

Major Recommendations

DRAFT

For the consideration of National TB Control Programmes:

Early and Higher Case detection:

1. Adopt the target of universal case detection.
2. Include in the national TB control plans, measures to address active case finding through intensified screening, prioritizing groups that must be reached first and linking with related programmes such as HIV/AIDS, MCH, rehabilitation programmes and social support organizations in order to do so.

In this context, consider the following:

- Prioritizing interventions among identified social and clinical risk groups, in congregate settings and among migrant populations
- Link with related programmes and consider integrated approaches such as PAL
- Working with professional paediatric associations and the MCH programme to scale-up diagnosis and treatment of TB among children.
- Expanding access for directly observed treatment through wider community involvement linkages with primary health posts and use of patient enablers wherever appropriate.

Laboratory Strengthening:

1. Develop/review and update the plans for expanding the reach and scope of laboratory services based on burden of TB in the country, and existing laboratory capacity including for culture and DST. Link laboratory services to the diagnostic algorithms for TB , TB/HIV and MDR TB, for early and universal detection of all forms of TB
2. Plan to introduce newer diagnostics, such as liquid culture and line probe assays, for improving diagnosis of TB, drug-resistant TB and TB among HIV-infected persons, in line with the national laboratory expansion plan.

Increasing treatment success rates:

1. Expand access for directly observed treatment through wider use of primary health facilities/posts greater involvement of community-based providers and volunteers involvement and securing patient enablers, wherever appropriate.
2. Strengthen internal referrals within large hospitals and links with DOTS centres at community level to improve outcomes from patients attending large hospitals.
3. Ensure adequate treatment capacity for the treatment of childhood TB, MDR-TB and TB/HIV, as capacity for diagnosis expands.

4. Adapt/adopt new WHO TB treatment guidelines after due consideration of the country context.

Public-public and Public-private Mix:

1. Build capacity and accredit providers in other sectors to effectively deliver quality services on a wider scale, in order to have impact on case detection and treatment success rates at national level, and to expand capacity for the diagnosis, treatment and care of TB, MDR-TB and TB/HIV.

Infection control:

1. Establish national coordinating bodies for TB or airborne infection control with specific terms of reference and mandates for integrated national planning for airborne infection control .
2. Develop national guidelines for infection control for preventing the transmission of TB in health facilities, and begin capacity building of programme officers, health care facility administrators, by 2010.

Systems strengthening:

1. Develop and update national costed scale-up plans until 2015, to fully benefit from available financing mechanisms including the recently introduced National Strategy Applications and “single stream financing” mechanisms of the Global Fund.
2. Ensure that the necessary technical assistance and HRD requirements are included and costed in national TB control plans. In this context, review the human resource development plans in line with the document “Planning the Development of HR for the implementation of the Stop TB strategy”.
3. Establish national partnerships and/or TBTEAMS for better co-ordination between NTPs, in-country and external technical and development partners, to optimize technical and financial support to support the implementation of national plans for TB control.
4. Engage with drug national regulatory authorities and professional medical associations to promote the rational use of anti-TB drugs.
5. Focus attention on communication and social mobilization approaches to ensure a patient-centred approach and overcome psychosocial, cultural and financial barriers to ensure better case finding and treatment outcomes.
6. Focus on improving the quality of routine case notifications for all forms of TB, data analysis and use within national programmes, and strengthen programme monitoring and supervision of implementation. Engage with national HMIS and other integrated/joint monitoring and evaluation systems in the longer term.
7. Engage in research into operational approaches for further improving case detection and treatment outcomes, deploying newer diagnostics and improved treatment regimens.

For the consideration of WHO and technical partners:

1. Convene a meeting of the SEAR TWG to discuss the implications of recently revised or new guidelines, including the revised WHO TB treatment guidelines, for the countries of the Region.
2. Promote mechanisms such as national partnership forums and national TBTEAMS for closer co-ordination, communication and sharing of information between respective NTPs, in-country and external partners, to optimize support, and avoid potential imbalances or duplication of efforts.
3. Advocate for and assist in strengthening procurement mechanisms, and for the strengthening of drug regulatory authorities for effective pharmacovigilance and rational use of first- and second-line anti-TB drugs.
4. Coordinate and provide the requested technical assistance for each year, to support the implementation of national TB control plans, including for resource mobilization, towards reaching targets set for 2015.
5. Support NTPs to improve routine surveillance through strengthening notification systems as well as to undertake the necessary population based surveys or special studies to monitor impact of interventions on trends in the epidemic. Support efforts to accurately estimate the burden of TB, (including childhood TB), TB/HIV, M/XDR-TB.
6. Develop a "roadmap" for phased scaling-up of laboratory services in countries and assist countries in developing their national laboratory expansion plans.
7. Work with NTPs to more accurately forecast requirements of first and particularly second-line drugs in the immediate and longer term to boost global manufacturing, and to strengthen procurement and supply management processes to ensure uninterrupted supplies of quality-assured drugs, at all levels in countries.
8. Summarize the evidence from on-going projects in the Region, on the effectiveness and feasibility of IPT among PLHIV, and facilitate in-country implementation of IPT in HIV care settings.
9. Define research priorities in consultation with national programmes and their national and support research activities in countries. Document and disseminate research outcomes to strengthen the evidence to inform national policies and guidelines to improve the implementation of TB control interventions.
10. Finalize and disseminate guidelines and training materials on newer areas, including infection control for the prevention of nosocomial transmission of TB, and ACSM, for adaptation and use in countries.

For the consideration of Ministries of Health:

1. Commit the necessary support for the achievement of universal access to diagnosis and treatment of all forms of TB including TB/HIV and M/XDR-TB by 2015, and in line with the WHA 60 and 62 Resolutions on TB control.

2. Strategically allocate domestic and external resources to build systems capacity for the delivery of all priority health programmes including TB control services, in a sustainable manner.
3. Facilitate the collaboration between NTPs and NAPs to scale up diagnostic HIV testing of TB patients and take steps to improve access for HIV-infected TB patients to ART and CPT; ensure that health facilities with TB services are prioritized for expansion of HIV counseling, testing, and treatment services.
4. Strengthen cross border collaboration for control of priority communicable diseases including TB, utilizing Regional associations, SAARC and ASEAN.
5. Encourage and support in-country manufacturers of anti-TB drugs to comply with national/ international pre-qualification standards to expand the manufacturing base of quality-assured anti-TB drugs in the Region.