

TB

Report on the meeting of the second *ad hoc* Committee on the TB epidemic  
Recommendations to Stop TB partners



▾ Montreux, Switzerland, 18-19 September 2003



World Health Organization

Stop **TB** Partnership



on the meeting of the second *ad hoc* Committee on the TB epidemic

**Recommendations to Stop TB partners**

↘ Montreux, Switzerland, 18-19 September 2003



© World Health Organization 2004 All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Photo credits: Global Partnership to Stop TB Image Library  
Design and layout: Kaolis – Montpellier/France

# contents

Members of the second <i>ad hoc</i> Committee on the TB epidemic	p.2
Global targets for TB control	p.3
List of abbreviations	p.4
Introduction	p.5
Recommendations	
<b>1.</b> Consolidate, sustain and advance achievements	p.7
<b>2.</b> Enhance political commitment	p.9
<b>3.</b> Address the health workforce crisis	p.11
<b>4.</b> Strengthen health systems, particularly primary care delivery	p.12
<b>5.</b> Accelerate the response to the TB/HIV emergency	p.14
<b>6.</b> Mobilize communities and the corporate sector	p.15
<b>7.</b> Invest in research and development to shape the future	p.16
Conclusion: next steps	p.17

➤ The 2nd *ad hoc* Committee is convened under the auspices of the DOTS Expansion Working Group (one of six working groups under the Global Partnership to Stop TB).

# MEMBERS OF THE SECOND *AD HOC* COMMITTEE ON THE TB EPIDEMIC

Dr N Billo	International Union Against Tuberculosis and Lung Disease, Paris, France
Dr A Bloom	United States Agency for International Development
Dr J Broekmans	Royal Netherlands Tuberculosis Association (2 <sup>nd</sup> <i>ad hoc</i> Committee Chair)
Dr M Dayrit	Secretary for Health, The Philippines
Ms F Dumelle	American Lung Association, Washington DC, USA
Dr G Elzinga	National Institute of Public Health and Environmental Protection, Netherlands (Chair, TB/HIV Working Group)
Dr S England	Stop TB Partnership Secretariat, Switzerland
Dr M Espinal	Executive Secretary, Stop TB Partnership Secretariat, Switzerland
Dr A Kutwa	National Tuberculosis and Leprosy Programme, Kenya
Dr D Maher	Stop TB Department, World Health Organization, Switzerland
Dr PR Narayanan	Tuberculosis Research Centre, Chennai, India
Prof F Omaswa	Ministry of Health, Uganda
Dr M Raviglione	Stop TB Department, World Health Organization, Switzerland (Chair, DOTS Expansion Working Group)
Dr A Robb	United Kingdom Department for International Development
Dr K Shah	National Tuberculosis Programme, Pakistan
Dr R Tapia	National Tuberculosis Programme, Mexico
Dr K Vink	National Tuberculosis Programme, Estonia (Chair, DOTS-Plus Working Group)
Ms D Weil	World Bank, Washington DC, USA
Prof D Young	Imperial College, London, UK

# GLOBAL TARGETS FOR TB CONTROL

## ↘ **World Health Assembly 2005 targets\***

to detect 70% of smear-positive cases  
to treat successfully 85% of all such cases

## ↘ **G8 Okinawa 2010 targets**

to reduce TB deaths and prevalence of the disease by 50% by 2010

## ↘ **Millennium Development Goals 2015 targets**

Goal 6 Target 8: to have halted by 2015, and begun to reverse, the incidence of priority communicable diseases, including TB (see Millennium Development Goals indicators 23 and 24)

\* In 1991, a World Health Assembly resolution proposed that all countries adopt two TB control targets for the year 2000: to detect at least 70% of all new infectious cases and to cure at least 85% of those detected. During the second half of the 1990s, it became apparent that the year 2000 targets would not be met on time. Thus, WHO convened the 1st *ad hoc* Committee on the TB Epidemic in London in 1998, which made a number of recommendations to strengthen the various elements of the DOTS strategy and accelerate impact. The WHA decided in 2000 to postpone the targets initially set for 2000 until 2005

# LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral treatment
CCM	Country Coordinating Mechanism
DEWG	DOTS Expansion Working Group
DOTS	The internationally recommended strategy for TB control
GDF	Global TB Drug Facility
GFATM	Global Fund to Fight AIDS, TB and Malaria
GLC	Green Light Committee
GPSTB	Global Plan to Stop TB
HBC	High-burden country
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HR	Human Resources
ILO	International Labour Organization
MDGs	Millennium Development Goals
MTEF	Medium-Term Expenditure Framework
NICC	National Interagency Coordinating Committee
NGO	Nongovernmental organization
NTP	National Tuberculosis Programme
OECD	Organization for Economic Cooperation and Development
PRSP	Poverty Reduction Strategy Paper
SWAP	Sector-wide approach
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing (for HIV)
WHA	World Health Assembly
WHO	World Health Organization

# INTRODUCTION

## ▾ With 8.5 million new cases and nearly 2 million deaths annually,

the global TB epidemic has reached an unprecedented scale. Urgent and effective action is necessary to ensure that all those suffering from TB have access to effective care. Setting the mid-term strategic direction for global TB control requires review of progress so far in implementing TB control and analysis of constraints to further progress. Under the auspices of the DOTS Expansion Working Group (DEWG), the 2<sup>nd</sup> *ad hoc* Committee on the TB epidemic has reviewed progress in global TB control, examined constraints to improved TB control in high-burden countries (HBCs) and sought solutions to these constraints through a wide consultative process during 2003. The results of this work are set out in a background document covering fifteen themes, of which five were the subject of consultations held in 2003 (on widening the partnership, social mobilization and advocacy, primary care providers, health system reform and human resources).

The Committee met in Montreux, Switzerland, from 18-19 September 2003, to finalise its recommendations. The target audience of the Committee's report consists of Stop TB partners and others committed to communicable disease control, poverty reduction and development. The Committee sees the main challenge for global TB control as expanding TB control activities across all health care providers and other stakeholders within the health sector, and across a broader range of stakeholders in sectors beyond health.

The United Nations (UN) Millennium Development Goals (MDGs) provide an unprecedented framework and opportunity for international cooperation in redressing the global injustice of poverty, including improving the health of the poor. The Committee recognises health as both a human right and a factor contributing to poverty reduction. The Committee acknowledges the MDGs' global strategic perspective and importance of regional approaches towards meeting the goals, since the rate of progress towards meeting the MDGs varies among regions. For example, based on current trends, sub-Saharan Africa will not meet the poverty or health MDGs until half way through the next century. Translating the global perspective into country action and accelerating progress towards targets depends on regional and national Stop TB partnerships.



Progress in TB control can contribute to improved health and poverty reduction, and depends on actions which are beyond the specifics of TB control. Thus the Committee views TB control as an integral part of the broad strategy for improving health and reducing poverty.

**This implies that for further progress in TB control, the TB constituency must reach out to the broader constituency of governments and agencies committed to accelerating health improvement and poverty reduction. This broader constituency must also support TB control as part of its contribution to achieving the MDGs.**

The Committee made recommendations under seven headings (many of which cut across the different aspects of TB control):

- 1) consolidate, sustain and advance achievements;
- 2) enhance political commitment (and its translation into policy and action);
- 3) address the health workforce crisis;
- 4) strengthen health systems, particularly primary care delivery;
- 5) accelerate the response to the TB/HIV emergency;
- 6) mobilize communities and the corporate sector;
- 7) invest in research and development to shape the future.

# RECOMMENDATIONS

## ▾ 1. Consolidate, sustain and advance achievements

### **The issue**

Sustained and enhanced support is necessary to consolidate and enlarge upon the substantial achievements in global TB control since the 1st *ad hoc* Committee met in 1998. These achievements include the establishment of the Stop TB Partnership, the development of the Global Plan to Stop TB (GPSTB), the creation of the Global TB Drug Facility (GDF) and the Green Light Committee (GLC) of the DOTS-Plus Working Group, and the mobilization of increased funding for TB control from sources including the Global Fund to Fight AIDS, TB and Malaria (GFATM). This consolidation provides the basis for further progress in these areas and progress in developing other key recommendations and areas of activity.

### **General recommendation**

The Stop TB Partnership should demonstrate to the donor community and TB endemic countries the effectiveness and value added of the Stop TB Partnership, GDF, GLC and the Partnership's collaboration with the GFATM. The Partnership should capitalise on the initial success of these initiatives in advocating for the support necessary to maintain and enhance their contribution to achieving global TB control targets, in support of progress towards the MDGs and poverty alleviation.

### **Specific recommendations**

The Stop TB Partnership should

- a) establish, broaden, energise and cross-fertilise activities with a wider range of stakeholders using available mechanisms at global, regional and national level, where opportunities for strengthening country-level partnerships include National Inter-Agency Coordination Committees (NICCs), Sector-Wide Planning and Coordinating Committees, and Country Coordinating Mechanisms (CCMs);
- b) strengthen the working relationship with the GFATM by establishing a joint GFATM-Partnership standing committee;

- c) Negotiate with the GFATM to firstly, ensure the success of GFATM support to grantees, and secondly, build on the current arrangements for procurement of second-line TB drugs through the GLC to position GDF as a preferred first-line TB drug facility of the GFATM;
- d) Seek enhanced and sustained donor support for GDF operations (e.g. technical assistance to countries in drug management and monitoring) and grant function, while continuing to fully explore support for the GDF's direct procurement function;
- e) Advocate for support for TB programme activities using information obtained by defining and monitoring how health system reform policies and Mid-Term Expenditure Frameworks (MTEFs) contribute to health-related MDGs.

## 2. Enhance political commitment

### The issue

The Committee urges intensified efforts to enhance political commitment to TB control (through global advocacy, communications and social mobilization) and its translation into policy and action, to maintain momentum and speed up progress towards the 2005 targets and the 2015 MDGs. While seeking continued support from bilateral development assistance agencies and multilateral organizations (e.g. the World Bank), the Committee welcomes the opportunity provided by the GFATM to scale up resources available to tackle major diseases, including TB, and supports its role both in leveraging more resources and in promoting coordination.

### General recommendations

a) The Stop TB Partnership should explore complementary “top-down” (i.e. led by policy and decision makers) and “bottom-up” (i.e. community-led) approaches to consolidate and raise the position of TB on the development agenda.

b) The Stop TB Partnership should advocate for levels of TB funding which are commensurate with the global burden of TB. This entails seeking financial support for TB control from increased donor resources, by broadening the partnership base to include non-traditional funders, and by catalysing additional national allocations. Funding from this wide range of sources, including the GFATM, should be reliable, predictable and additional to what would otherwise have been funded.

### Specific recommendations

a) The Stop TB Partnership should adopt the 2015 Millennium Development Goal 6 target 8 which pertains to TB and represents an impact target, while retaining the World Health Assembly (WHA) 2005 targets as process targets without which it will not be possible to reach the impact targets.

b) Ministries of Health in countries badly affected by TB should ensure dedicated budget lines for TB control activities.

c) The Stop TB Partnership should work with countries submitting proposals to the GFATM to ensure that the proposals fully reflect national financial needs for TB control and are poverty-focused.

d) The Stop TB Partnership should assist Ministries of Health to address TB control needs as part of poverty reduction strategies and efforts to strengthen health systems.

e) The Stop TB Partnership should explore the following “top-down” approaches to enhancing political commitment and its translation into policy and action:

- lobbying of the highest authorities in national governments, international organizations and the donor community through the WHA, the WHO regional committees, and other global gatherings, especially those related to MDGs and GFATM;
- country by country “political mapping” and analysis of constraints to progress in TB control, and of reasons for successes and failures;
- high-level missions to TB endemic and donor country authorities by Stop TB Partnership representatives;

f) The Stop TB Partnership should explore the following “bottom-up” approaches to enhancing political commitment through mobilization of communities and societies at national and sub-national level:

- supporting countries to develop a specific advocacy, communications and social mobilization plan as part of the NTP’s DOTS expansion plan and to strengthen local partnerships;
- supporting countries to pursue capacity building for advocacy, communications and social mobilization at subnational and local levels;
- supporting countries to develop information systems which include, in addition to epidemiological and NTP coverage indicators, indicators on advocacy, communication and social mobilization to monitor and evaluate the impact of these activities;
- developing clear guidelines on advocacy, communications and social mobilization in collaboration with WHO and other technical agencies, to enable NTPs to rapidly adapt and incorporate these activities in annual action plans;
- strengthening its advocacy, communications and social mobilization efforts, e.g. by instituting and supporting a specific working group within the Stop TB Partnership and with representation on the Partnership’s Coordinating Board.

## 3. Address the health workforce crisis

### The issue

Economic growth depends on assuring and maintaining the health of people, which in turn depends on a healthy, motivated and qualified workforce to deliver prevention and care, accessible to those in need. In many developing countries, health workforce limitations in number, skills, effectiveness and distribution constrain the delivery of effective health care, including high-quality and high-coverage implementation of the DOTS strategy. Many factors underlie these limitations, including administrative barriers to creating and filling posts, an unhealthy work environment, stagnant employment mechanisms, HIV-related illness and death among health care workers in high HIV prevalence countries, and inadequate pay, conditions of service and career opportunities. These problems may cause health workers to leave their jobs in the health sector in general, or the government service in particular, for better opportunities elsewhere.

### General recommendation

The Stop TB Partnership should collaborate with national governments and international bodies to promote the development of policies aimed at a) removing administrative barriers to creating and filling posts and b) promoting terms and conditions of service in the health sector that are attractive to employees. Such policies should cover career opportunities, ongoing training, work conditions, incentive schemes and effective prevention and health care services for the health workers themselves.

### Specific recommendations

#### The Stop TB Partnership should

- a) Collaborate with the relevant Ministries (e.g. Health, Planning, Education) to promote the assessment of human resource (HR) needs in the health sector in general and for TB control in particular;
- b) Assist Ministries of Health to address HR needs as part of poverty reduction processes, e.g. poverty reduction strategy papers (PRSPs) and debt relief through the Highly Indebted Poor Countries (HIPC) Initiative;
- c) Collaborate with governments, financial partners and technical assistance agencies to support the necessary HR planning and training as identified through the analysis of HR needs;
- d) Explore with all stakeholders strategies for further mobilising HR for TB control from the full range of primary care providers, especially community groups and grassroots NGOs;
- e) Urgently explore with all stakeholders specific strategies in countries severely affected by HIV the mobilization of HR to address priority diseases of poverty, including TB.

## 4. Strengthen health systems, particularly primary care delivery

### The issue

TB control requires sustained commitment at all levels to implement sound, evidence-based policies. The Committee recognises that many constraints to improved TB control relate to underlying weaknesses and under-financing of health systems. The Committee advises prioritisation of TB within the health system commensurate with its disease burden. The aim of health system reform is to develop strong, effective and equitable health services which achieve priority health outcomes (including TB) and which are accountable to consumers. Health gains through reform will facilitate the articulation of the case for a share of national resources that is adequate to ensure equitable health systems. Strong health information systems are crucial to guide policy and evaluate disease control progress.

### General recommendations

The Stop TB Partnership should promote collaboration among NTP managers, health policy and decision-makers and those implementing health system reform to:

- a) Ensure that TB control programmes contribute to and build upon broader approaches to health system strengthening and link with other public health interventions;
- b) Enable reflection of TB control needs in the design and implementation of health reform strategies, sector programming and in MTEFs;
- c) Stimulate accountability and monitoring regarding the contribution of health system policies towards achieving the health-related MDGs.

### Specific recommendations

a) The Stop TB Partnership should foster NTP stewardship capacity (as part of national stewardship of health activities) to equip NTPs in their role to guide, manage and coordinate the provision of TB care by the full range of health care providers (including all Ministry of Health and other governmental facilities, NGOs, employers, private practitioners, religious organizations and community groups).

b) The Stop TB Partnership should support NTPs in harnessing contributions by all primary health care providers to TB case finding and cure, through the following actions:

- surveying the range of primary providers and their capacity;
- strengthening links between the formal primary care system and community groups;

- involving as many grassroots groups as possible (e.g. local NGOs and community organizations) with common aims, objectives, strategies and policies,
  - developing Terms of Reference for all primary providers and other partners in national DOTS expansion plans.
- c) The Stop TB Partnership should encourage the partners in the Global TB Monitoring and Surveillance project to:
- intensify collaboration with those groups involved in monitoring and surveillance of other priority public health problems, e.g. HIV/AIDS and malaria;
  - intensify improvements in accuracy of estimates of progress towards TB targets, by strengthening regional and national capacity in monitoring and surveillance.



## 5. Accelerate the response to the TB/HIV emergency

### The issue

The TB/HIV emergency demands an urgent and effective response. Many high HIV prevalence countries are struggling to cope with HIV-fuelled TB. They face the challenges of tackling rising TB incidence and improving sub-optimal treatment outcomes. The main consideration from the TB control perspective is that, as a result of the HIV epidemic, full implementation of the DOTS strategy alone is unlikely to result in declining TB incidence in the nine HBCs in sub-Saharan Africa. This holds true even if these countries would eventually meet the WHA 2005 targets in 2010. Forcing the rising TB incidence downwards requires accessible delivery of the full, integrated strategy of expanded scope to control HIV-related TB. This strategy is defined in the “Strategic framework to decrease the burden of TB/HIV” (developed by the WHO Stop TB and HIV/AIDS Departments and endorsed by the TB/HIV Working Group on behalf of the Stop TB Partnership). Key elements of the strategy include interventions against TB, e.g. intensified case-finding and cure and TB preventive treatment, and interventions against HIV (and therefore indirectly against TB), e.g. condoms, treatment of sexually transmitted infections, and antiretroviral treatment (ART).

### General recommendation

The Stop TB Partnership and HIV/AIDS partnerships, e.g. those linked to the WHO HIV/AIDS Department and to the joint UN programme on HIV/AIDS (UNAIDS), should urgently step up collaboration to deliver the strategy of expanded scope to control HIV-related TB. Collaboration between TB and HIV/AIDS partnerships should involve the identification of areas of mutual benefit and reflect their comparative advantages.

### Specific recommendations

The Stop TB Partnership and HIV/AIDS partnerships should collaborate to support countries in full implementation of the WHO interim policy on collaborative TB/HIV activities, including:

- a) Speeding up progress towards achieving the “3 by 5” goal (3 million people on ART by 2005) by making ART available to HIV-positive TB patients;
- b) Encouraging those responsible for ART delivery to apply lessons learned from TB programmes in the application of sound public health principles to large scale diagnosis and treatment of TB as a chronic communicable disease, and NTPs to apply lessons learned from HIV programmes in social mobilization and advocacy.

## ➤ 6. Mobilize communities and the corporate sector

### The issue

The main focus of TB control activities has traditionally been on government health service providers. Speeding up progress towards global TB control targets requires mobilization of sectors and groups beyond designated government health service providers. The community must be part of the solution to challenges in TB control. Ways of engaging community groups and new sectors such as the corporate sector are likely to be different from the ways of engaging government health service providers. The conduct of the dialogue which the TB community has had with government health services is in line with the procedures of government authority. However, effective dialogue between the Stop TB Partnership and partners in domains other than the government health sector requires a change in the way the dialogue is conducted.

### General recommendations

- a) The Stop TB Partnership should intensify efforts to engage the widest possible range of stakeholders within the health sector and other sectors at global, regional and national levels, to contribute to TB control activities, e.g. civil society groups, employers, representatives of groups of TB patients and HIV activists, the broad HIV/AIDS constituency, the education sector and key multilateral organizations, e.g. the International Labour Organization (ILO).
- b) The Stop TB Partnership should engage with the private (corporate) sector through a dialogue that recognises mutual objectives in advancing human and economic development.
- c) The Stop TB Partnership should engage with community groups through a dialogue conducted in line with the principles of participatory community development.

### Specific recommendations

- a) The Stop TB Partnership should support NTPs through Ministries of Health to incorporate the mobilization of grassroots community groups as an essential part of the strategy to articulate demand for improved health care, including effective TB control.
- b) The Stop TB Partnership should explore ways of increasing collaboration with the corporate sector through:
  - greater corporate sector involvement in Partnership institutional arrangements and ways of working;
  - development, articulation and dissemination of arguments for corporate sector involvement in TB control, e.g. the economic and social benefits of corporate sector activities in contribution to TB control;
  - promotion of links with established corporate sector activities in health, especially in HIV/AIDS programmes;
  - incorporation of TB activities in the development of corporate sector health activities.

## 7. Invest in research and development to shape the future

### The issue

In the short term, it is necessary to scale up research to determine the best ways to implement and monitor the impact of current interventions of proven effectiveness. Capacity for this operational research is an essential component of NTP activities. In the longer term, there is a need for new tools to assist in achieving the goals of the GPSTB, e.g. a more effective vaccine, better diagnostic tests and improved preventive and therapeutic approaches. Given the current level of activity in these areas of research and their relevance to global TB control, the Stop TB Partnership Working Groups on new vaccines, diagnostics and drugs must develop close collaborative relationships primarily with the DEWG but also with the other two implementation working groups (on drug-resistant TB and TB/HIV).

### General recommendation

The Stop TB Partnership should ensure the framework in which the working groups promoting the development of new tools can interact effectively with the DEWG and the other two implementation working groups, to align the opportunities provided by the research community with the needs of TB control service providers.

### Specific recommendations

- a) The Stop TB Partnership should work with the research community:
  - to advocate for new tools;
  - to lobby research funding agencies for increased financing of TB research;
  - to lobby pharmaceutical companies for increased involvement and investment in TB research;
  - to clearly define the characteristics required for useful tools;
  - to clearly define the economic justifications and social benefits for the development of new tools;
  - to foster partnerships between researchers and trial sites, particularly in developing countries.
- b) The Stop Partnership should promote the operational research necessary to:
  - (i) address constraints to patient demand and participation in TB care and control;
  - (ii) ensure maximum contribution to TB control of the full range of health care providers, e.g. local NGOs and other community groups, private practitioners, employer health services; and
  - (iii) assess progress in ensuring the equitable distribution of coverage by the DOTS strategy across all socioeconomic groups.
- c) The Stop TB Partnership Coordinating Board should develop and articulate arguments in favour of building increased research capacity to encourage Organization for Economic Cooperation and Development (OECD) countries to increase their funding for this activity.

# CONCLUSION: NEXT STEPS

The DOTS Expansion Working Group and Stop TB Partnership Coordinating Board endorsed the second *ad hoc* Committee's report at their meetings in The Hague on 7-8 October and 10 October 2003 respectively. The Stop TB Partnership secretariat will ensure wide dissemination of the report and the background document prepared for the Committee meeting and coordinate the process of identifying the main stakeholders responsible for putting into action its recommendations. This will involve all the Stop TB Partnership Working Groups. The Stop TB Partners' Forum in New Delhi early in 2004 provides the opportunity for all partners to indicate their contribution to putting the recommendations into action. The report will feed into the work of the Millennium Development Goals Project and the revision of the GPSTB. As the lead UN agency for health, WHO has a particular role in disseminating the report to Member States through the WHO regional offices.



TB

Report

Stop TB Partnership

A partnership hosted by the World Health Organization  
20, Avenue Appia - CH-1211 Geneva 27 - Switzerland

Tel: +(41) 22 791 21 11

Fax: +(41) 22 791 48 86

E-mail: [stoptb@who.int](mailto:stoptb@who.int)

Web site: [www.stoptb.org](http://www.stoptb.org)