Patient/ Community Groups

Zero TB Metrics

Progress Card 1: Program Design

CITY: _____
 REGION: _____
 COUNTRY: _____

COMPLETED: _____

Empowering patients

(G1) (G2) (G3)

AVERAGE SCORE		PROGRESS KEY			
1	2	3	4	VAR	
1.1.1. In practice, does responsibility fall more on the patient or the program for adherence to treatment?				<input type="text"/>	
1.1.2. Does the TB program have a systematized process to document daily adherence for each patient?				<input type="text"/>	
1.1.3. Does the TB program utilize a patient-centered protocol to plan patients' treatment and improve adherence?				<input type="text"/>	

Capacity building for staff and health systems

(G1) (G2) (G3)

1	2	3	4	VAR	
1.2.1. Are the operating hours at health facilities difficult for patients to meet?				<input type="text"/>	
1.2.2. Are trained community health workers providing treatment support, both in and outside health facilities?				<input type="text"/>	
1.2.3. Are TB unit staff strengthening patients' knowledge about the disease?				<input type="text"/>	
1.2.4. Are TB unit staff trained regularly on adherence measurements and monitoring?				<input type="text"/>	

Connecting patients to resources and support

(G1) (G2) (G3)

1	2	3	4	VAR	
1.3.1. Is information on identification and management of side-effects available to patients?				<input type="text"/>	
1.3.2. Are economic supports available via cash transfer, employment opportunities or similar schemes?				<input type="text"/>	
1.3.3. Are support groups available for patients to share experiences and support each other during treatment?				<input type="text"/>	

Linking other services for patients

(G1) (G2) (G3)

1	2	3	4	VAR	
1.4.1. Are resources available for people with TB who need the most support (for drug-addiction, alcoholism, isolation)?				<input type="text"/>	
1.4.2. Are other public & private institutions outside the health system involved systematically in supporting patients?				<input type="text"/>	
1.4.3. Do policies promote nutritional assessment, counseling, and supplements for TB patients who need them?				<input type="text"/>	

Zero TB Metrics

Progress Card 1: Program Design

CITY:

REGION:

COUNTRY:

COMPLETED:

Diagnosing people with TB disease and TB infection

- 1.5.1. Is the program moving toward more sensitive diagnostic tools in their algorithm for diagnosis?
- 1.5.2. If TB disease is ruled out among contacts, is there a path to preventive therapy (PT) where needed?
- 1.5.3. Are there delays in diagnostic process, or linkage to care after diagnosis?

G1

G2

G3

AVERAGE SCORE

1

2

3

4

PROGRESS KEY

VAR

Progress Card 2: Policy Environment + Realization

COUNTRY:

COMPLETED:

			AVERAGE SCORE		PROGRESS KEY		
			1	2	3	4	VAR
Patient-centered policies for access to care and medicines			G1	G2	G3		
2.1.1. Does program provide active case finding (ACF) in high-risk settings that include people with TB?							
2.1.2. Are shorter regimens for treating TB infection (so-called LTBI) accessible and used?							
2.1.3. Are new drugs against MDR-TB available and/or used in this site?							
Policies for treating people at higher risk of TB			G1	G2	G3		
2.2.1. Are high-risk (HR) contacts of active patients enrolled in preventive therapy beyond under 5s and HIV+?							
2.2.2. Is treatment integrated with support services for high-risk and/or vulnerable groups?							
2.2.3. Is epidemiological data used to inform case finding, treatment, and prevention for high-risk groups?							
Partnerships and disease area integration			G1	G2	G3		
2.3.1 Is there a broad based multi-institutional coalition that includes civil/municipal/regional government support?							
2.3.2. Do policies and programs recognize diabetes and other TB comorbidities and support linkage of services?							
2.3.3. For people living with HIV, are ARVs and and preventive therapy against TB integrated systematically?							
Pharmaceutical policy and management			G1	G2	G3		
2.4.1. Are pediatric formulations of TB drugs available and utilized?							
2.4.2. Is treatment initiation delayed due to logistical challenges with medications?							
2.4.3. Are side effects medicines available free of charge to the patient?							
2.4.4. Are there regular stockouts of TB medications, and are programs working to address this?							

Zero TB Metrics

Progress Card 3: Key Populations

CITY: _____
REGION: _____
COUNTRY: _____

COMPLETED: _____

This section will be tailored to match the profile of your Zero TB site in terms of key populations affected by TB.

Incarcerated people

(G1) (G2) (G3)

AVERAGE SCORE

PROGRESS KEY

1 2 3 4

VAR

3.1.1. Do prisons conduct regular surveys into treatment for TB among incarcerated people and implement improvements?

3.1.2. Are the experiences of incarcerated people with TB documented and used to inform decision-makers?

3.1.3. Are there issues with drug, diagnostic, or equipment management for TB services in prisons?

3.1.4. Does the TB program conduct or promote education campaigns among prisons regarding risks of tuberculosis, and TB treatment basics?

3.1.5. Is there collaboration between health authorities and prisons in areas of patients release/transfer, and continuity of care generally?

Urban Populations

(G1) (G2) (G3)

1 2 3 4

VAR

3.2.1. Does the TB program conduct health surveillance, improve data quality, and use this data to improve services in urban areas?

3.2.2. Does the TB program use a system of economic or other incentives for patients to improve referral and adherence?

3.2.3. Have available public and private services been mapped, and is there a linkage system between care providers in the urban area?

3.2.4. Do campaigns increase awareness of existing services, treatment literacy, and provide education on TB and treatment adherence in the city?

3.2.5. Is there significant outside assistance or resource allocation from private sector, national government, or other organizations for TB elimination in the urban area?

Zero TB Metrics

Progress Card 3: Key Populations

CITY: _____

REGION: _____

COUNTRY: _____

COMPLETED: _____

Mobile Populations

(G1) (G2) (G3)

AVERAGE SCORE

1

2

PROGRESS KEY

3

4

VAR

3.3.1. Do national and regional governments conduct surveys to improve data regarding migrant populations and include them in the national TB program's goals and guidelines?

3.3.2. Are TB programs culturally appropriate for migrant populations and do they prioritize open communication with this population?

3.3.3. Does the TB program utilize a referral system between labs and care providers to improve contact tracing and continuity of care?

3.3.4. Does the TB program make available education and health literacy materials that are appropriate for this population (language, cultural competency, risks, etc.)?

3.3.5. Does national funding allow for TB care for all, regardless of legal status??

Children

(G1) (G2) (G3)

1

2

3

4

VAR

3.4.1. Is research conducted to improve surveillance data on childhood TB, and is this data used to improve TB programs?

3.4.2. Are communities and families actively involved in treatment?

3.4.3. Are childhood TB programs integrated into existing health services?

3.4.4. Are community members, family members, and health care providers aware of childhood TB symptoms and treatment?

3.4.5. Does the TB program promote child-specific policies, treatment procedures, drugs, or other considerations?

Indigenous Peoples

(G1) (G2) (G3)

1

2

3

4

VAR

3.5.1. Does the TB program conduct regular surveys to understand TB in indigenous populations, and use this data to improve services?

3.5.2. Are patients and indigenous groups included in the decision-making process regarding education development, diagnosis, and treatment?

3.5.3. Are community-based, public, and private services available and linked to expand access to care and improve care continuity?

3.5.4. Does the TB program provide culturally appropriate education and health literacy campaigns and materials?

3.5.5. Is additional funding devoted specifically to indigenous populations and their empowerment via information on TB?

Zero TB Metrics

Progress Card 3: Key Populations

CITY: _____
 REGION: _____
 COUNTRY: _____

COMPLETED: _____

Miners

(G1) (G2) (G3)

AVERAGE SCORE

PROGRESS KEY

1 2 3 4

VAR

3.6.1. Do stakeholders (mining companies, unions, governments) collaborate to record and improve data regarding TB among mining populations, and use this data to improve the TB program?

3.6.2. Does the TB program collaborate with unions and organizations to identify risks and safety violations based on miners' experiences, as well as to improve TB services?

3.6.3. Does the TB program collaborate with unions and organizations to increase miners' access to TB screening and treatment services?

3.6.4. Does the TB program conduct educational campaigns to increase awareness of TB risks, the importance of adherence, and overall treatment literacy?

3.6.5. Are efforts like promoting legislation and improving occupational and health safety in action for capacity and access building for miners?

People Who Use Drugs

(G1) (G2) (G3)

1 2 3 4

VAR

3.7.1. Are surveys regularly conducted to increase knowledge about TB among PWUD, and is this data used to implement improvements in services for this population?

3.7.2. Are PWUD consulted in their treatment and included in the decision-making process with their health care providers and TB services?

3.7.3. Are services targeting PWUD integrated with TB services to provide linkage to care and improve adherence?

3.7.4. Does the TB program engage with patients and civil society to improve awareness and education regarding risks of TB as well as TB treatment literacy?

3.7.5. Does the TB program work with decision-makers to promote policies that reduce stigma among PWUD and ensure that treatment is accessible to this population?

Zero TB Metrics

Progress Card 3: Key Populations

CITY: _____

REGION: _____

COUNTRY: _____

COMPLETED: _____

Health Care Workers

G1 G2 G3

PROGRESS KEY

AVERAGE SCORE

1 2 3 4

VAR

3.8.1. Is regular screening and surveillance conducted in healthcare worker populations, and is this data used to improve the TB program and increase safety for workers?

3.8.2. Are healthcare workers involved in review of TB programs and made aware of their rights, and are their experiences used to inform improvements in the TB program?

3.8.3. Is there collaboration among healthcare workers' places of employment and TB services to ensure linkage to care and ease of access?

3.8.4. Are health care workers aware of the services for screening and treatment, as well as their increased risk of the disease?

3.8.5. Are governments and facility managers held accountable for TB risks, and do policies recognize TB as an occupational risk among this population?

Rural Populations

G1 G2 G3

1 2 3 4

VAR

3.9.1. Are policies regularly reviewed and surveys regularly conducted to gather data and inform efforts to improve services?

3.9.2. Are communities involved in the decision-making process for scaling up, improving, or integrating TB services?

3.9.3. Are networks established in rural communities to connect TB patients and their families with treatment, services, and support, as well as to improve linkage between services?

3.9.4. Are educational materials appropriate for rural populations, and have efforts been made to improve TB awareness and treatment literacy?

3.9.5. Does the TB program promote policies specific to this population and devote funding to strengthening services and care?

Zero TB Metrics

Progress Card 3: Key Populations

CITY: _____
REGION: _____
COUNTRY: _____

COMPLETED: _____

People Living with HIV

G1 G2 G3

AVERAGE SCORE

1 2 3 4

VAR

3.10.1. Are regular reviews of laws and policies conducted, and are data from these reviews used to improve services and protect patients?

3.10.2. Are PLHIV involved in decision making for creating TB policies and improving TB program services where it affects them?

3.10.3. Are TB and HIV services integrated to ensure that all health care workers are trained, innovative methods fit the needs of PLHIV communities, and PLHIV have access to care?

3.10.4. Does the TB program conduct regular education campaigns and produce treatment literacy materials appropriate for PLHIV?

3.10.5. Does the TB program promote policies to reduce stigma, sensitize health workers, and document rights violations of PLHIV and people with TB?

PROGRESS KEY

Zero TB Metrics

Progress Card 4: Lab and Referral Network

CITY: _____

REGION: _____

COUNTRY: _____

COMPLETED: _____

PROGRESS KEY

AVERAGE SCORE

1 2 3 4

VAR

Laboratory Strengthening

G1 G2 G3

4.1.1. Is an established, certified (usually national) reference laboratory the standard for diagnostic practices?

4.1.2. Are sputum sample collections and transportation methods reviewed and improved as needed?

4.1.3. Are investments directed towards streamlining diagnostics by targeting clinical co-morbidities?

4.1.4. Are labs given free or reimburseable access to DST improvements?

4.1.5. Are TB lab investments leading to overall lab improvements?

Incorporating Innovations

G1 G2 G3

1 2 3 4

VAR

4.2.1. Are new and innovative diagnostics methods being integrated into screening algorithms (such as more sensitive and efficient tools earlier in the algorithm)?

Zero TB Metrics

Progress Card 5: Information Management and Use

CITY: _____
REGION: _____
COUNTRY: _____

COMPLETED: _____

PROGRESS KEY

AVERAGE SCORE

Information Flows Between Sectors

G1 G2 G3

1 2 3 4

VAR

5.1.1. Is patient information transferred effectively between public and private sectors, where applicable?

5.1.2. Is the private sector engaged (sharing some data) in TB program reviews and improvements?

5.1.3. Are penitentiary and non-penitentiary records shared so patients do not discontinue TB care when released or incarcerated?

Data Driving Quality Improvement

G1 G2 G3

1 2 3 4

VAR

5.2.1. Is routinely collected data on TB feeding into health system design to improve services for the entire population in your area?

5.2.2. Are setting-specific vulnerable groups (PLWHA, indigenous, etc.) receiving services based on need?

5.2.3. Is better diagnostic information improving program quality (DST, rapid tests available, etc.)?

Access to Epidemiological Information

G1 G2 G3

1 2 3 4

VAR

5.3.1. Does local government conduct regular reviews and make improvements to TB control and TB care?

5.3.2. Has a prevalence survey been conducted recently, and is data available to the public?

5.3.3. Are screening, prevention, and treatment targets of the TB program available to the public?