

Revised TB recording and reporting forms and registers – *version 2006*



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1. Rationale and process of the revision

1.1. Aims of the revision

The Stop TB Department (STB) of the World Health Organization (WHO), in collaboration with technical partners, embarked upon a revision of the TB recording and reporting (R&R) system **to align the forms and registers to the new Stop TB Strategy**. The revision facilitates the monitoring of the 6 components and 18 sub-components of the Stop TB Strategy, which itself was developed to help achieve the Millennium Development Goals.

Collection of TB data is part of the general health information system, the aims of which are:

1. To ensure high-quality patient care, a continuum of care, information-sharing with patients and transfer of information between health facilities.
2. To aid staff in providing adequate services to individual patients.
3. To allow managers at different levels in the national TB control programme (NTP) to monitor programme performance in a standardized and internationally comparable way.
4. To provide the basis for programmatic and policy development.

1.2. Process of the revision

The revision started in April 2005, as described below.

- The Expert Group on the TB Recording and Reporting information system (the Expert Group), which includes 30 members from the United States Centers for Disease Control and Prevention (CDC), the KNCV Tuberculosis Foundation (KNCV), the International Union Against Tuberculosis and Lung Disease (The Union), six WHO regional offices and selected country NTP managers, met four times (in April, May and September 2005 and June 2006).
- Draft revised forms and registers for field testing and guidelines for field testing were developed between April and September 2005 through exchange and consultation between experts from the main technical partners (WHO, The Union, KNCV, CDC, Global Drug Facility), Stop TB Partnership working groups and subgroups (DOTS expansion, TB/HIV, multidrug-resistant TB (MDR-TB), childhood TB, new TB diagnosis (cf http://www.stoptb.org/wg/tb_hiv/), public-private mix, TB and poverty (http://www.stoptb.org/wg/dots_expansion/subgroup_tor.asp) and countries' stakeholders.
- These draft revised forms, registers and guidelines were posted in Word format (English and French versions) on the World Wide Web in early November 2005 for country field testing and adaptation.
- Information on the draft forms was shared with the six WHO regional offices and through them with most of the NTP managers.
- The e-mail address to receive comments (TBrecordingandreporting@who.int) was also communicated to countries for comments and information; it was used extensively to respond to a WHO survey of country field testing of the forms and registers (490 messages received).
- A survey on country field testing of the forms and registers was conducted by WHO. Among 105 countries responding to the survey questionnaire, nearly 3/4 (74 countries) had recently revised their forms, 2/3 of them to incorporate collaborative TB/HIV

activities; 1/3 of countries used aggregated or individual electronic reporting and recording systems (e-R&R).

- Field testing of the forms and registers was conducted for eight months by countries with participation from technical partners (CDC, KNCV, The Union, WHO) in selected areas.
- A manuscript titled “Revising the Tuberculosis (TB) Recording and Reporting Information System” was offered to the International Journal of Tuberculosis and Lung Disease and is currently under review.

The revised documents presented here are the product of lengthy discussions that have generally resulted in delicate compromises to accommodate a wide variety of wishes and requirements of the different organizations, working groups and individuals.

1.3. Presentation of the revision

The Expert Group developed the revised forms and registers in three complementary parts for country adaptation:

Part I. Essential TB data

Part II. Essential TB data in settings using routine culture

Part III. Additional TB data

Annexes present the existing WHO-recommended TB forms and registers that were used as the basis for changes.

This document is not a guideline. Instead, it focuses on the changes made to the current set of TB recording forms and registers. For convenience, additional or modified data are circled in blue in each set of forms (part I, II, III); removed data are circled in a red dashed line (annexes page 56–71). The rationale for the changes is described below.

References to current WHO-recommended forms are from *Management of tuberculosis: training for district TB coordinators* (WHO/HTM/TB/2005.347a–m) and *Management of tuberculosis: training for health facility staff* (WHO/CDS/TB/2003.314a–k). References for definitions and TB indicators are from the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344) and *A guide to monitoring and evaluation for collaborative TB/HIV activities* (WHO/HTM/TB/2004.342; WHO/HIV/2004.09).

Additionally, the Expert Group made a recommendation to WHO and partners to provide guidance to NTPs to expand and improve their e-R&R systems as they adopt the new, revised R&R system.

1.4. Next steps

1.4.1. Endorsement

The revised forms and registers have been endorsed by the WHO Strategic and Technical Advisory Group for TB (STAG-TB), KNCV, the Union and CDC.

1.4.2. Dissemination and implementation of the revised forms and registers

The final version of the revised TB R&R forms will be **launched on 30 October 2006** at the Core Group meeting of the Stop TB Partnership Working Groups in Paris, and on 31 October 2006 at the 37th Union World Conference on Lung Health in Paris.

Dissemination. The revised forms and registers will be posted on the web and widely circulated to all NTP managers and stakeholders through e-mail and during meetings and country visits. CDs of this document will be distributed to partners and countries through WHO regional offices. Guidelines and training materials on the forms and registers will be also published in WHO publications currently under development, such as the *Tuberculosis handbook* and the next version of the training courses *Management of tuberculosis: training for district TB coordinators* and *Management of tuberculosis: training for health facility staff*.

Implementation. Forms, guidelines and training materials will be adopted and adapted at country level based on the generic documents. Implementation of these revisions will be undertaken together with the other new components of the Stop TB Strategy globally by the DOTS Expansion Working Group and at country level by NTPs. Use of most of the revised forms and registers will require on-the-spot training and supervision. Use of additional forms such the *Yearly Report on Programme Management in Basic Management Unit* (form 10) will require more extensive training. Monitoring of the implementation of these revised forms and registers will require a repeat survey, to be conducted by WHO at the end of 2007.

1.4.3. Electronic TB recording and reporting (e-R&R)

E-R&R has not received sufficient attention in TB control and is critical as data demands expand. e-R&R should use the same structure as the paper-based TB information systems.

The e-R&R expert group will succeed the R&R expert group and include additional experts recruited for their skills in information technology. The aims are **to promote the development and use of e-R&R that conforms to a set of uniform standards**. The STB TB Strategy and Health Systems (TBS) team will facilitate and coordinate the work of the e-R&R group. A budgeted plan including technical support will be developed.

Next steps are:

- Provide **different e-RR systems** with clear guidelines on when and how to develop (adapt) a certain system that is most advantageous to the country.
- Monitor e-R&R implementation at country level.
- Develop **guidelines on data quality control** for paper and e-R&R systems.
- Train a pool of consultants who will be able to support e-R&R implementation.
- Explore the e-R&R private market.
- Meet regularly (frequency to be defined by TBS).

Revised TB recording and reporting forms and registers

2. Part I: Essential TB data



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