Local staff making sense of their tuberculosis data: key to quality care and ending tuberculosis

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Abstract

KGROUND: The End TB Strategy's ambitious targets require universal health coverage, new tools and better data to monitor progress.

OBJECTIVE: To assess the feasibility of a novel approach, whereby facility and district staff analyse and use their tuberculosis (TB) data to strengthen the quality of patient care and data.

METHODS: This approach was piloted in Zimbabwe, and performance before and during the study were compared. Key indicators were defined for presumptive TB, TB disease, drug-resistant TB, TB and human immunodeficiency virus (HIV) co-infection, treatment outcomes, directly observed treatment and drug management. Staff validated, tabulated and analysed data quarterly to identify challenges and agree on action points at 'data-driven' supervision and performance review meetings.

RESULTS: In the district that fully implemented the new approach, there was a significant increase in the identification of presumptive TB (63% vs. 30% in the rest of the province; $P < 0.00001$) and new smear-positive TB cases (87% vs. a decrease in the rest of the province; $P < 0.0001$), and a decline in the rate of pulmonary TB cases without diagnostic smear results (77% vs. 20% in the rest of the province; $P = 0.037$).

CONCLUSION: The present study suggests that this approach led to an improvement in the quality of patient care and data, stimulated local staff to set priorities and increased 'ownership'. This approach can significantly help attain national TB goals and strengthen health systems.