

Algorithm of data collection

for the four WHO Europe indicators to measure the level of
engagement of communities and CSOs in the National TB response
included in the new TB Action Plan for the WHO European Region
for 2023–2030



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Algorithm of data collection for the four WHO Europe indicators to measure the level of engagement of communities and CSOs in the National TB response included in the new TB Action Plan for the WHO European Region for 2023–2030

Goal: The data collection algorithm for four WHO Europe indicators to measure the level of engagement of communities and civil society organizations in TB response included in the new TB Action Plan for the WHO European Region for 2023 – 2030 (further – the Algorithm) was designed to strengthen community and CSO mobilization in implementing the mechanism of systematic data collection.

The systematic data collection mechanism is a key factor in improving the efficiency of tuberculosis (TB) response measures led by communities and civil society organizations (CSOs) for timely adoption of the essential managerial decisions at the country level.

Relevance: Data collection with the use of the proposed algorithm will allow tracking the progress towards reaching the global targets of meaningful CSO engagement and community-led initiatives at the country level, including:

- ✓ ensuring sustainability of the national programs in transition from donor support to internal funding sources;
- ✓ integrating approaches in non-medical service delivery, in line with the Standardized Package of Community-Based Support Services to improve TB treatment and prevention outcomes (further – Standardized Package of Services) in the existing country mechanisms of TB care financing.
- ✓ Implementation of comprehensive people-focused TB control models and systemic approach in medical, social and psychological care provision;
- ✓ implementation of quality interventions within the framework of support services to improve evidence-based TB prevention and treatment outcomes, aligned with the international standards.

The outline of the algorithm:

Indicator	
Indicator description and general guidance for data collection and analysis	
Indicator 1 and 2 progress evaluation scale	Indicators 1 and 2 progress evaluation criteria
The algorithm of collecting data and measuring indicators 3 and 4	
Data collection forms	

The WHO Europe indicators reflecting CSO systemic impact on TB programs:

1

Number of Member States with adopted standards and operational procedures for civil society organizations (CSOs) in the provision of psycho-social support services to ensure treatment adherence for people with TB.

2

Number of Member States with adopted procedures of subcontracting mechanisms under the state funds or other relevant funding mechanisms for CSOs in the provision of psycho-social support and active case-finding services for people with TB.

3

Proportion of people with TB found through active case-finding activities implemented through CSOs.

4

Proportion of people with TB who started TB treatment and who received any form of treatment adherence support from CSO (including psycho-social support).

Approaches to data collection:

<p>Responsibility of the parties</p>	<p>The National TB Program (NTP) Coordinator is the key manager of data by the four indicators responsible for:</p> <ul style="list-style-type: none"> ✓ data collection, verification, analysis and aggregation across all the indicators at the country level; ✓ provision of aggregate data on fulfillment of targets to the WHO annually. <p>NTP collects data on progress towards targets for Indicators 1 and 2 based on the analysis of the country's legal framework and evaluation of TB-related regulation implementation, including standards, protocols, strategies, etc. at the country level annually: once at the end of the year (annual report should be submitted by January 31).</p> <p>NTP measures Indicators 3 and 4 based on data received from healthcare facilities and CSOs.</p>
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<p>The roles of the parties</p>	<p>NTP verifies the data received from healthcare facilities and CSOs to avoid multiple counting of individuals with TB who receive services from several CSOs during a reporting period, in the aggregate country data.</p>
<p>Reporting periodicity</p>	<p>CSOs collect data using any system of monitoring the rate of achieving program targets and entering reporting data available to it.</p> <p>NTP receives the data necessary to measure Indicators 3 and 4 from CSOs twice a year:</p> <ul style="list-style-type: none"> • a report as of July 1 for the first six months of the year (should be submitted by July 31), aiming to evaluate the progress against the targets and timely respond to real and potential risks • annual report as of December 31 (should be submitted by January 31), used by the NTP as the basis for the consolidated data on the progress against the targets submitted to the WHO.

THE ALGORITHM

<p style="text-align: center;"><u>Indicator 1</u></p> <p>Number of Member States with adopted standards and operational procedures for civil society organizations (CSOs) in the provision of psycho-social support services to ensure treatment adherence for people with TB.</p>
<p>The regulation of the process of CSO engagement in TB response, setting the degree of such engagement, monitoring and evaluation of its quality may vary across countries, from no engagement at all to implementation of relevant regulations adopted at the level of the government.</p> <p>With that, annual review of the progress against the target value of Indicator 1 in the framework of completing the national TB programs will allow tracking the changes in CSO engagement and their impact on overall TB situation in the country – the rates of successful treatment and relapses of the disease.</p> <p><u>Terminology:</u></p> <ul style="list-style-type: none"> ✓ Standard of service – defines /describes /establishes the content, the scope, the terms and the procedure of providing the service, the indicators of its quality for service providers of any form of ownership.

- ✓ **Operational procedures** – documented set of instructions or steps to be completed for service delivery (instruction /procedure /algorithm, etc.).
- ✓ **Standardized package of community-based support services** to improve TB treatment and prevention outcomes – a number of non-medical services including raising awareness, comprehensive patient management, psychosocial support, etc., which can be delivered in various contexts by various stakeholders, such as community-based organizations, peer-to-peer counselors, social workers, relatives, private businesses and healthcare staff. The goal lies in improving the accessibility and quality of TB services throughout the entire continuum of TB care, from prevention to diagnostics, initiation and completion of treatment.

Evaluation of progress against the target:

It is proposed to use 0 to 4 scale for evaluation of progress of Indicator 1 against the target. It will be useful in evaluating the degree of progress for Indicator 1 and changes over time in each country.

To ensure data collection and analysis to measure the progress of Indicator 1 against the target, it is crucial to answer several questions serving as the criteria of measuring the progress. The answers will be used in evaluating the indicator at the moment of report preparation.

Data collection can be achieved through two mechanisms:

- Discussion of the answers at the general stakeholder meeting and agreeing upon them. The stakeholders are key experts in TB field, including healthcare workers, public, international, civil society and patient organizations.
- Solicitation of additional information necessary to answer the questions through inquiries sent to public relevant authorities (the Ministry of Health (further – MOH), the Ministry of Social Policy (further – MSP), etc.).

Progress evaluation scale for the indicator	Progress evaluation criteria for the indicator
Score 0 – no activity on developing / discussing / endorsement / implementation of standards / operational procedures of psychosocial support service delivery by CSOs to ensure TB treatment adherence has been initiated ;	No activity has been initiated (0). Question 1. Are there no provisions / recommendations stipulating / enabling delivery of TB/social support (including disease-related psychosocial support) with CSO engagement based on the standards and operational procedures of such service delivery, in the regulations / public policies (laws, resolutions, directives, decrees, orders, programs, plans, strategies, protocols, standards, etc.) existing at the time of report preparation?

<p>Score 1 – the activities on developing / discussing / endorsement / implementation of standards / operational procedures on psychosocial support service delivery by CSOs to ensure TB treatment adherence, are planned;</p>	<p>The activities have been planned (1). Question 2. Have the regulations / public policies (laws, resolutions, directives, decrees, orders, programmes, plans, strategies, protocols, standards, etc.) <u>envisaging intentions / recommendations</u> regarding delivery of TB/social support (including disease-related psychosocial support) with CSO engagement based on the standards and operational procedures of such service delivery, been initiated / discussed / approved (in the framework of programs, round table protocols, stakeholder meetings, consultations / technical advisory group meetings, etc. and/or been prepared at the moment of report preparation?</p>
<p>Score 2 – the standards / operational procedures on provision of psychosocial support by the CSOs to ensure TB treatment adherence are developed and discussed;</p>	<p>Standards / operational procedures are developed and discussed (2). Question 3. Have the drafts of regulations / public policies (laws, resolutions, directives, decrees, orders, programmes, plans, strategies, protocols, standards, etc. of the MOH, MSP, the Center of Disease Control, the Public Health Center, local authorities / governments) which will <u>regulate the procedure of CSO engagement</u> in psychosocial support provision and <u>endorse standards / operational procedures</u> of providing such services, been initiated / discussed / approved (in the framework of programs, round table protocols, stakeholder meetings, consultations / technical advisory group meetings, etc. and/or been prepared at the moment of report preparation?</p>
<p>Score 3 – the standards / operational procedures on provision of psychosocial support by the CSOs to ensure TB treatment adherence are endorsed;</p>	<p>Standards / operational procedures have been endorsed (3). Do the existing regulations issued by public authorities (orders, protocols, standards, guidelines, plans of the MOH, MSP, the Center of Disease Control, the Public Health Center, local authorities / governments, etc.) regulate the procedure of CSO engagement in provision of TB-related psychosocial support</p>

	and endorse standards / operational procedures of such service provision?
Score 4 – the standards / operational procedures on provision of psychosocial support by the CSOs to ensure TB treatment adherence are implemented.	Standards / operational procedures have been implemented (4). Does the state system of reporting, monitoring and evaluation of TB/social care provision to population include collection and analysis of indicators measuring delivery of psychosocial support services by CSOs to ensure TB treatment adherence?
<p style="text-align: center;"><u>Indicator 2</u></p> <p>Number of Member States with adopted procedures of subcontracting mechanisms under the state funds or other relevant funding mechanisms for CSOs in the provision of psycho-social support and active case-finding services for people with TB.</p>	
<p>The majority of countries utilize the available resource of CSOs in the social field and the field of public health to build capacity and increase the service coverage (social, non-medical, etc.) of people in need of such services. This also includes TB services, in particular, active TB case-finding services, establishing adherence to treatment, preventing defaulting and assisting persons with TB with solving psycho-social problems arising in the process of treatment. Many countries use the mechanism of the so-called CSO social contracting (social order, subcontracting, etc.) at the cost of the state budget or local budget.</p> <p>This is a comprehensive and rational approach allowing the government to ensure the provision of a full cycle of necessary support services to people receiving complex and prolonged treatment. Such a long-term treatment may result in the loss of social contacts, job, psycho-emotional disorders, defaulting, etc. These can be prevented by CSO engagement by contracting them to provide services aiming at recovery of people with TB and their return to active social life.</p> <ul style="list-style-type: none"> • Allocation and use of the budget funds implies that there are legislative frameworks (policies) at the national level enabling and regulating such relations, and establishing the procedures of planning, financing, engaging (contracting / subcontracting), reporting and control. • These may be unified documents for various fields and areas of work or specific documents addressing the special nature of services to be procured from the CSOs. At the same time, the availability of policies and regulatory documents does not underwrite that they will be implemented at the national / local levels, as in most cases it depends on the level of the country's 	

economic development. However, annual review of the progress in achieving Indicator 2 targets conducted under the national TB programs will enable to evaluate how CSO impact on overall situation with TB changes over time in the country.

Terminology:

- ✓ **Social contracting /social order /subcontracting** is using (state / local) budget funds for financing CSOs to deliver TB services guaranteed by the government.
- ✓ **The procedures of the subcontracting mechanism / CSO finding** using (state / local) budget funds is contracting CSOs based on competitive selection or direct funding (the tender procedure, CSO selection / funding criteria, the form of contract concluded with the CSO, etc.).

Evaluation of progress against targets:

It is proposed to use 0 to 4 scale. It will be useful in assessing the degree of the indicator performance and progress over time in each country.

To ensure data collection and analysis to measure progress of Indicator 2 against the targets, it is crucial to answer several questions serving as the criteria of measuring the progress against the targets of Indicator 2. The answers will be used in evaluating the indicator at the moment of report preparation.

Data collection can be achieved through two mechanisms:

- Discussion of the answers at the general stakeholder meeting and agreeing upon them. The stakeholders are key experts in TB field, including healthcare workers, public, international, civil society and patient organizations.
- Solicitation of additional information necessary to answer the questions through inquiries sent to public relevant authorities (the Ministry of Health (further – MOH), the Ministry of Social Policy (further – MSP), regional public authorities and TB programs, etc.).

Progress evaluation scale for the indicator	Progress evaluation criteria for the indicator
Score 0 – no activity on developing / discussing / endorsing / implementing the mechanisms of subcontracting / financing CSOs at using public budget funds to deliver psycho-social support and active case-finding services to people with TB has been initiated;	No activity has been initiated (0). Question 1. Are there no provisions / recommendations stipulating / enabling delivery of TB/social support (including active TB case-finding services, disease-related psycho-social support for people with TB) with CSO engagement using budget funds through the mechanisms of subcontracting / other mechanisms of providing public funding to CSOs, in the regulations /

	public policies (laws, resolutions, directives, decrees, orders, programmes, plans, strategies, protocols, standards, etc.) existing at the moment of report preparation?
Score 1 – the activities on developing / discussing / endorsing / implementing the mechanisms of subcontracting / financing CSOs at using public budget funds to deliver psycho-social support and active case-finding services to people with TB have been planned;	<p>The activities have been planned (1).</p> <p>Question 2.</p> <p>Have the drafts of regulations / public policies (laws, resolutions, directives, decrees, orders, programs, plans, strategies, protocols, standards, etc.) <u>asserting intentions / proposing provisions</u> regarding the delivery of TB/social support services (including active TB case-finding services, disease-related psycho-social support for people with TB) with CSO engagement using budget funds through the mechanisms of subcontracting / other mechanisms of providing public funding to CSOs, been initiated / discussed / approved (in the framework of programs, round table protocols, stakeholder meetings, consultations / technical advisory group meetings, etc. and/or been prepared at the moment of report preparation?</p>
Score 2 – the mechanisms of subcontracting / funding the CSO from public budget for provision of active case-finding services to people with TB, are developed and discussed;	<p>The mechanisms are being developed and discussed (2).</p> <p>Question 3.</p> <p>Have the drafts of public policies and regulations (resolutions, directives, protocols, standards, guidelines, programs, plans, etc. of the MOH, MSP, the Center of Disease Control, the Public Health Center, local authorities / governments) which will <u>regulate the procedure of CSO engagement at the cost of public budget</u> to ensure active TB case-finding and psycho-social support provision to people with TB in relation to their disease, and <u>endorse the mechanisms of subcontracting / other mechanisms</u> of SCO funding from the public budget, been initiated / discussed / approved (in the framework of programs, resolutions, round table protocols, stakeholder meetings, consultations / technical advisory group meetings, etc.) and/or prepared?</p>

<p>Score 3 – the mechanisms of subcontracting / funding the CSO from public budget for provision of active case-finding services to people with TB, are endorsed;</p>	<p>The mechanisms have been endorsed (3). Question 4. Do the existing regulations issued by public authorities (orders, resolutions, protocols, standards, guidelines, programs, plans, etc. of the MOH, MSP, the Center of Disease Control, the Public Health Center, local authorities / governments, etc.) regulate the procedure of CSO engagement in active case-finding and provision of TB-related psychosocial support at the cost of the public budget and endorse the subcontracting / other mechanisms of governmental funding of CSOs?</p>
<p>Score 4 – the mechanisms of subcontracting / funding the CSO from public budget for provision of psycho-social support to people with TB and active TB case-finding services, are implemented.</p>	<p>The mechanisms are implemented (4). Question 5. Does the state system of reporting, monitoring and evaluation of TB/social care provision to population include collection and analysis of indicators measuring the provision of psycho-social support to people with TB and active TB case-finding services by CSOs at the cost of public budget?</p>

Note on indicators 3 and 4:

To collect data and evaluate the progress of Indicators 3 and 4 against the targets, it is proposed to combine the existing internal and external monitoring of service delivery with CSO engagement to trace the quantitative indicator.

Internal monitoring is routine collection and analysis of data done by CSOs through entering the reporting data into the system which is used by the SCO to track progress against programmatic goals.

External monitoring is recording of data on CSO engagement in provision of active TB case-finding services in healthcare facilities. The data are collected by the National TB Program, key recipients of the Global Fund grant, other organizations supporting CSO projects financially.

Monitoring absolute values or proportions of quantitative indicators enables to see the overall impact of CSO-related indicators on TB programs in the country and:

- 1) monitor annual progress in reaching the milestones (Milestones 2025, set under the Monitoring framework for follow up of the TB action plan for the WHO European Region, 2023 – 2030) at the country level: for Indicator 3 $\geq 40\%$; for Indicator 4 $\geq 60\%$;
- 2) track and compare the indicators of CSO engagement at the country level or by regions (Indicators 3 and 4);
- 3) apply adjustments measures based on the monitoring results.

Indicator 3

Indicator name:

Proportion of people with TB found through active case-finding activities implemented through CSOs.

What it measures:

Indicator 3 enables tracking the proportion of people with TB referred to TB diagnostics by CSOs, in the total number of people with TB in the country, and its progress over time.

Rationale:

According to the Standardized Package of Services, active case-finding activities performed by CSOs under TB detection programs, **facilitate TB screening and diagnostics.**

Calculation of the indicator:

Numerator:

Number of people with TB from key affected population referred by community volunteers/NGOs for TB diagnosis and treatment.

Denominator:

Total number of people with TB notified during the same period.

Method of measurement:

Numerator data collection: NTP will solicit the information on the number of people from key affected populations referred to TB diagnostics by CSOs in the reporting period, the healthcare facilities where services are provided by CSOs, key GF Grant recipients, and other organizations providing financial support to CSO projects.

Denominator data collection on the total number of people with TB is performed by NTP as routine monitoring activity.

Measurement frequency:

1) Semi-annual report as of July 1 for the first six months of the year (should be submitted by July 31).

2) Annual report as of December 31 (should be submitted by January 31).

Targets:

Evaluating the progress against the targets and timely respond to real and potential risks.

The basis for the consolidated data on the progress against the targets submitted to the WHO.

Further information:

[Link](#) to data collection forms which can be used as a report template.

Indicator 4

Indicator name:

Proportion of people with TB who started TB treatment and who received any form of treatment adherence support from CSO (including psycho-social support).

What it measures:

Indicator 4 **enables tracking the proportion of people with TB receiving treatment and CSO services supporting treatment adherence, in the total number of people with TB in the country, and its changes over time.**

Rationale:

According to the Standardized Package of Services, active measures taken by CSOs under the programs aiming at ensuring continuity of care and preventing treatment interruption, include:

- **Support for treatment observation;**
- **Managing loss to follow-up and preventing treatment interruption;**
- **Mental health and psychological counselling and support.**

Support for treatment observation includes:

- organizing timely and effective treatment through supervised drug intake;
- educating people with TB and their family members on the importance of treatment adherence, minimizing defaulting, relapses and reporting of any side effects from the treatment; individual measure of infection control.

Managing loss to follow-up and preventing treatment interruption includes:

- timely identifying people with TB who have interrupted treatments;
- exploring the reasons behind the interruption; encouraging individuals to resume the treatment through counselling and other interventions.

Mental health and psychological counselling and support include:

- preventing or reducing individual stressful factors related to TB treatment and posttreatment period;
- maintaining the client's mental health and psycho-emotional well-being and resilience in order to enhance better TB treatment outcomes

Calculation of the indicator:

Numerator: number of people with TB who started TB treatment and who received any form of treatment adherence support from CSO (including psycho-social support)

Denominator: Total number of people with TB started treatment during the same period in the country

Method of measurement:

Numerator data collection: NTP will solicit the information from the healthcare facilities where services are provided by CSOs, main GF Grant recipients, and other organizations providing financial support to CSO projects on the number of individuals with TB (absolute number) receiving treatment in TB healthcare facilities and covered by the following CSO services in the reporting period:

- 1) Support for treatment observation;
- 2) Managing loss to follow-up and preventing treatment interruption;
- 3) Mental health and psychological counselling and support.

This number includes the individuals receiving the mentioned services from the CSOs in a specific healthcare facility. If an individual receives several services in

the same reporting period, he/she should be counted once to avoid duplication of data about people receiving services from CSOs.

Denominator data collection on the total number of individuals with TB who initiated their treatment in the same reporting period, is performed by the NTP as a routine monitoring activity.

Measurement frequency:	Targets:
1) Semi-annual report as of July 1 for the first six months of the year (should be submitted by July 31).	Evaluating the progress against the targets and timely respond to real and potential risks.
2) Annual report as of December 31 (should be submitted by January 31).	The basis for the consolidated data on the progress against the targets submitted to the WHO.

Further information:

[Link](#) to data collection forms which can be used as a report template.

Additional indicator to measure TB treatment success in individuals receiving support from CSOs:

Proportion of individuals with TB who successfully completed TB treatment with the support of CSOs

Numerator: The number of people with TB covered by (any) CSO services who successfully completed their treatment

Denominator: The number of people with TB covered by (any) CSO services

Data collection:

NTP will solicit the information from the healthcare facilities where services are provided by CSOs, main GF Grant recipients, and other organizations providing financial support to CSO projects, on the absolute number of people with TB covered by (any) CSO services and how many of them completed their TB treatment successfully.

What is the purpose of this indicator?

This indicator enables to monitor the rate of successful completion of TB treatment in people receiving CSO support, i.e. the impact of social and psychological support on treatment adherence, and its changes over time.

If the CSO has a target of treatment defaults (not exceeding certain %), this indicator will enable tracking the progress towards this indicator.

Data collection forms:

Form 1 – Data collection form for Indicators 1 and 2 which can be used as a report template.	Link to Form 1
Form 2 – Data collection form for Indicators 3 and 4 which can be used as a report template.	Link to Form 2