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Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB)

**Third meeting
Copenhagen, Denmark, 24 November 2014**

ABSTRACT

The third meeting of the Regional Collaborating Committee on Tuberculosis Care and Control (RCC-TB) steering group was held in Copenhagen, Denmark on 24 November 2014, with the participation of members and observers, including representatives from WHO country offices in the Region. This report briefly summarizes outputs from the presentations, discussion and working group sessions, and indicates future action.

Keywords

COMMUNICABLE DISEASE CONTROL
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Abbreviations

ECDC	European Centre for Disease Control and Prevention
ERS	European Respiratory Society
EU	European Union
MSF	Médecins Sans Frontières
M/X-MDR	multidrug- and extensively drug-resistant tuberculosis
RCC-TB	Regional Collaborating Committee on Tuberculosis Control and Care

Introduction

The Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) was established in September 2011 in response to the endorsement by the 53 WHO European Member States of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region, 2011–2015 and its accompanying resolution (EUR/RC61/R7) at the 61st session of the Regional Committee for Europe in 2011.

The RCC-TB provides an interactive platform for stakeholders including donors, technical agencies, professional societies, and patient and community representatives to exchange information related to the response to M/XDR-TB and to advocate action. It comprises a steering group and a network of members, with the overall mission of working towards universal access to evidence-based prevention, diagnosis, treatment and care of TB and M/XDR-TB across the Region.

The post-2015 global End TB Strategy was endorsed by the Sixty-seventh World Health Assembly (A67/11) on 14 May 2014. This Strategy will be adapted to the regional level under a new TB Action Plan for the WHO European Region 2016–2020, which should be consistent with the current regional Consolidated Action Plan, taking account of achievements made and addressing the challenges that remain. Action and interventions by the RCC-TB should, therefore, link to both the post-2015 global End TB Strategy and the TB Action Plan 2016–2020.

The third meeting of the RCC-TB was held in Copenhagen, Denmark, on 24 November 2014 and involved steering group members and observers and representatives from the WHO country offices in the Region. The meeting, which consisted of presentations and working group and plenary discussions, was organized back-to-back with a meeting of the European Technical Advisory Group on Tuberculosis Control (25–26 November 2014) and a consultation on developing the TB Action Plan 2016–2020 (27 November 2014). The programme is in Annex 1 and the list of participants is in Annex 2.

Objectives

The objectives of the meeting were to:

- update members on challenges and progress regarding key activities related to the RCC-TB; and
- discuss and agree possible scenarios and next steps for synergizing action to optimize the contribution of the RCC-TB to the development of the TB Action Plan 2016–2020 and to overall TB prevention, care and control in the Region.

Opening

The Chairperson of the RCC-TB, Fanny Voitzwinkler, and Masoud Dara of the WHO Regional Office for Europe welcomed the participants and encouraged them to participate actively in achieving the mission and objectives of the Committee.

The RCC-TB's terms of reference were presented with a short historical overview of the establishment of the Committee, its mission and objectives. There was a continued need to

expand the Committee beyond the core group with, for example, representatives of nongovernmental organizations in the eastern part of the Region, although language barriers and limited resources to cover travel expenses were obstacles to further expansion. Representatives from countries in the west of the Region should also be encouraged to join the Committee.

The working procedures of the Committee were discussed. Bi-monthly calls among the core group were useful and should be continued. However, in view of the number of events planned for the first half of 2015, it was agreed to conduct monthly calls and review the frequency by mid-2015.

Update from the secretariat and partners

RCC-TB secretariat

A key product of the Committee in 2014 was the development and publication of three advocacy fact sheets on *Ambulatory TB care*, *Engaging civil society in the fight against TB*, and *Integrated TB/HIV care*.¹ The fact sheets are a concrete outcome of the Committee's discussions initiated at the second meeting in November 2013 and of the active contributions of all partners and Committee members throughout 2014. The partners and members of the network were encouraged to distribute and use the fact sheets actively as a basis and stimulus for discussions at national and regional levels.

Best practice examples of the prevention, diagnosis, treatment and care of TB have proved useful and are a key feature of the fact sheets. More examples are needed, and the partners were encouraged to continue to collect and share good and best practice examples which could be made available on the RCC-TB website. The Public Health Forum² on the Regional Office website was a useful mechanism for submitting and sharing examples. It offered a quick and interactive channel for sharing information, and was open to everyone to join (conditional on registration) so as to contribute to dialogue and discussion. As the Forum grew, it would probably be necessary to assign a moderator from the Committee to help monitor the discussions. The Forum can be found through a link on the RCC-TB website.³

STOP TB Partnership

The STOP TB Partnership had set the following advocacy priorities in relation to the post-2015 global End TB Strategy:

- to develop a renewed plan of action against TB to guide the global TB response;
- to facilitate and unify advocacy against TB with a focus on impact through specific campaigns;
- to change the conversation and mobilize new champions.

¹ TB Europe Coalition [website]. London: Results UK and Brussels: Global Health Advocates; 2014 (<http://www.tbcoalition.eu/2014/11/07/key-advocacy-fact-sheets-on-tb-in-europe-released-in-english-and-russian/>, accessed 7 March 2015).

² WHO/Europe Public Health Forum [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://discussion.euro.who.int/>, accessed 7 March 2015).

³ Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/activities/regional-collaborating-committee-on-tuberculosis-control-and-care-rcc-tb>, accessed 7 March 2015).

The aim of the Stop TB Partnership's Global Strategy 2016–2020 was to operationalize WHO's End TB Strategy by focusing on reducing new infections and deaths in order to end TB as a pandemic by 2035. It was planned to produce a non-technical document and to ensure the wide involvement and contribution of the TB community. The RCC-TB would be an important forum for discussion and contribution to this plan and its development.

Some key problems in TB advocacy work were that it was often vague, generalized and suffered from a lack of coordination and prioritization. There was a need to be more ambitious and to work to re-establish a sense of urgency.

The commitment by the Latvian Presidency of the European Union (EU) to make TB a priority during the first semester of 2015 created an opportunity for the RCC-TB to undertake a flagship initiative in the form of a strong advocacy campaign as an integral part of the Regional TB Action Plan 2016–2020. Such a campaign should use ambitious language and targets (such as to end TB in the European Region by 2025) to jolt political leaders into action.

From January 2015 onward, the Stop TB Partnership would be hosted by the United Nations Office for Project Services rather than WHO. In practical terms this would not change its close collaboration with WHO, but it could help to bring more clarity to what the Partnership can contribute.

European Respiratory Society

The key activities of the European Respiratory Society (ERS) relating to TB and the RCC-TB included the following:

- production of the publications *European respiratory roadmap* and *The European lung white book*, with TB as an important feature;
- EU advocacy work to raise awareness of TB;
- publications from the Society's Forum for TB Innovation;
- collaboration with the Regional Office and the European Centre for Disease Control and Prevention (ECDC) on the ERS/WHO – TB Consilium for MDR-TB,⁴ a platform to support TB clinicians in diagnosing and treating difficult cases;
- in collaboration with the ECDC, development of EU standards for the diagnosis, treatment and prevention of TB;
- work with the TB PAN-NET European translational research consortium of 27 partners with the aim of addressing the challenge of MDR-TB;⁵
- development of the ERS/WHO TB framework; and
- collaboration with WHO on mobile health initiatives, such as the development of mobile technologies (applications) to help patients treat TB, building on good experience from the Republic of Moldova and Tajikistan.

⁴ ERS/WHO – TB Consilium [website]. Brussels: European Respiratory Society and Geneva: World Health Organization; 2015 (<https://www.tbconsilium.org/>, accessed 5 March 2015).

⁵ Tbnnet [website]. Borstel: Research Center Borstel; 2015 (<http://www.tb-net.org/index.php/research/tb-pan-net>, accessed 5 March 2015).

The Society gave its full support to using the opportunity of the Latvian EU Presidency to put TB on the EU agenda. There was a particular need to raise awareness of TB at primary health care level and among first-line medical staff.

Global Fund to Fight AIDS, Tuberculosis and Malaria

The key lessons learned about the Fund's new funding model, based on the first three application windows, were the following:

- the need to match appropriate programmes and activities to situational analysis, demonstrating lessons learnt from previous grants;
- the need to include gender-sensitive and key population-focused programmes;
- the need to refocus efforts on strengthening health systems; and
- the need to strengthen sustainability through more deliberate transition plans.

The second application window revealed a need for applicants to prioritize effective TB case detection and the immediate treatment of all cases of TB, including M/XDR-TB, while the third application window illustrated the necessity of increasing access to TB services for all patients, including MDR-TB, XDR-TB and TB/HIV patients.

An update on the TB concept notes in the Region, including a number of good practices and approaches identified in the development of the concept notes, showed:

- the synchronized development of national strategic plans endorsed by the respective governments, including a reform plan to rationalize hospitalization and expand outpatient treatment (for example, in Kazakhstan and Romania);
- a strong consultative process including engagement of communities (for example, in the Republic of Moldova, Tajikistan and Ukraine);
- enhanced TB/HIV collaboration (in, for example, Ukraine); and
- the benefit of continuous technical assistance (WHO/regional Green Light Committee) in the development of national strategic plans and country dialogue (in, for example, Azerbaijan).

The RCC-TB could build a flagship initiative for 2015 around enablers that would allow countries to make progress in ensuring the financial sustainability of their TB programmes.

TB Europe Coalition

In the light of the commitment by the Latvian Presidency of the EU to make TB a priority during the first semester of 2015, the TB Europe Coalition would be running an online campaign during the run-up to the Riga Ministerial Meeting in March 2015 to push for greater political commitment and to help engage civil society. All partners of the Committee were encouraged to give inputs to the campaign and to help disseminate it.

The Coalition had initiated a study to assess whether sustainable domestic financing of the response to TB was a reality in the EU eastern Europe and central Asia region. It was planned to launch the findings of the study in an advocacy report at the summit in Riga in March.

The Coalition viewed the RCC-TB as an important platform for coordination. The following were suggested as flagship initiatives during 2015:

- to develop a scorecard for the Consolidated Action Plan
- to review the monitoring of the Consolidated Action Plan
- to contribute to the development of the new TB Action Plan 2016–2020, and
- to be active in the Latvian EU Presidency and create political opportunities.

Médecins Sans Frontières

TB projects were ongoing in Armenia, Georgia, Kyrgyzstan, Russian Federation, Tajikistan, Ukraine and Uzbekistan, with activities focused on the decentralization of MDR-TB care, access to new drugs and regimens, Xpert for diagnosis, and paediatric MDR-TB care.

A survey of TB projects in eight countries, including two from the European Region (Russian Federation and Uzbekistan), had revealed gaps between best practices and the care received by TB patients, resulting in an exacerbation of the epidemic of drug-resistant TB. It also showed that too many people went undiagnosed due to inadequate implementation of Xpert and drug-resistance testing, and a lack of access to appropriate regimens, formulation and new drugs.

On the basis of these findings, the RCC-TB could, as a flagship initiative, focus on five policy areas in five countries in five years, supported by a number of indicators to help assess and monitor the situation. The five proposed areas were:

- scaling up TB and drug resistance testing
- optimizing models of care
- upgrading treatment protocols for drug-susceptible TB
- updating the regulatory framework, and
- upgrading treatment protocols for drug-resistant TB.

Flagship initiatives for the RCC-TB in 2015

The suggestions for flagship initiatives were listed and put to a vote so as to select three for further discussion and operationalization in smaller working groups. The outcome of the three working groups is described below.

1. Long-term (2015–2020) campaign to end TB in Europe

With the RCC-TB as a catalyst, a three-phase long-term (2015–2020) campaign organized by the Committee and its members would be developed and launched to raise awareness and commitment further to end the TB pandemic in Europe.

The two TB-related meetings during the Latvian EU Presidency (the Ministerial conference in March and the summit meeting in May), presented unique opportunities to kick off the first phase of the campaign. Using the umbrella of the RCC-TB, the partners would consider jointly requesting an ambitious agenda and declaration on ending TB in Europe. This could be done in the form of a letter to the ministries of health in Latvia and Luxembourg (holding the EU

presidency during the second half of 2015) offering collaboration and support and encouraging ambitious targets. Committee members would sign the letters individually.

The second phase of the campaign would be to follow up actively the outcome of the two meetings. In the event of a positive outcome, the aim would be to support the goals of the declaration and work to hold countries to their promises. If the outcome was less positive, the main objective of the campaign would be to advocate a higher level of ambition. A working group of partners from the Committee would be responsible for shaping the next phases of the campaign. The aim would be to have the campaign ready by October 2015, so that the long-term campaign could be launched to coincide with the launch of the TB Action Plan 2016–2020.

A possible source of funding for the long-term campaign could be through a regional proposal to the Global Fund. The application should come jointly from the partners. A consultant should be hired to coordinate and put together inputs from the partners as a formal application. Based on the Global Fund's application time windows for such proposals, such an application could only be approved in approximately one and a half years and would thus relate to the third and longer-term phase of the campaign.

2. Enabling and enablers for (financial) sustainability

The second proposed flagship initiative focused on enablers that will allow countries to be successful in progressing towards sustainability, especially the financial sustainability of national TB programmes. Using the umbrella of the Committee, all partners should seize the opportunity of relevant events to raise the topic.

The following activities should be undertaken under this initiative:

- advocacy at different levels for the optimization and efficient use of funds that are already available;
- presentation of good and best practices and evidence of practice models already identified so as to empower decision-makers; and
- exploration and presentation of different modalities of health financing, including from nongovernmental organizations.

Products under this initiative could include:

- an advocacy brochure or fact sheet (in line with those previously published) presenting good and best practices and modalities of health financing supported by evidence; this could be a powerful tool for the partners to promote and initiate discussions about financial sustainability programmes;
- a fact sheet on social procurement by nongovernmental organizations in line with the three first fact sheets; and
- a collection of best practices by nongovernmental organizations supported financially by ministries of health.

3. Contribution to the Tuberculosis Action Plan 2016–2020

The input of relevant partners and stakeholders to the new TB Action Plan 2016–2020 for the WHO European Region was essential. The third suggested flagship initiative was, therefore, to ensure that all partners of the Committee contribute to the Plan as follows:

- by March 2015, solicit input to the TB Action Plan from the Committee's partners;
- by April 2015, a core group under the Committee to summarize the inputs and share it with the TB Action Plan writing group; and
- in May 2015, use the opportunity of the national TB programme managers' meeting to collect and solicit further input to the draft plan.

To ensure successful implementation of the TB Action Plan, it would be necessary to increase awareness and ensure potential donors' commitment to it (for example, the World Bank in relation to activities to strengthen health systems). To help with this, a fact sheet on the development of the Plan should be written and distributed and monthly updates on progress in developing the Plan disseminated so as to stimulate discussion and increase ownership. Finally, the draft TB Action Plan should be made available in both English and Russian in order to ensure ownership and input from Russian-speaking stakeholders and counterparts.

Election of the Chairperson and Vice-Chairpersons

To ensure continuity and a close relationship with the EU, the Committee decided to re-elect Fanny Voitzwinkler as Chairperson for an additional year and to nominate two Vice-Chairpersons, Dr Evan Lee (Eli Lilly) and Timo Ulrichs (Koch-Metschnikow-Forum).

Closing remarks

Nedret Emiroglu, Deputy Director, Division of Communicable Diseases, Health Security and Environment congratulated the participants on the uniqueness of the Committee, which brought together a diverse group of partners, including civil society and patient organizations. She was grateful to all the partners for their contributions and continued support and commitment. Several important milestones on TB would be passed in 2015 (for example, the EU Ministerial Meeting and the development and launch of the new TB Action Plan), which would require all the support the partners of the Committee could mobilize.

Masoud Dara also thanked the participants for their participation. Important progress had been made during the course of the meeting, which would provide a solid foundation for the Committee's activities and contributions to ending TB in Europe.

Annex 1

PROGRAMME

09:00–09:10	Opening remarks	Hans Kluge, Director, Division of Health Systems and Public Health and Special Representative of the Regional Director on M/XDR-TB
09:10–09:20	Introduction and adoption of programme	Masoud Dara, Programme Manager, Tuberculosis & M/XDR-TB, RCC-TB Secretariat
09:20–09:40	Election of RCC-TB Chairperson and Vice Chairperson	Masoud Dara, Martin van den Boom, Technical Officer, Tuberculosis & M/XDR-TB, RCC-TB Secretariat
09:40–09:45	Brief update from RCC-TB Secretariat on progress of RCC-TB in 2014	Martin van den Boom
09:45–10:00	Stop TB Partnership: Update on progress, challenges in TB control, and linkages and synergies with RCC-TB, proposing one possible flagship intervention for RCC-TB for 2015	Jon Lidén, Head, Strategy, Advocacy and Communications, Stop TB Partnership
10:00–10:15	Update from the European Respiratory Society on TB prevention, care and control in Europe and synergies with RCC-TB; proposing possible flagship intervention for RCC-TB for 2015	Brian Ward, European Respiratory Society
10:15–10:30	Discussion	
11:00–11:15	Update on new funding model, proposing possible flagship intervention for RCC-TB for 2015	Tatyana Vinichenko, Fund Portfolio Manager, The Global Fund to Fight AIDS, Tuberculosis and Malaria
11:15–11:30	Civil society's perspective and upcoming opportunities in 2015, proposing one possible flagship intervention for RCC-TB for 2015	Fanny Voitzwinkler, Coordinator, TB Europe Coalition
11:30–11:45	Overview of Médecins Sans Frontières activities relevant to RCC-TB, proposing one possible flagship intervention for RCC-TB for 2015	Grania Brigden, TB Adviser, Médecins Sans Frontières, Access Campaign
11:45–12:10	Brief overview of key activities relevant to RCC-TB by representatives of other organizations and suggested flagship initiatives of 2015	All
12:10–12:30	Discussion on flagship initiatives to take forward for group work	All, Chairperson, Vice Chairperson
13:30–13:45	Introduction to working group session	Chairperson, Vice Chairperson, Martin van den Boom
13:45–14:30	Working group session (four groups): preparation and implementation of one RCC-TB flagship intervention	All in groups
14:30–15:30	Working group session: group presentations and plenary discussion	All, Chairperson, Vice Chairperson, Martin van den Boom
16:00–16:30	Discussion: modus operandi, communication, website contributions, virtual meetings	All, Chairperson, Vice Chairperson, Martin van den Boom
16:30–16:45	Formulation of next steps, summary of discussions	Chairperson, Vice Chairperson, Masoud Dara, Martin van den Boom
16:45–17:00	Closure	Nedret Emiroğlu, Deputy Director, Division of Communicable Diseases, Health Security and Environment

Annex 2

LIST OF PARTICIPANTS

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