

Major Recommendations

Recommendations on TB/HIV

Recommendations for National AIDS and TB Programmes

- NAPs and NTPs should jointly clarify the roles and responsibilities and accountability for the operationalization of the TB/HIV collaborative activities.
- NAPs and NTPs should develop and compile joint HIV/TB operational plans with costings which could be used to support resource mobilisation efforts.
- NAPs of the Region should prioritise implementation of the 3 'I's (Intensified TB case finding, airborne infection control, and Isoniazid preventive treatment) in HIV care settings.
- NAPs and NTPs need to scale-up HIV testing of TB patients and take steps to improve access for HIV-infected TB patients to ART and CPT. In order to achieve this, the NAPs should promote the further decentralisation of HIV testing and ART provision.
- NAPs and NTPs should incorporate the internationally recommended changes in their respective reporting and recording systems to enable the effective monitoring of the implementation of TB/HIV activities.

Recommendations to WHO

- WHO and technical partners should develop a consensus statement which includes:
 - evidence for the effectiveness and feasibility of IPT, and addresses the technical and programmatic concerns relating to the use of IPT among PLHIV
 - guidance on appropriate modalities for implementation of airborne infection control in health care settings in countries of the Region, especially in those providing HIV and MDR-TB care.

Recommendations on MDR-TB

Recommendations for National TB Programmes

- First and foremost, ensure full and effective implementation of quality DOTS through all public and private health care providers involved in providing DOTS services to prevent the further emergence of MDR-TB
- Develop or update the MDR-TB component of the national TB control plan, for scaling up of MDR-TB management under the NTPs in order to provide universal access by 2015; high MDR-TB burden countries are encouraged to draft these plans as part of the preparations for the meeting on MDR/XDR-TB in Beijing in April 2009.
- Scale-up capacity for laboratory diagnosis of drug resistant TB, including introduction of rapid diagnostics as recommended by WHO (LPA, liquid culture) and as appropriate in

country specific contexts. NTPs with limited numbers of MDR-TB suspects to establish functional linkages with culture and DST labs in the region.

- Institute regular surveillance for more accurate nationally (or sub-national in large countries) representative data on the extent and trends in resistance to both first and second-line drugs.
- Build in measures for a more patient-centred approach through attention to training of health staff providing care for these patients, and ensuring adequate psychological and necessary social/financial support to ensure good treatment outcomes.
- Introduce the necessary changes in the reporting and recording systems to enable the effective monitoring of the implementation of MDR-TB activities.

For Ministries of Health

- Develop and actively assist in building the capacity of local manufacturers to meet international GMP standards so as to allow for the production of quality first and second-line anti-TB drugs

Recommendations for WHO

- Provide technical assistance to NTPs for :
 - developing or updating the MDR-TB component of TB control national plans to achieve universal access to MDR-TB management by 2015;
 - developing applications to the Green Light Committee; and
 - scaling up the capacities needed for management of MDR-TB according to WHO guidelines, including through training of NTP staff on MDR-TB management.
- Provide guidance to countries on specific issues relating to the management of XDR-TB.
- Advocate with and strengthen drug regulatory authorities for effective pharmacovigilance and to ensure the more rational use of first and second line anti-TB drugs
- To assist countries in establishing linkages with quality assured laboratories in the region and coordinate related skills building trainings.

Recommendations on HRD

Recommendations for National TB Programmes

- Ensure follow-up on the recommendations on HRD made during the Regional workshop on TB control in the context of HSS held in Colombo in August 2008.
- In the context of scaling up interventions for TB/HIV and MDR-TB revise/update strategic and operational plans for HRD for the implementation of the Stop TB Strategy using the approach described in the WHO handbook "Planning the development of HRD for implementation of the Stop TB Strategy".

Recommendations for WHO

- Continue technical assistance to countries to assess the needs and revise/update strategic plans for Health systems strengthening and in particular, human resource development, for more effectively implementing the Stop TB Strategy

Overall Recommendations

Recommendations for WHO

- To provide technical assistance for the building capacity for the full and effective implementation of national multi-year plans for TB control, focussing especially on the following:
 - programmatic areas: human resource development, improving programme management procurement and supply management, monitoring and surveillance; and
 - technical areas: laboratory capacity for the diagnosis of all forms of TB, infection control , childhood TB, MDR-TB, ACSM and operations research
- Advocate at all high level policy forums for the sustaining and gradual increase in domestic budgets lines for essential priority programmes such as TB control.

Recommendations for National TB Programmes

- Develop the next 5-year national operational plans for TB control (2011-2015), incorporating all activities and resources from both Government and private sector.
- In the above context, develop ambitious proposals for submission during future rounds of GF applications, to address financial gaps and build the required capacity to fully implement all planned interventions under national multi-year plans for TB control; also ensuring that the proposals include all foreseen technical assistance requirements and funding for this assistance
- Assess the impact of the global financial crisis on funding for TB control and plans for scale-up, and take all necessary steps to secure funding for essential components of programme implementation, through both domestic and external sources.
- More actively engage with civil society including activists, both to elevate the profile of TB programmes and promote a “rights” approach for access to TB care, and to increase domestic investments in TB care and control activities.