

**PHG Needs Assessment Calculator**  
**Swaziland**  
**Congenital Hypothyroidism**

Welcome to the PHG Health Needs Assessment Calculator for Congenital Hypothyroidism. The contents of this file are listed below:

Full name of the sheet	Short name
Country demographic, maternal health and socioeconomic indicators	Demography
Country health-service indicators	HealthServices
CHT Epidemiology 1.1: Country epidemiology	CHT-E1.1
CHT Epidemiology 1.2: International comparison	CHT-E1.2
CHT Epidemiology 2.1: Data on affected pregnancies: Research studies	CHT-E2.1
CHT Epidemiology 2.2: Data on affected pregnancies: Surveillance	CHT-E2.2
CHT Epidemiology 2.3: Data on affected pregnancies: Other sources	CHT-E2.3
CHT Epidemiology 2.4: Summary of affected pregnancies	CHT-E2.4
CHT Epidemiology 2.5: Sub-population variation in affected pregnancies	CHT-E2.5
CHT Epidemiology 3.1: Mortality data: Research studies	CHT-E3.1
CHT Epidemiology 3.2: Mortality data: Vital registration data	CHT-E3.2
CHT Epidemiology 3.3: Mortality data: Other sources	CHT-E3.3
CHT Epidemiology 3.4: Summary mortality estimates	CHT-E3.4
CHT Epidemiology 3.5: Sub-population variation in mortality	CHT-E3.5
CHT Epidemiology 4.1: Population prevalence: Research studies	CHT-E4.1
CHT Epidemiology 4.2: Population prevalence: Other sources	CHT-E4.2
CHT Epidemiology 4.3: Summary of population prevalence	CHT-E4.3
CHT Epidemiology 4.4: Sub-population prevalence variation	CHT-E4.4
CHT Interventions 1: Effect of newborn screening	CHT-Interv1
CHT Needs Assessment: Quantitative baseline	CHT-NA1
CHTC Needs Assessment: Quantitative assessment of interventions	CHT-NA3

(There is no sheet CHT-NA2.)

**Please note condition specific data in this sheet relates to thyroid a/dysgenesis, plus the rare inherited thyroid disorders, as detected by neonatal screening in countries without iodine deficiency.**

**Swaziland****Shared Data****Demographic, maternal health and socio-economic indicators**

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex	Estimates			Your estimates			Chosen estimates		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	3713312	3330666	7043978			0			0
5-9 years	3621148	3283655	6904803			0			0
10-14 years	3742301	3432256	7174557			0			0
15-19 years	4135517	3910486	8046003			0			0
20-24 years	3752370	3714849	7467219			0			0
25-29 years	3723206	3766137	7489343			0			0
30-34 years	3418460	3484798	6903258			0			0
35-39 years	3340717	3331522	6672239			0			0
40-44 years	3148115	3238043	6386158			0			0
45-49 years	2971123	2974884	5946007			0			0
50-54 years	2548767	2884841	5433608			0			0
55-59 years	1725056	1969852	3694908			0			0
60-64 years	1158053	1386853	2544906			0			0
65+ years	2446632	3686419	6133051			0			0
Total	43444777	44395261	87840038	0	0	0	0	0	0
Female population aged 15-44 years		21445835			-			-	
Data year	2011 reported in 2011								
Source, Year	UN 2011								

**Ethnicity.** Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

<b>Fertility and mortality</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Crude birth rate: live births (LB) / year / 1000 population	29.09	Unicef, 2013				
Still birth rate (SB): Still births (SB) / year / 1000 total births	18.03	WHO, 2009				
Total births in 1000s (LB+SB) per year	35	Unicef, 2013				
Infant mortality rate: infant deaths / 1000 LB / year	69	Unicef, 2013				
Under-5 mortality rate: U5 deaths / 1000 LB / year	103.6	Unicef, 2013				
Percentage births in women >35 years						
Life expectancy at birth (yrs)	48.72	Unicef, 2013				
% of marriages consanguineous						

<b>Maternal health</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Prenatal visits – at least 1 visit (%)	96.8	Unicef, 2013				
Prenatal visits – at least 4 visits (%)	76.6	Unicef, 2013				
Births attended by skilled health personnel (%)	82	Unicef, 2013				
Contraception prevalence rate (%)	65.2	Unicef, 2013				
Unmet need for family planning (%)	24	WHO, 2007				
Total fertility rate	3.29	Unicef, 2013				
% home births						
% births at health care services	80.40	Unicef, 2013				
<b>Newborn health</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

<b>Socio-economic indicators</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Gross national income per capita (PPP int. \$)	5970	Unicef, 2013				
% population living on < US\$1 per day	62.9	Unicef, 2013				
Birth registration coverage (%)	49.5	WHO 2010				
Death registration coverage (%)						

LB = live births

PPP = purchasing power parity

SBA = skilled birth attendant

**Swaziland****Shared Data****Health Services Data**

**Please read first!** If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

**By default, the Toolkit contains information at the national level.**

**If you would like to use a different population, then replace country information with that of your specific population of interest.**

<b>Health Expenditure</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Per capita total expenditure on health (PPP int. \$)	433.5	WHO 2011				
Total expenditure on health as percentage of GDP	8	WHO 2011				
Per capita government expenditure on health (PPP int. \$)	300.9	WHO 2011				
External resources for health as percentage of total expenditure on health	1	WHO 2011				
General government expenditure on health as percentage of total expenditure on health	69.4	WHO 2011				
Out-of-pocket expenditure as percentage of private expenditure on health	42.7	WHO 2011				
Private expenditure on health as percentage of total expenditure on health	30.6	WHO 2011				
General government expenditure on health as percentage of total government expenditure	14.9	WHO 2011				

<b>Health Workforce</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Number of nursing and midwifery personnel	6828	WHO, 2004				
Nursing and midwifery personnel density (per 10,000 population)	63	WHO, 2004				
Number of physicians	171	WHO, 2004				
Physician density (per 10 000 population)	1.6	WHO, 2004				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						

Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						
Density of SBA						
Number of lab staff providing cytogenetic testing						
Number of lab staff providing molecular genetics						
Number of lab staff providing biochemical tests for genetics						
Number of skilled health attendants						

Infrastructure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facilities for terminations of pregnancies for fetal defects						

PPP = purchasing power parity

GDP = gross domestic product

SBA = skilled birth attendant

CD = congenital disorders

## Swaziland

## Congenital Hypothyroidism

## CHT Epidemiology 1.1: Country epidemiology

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
<b>Year of estimate</b>						
<b>Prevalence at birth and by age-group(/1000)</b>						
Live birth prevalence (LB)			0.10			
Stillbirth prevalence (SB)			0.00			
Total birth prevalence (LB+SB)			0.10			
All age groups						
<1 year olds			0.08			
1-4 year olds			0.08			
5-14 year olds						
15-44 year olds						
45+ year olds						
<b>Number of cases by age group</b>						
Annual live births			3			
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
<b>No. of cases by level of impairment</b>						
No or minor disability*						
Moderate disability**						
Severe disability***						
<b>Mortality and morbidity</b>						
Mean life expectancy (yrs)						
No. deaths < 1yr			0			
No. deaths 1-4 yrs			0			
No. deaths < 5 yrs			0			
Infant mortality / 1000 LB			0.00			
Under-5 mortality / 1000 LB			0.00			
Years of life lost						

LB = live births \*Treated and effectively cured, \*\*Treated with residual disability, \*\*\*Untreated disorder

## Swaziland

## Congenital Hypothyroidism

## CHT Epidemiology 1.2: International comparison

	Your chosen estimates	Comparison		
Epidemiological indicator		Country	Region	World
Prevalence at birth and by age-group (/1000 people)		(Sub-Saharan Africa, Southern)		
Live birth prevalence (LB)		0.10	0.10	0.21
Stillbirth prevalence (SB)		0.00	0.00	0.00
Total birth prevalence (LB+SB)		0.10	0.10	0.22
All age groups				
<1 year olds		0.08		
1-4 year olds		0.08		
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births		3	198	28669
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
No. cases by level of impairment				
No or minimum disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)				
No. deaths < 1yr		0	0	0
No. deaths 1-4 yrs		0	0	0
No. deaths < 5 yrs		0	0	0
Infant mortality / 1000 LB		0.00	0.00	0.00
Under-5 mortality / 1000 LB		0.00	0.00	0.00
Years of life lost				

LB = live births \*Treated and effectively cured, \*\*Treated with residual disability, \*\*\*Untreated disorder

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 2.1: Data on affected pregnancies: Research studies**

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

Based on the studies listed above (or in section CHT-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and stillbirths in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
Estimates for the total country/territory	Number of affected still births	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths); ToP = termination of pregnancy



**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 2.2: Data on affected pregnancies: Surveillance**

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and still births in the country. Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	Birth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Estimates for the total country/territory	Number of affected still births	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths); ToP = termination of pregnancy

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 2.3: Data on affected pregnancies: Other sources**

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
<b>Basic Numbers</b>			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	0	0	
Total number of births / year, from data source	0	0	
Total number of women aged 15-44			
<b>Live birth prevalence: recorded and estimated</b>			
Recorded live birth prevalence (affected recorded live births / 1000 total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	
<b>Stillbirth prevalence: recorded and estimated</b>			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected still births in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

**Based on the sources above**, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

<b>Estimates for the whole country/territory</b>	<b>Number of affected live births</b>	<b>LB prevalence / 1000 TB</b>
Best estimate		
Lower estimate		
Higher estimate		
<b>Estimates for the whole country/territory</b>	<b>Number of affected stillbirths</b>	<b>SB prevalence / 1000 TB</b>
Best estimate		
Lower estimate		
Higher estimate		

TB = total births (live births + stillbirths)

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 2.4: Summary of affected pregnancies**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected <b>live births</b>			3			
Annual birth prevalence / 1000 TB			0.10			
Number of annual affected <b>stillbirths</b>			0			
Stillbirth prevalence / 1000 TB / year			0.00			

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

TB = total births (live births + stillbirths);

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 2.5: Sub-population variation in affected pregnancies**

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

Population sub-group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub-group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

TB = total births (live births + stillbirths); ToP = termination of pregnancy

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 3.1: Mortality data: Research studies**

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

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under 5s, etc, as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
<b>Neonatal group (&lt;28 days)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Infant group (&lt;1 year)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Under-5 group (&lt;5 years)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Other age group:</b>			
Best estimate			
Lower estimate			
Higher estimate			

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 3.2: Mortality data: Vital registration data**

Fill in the blank cells based on your vital registration data.	
Enter year and source of data	
	<b>Registered data</b>
Total registered live births	
Registered condition-specific neonatal deaths (first 28 days of life)	
Registered condition-specific infant deaths (first year of life)	
Registered condition-specific under-5 deaths (first 5 years of life)	
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths / 1000 live births in the same year)	#DIV/0!
Registered condition-specific infant mortality (condition-specific infant deaths / 1000 live births in the same year)	#DIV/0!
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / 1000 live births in the same year)	#DIV/0!

**Adjustment for under-ascertainment of cause of death and sub-registration of deaths:** Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.)  
It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?		Range: 0 to 1
Population coverage: what proportion of the total country/territory population is covered by the vital registration?		Range: 0 to 1
Death ascertainment (population coverage x completeness)	0	
<b>Estimated values for the total country/ territory population</b>		
Estimated number of live births in total population	#DIV/0!	
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!	
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!	
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!	
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!	
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!	
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!	

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 3.3: Mortality data: Other sources**

Source, year, site	Sample size	Age group	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						



**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 3.4: Summary mortality estimates**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons						
Number of annual live births (in 1000s)			34			
Number of annual affected neonatal deaths			0			
Number of affected neonatal deaths / 1000 LB			0.00			
Number of annual affected infant deaths			0			
Number of affected infant deaths/ 1000 LB			0.00			
Number of annual affected under-5 deaths			0			
Number of affected under-5 deaths / 1000 LB			0.00			
Mean life expectancy at birth in affected people						
Other indicators (e.g. survival following surgical procedure, etc)						

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 3.5: Sub-population variation in mortality**

Age group: neonatal Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

Age group: under 5 Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific under-5 mortality ratio / 1000 LB	Reason for variation

Age group: ..... Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific mortality ratio / 1000 population	Reason for variation

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 4.1: Population prevalence: Research studies**

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

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 4.2: Population prevalence: Other sources**

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 4.3: Population prevalence summary**

Source of estimates	Estimated total population number of affected persons	Range	Estimated total population prevalence / 1000 persons	Range
1				
2				
3				
4				
5				
<b>PHGDB</b>				
<b>Chosen estimates</b>				

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Swaziland****Congenital Hypothyroidism****CHT Epidemiology 4.4: Sub-population prevalence variation**

Population sub-group	Number of affected people	Total number of people in population sub-group	Population prevalence per 1000 people	Reason for variation
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

**Swaziland****Congenital Hypothyroidism****CHT Interventions 1: Effect of newborn diagnosis and treatment**

Baseline birth prevalence of CHT, per 1000 total births*		
Variables		
Coverage of newborn screening		Range: 0 to 1
Proportion of positive-screened patients receiving diagnosis treatment		Range: 0 to 1
Effectiveness of treatment		Range: 0 to 1
Results		
Proportional reduction of uncontrolled cases of CHT through NBS and treatment <sup>1</sup>	0	
Prevalence of uncontrolled CHT after newborn screening and treatment, per 1000 total births <sup>2</sup>	0	

LB = live births

CHT = congenital hypothyroidism

NBS = newborn screening

\* If you don't have data on birth prevalence but do have data on screening, you can estimate birth prevalence by combining the proportion screened positive with the number of total births. (This assumes that screening is randomly distributed in the population).

<sup>1</sup>Coverage of newborn screening X Proportion of screen-positive cases receiving treatment X Effectiveness of treatment

<sup>2</sup>Baseline birth prevalence – (Proportional reduction of uncontrolled cases of CHT X Baseline birth prevalence)

**Swaziland****Congenital Hypothyroidism****CHT Needs assessment 1: Quantitative baseline****Table CHT-NA1a Burden of Congenital Hypothyroidism in pregnancy, at birth and at population level**

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 pregnancy outcomes	Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age)	0	0	0	Drawn from sheet E1.1

**Table CHT-NA1b Congenital Hypothyroidism mortality indicators**

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 LB	Range of prevalence (/1000 LB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth in	0		0	Drawn from sheet E3.4

TB = total births (live births + stillbirths)

LB = live births



**Swaziland****Congenital Hypothyroidism****CHT Needs assessment 3: Quantitative assessment of interventions**

<b>Table CHT-NA3a</b>	<b>Estimated prevalence in the absence of interventions for Congenital Hypothyroidism</b>	
Indicator	Number (n)	Prevalence (n/1000)
Potential live births		
Potential still births		

<b>Table CHT-NA3b</b>	<b>Current situation in relation to interventions before birth</b>		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Effect of iodine fortification			
Effect of iodine supplementation			
Overall effect			

<b>Table CHT-NA3c</b>	<b>Target situation in relation to interventions before birth</b>		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Effect of iodine fortification			
Effect of iodine supplementation			
Overall effect			

<b>Table CHT-NA3d</b>	<b>Current situation in relation to interventions after birth</b>		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB
Effect of newborn screening			
Effect of newborn diagnosis			
Treatment services			
Overall effect			

<b>Table CHT-NA3e</b>	<b>Target situation in relation to interventions after birth</b>		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB
Effect of newborn screening			
Effect of newborn diagnosis			
Treatment services			
Overall effect			

<b>Table CHT-NA3f</b>	<b>Current and desired outcomes</b>			
	<b>Current situation</b>		<b>Target situation</b>	
Indicator	Annual number (n)	Prevalence (n/1000)	Annual number (n)	Prevalence (n/1000)
<b>Estimated affected pregnancies</b>				
Live births (LB)	0	0		
Stillbirths (SB)	0	0		
Total births (LB+SB)	0	0		
<b>Estimated population prevalence</b>				
All age groups				
<b>Estimated mortality / 1000 live births</b>				
Neonatal deaths	0	0		
Infant deaths	0	0		
Under-5 deaths	0	0		