Terms of reference

The EURO/TB Initiative on TB Prevention and Systematic Screening to accelerate the impact on the TB epidemic and support ending TB in the WHO European Region by 2030 (PASS to EndTB)

Background

Since 2012, the United States Agency for International Development (USAID) has been supporting WHO in establishing a “Regional Platform to End TB in Eastern Europe”. The project catalyses the development of new people-centred models of service delivery. It also supports the implementation of a series of regional tuberculosis (TB) action plans to end TB in the WHO European Region \(1,2,3,4\).

Meanwhile, in 2020 and 2021 WHO released modules 1 and 2 of the consolidated guidelines on TB, on preventive treatment and systematic screening of TB disease, respectively \(5,6\). The WHO Regional Office for Europe in collaboration with the Global TB Programme organized a series of workshops to communicate about and advocate for the uptake of these service delivery standards \(7\).

Immediately afterwards, the Regional Office enlarged its workforce of consultants on TB prevention and screening with the purpose of increasing the regional capacity to assist countries with operationalizing the latest WHO recommendations and supporting the implementation of them. These consultants operate under the WHO umbrella to support countries in (i) adaptation of WHO’s policies to the local context, (ii) field implementation and local capacity-building, and (iii) surveillance and response monitoring. These are the three main elements of WHO’s approach in country support operations. So far, several pioneer countries have revised their national policies, including Armenia, Georgia, Kazakhstan, the Republic of Moldova and Turkmenistan. Furthermore, there will be 1–2 missions organized per year to document countries’ progress towards reaching the End TB targets and operational milestones.
Context

Meanwhile, according to mathematic impact modelling, within the full cascade of TB care implementation, systematic screening for TB disease and TB preventive treatment showed the greatest impact on slowing the TB epidemic, without which the End TB targets in the Region will not be reached by 2030. Therefore, TB prevention and systematic screening were prioritized within the operational planning for the implementation of the Tuberculosis action plan for the WHO European Region 2023–2030 (4), and country demand for technical support in these specific areas of intervention increased (8).

WHO response

As a response, the Regional Office expanded its workforce (the EURO/TB roster) and enhanced its capacity in delivery of technical assistance to countries. This occurred via an open call and selection process executed by the PASS secretariat (hosted by WHO) and monitored by independent observers from technical institutions and civil society. A workforce of 20 temporary advisors on prevention and systematic screening (PASS) compliments the existing EURO/TB roster of consultants to provide predefined technical assistance, and advice on any remaining issues.

Scope and purpose of the PASS workforce

The workforce aims to advise on and support the implementation of service standards in PASS through:

- policy adaptation to the country context
- in-country implementation and capacity-building
- response and impact monitoring.

Terms of reference of the PASS workforce

1. Support on policy adaptation:

   1.1. To assess the exiting country policy and practices on prevention and screening, underline strengths, identify weaknesses and foresee opportunities.

   1.2. On screening: To provide cost–effectiveness and cost–benefit analyses using country data in the ScreenTB modelling tool, identify the potential yield of true TB cases using WHO recommended systematic screening algorithms across different at-risk population groups, and implement context-specific approaches to enhance active TB case finding in high-risk groups.¹


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1.3. On prevention: To identify populations for TB preventive treatment, criteria for ruling out TB disease, algorithms and testing for TB infection, TB preventive treatment regimens and care delivery models.

1.4. To advise on the application of artificial intelligence and other digital health interventions across screening and prevention.

1.5. To provide support on the continuous recording and reporting tool for cascade of care monitoring and periodic evaluation.

2. Support on implementation and capacity-building:

2.1. To setup working groups and workspaces for national counterpart and partner interactions using teleworking platforms and tools.

2.2. To provide support in planning for countrywide rollout of national policy implementation.

2.3. To develop educational materials for service delivery actors and train country focal points/coordinators on screening and prevention.

3. Support on response monitoring:

3.1. To periodically evaluate the efficiency of interventions and effectiveness of service delivery, by participating in comprehensive programme reviews and/or on an ad hoc basis.²,³,⁴

3.2. To develop executive summaries, comprehensive reports and presentations.

3.3. To support in the development and publication of scientific reports.

Deliverables are expected on a quarterly basis, at the earliest convenience but not later than two weeks after support intervention. The reporting template will be provided by the PASS secretariat. Report submissions must include a compulsory executive summary and core set of slides; they may also be accompanied by the main report with contextual background and/or situational analysis, goals and objectives, methods, findings with strengths and weaknesses, recommendations, and supportive materials and/or annexes.

² Efficiency is the ability to produce an intended outcome in a way that results in the least waste of time, effort and resources. It is about doing things right.

³ Effectiveness is the ability to produce a better result, one that delivers more value or achieves a better outcome. It is about doing the right thing.

PASS country support groups composition

Country support groups will be composed of, but not limited to, a tandem of two temporary advisors (lead expert and operational specialist) to mentor and support countries through implementation cycles. The members of the tandem are to collaborate respectfully.

The PASS secretariat will ensure the quality of the technical support provided by validating members’ expertise (know what) and documented experience (know how). Their capacities will be further strengthened in periodic mentorship and on-the-job trainings.

The support groups will be predefined by the PASS secretariat in consultation with national counterparts and in cooperation with partners.

PASS country support groups will operate for one-year terms with a potential one-year extension, followed by intercountry and/or technical area rotation. A performance evaluation will be provided to ensure continuity in operability and assure advancement in the remuneration scale.

Partners are respectfully encouraged to cooperate in their operational framework and complement PASS implementation groups.

Establishment of the PASS network

In addition, WHO will call on national counterparts to nominate focal points in the National TB Programme on: (1a) preventive treatment, (1b) infection prevention and control, and (2) systematic screening, either combining or separating the roles and responsibilities.

National focal points and WHO temporary advisors should complement each other and collaborate within their areas of responsibility and beyond, such as diagnosis (3), treatment (4), and equity for vulnerable and at-risk populations (5). Interoperable collaboration should be extended across health system building blocks such as (a) governance, (b) financing, (c) medicines, (d) workforce and (e) information. The inclusive engagement of civil society and affected communities will only enrich collaboration towards ending TB at all levels.

References


