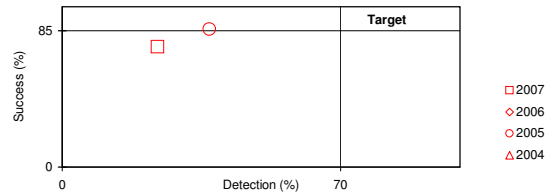


St Vincent &

Surveillance and epidemiology

Population (thousands)^a	120	
Estimates of epidemiological burden, 2007^b	All	In HIV+ people
Incidence		
All forms of TB (thousands of new cases per year)	0.0	–
All forms of TB (new cases per 100 000 pop/year)	25	–
Rate of change in incidence rate (%), 2006–2007	-0.6	–
New ss+ cases (thousands of new cases per year)	0.0	0
New ss+ cases (per 100 000 pop/year)	14	0
HIV+ incident TB cases (% of all TB cases)	–	–
Prevalence		
All forms of TB (thousands of cases)	0.0	0
All forms of TB (cases per 100 000 pop)	39	0
2015 target for prevalence (cases per 100 000 pop)	23	–
Mortality		
All forms of TB (thousands of deaths per year)	0.0	0
All forms of TB (deaths per 100 000 pop/year)	4.7	0
2015 target for mortality (deaths per 100 000 pop/year)	2.6	–
Multidrug-resistant TB (MDR-TB)		
MDR-TB among all new TB cases (%)	1.9	–
MDR-TB among previously treated TB cases (%)	17	–

New ss+ case detection and treatment success

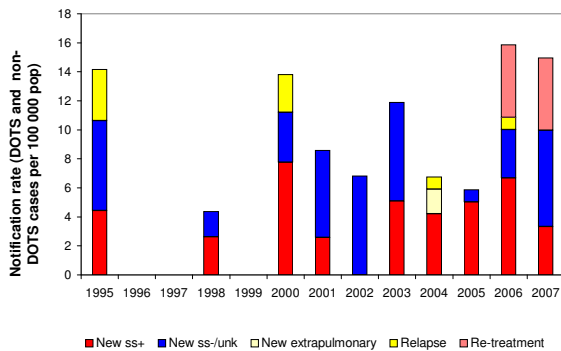


Note: case detection rate is for the year indicated. The associated treatment success rate is for one year prior.

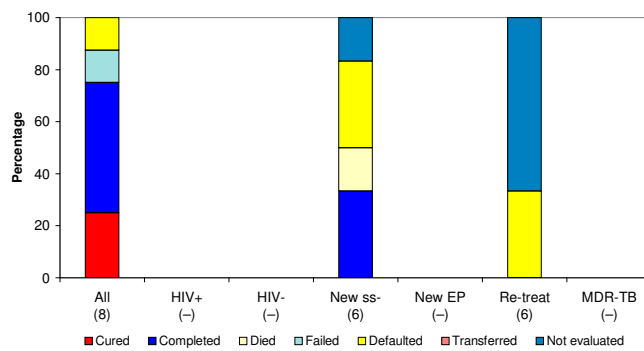
Total notifications, 2007

Notified new and relapse cases (thousands)	0.0
Notified new and relapse cases (per 100 000 pop/yr)	10.0
Notified new ss+ cases (thousands)	0.0
Notified new ss+ cases (per 100 000 pop/yr)	3.3
as % of new pulmonary cases	33
sex ratio (male/female)	–
DOTS case detection rate (% of estimated new ss+)	–
Notified new extrapulmonary cases (thousands)	0.00
as % of notified new cases	0.00
Notified new ss+ cases in children (<15yr) (thousands)	0.00
as % of notified new ss+ cases	0.00

Case notifications



Treatment outcomes, 2006 cohorts



Note: Numbers under the bars are the numbers of patients included in the cohort.

	2000	2001	2002	2003	2004	2005	2006	2007
DOTS coverage (%)	100	100	100	100	100	100	100	0.00
Notification rate (new & relapse cases/100 000 pop)	14	8.6	8.5	12	6.8	5.9	11	10.0
% notified new & relapse cases reported under DOTS	88	100	100	100	100	100	100	–
Notification rate (new ss+ cases/100 000 pop)	7.8	2.6	0.00	5.1	4.2	5.0	6.7	3.3
% notified new ss+ cases reported under DOTS	100	100	–	100	100	100	100	–
Case detection rate (all new cases, %)	43	33	27	47	23	23	40	40
Case detection rate (new ss+ cases, %)	55	18	0.00	37	30	37	49	24
Treatment success (new ss+ patients, %)	100	80	–	–	86	–	75	–
Re-treatment success (ss+ patients, %)	100	–	0.00	–	–	–	0.00	–

Note: notification, case detection and treatment success rates are for the whole country (i.e. DOTS and non-DOTS areas combined).

DOTS expansion and enhancement

Overview of services for diagnosis of TB and treatment of patients

Description of basic management unit	–
Number of units (DOTS/total), 2007	0/ 1
Location of NTP services	
Rural	–
Urban	–
NTP services part of general primary health-care network?	Yes
Location where TB diagnosed	
Rural	–
Urban	–
Diagnosis free of charge?	Yes (all suspects)
Treatment supervised?	No
Intensive phase	Family member
Continuation phase	Health-care worker, Family member
Category I regimen	2HRZE / 4HR
Treatment free of charge	–
External review missions	last: – next: –

Political commitment

National strategic plan?	No	(– – –)
Mechanism for national interagency coordination?	Yes	(established 2000)
National Stop TB Partnership?	No	(planned 2009)

Financial indicators, 2009 (see final page for detailed presentation)

	US\$
Government contribution to NTP budget (incl loans)	–
Government contribution to total cost TB control (incl loans)	–
Government health spending used for TB control	–
NTP budget funded	–
Per capita health financial indicators, 2009	
NTP budget per capita	–
Total costs for TB control per capita	–
Funding gap per capita	–
Government health expenditure per capita (2005)	–
Total health expenditure per capita (2005)	–

DOTS expansion and enhancement (continued)**Quality-assured bacteriology**

National reference laboratory? Yes

All TB laboratories performing EQA of smear microscopy or DST under the supervision of the National Reference Laboratory

	Smear					Culture			DST						
	Number	per 100 000 ^a	EQA	% adeq perf		Number	per 5 000 000 ^a		Number	per 10 000 000 ^a	EQA	% adeq perf			
2007	1	0.8	0	1.0	100	%	1	42	0	1	83	0	1.0	100	%
2008	1	0.8	0	1.0	-		1	41	0	1	83	0	1.0	-	

Note: for routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population. EQA column shows number of labs for which EQA was done. Adeq perf; adequate performance for microscopy based on results of EQA.

System for managing drug supplies and laboratory equipment

	Central level			Peripheral level		
	2005	2006	2007	2005	2006	2007
Stock-outs of laboratory supplies?	-	-	No	-	-	Not applicable
Stock-outs of first-line anti-TB drugs?	No	-	No	No	-	Not applicable

Monitoring and evaluation system, and impact measurement

Monitoring and evaluation system, and impact measurement				Burden and impact assessment			last	next
NTP publishes annual report?	Not applicat:			In-depth analysis of routine surveillance data	Yes	2007	2008	
% of BMUs reporting to next level in 2007				Prevalence of disease survey	No	-	-	
Case-finding	- %	Treatment outcomes	- %	Prevalence of infection survey	No	-	-	
				Drug resistance survey	-	-	-	
				Mortality survey	No	-	-	
				Analysis of vital registration data	Yes	2006	2007	

Development of human resources, 2007

Number of TB posts 0 Percentage of TB posts filled 0 %

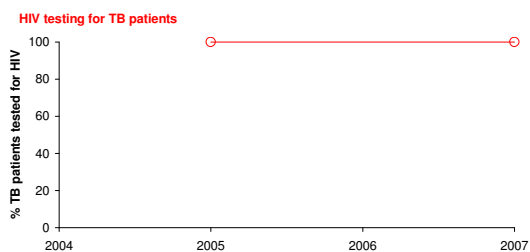
Note: percentage calculation restricted to categories of posts for which both the total number of posts and the number of posts filled reported.

MDR-TB, TB/HIV and other challenges

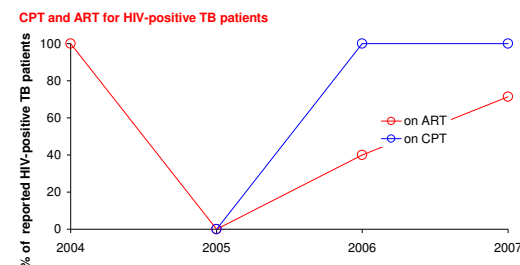
	2005	2006	2007
	number	% of estimated ss+ MDR-TB	
Estimated incidence of ss+ MDR cases	2	2	2
Diagnosed and notified	6 (280)%	- (-)%	0 (0)%
Registered for treatment	- (-)%	- (-)%	- (-)%
GLC	-	-	-
non-GLC	-	-	-

Detection and treatment of HIV in TB patients, 2007

TB patients for whom the HIV test result was known	18
as % of all notified TB patients	100
TB patients with positive HIV test	7
as % of all estimated HIV+ TB cases	-
HIV+ TB patients started or continued on CPT	7
as % of HIV+ TB patients notified	100
HIV+ TB patients started or continued on ART	5
as % of HIV+ TB patients notified	71

**Screening for TB in HIV-positive patients, 2007**

HIV+ patients in HIV care or ART register	85
Screened for TB	-
as % of HIV+ patients in HIV care or ART register	-
Started on TB treatment	7
as % of HIV+ patients in HIV care or ART register	8.2
Started on IPT	0
as % of HIV+ patients without TB in HIV care or ART register	0

**High-risk groups, 2007**

Number of close contacts of ss+ TB patients screened	42
Number of TB cases identified among contacts	0
% of contacts with TB	0
Contacts started on IPT	0
% of contacts without TB on IPT	0

Contributing to health system strengthening**Practical Approach to Lung Health (PAL), 2007**

Number and proportion of health facilities with PAL services

Number of health-care facilities providing PAL services - As % of total number of health-care facilities -

Engaging all care providers**Public-Public and Public-Private approaches (PPM), 2007**

	Number collaborating (total number of providers)		% total notified TB Diagnose:Treated	
	Number	(1)	-	-
Public sector	1	(1)	-	-
Private sector	-	(-)	-	-

International Standards for Tuberculosis Care (ISTC)

ISTC endorsed by professional organizations? No

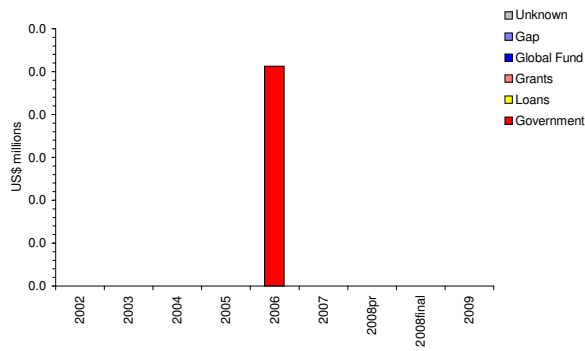
ISTC included in medical curriculum? Not applicable

Enabling and promoting research**Programme-based operational research, 2007**

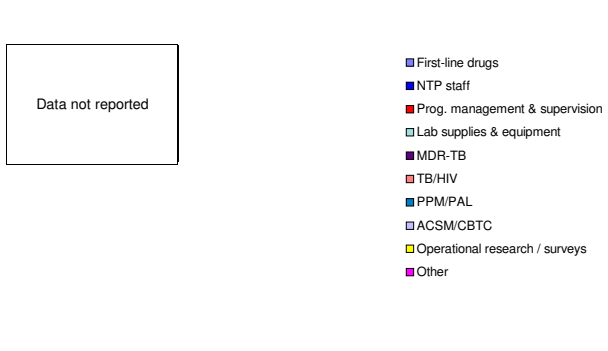
Operational research budget (% of NTP budget) 7.3 %

Financing

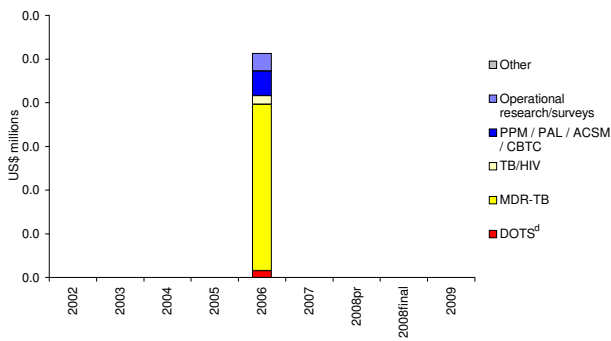
NTP budget by source of funding



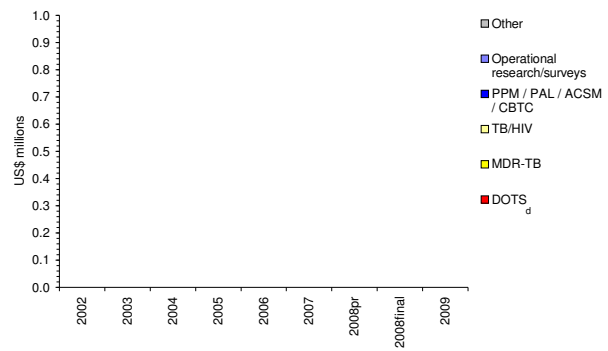
NTP budget line items in 2009



NTP budget by line item



NTP funding gap by line item



Footnotes

- a World population prospects – the 2006 revision. New York, United Nations Population Division, 2007.
- b For data sources and analytical methods, see annexes 2 and 3 of *Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411). The report is also available on-line at www.who.int/tb/publications/global_report.
- c For a definition of public and private sector and the categories of provider considered in each case, see Chapter 2 of the above-mentioned report and the 2008 WHO TB data collection form.
- d DOTS includes the following components: first-line drugs, NTP staff, programme management and supervision, and laboratory supplies and equipment.