9. TB Control Report Cards

Report cards and league tables are one of the most powerful tools available for advocates. They provide a succinct way of simultaneously praising those who are achieving targets and exposing those who are not. Having jointly released a number of report cards over the past few years, ACTION partners have learned a number of valuable lessons.

Lesson One: Report cards must be completely objective. To be credible, the criteria for the grades or marks must be transparent and based on commonly accepted data. The first line of defense for any effort graded poorly will be to attempt to challenge the validity of the report card's methodology and data.

Lesson Two: Report cards never tell the whole story. Even when (indeed, especially when) the measurement tool is completely objective, there will be some surprising grades. For any number of reasons, there may be success stories that rate poorly or well-known offenders who receive favorable marks. There are a number of different ways to creatively – yet objectively – "qualify" such findings to help present a more complete picture, as the following cases from the *2005 Global TB Control Report Card* illustrate:

- Surprisingly, South Africa's TB control program received the second highest score on the report card's evidence-based, objective rating criteria despite known problems with treatment follow-up and completion. This was because the report card's methodology evaluated an aggregate of cases detected and percent of those successfully cured, i.e. "percent of infectious TB cases being cured by DOTS," and ranked countries accordingly. South Africa's program was detecting almost every TB case, and thereby showed up high in rankings despite actually curing far fewer than many countries, and putting patients at greater risk of developing drug-resistant TB. To address this anomaly, countries such as South Africa that were curing fewer than 70 percent of their TB cases were identified with a bright red X on the report card.

- According to the most recent data, Indonesia and Pakistan should have received "failing" grades, though their rapid and impressive progress in beginning to control TB was well-known. This is why a new grade was created for "Making Rapid Progress," which served to identify these countries as exceptions. Data was displayed showing every country's progress over the previous four years in order to substantiate which countries were indeed making "rapid progress."

Tips & Suggestions

1. If you plan to release a report card as part of a large coalition, begin your preparations well in advance in order to bring everyone on board.
2. If the methodology used in the report card is complex, prepare a companion document that explains it in complete detail.
3. To be used most effectively, report cards should be issued on a regular basis. This provides further incentive for those being graded to improve their performance.
4. If your organization doesn't have a thick skin and a high tolerance level for criticism, don't consider utilizing a report card strategy!
5. Report cards and other such advocacy tools should be launched in conjunction with other key opportunities (e.g. global policy meetings, major conferences, etc.) to maximize media attention and political impact.

Lesson Three: Know when to give a "head's up" to your allies. If you give too many people an advanced look at the report card, you increasingly risk having someone pre-empt, sabotage or undermine your efforts. If you fail to give the right people a "head's up," you risk alienating current or potential allies who will resent not being informed, not provided an opportunity to give feedback or not given the chance to prepare themselves for inquiries. This has proven to be one of the main strategic dilemmas of the report card strategy, especially in regards to when and how to involve – or not involve – the managers of the programs being graded, particularly those about to receive poor grades. Ideally, where a good "inside-outside" relationship exists, advocates can work in advance with a program manager who is about to receive an unsatisfactory grade to help prepare them to use it for the program's advantage to smartly request more financial or political support for the program.

2005

GLOBAL TUBERCULOSIS CONTROL

REPORT CARD

Globally, 3.7 out of 10 people with infectious TB are being cured using high quality DOTS treatment services. The World Health Organization's targets for controlling TB are to detect at least 7 out of 10 infectious cases of TB, and succeed in curing at least 6 of these cases.

The 2005 TB Report Card shows where the 22 "high burden countries" (countries which are home to over 80% of the world's TB cases) stand in terms of achieving WHO's global TB targets.

TB is curable disease, even in the poorest of countries. It remains inexcusable that over 60% of people who suffer from TB still are not being treated through effective services which could spare their suffering and save their lives. As many countries are already demonstrating, ***this need not be the case.***

Countries — **% of infectiousTB cases being cured using DOTS**

0 10 20 30 40 50 60 70 80 90 100

VIETNAM
S. AFRICA ✖
PHILIPPINES
MYANMAR
CAMBODIA
THAILAND
D R CONGO
INDIA
CHINA
INDONESIA
PAKISTAN
KENYA
MOZAMBIQUE
TANZANIA
ZIMBABWE ✖
BANGLADESH
ETHIOPIA
UGANDA ✖
AFGHANISTAN
NIGERIA
BRAZIL
RUSSIA ✖

DISTINCTION

These countries have succeeded in curing at least 60 percent of people with infectious TB through DOTS services and deserve our applause for achieving this standard of care.

COULD PASS SOON

These countries could achieve a "Distinction" mark within the next year or two if they continue increasing their efforts to reach more people with TB.

MAKING RAPID PROGRESS

While still curing only a small percentage of infectious TB cases with DOTS treatment services, these countries have made significant progress over the past four years.

FAILING

These countries are curing fewer than 40% of infectious TB cases with DOTS services and need to make TB control a greater priority. Thousands of needless deaths can be avoided by doing so.

Legend 2000 2003

All numbers and calculations are based on Global Tuberculosis Report, 205, WHO. ✖ DOTS programmes in these countries are curing less than 70% of their patients – much lower than the 85% target – and are putting patients at greater risk of developing drug-resistant TB.

MassiveEffortCampaign

The power to end hunger. RESULTS
Results International

2005

INDIA TUBERCULOSIS CONTROL

REPORT CARD

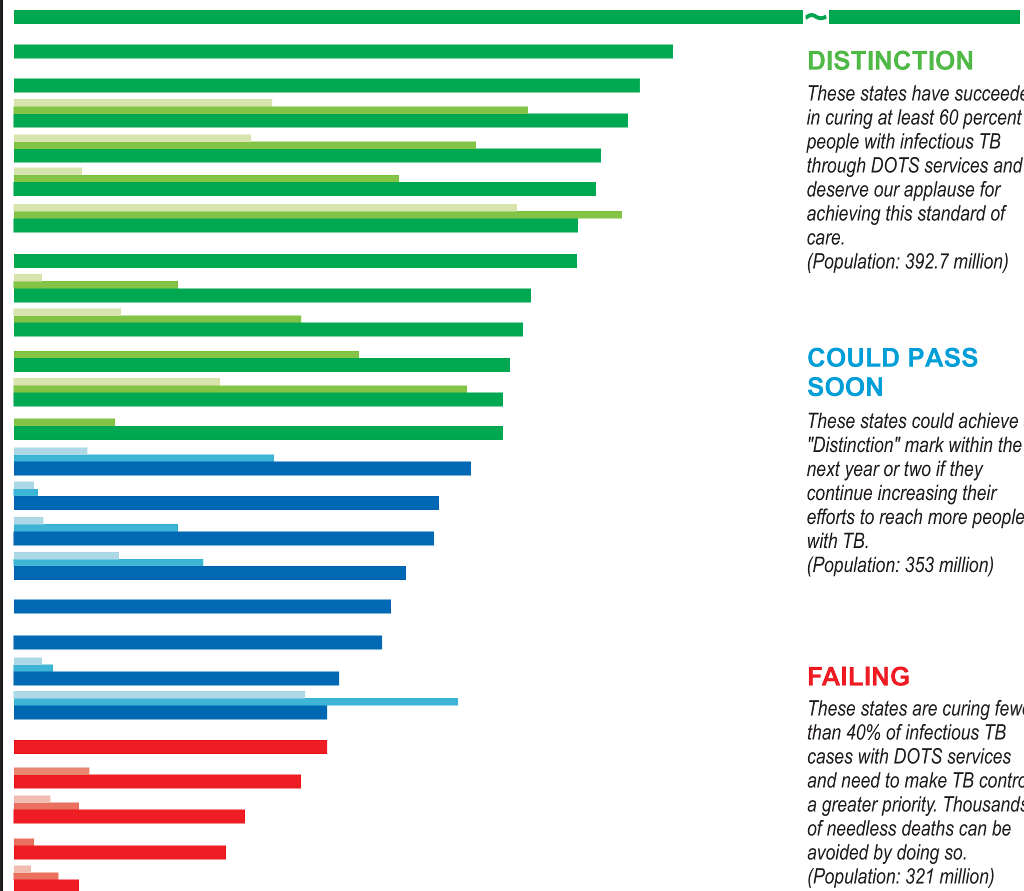
Currently, 4.8 people out of 10 with infectious TB in India are being cured using high quality DOTS treatment services. DOTS (Directly Observed Treatment, Short Course) is the global standard for treating infectious TB.

The 2000, the Government of India pledged that 7 out of 10 people with infectious TB would be treated by these services, with at least 6 of them being cured, by the end of year 2005. This report card tracks the work done up to September 2004 to meet that commitment.

Many states are showing remarkable progress in their fight against this disease. All states need to exhibit and maintain the same levels of progress. Only then can deaths due to TB in India be made history.

States — **% of infectiousTB cases being cured using DOTS**

SIKKIM
CHANDIGARH
ARUNACHAL PRADESH
RAJASTHAN
HIMACHAL PRADESH
TAMIL NADU
DELHI ✖
MIZORAM
ANDHRA PRADESH
WEST BENGAL
GUJARAT
MANIPUR
HARYANA
MAHARASHTRA
ASSAM
KARNATAKA
ORISSA
UTTARANCHAL
CHHATISGARH
MADHYA PRADESH
KERALA ✖
NAGALAND
JHARKHAND
UTTAR PRADESH
PUNJAB
BIHAR



DISTINCTION

These states have succeeded in curing at least 60 percent of people with infectious TB through DOTS services and deserve our applause for achieving this standard of care.
(Population: 392.7 million)

COULD PASS SOON

These states could achieve a "Distinction" mark within the next year or two if they continue increasing their efforts to reach more people with TB.
(Population: 353 million)

FAILING

These states are curing fewer than 40% of infectious TB cases with DOTS services and need to make TB control a greater priority. Thousands of needless deaths can be avoided by doing so.
(Population: 321 million)

IMPLEMENTING SINCE 2004

TRIPURA
PONDICHERRY
MEGHALAYA
JAMMU & KASHMIR
GOA

Implementing since 2004
These states have begun implementing DOTS based TB services in the last one year. We wait to see the outcomes of the excellent start these states have made in putting people on treatment.

NOT STARTED

ANDAMAN & NICOBAR ISLANDS
DADRA & NAGAR HAVELI
DAMAN & DIU
LAKSHADWEEP

Not started
These states are preparing to start implementing DOTS based TB services before 2005 is over.

Legend

All numbers and calculations, including projected population totals for 2004, are based on data in the Annual and Quarterly Reports published by the Central TB Division, MOHFW, India (ww.tbindia.org).
✖ DOTS programmes in these states are falling back in the numbers of patients is placed on treatment and cured. DOTS programmes succeed in reducing deaths due to TB only if the level of effort in placing patients on effective treatment is sustained over a period of a time.

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