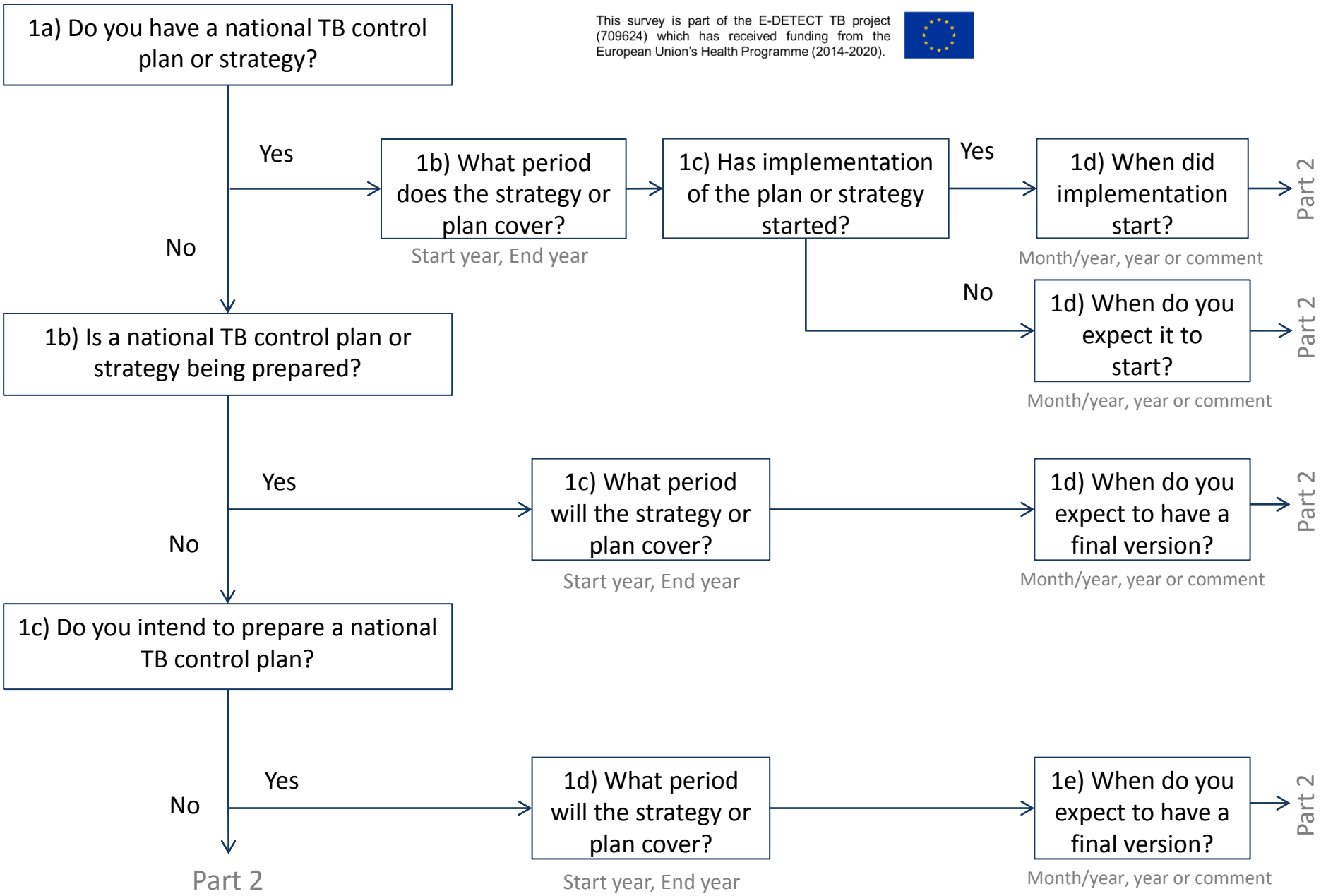
Part 1

E-DETECT TB Survey

This survey is part of the E-DETECT TB project (709624) which has received funding from the European Union's Health Programme (2014-2020).



2: COORDINATION

2a) Does your national TB control and prevention programme have a clearly defined organisational structure?

- Yes, as defined in national TB control plan/strategy
- Yes, but not defined in national TB control plan/strategy
- No

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2b) Is TB control and prevention coordinated centrally by a national TB control board or committee or other formal body?

- Yes, as described in national TB control plan/strategy
- Yes, but not described in national TB control plan/strategy
- No, but other national bodies coordinate specific TB control and prevention tasks
- No

Please describe briefly how TB control and prevention is coordinated in your country

2c) Which stakeholders are represented on the national TB control board? This question refers to the control board or committee or other formal body indicated in question 2a).

- ☐ Ministry or Department of Health
- ☐ National public health department
- ☐ Local public health departments
- ☐ Local TB control boards
- ☐ Specialist clinicians
- ☐ Laboratory services
- ☐ Epidemiologists
- ☐ Specialist TB nurses
- ☐ Private health providers
- ☐ Pharmacies
- ☐ Professional bodies
- ☐ TB patient representatives
- ☐ Non-governmental organisations
- ☐ Civil society
- ☐ Other (please list all other participants) _____

17. **2d) How often does the national TB control board meet?** 0=irregularly, 1=monthly, 3=every 3 months, 6=every 6 months, 12=annually, 24=every two years, etc.

Every _____ months

2e) Has specific funding been allocated to the national TB control board? This question refers to funding allocated specifically to cover the costs of central coordination of TB control by the control board or committee or other formal body indicated in question 2a).

○ Yes ○ No

2f) Is TB control and prevention coordinated locally by local TB control boards or committees or other formal bodies? 'Local' includes control at the level of region, district, state, province, etc.

○ Yes ○ No

20. **2g) How often do local TB control boards report to the national TB control board?** 0=irregularly, 1=monthly, 3=every 3 months, 6=every 6 months, 12=annually, 24=every two years, etc.

Every _____ months

3: RESOURCES

3a) Does the national TB control and prevention programme have its own costed budget? i.e. a budget allocated specifically to TB control and prevention measures, not including routine clinical treatment of TB cases

- ○ Yes
- ○ No, but some parts of the programme have their own budgets
- ○ No

Please describe briefly how TB control and prevention is funded in your country

3b) Has an impact assessment for national TB control and prevention been done? e.g. a cost benefit analysis or other assessment of the likely impact of TB control based on epidemiological and financial information

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No, but impact assessment for some parts of the programme have been done
- ○ No

Please describe briefly what impact assessments have been done

3c) Do you have a strategy for training and developing a specialist TB workforce?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

At what level is training and development of the specialist TB control workforce coordinated?

- ☐ National
- ☐ Regional (state, province, region)
- ☐ Local (county, district, city)
- ☐ No coordination

Which parts of the TB workforce have the greatest need for training and development?

- [ ] Specialist doctors
- [ ] Specialist nurses
- [ ] Microbiologists
- [ ] Surveillance scientists
- [ ] Epidemiologists
- [ ] Community health workers
- [ ] Other (please list)

[Optional] Please comment briefly on any aspects of TB workforce development which you think might be relevant to this survey, including approaches and obstacles to training, recruitment and retention:

3d) Do you have a strategy for introducing and implementing new tools for TB control and prevention?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

In which areas are you developing new tools?

- [ ] Surveillance
- [ ] Rapid diagnostic tests
- [ ] Microbiology
- [ ] Drug susceptibility testing
- [ ] Treatment observation
- [ ] Contact tracing
- [ ] Outbreak investigation
- [ ] Infection control

☐ Other (please list)

[Optional] Please comment briefly on any aspects of introducing and implementing new tools for TB control and prevention which you think might be relevant to this survey:

3e) Do you have a strategy for ensuring continuity of TB drug supply?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

[Optional] Please comment briefly on any aspects of TB drug supply which you think might be relevant to this survey:

4: MONITORING

4a) Do you have electronic TB case registries? (select all that apply)

- ☐ No electronic registries
- ☐ National registry
- ☐ Regional registries
- ☐ Local registries
- ☐ Other (please specify)

4b) Do you have a strategy for monitoring and evaluation of TB control and prevention?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

[Optional] Please comment on any aspects of TB programme monitoring and evaluation which you think might be relevant to this survey:

4c) How many staff in your national office are assigned to TB surveillance?

	Full-time staff	Part-time staff
Data analysts		
Epidemiologists		
Surveillance scientists		
Public health officers		
Medical staff		
Administrative staff		
TB nurses		
Other		

5: POPULATION

5a) Do you have any programmes for raising awareness of TB at community or primary care level? i.e. within local communities or among primary care providers

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

In which community or primary care groups are you trying to raise awareness?

- ☐ General public
- ☐ Primary care doctors (GPs)
- ☐ Primary care health workers
- ☐ Social workers

☐ Other (please specify)

5b) Do you have any programmes for reaching vulnerable population groups? We define 'vulnerable population group' as a subpopulation within a country of low or medium TB incidence, who are at higher risk of having latent or active TB.

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

Which vulnerable population groups have been identified? (select all that apply)

- ☐ Documented migrants
- ☐ Undocumented migrants
- ☐ Refugees
- ☐ Asylum seekers
- ☐ Homeless people
- ☐ People with alcohol problems
- ☐ People with drug problems
- ☐ People with mental health problems
- ☐ Current prisoners
- ☐ Former prisoners
- ☐ Minority ethnic groups

☐ Other (please specify)

5c) Do you have a strategy for TB control in prisons?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

5: POPULATION (continued)

5d) Do you conduct targeted screening for active TB in high risk groups? (select all that apply)

- ☐ No targeted screening
- ☐ Documented migrants (at point of entry, i.e. on arrival)
- ☐ Documented migrants (post-entry)
- ☐ Undocumented migrants
- ☐ Refugees
- ☐ Asylum seekers
- ☐ Homeless people
- ☐ People with alcohol problems
- ☐ People with drug problems
- ☐ People with mental health problems
- ☐ Current prisoners
- ☐ Former prisoners
- ☐ Minority ethnic groups
- ☐ Other (please specify)

5e) Do you conduct screening for active TB in migrants from high-incidence countries? (from countries in any of the following regions)

- ☐ No pre-entry screening
- ☐ Central Asia
- ☐ South Asia (including Afghanistan, Pakistan, Bangladesh and India)
- ☐ Southeast Asia
- ☐ South or Central America
- ☐ Middle East
- ☐ North Africa
- ☐ Sub-Saharan Africa
- ☐ Europe
- ☐ Other (please specify)

5f) Do you conduct latent TB infection (LTBI) screening in high risk groups? (select all that apply)

- ☐ Contacts of cases
- ☐ Documented migrants (at point of entry, i.e. on arrival)
- ☐ Documented migrants (post-entry)
- ☐ Undocumented migrants
- ☐ Refugees
- ☐ Asylum seekers
- ☐ Homeless people
- ☐ People with alcohol problems
- ☐ People with drug problems
- ☐ People with mental health problems
- ☐ Current prisoners
- ☐ Former prisoners
- ☐ Minority ethnic groups
- ☐ Other (please specify)

6: CLINICAL

6a) Are national TB control and prevention guidelines available?

○ Yes ○ No

6b) Are laboratory diagnostic services subject to external quality assurance (EQA)?

- ☐ No EQA
- ☐ ERLN-TB
- ☐ WHO Collaborating Centre
- ☐ WHO SRLN
- ☐ INSTAND e.V.
- ☐ ISO 15189
- ☐ Other (please specify)

Percentage of reference laboratories with ERLN-TB EQA score >80%

6c) Is culture confirmation of new pulmonary TB cases recommended?

Yes No

6d) What professional and clinical support is available to clinicians?

- [ ] Clinical guidelines
- [ ] Clinical networks
- [ ] Specialist training
- [ ] Local multidisciplinary teams
- [ ] Infection control guidelines
- [ ] Research meetings
- [ ] Other (please specify)

6: CLINICAL (continued)

6e) Do you have a strategy to implement and ensure comprehensive contact tracing?

- Yes, as documented in national TB control plan/strategy
- Yes, but not documented in national TB control plan/strategy
- No

Please comment:

Which approaches to contact investigation are recommended?

- [ ] Household contact tracing
- [ ] Community contact tracing
- [ ] Workplace contact tracing
- [ ] Health care facility contact tracing
- [ ] Other (please specify)

6f) Do you have a strategy to provide and promote BCG vaccination?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

Please comment:

Which groups have been identified for BCG vaccination? (select all that apply)

- ☐ Universal infant
- ☐ High-risk infant
- ☐ High-risk adult
- ☐ Other (please specify)

7: MDR-TB and XDR-TB

7a) Do you have a strategy to tackle drug-resistant TB?

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

Please comment:

Which measures are included?

- ☐ Routine first-line drug susceptibility testing
- ☐ Directly observed treatment
- ☐ Video observed treatment
- ☐ Multidisciplinary MDR-TB case management
- ☐ Patient-centred MDR-TB case management
- ☐ Centres of expertise in MDR-TB treatment
- ☐ Infection control in health facilities

☐ Other (please specify)

8: HIV/TB

8a) Do you have an integrated approach to TB and HIV control? i.e. TB and HIV services are integrated or work closely together

- ○ Yes, as documented in national TB control plan/strategy
- ○ Yes, but not documented in national TB control plan/strategy
- ○ No

Please comment:

8b) Are TB patients routinely tested for HIV and/or HIV patients screened for TB? (select all that apply)

- ☐ No coordinated HIV/TB testing
- ☐ TB patients tested for HIV
- ☐ HIV patients screened for TB
- ☐ Other (please specify)

8c) Is TB/HIV coinfection monitored at national level?

○ Yes ○ No

9: PRIORITY ACTIONS - In relation to TB control in your country, which existing or new actions do you think are most important or have the greatest urgency?

a) Please rate the priority of each of the 9 action areas listed below:

	Low	Medium	High
Training and developing a specialist TB workforce	○	○	○
Introducing and implementing new tools for TB control	○	○	○
External quality assurance for laboratory services	○	○	○
Implementing electronic TB case registries	○	○	○
Staffing and expertise for national TB surveillance	○	○	○
Establishing or managing local TB control boards	○	○	○
Publishing and disseminating clinical guidelines	○	○	○
Raising awareness of TB at community or primary care level	○	○	○
Reaching vulnerable population groups	○	○	○

b) Please rate the priority of each of the 9 action areas listed below:

	Low	Medium	High
TB control in prisons	○	○	○
Latent TB infection (LTBI) screening in high risk population groups	○	○	○
Targeted screening for active TB in high risk population groups	○	○	○
Ensuring continuity of TB drug supply	○	○	○
Screening for active TB in migrants from high-incidence countries	○	○	○
Contact tracing and outbreak investigation	○	○	○
BCG vaccination	○	○	○
MDR-TB	○	○	○
HIV/TB	○	○	○

c) Please list here any other action areas which are a high priority for TB control in your country:

10: PRIORITY POPULATIONS - In relation to TB control in your country, which population groups do you think have the highest unmet need for TB case detection and treatment?

a) Please rate the level of unmet need for TB <u>detection</u> in the following vulnerable/high risk population groups:

	Low	Medium	High
Documented migrants	○	○	○
Undocumented migrants	○	○	○
Refugees	○	○	○
Asylum seekers	○	○	○
Homeless people	○	○	○
People with alcohol problems	○	○	○
People with drug problems	○	○	○
People with mental health problems	○	○	○
Current prisoners	○	○	○
Former prisoners	○	○	○
Minority ethnic groups	○	○	○

b) Please list here any other population groups which have high unmet need for TB <u>detection</u>:

c) Please rate the level of unmet need for TB <u>treatment</u> in the following vulnerable/high risk population groups:

	Low	Medium	High
Documented migrants	○	○	○
Undocumented migrants	○	○	○
Refugees	○	○	○
Asylum seekers	○	○	○
Homeless people	○	○	○
People with alcohol problems	○	○	○
People with drug problems	○	○	○
People with mental health problems	○	○	○
Current prisoners	○	○	○
Former prisoners	○	○	○
Minority ethnic groups	○	○	○

d) Please list here any other population groups which have high unmet need for TB <u>treatment</u>:

11: BARRIERS - Please indicate whether any of the following factors impede TB control in your country?

RECIPIENTS OF CARE

	Yes	No	Unsure
Vulnerable population groups have limited access to health facilities	○	○	○
People in vulnerable/high risk groups lack knowledge about TB	○	○	○
Acceptability of TB screening to vulnerable/high risk groups	○	○	○
Low motivation to seek treatment in vulnerable/high risk groups	○	○	○
Low motivation to adhere to treatment in vulnerable/high risk groups	○	○	○
Health care system is not fully trusted by vulnerable/high risk groups	○	○	○

PROVIDERS OF CARE

	Yes	No	Unsure
Varying degree of knowledge about TB clinical guidelines	○	○	○
Varying degree of adherence to TB clinical guidelines	○	○	○
Need for specialist training of doctors in TB diagnosis and management	○	○	○
Need for specialist training of nurses in TB patient care	○	○	○
Negative beliefs regarding vulnerable/high risk population groups	○	○	○

HEALTH SYSTEM CONSTRAINTS

	Yes	No	Unsure
Funding of national TB control and prevention programme	○	○	○
Funding of laboratory services	○	○	○
Funding of medical facilities in prisons	○	○	○
Funding of facilities and health care for vulnerable population groups	○	○	○
Funding constraints in the wider healthcare system	○	○	○
Insufficient numbers of specialist TB doctors	○	○	○

Insufficient numbers of specialist TB nurses			
Insufficient numbers of microbiologists or laboratory staff			
Insufficient numbers of surveillance scientists			
Need for further training of existing microbiologists/lab staff			
Need for further training of existing surveillance scientists			
Communication between public health agency and clinical care providers			
Communication between levels of the health care system			
Communication between the health care and social care systems			
Communication between providers and recipients of health care			
Allocation of authority within national TB control programme			
Clear accountability for meeting TB control programme targets			
Inadequate management or leadership within health care system			
Inadequate systems to obtain timely and accurate surveillance information			
Inadequate systems for TB control programme monitoring and evaluation			
Inadequate processes for referring and transferring TB patients			
Inadequate systems for procuring and distributing TB drugs			
Inadequate systems for procuring and distributing laboratory supplies			
Bureaucracy in wider health care system			
Slow turnaround of diagnostic testing			
Inadequate quality control within laboratories			
Inadequate infection control within health care facilities			

SOCIAL & POLITICAL CONSTRAINTS

	Yes	No	Unsure
Lack of recognition of TB control as a public health priority at top level of government/health ministry			
High TB risk lacks credibility among community/opinion leaders in vulnerable groups			
Political focus on tertiary (hospital) care, i.e. treatment rather than control & prevention			
Clinical emphasis on tertiary (hospital) care, i.e. treatment rather than control & prevention			
Negative societal attitudes to high risk population groups			
Insufficient evidence to demonstrate cost effectiveness of TB control programme			

OTHER FACTORS Please list here any other barriers to TB control in your country: