Proposed TORs for the SRLN

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• What is an SRL?
• What should an SRL do?....Proposed TORs
5 in Western Pacific
13 in Europe
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2 in SE Asia
1 in Eastern Mediterranean

Coordinating Centre
SRL
What is good about the SRLN?

- 29 Laboratories across all six WHO regions
- The biggest technical resource of the GLI

.................BUT is under utilised!!

- Laboratory network with excellent technical capacity and expertise
- Has good demonstrated proficiency in DST
- Has laboratory facilities for training
What is NOT so good about the SRLN?

- Concentration of SRLs in Europe
- Only two SRLs in Africa
- Not enough SRLs linked to francophone countries
- Overlap between SRLs supporting different countries
- Technical assistance not well co-ordinated
- Some countries are not linked to an SRL
What is NOT so good about the SRLN?

- Not all SRLs have expertise in building microscopy networks in resource limited settings.

- The in-country support is not evenly shared across the SRLN
  - Some SRLs support several countries while others do not support any country

- The level of technical support provided to countries by each SRL differs widely.
What do countries need?

- Countries need technical assistance in establishing national policy on culture and DST
- Training of staff to build a cadre of skilled laboratory personnel
- Guidance for implementing quality assurance mechanisms for smear microscopy, culture and drug sensitivity testing (DST)
- Assist with implementation of new tools
- Ensure regular drug resistance surveys (DRS) or continuous drug resistance surveillance
- Establish laboratory support for MDR-TB diagnosis and treatment monitoring.
- Assistance with operational research
What should be the role of an SRL?

- Original TORs developed to support WHO-IUATLD Global Project on TB DRS.
  - Have a permanent and functional laboratory
  - Support at least two countries with DST proficiency testing for EQA of DRS
  - Provide training on culture and DST as needed
  - Demonstrate ongoing proficiency in DST
Country needs and the SRLN

• Country needs are now not matched with the original TORs of the SRLN

• We need to re-define what is an SRL?
Country needs and the SRLN

- Do we have different skill sets within the SRLs?
- Do we have different levels TA capacity within the SRLN?
  - QA for microscopy, culture /DST, line probes, training, laboratory strategic plans, accreditation
- Do countries need to be linked to multiple SRLs?
- Do we need SRLs with specialised global or regional functions?
- How will this impact on coordination of the SRLN?
How do we define an SRL?

- Liaise with GLI technical partners and NTPs to implement WHO policy guidance on TB diagnostics
- Monitor proficiency of NRL in performing DST
- Support countries with technical assistance for:
  - quality assured AFB smear microscopy (including basic techniques, FM and EQA)
  - quality assured culture, identification and DST (including LPAs)
  - DRS protocols, data analysis, and quality assurance
- Testing for 2nd line drugs (for both patient management and surveillance) until NRLs have such capacity
- Advocate for lab worker protection with use of current WHO TB biosafety recommendations
- Support development of M&E indicators starting with a good data management system
- On-site training [of NRL staff]
- Support strategic laboratory planning with NRL together with NTP
- Provide TA on supplies and equipment as well as supply management
- Provide TA on national/international TB biological samples transport
- Support adaptation and dissemination of international standardized guidelines, manuals, and new tools?
## Locations of the SRL

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