Executive summary of report on the meeting of the second *ad hoc* Committee on the TB epidemic

Montreux, Switzerland
18-19 September 2003

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).

Contents

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**

  to have halted by 2015, and begun to reverse, the incidence of priority communicable diseases (including TB)

List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral treatment
CCM	Country Coordinating Mechanism
DEWG	DOTS Expansion Working Group
DOTS	The global strategy to control TB
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	Non-Governmental 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
WHA	World Health Assembly
WHO	World Health Organization

Introduction

The unprecendented scale of the global TB epidemic requires urgent and effective action. 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 2nd *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 proposed solutions to these constraints. The Committee met in Montreux, Switzerland, from 18-19 September 2003 to finalise its recommendations, based on consideration of a background report developed through a wide consultative process throughout 2003. The background report of the *ad hoc* Committee covers fifteen themes, of which five were the subject of consultations held in 2003 (on widening the partnership, social mobilisation and advocacy, primary care providers, health system reform and human resources). 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 the health sector.

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 that health is both a human right and also a contributing factor in poverty reduction. Although the MDGs' strategic perspective is global, the Committee acknowledges the importance of regional approaches towards meeting the goals, since the rate of progress towards meeting the MDGs varies between 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. Regional and national level Stop TB partnerships are necessary to translate the global perspective into action at country level and accelerate progress towards targets.

The Committee views TB control as an integral part of the broad strategy for improving health in contribution to poverty reduction. This is because at the same time that progress in TB control contributes to improved health and poverty reduction, sustainable progress in TB control depends on actions which are beyond the specifics of TB control, i.e. part of the broad health improvement and poverty reduction agenda. **Thus the implications are that the TB community must reach out to the broader health improvement and poverty reduction community for further progress in TB control, and that the broad health improvement and poverty reduction community must support TB control in contribution to achieving the MDGs.**

Acknowledging that certain issues, e.g. TB/HIV and equity, cut across many aspects of TB control, the Committee made recommendations under seven headings: 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 HIV/AIDS emergency; 6) mobilise communities and the private 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 TB control since the 1st *ad hoc* Committee met in 1998. These achievements include the establishment of the Stop TB Partnership, the creation of the Global TB Drug Facility (GDF) and the Green Light Committee (GLC) of the DOTS-Plus Working Group, and the mobilisation 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

- 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);
- strengthen the working relationship with the GFATM in order to a) ensure the success of GFATM support to grantees, and b) build on the current arrangements for procurement of second-line TB drugs through the GLC in order to position GDF as the first-line TB drug facility of choice of the GFATM;
- seek enhanced and sustained donor support for GDF operations and grant function;
- 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 urged intensified efforts to enhance political commitment to TB control (through global advocacy, communications and social mobilisation) and its translation into policy and action, in order to maintain momentum and speed up progress towards the 2005 targets and the 2015 MDGs. While seeking continued support from bilateral development assistance agencies, the Committee welcomed the opportunity provided by the GFATM to scale up resources available to tackle major diseases, including TB, and supports its role both in levering more resources and in promoting cooordination.

General recommendations

a) The Stop TB Partnership should explore complementary "top-down" and "bottom-up" approaches to consolidate and raise the position of TB on the development agenda, both internationally and nationally.

b) The Stop TB Partnership should seek financial support from an increased donor budget, 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 MDGs relevant to TB control (impact targets) , 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) The Stop TB Partnership should advocate to the GFATM that levels of TB funding should be commensurate with the burden of TB globally and be poverty focused.

c) 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 country 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;
- political mapping and analysis in individual countries of constraints to progress in TB control;
- high-level missions to TB endemic and donor country authorities by Stop TB Partnership representatives;

d) The Stop TB Partnership should explore the following "bottom-up" approaches to enhancing political commitment through mobilisation of communities and societies at national and sub-national level:

- supporting countries to develop a specific advocacy, communications and social mobilisation 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 mobilisation at subnational and local levels;
- supporting countries to develop information systems which include, besides epidemiological and NTP coverage indicators, new indicators on advocacy, communication and social mobilisation to monitor and evaluate the impact of these activities;
- developing clear guidelines on advocacy, communications and social mobilisation in collaboration with WHO and other technical agencies, in order to enable NTPs to adapt and incorporate as soon as possible these activities in annual action plans;
- strengthening its advocacy, communications and social mobilisation 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 for 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. They 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 develop 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, and effective prevention and health care services for the health workers themselves.

Specific recommendations

The Stop TB Partnership should

- 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;
- assist Ministries of Health to address HR needs as part of poverty reduction processes, e.g. poverty reduction strategy papers (PRSPs), debt relief through the Highly Indebted Poor Countries (HIPC) initiative;
- 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;
- 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.

4. Strengthen health systems, particularly primary care delivery

The issue

TB control requires sustained commitment at all levels in implementing sound, evidence-based policies. The Committee recognizes 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. Health system reform aims at developing strong, effective and equitable health services which achieve priority health outcomes (including TB) and which are accountable to consumers. Equitable health systems require adequate financing. Health gains will facilitate the articulation by the health sector of the case for an appropriate share of national resources, i.e. building the evidence for future investment. 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 in order to:

- enable reflection of TB control needs in the design and implementation of health reform strategies, sector programming and in MTEFs;
- ensure that TB control programs contribute to and build upon broader health system strengthening approaches and link with other public health interventions;
- Stimulate accountability and monitoring on how health system policies contribute towards the health-related MDGs.

Specific recommendations

a) The Stop TB Partnership should, as part of fostering national stewardship of health activities, foster NTP stewardship capacity to equip NTPs in their role to guide, manage and coordinate the provision of TB care by the full range of health care providers.

b) The Stop TB Partnership should explore ways of harnessing the contribution to TB control activities of **the whole range of health care providers** (including all Ministry of Health and other governmental facilities, NGOs, employers, private practitioners, religious organizations and community groups) in order to promote and accelerate progress towards global TB control targets. This will require 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) who share consensus on aims, objectives, strategies and policies,
- developing Terms of Reference for all 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 HIV/AIDS emergency

The issue

Many high HIV prevalence countries are struggling to cope with HIV-fuelled TB, with rising TB incidence rates and sub-optimal treatment outcomes. The main consideration from the TB control perspective is that full implementation of the DOTS strategy alone is unlikely to result in declining TB incidence in the nine HBCs in sub-Saharan Africa on account of HIV. This holds true even in the case that these countries would eventually meet the 2005 targets in 2010. Forcing the rising TB incidence downwards requires accessible delivery of the full, integrated TB/HIV care and prevention package (as defined in the global TB/HIV strategic framework), including antiretroviral treatment (ART).

General recommendation

The Stop TB Partnership and HIV/AIDS partnerships, e.g. the joint UN programme on HIV/AIDS (UNAIDS), should urgently step up collaboration to identify areas of mutual benefit, taking into consideration their comparative advantages, in order to be able to deliver the strategy of expanded scope to control HIV-related TB.

Specific recommendations

The Stop TB Partnership and HIV/AIDS partnerships should collaborate to:

- support countries in full implementation of the HIV/AIDS care package, which includes accessible and effective TB care;
- speed up progress towards the "3 by 5" goal (3 million people on ART by 2005) by making ART available to HIV-positive TB patients;
- encourage ART programmes to make use of 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 make use of lessons learned from HIV programmes in social mobilisation and advocacy.

6. Mobilise communities and the private 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 mobilisation of sectors and groups beyond designated government health service providers. Ways of engaging these new sectors and groups 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 Coordinating Board 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. Similarly, 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 the Ministries of Health to incorporate the mobilisation 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 Coordinating Board should explore ways of increasing collaboration with the corporate sector through:

- great 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;
- promoting links with established corporate sector activities in health, especially in HIV/AIDS programmes.

7. Invest in research and development to shape the future

The issue

In the short term, there is a need 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 NTPs. In the longer term, there is a need for new tools to assist in achieving the goals of the Global Plan to Stop TB (GPSTB), e.g. a more effective vaccine, better diagnostic tests and 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 (drug-resistant TB and TB/HIV).

General recommendation

The Stop TB Partnership should ensure the framework in which the interaction between the new tools working groups with the DEWG and also with the other two implementation working groups can occur, so that opportunities provided by the research community can be aligned with the needs of the TB control community.

Specific recommendations

a) The Stop TB Partnership should work with the research community:

- to advocate about the need 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: (a) address constraints to patient demand and participation in TB care and control; and b) 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.

c) The Stop TB Partnership Coordinating Board should develop and articulate arguments in favour of increased research capacity building to encourage Organization for Economic Cooperation and Development (OECD) countries to increase their funding for this activity.

Next steps

The second *ad hoc* Committee will seek endorsement of its report at the DOTS Expansion Working Group and Stop TB Partnership Coordinating Board meetings in The Hague on 7-8 October and 10 October 2003 respectively. The Stop TB Partnership secretariat will ensure the report's subsequent wide dissemination. The challenge following the endorsement, publication and dissemination of the report is to put into action its recommendations, which will involve all the Stop TB Partnership Working Groups. The Stop TB Partners' Forum in New Delhi on 4-5 December 2003 provides the opportunity for all partners to discuss their roles in putting the Committee's recommendations into action. The report will contribute to the work of the Millennium Development Goals Project and to the revision of the GPSTB.

Annex: Members of the second *ad hoc* Committee on the TB epidemic

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