



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

# Report of the Tenth Meeting of the European Technical Advisory Group on Tuberculosis Control

Copenhagen, Denmark, 9–10 November 2015

## ABSTRACT

The Tenth Meeting of the European Technical Advisory Group on Tuberculosis Control was held in Copenhagen on 9–10 November 2015. The objectives of the meeting were to: (i) review the epidemiology of TB and drug-resistant TB in the WHO European Region, including the burdens and trends; (ii) review the progress made in implementing the recommendations of the Ninth Meeting of the Technical Advisory Group of 25–26 November 2014; (iii) review the Tuberculosis Action Plan for the WHO European Region 2016–2020 and provide technical inputs for its implementation; and (iv) advise on how to make further progress in promoting and assisting broader access to new anti-TB drugs, new anti-TB drug regimens and TB-related digital health and in reforming TB service delivery.

### Keywords

TUBERCULOSIS – epidemiology, prevention and control  
TUBERCULOSIS, EXTENSIVELY DRUG-RESISTANT  
TUBERCULOSIS, MULTIDRUG-RESISTANT  
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## **Abbreviations**

MDR-TB	multidrug-resistant tuberculosis
TAG-TB	Technical Advisory Group on Tuberculosis Control
TB	tuberculosis

## Introduction

The Tenth Meeting of the European Technical Advisory Group on Tuberculosis Control (TAG-TB) was held in Copenhagen, Denmark, on 9–10 November 2015.

The overall objective of the TAG-TB is to provide an independent review and expert technical opinion regarding tuberculosis (TB) and the prevention, control and care of drug-resistant TB to the WHO Regional Director for Europe.

The objectives of the Meeting were to:

- review the epidemiology of TB and drug-resistant TB in the WHO European Region, including the burdens and trends;
- review the progress made in implementing the recommendations of the Ninth Meeting of the Technical Advisory Group, held on 25–26 November 2014;
- review the Tuberculosis Action Plan for the WHO European Region 2016–2020 and provide technical inputs for its implementation; and
- advise on how to make further progress in promoting and assisting broader access to new anti-TB drugs, new anti-TB drug regimens and TB-related e-health<sup>1</sup> and reforming TB service delivery.

The programme is in Annex 1 and the list of participants in Annex 2. The Chairperson was Dr Michael Kimerling and the Rapporteur was Ms Nina Bjerglund Andersen.

## Main conclusions and recommendations

The TAG-TB congratulated the WHO Regional Office for Europe and the European Member States on their achievements over the previous year. The successful finalization and endorsement by the 65<sup>th</sup> Session of the WHO Regional Committee for Europe of the short version of the new Tuberculosis Action Plan for the WHO European Region 2016–2020 represented an important milestone in the fight to end TB and was the result of good collaboration between Member States, institutions and stakeholders across the Region.

The TAG-TB's main conclusions and recommendations are listed below.

### TB data collection and analysis

1. The TAG-TB welcomed the presentation of an extended analysis of epidemiological data, including disaggregation by social and demographic determinants. Such extended analysis should be continued for future meetings so as to document the social determinants and their epidemiological impact.
2. Despite progress in reducing the overall incidence of TB, it was evident from epidemiological data that the transmission of multidrug-resistant (MDR) TB was continuing in parts of the Region. In view of the considerable variations in the burden of TB in the Region, in particular as regards mortality and prevalence of MDR-TB, WHO

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<sup>1</sup> The use of information and communication technologies for health.

should take a closer look at the epidemiological trends across the Region to identify where and why gaps were widening.

### **Tuberculosis Action Plan for the WHO European Region 2016–2020**

3. The new TB Action Plan 2016–2020 would play an important advocacy role, including outside the TB community. The term “action plan” should be preferred to the potentially misleading abbreviation “AP”.
4. The TAG-TB recommends that WHO should develop an implementation guide to support countries in translating the new regional Action Plan into national plans.
5. To monitor the implementation of the Action Plan, the TAG-TB recommends that progress indicators should be considered on an annual basis as well as impact and outcome indicators.
6. The TAG-TB commended the task force responsible for the new Action Plan’s monitoring and evaluation framework on selecting only a limited number of measureable and meaningful indicators. However, the measurement of equitable access and bold policies/ supportive systems gave cause for concern. The proposed indicator relating to social protection and catastrophic costs<sup>2</sup> should be refined and consideration given to the disaggregation of other indicators by social factors.
7. The baseline value of all the indicators included in the monitoring and evaluation framework of the Action Plan should be documented.

### **Expanding new anti-TB drugs and anti-TB drug regimens**

8. Since legislation covering medical topics in many eastern European countries is outdated, and it would take a long time to bring about the required changes, current legislation should not be regarded as an insurmountable barrier to the introduction of new anti-TB drugs. The TAG-TB recommends that, in addition to encouraging the revision and updating of current legislation, WHO should provide guidance and support to countries in introducing waivers for the import of non-registered drugs and conditional approvals for the compassionate use of new drugs to enable the rapid adoption of shorter and more effective treatment regimens.
9. The TAG-TB recommends that WHO ensures that there is collaboration and coordination between the Joint TB, HIV/AIDS and Hepatitis Programme and the Health Systems Strengthening Division in assisting countries to revise and update national legislation in the medical area.
10. Professional societies and civil society organizations should be involved in advocating the rapid introduction of new and repurposed drugs in countries and ensuring that guidelines on the use of these drugs are expeditiously adopted and followed.
11. Since the procurement of quality-assured anti-TB drugs is essential to avoid refuelling the multidrug and extensively drug-resistant TB epidemic, WHO should provide guidance to countries in the procurement of quality-assured medicines and engage with patient groups

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<sup>2</sup> Direct health care expenditure corresponding to >40% of annual discretionary income (income after basic needs, such as food and housing), not including indirect costs of care and income loss.

and professional societies to advocate quality treatment. The identification of new drug regimens remains a priority, which is not altered by the introduction of new drugs.

12. TAG-TB recommends that WHO should offer advice to national drug regulatory authorities on the use of new drugs introduced as part of shorter and effective treatment regimens.
13. TAG-TB recommends that WHO should scale up support to countries in the systematic implementation of pharmacovigilance.

## **E-health and TB**

14. TAG-TB supported WHO's efforts in the area of e-health technologies and TB. To continue this work, the TAG-TB recommends that WHO should conduct an analysis of existing initiatives, including what works and any gaps in evidence, barriers to adoption and identification of areas relating to TB where e-health could make a contribution. On the basis of such an analysis, WHO should then develop a strategic roadmap on how to continue the work on e-health in the Region. The analysis and roadmap should be developed in close collaboration with other units in the Regional Office that were already working on e-health.
15. Acknowledging that electronic surveillance and notification systems were the way forward in TB monitoring, the TAG-TB recommends that WHO should continue its work on applying e-health to TB surveillance, including an analysis of the successes and challenges in applying it at country level, with the aim of gradually expanding its use to all countries.

## **Moving from hospital to ambulatory TB care and revising financing mechanisms**

16. The TAG-TB congratulated the Regional Office on its continued support for countries in moving from hospital to ambulatory TB care. This fell well in line with the Office's focus on people-centred health service delivery. The Global Fund to Fight AIDS, Tuberculosis and Malaria regional project created a good opportunity to take this work further and gather experience. The TAG-TB welcomed the Office's plans for developing a guide building on such experience.
17. The TAG-TB recommends that the updating of current legislation in the medical area should be included in health care reform activities by, for example, piloting new procurement mechanisms as part of the transition process for countries moving from hospital-based to ambulatory TB care.

## **Topics to be discussed at the next TAG-TB meeting**

18. The next TAG-TB meeting would be held one year after the implementation of the TB Action Plan. The agenda should include an update on the implementation of the Plan and, possibly, the TAG-TB's recommendations for future progress.
19. Despite substantial improvements and continued progress in fighting TB in the Region, epidemiological data suggests that there is a need to go beyond detection and treatment and focus more on prevention in general, not limited to the prevention of MDR-TB. This should be addressed in more detail at the next meeting.

20. As a response to the increasing TB/HIV co-infection rates and poor treatment outcomes in the Region, TAG-TB recommends that time should be allocated to discuss the topic at the next meeting.
21. A number of countries in the Region have low TB incidence and are calling for the Framework towards TB Elimination to be implemented. The TAG-TB asked for more information on how countries ensure diagnosis and treatment of latent TB infection and about the quality of TB care.
22. The presentation of epidemiological data is important and much appreciated. To allow more time to analyse the most recent data and present them to the members at least one week before the next TAG-TB meeting, it was suggested that the meeting should be rescheduled from late 2016 to early 2017. A specific date would be discussed with the secretariat and proposed to all TAG-TB members.
23. To help discussion, one discussant could be assigned to each of the topics on the agenda. This person will read all related material in advance, mentor the presenter and facilitate the discussion.



## Annex 1

### PROGRAMME

#### 9 November 2015

- SESSION 1: Introduction
- 09:00 – 09:10 Opening. *Nedret Emiroğlu, Director, Communicable Diseases, Health Security and Environment*
- 09:10 – 09:15 Review of the terms of reference and membership of TAG-TB. *Michael Kimerling, Chairperson of the TAG-TB, Director Technical Services, Regional Office for The Netherlands & Europe, KNCV Tuberculosis Foundation, The Hague, The Netherlands*  
Declaration of interests by the members of TAG-TB. *Pierpaolo de Colombani, Secretariat of TAG-TB and Medical Officer, Tuberculosis & M/XDR-TB, Joint TB, HIV/AIDS and Hepatitis Programme (JTH)*
- SESSION 2: Updates
- 09:15 – 09:30 Overview of the TB epidemiology in the WHO European Region. *Andrei Dadu, Technical Officer, Tuberculosis & M/XDR-TB, JTH*
- 09:30 – 10:30 Discussion
- 11:00 – 11:15 Summary of the recommendations from the 15<sup>th</sup> Meeting of the Strategic and Technical Advisory Group for TB (STAG-TB), Geneva, 15–17 June 2015. *Ibrahim Abubakar, Member of STAG-TB and Director of the Centre for Infectious Disease Epidemiology, University College London, United Kingdom*
- 11:15 – 11:30 Progress in the implementation of the recommendations from the 9<sup>th</sup> Meeting of TAG-TB, Copenhagen, 25–26 November 2015. *Masoud Dara, Acting Programme Manager, Tuberculosis & M/XDR-TB, JTH*  
Presentation of the video “TB in the WHO European Region: key achievements, challenges and the way forward”
- 11:30 – 11:45 Overview of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (TB-AP) approved by the 65<sup>th</sup> Session of the WHO Regional Committee for Europe  
*Colleen Acosta, Epidemiologist, Tuberculosis & M/XDR-TB, JTH*
- 11:45 – 13:00 Discussion
- 14:00 – 14:30 Discussion (continued)
- SESSION 3: Specific questions to TAG-TB
- 14:30 – 14:45 Regional experiences in expanded access to new anti-TB drugs and new anti-TB drug regimens. *Martin van den Boom, Technical Officer, Tuberculosis & M/XDR-TB, JTH*
- 14:45 – 15:15 Discussion
- 15:15 – 15:30 Regional experiences in digital health applied to TB. *Andrei Dadu*
- 16:00 – 17:00 Discussion
- 17:00 – 17:15 Wrap up

#### 10 November 2015

- SESSION 3: Continuation
- 09:00 – 09:15 Health system strengthening and TB control in the WHO European Region  
*Hans Kluge, Director of the Division of Health Systems and Public Health*
- 09:15 – 09:30 Assistance in shifting from hospital to ambulatory TB care and revising financing mechanisms. *Szabolcs Szigeti, National Professional Officer, WHO Country Office, Hungary. Pierpaolo de Colombani*

09:30 – 10:30 Discussion  
11:00 – 12:00 Main recommendations of the TAG-TB 10<sup>th</sup> Meeting. *Michael Kimerling*  
12:00 – 12:10 Closure of the TAG-TB 10<sup>th</sup> Meeting. *Nedret Emiroğlu, Masoud Dara*

In the afternoon, TAG-TB members and other participants contributed in the discussion called by the Global Fund on the TB Regional Project for Eastern Europe and Central Asia 2016–2018.

## *Annex 2*

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