

International Standards for Tuberculosis Care:

Planned sequence for development and endorsement

The following is the planned sequence of steps for developing and endorsing the International Standards of Care.

1. The current draft will be presented to the Public-Private Mix Group at its meeting in Manila next month. The group is a very good one and an important use of the standard will be to influence the private sector, so this should be a useful forum.
2. A revised draft (third draft) will be presented to STAG. This is a very broad-based influential group that advises WHO on TB control.
3. Immediately following the STAG the draft will be presented to a meeting of WHO regional and country TB advisors. Their buy-in will be critical to having the NTPs buy-in.
4. We will have a writing group meeting at the time of STAG and the advisors meeting with the intent of having STAG and the advisors endorse the draft before leaving Geneva.
5. With the endorsements of STAG and the advisers, the plan is to begin marketing the document for broad endorsement, beginning with the TBCTA partners, expanding to the organizations that have members who participated on the Steering Committee and then further expanding to include targeted organizations such as medical professional societies, nursing societies, academic programs in nursing and medicine, and additional NTPs.
6. In October the draft will be presented and discussed at the "megameeting" of the 3 implementation working groups of the Stop TB Partnership. DOTS Expansion, TB-HIV, and DOTS Plus. This meeting should provide the forum/consensus meeting that I had proposed in the original plan
7. At the same time (or preceding the megameeting) the IUATLD will have the draft reviewed by a group of about 10 of their international consultants.
8. The consultants review will be in preparation for presentation at a special session at the IUATLD conference in Paris.
9. Following the session at the IUATLD, the document will be made final and distributed by the end of the year.
10. The one additional step that we plan is journal publication.

Making the Standards Operational:

Possible approaches

There are a number of activities that could be undertaken to make the standards operational. Most of the activities would be most effectively undertaken at country level and could quite logically be supported by USAID country missions or other external donors.

1. Probably the major approach would be to develop a curriculum, with training materials based on the document, directed toward pre-service (medical, nursing, clinical officer) students and in-service training.
2. Professional (nursing and medical) societies should be enlisted to deliver trainings to their members and others (as in the Philippines) using locally adapted training materials.
3. Professional (nursing and medical) societies should also be enlisted to develop programs that certify (complete with certificate) their members (and others) as providers of a high standard of tuberculosis care.
4. The document should be used as the central element of any contracts, MOUs etc developed between NTPs and private providers to deliver DOTS services. This can probably be done through the PPM group without any additional funding.
5. Community organizations should be encouraged to develop compacts with providers in the community, specifying that the providers are delivering care that is consistent with the standards.
6. A patient organization is working on a companion document that will be something on the order of patient rights and responsibilities. This could be quite important in making the standards operational as well as being an important document in its own right.
7. I think it would be particularly important to develop and implement methods to evaluate impact of the standards at country or lower levels.
8. In addition to journal publication I think that the standards plus the evidence base could be published as a freestanding booklet. Ideally, the patient document would be included.