

Tool for Assessing Health Needs

in relation to

Congenital Rubella Syndrome

Part of the PHG Foundation Toolkit for Assessing Health Needs in relation to Congenital Disorders

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PHG Foundation Needs Assessment Tool for Congenital Rubella Syndrome

Country / Territory of interest for present needs assessment on Congenital Rubella Syndrome:

RUB-0 INTRODUCTION

Welcome to the PHG Foundation Congenital Disorders Needs Assessment Tool, for Congenital Rubella Syndrome (RUB). This Tool consists of seven sections which are explained briefly in the Guide:

- the Country Profile
- the Epidemiology section
- the Interventions section
- the Needs Assessment section
- the Situation Assessment
- the Initial Prioritisation
- the Summary Report

The narrative and the written instructions are contained in the Tool, while numerical input and calculations are performed in the Calculator. The Tool and the Calculator should be used alongside one another. Where you need to put data into the Calculator, you will see an instruction.

Decision points

At certain points you will be prompted to decide whether it is necessary to continue with your present needs assessment. If the burden is low, for example, you may decide your efforts are better used on another topic, but this should be made explicit.

Subpopulations

If there is substantial variation in burden or service factors between population sub-groups, a whole-population needs assessment may not be appropriate. It may be necessary to conduct separate assessments for the individual groups, or to focus your assessment on a group that is particularly affected. At the minimum, you should ensure that substantially higher or lower rates in an identified population sub-group do not lead to inaccurate estimates for the whole population.



RUB-CP COUNTRY PROFILE

Demographic and health service factors are key determinants of the scale of congenital disorders and of the potential to provide care and prevention.

Note: If you or others coordinating PHG needs assessments have already completed Demography and Health services sheets in another topic Calculator for this population, you can copy that data into the present Calculator.

in Appendix 1,
en of congenital arriage affect the prevalence affect ling the general
arious important
nography
orders are well nen's, maternal, programmes in s responsible for



Please list relevant national health policies, legislation and guidelines in relation to the pre
conception period, pregnancy and childhood, including genetic services and screening fo
genetic conditions.
There are several variables that it will be important to consider when assessing the potentia
for change and when completing the prioritisation process. Please now go to the Health
Services sheet in the Calculator (HealthServices) and enter estimates of the health-services
ndicators listed there.
>>> Go to Calculator sheet HealthServices
Please summarise the country profile, highlighting where the indicators are unsatisfactory
Comment on areas for improvement in the indicators.



RUB-E EPIDEMIOLOGY

This section helps you to bring together epidemiological data related to Congenital Rubella Syndrome to understand the burden in your setting. You may add data from research studies, surveillance systems or other sources, assessed for representativeness and quality.

Decision point: You may skip this section if you do not know of further estimates. If your population is not the total population of your country or territory, the numbers may not be accurate.

First, please complete some definitions as used in your country in Box RUB-E1.

Box RUB-E1 Definitions

Terms	Enter definition here
Live birth	
Stillbirth	
Miscarriage	

RUB-E1.1 Summary country epidemiology for Congenital Rubella Syndrome

This section summarises the epidemiology of Congenital Rubella Syndrome in your country. The aim is to record basic 'headline' data for the prevalence of Congenital Rubella Syndrome in your country/territory, and the resulting mortality.

Once you have completed the epidemiology section, you will be asked to consider whether you need to update this section.

>>> Go to Calculator sheet RUB-E1.1

RUB-E1.2 International comparative epidemiology

This section allows you to compare the situation in your population to a close neighbouring population. You will need to copy your chosen estimates from sheet RUB-E1.1 into the appropriate column here.

>>> Go to Calculator sheet RUB-E1.2

RUB-E1.3 Country epidemiology for Rubella

High susceptibility to Rubella in women of childbearing age leads to high risk of Congenital Rubella. This section allows you to summarise data on incidence of Rubella and immunisation coverage in your country. This can be used as an indicator for risk of Congenital Rubella in your population.

>>> Go to Calculator sheet RUB-E1.3

Note: The following sections RUB-E2 and RUB-E3 ask for data from research studies, surveillance activities and other sources. Less detailed estimates of prevalence and effect are given by the PHGDB, in case such data are not available for your population.



RUB-E2 Data on affected pregnancies

In this section you will record data on live births and stillbirths affected by, and terminations of pregnancy due to Congenital Rubella Syndrome. If national or local estimates are not available, please move to section RUB-E3.

RUB-E2.1 Data on affected pregnancies: Research studies

Are national or local estimates for the prevalence of affected births available from research studies? If not, please move to section RUB-E2.2.

If research studies with information on birth prevalence of Congenital Rubella Syndrome in your population are available, please list these here, including an indication of their quality and findings.

Table RUB-E2.1 Research studies on pregnancies affected by Congenital Rubella Syndrome

Study year, site	author,	Sample size	Study quality representativeness	and	Main findings

	_				information pulation (us	-	-		the	birth
				•		•		•		

Now copy these studies into the Calculator sheet RUB-E2.1 and complete that sheet.

>>> Go to Calculator sheet RUB-2.1

RUB-E2.2 Data on affected pregnancies: Surveillance data

Are data on pregnancies affected by Congenital Rubella Syndrome available from surveillance systems for your population? If not, please move on to section RUB-E2.3. If surveillance data are available, please fill in the table in Calculator sheet RUB-E2.2.

>>> Go to Calculator sheet RUB-E2.2



RUB-E2.3 Data on affected pregnancies: Other sources

Are there other sources of data with information on affected live births, stillbirths or terminations of pregnancy? Sources of such data might include hospitals, primary care, or surveys or estimates by charities with specific interest in the condition.

If yes, it is important to consider the completeness, quality and representativeness of the data. In Calculator sheet RUB-E2.3 you will enter basic numbers of affected live births, still births and terminations of pregnancy recorded from your data source. You will also estimate numbers for the whole country/territory, based on an assessment of how complete the source data is, and how much of the country/territory it covers. You will finally select the best estimates based on these data sources.

If the burden in the population covered by these data sources is different to the burden in the total population of your country/territory, you can weight your data. For a brief description of weighting, please see the Weighting section in the Guide.

>>> Go to Calculator sheet RUB-E2.3

If you do not have data from other sources, please continue to section RUB-E2.4.

RUB-E2.4 Summary of affected pregnancies

You may now combine estimates from research, surveillance and other health sector data to give your final estimates.

Please ensure you enter a chosen estimate in the appropriate column as these will be used later.

>>> Go to Calculator sheet RUB-E2.4

RUB-E2.5 Sub-population variation in affected pregnancies

If the birth prevalence rates vary by population sub-group (e.g. geographically or according to another factor), please indicate any population groups with different prevalence estimates from the whole population and describe reasons for the variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

>>> Go to Calculator sheet RUB-E2.5

RUB-E3 Mortality data

Completing this section will help to show what the burden of mortality from Congenital Rubella Syndrome is in your population.

RUB-E3.1 Mortality data: Research studies

Are national or local condition-specific mortality estimates available from research studies? If not, please continue to section RUB-E3.2. If study estimates are available, please complete the table below on studies (including unpublished) providing mortality information in the country. Be aware of the need to differentiate between age groups when considering mortality – the Calculator sheet asks for mortality estimates for different age groups.



 Table RUB-E3.1
 Research studies on mortality due to Congenital Rubella Syndrome

Source, year, site	Sample size	Age groups covered	Study quality and representativeness	Main findings

Comment on existing studies and on the quality of information they provide on mortality in

the country and population sub-groups.	, ,	

Now, copy the table of studies into Calculator sheet RUB-E3.1 and enter the best estimates for condition-specific mortality by age-group (infant, under-5, etc.).

>>> Go to Calculator sheet RUB-E3.1

RUB-E3.2 Mortality data: Vital registration data

If there are national or local vital registration mortality statistics with information on Congenital Rubella Syndrome you can use sheet RUB-E3.2 of the Calculator to record numbers and rates of affected deaths. If there are no vital registration statistics, please continue to section RUB-E3.3.

It is important to consider sub-registration of deaths and under-ascertainment of specific causes of death. The tables in Calculator sheet RUB-E3.2 allow you first to enter registered deaths for various age groups, and second to estimate numbers and ratios of deaths for the whole country/territory, based on an assessment of how complete the vital registration data is, and how much of the country/territory it covers.

If the burden in the population covered by your vital registration data is different from the burden in the total population of your country/territory, you can weight your data. For a brief description of weighting, please see the Weighting section in the Guide.

>>> Go to Calculator sheet RUB-E3.2



RUB-E3.3 Mortality data: Other sources

If other sources have information on mortality due to the condition, please enter those sources into this table.

Table RUB-E3.3 Other sources of data on mortality due to Congenital Rubella Syndrome

Source, year, site	Sample size	Age groups covered	Study quality and representativeness	Main findings

Now copy these sources into the Calculator sheet RUB-E3.3 and complete the quantitative estimates in that sheet.

>>> Go to Calculator sheet RUB-E3.3

RUB-E3.4 Summary mortality estimates

Now, please combine estimates from research, surveillance and other health sector data to give your final estimates.

>>> Go to Calculator sheet RUB-E3.4

RUB-E3.5 Sub-population variation in mortality

Does condition-specific mortality vary between identifiable sub-groups in your population (e.g. geographically or according to other factors)? If not, continue to section RUB-E3.6.

If the mortality does vary by population sub-group, indicate any population sub-groups with different mortality estimates from the whole population and describe reasons for variation.

>>> Go to Calculator sheet RUB-E3.5

RUB-E4 Population prevalence

This section should make clear what the prevalence of Congenital Rubella Syndrome is in your population. Are national or local estimates available for the population prevalence of affected persons? If not, please move to section RUB-E5.

RUB-E4.1 Population prevalence: Research studies

Are there research studies (including unpublished) providing prevalence estimates of Congenital Rubella Syndrome in your population? If so, please enter them in the following table. If not, please move to section RUB-E4.2.

Table RUB-E4.1 Research studies on population prevalence of Congenital Rubella Syndrome

Source, year, site	Sample size	Study quality and representativeness	Main findings and comments



prevalence for the c	ountry or for sub-a	raina af tha nanilatian.	
	duritiy or for sub-g	roups of the population:	
Use the studies abo	ve to generate an	estimate of the general pop	oulation prevalence. Move
to Calculator sheet	RUB-E4.1 and er	nter the best estimates for	the overall prevalence of
Congenital Rubella	Syndrome in yo	our population. Give a ra	nge of values to reflect
•	•	untry variation. If studies are	•
•		n to adjust the results.	
whole country popul	ation you may wisi	To adjust the results.	
		>>> Go to Calculator s	sheet RUB-E4.1
RUB-E4.2	Population p	revalence: Other sour	ces
_	•	formation on the population	
			. •
Rubella Syndrome i	n valir colletev/tor	ritary? Cauraga of augh dat	a miabt include beenitele
•	•	-	a might include hospitals,
primary care, or surv	veys or estimates l	by charities with specific inte	erest in the condition. If so,
primary care, or surv	veys or estimates l	-	erest in the condition. If so,
primary care, or surv	veys or estimates l	by charities with specific inte	erest in the condition. If so,
primary care, or surv	veys or estimates to table. If not, pleas	by charities with specific inte	erest in the condition. If so, 3.
primary care, or survey please complete this	veys or estimates to table. If not, please Other sources or	by charities with specific inte se move to section RUB-E4.	erest in the condition. If so, 3.
primary care, or survey please complete this	veys or estimates to table. If not, pleas	by charities with specific inte se move to section RUB-E4.	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific intense move to section RUB-E4. If data on population prevale	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survive please complete this Table RUB-E4.2	veys or estimates to table. If not, please Other sources or Syndrome	by charities with specific interse move to section RUB-E4. If data on population prevale Study quality and	erest in the condition. If so, 3. nce of Congenital Rubella
primary care, or survey please complete this Table RUB-E4.2 Source, year, site	veys or estimates to stable. If not, please Other sources or Syndrome Sample size	se move to section RUB-E4. f data on population prevale Study quality and representativeness	rest in the condition. If so, 3. nce of Congenital Rubella Main findings
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
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primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of
primary care, or surplease complete this Table RUB-E4.2 Source, year, site Comment on existing information they pro	veys or estimates to stable. If not, please of their sources of Syndrome Sample size	oy charities with specific integer move to section RUB-E4. If data on population prevale Study quality and representativeness Alth services and other sou	main findings Inces, including quality of



Use data from the sources above to generate an estimate of the general population prevalence. Move to Calculator sheet RUB-E4.2 and enter the best estimates for the overall prevalence of Congenital Rubella Syndrome in your population. Give a range of values to reflect uncertainty of estimates and within-country variation.

>>> Go to Calculator sheet RUB-E4.2

RUB-E4.3 Population prevalence summary

Now, please combine estimates from research studies and other data sources and choose the best estimates.

Please ensure you enter a chosen estimate, in the appropriate column as these will be used in later.

>>> Go to Calculator sheet RUB-E4.3

RUB-E4.4 Sub-population prevalence variation

Does the population prevalence vary across the country/territory?

First, describe reasons for choice of population sub-groups.

If the prevalence varies by population sub-group (e.g. geographically or according to other factors), indicate any population sub-groups with different prevalence estimates from the whole population and describe reasons for the variation.

<u> </u>	<u> </u>
Now, go to the Ca	llculator and enter data on prevalence variation by population sub-group.
	>>> Go to Calculator sheet RUB-E4.4
RUB-E4.5 Please list below hese data could b	Population prevalence: data needs any needs for further data from research, and outline whether and how be obtained.





			further ne how			services ed.	data	(or

Note: You may now want to revisit the national and comparative epidemiology profiles completed previously (in sheets RUB-E1.1 and 1.2 of the Calculator).



RUB-INTERV IMMUNISATION AND PREGNANCY MANAGEMENT

RUB-Interv 1 Immunisation

Immunisation reduces the birth prevalence of Congenital Rubella Syndrome. Calculator sheet RUB-Interv1 allows you to see the potential effect of Rubella immunisation.

>>> Go to Calculator sheet RUB-Interv1

RUB-Inverv 2 Screening pregnant women and management

>>> Go to Calculator sheet RUB-Interv2



RUB-NA NEEDS ASSESSMENT SECTION

RUB-NA1 Epidemiology

RUB-NA1.1 The size of the problem

In the epidemiology section above, you chose estimates for the burden of Congenital Rubella Syndrome and for mortality indicators. The Calculator sheet RUB-NA1 contains tables recording the chosen estimates from the Calculator sheets RUB-E2.4 and RUB-E3.4. You may create similar tables for specific sub-groups of the condition as appropriate.

>>> Go to Calculator sheet RUB-NA1

RUB-NA1.2 Preliminary assessment of public health significance Based on the epidemiology and your experience, how do you rate this as a public health problem in the country or territory in relation to all causes of congenital disorders?

Very low	Low	Medium	High	Very high	Do not know
Explain you	r choice.				

Decision point: If you do not consider this to be a significant public health problem and no specific policies and interventions are required as a priority, you may stop here and move to another topic. Otherwise, continue with section RUB-NA2.



RUB-NA2 Assessment of epidemiology, policies, services and information

RUB-NA2.1	Desired situation
	sired situation ('where do we want to be?') in relation to the epidemiology, of the condition in the following areas:
	comes indicators, e.g. prevalence and mortality, number of Congenital Syndrome cases per 1,000 live births, geographic surveillance of cases verage)
Policies and progra in your country or re	mmes that would be optimal for delivering effective care and prevention egion
	ventions that may be delivered, such as prenatal screening, diagnosis, erventions aimed at risk factors (e.g. immunisation)



nformation availability (e.g. surveillance, health service indicators such as on vaccinate coverage)	ion
Desired outputs resulting from action (e.g. availability, coverage and quality of polic nterventions and services)	ies,
RUB-NA2.2 Current situation and gaps Now please assess the current situation and unmet needs ('where are we now?'), indicate potential areas for action.	ing
RUB-NA2.2.1 Policy and programmes Briefly list any policies or programmes for the care and prevention of Congenital Rub- Syndrome in your country or territory, and who is responsible for them (e.g. Institution of Ministry or Department).	
Care	



Prevention	
Are there gaps or inadequacies in policies or p	rogrammes and in their implementation? Give
f yes, are there plans to address them? Give d	letails.
•	



What can be done to tackle unmet needs?
RUB-NA2.2.2 Services and interventions
List services and interventions for prevention and care, and comment on their quality and
who provides them.
Prevention before pregnancy, directed to high risk groups and population wide (e.g.
immunisation programmes, population-wide and/or targeted at high risk groups including
women of childbearing age, school girls, infants and preschool children)
Prevention during pregnancy (e.g. prenatal screening for Rubella susceptibility and
diagnosis of Rubella in pregnant women)
diagnosis of Rubella III pregnant women)



Care and prevention aft	er birth (e.g. surg	ery, treatment	of complications	s, rehabilitation)	
Are the above services maternal and child healt		ns well integra	ated with other	health services	s (e.g
How do these target po Syndrome but also ava with Congenital Rubella	ailability of health				





How are services and interventions monitored and evaluated?	Are there appropriate and integrated pathways for prevention between health service staff, and referral mechanisms)	n and care? (e.g. communication
How are services and interventions monitored and evaluated? Are services and interventions satisfactorily delivered?	between ricalar service stan, and referral medianisms)	
	How are services and interventions monitored and evaluated	12
Are services and interventions satisfactorily delivered?		
	Are services and interventions satisfactorily delivered?	



Are services and interventions delivered across the country or territory equitably, according
to the needs of different populations?
Are there any gaps or inadequacies in the delivery of services and interventions? If yes, what are the main reasons (e.g. lack of priority, planning, financial resources, facilities and
equipment, storage, distribution and disposal of vaccines, trained personnel, managerial deficiencies)?
If there are gaps, are there plans to address them? Give details.
Tallot are gape, are there plane to address them: One details.



If not, is					or	implemen	tation	of ne	w service	es or
intervention	s? List wha	at could be	e done a	ind how.						
RUB-NA2.	2.3	Inf	formati	on need	ls					
Comment of	n the qual	ity of any	existing	surveilla	nce a	and resea	rch dat	a that	are releva	ant to
the condition										
(Congenital										
Is there a no	eed for cha	nges in su	urveillan	ce syster	ns foi	r the cond	tion?			
1										





If there	are ance	unmet data im	information pede action?	needs,	how	much	does	the	absence	of	appropriate
			P								
What ca	n be	done?									
ls there	a nee	ed for ne	w research ir	n relation	n to th	e condi	tion?				



lf t	nere are u	nmet infor	mation n	needs, ho	w much	does th	e absence	of a	ppropriate	research
da	a impede	action?								
\//k	at can be	done?								
	iat dan bo	40110.								
Su	mmary of t	the main g	aps or u	nmet nee	ds					



Use Table RUB-NA2 to enter the level of met **needs** for policies and programmes, and services and interventions, considering key life stages as appropriate. Use a numerical code system from 1 to 5, to reflect '1' mostly unmet (high need) to '5' mostly met (low need), with '3' representing an intermediate level of met needs. Therefore '1' represents an unsatisfactory situation, and '5' represents an optimum situation. You may use the action areas listed below, and add items as you find appropriate.

Table RUB-NA2 Summary of levels of health needs in relation to Congenital Rubella Syndrome

Action areas	Policies/	Services and	Overall		
	Programmes	Before Pregnancy	During Pregnancy	After Birth	-
Public education					
Immunisation and surveillance			n/a	n/a	
Preconception screening			n/a	n/a	
Prenatal screening		n/a		n/a	
Termination of pregnancy		n/a		n/a	
Newborn screening		n/a	n/a		
Newborn diagnosis		n/a	n/a		
Primary care diagnosis		n/a	n/a		
Treatment services		n/a	n/a		
Laboratory services					
Acute clinical care		n/a			
Long term clinical care		n/a	n/a		
Social care		n/a	n/a		
Disability support		n/a			
Support group involvement		n/a			
Surveillance					
Research					
Professional education					
Workforce training					
Ethical conduct					

Use the space below to summarise the main gaps or unmet needs identified				



RUB-NA3 Assessment of intervention options

In this section you will consider what effect different interventions can have on the burden of Congenital Rubella Syndrome in your population.

RUB-NA3.1 Quantitative assessment of interventions

Here, you should fill in data relating to the prevalence of Congenital Rubella Syndrome in different intervention scenarios: in the absence of interventions, in the current situation, and in the desired situation.

Table RUB-NA3a in Calculator sheet RUB-NA3 relates to 'potential cases' – expected numbers of cases and rates in the absence of any interventions (if coverage = zero).

Please note: there is no Calculator sheet NA2. This is deliberate!

>>> Go to Calculator sheet RUB-NA3

Tables RUB-NA3b to NA3e in Calculator sheet RUB-NA3 refer to the current and target (desirable) situations for interventions before birth and after birth. Please enter data into these tables. You may add or delete rows as appropriate.

>>> Return to Calculator sheet RUB-NA3

Table RUB-NA3f in Calculator sheet RUB-NA3 refers to outcomes. Figures for 'current situation' come from Tables RUB-NA1a and NA1b.

>>> Return to Calculator sheet RUB-NA3

RUB-NA3.2 Qualitative assessment of interventions

Now consider existing interventions and their coverage, effectiveness, cost-effectiveness, and current impact. Use numbers between '1' (very low) and '5' (very high). Please enter or delete rows as appropriate.

Table RUB-NA3.2a Qualitative assessment of the impact of current interventions

Interventions	Coverage	Effectiveness	Cost- effectiveness	Impact
Before pregnancy				
Family planning, education				
Vaccination				
During pregnancy				
Prenatal screening				
Prenatal diagnosis				
Termination of pregnancy				
After birth				
Newborn screening				
Newborn diagnosis				
Treatment services				



Now consider the potential for the implementation of new interventions or changes to existing ones, in relation to their achievable coverage, effectiveness, cost-effectiveness and potential impact. Use numbers between '1' (very low) and '5' (very high). Please enter or delete rows as appropriate.

Table RUB-NA3.2b Qualitative assessment of the expected impact of interventions

Interventions	Achievable coverage	Effectiveness	Cost- effectiveness	Impact
Before pregnancy				
Family planning, education				
Vaccination				
During pregnancy				
Prenatal screening				
Prenatal diagnosis				
Termination of pregnancy				
After birth				
Newborn screening				
Newborn diagnosis				
Treatment services				



RUB-NA4 Situation assessment

Now consider your environment and describe the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats in relation to policies and services, using the SWOT diagram in Table RUB-NA4.

Table RUB-NA4SWOT diagram

Internal environment	External environment	
Strengths	Opportunities	
		+
Weakness	Threats	
	111100000	
		_



RUB-NA5 Initial prioritisation: Comparing interventions

The prioritisation team and processes

List the people and organisations invited to and involved in the initial prioritisation process in Table RUB-NA5a, and briefly explain how they were chosen.

Table RUB-NA5a The prioritisation team				
Person invited	Organisation represented	Accepted (Y/N)		
D: () () ()				
Brief explanation of choice	e of participants and give any other comme	nts.		
Now consider in the group	up your ground rules, prioritisation criteria	and action areas and		
	5b to RUB-NA5d. Start with the ground rule			
Table RUB-NA5b Grou	und rules for the prioritisation process			



Now list in Table RUB-NA5c the prioritisation criteria you will use. You may wish to add weights to each criterion (from '0' to '1') in the table.

Table RUB-NA5c	List of criteria for prioritisation of interventions (add rows if needed)
-	ssment of needs, please consider and list in Table RUB-NA5d action
areas for consideration	on.
Table RUB-NA5d	List of action areas for consideration (add rows if needed)
Table ROB RAGG	List of delicit diseas for confideration (add fews if flooded)

Based on the criteria selected, compare the Action Areas and rank them from the highest to the lowest priority. You may enter the results directly, following your discussions. You may find it helpful to use decision analysis software, so as to do it in a more systematic way (see the Prioritisation document). Show your results in Table RUB-NA5e, by entering the selected 'Action Areas' from the highest priority (1) onwards, using as many rows as appropriate. Tick the last column for all action areas that you consider are of sufficient priority to carry over to the later stages of the prioritisation process. This will enable these results to be compared with those for other conditions or topics at a later stage.

Table RUB-NA5e List of priority action areas and interventions for Congenital Rubella Syndrome

Priority 1. highest	Action area	Carry over
1. highest		
2.		
3.		
4		
5		

You have completed this Section! Now please proceed to the Summary Report.



RUB-NA6 Summary report

It is now time to bring together the main findings of your needs assessment into a summary report. This will present in one place the basic information about the burden of Congenital Rubella Syndrome, the present state of interventions and the potential to improve care and reduce incidence.

Briefly describe	the population ar	nd condition				
Briefly describe	the epidemiology nd highlighting an	y of the condit	ion, including	within-countr	y and internat	iona
	<u>ggg</u>	. ,g g				
List the main se	ervices and interve	entions current	tly available fo	r the care an	d prevention o	f the

¹ Possible reference sections: E1.1, NA1.1

² You may wish to include an assessment of the effectiveness, cost-effectiveness, coverage, quality and level of satisfaction with the interventions or services. Possible reference section: NA3.1, NA3.2.



Are there any threats to the continuation of services?	
What are the unmet needs as assessed by the Toolkit? ⁴	
Is it feasible to meet the identified needs? ⁵	

³ For example, in relation to resources, acceptability, and competing priorities. Possible reference section:

You may wish to consider the following questions: i) What are the main needs? ii) Is appropriate information available? iii) Are appropriate legislation, policies and programmes in place? iv) Are appropriate services and interventions in place? v) Are prevalence rates (both at birth and population level) as low as they can be? vi) Is prevention before pregnancy being delivered effectively, cost-effectively and according to need? vii) Is prevention during pregnancy being delivered effectively, cost-effectively and according to need? viii) Is prevention and care after birth being delivered effectively, cost-effectively and according to need? ix) Are prevention and care activities being delivered fairly (equitably)? Possible reference sections: NA2 and NA3

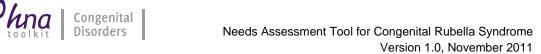
⁵ You may wish to consider strengths, weaknesses, opportunities and threats. Possible reference section: NA4.





Describe how the prioritisation has been done and the main findings	hat actions may be required to respond to the unmet needs?	
ist the planned activities and how they will be evaluated ⁶	escribe how the prioritisation has been done and the main findings	
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⁶ Possible reference section: NA5e





List the proposed next steps	



APPENDIX 1 – SOURCES OF DATA FOR THE COUNTRY PROFILE

For demographic, socio-economic and other indicators for your country or world regions, you may use the links below or other sources available to you.

- 1. Health Indicators database. Pan American Health Org (PAHO) http://ais.paho.org/phip/viz/basicindicatorbrowaser.asp
- 2. WHO Statistical Information System (WHOSIS) http://www.who.int/whosis/whostat/2010/en/index.html
- 3. Indicator definitions. (WHO) http://www.who.int/whosis/indicators/en
- 4. UNICEF country statistics http://www.unicef.org/statistics/index countrystats.html
- 5. UN Demographic Yearbook (UNDY) series http://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm
- 6. UNICEF reports on The State of the World's Children http://www.unicef.org/sowc08/statistics/statistics.php
- 7. WHO data and statistics (various links) http://www.who.int/research/en/
- 8. Global health Observatory (GHO) http://www.who.int/gho/en/index.html
- 9. Countdown to 2015 (profiles for selected countries) http://www.childinfo.org/countdown_638.htm
- 10. Health of Nations http://www.healthofnations.com/countries/map/outcomes/life
- 11. Consanguinity http://www.consang.net/index.php/Global_prevalence_tables
- 12. Immunisation http://apps.who.int/immunization monitoring/en/globalsummary/countryprofileresult.cfm
- 13. UN Statistics Division http://unstats.un.org/unsd/demographic/products/socind/health.htm

Please list your own sources of data below

- 1.
- 2.
- 3.