

Round table discussions 1: Perspectives from Implementers

Topic 1 Different approaches to tuberculosis laboratory (TB Lab) capacity building, support networks and quality assurance

10:15 – 10:55

Chair Leen Rigouts, rapporteur Subhadra Nandakumar

TB diagnostic laboratories play an important role within the TB diagnostic network. A combination of clinical, microbiological and molecular techniques is used in identifying TB, determining drug resistance and in guiding appropriate treatment. To meet the goals of WHO End TB strategy it is essential to ensure that the countries' National TB Programs have functional and well supported TB diagnostic laboratories that are fully integrated within the TB diagnostic network.

Five minutes per speaker.

A) The African Society of Laboratory Medicine (ASLM)

Describe the role of ASLM community of practice on disseminating evidence about new TB diagnostics tools to accelerate adoption and uptake at the country level. Which actors need to be engaged for impact, what processes are used?

B) SRL Cotonou

Describe involvement of SRL Cotonou in implementing a Global Fund funded regional approach to TB lab strengthening including the provision of mycobacteriology training with a focus on quality assurance. What were enablers for success and what challenges remain for African Francophone countries specifically?

C) SRL Brisbane

Western Pacific Region is unique with its own challenges: aging population, geography (e.g. remoteness, island states), diverse epidemiological TB burden, high burden of non-communicable diseases and non-tuberculous *Mycobacteria*. What role does SRL Brisbane play to ensure high standard of TB diagnosis is maintained for the countries that it supports. Discuss the highlights and the obstacles faced. What are the lessons learnt?

Topic 2 Last mile service delivery for vulnerable populations under changing and challenging circumstances

10:55 – 11:45

Chair Sushil Pandey, rapporteur Valerie Donkeng

TB case detection remains the weakest link in the cascade of care with 3.1 million cases undiagnosed in 2022 globally. This gap is exacerbated in children due to low bacillary load, challenges for collection of respiratory samples and limited access to sensitive diagnostic tools. Moreover, WHO reports that 1 in 8 persons globally is either a migrant or forcibly displaced due to conflicts or natural disasters. Many of these individuals live in poverty and overcrowded conditions, severely limiting their access to essential health services, including TB diagnosis. This topic will focus on how we best can address specific needs of these vulnerable populations and to provide access to differentiated testing services to effectively overcome the diagnostic gap for all.

Five minutes per speaker.

A) MSF

Your organization just published in mid-October the results of a survey of paediatric tuberculosis policies across 14 countries in Africa and Asia completed as part of the [TACTIC](#) initiative aiming to Test, Avoid, Cure TB in Children. Discuss the findings of the diagnostic component of the survey specifically and how this should inform TB programming efforts to overcome the testing gap in this specific population moving forward.

B) KNCV

Your organization has played a pivotal role in reducing the diagnostic gap in children, specifically by promoting innovative, non-invasive and non-sputum-based method for TB diagnostic, as exemplified by the GLI Practical manual of processing stool samples for diagnosis of childhood TB. Looking at lessons learnt from adoption and roll out (of this method) at country level, what were the critical operational bottlenecks in implementation? How, in your view, could these be proactively addressed for other upcoming non-sputum-based tests?

C) IOM

In 2023, 50 UN member states adopted [the Rabat declaration](#) which aims to promote the inclusion of refugees and migrants in national health systems. Describe the work that IOM has been doing to support the differentiated delivery of TB testing services to displaced populations. What are the principal areas of need and collaboration needed to improve access in humanitarian settings?

D) Stop TB Partnership

The Stop TB Partnership is working extensively with communities and “finding the missing people”. Describe the work you are doing to reach to the lowest levels of the health care system and what the most effective approaches to scale up community-based or differentiated TB testing services are?

Topic 3 Implementation research impact on programs and translation into practice 11:45 – 12:35

Chair Andrea Cabibbe, rapporteur Subhadra Nandakumar

TB research and innovation is one of the 3 pillars of the End TB strategy. With an expanding TB diagnostics pipeline, implementation research allows production of knowledge on optimal interventions, policies, and practices to accelerate adoption and scale up of new tools in routine setting. Providing such practical evidence is key to ensure program success and sustainability, reduce barriers to efficient service delivery and enable outreach and benefit for the intended populations.

Five minutes per speaker.

A) SRL Johannesburg and FIT/VN

Which types of research should be prioritized to advance testing programs locally and globally? Do these have ideal budgets or timelines?

B) The Union

Are there models of regional/ country program leadership and collaboration that should be amplified for success? What interventions is your organisation focusing on in the context of the project Contributing to the Elimination of Tuberculosis in Africa (CETA)

C) TDR

What does successful stakeholder engagement for research look like across programs, civil society, donors, and implementing organizations? Based on the experience of WARN and CARN initiatives, what were (or are) the keys for translating implementation research into routine practice?