

STATUS OF GLOBAL PLAN UPDATES

March 2008

New TB Drugs Working Group

The Working Group on New Drugs (WGND) will update its Strategic Plan in 2008 to incorporate its new strategy on MDR/XDR-TB and outline the additional funding needed to operationalize the Plan. All WGND members will be invited to participate in the Strategic Plan review. The WGND established an MDR/XDR-TB Task Force in 2007, and it is anticipated that, with support from the Secretariat, this Task Force, along with a volunteer writing committee, will meet via teleconference and email to develop the updated Strategic Plan. The WGND aims to publish the updated Strategic Plan in time for distribution at their Annual Meeting, October 2008. WGND members will then be polled annually to assess whether additional structural revisions to the Strategic Plan are necessary.

The WGND will continue to report on progress toward Global Plan milestones and indicators as outlined in the Strategic Plan on an annual basis, as initiated in 2006. In addition, the product of the WGND's drug R&D activity mapping project, the "Global TB Drug Pipeline" will continue to be updated annually and posted on the WGND website. A full-time Secretariat, hired in late 2007, will be responsible for coordinating monitoring and evaluation activities.

Subgroup on Laboratory Capacity Strengthening (SLCS) and Global Laboratory Initiative (GLI)

Laboratory strengthening is gaining importance and partners and financial resources are becoming increasingly interested in engaging in this process. In January 2007, the Subgroup on Laboratory Capacity Strengthening (SLCS) established a Core Group (CG) of international TB laboratory experts to accelerate activities and set the strategic direction for laboratory capacity strengthening. Over subsequent months, the CG worked on a business plan to guide the scale-up of laboratory services. Following the World Health Assembly call in May 2007 for universal access to culture and drug susceptibility testing (DST) by 2015, the SLCS business plan was expanded into a strategic roadmap to guide the massive scale-up of laboratory services as an essential first step in effectively addressing the diagnostic challenges of TB, notably HIV-associated and drug-resistant TB. To maximize the activities of the SLCS and the Supranational Reference Laboratory Network (SRLN), and optimize the network of Stop TB partners involved in laboratory strengthening, a Global Laboratory Initiative (GLI) was proposed to and endorsed by the STP Coordinating Board in October 2007.

The GLI represents a network of international partners involved in laboratory strengthening, with the secretariat hosted in the Stop TB Department of WHO and working closely with partners of the STOP TB Partnership including National TB Programmes, nongovernmental organizations, technical and financial partners, and WHO offices at country and regional levels, in strengthening TB laboratory services.

New TB Diagnostics Working Group

The Working Group on New Diagnostics has recently restructured to facilitate and streamline operations. This restructuring has created a core group representing the major stakeholder groups (including patients organizations, academia, test developers, diagnostic manufacturers, NTP directors, NGOs, and laboratory capacity strengthening experts), and nine WGND Sub-Groups. There are five Sub-Groups with primary responsibility for advancing technologies, three Sub-Groups to provide necessary information around specific issues that should guide tool development and information, and one Sub-Group with responsibility for synthesizing evidence on new diagnostics to inform policy and research. Each Sub-Group is co-chaired by two experts in the relevant field.

A revised Strategic Plan for the WGND was endorsed at the Annual Meeting which took place during the World Lung Health Conference in Cape Town, South Africa in October 2008. Workplans are in the final stages of preparation and endorsement by the membership. The

revised strategic plan incorporating detailed workplans for the Working Group and its Sub-Groups should be completed by July 2008.

The overall aims and objectives remain the same in the revised Strategic Plan.

Key activities aim to:

1. Develop a Scientific Blueprint for the development of TB Diagnostics that will clearly lay out the development and evaluation stages in the value chain of a new diagnostics, and leading to global implementation.
2. Describe an expanded diagnostics pipeline that reflects the explosion in activity aimed at developing new diagnostics for tuberculosis and to help take these diagnostics forward.
3. Develop clear criteria for describing the intended setting for candidate diagnostics tests including the expected level of the health system at which the test may be used, the opportunities for decentralisation of services using the test, its role in special settings such as high HIV prevalence areas or high MDR-TB or XDR-TB prevalence areas.
4. Model the predicted impact of new TB diagnostics.
5. Promote and facilitate the implementation of new diagnostic technologies and predict the laboratory and health systems capacity required for implementation.
6. Improve funding and environment for research.

Working Group on MDR-TB

The Working Group (WG) on MDR-TB has revised the MDR-TB component of Global Plan to STOP TB 2006-2015. The revision addresses the issue of diagnosis and treatment of XDR-TB and incorporate a more rapid scale up of MDR-TB diagnosis and treatment services. The revision focuses on High Priority Countries for MDR-TB, which carry 85% of the global burden of MDR-TB disease in terms of the absolute number of MDR-TB cases and the prevalence of MDR TB cases among all TB cases. Based on the MDR-TB estimates for 2006 published in the IV anti-TB drug resistance report 27 countries are classified as High Priority Countries for MDR-TB. The January 2006 version of the Global Plan states that 800,000 MDR-TB cases should receive adequate treatment. The revised plan is more ambitious and aims to offer adequate treatment to 1.6 million MDR and XDR-TB cases during the period 2007-2015.

Infection Control

The TB Infection Control Subgroup was constituted under the Global TB/HIV Working Group in October 2007. It is addressing the urgent need to reduce the transmission of TB in health care and congregate settings. Special attention is being paid to high or increasing HIV prevalence settings and the emerging MDR-TB and XDR-TB context through the development, implementation, and evaluation of a global TB infection control strategy. The Subgroup is composed of members with broad representation of institutions, professions and countries with experience and/or interest in tuberculosis infection control. Membership is open. The Secretariat is hosted by WHO, and is answerable to the TB/HIV Working Group.

The Subgroup has finalized its terms of reference, and is in the process of selecting a core team. It will be focusing on developing guidance and recommendations for TB infection control in 2008. It is engaged in human resource development (HRD) through the development of an overall strategy for HRD, training materials, and TB infection control course offerings. The Subgroup is also working with partners to develop indicators to be used in monitoring the scale-up of TB infection control globally.

Human Resource Development

The work on providing more detailed guidance on strategic planning of HRD for the implementation of the Stop TB Strategy has resulted in the development of a handbook. This handbook is targeting people who are responsible for developing country specific strategic plans

and annual implementation plans for human resource development for the implementation of the Stop TB Strategy within overall human resources for health development. The first part of the handbook gives a background to the current workforce situation in the health sector and briefly discusses issues and challenges. The Human Resources for Health (HRH) Action Framework and the Stop TB Strategy are introduced. The HRH action framework is then applied to HRD for comprehensive TB control. The second part of the handbook provides information on how to prepare a strategic plan for human resource development in support of comprehensive TB control within the NTP. Finally, in the third section, the structures and processes described in the first two sections are put into practice through a step-by-step description of how to develop the plans. A template for developing a strategic and annual implementation plan for HRD for the implementation of the Stop TB Strategy is included with examples of actions that need to be taken to develop the respective section of the plan. This document is not a comprehensive handbook on various aspects of HRD. However an extensive list of references on various aspects of HRD is included in the Annexes. The Handbook builds on and uses the Human Resources for Health Action Framework diagram.

Emphasis is also put on the need for a close collaboration and coordination between the NTP and the Health System Management/Human Resources for Health Departments of the Ministry of Health and their respective partners to ensure that the health workforce is available and competent to carry out the specific tasks at all levels for the implementation of the Stop TB Strategy.

The strategic plan for HRD for the implementation of the Stop TB Strategy can be either a separate document or fully included in the overall country strategic plan for TB control. Irrelevant of the presentation of the strategic plan it is essential that the NTP goes through the planning process as outlined in the above described document and that the content emerging from this process is reflected in the plans. The document will be available on the Stop TB website shortly.