

Current status of SRL Network

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Outline

- Review TORs and eligibility and inclusion criteria;
- Candidate SRLs
- Mapping the Network
- Challenges for the Network
- Funding the network
- Outstanding questions

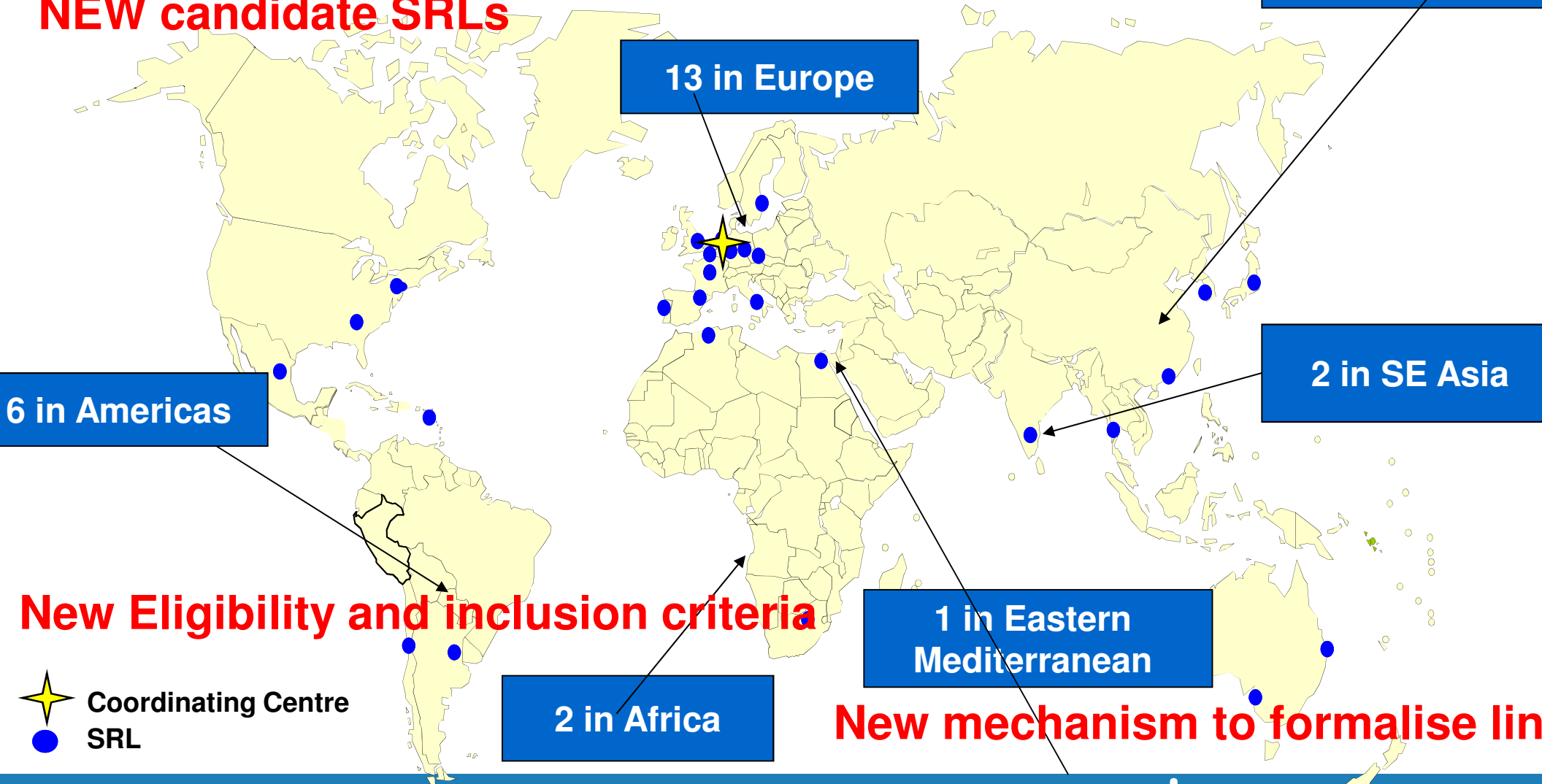


SRLN

TB SUPRANATIONAL REFERENCE LABORATORY NETWORK

NEW TORs

NEW candidate SRLs



TOR for the SRLN (1)

ogrammatic

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.

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.

Advocate for TB laboratory worker protection with use of current WHO **TB bio-safety** recommendations.

Support development of M&E indicators starting with a **good data management system**

Provide guidance on **quality management systems** for a process towards NRLs achieving accreditation.



TOR for the SRLN (2)

chnical

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

efficiency monitoring of the NRL* performing drug susceptibility testing of *M. tuberculosis*

The provision of **guidance to NRL microscopy networks** on implementation of quality assured AFB microscopy

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)**

Assistance with the development **drug resistance survey (DRS) protocols**, data validation, and quality assurance as required

Provision of testing against **second-line drugs** (for both patient management and surveillance) until NRLs establish capacity

On-site technical training or in-house training of NRL staff as needed

Advice on the laboratory component of the GF country proposals, assistance with operational research if relevant, on the introduction of new laboratory tools

Eligibility and inclusion criteria 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. **Proven DST proficiency** with sufficient workload levels to maintain proficiency (participated in **least 2 consecutive rounds** of SRLN proficiency testing)
5. Proven potential (including human resources, infrastructure and equipment) to support laboratories in other countries (as per SRL TOR)
6. Established or capacity to develop working relationships with the NRL in other countries through **formal links**
7. **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.



New Candidate SRLs

Four laboratories have been designated as candidate SRLs

- Denmark Copenhagen – Stockholm Sweden (Mentor)
- Kampala, Uganda – Antwerp, Belgium (Mentor)
- Cotonou, Benin – Antwerp, Belgium
- Aga Khan Hospital, Karachi, Pakistan – Antwerp, Belgium
 - Now need functional linkages established with other NRLs

Issues to consider in linking Candidate SRLs with NRLs

- Political implications / Political history
- Language differences
- Country size and disease burden
- Appropriateness of geographical linkages
- Experience of the Head of the SRL
- Collaboration agreement established between candidate SRL with ministry of Health of the supported country

SRL MAPPING

Undertaken in early 2012 where all SRLs and Candidate SRL responded to a standard set of questions developed by the GLI core group

- Responses received from 26/29 SRL and 4 candidate SRLs
- 3 SRLs did not respond
- The levels of support provided by SRLs varies greatly
- Not all SRLs provide in country support
- Several SRLs only send DST panels
- No means of verification of reported activities

Stockholm

Borstel

Milan

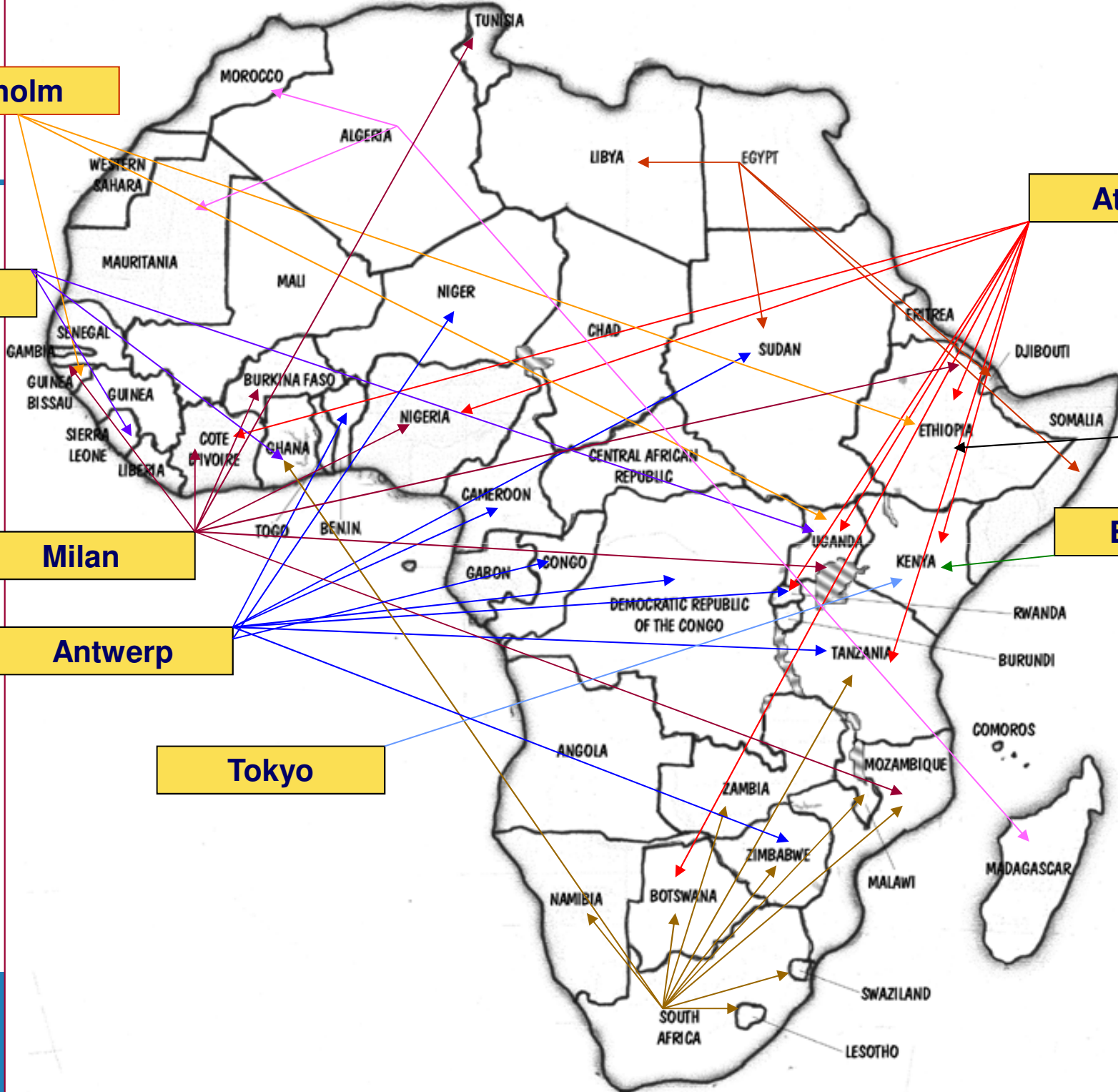
Antwerp

Tokyo

Atlanta

Bilthoven

Brisbane



Collaboration Agreements based on TORs

- 95 collaboration agreements concluded or “*in progress*”
- 84 linkages indicated without any formal agreement
- Up to 5 SRLs reported linkages with the same country
- Several countries appear to be linked with more than one SRL
- Several low/low-middle income countries with no SRL link
- Need to establish a process for SRL to nominate to support countries that do not have an SRL agreement

Low/low-middle income countries without SRL linkage

AFRO

- Angola (LMC)
- Cape Verde (LMC)
- Chad (LIC)
- Comoros (LIC)
- Congo (LMC)
- Guinea (LIC)
- Guinea-Bissau (LIC)
- Liberia (LIC)
- Sao Tome and Principe (LMC)

AMRO

- Belize (LMC)
- Guyana (LMC)

EURO

- Russian Federation (UMC)

WPRO

- Several PICs

Nomination process

- How should Candidate SRL /SRLs establish links with regional NRLs?
- If no formal link exist between and SRL and an NRL – should there be a call for nominations from the network to enable the MoH, NTP to select their preferred available SRL?
- How do we ensure NRLs are satisfied with the services provided by the SRL? Should we conduct a customer satisfaction survey?
- How can the network better share the responsibilities for providing in-country support so that a few SRLs are not over-burdened?

Linkages between NRL and SRL

- How to resolve a situation when multiple SRLs claim a link with a NRL to ensure that the NRL is supported in a coordinated way?
 - Should only an SRL with a collaboration agreement with the NRL be considered the official SRL?
 - Multiple linkages can be synergistic if the activities are coordinated e.g. sharing of mission reports, proficiency test results, joint development of TORs.
 - Other mechanisms



In-country technical Support

- Not all SRLs provide regular in-country support
- Many SRLs only have one person able to visit countries
- Only a few SRLs have different staff with different expertise that represent an SRL on different types of missions.
- Therefore.....
 - Need to have some succession planning
 - Need to develop a cadre of new consultants
 - Propose an SRL mentoring programme that builds capacity in each SRL with individuals within or outside the SRL

Proficiency Testing

- The role of the coordinating centre in sending DST panels to SRLs and non-SRLs
- For many SRLs, re-sending panels is their only activity.
 - Should shipment of panels be centralized/regionalized?
 - Should there be different panels for SRLs and NRL in terms of number of samples and resistance patterns of strains?
 - Resending panels - is it cost-efficient?
 - Should this be developed as a commercial venture?
- Expansion of the LPA / Xpert MTB/RIF proficiency testing being piloted by WHO

Funding Mechanisms

- WHO currently has funds for the SRLN to support in-country technical assistance in high TB and MDR-TB setting and in Global Fund supported countries.
- A call for proposals elicited responses for funding from only 10 SRLs
- WHO currently funds the proficiency testing for DST, LPA and Xpert MTB/RIF
- WHO cannot fund staff positions in an SRL but can support costs for consultants linked to an SRL, providing TA on behalf of the SRL



Reporting mechanisms

- The first element in TOR for the WHO / GLI SRL Network

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

- Each SRL visiting a country must act as a representative for WHO and all guidance should be consistent with current policy guidance
- Where guidance differs from WHO – need for this to be indicated as a personal guidance
- Technical reports from SRLs should be submitted to WHO for all missions regardless of funding sources
- WHO to establish a repository of reports – can these be shared widely?

Outstanding questions for the SRLN

- The process for linkages between SRL /NRL
 - Customer satisfaction survey
- Coordinating technical assistance
- Reporting on TA missions – report depository
- SRL mentorship programme – expanding availability of consultants building capacity in partnership with the SRLN.
 - How to share the burden of TA beyond a few?
- Proficiency testing – can it be expanded, centralized or regionalized
- Why so few funding requests?
- Should the membership of the network be further rationalized

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