



# Summary from Day One

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TB Supranational Reference laboratory Network*

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# Action points



- Presentations from the consultation to be uploaded to the GLI website with the meeting report.
  - <http://www.stoptb.org/wg/gli/>
- Draft WHO TB Bio-safety Manual to be circulated to the SRLN for comment following final feedback from expert working group members. Expected time line for distribution mid May 2010.
- Coordinate the update of the SRLN on the GLaDMap global laboratory database.
  - <http://www.gladmap.org>
- Use email to communicate to SRLN updates to WHO policy guidance on the GLI website
- Establish a technical working group QA of DST to discuss:
  - Interpretative criteria for "difficult strains"
  - Should QA be limited to INH/RIF/quinolones/injectables

# TOR for the SRLN (1)



## Programmatic

1. Liaise with Global Laboratory Initiative (GLI) technical partners, National TB Reference Laboratories (NRLs) and National TB Programmes (NTPs) to facilitate implementation of WHO policy guidance on TB diagnostics and laboratory norms and standards.
2. Support the integration of quality TB diagnostic services within national laboratory strategic plans incorporating cross cutting laboratory issues including supply management, specimen transport and referral and human resource development.
3. Advocate for TB laboratory worker protection with use of current WHO TB bio-safety recommendations.
4. Support development of M&E indicators starting with a good data management system
5. Provide guidance on quality management systems for a process towards NRLs achieving accreditation.

# TOR for the SRLN (2)



## Technical

*Serve as the focal point for coordination of technical assistance to NRLs to enable:*

1. Proficiency monitoring of the NRL\* performing drug susceptibility testing of *M.tuberculosis*
2. The provision of guidance to NRL microscopy networks on implementation of quality assured AFB microscopy
3. Support to countries with technical assistance to develop capacity and proficiency performing conventional and new WHO endorsed techniques including:
  1. Microscopy methods
  2. Culture and identification methods
  3. Drug susceptibility testing (phenotypic and molecular methods)
4. Assistance with the development drug resistance survey (DRS) protocols, data validation, and quality assurance as required
5. Provision of testing against second-line drugs (for both patient management and surveillance) until NRLs establish capacity
6. On-site technical training or in-house training of NRL staff as needed
7. Advice on the laboratory component of the GF country proposals
8. Assistance with operational research, if relevant, on the introduction of new laboratory tools

\*designated lab in the country

# Eligibility and incriteria for SRLs



1. Officially recognized by the National Health Authority or Ministry of Health
2. National Level TB Reference Laboratory supervising a functional national or sub-national network of lower level laboratories.
3. Expertise, bio-safety and equipment to perform AFB microscopy, culture, identification and drug susceptibility testing (DST) of *M. tuberculosis* using phenotypic and molecular methods according to current WHO policy guidance.
4. Conform to International standards to perform TB testing
5. Proven DST proficiency with sufficient workload levels to maintain proficiency (participated in at least 2 consecutive rounds of SRLN proficiency testing)
6. Proven potential (including human resources, infrastructure and equipment) to support laboratories in other countries (as per SRL TOR)
7. Established or capacity to develop working relationships with the NRL in other countries through formal links
8. Commit to provide the minimum SRL service requirements which are to:
  - Establish formal links with at least two countries
  - Based on country needs, provide technical assistance/training at least 3 times over biennium (both in-house and through country visits)
  - Provide reports to WHO on SRL services to countries.

# Issues to consider in linking SRLs with NRLs?



- Political implications / Political history
  - Cultural or language differences
  - Country size and disease burden
  - Appropriate geographical linkages
  - Experience of the Head of the SRL
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- MoU established between candidate SRL with ministry of Health of the supported country

# Analysis

