

## Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6): TB and HIV

Office of the U.S. Global AIDS Coordinator & Health Diplomacy Point of Contact: Meaghan Peterson, Catherine Nichols, and Kanjinga Kakanda

Presenter: Paige Schoenberg Date: 2021

### **Video Outline**

- 1) Section 1: Overview of the technical area
- 2) Section 2: Indicator changes in MER 2.6
- 3) Section 3: Review of numerator, denominator, and disaggregates
  - What is the programmatic justification and intention for the data being collected?
  - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
  - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
- 4) Section 4: Overview of guiding narrative questions
- 5) Section 5: Data quality considerations for reporting and analysis
- 6) Section 5: Additional resources and acknowledgments

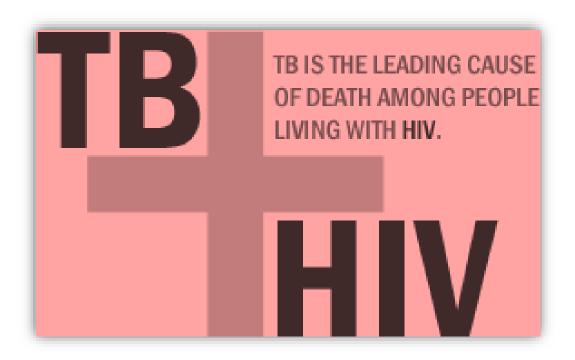


## Section 1: Overview of the technical area



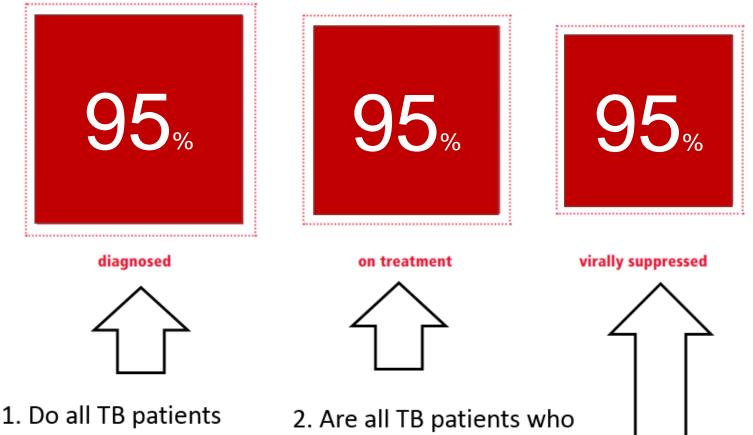


#### Why is this topic important?





#### How does TB fit into 95-95-95?



know their HIV status?

\*\* Are persons with TB symptoms being identified and tested for HIV?

PEPFAR

2. Are all TB patients who are HIV-positive on ART?

3. Are all ART patients being routinely screened for TB? And based on the result, initiating TB preventive therapy or TB treatment?

#### **Overview of TB/HIV Indicators**

TB\_STAT Num. TB\_STAT Den.



#### TB\_STAT\_POS TB\_ART Num.

Program Area Group	Indicator Name	Numerator or Denominator	Definition
Knowing <b>TB_S</b> HIV Status	TB_STAT	Numerator	# of new and relapsed TB cases with documented HIV status
		Denominator	total # of new and relapsed TB cases
On ART	TB_ART	Numerator	# of TB cases with documented HIV- positive status who start or continue ART



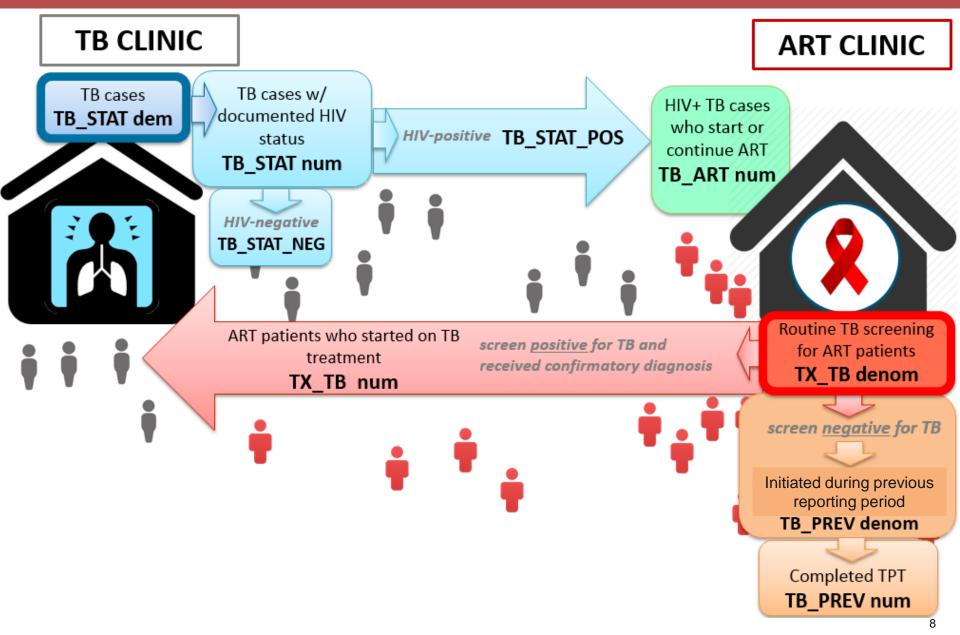
#### **Overview of TB/HIV Indicators**



Program Area Group	Indicator Name	Numerator or Denominator	Definition
On ART <b>TX_TB</b>	TX_TB	Numerator	# of ART patients who were started on TB treatment during the semiannual reporting period
	Denominator	# of ART patients who were screened for TB at least once during the semiannual reporting period	
Prevention <b>TB_PRE</b>	TB_PREV	Numerator	Among those who started a course of TPT in the <b>previous</b> reporting period, the number that completed a full course of therapy (for continuous IPT programs, this includes the patients who have completed the first 6 months of isoniazid preventive therapy (IPT), or any other standard course of TPT such as 3 mo. of weekly isoniazid and rifapentine or 3-HP)
		Denominator	# of ART patients who were initiated on any course of TPT during the <b>previous</b> reporting period



### **TB/HIV Patient Flow**



## Section 2: Indicator changes in MER 2.6

## change to TB\_ART only



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#### **TB/HIV Indicators: MER 2.5 to 2.6**

### TB\_ART

Frequency of reporting from quarterly to annual

The impact of this change is that for FY22, one will be able to assess **ART coverage for TB cases**\* annually instead of quarterly.

\* # HIV-positive TB cases on ART (TB\_ART Numerator)

# HIV-positive TB cases (TB\_STAT\_POS)



## Section 3: Review of numerator, denominator, and disaggregates





### **TB\_STAT Numerator**

#### TB\_STAT Num.

• reported quarterly at facilities

Numerator Disaggregations:		
Disaggregate Groups	Disaggregates	
Status by Age/Sex [Required]	<ul> <li>Known Positives: &lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</li> </ul>	
<u>Underlined portions auto-</u> <u>populate into the TB</u> <u>HTS_TST modality.</u>	<ul> <li><u>Newly Tested Positives: &lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14</u> <u>F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39</u> <u>F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</u> <u>49 M, 50+ F, 50+ M, Unknown Age F/M</u></li> <li><u>New Negatives: &lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-</u> <u>19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M,</u> <u>40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</u></li> </ul>	



### **TB\_STAT Denominator**

#### TB\_STAT Den.

• reported quarterly at facilities

Denominator Disaggregations:			
Disaggregate Groups Disaggregates			
Age/Sex [Required]	<ul> <li>&lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45- 49 F/M, 50+ F/M, Unknown Age F/M</li> </ul>		



### **TB\_ART Numerator**

#### TB\_ART Num.

• reported annually at facilities

Numerator Disaggregations:			
Disaggregate Groups	Disaggregates		
ART Status by Age/Sex [Required]	<ul> <li>New on ART: &lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15- 19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</li> <li>Already on ART: &lt;1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</li> </ul>		



### How to Review this Data: TB\_STAT, TB\_ART

% of TB	% of HIV-
cases	positive
who know =	TB cases =
their HIVTB_STATstatusDen.	who are on ARTTB_STAT_POS (sum of Q1-Q4)

#### percent coverage should be 100%

Review % coverage by geographic unit (OU to site), partner, agency, age/sex disaggregates

TB\_STAT Den. and TB\_STAT Num. should be **summed** over quarters; to calculate TB\_ART coverage, sum TB\_STAT\_POS for all four quarters to calculate the denominator.



### **TX\_TB Numerator**

TX\_TB Num. Reported semi-annually at facilities •

Numerator Disaggregations:		
Disaggregate Groups	Disaggregates	
ART Status (Current/New on ART) by Age/Sex [Required]	<ul> <li>Number of patients starting TB treatment who newly started ART during the reporting period: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Number of patients starting TB treatment who were already on ART prior to the start of the reporting period: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> </ul>	



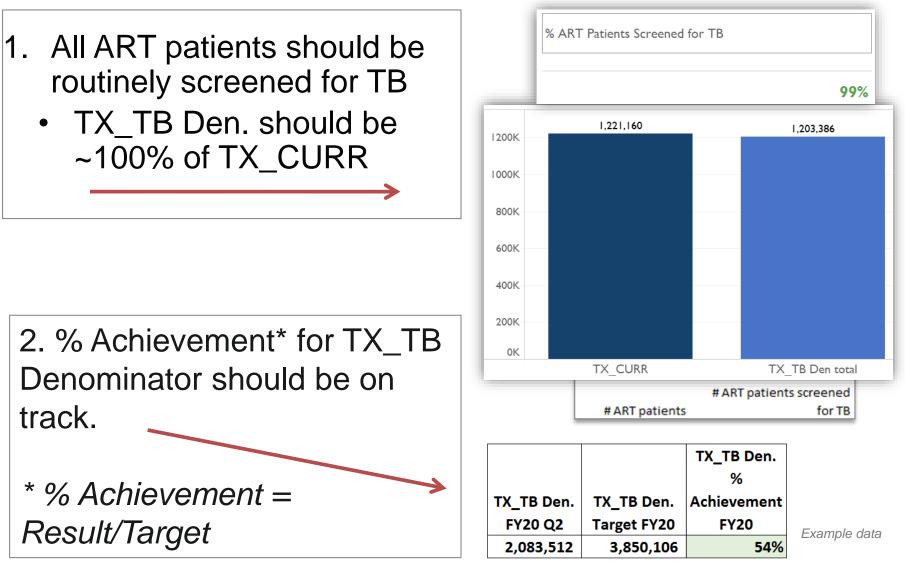
### **TX\_TB Denominator**

TX_TB De	Reported semi-annually at facilities		
Denominator Disaggregations:			
Disaggregate Groups	Disaggregates		
Start of ART by Screen Result by Age/Sex [Required]	<ul> <li>New on ART/Screen Positive: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>New on ART/Screen Negative: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Previously on ART/Screen Positive: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Previously on ART/Screen Negative: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> </ul>		
Specimen Sent [Required]	Number of ART patients who had a specimen sent for bacteriologic diagnosis of active TB disease.		
Diagnostic Test (Disaggregation of Specimen Sent) [Required]	<ul> <li>GeneXpert MTB/RIF assay (with or without other testing)</li> <li>Smear microscopy only</li> <li>Additional test other than GeneXpert</li> </ul>		
Positive Result Returned [Required]	Number of ART patients who had a positive result returned for bacteriologic diagnosis of active TB disease.		



### How to Review this Data: TX\_TB

PEPFAR

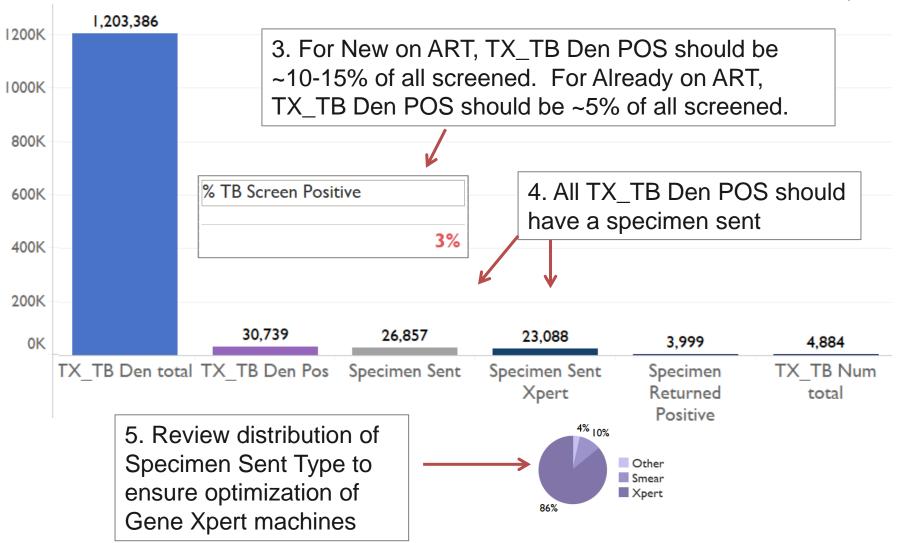


Source: Panorama: TB Screening and TPT: Single OU > Summary Visuals > Screen Pos for TB

### How to Review this Data: TX\_TB

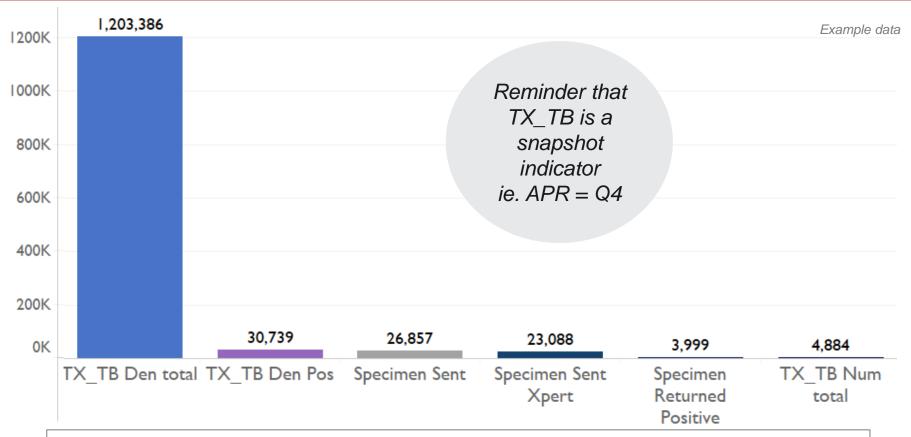
#### Source: Panorama: TB Screening and TPT: Single OU > Summary Visuals > Screen Pos for TB

Example data





### How to Review this Data: TX\_TB

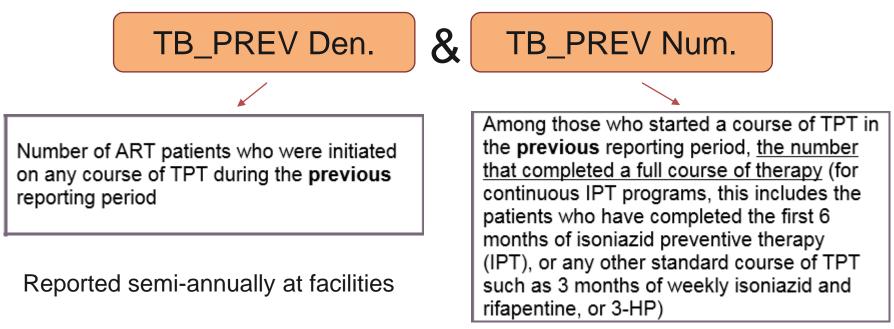


6. This cascade should also be viewed by **new on ART** and **already on ART** to ensure that TB screening is routinely being offered to these populations.

Source: Panorama: TB Screening and TPT: Single OU > Chapter 3: TB Treatment Cascade > B. New/Existing TB Treatment Cascade



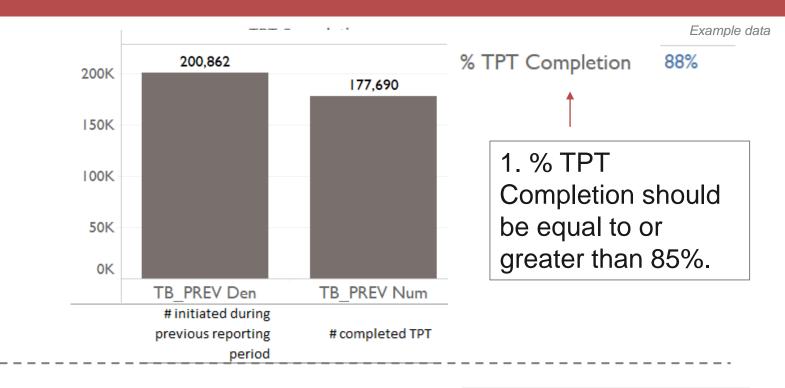
### **TB\_PREV Numerator and Denominator**



• Den. and Num. have the **same** disaggregates:

	Numerator Disaggregations:
Disaggregate Groups	Disaggregates
Age/Sex by ART Start: [Required]	<ul> <li>Newly enrolled on ART: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Previously enrolled on ART: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Denominator Disaggregations:</li> </ul>
Disaggregate Groups	Disaggregates
Age/Sex by ART Start: [Required]	<ul> <li>Newly enrolled on ART: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> <li>Previously enrolled on ART: &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> </ul>

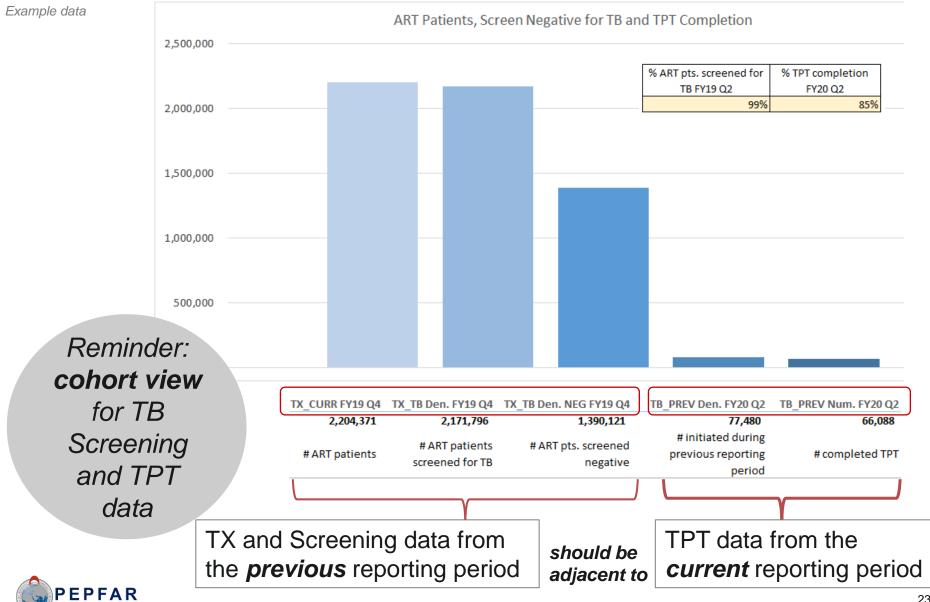




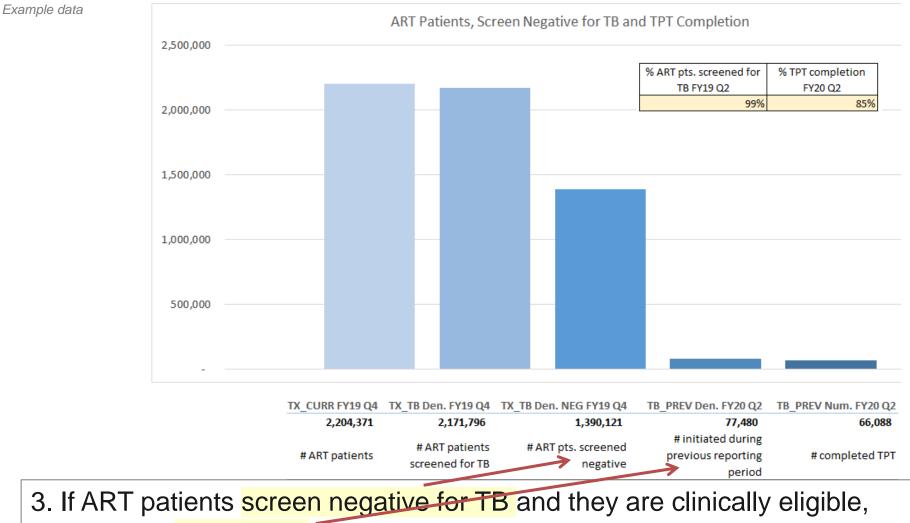
		TB_PREV	
TB_PREV	TB_PREV	Num. %	
Num. I	Num. Target	Achievement	
FY20 Q2	FY20	FY20	
160,800	270,500	59%	

2. % Achievement\* for TB\_PREV Numerator should be on track.



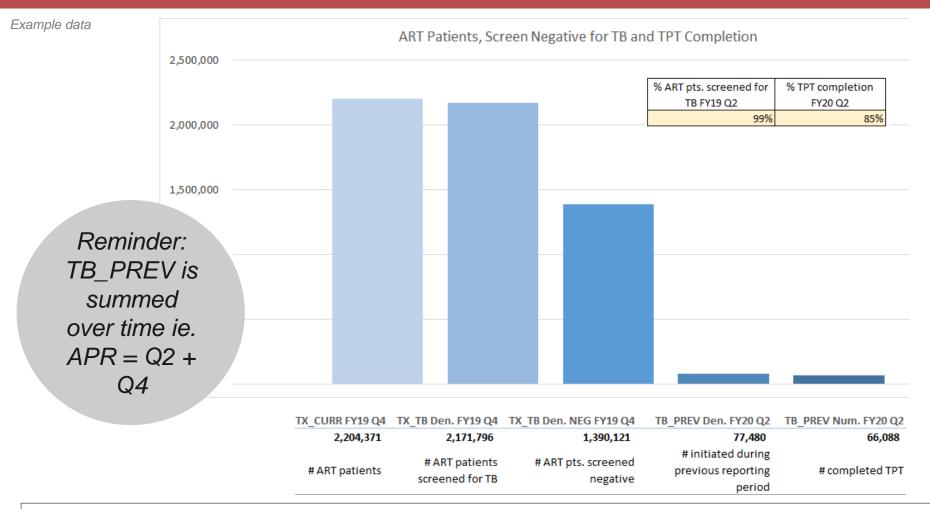


Source: Panorama: TB Screening and TPT: Single OU > Summary Visuals > TPT



they should initiate TPT (especially true for new on ART patients).





## 4. This cascade should also be viewed by **new on ART** and **already on ART** to ensure that TPT is being given to both of these populations.



Source: Panorama: TB Screening and TPT: Single OU > Summary Visuals > TPT

## Section 4: Overview of guiding narrative questions





### **Guiding Narrative questions**

#### TB\_STAT

- 1. If coverage for this indicator is less than 90%, please explain why.
- 2. Please describe how the denominator was determined.
- 3. Describe the sources for the data that you are reporting (i.e., are the data from just PEPFAR-supported facilities or do the data reflect national-level data, including those from non-PEPFAR supported facilities)?

#### TB\_ART Num.

- 1. If % coverage for TB\_ART / TB\_STAT\_POS is less than 90%, please explain why.
- Describe the sources for the data that you are reporting (i.e., are the data from just PEPFAR-supported facilities or do the data reflect national-level data, including those from non-PEPFAR supported facilities)? As above, please describe the sources of the data you are reporting.



### **Guiding Narrative questions**

#### TX\_TB

- If the denominator does not roughly equal TX\_CURR, please describe the main reasons.
- 2. If there are issues with reporting the disaggregations, please describe.
- 3. If there are issues with performance (e.g., if specimens are not sent for all persons who screened positive for TB symptoms, or if the numerator doesn't equal positive specimen returned), what are they and how can they be addressed?
- 4. Are the patients in the numerator all receiving care from PEPFAR-supported sites? Are they receiving TB and HIV care from the same site?
- 5. Describe access to GeneXpert testing for ART patients who screen positive for TB.

#### TB\_PREV

- What proportion of patients who completed TPT received IPT, 3-HP, or an alternative TPT regimen (e.g., 1-HP)?
- Roughly what proportion of patients who received TPT were treated with the 6-month isoniazid regimen?
- Broadly describe the main reasons why TPT was not completed (e.g., adverse events, interruption in treatment, patients refused to continue, etc.).
- 4. Roughly what proportion of all PLHIV on treatment have already completed TB preventive therapy prior to this reporting period (and were not eligible for TPT and not include in this indicator)?
- 5. If TB preventive therapy was not provided to all PLHIV in care, what are the main reasons for limited scale-up?

Section 5: Data quality considerations for reporting and analysis





### Data Quality Considerations: TB\_STAT

#### Data source:

 TB register, which creates a risk of double-counting or undercounting

#### **TB\_STAT** data quality check:

- Only one disaggregate type is used for age and gender (fine age and gender disaggregates)
- Denominator  $\geq$  Numerator.
- Numerator  $\geq$  subtotal of each of the disaggregates.
- Denominator  $\geq$  subtotal of each of the disaggregates

#### Calculating annual total:

• Sum results across quarters for both the numerator and denominator.



### Data Quality Considerations: TB\_ART

#### **TB\_ART** data quality check:

- Only one disaggregate type is used for age/sex.
- Numerator  $\geq$  subtotal of each of the disaggregates.

#### Calculating annual total:

- TB\_ART: N/A. Data is reported only once annually at Q4.
- For the TB\_ART denominator (TB\_STAT\_POS): Sum results across quarters.



### Data Quality Considerations: TX\_TB

#### TX\_TB data quality check:

- Only one disaggregate type is used for age (coarse disaggregates).
- Numerator  $\geq$  subtotal of each of the disaggregates.

#### Calculating annual total:

- TX\_TB Denominator is a snapshot indicator (i.e., the APR calculation = Q4) because it is intended to capture a clinical event (screening), and not unique patients.
- TX\_TB Denominator should be compared to TX\_CURR, another snapshot indicator.
- Note: TX\_TB Numerator, if analyzed on its own, could be summed across semiannual time periods to conclude the number of ART patients who were started on TB treatment during the fiscal year.



### Data Quality Considerations: TB\_PREV

#### **TB\_PREV** data quality check:

TB\_PREV: Data Element ≥ subtotal of each of the disaggregates.

#### Calculating annual total:

- TB\_PREV Q2 and Q4 should be summed to calculate the total number of ART patients who initiated and completed a course of TPT.
- Note: When analyzing this data in conjunction with data on TB screening for ART patients (TX\_TB), it is important to align the correct reporting periods. Ex: TB\_PREV captures those initiated on TPT during the previous reporting period, so it should be compared to TB screening (TX\_TB Denominator) and TX\_CURR data from the previous reporting period.



## Section 6: Additional Resources and Acknowledgments





### **Additional Resources**

- Global Tuberculosis Report, 2020; WHO: <u>https://www.who.int/teams/global-tuberculosis-programme/tb-reports</u>
- Consolidated Guidelines on Tuberculosis Screening, 2021; WHO: <u>https://apps.who.int/iris/bitstream/handle/10665/340255/9789240022</u> 676-eng.pdf
- Latent TB Infection : Updated and consolidated guidelines for programmatic management; WHO: <u>http://www.who.int/tb/publications/2018/latent-tuberculosisinfection/en/</u>
- A guide to monitoring and evaluation for collaborative TB/HIV activities, WHO: <u>http://www.who.int/tb/publications/m\_and\_e\_document\_page/en/</u>
- Monitoring an Evaluation Framework; Global Fund: <u>https://www.theglobalfund.org/en/monitoring-evaluation/framework/</u>



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# Thank you!