**The 49th Union World Conference on Lung Health**
The World Forum, Churchillplein 10, 2517 JW The Hague, The Netherlands
23 to 27 October 2018

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**Monday - Tuesday, 22-23 October 2018**

**4th WHO END TB STRATEGY SUMMIT**

of the National TB Programmes of the 30 Highest TB Burden Countries

The Madurodam, George Maduroplein 1, The Hague, The Netherlands

Coordinator: Diana Weil (WHO/Global TB Programme)

The aim of the 4th End TB Summit is to set next priority steps by national officials to support of leaders’ commitments made in the Moscow Declaration and in the political declaration of the UNGA HLM and further define areas for collaboration across countries and partners in accelerating action to End TB.

Ending TB by 2030 is a target of the United Nations Sustainable Development Goals and the WHO End TB Strategy provides the framework and specific targets for Ending TB including a 90% decline in TB deaths, an 80% decline in the TB incidence, and the elimination of catastrophic costs faced by TB-affected households. The Stop TB Partnership Global Plan to End TB provides estimates for financing the response through 2020. Still, in 2018, Investments and actions continue to fall far short of those required to meet the milestones and targets to End TB. Since 2015, the annual WHO End TB Summit has provided an opportunity for the 30 highest burden countries to review progress and define areas of intensified work together and at national and local levels.

On 26 September, the first United Nations General Assembly high-level meeting (UNHLM) on TB took place to accelerate efforts in ending TB and leaving no one behind, under the title: “United to End Tuberculosis: An Urgent Global Response to a Global Epidemic”. It will result in a political declaration. In this context, and with support from USAID, the Russian Federation, as well as the Korean and Japanese Governments, the World Health Organization is bringing together National TB Programme Managers of the 30 highest TB burden countries, accompanied by the Disease Control Directors from the 10 highest TB burden countries, and with partners, for this 4th annual End TB Strategy Summit soon following the UNHLM.

**Objectives of the Summit**

1. To assess progress towards ending TB, and steps planned in 2019 for implementing the commitments made in the Moscow Declaration 2017 and UNGA HLM political declaration of 2018;
2. Specifically, to discuss 2018 and 2019 prioritized actions in reaching all with integrated TB care and prevention, advancing accountability and stakeholder engagement, and developing a global TB research strategy.

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**WHO BOOTH**

Wednesday 24 October to Saturday 27 October 2018

The World Forum, Booths 17 and 18

Permanence: Yi Wang (WHO/Global TB Programme)
Finding the Missing People with TB: overview of progress The Global Fund Strategic Initiative

20 October 2018: 14:00 to 18:00 // 21 October 2018: 09:00 to 18:00
Crowne Plaza Den Haag Promenade Hotel, Van Stolkeweg 1, 2582 JL, The Hague
Coordinator: Christian Gunneberg (WHO/Global TB Programme)

The Strategic Initiative Meeting is hosted by the World Health Organization in collaboration with the Global Fund, Stop TB Partnership, and USAID and supports 13 priority countries to reach their TB notification targets by addressing barriers to (i) finding “missing people” with TB, especially in key populations finding. The overall goal is to improve TB case detection and notification.

The objectives of the meeting are:

- To allow countries to share their recent trends and data analysis on TB case detection and provide examples of where TB case interventions are beginning to bear fruit.
- Inter country discussions of recent progress and challenges and subsequent theme specific panel sessions to share experiences and discuss way forward.

WHO stakeholder consultation to enable implementation of Unitaid supported innovative LTBI and childhood TB projects

20-21 October 2018
Crowne Plaza Den Haag Promenade Hotel, Van Stolkeweg 1, 2582 JL, The Hague
Coordinators: Malgosia Grzemska, Matteo Zignol, Avinash Kanchar, Sabine Verkuijl, Annemieke Brands (WHO/Global TB Programme)

This meeting will bring together key stakeholders supporting each of the respective countries and the focal persons in the Ministry of Health (National TB programme). The purpose of the meeting is to share experiences in identifying people who could benefit from the treatment of latent TB infection; deliberate implementation issues and identify key next steps.
WHO 4th END TB Strategy Summit

08:30 – 17:00
The Madurodam, George Maduroplein 1, The Hague, The Netherlands
Coordinator: Diana Weil, Marzia Calvi (WHO/Global TB Programme)

Ending TB by 2030 is a target of the United Nations Sustainable Development Goals and the WHO End TB Strategy provides the framework and specific targets for Ending TB including a 90% decline in TB deaths, an 80% decline in the TB incidence, and the elimination of catastrophic costs faced by TB-affected households. The Stop TB Partnership Global Plan to End TB 2016-2020 provides estimates for financing. Still, in 2018, Investments and actions continue to fall far short of those required to meet the milestones and targets to End TB. Since 2015, the annual WHO End TB Strategy Summit has provided an opportunity for the 30 highest burden countries to review progress and define areas of intensified work together and at national and local levels.

Side Meetings

TBScience 1 Shortening anti-tuberculosis treatment

08:00 – 13:45
The World Forum, A1 - Marriott
Chairperson: Frank Cobelens (Netherlands), Radojka Savic (United States of America)
WHO Presenter: Matteo Zignol (WHO/Global TB Programme)
Introductory WHO Speaker: key questions, latest TB (MDR) epi data, latest new drug trial/treatment results from new regimens.

TBScience Parallel session 3 Innovations in the production and use of surveillance data / TSRU

14:00 – 17:30
The World Forum, Rembrandt - Marriott
Chairperson: Martien Borgdorff (Netherlands), Edine Tiemersma (Netherlands)
WHO Presenter: Philippe Glaziou (WHO/Global TB Programme)
History of infection testing, and rationale for the WHO decision to drop recommendations to stop using...

Annual meeting of the Child and Adolescent TB Working Group

08:00 – 17:00
Crowne Plaza Den Haag Promenade Hotel, Van Stolkeweg 1, 2582 JL, The Hague
Coordinators: Malgosia Grzemska, Annemieke Brands, Sabine Verkuijl (WHO/Global TB Programme)

The meeting will be open to all members of the working group representing a broad range of stakeholders including paediatricians, researchers, NTP managers, childhood TB focal points in the NTP and technical partners. This year’s meeting will focus on country experiences in contact investigation and preventive therapy (treatment of latent TB infection) and to discuss next steps towards scaling up these cost-effective interventions.
Post-graduate Course

Managing tuberculosis in children

08:00 – 14:00
The World Forum, Europe

Coordinator: Varinder Singh (India), Sushil K Kabra (India)

WHO Presenter: Soumya Swaminathan (WHO/HQ)

Childhood TB is relatively poorly quantified and is plagued with difficulties in its diagnosis. Most TB control programmes in high-burden countries are oriented towards adult infectious cases and children with TB remain at the fringes of these activities. The renewed global effort for TB elimination means that paediatric TB can no longer be ignored and that there is a strong unmet need for training service providers to treat children with TB. The proposed post-graduate course on childhood TB comprises a training package developed in India by a group of national experts and international advisers.

This comprehensive course aims to equip physicians involved in child TB care with the knowledge and skills to diagnose and manage common forms of TB, including drug-resistant TB; preventive therapy and HIV-TB co-infection. The course ensures audience involvement through learning using interactive clinical case studies, sessions on chest skiagram reading and teaching videos. The various sections of the course deal with the magnitude of the TB epidemic, childhood TB, the natural history of TB and TB diagnostics (tests and algorithm), and specific aspects of lymph node, pleural, abdominal, bone and joint and neuro TB, including diagnostics. Other sections cover anti-tuberculosis treatment, monitoring of TB treatment and management of adverse effects. It also provides information about specific conditions such as suspecting and managing drug resistance, HIV-TB co-infection, neonate care of mothers with TB and prevention of TB. The course has already been successfully used in India to train hundreds of paediatricians, largely through the support of the TB Alliance.

The course will lead to improved knowledge and clinical practices of attendees and can also be used to inform programme managers about the package and its possible adaptation to the specific needs of other countries with childhood TB.

• Module 1: Defining the magnitude of the problem
• Module 2: A natural history of disease
• Module 11: Treatment of tuberculosis

TBdata4action: making sense and use of routine tuberculosis data for management

08:00 – 14:00
The World Forum, Yangtze 1

Chairperson: Christopher Zishiri (Zimbabwe), Enos Masini (Kenya)

Coordinator: Einar Heldal (Norway), Ronald Thulani Ncube (Zimbabwe)

WHO Presenter: Patrick Hazangwe (WHO/AFRO)

The objective is to introduce a simple and user-friendly approach to explain how health staff and managers at facility, district and higher levels can analyse their own routine TB data for management. Key indicators covering the main components of TB programmes are compared with expected values to identify strengths and challenges and agree on action points targeting these challenges. The approach is implemented through strengthened supportive data-driven supervision using checklists with summary tables of routine data and quarterly performance review meetings. The course follows up on similar post-graduate courses held during Union conferences since 2015. It is based on a guide developed by The Union and TB CARE and piloted in Zimbabwe and which is used in Union international courses. Kenya and Sudan have run country-level courses and will also present their experiences.

Expected outputs/outcomes:

Participants will learn of the importance of collecting and recording quality TB data, and how to analyse local routine data that is directly linked to TB management at facility, district and provincial levels through practical examples, carry out data-driven supportive supervision and performance review meetings and roll out this approach in their countries.

The approach strengthens the implementation of the End TB Strategy by focusing on the facility level where TB patients are increasingly being diagnosed and treated, and the district level, which monitors the network of facilities, identifying both “hot” and “cold” spots where early TB case detection needs to be strengthened. The approach makes local staff more motivated, empowered and owners of their data, strengthening data quality and improves quality of supervision content, training follow-up, supplies, new tools and ultimately, patient care. The approach is in line with the conference theme (human rights), as it contributes to better access to health and TB services.

• How to use digital health innovations to improve tuberculosis data recording and reporting—sharing practical country experiences
Update on clinical and programmatic management of multidrug- and extensively drug-resistant TB (MDR-/XDR-TB)

08:00 – 14:00
The World Forum, Kilimanjaro 2

Chairperson: Christine Ho (India), Ignacio Monedero (Spain)

Coordinator: Sundari Mase (India), Ernesto Jaramillo (WHO/Global TB Programme)

WHO Presenters: Christopher Gilpin, Ernesto Jaramillo (WHO/Global TB Programme)

MDR and XDR-TB pose a significant threat to TB control and challenge clinicians and programme managers worldwide given complexities of MDR-/XDR-TB diagnosis, treatment and case management. This course presents cutting edge strategies for the clinical and programmatic management of MDR-TB for the front-line clinician, nurse, epidemiologist, laboratory technician and programme manager based on the newly updated WHO guidelines. It will use case-base and didactic presentations to illustrate ways to implement the most recent internationally recommended practices to address DR-TB.

This course is directly related to the theme of the 49th Union World Conference, as the problem of MDR/XDR-TB can only be addressed through social and political solutions that directly impact the care and management of TB patients. A patient-centred approach will be necessary, and appropriate prevention and management of MDR/XDR-TB will be key in ending the TB epidemic.

Objectives:
- Present the principles of MDR-TB prevention, diagnosis, treatment and care.
- Update on recent advances in the rapid diagnosis of drug resistance, new laboratory critical concentrations for drug susceptibility testing, and how these may be applied in the clinical settings
- Discuss evidence-based management of and controversial issues in the treatment of MDR/XDR-TB and MDR-TB-HIV and other special situations
- Present cutting edge strategies for the treatment of MDR/XDR-TB including new drugs and regimens
- Introduce programmatic management of MDR-TB
- Discuss the management of isoniazid-resistant TB
- Discuss the pharmacokinetics and pharmacodynamics of MDR/XDR-TB drugs
- Present the most effective strategies for the proper management of adverse reactions to second-line anti-tuberculosis drugs
- Discuss prevention strategies for MDR/XDR-TB, particularly LTBI management
- Update on the ethics and human rights principles to guide TB prevention, diagnosis, treatment and care
- Updated guidelines on phenotypic and genotypic tests for the diagnosis of drug-resistant tuberculosis
- Patient-centred care in multidrug-resistant tuberculosis: ensuring sound ethics and protecting human rights

An introduction to national tuberculosis patient cost surveys

08:00 – 14:00
The World Forum, Everest 2

Chairperson: Nobu Nishikiori (WHO/Global TB Programme), Knut Lönnroth (Sweden)

Coordinator: Andrew Siroka (WHO/Global TB Programme), Kerri Viney (Australia)

WHO Presenters: Diana Weil, Nobu Nishikiori, Ines Garcia Baena, Debora Pedrazzoli, Andrew Siroka (WHO/Global TB Programme)

In accordance with the Sustainable Development Goals, the End TB Strategy has three ambitious goals to end the global TB epidemic by 2035: reduce TB incidence by 90%, reduce TB-related mortality by 95% and ensure that no TB-affected families experience catastrophic costs. The inclusion of a catastrophic cost indicator is new, reflecting the importance of alleviating the heavy financial burden of TB care as a key component of global TB elimination. To measure this indicator, high TB burden countries are carrying out nationally representative TB patient cost surveys, to determine the proportion of TB patients who spend 20% or more of their household annual income on TB diagnosis and care. These surveys will inform efforts to mitigate the direct and indirect costs of care by adapting care models and/or social protection interventions.

In this post-graduate course, we will outline the rationale for TB patient cost surveys and explain global progress in conducting such surveys. We will then work through the practical steps involved in designing and conducting a national TB patient cost survey and applying the results obtained to policy and practice. The following aspects of designing TB patient cost surveys will be discussed: sampling techniques; data collection, management and analysis; and ways to ensure results inform policy-making and practice. Additional research ideas will be discussed. Staff currently involved in TB patient cost surveys or those considering conducting a TB patient cost survey in the future will find the course highly relevant. At the end of the course,
Post-graduate Course cont.

participants are expected to have a preliminary theoretical and practical understanding of the methods used to conduct a TB patient cost survey and its uses.

- TB patient cost surveys: helping to advance better models of care, universal access and social protection in the context of the End TB Strategy: a dialogue
- An overview of the global progress in conducting tuberculosis patient cost surveys
- Basic design of the tuberculosis patient cost survey
- Sampling for a tuberculosis patient cost survey
- Data collection, management and analysis for a tuberculosis patient cost survey

Workshops

Bedaquiline and delamanid in MDR-TB patients—new insights from implementation in a multi-country project

08:00 – 11:00
The World Forum, South America

Chairperson: Kwonjune J. Seung (United States of America), Fuad Mirzayev (WHO/Global TB Programme)

Coordinator: Lice González-Angulo (WHO/Global TB Programme)

WHO Presenter: Ernesto Jaramillo (WHO/Global TB Programme)

Despite being approved for the treatment of MDR-TB patients for a number of years already, bedaquiline and delamanid use worldwide continues to increase at a glacial pace. In many countries, these drugs are reserved for the treatment of TB patients who are infected with highly-resistant strains such as XDR-TB. Many clinicians have not yet implemented the whole range of WHO-recommended situations where BDQ and DLM could be used. These include patients with toxicity to core second-line anti-tuberculosis drugs, patients with serious comorbidities or those at high risk for poor treatment outcomes. This workshop will bring together experts from several countries and their technical partners to discuss the current WHO recommendations and the latest evidence and experience from endTB projects on the use of BDQ and DLM in different types of patients.

Target audience: MDR-TB clinicians, NTP managers, policy makers, researchers, international technical partners.

Objectives:
- Understand the latest research on the relative toxicities of core second-line anti-tuberculosis drugs new/repurposed drugs
- Discuss how to improve efficacy and mitigate toxicity of core second-line anti-tuberculosis drugs using BDQ and DLM
- Discuss when and how to replace an injectable with BDQ or DLM in an MDR-TB regimen
- Discuss how comorbidities influence the design of an MDR-TB regimen and whether to use BDQ or DLM. Output: consensus on the types of MDR-TB patients who most benefit from BDQ and DLM, and ways to programmatically maximise the benefits of these drugs.
- Patient-centred care: the heart of the management of tuberculosis

Strengthened community systems, partnerships and responses to tuberculosis in Global Fund-supported programmes

08:00 – 11:00
The World Forum, Everest 1

Chairpersons: Lucica Ditiu (Switzerland), Christian Gunneberg (WHO/GTB)

Coordinator: Meghan Holohan (United States of America), Eliud Wandwalo (Switzerland)

Communities play a vital role in extending the reach and impact of TB health services. The Global Fund’s 2017-2022 strategy prioritises the strengthening of community systems as a central approach to ending the TB epidemic. Resourced community systems and responses have a unique ability to reach and mobilise those who are most vulnerable to and affected by TB, create demand and improve access to quality services. This workshop will explore how national programmes are collaborating with communities to strengthen community responses and systems, core components of the WHO End TB Strategy and the Global Plan to End TB.
Workshops cont.

Harnessing experiences from the introduction of BDQ, DLM and the STR to transform the quality of DR-TB management and prepare for future innovations in care

08:00 – 14:00
The World Forum, Atlantic 1

Coordinator: Edmund Rutta (United States of America), Vivian Cox (South Africa)

WHO Presenter: Rafael Lopez Olarte (WHO/AMRO)

By March 2018, 80% of the 30,000 BDQ doses available for DR-TB through the 2015–2019 donation agreement between USAID and Janssen will have been ordered through the GDF. Similarly, DLM can be ordered from the GDF thanks to a Stop TB Partnership and Otsuka joint initiative, which has expanded at a significantly slower rate than BDQ. This workshop will share insights from countries that have expanded access to BDQ and DLM. Particular focus will be on learning from experience of implementing newer drugs to inform the introduction of future innovations, as well as how to ensure continued progress in transforming the quality of clinical care and aDSM to achieve better treatment outcomes. As countries continue to introduce STR, the use of BDQ, DLM and companion medicines is critical for those who are ineligible for STR; there is ongoing need to transform provision of care and use the introduction of BDQ, DLM and STR as an opportunity to make sustained programmatic improvements.

Objectives:
- Share practical experiences of countries in the programmatic introduction of BDQ, DLM and STR
- Share experience of countries in strengthening DR-TB clinical management and aDSM
- Discuss how experiences from the introduction of BDQ, DLM and STR should inform future strategies for expanding access to new innovations and strengthen clinical monitoring and management at country level
- Provide updates on the BDQ donation programme and progress made on BDQ access

Expected outcomes:
- Learn the successes and challenges in the implementation of STR and new drugs
- Recognise diversity of country contexts, partner involvement and NTP perspectives
- Learn how to strengthen clinical management and aDSM from practical examples
- Learn where to access technical resources to plan the implementation of STR and new drugs
- Introduction and scale-up of new drugs for drug-resistant tuberculosis: PAHO region experiences

Using knowledge from pharmacokinetics/pharmacodynamics (PK/PD) to support WHO TB treatment guidelines

08:00 – 14:00
The World Forum, Atlantic 2

Chairperson: Tawanda Gumbo (United States of America), Helen McIlieron (South Africa)

Coordinator: Jotam G. Pasipanodya (United States of America), Devyani Deshpande (United States of America)

WHO Presenter: Dennis Falzon (WHO/Global TB Programme)

An improved and reformatted full-day workshop on pharmacometric approaches to design optimal regimens that suppress the emergence of multi-drug-resistant tuberculosis (MDR-TB) and minimise side effects. The workshop will feature keynote speakers giving an overview of the role of the PK/PD sciences in chemotherapeutics, optimisation of traditional regimens and redefining susceptibility breakpoints for the treatment of TB in adults and other special populations, including pregnant women, children and patients with diabetes mellitus. Experts in the field will present and review the latest evidence to support decision-making for both patient care in the clinic and for TB programme management in the field, at local and state levels.

Objectives:
- Learn the basics of and updates on the PK/PD of existing and new anti-tuberculosis drugs.
- Engage clinicians, TB programme workers and other stakeholders by sharing practical experiences and examples where the implementation of PK/PD principles improved patient care and TB programme planning.
- Discuss methods for improving full integration of PK/PD studies in setting susceptibility breakpoints and treatment guidelines, as well as the dissemination of the resulting information.

Expected outcomes:
- Participants will acquire up to date knowledge of PK/PD principles and appreciate the role that the PK/PD sciences play in designing WHO-recommended susceptibility breakpoints of anti-tuberculosis drug and TB treatment guidelines.
Workshops cont.

- Practical examples/vignettes (from preclinical models and clinical studies) from both developing countries and resource-limited settings where PK/PD principles have improved patient care and TB programme management.
- Participants will learn how to access up-to-date information, resources and experts when confronted with problems related to dosing of TB drugs, select regimens for difficult-to-treat patients, as well as contribute data to improve outcomes in TB patients.
- Using pharmacokinetics/pharmacodynamics knowledge to support the WHO tuberculosis treatment guidelines.

Joint GLI-GDI workshop on challenges to and opportunities from access to diagnostics, treatment and care

08:00 – 14:00
The World Forum, South America

Chairperson: Charles Daley (United States of America), Heather Alexander (United States of America)
Coordinator: Fuad Mirzayev, Lice González-Angulo (WHO/GTB)  WHO Presenter: Alexei Korobitsyn (WHO/GTB)

TB detection and the administration of effective treatment of all people with TB continue to be a challenge, particularly in settings with fragmented healthcare systems or in those with a significantly high burden of disease. Two Working Groups, the Global Laboratory Initiative (GLI) and the Global drug-resistant TB Initiative (GDI) are working towards building and strengthening laboratory and clinical management capacity and assisting countries in the uptake of tools for building and sustaining high-quality TB diagnostic networks and in the programmatic management of DR-TB.

Through this workshop, GLI and GDI seek to explore the challenges encountered in countries, highlighting the new tools for diagnosis, treatment and management of TB, including the management of drug resistance and TB-HIV, and above all, present existing approaches and strategies to ease and overcome these challenges. The workshop will also set the scene for discussions on how to facilitate and expand the implementation of current diagnostics and more effective targeted treatment, facilitate the delivery of an integrated, patient-centred approach at the core of care and support to all TB patients, and describe financing and procurement mechanisms to ease country transition to new tools. This session is intended for participants who wish to explore and gain greater insight into and understanding of the technical aspects of applying specific technologies and approaches, and to promote the right to life-saving diagnostics and treatment by implementing current tools.

- Updated critical concentrations for drug susceptibility testing of drugs used in the treatment of drug-resistant tuberculosis.

How universal health coverage and TB responses combine to end TB: lessons learnt from country-level experiences

14:30 – 17:30
The World Forum, Kilimanjaro 2

Chairperson: Seiya Kato (Japan), Knut Lönnroth (Sweden)  Coordinator: Kosuke Okada (Japan)
WHO Presenter: Nobu Nishikiori (WHO/Global TB Programme)

Description: The End TB Strategy aims at a 10% annual decline in TB incidence worldwide by 2025, using UHC to enhance the use of existing tools. TB responses and UHC are closely related and important elements of the UN’s Sustainable Development Goals (SDGs). While the progress of UHC is indispensable to enhancing TB responses, TB responses have contributed to UHC as a specific approach at various levels. At the past two Union Conferences, we discussed how it had been possible to bring about a 10% decline in TB incidence and what should be done to accelerate the current TB decline under the End TB Strategy. In the coming workshop, we will focus on the interrelationship between TB and UHC, and on discussions of experiences from countries that use the six building block health system model.

Objectives: 1) to highlight the relationship between TB responses and progress in UHC, and factors that contributed to attaining UHC based on TB responses, using 1960s Japan as a proto-model that had achieved UHC, 2) to discuss the effect UHC progress has on TB responses, and how TB responses can be used for UHC expansion according to the current economic and disease situation in each country, and 3) to discuss how we could advance both UHC and TB control under the End TB Strategy.

Expected outcomes: Participants understand which TB control activities are associated with six building blocks of health system and what effect UHC progress has on TB control. They become aware of the interrelation between TB response and UHC expansion. Discussion points from the workshop as well as the experiences shared among participants will be used in pursuing TB elimination and UHC in countries.

- Universal health coverage in the context of ending tuberculosis.
Ethnicity and health: building intercultural solutions for equitable TB care with indigenous peoples locally and in the Americas

14:30 – 17:30
The World Forum, Yangtze 1

Chairperson: Wilton Littlechild (Canada), Sandra Del Pino (United States of America)
Coordinator: Wendy Lee Wobeser (Canada) WHO Presenter: Philippe Glaziou (WHO/Global TB Programme)

Preamble: Where recorded and reported, TB rates have been much higher among indigenous peoples than among the non-indigenous populations. To end TB, we need to lower this burden. Identified barriers are the HIV syndemic and antimicrobial resistance. But more challenging are community engagement and social interventions. Delivery of programmes in remote regions must be appropriate to the community, owned by them, evaluated and used to improve outcomes elsewhere.

Goal of the workshop: Our goal is to bring together persons working in the field of TB among indigenous peoples to improve TB care, increase community ownership and end TB among indigenous peoples.

- The global burden of tuberculosis among indigenous peoples

Updated World Health Organization policies on the management of tuberculosis

14:30 – 17:30
The World Forum, Everest 2

Chairperson: Linh Nguyen (WHO/Global TB Programme), Charles Daley (United States of America)
Coordinator: Ernesto Jaramillo (WHO/Global TB Programme)
WHO Presenters: Ernesto Jaramillo, Molebogeng Xheedha Rangaka, Fuad Mirzayev, Dennis Falzon, Christopher Gilpin (WHO/Global TB Programme)

Objectives of the workshop are to present the processes and methods applied by the WHO in the development of policy and to present updated WHO recommendations on the clinical and programmatic aspects of TB diagnosis, prevention, treatment and care.

Participants in this workshop will learn about updates on evidence-based recommendations for the diagnosis and treatment of DS-TB, DR-TB, TB patient care and support, and innovations in the End TB Strategy.

Participants will have the chance to understand the development process and contents of WHO policies relevant to the implementation of the End TB Strategy, and to discuss or provide feedback on policy implementation.

- Why and how of World Health Organization guidelines development process
- Updated and consolidated guidelines on the programmatic management of latent TB infection (LTBI)
- Updating World Health Organization infection control policy
- Treatment of isoniazid and multidrug-resistant tuberculosis
- Pharmacokinetics, pharmacodynamics (PK/PD) and critical concentrations of tuberculosis medicines

Annual meeting of the core group of the Global Laboratory Initiative

14:30 – 17:30
Crown Plaza Den Haag Promenade

Chairperson: Heather Alexander (United States of America)
Coordinator: Lice González-Angulo (WHO/Global TB Programme)

The Global Laboratory Initiative (GLI) will discuss developments and progress made on the development of practical guidance and tools for building and sustaining high-quality TB diagnostic networks. (Only for Core Group Members)
Advancing TB Research Through Multi-country Research Networks

18:30 – 20:30
Crowne Plaza Den Haag Promenade Hotel, Van Stolkeweg 1, 2582 JL, The Hague, Meeting room - Gallery Room

Coordinators: Matteo Zignol, YinYin Xia (WHO/Global TB Programme)

Presenters: Representatives of multi-country tuberculosis research networks

This event will invite five multi-country TB research networks (The West African Regional Network for TB control, The European TB Research Initiative, The BRICS TB Research Network, The Central African Regional Network for TB control and The APEC TB Research and Innovation Network) to share their positive experiences on TB Research and Development (R&D), and to discuss actions those networks can undertake to advance innovations in the future through the participation of civil society and other-relevant stakeholders. Please note that participation in this event is by invitation only.

People-centred framework, and associated toolkit, for better use of TB data: Evidence-based prioritised action and programmatic planning - A progress-update and review consultation

12:30 – 14:30
The Hague Marriott, Van Gogh

Coordinators: Charalampos Sismanidis, Laura Anderson, Nobu Nishikiori, Cicilia Gita Parwati (WHO/Global TB Programme)

Building on previous multi-stakeholder consultations on the development of these products, Guadalajara 2017, Geneva 2017/2018 and the most recent WHO Global Task Force on TB Impact Measurement 2018 meeting, this consultation will provide a forum for a progress update and review of the first full draft of the framework and its associated toolkit, as well as review of lessons learnt from the implementation of the framework in three countries (Ghana, Kenya, the Philippines).

Satellite Session

Shorter MDR-TB Treatment Regimen why, for whom, and how: evidence to overcome implementation challenges

18:00 – 19:30
The World Forum, South America

Chairperson: Anthony Harris (Luxembourg), Rony Zachariah (Luxembourg)

WHO Presenter: Ernesto Jaramillo (WHO/Global TB Programme)

Organised by: Damien Foundation

In 2016, the World Health Organization (WHO) recommended the Shorter-Treatment-Regimen (STR). Implementation of the cheaper and simplified standardized STR potentially would achieve high-efficacy in many settings. In 2017, 35 countries were implementing the STR, but rationale, indications and the operationalization of STR were not fully understood and the guidelines for its implementation have been made unnecessarily complicated. During the presentations followed by a panel discussion, STR-experts will review current evidence including recently reported seemingly disappointing clinical trial results, and the possible reasons for this.

• Shorter MDR-TB Treatment Regimen: is it only the treatment regimen what matters?

Improving the quality of TB services and data: a path forward

18:00 – 19:30
The World Forum, Yangtze 1

Chairperson: Charlotte Colvin (United States of America), Paul Nunn (United Kingdom)

WHO Presenter: Philippe Glaziou (WHO/Global TB Programme)

Organised by: John Snow Inc

The tuberculosis community is focused on achieving the End TB Strategy goals of reducing incidence by 80% within the next twelve years. Achievement of the End TB goals will depend on the quality of care provided by individual countries, as most patients have access to health facilities and are covered by national TB programmes. This satellite session will illustrate where
Satellite Session cont.

quality of care is often poor and the consequences this can have. The session’s objective is to indicate where improvements in policies and in implementation can be made at the national level.

The first speaker is a patient advocate who will address quality of TB service needs from a “consumer” perspective, based on personal experience being diagnosed and receiving treatment services. He will make recommendations for how to improve and sustain quality services.

The second speaker will describe the Kenyan experience of identifying patient pathways that must be addressed to align with patient preferences and how this informed updates to improve service provision within the national strategic plan.

The third and fourth speakers will discuss the results and conclusions of two quality of TB services assessments conducted in Nigeria and the Philippines using facility audits and interviews with providers and patients. Results of this comprehensive “360-degree” assessment will be used to identify recommendations for the delivery of quality TB services and provide an approach for future assessments and uses of data.

The fifth speaker will deliberate on the reliability of the data reported in WHO’s annual Global Tuberculosis Report — a comprehensive source of TB data and analysis relied upon to design policies and set the direction of TB control for years ahead. Discussion will focus on what can really be said about countries’ policies and performance, and how these interpretations can be made more reliable.

- WHO’s Global Tuberculosis Report: challenges in quality of national data

Symposium

Time to change tuberculosis treatment outcome definitions?

10:30 – 12:00
The World Forum, South Atlantic

Chairperson: Frank van Leth (Netherlands), Berit Lange (Germany)

WHO Presenter: Matteo Zignol (WHO/Global TB Programme)

Current treatment outcomes are defined using a combination of microbiological endpoints and adherence. Failure requires a change of drugs, while cure requires information on multiple sputum smears/cultures within a specified time period. These requirements are often not aligned with the best clinical practice, and lack a crucial observation period after the end of treatment. The European consortium, TBnet, proposed new definitions that are agnostic about the duration of treatment, independent of drug resistance, and include a one-year follow-up period after treatment completion.

Objectives: To discuss the need for and the applicability of new TB outcome definitions from the viewpoint of key stakeholders.

- The multidrug-resistant tuberculosis epidemic: measuring burden and treatment outcomes

Eliminating catastrophic costs due to TB: policy translation of findings from TB patient cost surveys

16:00 – 17:30
The World Forum, KWA Plenary Hall

Chairperson: Diana Weil (WHO/Global TB Programme), Viet Nhung Nguyen (Viet Nam)

WHO Presenter: Nobu Nishikiori (WHO/Global TB Programme)

The WHO’s End TB Strategy places great emphasis on ensuring universal access to quality TB care and enhancing social protection in accordance with the 2020 target of ensuring that “no TB-affected family faces catastrophic cost due to TB”.

To monitor progress towards this milestone, the WHO recommends baseline and periodic measurement of TB patient costs through national surveys. These surveys can inform efforts and discussions on how TB service delivery and financing mechanisms can be improved.

This symposium will present country experiences in disseminating findings from TB patient cost surveys, engaging key stakeholders and informing national policies and actions to eliminate catastrophic TB patient costs.

- TB patient cost surveys: translating findings into policy and actions to eliminate catastrophic TB patient costs
Symposium cont.

Reaching all of those in need by extending active tuberculosis case finding in the community

16:00 – 17:30
The World Forum, Europe

Chairperson: Guy B. Marks (Australia), Linh Nguyen (WHO/Global TB Programme)

There is an urgent need to provide TB services to all people who are in need in the community. The aim of the symposium is to present up to date research findings from recent reviews, ongoing research studies and the implementation of active TB case finding initiatives designed to find TB missing cases and reduce the TB burden.

Participants will be able to learn about updates on research findings and exchange ideas on innovative approaches to active case finding to improve case detection and reduce the TB burden.

Tuberculosis in the digital age: leveraging technology as a social intervention to empower the affected

16:00 – 17:30
The World Forum, Yangtze 1

Chairperson: Latha Rajan (United States of America)
WHO Presenter: Dennis Falzon (WHO/Global TB Programme)

To achieve global TB elimination, innovative approaches to the different aspects of TB prevention and care will be needed. Technology can provide a platform for enhanced outreach and health system engagement. Mobile and electronic health tools can address a spectrum of challenges faced by patients, appeal to key populations and overcome barriers along the treatment cascade to improve the quality of patient-centred care. This symposium seeks to explore the use of technology to address TB care and improve TB control.

- Digital agenda for action toward the End TB Strategy

Ending tuberculosis deaths among people living with HIV—what will it take to change the status quo?

16:00 – 17:30
The World Forum, Yangtze 2

Coordinator: Annabel Baddeley (WHO/Global TB Programme)
WHO Presenter: Satvinder Singh (WHO/HIV)

Despite impressive scale-up of ART and collaborative TB-HIV activities, TB remains the leading cause of HIV-associated mortality and morbidity, accounting for an estimated 37% of all HIV deaths in 2016. While there are proven interventions that together can reduce the burden dramatically, significant barriers to implementation and scale-up persist. This session will examine the gaps and opportunities for scaling up access to patient-centred, integrated TB and HIV services and collaborative activities, and share country experiences on practical solutions to ensure effective prevention, early diagnosis and early treatment of HIV-associated TB to end TB deaths among PLHIV.

- Global perspective on scaling up effective TB prevention, early diagnosis and early treatment of HIV-associated TB: how can we move forward?

Poster Discussion Session

Child tuberculosis: leaping forward

12:45 - 13:45
The World Forum, Poster Area

Chairperson: Charalampos Sismanidis (WHO/Global TB Programme)

Under-reporting of childhood tuberculosis in Indonesia: subsample analysis of inventory study in Indonesia in 2017
Consultation on a roadmap for developing a global strategy on TB research and Innovation

14:00 – 18:00
Crowne Plaza Den Haag Promenade Hotel, Van Stolkeweg 1, 2582 JL, The Hague, Meeting room - Gallery Room

Coordinators: Matteo Zignol, Nebiat Gebreselassie (WHO/Global TB Programme)

WHO has been requested to develop a global strategy on TB research and innovation, by Member States during the 71st World Health Assembly. In this context, this consultation mainly seeks to gather input on the potential elements of a global strategy for TB research in the context of other relevant existing strategies and efforts ongoing globally. Please note that participation in this event is by invitation only.

Satellite Session
Harnessing the full potential of private providers across the TB cascade of care

18:00 – 19:30
The World Forum, Yangtze 1

Chairperson: Robert Makombe (South Africa), Lisa Stevens (Thailand)

WHO Presenter: Monica Dias (WHO/Global TB Programme)

More than 60% of the 4 million “missing people” with TB in 2016 were in six countries in which private providers accounted for more than two thirds of initial care for the population. However, in these countries, the contribution of private for-profit providers was equivalent to only 9% of estimated TB incidence. Many of the “missing people” are unreached by health services because of weak health systems, lack of universal health coverage and the presence of financial and socio-cultural barriers, particularly for vulnerable and marginalized populations. Many remain undiagnosed after reaching health services because of weak referral pathways between private sector and other health care providers, and the lack/poor enforcement of mandatory case notification. Countries are moving towards Universal Health Coverage (UHC) and reaching the TB-related targets in the Sustainable Development Goals and End TB Strategy. Ensuring early access to TB diagnosis and treatment and reducing unnecessary death and suffering requires countries to harness the full potential of private providers. This satellite session will discuss the evidence base and rationale for the effectiveness of private sector engagement towards TB elimination, with a focus on lessons learnt from high burden countries.

• 19:00 – 19:20 Strategic investments for public-private mix towards ending TB

Ensuring the rights to rapid and quality diagnosis, treatment and care for TB in countries of Eastern Europe and Central Asia: challenges, achievements and perspectives

18:00 – 19:30
The World Forum, Kilimanjaro 1&2

Chairperson: Masoud Dara (WHO/EURO), Alena Skrahina (Belarus)

Despite a steady decline in the number of new TB cases and TB deaths globally and in European region, the countries of Eastern Europe and Central Asia (EECA) have become the global center of MDR-TB crisis with the highest levels of MDR/XDR-TB ever recorded. Simultaneously, the incidence of TB/HIV co-infection and TB/HIV mortality have been increasing and added additional challenges to healthcare systems of EECA countries. In order to address these problems, EECA countries have introduced many successful initiatives and started moving towards more peoplecentred models of TB care. In line with the 2018 Union conference theme, this year’s EECA session will focus on possible effective solutions to the emerging challenges in order to ensure the rights to prevention, rapid and quality diagnosis, treatment and care for TB.

Preserving our future—protecting children from TB infection, disease and death

18:00 – 19:30
The World Forum, Atlantic

Chairperson: Connie Erkens (Netherlands), Malgorzata Grzemska (WHO/Global TB Programme)

At least 1 million children (< 15y) develop TB disease every year with 253,000 dying – nearly 700 per day - including 52,000 TB deaths among HIV positive children[1]. In 2016, 87% of new cases were in the 30 TB high-burden countries. Three main facts define childhood TB: (i) the majority of children with TB are NOT diagnosed; (ii) Children die from TB; and, (iii) children
Satellite Session cont.

Exposed to TB do not access preventive therapy.

This Symposium provides an overview of the global childhood TB epidemic, presents the new 2nd edition of the Childhood TB Roadmap, and the KNCV Childhood TB Benchmarking tool to help countries to assess the status of their own childhood TB interventions against the Childhood TB Roadmap and develop their own country specific policies, strategy and roadmap in response.

The symposium further explores new and improved child-friendly ways towards prevention, early detection, improved diagnosis, and management of latent childhood TB.


Symposium

Ensuring tuberculosis free prisons: achievements and challenges

14:00 – 15:30
The World Forum, Everest 1&2
Chairperson: Rafail Mehdiyev (Azerbaijan), Masoud Dara (WHO/EURO)

Successful Control of TB and its drug-resistant forms in penal institutions requires a combination of public health, political and social solutions. The objective of this session is to share examples of best practices in achieving collaborative efforts to implement the evidence-based and internationally recognised TB control policies in prisons, as well as to speak up the current challenges.

Individualised versus standardised second-line treatment for multidrug-resistant tuberculosis

14:00 – 15:30
The World Forum, Europe
Chairperson: Dick van Soolingen (Netherlands), Richard Anthony (Netherlands)
WHO Presenter: Ernesto Jaramillo (WHO/GTB)

In this symposium, speakers with diverse experiences and opinions will discuss the merits and disadvantages of individualised treatment versus a standard regimen for the treatment of MDR-TB. Participants will have an update of current opinion on individualised versus standardised treatment, relating to their setting and an overview of the current state of national and international practice and recommendations.

- Strengthening the health system to address the individualised vs. standardised treatment dichotomy in MDR-TB management

Boats, drones and motorcycles—optimising specimen referral networks to meet the needs of TB diagnostic networks

14:00 – 15:30
The World Forum, Kilimanjaro 1&2
Chairperson: Kameko Nichols (United States of America), Lice González-Angulo (WHO/Global TB Programme)

Efficient specimen transport systems and referral networks are essential to meet the needs of an effective TB diagnostics network, and play a critical role in increased TB case detection and universal DST. There has been a focus on these important systems and more recently, an emphasis on efficiency and costs. In this year’s symposium, we will build on guidance issued at the 2017 Union Conference and share a wider variety of success stories—innovations, including the use of unmanned aerial aircrafts, countries building efficiencies by integration with networks of other specimens and diseases, and new tools that are currently available.
Overcoming gender inequity in TB by understanding factors that drive excess male burden of disease

16:00 – 17:30
The World Forum, Yangtze 2

Chairperson: Elizabeth Corbett (Malawi), Bertie Squire (United Kingdom)

WHO Presenter: Charalampos Sismanidis (WHO/Global TB Programme)

The male disadvantage in TB is clear: 70% of undiagnosed cases, 60% of notified cases, 65% of deaths. Yet men are not prioritised as a key affected population, nor benefit from gender-equity concerns or gender-transformative responses. An evidence-based response to male-gendered TB vulnerability requires greater understanding of underlying factors, including health systems and social norms, and is urgently needed to meet the 2020 mortality reduction target of the EndTB Strategy. This session presents the burden of TB by sex, discusses specific factors driving disparities and offers recommendations to guarantee the human rights of both women and men by overcoming gender inequity.

- Gender gap in tuberculosis burden

Techniques and approaches to address the right to knowledge of the sub-national TB burden data among local TB programmers

16:00 – 17:30
The World Forum, KWA Plenary Hall

Chairperson: Enete Rood (Netherlands), Charlotte Colvin (United States of America)

WHO Presenter: Philippe Glaziou (WHO/Global TB Programme)

Sub-national TB burden estimates are sought after by TB programmes. From a planning perspective, these provide support in the design of case-finding strategies targeting specific sub-national contexts. From an accountability perspective, they also allow individual districts and provinces to set specific targets based on the number of missing people with TB and be held accountable for these. Most current prevalence surveys are powered to provide estimates only at the national level, or at best, at the regional level. In this session, experiences with recently developed innovative approaches to estimate sub-national burdens, including the different strengths and limitations, will be presented and contrasted.

- Sub-national estimation of tuberculosis burden

Laboratory human resources: abating attrition, closing the gap and finding solutions

16:00 – 17:30
The World Forum, Atlantic

Chairperson: Kathleen England (Switzerland), Fuad Mirzayev (WHO/Global TB Programme)

For two decades many countries have depended on NGO support for training laboratorians in highly specialised techniques required to diagnose TB/DR-TB. As external funding resources dwindle, governments need to invest more in the development of academic or national training programmes to ensure skilled laboratorians are available to support diagnostic services. As newer, more advanced technologies move to the forefront, a higher skillset will be required. Skills in laboratory management will be needed to monitor performance, provide oversight and ensure the highest quality of testing. At the end of the session, the chair will lead a discussion with participants and speakers.

Oral Abstract Session

The HIV-TB and diabetes late-breaker session

14:00 – 15:30
The World Forum, Mississippi

Chairperson: Satvinder Singh (WHO/HIV), Anand Date (United States of America)
Short Oral Abstract Session

Catastrophic costs vs. social protection: measuring digesting and addressing patient-level economic drivers of TB
10:30 – 12:00
The World Forum, South America
Chairperson: Debora Pedrazzoli (WHO/Global TB Programme), David Dowdy (United States of America)

Drug-resistant: disease burden outcomes
16:00 – 17:30
The World Forum, North America
Chairperson: Chen-Yuan Chiang (Taiwan), Dennis Falzon (WHO/Global TB Programme)

Plenary Event

Bench to Bedside
09:00 – 10:00
The World Forum, King Willem Alexander Hall
WHO Presenter: Soumya Swaminathan (WHO/HQ)
• Integrated TB-HIV diagnostic platforms—potential for synergy and efficiency

Symposium

Multi-disease: testing the next paradigm
10:30 – 12:00
The World Forum, Atlantic
Chairperson: Alaine Umubyeyi Nyaruhirira (South Africa), Emmanuel Fajardo (Spain)
WHO Presenter: Christopher Gilpin (WHO/Global TB Programme)
Data reported by 72 countries show that retention on ART after 12 months ranged from 72% in western and central Africa to 89% in the Middle East and North Africa. When the gaps across the HIV testing and treatment cascade are combined, this translates into 44% of all people living with HIV being virally suppressed in 2016, substantially lower than the 73% required for full achievement of the 90–90–90 targets. This symposium will illustrate some country initiatives in addressing the increasing TB-HIV dual burden by integrating TB-HIV testing programmes and platforms through the promotion of new opportunities for collaboration and integration.
• Integrated TB-HIV diagnostic platforms—potential for synergy and efficiency

Innovations in private provider engagement
14:00 – 15:30
The World Forum, Mississippi
Chairperson: Lal Sadasivan (United States of America) WHO Presenter: Dennis Falzon (WHO/Global TB Programme)
A significant proportion of the missing TB patients seek and receive services of unclear quality from private providers. This session outlines recent innovations in engaging these providers to provide quality TB care. Contrasting country experiences will be presented from Ethiopia, Indonesia and India, which indicate the prominent role played by respectively regulation, linkages to the public sector and interface agencies. This is complemented by two presentations on the potential for electronic apps in easing private provider notifications, and describes a way forward.
• Digital technologies for the notification of tuberculosis by private providers
Symposium cont.

Country approaches to finding missing persons with tuberculosis

14:00 – 15:30
The World Forum, Amazon

Chairperson: Diana Weil (WHO/Global TB Programme), Kitty van Weezenbeek (Netherlands)

WHO Presenter: Nobu Nishikiori (WHO/Global TB Programme)

In 2016, the WHO estimated that close to 40% of TB patients were missed by routine health systems. These represented more than 4 million people with TB for whom it is not known if they have ever received diagnosis or appropriate treatment. To end the TB epidemic, it is necessary to find, diagnose and treat the people routinely missed by NTPs. This symposium shows new country practices to find and treat more people with TB and how these practices have impacted TB notification and TB treatment results. The strategy, scalability and sustainability of these interventions will be discussed.

- WHO perspective: finding missing cases in the context of universal coverage/strategic initiative to find missing people with TB

WHO BOOTH

Wednesday 24 October to Saturday 27 October 2018
The World Forum, Booths 17 and 18
Churchillplein 10, 2517 JW The Hague, The Netherlands
Permanence: Yi Wang (WHO/Global TB Programme)

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Opening hours:
Wednesday 24 October 14:00 to 20:00
Thursday 25 October to Saturday 27 October 2018 - 08:30 to 17:00