



Stop TB Partnership

SUMMARY SHEET

AGENDA NR. 2.10-9.0	SUBJECT	GLOBAL TB CONTROL REPORT 2010 + TASK FORCE ON TB IMPACT MEASUREMENT
FOR INFORMATION <input checked="" type="checkbox"/>	FOR DISCUSSION <input checked="" type="checkbox"/>	FOR DECISION <input type="checkbox"/>

RATIONALE: The 2010 WHO report on global TB control will be launched in November and an advance briefing for the Coordinating Board has been requested. The work of the WHO Global Task Force on TB Impact Measurement is closely related to the analyses included in the report. The work of the Task Force was presented to the Coordinating Board in October 2008 and November 2009. An annual update is due at the October 2010 meeting, to keep the Coordinating Board informed about progress and to seek their continued support, including for resource mobilization.

SUMMARY:

A. Global report 2010

The 2010 WHO report includes the usual wealth of information and analysis as previous reports in the series. Four features worth highlighting are that data are more up-to-date, several new analyses are included, estimates of the case detection rate are presented for all forms of TB only (estimates for smear-positive TB are not presented) and country profiles are available online for *all* countries in association with the report. New analyses include: (i) trends in rates of TB incidence and mortality since 1990 combined with projections of whether the target of halving the 1990 mortality rate by 2015 will be achieved for each high-burden country; (ii) estimates of the lives saved by TB control between 1995 and 2009 and projections of the additional lives that could be saved up to 2015, including separate estimates for women and children; and (iii) assessment of progress in implementing and financing TB care and control against the targets included in the just-released Global Plan to Stop TB, 2011–2015. *The report Summary and a box from the report that explains the shift away from publication of estimates of the case detection rate for smear-positive TB are attached.*

B. Global Task Force on TB Impact Measurement

Progress made is summarized below, both overall and for each of the Task Force's three major strategic areas of work, focusing in particular on the period since November 2009. Progress has slowed since June 2010, since a staff member working full-time on Task Force work who resigned could not be replaced due to both lack of funding for secretariat staff (this particularly affects work on strengthening surveillance, but has also impacted work on prevalence surveys) and restrictions to recruitment at WHO-HQ.

Overall progress

A policy paper that sets out recommendations for measuring TB incidence, prevalence, and mortality, with particular attention to the period up to 2015, was printed and widely distributed in February 2010. Close collaboration with The Global Fund via a joint TB impact measurement team has continued. The fourth meeting of the full Task Force was held in March 2010. New funding for Task Force activities (but not staff) was mobilized from the Dutch government and the Global Fund. USAID has continued as a major source of funding. Further details are available at www.who.int/tb/advisory_bodies/impact_measurement_taskforce/en/.

1. Strengthening routine surveillance

In 2008, the Task Force defined a framework for improving (and reaching consensus on) estimates of TB incidence, prevalence and mortality based on in-depth analysis of the quality and coverage of surveillance data (notifications and vital registration (VR) records), linked to recommendations for how surveillance needs to be strengthened towards the ultimate goal of measuring incidence and mortality directly from notification and VR data. Between December 2008 and June 2010, this framework and associated tools (developed by WHO and the Global Fund) was applied in regional workshops held in five WHO regions (Americas, Europe, Eastern Mediterranean, South-East Asia, Western Pacific) and three country missions (the Philippines, Tanzania and Viet Nam). These workshops and country missions have covered more than 70 countries.

Continued on next page



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2. TB disease prevalence surveys

Substantial progress has been made in most of the 21 global focus countries in which the Task Force strongly recommends surveys. The eight countries in Asia are all on track to implement new surveys or to conduct repeat surveys; of particular note, China (July 2010) and Myanmar (April 2010) recently completed surveys. Cambodia is due to start a survey in early 2011, and plans for a survey in Thailand in 2011 are relatively advanced. Viet Nam, the Philippines and Indonesia are all planning repeat surveys between 2012 and 2014. Among the 12 African countries, Ethiopia and Nigeria have recently started pilot survey operations. Rwanda and Tanzania have secured full funding and are in a strong position to start surveys in the near future. Ghana is also well placed to start a survey, although a funding gap still needs to be filled. Malawi, Kenya and Uganda have secured the necessary funding. The main source of funding at country level is the Global Fund.

All of the above countries have received considerable guidance and support from Task Force members (e.g. survey design, preparations including mobilization of funding and procurement, survey implementation, analysis and dissemination of results), and Asia-Africa collaboration has been fostered. Besides coordination of assistance to countries and direct provision of support, of major importance is the production of updated guidance in the form of a second edition of guidelines on TB prevalence surveys. This second edition is due to be finalized by November 2010, and has been produced as a major collaborative effort (coordinated by WHO) of 46 authors from multiple technical and financial agencies, universities and NTPs. Major sources of funding in 2010 have included the Japanese government, the Dutch government (DGIS), USAID and a PEPFAR grant (directly linked to Global Fund projects).

3. Periodic review and revision of methods for the production of TB epidemiological estimates

An 18-month review of methods (funded by USAID/TBCAP and jointly organized by KNCV and WHO) was concluded in October 2009. Recommendations were presented to the full Task Force in March 2010, and endorsed. Methods were used for the December update to the 2009 WHO global report and for the 2010 report. They have also been used for the TB component of the Global Burden of Disease study.

DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):

Commitment to:

- 1) Mobilization of resources to maintain existing WHO secretariat staff and restore secretariat staffing to the level of June 2010, to ensure continued progress and momentum on strengthening surveillance and prevalence surveys.
- 2) Support countries to strengthen surveillance systems and implement prevalence surveys, via financial and other mechanisms.

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

Political, financial and staffing.

NEXT STEPS

ACTION REQUIRED (IN 2010/2011):

- Development of benchmarks/standards for assessment of surveillance data by an expert group of the Task Force, to be added to existing Task Force framework and related tools. Subsequently to be used in regional workshops, country workshops/missions and for self-assessment by countries, as well as in advance of programme reviews (e.g. those to be conducted every three years as part of the new Global Fund architecture), clearly linked to development and implementation of plans for strengthened surveillance. Immediate priorities are African countries and India. For countries meeting benchmarks/standards, (self-)certification that surveillance data provide a direct measure of cases and deaths.
- Support to analysis and dissemination of findings from surveys in China and Myanmar, and provision of support necessary for successful implementation of surveys in Africa - current focus on "first wave" of Ethiopia, Nigeria, Rwanda, Tanzania, and Ghana. Build a larger global pool of experts including by training "junior" consultants.

FOCAL POINT: Katherine Floyd

TIMEFRAME: 2011/2012