



**THE
STOP TB
DEPARTMENT**

NEWSLETTER

November 2009

www.who.int/tb

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Welcome to the first edition of the WHO Stop TB newsletter which features latest developments and activities of the department.

NEWS

STRATEGIC AND TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS (STAG-TB)

This month, WHO headquarters hosted the ninth STAG-TB meeting. STAG-TB is comprised of 22 experts from a broad range of disciplines and experiences in TB research, prevention, care, control and advocacy, and members are appointed by the WHO Director-General to provide independent evaluation, review and guidance to WHO on its range of TB-related core functions.

STAG-TB members provided recommendations on major themes, based on requests for advice from the WHO Secretariat. For the November meeting, these included:

- priority next steps for WHO in responding to the World Health Assembly resolution on M/XDR-TB and supporting high MDR-TB countries in preparing and implementing response plans;
- urgent steps needed to pursue collaborative analytic work and policy action for improved quality and rational use of anti-TB drugs;
- guidance in finalizing new WHO policy recommendations on TB diagnostics including LED-based microscopy, other microscopy-enhancing methods, non-commercial culture and drug-susceptibility testing methods, and a framework for introduction of diagnostics at country-level;
- WHO roles in pursuing rapid policy review of new anti-TB drugs as research progresses and these critical new tools become available

- Next steps in moving from testing to assuring TB/HIV care
- WHO actions to support priority proven approaches to improve early and full case detection and to further review evidence on a range of innovative methods to enable effective active case funding and to increase demand;
- Means to facilitate the rapid uptake and support implementation of the new WHO Infection Control policy.
- Other themes that were addressed included: WHO roles in coordinating TB technical assistance streams, how to support increased management capacity of National TB Programmes and their critical prioritization of actions in implementing the Stop TB Strategy, guidance under development on responding to ethical issues in TB care and control and establishment of a Stop TB Partnership Task Force on TB and Human Rights; cross-departmental collaboration to address the linked TB and tobacco use epidemics, and progress on TB impact measurement.

Also participating in the meeting were Chairs of Stop TB Partnership Working Groups, several sub-group chairs working on themes addressed at this year's meeting, various WHO/Stop TB partners including technical agencies, bilateral and multilateral agencies, foundations, and NGOs, WHO Departments and representatives from WHO's TB network at regional and country level.

The report of the 9th STAG-TB meeting will be available later this month on the WHO website: http://www.who.int/tb/advisory_bodies/en/index.html

GLOBAL FUND APPROVES HIGHEST LEVEL OF TB FUNDING TO DATE

The Global Fund to Fight AIDS, Tuberculosis and Malaria's Board has approved 34 TB proposals, with the highest level of funding to date - up to \$1.5 billion over five years - in Round 9. This round provides one-third more funding for TB than did Round 8. TB proposals had a success rate of 61%.

WHO and seven other Stop TB Partners supported all but three countries for the application process, and this support was coordinated by TBTEAM, which also developed planning tools used by virtually all applicants.

There was a special focus on addressing weaknesses in previous TB proposals, particularly poor description of linkages between all components of the WHO Stop TB Strategy and budget requests.

TBTEAM engages the network of Stop TB partners, including National TB Programmes, local and international NGOs, financial partners, and WHO at country, regional and global levels, to ensure a more coordinated and efficient approach to technical assistance. TBTEAM is managed by WHO Stop TB Department, which hosts its secretariat.

http://www.theglobalfund.org/en/pressreleases/?pr=pr_091112
<http://www.who.int/tb/dots/tbteam/en/index.html>

INSTRUCTIONS ON NEW CHILD DOSAGES

The WHO Stop TB Department and the WHO Department of Essential Medicines have issued instructions on new dosages for treating TB in children to WHO Member States, including recipients of medicines through the Global Drug Facility. The new dosages were agreed in 2008 and approved by an expert panel in the Essential Medicines Department earlier this year. The new instructions can be accessed via these web sites:

http://www.who.int/selection_medicines/committees/subcommittee/2/TB.pdf

<http://www.who.int/tb/challenges/children/en/index.html>

http://www.stoptb.org/wg/dots_expansion/childhoodtb/docs2.asp

NEW WEB SITE PROFILES WORK OF TASK FORCE MEASURING IMPACT OF TB CONTROL

September saw the unveiling of a new WHO Stop TB Department web site that profiles the work of the WHO Global Task Force on Impact Measurement. The Task Force has a three-fold mandate: a) to ensure a rigorous and widely-endorsed assessment of whether the global targets set for TB control for 2015 are achieved; b) to measure progress towards those targets; and c) to strengthen national capacity in monitoring and evaluation.

The Task Force is focusing on three strategic areas of work: a) strengthening surveillance (of cases and deaths) and use of surveillance data in all countries; b) surveys of the prevalence of TB disease in 21 global focus countries; and c) periodic updating of methods used to translate surveillance and survey data into estimates of disease burden and trends.

http://www.who.int/tb/advisory_bodies/impact_measurement_taskforce/en/index.html

TB PUBLICATIONS

WHO TB INFECTION CONTROL POLICY

WHO Stop TB Department issued new policy guidelines on strengthening TB infection control - the first update on this policy in more than a decade. The recommendations cover what needs to be implemented at the national and sub-national levels, and include specific guidance on how to reduce the risk of TB transmission in health care facilities, congregate settings (such as prisons) and households. The policy recommendations are evidence-based and take account of factors such as feasibility, programmatic implementation and anticipated costs.

<http://www.who.int/tb/publications/2009/en/index.html>

NEW EDITION OF THE WHO GUIDELINES FOR SURVEILLANCE ON DRUG RESISTANCE IN TB

New guidelines issued in October by the WHO Stop TB Department present up-to-date methodology on surveillance, including how to design and conduct a setting-specific

survey that measures the burden of drug-resistant tuberculosis. The guidelines address recent advancements in drug susceptibility testing, including testing for second-line drugs and the use of rapid diagnostics. They also present strengthened guidance on survey design, data management and analysis, and ethical considerations in surveillance.

www.who.int/tb/publications/mdr_surveillance/en/

WHO MINISTERIAL MEETING ON HIGH M/XDR-TB BURDEN COUNTRIES

The outcomes and recommendations plus presentations and background to the WHO Ministerial Meeting of High M/XDR-TB Burden Countries, held in Beijing in China in April, are featured in a new WHO summary report of the meeting. The 12-page document includes links to more detailed information on all aspects covered during the three day event.

http://whqlibdoc.who.int/hq/2009/WHO_HTM_TB_2009.415_eng.pdf

SLOW ELIMINATION OF MULTIDRUG-RESISTANT TUBERCULOSIS

A research paper, 'Slow Elimination of Multidrug-Resistant Tuberculosis' published in Science Translational Medicine suggests that national TB control programmes can halt and reverse the spread of MDR-TB through effective control measures, though the goal of TB elimination remains far in the future. The two authors (including Dr Christopher Dye from WHO) of the modelling paper, which is based on trend data for 10 groups of countries, draw four conclusions for policy makers to consider.

http://www.who.int/tb/features_archive/elimination_study/en/index.html

WHO ANALYSIS OF TRENDS IN TB INCIDENCE AND THEIR POSSIBLE DETERMINANTS IN 134 COUNTRIES

A WHO analysis of trends in case notifications and possible determinants in 134 countries was recently published in the WHO Bulletin. This was an ecological analysis based on available WHO reporting data. It found a significant association across countries between declining incidence and a higher human development index status, lower child mortality rate and higher measure of access to improved sanitation. While it did not find a significant association of estimated TB incidence trends with TB control programme intervention measures on a global level, an association was found in the Latin America region and in previous more in-depth analyses in several countries.

The article underlines the need for further analysis and policy development to explore ways to increase and accelerate incidence reduction, including further attention to social determinants of disease. To view a summary of the paper, questions raised and relationship to ongoing analytic work in the department, see:

http://www.who.int/tb/publications/2009/bulletin_incidence_determinants.pdf

To view the WHO bulletin article:

<http://www.who.int/bulletin/volumes/87/9/08-058453.pdf>

All WHO Stop TB publications can be accessed at:
<http://www.who.int/tb/publications/en/>

TB MEETING REPORTS

WORKING TOGETHER TO FACE TB IN THE WORKPLACE

Workplaces can be fertile ground for the spread of TB. In addition, many of the barriers to accessing TB/HIV associated services are linked to work-related concerns, such as loss of wages or job discrimination. One concern is that there is a lack of up-to-date guidance for systematic and effective involvement of workplaces in TB care and control. To address this, the WHO Stop TB Department, and its partners, assessed corporate sector initiatives on TB control through a literature review and documented and evaluated some of the key initiatives in place. Site visits were carried out in four countries: Bangladesh, Cambodia, Kenya and the Philippines.

The WHO Stop TB Department, in collaboration with partners, organized a first consultation in Geneva in October to promote the engagement of workplaces in TB care and control. It was attended by around 60 participants from over 20 countries. The participants included national TB programme managers, PPM focal points, and representatives from businesses, trade unions, business coalitions, employer federations and partner organizations. The meeting facilitated the sharing of experience in the implementation of TB workplace programmes and the development of guidance framework for collaboration between national TB programmes and the business sector.

<http://www.who.int/tb/careproviders/ppm/firstworkplacesconsultation/en/>

FROM MEKONG TO BALI: SCALING UP HIV/TB COLLABORATION

The Asia and Pacific region must scale up HIV testing and treatment for TB patients, put in place coherent communications strategies on the 'Three Is' and develop a multisectoral response to TB. These were among the key recommendations to emerge from a regional HIV/TB meeting organized in Bali, Indonesia, by WHO and the TB/HIV Working Group of the Stop TB Partnership. The meeting brought together 127 people from 18 countries, with representation from all high TB and HIV burden countries. The last regional HIV/TB gathering took place in Ho Chi Minh City, Viet Nam, in October 2004. Read the meeting report at:

http://www.stoptb.org/wg/tb_hiv/assets/documents/Final%20Meeting%20report%20Mekong%20to%20Bali%202009.pdf and see the presentations made at: <http://www.stoptb.org/wg/tb%5Fhiv/meetingsevents.asp>

WHO provides the Secretariat for Stop TB Department Working Groups that held meetings in October, including: the DOTS Expansion Working Group and childhood TB subgroup, the MDR-TB Working Group, the first GLC (Green Light Committee) Forum, and a diagnostics innovation meeting jointly sponsored by the Global Laboratory Initiative. See www.stoptb.org for more information.

A LOOK AHEAD

Cancun, Mexico 3-7 December - The 40th World Conference on Lung Health opens with a WHO Stop TB symposium related to the conference theme of Poverty and Lung Health. The symposium "Addressing poverty through quality TB control and research" will guide TB control programme officers to identify the barriers that the poor encounter in accessing TB services, and profile available options to address the needs of the poor as an integral part of TB control. The symposium is one of several events being organized by WHO Stop TB Department during the five day meeting. <http://www.worldlunghealth.org/Conf2009/website/98>

The association between tuberculosis and tobacco-use also features in the conference programme. WHO colleagues from both Stop TB and the Tobacco Free Initiative are hosting a pre-conference panel discussion on the opportunities and challenges in response to the linked TB and tobacco use epidemics on 4 December 2009. For information on this and other Stop TB events in the official conference programme and related side events, please view the Stop TB Partnership's Roadmap to the Union Conference:

<http://www.stoptb.org/news/assets/documents/Roadmap%20for%20the%20Union%20conference%202009.10.09.xls>

SPECIAL FOCUS

TB, H1N1 - COLLABORATION COULD YIELD 'WIN-WIN' RESULT

As concern about H1N1 influenza rises, health services may find themselves forced to divert resources away from other respiratory diseases, including TB.

Addressing the European Respiratory Society 2009 Annual Congress in Vienna, WHO Stop TB Department coordinator for HIV, TB and drug resistance, Dr Paul Nunn, argued that while some switching of funding to H1N1 may be inevitable, the priority should be to develop collaborative activities that yield a "win-win" result in the fight against both H1N1 and TB.

Since adults of reproductive age are the main victims of TB, and in the current H1N1 pandemic 75 percent of those affected are in the age range 0-29, significant overlapping of the two epidemics may be likely.

During an influenza pandemic there are clear public health risks attached to the curtailment and or interruption of TB diagnostic and treatment services. Even with effective TB treatment available, the influenza pandemic could still complicate the clinical management of TB patients and even increase the risk of death through either a primary viral pneumonitis or a secondary bacterial pneumonia.

WHO Stop TB Department has produced an information note on H1N1 and TB and is recommending that country preparedness plans for an influenza pandemic should be coordinated with TB programmes to ensure, as far as possible, that TB service delivery is not compromised and that national TB programmes are prepared to assist in managing an influenza epidemic.

TB programmes have extensive experience of delivering treatment in the most decentralized settings, including the management of drugs and other commodities, recording and reporting of cases and monitoring and evaluation of outcomes. These skills may need to be utilized for delivery of influenza services in severe epidemics.

The current influenza threat is bringing attention to the need to scale up proper infection control for all respiratory infections in health care settings. Furthermore, drug resistance is being reported in isolated cases of H1N1, and surveillance for influenza drug resistance is underway. This is another possible area for collaboration between TB and influenza programmes. WHO Stop TB has also produced an information note on H1N1 and tuberculosis:

http://www.who.int/tb/features_archive/h1n1/en/index.html

**For more information on the contents of this newsletter
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