

European Tuberculosis Research Initiative

Fourth meeting of the core group
23 August 2019, Copenhagen, Denmark

Abstract

The European Tuberculosis Research Initiative (ERI-TB) was launched by the WHO Regional Office for Europe in 2016 to advance tuberculosis (TB) research in the WHO European Region. It was intended as a platform to build the capacity of Member States of the WHO European Region to implement operational research, which is considered an important source for evidence-informed management of national TB programmes and relevant policy decision-making. This report summarizes the discussions and actions from the fourth meeting of the ERI-TB core group, held on 23 August 2019. It presents key achievements and latest updates on the ERI-TB scope of work for core group members; the new subgroup on drug-resistant TB research; and current and planned activities related to the WHO global strategy for TB research and innovation and to ERI-TB's Structured Operational Research Training (SORT-TB) for 2019–2020.

Keywords

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Abbreviations

DR-TB	drug-resistant tuberculosis
ERA-TB	European Tuberculosis Research Agenda (of the European Tuberculosis Research Initiative)
ERI-TB	European Tuberculosis Research Initiative
MDR-TB	multidrug-resistant tuberculosis
mSTR	modified shorter treatment regimen
NTP	national tuberculosis programme
OR	operational research
SORT-TB	Structured Operational Research Training (of the European Tuberculosis Research Initiative)
TB	tuberculosis

Background

The WHO European Region incorporates 53 Member States with a reported incidence of tuberculosis (TB) that ranges from near eradication to rates exceeding 100 per 100 000 population. The Region includes 18 high-priority countries to end TB, nine of which are included in the global list of countries with the highest burden of multidrug-resistant TB (MDR-TB) (1).

The target of Sustainable Development Goal 3 for TB is to end the epidemic by 2030 (2), and the Sixty-seventh World Health Assembly adopted the End TB Strategy with its high-reaching targets of ending the TB epidemic by (i) eliminating catastrophic expenses for TB patients and achieving (ii) a 90% reduction in TB deaths and (iii) an 80% reduction in TB incidence by 2030 compared with 2015 (3). The third pillar of the End TB Strategy – research and innovation – pursues operational research (OR) for design, implementation, scaling up of innovations and calls for an urgent increase in research investments so that new tools can be developed and rapidly made available and widely accessible in the next decade.

Acting in accordance with the Roadmap to implement the Tuberculosis Action Plan for the WHO European Region 2016–2020: towards ending tuberculosis and multidrug-resistant tuberculosis (4), which was developed to operationalize the global End TB Strategy across the Region, the WHO Regional Office for Europe launched the European Tuberculosis Research Initiative (ERI-TB) in 2017 to support the scaling up of TB research in the Region (4,5). The primary aims of ERI-TB are to (i) define the priority research areas and research questions for countries in the Region, (ii) catalyse capacity-building at country level and (iii) facilitate and promote collaboration between research institutions and relevant stakeholders (6,7).

During its first three years, a number of steps undertaken by ERI-TB Secretariat have contributed to promotion of the European Tuberculosis Research Agenda (ERA-TB) and to capacity-building at country level. The time has now come to summarize the current achievements, identify additional needs and opportunities, and update ERI-TB's vision for the future.

Objectives, expected outputs and participants

The meeting objectives were to:

1. summarize the current scope of work and key achievements of ERI-TB;
2. present the drug-resistant TB (DR-TB) research subgroup;
3. share and discuss ERI-TB's provisional plans for next year (including plans to support Member States on the introduction of modified all-oral shorter treatment regimens (mSTRs) for MDR-TB under OR conditions; the second cohort of Structured Operation TB Research Training (SORT-TB) (7); and collaboration with the Special Programme for Research and Training in Tropical Diseases, focusing on vulnerable groups and the engagement of civil society in TB research); and
4. discuss additional areas and opportunities for ERI-TB to focus on (including an intercountry study on latent TB infection).

The expected outputs of the meeting were to:

- provide the latest updates on ERI-TB's scope of work for its core group members;
- serve as a platform to identify new challenges and opportunities for ERI-TB; and
- promote current WHO and ERI-TB activities: the global strategy for TB research and innovation and SORT-TB for 2019–2020 (7).

The list of participants is shown in Annex 1.

Welcome and introduction

Dr Sevim Ahmedov, chair of the ERI-TB core group and of the meeting, welcomed all attendees for participating in the virtual meeting. Dr Ahmedov presented the meeting agenda and outlined key objectives and expected outputs of the meeting. He also presented the modus operandi of the meeting and set the ground rules of meeting discussions.

Dr Masoud Dara on behalf of the ERI-TB Secretariat at the WHO Regional Office for Europe thanked all members of the ERI-TB core group who joined the meeting by WebEx and introduced Dr Salmaan Keshavjee as a special guest who is visiting the Regional Office and representing Partners in Health. Dr Dara also presented a new member of Joint Tuberculosis, HIV and Viral Hepatitis programme team, Askar Yedilbayev, who recently took up the role of TB Unit Lead.

Dr Dara congratulated all core group members on ERI-TB being recognized in an internal audit as one of the best communicable disease initiatives in the Region. ERI-TB is now receiving lots of attention due to the active participation of its representatives from academia, national counterparts and researcher, institutions in setting the ERA-TB. Dr Dara mentioned a growing need to strengthen collaboration between TB, HIV and viral hepatitis programmes at country level and advised participants to consider this when updating the ERI-TB terms of reference. Dr Dara informed participants that following the launch of the *United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration* in 2018 (8), the Regional Office is now piloting a methodology to address social determinants of communicable diseases in four countries (Belarus, Georgia, Portugal and Tajikistan) through the provision of integrated care for HIV, TB and viral hepatitis.

Lastly, Dr Dara informed participants that in 2018 a progress report on the implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (9) was submitted to Member States and at the 69th session of the Regional Committee for Europe in September 2019 the Regional Office will propose extending the plan until 2030.

ERI-TB updates

The meeting was carried out in accordance with the agenda.

Regional TB activities: progress on the TB Action Plan and intersectoral collaboration

Dr Askar Yedilbayev presented the key epidemiological trends in the WHO European Region: the fastest decline in TB incidence and TB mortality alongside continuing increases in MDR-TB incidence, TB/HIV coinfection incidence and mortality trends. The treatment success rate for MDR-TB demonstrates a sustainable increase but remains below the 75% target defined in the Tuberculosis Action Plan for the WHO European Region 2016–2020 (9).

Dr Yedilbayev continued to report the progress made by the WHO Regional Office for Europe in relation to the Roadmap to implement the Tuberculosis Action Plan for the WHO European Region 2016–2020 (4).

- In accordance with **intervention area 1** (Integrated, patient-centred care and prevention), the following activities have been carried out: publication of guidelines to reduce TB transmission, publication of good practices on systematic screening, release of an updated laboratory diagnostic algorithm (developed by the European Laboratory Initiative), development of a training toolkit on the use of molecular line probe assays, the launch of multicountry research on TB drug-resistance profiles, and finalization of a regional guidance document on latent TB, among others. Dr Masoud Dara added that the Regional Office is now working on developing an online repository of best practices in prevention and care for TB, HIV and viral hepatitis.
- Within **intervention area 2** (Bold policies and supportive systems), the following activities have been carried out: provision of advocacy and support for organizing the United Nations General Assembly High-level Meeting on the Fight against Tuberculosis; development of communication and advocacy materials to address stigma, stimulate reforms and/or adopt and scale up good practices; support for the adoption of a people-centred model of TB care, shifting towards outpatient models of care; provision of technical assistance on new models of TB care including on TB financing in seven countries; provision of five TB epidemiological reviews (10) to analyse the impact of TB epidemic and assess surveillance system benchmarks and standards; implementation of a structured inventory study of underdiagnosis and underreporting in Armenia (the first in the Region); and launch of the 2019–2020 intercountry project in Kyrgyzstan, Tajikistan, and Uzbekistan to build country capacity in the provision of TB care and prevention among migrants across borders, among others.
- Progress within **intervention area 3** (Intensified research and innovation) was discussed later in the meeting.

Dr Yedilbayev informed core group members that the document, *United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration* (8), developed on the request of WHO Director-General Dr Tedros Adhanom Ghebreyesus was finalized and endorsed by the United Nations Regional Coordination Mechanism on 9 May 2018. This common

position paper aims to guide multisectoral collaboration across health and non-health sectors to end these epidemics through a sustainable development approach.

Dr Yedilbayev also described the extension of the Regional TB Action Plan, as mentioned by Dr Dara, and informed participants that a European multisectoral accountability framework to accelerate progress to end TB by 2030, which is intended to follow progress within the extended TB Action Plan, is under development and must be finalized and endorsed by the WHO Regional Committee for Europe in September 2020. Member States will be supported in the development of national multisectoral accountability frameworks.

Global strategy for TB research and innovation

Dr Matteo Zignol informed the ERI-TB core group on the progress in developing and endorsing the global strategy for TB research and innovation. Research is critical to break the trajectory of the TB epidemic and achieve the targets of the End TB Strategy (3). The TB research commitments made over past years provided a golden opportunity to develop a global strategy for TB research and innovation. With the support of partners and Member States, resolution WHA71.3 was adopted by the Seventy-first World Health Assembly (11), requesting the WHO Director-General

to develop a global strategy for TB research and innovation, taking into consideration both ongoing and new efforts, and to make further progress in enhancing cooperation and coordination in respect of TB research and development, considering where possible drawing on relevant existing research networks and global initiatives.

The global strategy is an overarching guidance document containing a set of evidence-based recommendations to fulfil the key objectives of the third pillar of the End TB Strategy (3), in the context of the Sustainable Development Goals (2). The aim of the global strategy is to provide for all Member States a framework of interventions to remove barriers to TB research and innovation to help achieve the goals and targets of the End TB Strategy (3). The global strategy will have four strategic objectives: (i) to create an enabling environment for TB research and innovation; (ii) to increase financial investments in TB research and innovation; (iii) to promote and improve approaches to data sharing; and (iv) to ensure equitable access to the benefits of research and innovation. These strategic objectives are based on country's needs (what is in place and what is the challenge); experiences of product development partnerships, partners and governments; civil society engagement; articulating trade, intellectual property and human rights; and collaboration to facilitate ongoing research and its translation into policy.

The draft global strategy has now gone through several consultations and is currently awaiting feedback from Member States at WHO regional committees (August–October) (12). It must be passed by the WHO Executive Board before being finally submitted for review and endorsement at the Seventy-third World Health Assembly in May 2020.

Dr Sevim Ahmedov thanked all ERI-TB core group member, as well as the ERI-TB Secretariat, for reviewing the document drafts and providing valuable feedback.

Operationalization at regional level: follow-up on ERI-TB

Dr Andrei Dadu described how the global strategy for TB research and innovation will be operationalized at regional level.

ERI-TB is currently the main platform to facilitate strategy implementation at regional level. ERI-TB was launched in 2016 to support the third pillar of the End TB Strategy and the Roadmap to implement the Tuberculosis Action Plan for the WHO European Region 2016–2020 (4). Three key deliverables for ERI-TB were to develop a prioritized regional TB research agenda, improve research capacity and advocate for resource mobilization to address evidence gaps. On the behalf of the ERI-TB Secretariat, Dr Dadu expressed his gratitude to the United States Agency for International Development for supporting development of the ERA-TB and building research capacity in the WHO European Region through the regional platform to end TB in eastern Europe.

The ERI-TB network currently has more than 160 members across the entire Region (representing national TB programmes (NTPs), service providers, research institutes, international organizations NGOs), the core group, the DR-TB research subgroup, the Structured Operational Research and Training Initiative (SORT-IT) group and SORT-TB alumni. The ERI-TB Secretariat, responsible for maintaining the network, is based at the WHO Regional Office for Europe.

Key objectives of ERI-TB are achieved through carrying out two key activities: (i) formulating the ERA-TB and (ii) SORT-TB.

Dr Dadu continued by describing the development process for the ERA-TB: Delphi 1 (online consultations with the core group); Delphi 2 (WHO consultations with NTP managers at Wolfheze Workshops); and scoring through an online platform. High-priority TB research areas and questions were chosen for both high- and low-burden countries. The ERA-TB report was presented at Wolfheze Workshops and is now available for Member States as an ISBN-approved publication from the Regional Office website. ERI-TB supports Member States of the Region to fill the research gaps identified in the ERA-TB through a number of initiatives: the SORT-TB course (the second cohort was launched in August 2019 by the Regional Office and the first country-level SORT-TB course was initiated by WHO Country Office in Uzbekistan, with the first workshops scheduled to take place in October 2019), and the Intercountry Operational Research on Modified Shorter All-oral Regimens for Drug-Resistant Tuberculosis project and other OR projects carried at country level (with Belarus and the Republic of Moldova leading the way).

SORT-TB: achievements and future plans

Mr Oleksandr Korotych presented the WHO Regional Office for Europe's latest research capacity-building initiative under development and the achievements of the first cohort of ERI-TB SORT-TB (2018–2019). SORT-TB was developed to help close TB research gaps in the WHO European Region through a two-tiered approach: SORT-TB course participants carry out their own research projects that align with the ERA-TB and, upon returning to their NTP, promote the ERA-TB at country level and support TB research uptake by the NTP. The course targets professionals who are engaged in NTP work and interested in research. Eligible applicants submit their research proposals to the ERI-TB Secretariat with a letter of endorsement from their NTP or health

ministry. The ERI-TB Secretariat selects the research proposals based on their relevance to ERA-TB and to the country's research priorities.

The first cohort of SORT-TB was launched in July 2019 and covered six eastern European countries (Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova, Ukraine). Most research projects were based on routine programmatic data and aimed to increase routine data usage. Twelve research projects were carried out within the first cohort, covering seven shared research priority areas defined in the ERA-TB. All research projects received approval from both the WHO Ethics Review Committee and the local institutional review board to ensure the protection of patient data. Findings with the greatest potential to produce a considerable impact include were generated by:

- a Belarusian study based on the biggest European cohort of patients receiving bedaquiline that assessed the effectiveness of bedaquiline-containing versus standard regimens;
- a Georgian study that revealed significant rates of mismanagement of TB patients by the Georgian NTP;
- two Ukrainian studies:
 - one was the first drug-resistance survey based on routine programmatic data in Ukraine that identified risk factors associated with rifampicin-resistant TB; and
 - the other was the first study to assess the length of delays at every step of the rifampicin-resistant TB diagnosis and treatment in Ukraine.

Manuscripts based on the findings of all 12 studies were submitted for publication in the peer-reviewed journal, *Public Health Panorama*, which is published by the WHO Regional Office for Europe. The journal will dedicate its December issue to the closure of TB research gaps in Region.

Mr Korotych also informed participants on the launch of the second cohort of SORT-TB. The 12 successful applicants will be individuals representing the government/NTP, a national institution, or research or civil society organization in any Member State of the Region whose research projects are endorsed by NTP and match the ERA-TB. He also stated that all expenses (for travel, accommodation and per diem costs) for five applicants from five selected countries with a high MDR-TB burden (Armenia, Azerbaijan, Belarus, Georgia and the Republic of Moldova) will be paid by the WHO Regional Office for Europe.

Dr Sevim Ahmedov, supported by Dr Masoud Dara, proposed a topic for group discussion: to propose the best strategies for communicating SORT-TB research findings back to the NTPs to drive policy/programme response actions. In response, Dr Andrei Dadu said that an additional module (Research communication and transformation into practice) had been included in the SORT-TB curriculum, in which SORT-TB participants meet NTP managers from their countries to present and discuss study findings and jointly propose response measures to be implemented at country level.

Dr Dominik Zenner raised an additional point about sustainability, in particular how the built-in capacity of SORT-TB can be utilized to promote further capacity-building. In response, Dr Dadu stated that SORT-TB alumni are invited to become mentors for future cohorts. As examples, Mr Oleksandr Korotych, an alumnus of the first cohort, is now responsible for launching the second

cohort; and another alumnus, Dr Dzmitry Katovich, was appointed deputy director for research in the NTP of Republic of Belarus after completion of the course and has now been invited by the ERI-TB Secretariat to co-mentor the second cohort. Other alumni currently work at country level. Dr Ahmedov suggested following up the participants of the first cohort to document their achievements and further involvement in research.

Dr Lucia Mihailescu proposed that studies on infection control could be included in the second SORT-TB course. Dr Dadu commented that the infection control topic is a priority area within ERA-TB and that researchers working in infection control in the Region are strongly encouraged to participate in the second cohort of SORT-TB for 2019–2020.

The DR-TB research subgroup

Dr Martin van den Boom and Dr Richard Tran briefed participants on the achievements of the ERI-TB DR-TB research subgroup. Dr van den Boom explained that DR-TB research is strategically important for the WHO European Region because it includes nine of the 30 countries with the highest burden of MDR-TB in the world, and recent achievements in DR-TB research are encouraging, they are not yet sufficient.

The DR-TB research subgroup of the ERI-TB was established during the fourth quarter of 2018 to support regional DR-TB research efforts. The subgroup's objectives are to support and coordinate the development of observational studies and clinical trials on DR-TB management; facilitate researchers to bridge the gap between study design and implementation (e.g. ethical approval, funding); support the implementation of high-quality research in Member States; and promote ongoing assessment and improvement of interventions by having strong focus on operations and implementation research. At its first meeting, the DR-TB research subgroup developed its workstreams, which include defining DR-TB research priorities, promoting country-level research capacity-building and hosting DR-TB-specific research webinars.

Dr Tran explained that the aim of DR-TB country-led research webinars is to provide an opportunity for individual countries to share their experiences in DR-TB research. The first webinar, which took place in May and was hosted by Dr Alena Skrahina, presented the experience of implementing the mSTR for DR-TB in Belarus. The second webinar on research capacity-building in Georgia will be hosted by Dr Nestani Tukvadze and is planned for the end of September.

Another initiative of the DR-TB research subgroup is the development of specific research priorities and capacity-building documents for DR-TB to (i) assist Member States in setting DR-TB specific research priorities and (ii) provide an overview of how best to improve research capacity-building. This document is currently awaiting ISBN clearance.

Lastly, the DR-TB research subgroup is working on a policy brief on the mSTR for MDR-TB and the role of OR in its implementation. Provisional plans of the subgroup are also to promote clinical trials to the fullest extent possible and working closely with the working group of Wolfheze Workshops on DR-TB.

Dr Lucia Mihailescu raised the issue of difficulties experienced by Latvia, Lithuania and Romania in procuring and introducing new DR-TB drugs and diagnostic tools. Dr Mihailescu suggested that a study can be undertaken to help resolve of this issue.

Launch of intercountry research on mSTRs for DR-TB

Dr Askar Yedilbayev presented ERI-TB's plans to launch an intercountry research initiative on mSTRs for DR-TB. The WHO European Region is currently experiencing one of the highest rates of MDR-TB, but has the necessary infrastructure and capacity to provide the proper treatment and carry out interventional OR. The latest WHO guidance on DR-TB (13) is to keep using shorter MDR-TB regimens containing injectable agents for nine months because no data on variants of the mSTR (in which the injectable agent is replaced by bedaquiline) were reported to WHO while the 2018 guideline update was in progress. However, the same guidelines recommend exploring regimens that vary substantially from the recommended composition and duration (e.g. a standardized 9–12 month shorter MDR-TB regimen in which the injectable agent is replaced by bedaquiline) under OR conditions.

The WHO Regional Office for Europe recognizes the advantages of introducing mSTRs: they are administered without the painful injections; do not cause hearing loss, tinnitus, vertigo, or drug-induced renal failure and electrolyte disturbances; and do not require directly observed treatment to be administered by a person trained in giving injections. Thus, in accordance with the latest DR-TB guidelines (13), the Regional Office is ready to offer support to countries in implementing OR on mSTRs for DR-TB. The objectives of this initiative are to: facilitate the introduction of mSTRs under OR conditions; foster good clinical care for MDR-TB through OR; build and strengthen research capacity in countries; and contribute to global knowledge on effectiveness and safety of mSTRs. The Regional Office, in consultation with regional and national experts, is developing an OR package containing an OR protocol, consent forms, a clinical guide on the use of shorter mSTRs, a system to monitor and manage adverse events and report serious adverse events, a data collection instrument, and other documents. The Regional Office will provide full support to Member States if requested for adapting the country research protocols to national standards and local institutional review board requirements.

The primary objective of OR is to determine the treatment outcomes of patients who are treated with mSTRs for MDR-TB. Secondary objectives are to assess the safety of an mSTR for MDR-TB through determining the rates of adverse events and to determine the proportion of patients with recurrence within 12 months of successful treatment with the mSTR for MDR-TB.

The OR protocol will offer countries a choice between two options of treatment regimens to explore under OR conditions.

- Option 1: use one of the mSTRs that is commercially available and currently in a randomized controlled trial.
- Option 2: use a regimen that contains drugs with a high likelihood of being effective and safe (Groups A and B, some from Group C), but is not currently in a randomized controlled trials.

As safety is a priority for the Regional Office, strengthened treatment monitoring, management of adverse events, and reporting of serious adverse events will be offered to improve the quality of TB clinical care.

The introduction of mSTRs for MDR-TB under OR is expected to provide important data for the global TB community about the effectiveness and safety of such regimens while expanding access to their potential benefits.

Staying resilient for the future: revising the terms of reference

Dr Andrei Dadu explained that a core objective of this meeting is to revise the current terms of reference of the ERI-TB. Dr Dadu reminded participants that ERI-TB has made good progress towards achieving some of its initial objectives:

- development of the ERA-TB met the second objective – to develop and regularly update the ERA-TB; and
- introduction of the SORT-TB course supports the achievement of four other objectives.

Only one of the initial objectives has not been achieved: to map the ongoing and planned TB-related research activities in the Region.

Thus, the core group was asked to update ERI-TB's terms of reference through answering the following questions:

- which objectives should be carried further?
- what are the new opportunities?
- what forms of additional support can be offered to Member States?
- how the ERI-TB Secretariat and the core group can enhance intercountry collaboration?
- is mapping of research activities needed? What approach should be used?

The introduction of these specific questions was followed by a panel discussion.

Panel discussion: ERI-TB focus areas and opportunities

Dr Sevim Ahmedov started the discussion by stating that the current objectives are broad and well defined; thus, major revision may not be needed. Nonetheless, a specific objective to support the translation of research findings into programmatic actions and to document successful examples could be added. Dr Ahmedov also praised the intercountry research initiative on mSTRs for DR-TB as an immediate opportunity to produce a major impact. Other focus areas, in Dr Ahmedov's opinion, must include treatment of comorbidities. Additional support to countries could include the enhanced dissemination of recommendations and research results. Dr Ahmedov offered to host consultations with Member States to explore which their needs might be addressed by ERI-TB, considering the limited resources available. Dr Ahmedov described SORT-TB and the intercountry research initiative on mSTRs as the best examples of intercountry collaboration that ERI-TB can offer and encouraged the ERI-TB Secretariat to develop the two initiatives further. Dr Ahmedov also said he supports an objective

to map ongoing and planned TB-related research activities in the WHO European Region, which could be accomplished through collecting and publishing best practices in TB research in the Region as a separate section in the compendiums of good practices issued by WHO Regional Office for Europe (e.g. (14,15)). Dr Ahmedov suggested that the ERI-TB Secretariat could circulate the proposed discussion questions among ERI-TB core group members by email in order to receive additional feedback and comments from members who did not attend the tele-meeting.

Dr Dominik Zenner suggested introducing the monitoring the impact of ERI-TB activities, including tracing publications and storing them in a repository. This would also allow gaps in implementing ERI-TB objectives to be identified.

Dr Lucia Mihailescu recommended increasing the involvement of ex-patients and civil society organizations in ERI-TB activities. Dr Mihailescu also suggested developing and implementing OR on the gaps and barriers to good case management, for which input from patients and civil society organizations would be particularly valuable. Dr Mihailescu supported Dr Zenner's suggestion of monitoring the impact of ERI-TB activities, particularly those driven by the ERA-TB, because this will need to be regularly updated.

Dr Daniela Maria Cirillo indicated that potential focal areas for ERI-TB could include latent TB infection management, TB screening and MDR-TB treatment. Dr Cirillo endorsed the upcoming research on mSTRs for DR-TB.

Dr Simon Tiberi offered to share with ERI-TB a repository of publications and resources on TB research that he and his colleagues have started building. To map research projects in the Region, Dr Tiberi suggests creating an open directory to allow all researchers to voluntarily share the details of projects being implemented. This platform could also facilitate collaboration between stakeholders by allowing participants to contact one another and establish working groups on the projects. Dr Tiberi supported Dr Mihailescu's suggestion to involve ex-patients in research. Dr Tiberi also proposed to create an electronic platform to enhance and speed up communication within research groups. Additionally, Dr Tiberi suggested creating an online version of the SORT-TB course for the whole Region because education is an important aspect of research.

Dr Matteo Zignol praised ERI-TB for the considerable number of activities it is leading. Dr Zignol is happy to share this experience with other regional offices as a successful example TB research promotion at regional level.

ERI-TB core group membership: rotation plans

Dr Andrei Dadu informed participants about the core group rotation plans relating to the end of the two-year mandate for current members (in accordance with ERI-TB's terms of reference).

In October 2019 the ERI-TB Secretariat will announce a call for applications for core group membership among 160 members of the ERI-TB network. All current ERI-TB core group members are eligible to apply.

The criteria used by the ERI-TB Secretariat for the selection of new members will be:

- technical area of expertise
- equitable representation of all countries
- affiliation with civil society.

The ERI-TB Secretariat will work closely with the current core group chair and members to agree on the most feasible strategy of handing over the core group responsibilities.

Elections for the new chair will be held at the first meeting of new core group members, which is expected to take place during the first quarter of 2020.

Action points

ERI-TB will revise its terms of reference based on input received from core group members during the meeting, focusing particularly on the objectives related to:

1. enhancing civil society engagement in ERI-TB network activities, specifically capacity-building for OR provision;
2. mapping the ongoing and planned TB-related research activities in the Region;
3. implementing intercountry OR on mSTRs for DR-TB;
4. collecting best practices on TB research in the Region and introducing an electronic platform for the collaboration of actors in TB research.

The ERI-TB Secretariat will circulate questions concerning the update of ERI-TB's terms of reference with core group members who did not participate in the meeting in order to achieve a wider representation of opinions.

The ERI-TB Secretariat will announce a call for application to the core group membership in October 2019. The first meeting of the new core group is expected to take place in the first quarter of 2020.

Conclusions

As chair of the meeting, Dr Sevim Ahmedov congratulated the ERI-TB Secretariat for the outstanding results achieved during the last three years. Dr Ahmedov supported the ERI-TB Secretariat's intention to explore new opportunities to support global efforts to end TB.

Dr Masoud Dara expressed his appreciation to the chair and members of the ERI-TB core group for their contribution to the success of the ERI-TB network in supporting the scaling up of TB research and innovation across the WHO European Region and at country level to achieve better health outcomes for patients and prevent TB and HIV in the future.

Supporting documents

The following documents were sent to all ERI-TB core group members:

- *Defining the tuberculosis research agenda for the WHO European Region: a study report of the European TB Research Initiative (6)*; and
- *Structured Operational Research Training of the European Tuberculosis Research Initiative. ERI-TB SORT-TB Course 1: 2018–2019 curriculum (16)*.

Follow-up actions

Questions concerning the update of ERI-TB's terms of reference were circulated among the core group members not participating in the meeting to achieve wider representativeness of opinions. Based on the collected responses, the list of priority initiatives for ERI-TB to focus on includes:

- creating a virtual (online) platform for researchers to share their research plans; establish partnerships with relevant NTP representatives, academia members and clinicians; and share research protocols, questionnaires and other instruments;
- offering small bursaries/scholarships for junior researchers;
- creating an online repository of manuscripts and publications related to implementation of the ERA-TB;
- collecting and publishing a compendium of best practices on scaling up TB research in the WHO European Region (including documenting successful examples of translating research findings into programmatic actions);
- hosting consultation with Member States on their research-related needs (e.g. research implementation, data sharing, capacity-building);
- creating an online version of the SORT-TB course for the whole Region;
- promoting the ERA-TB through sharing, disseminating, monitoring implementation, and providing periodic evaluation and revision;
- mapping ongoing research activities (through either allowing relevant stakeholders to voluntarily share their agendas or conducting a survey/assessment);
- mapping funding gaps in research in order to advocate for additional resource allocation from relevant funding agencies;
- conducting regional, subregional and country-level workshops on how to turn evidence into practice, access funding resources available for research, and initiate/access intercountry and interagency collaboration;
- converting research evidence into practice through developing guidelines for NTP managers on applying research evidence into practice and/or creating a platform for exchanging experiences; and
- monitoring and documenting outcomes of SORT-TB courses such as publications derived from its research projects and the career achievements of alumni and their contributions to TB research.

An online prioritization instrument was developed and circulated among core groups members to choose the highest priority initiatives. Respondents were asked to rate each item on the scale from 1 (lowest priority) to 10 (highest priority). A total of nine responses were received. The

average score was calculated for each item and the median used as a cut-off point to divide items in two categories: low priority and high priority. The highest priorities were shortlisted as:

1. creating a virtual (online) platform for researchers to share their research plans; establish partnerships with relevant NTP representatives, academia members and clinicians; and share research protocols, questionnaires and other instruments;
2. creating an online repository for manuscripts and publications related to implementation of the ERA-TB;
3. conducting regional, subregional and country-level workshops on how to turn evidence in practice, access funding resources available for/in research, and initiate/access intercountry and interagency collaboration;
4. converting research evidences into practice through developing guidelines for NTP managers and/or creating a platform for the exchanging experiences;
5. hosting consultation with Member States on their research-related needs (e.g. research implementation, data sharing, capacity-building); and
6. creating an online version of the SORT-TB course for the whole Region.

As the next step, the ERI-TB Secretariat will estimate the resources needed to carry out these initiatives and revise ERI-TB's terms of reference accordingly.

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ANNEX 1. Participants

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Partners in Health

The WHO Regional Office for Europe

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