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Progress report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020

This report provides an overview of implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020, in line with resolution EUR/RC65/R6.

It is submitted to the 68th session of the WHO Regional Committee for Europe in 2018.

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Introduction and background

1. Although the WHO European Region carries only 3% of the global burden of tuberculosis (TB), it has one of the highest proportions of multidrug-resistant TB (MDR-TB). Despite a steady decline in new TB cases, the disease remains a major public health threat in the Region.¹

2. The main challenges faced by the Region are drug-resistant TB and TB/HIV coinfections. Although the Region has a relatively high case detection rate (73%), treatment success among MDR-TB patients (55%) is below the target of 75% set in the Tuberculosis Action Plan for the WHO European Region 2016–2020, and leads to ongoing transmission. In 2016 an estimated 26 000 people died of TB in the Region, which is equivalent to 2.8 deaths per 100 000 population. There was considerable variation across the Region, ranging from less than one TB death per 100 000 population in western European countries to more than nine per 100 000 in high-priority countries for TB control.² These 18 countries have more than 80% of the TB cases and more than 95% of the MDR-TB cases of the Region.

3. TB is strongly associated with conditions that weaken the immune system (such as HIV), social determinants (such as poverty, unemployment, imprisonment and migration) and noncommunicable conditions (such as the harmful use of alcohol, diabetes mellitus and tobacco use). TB patients are most frequently young adults in the eastern part of the Region, and migrants and native-born elderly people in western Europe.

4. In 2015, in line with Executive Board resolution EB134.R4, the Regional Office developed the Tuberculosis Action Plan for the WHO European Region 2016–2020, in consultation with Member States, partners, communities and people affected by the disease. The Action Plan was endorsed at the 65th session of the Regional Committee for Europe in resolution EUR/RC65/R6. In accordance with that resolution, the Regional Director is to report on implementation of the Action Plan at the 68th and 70th sessions of Regional Committee in 2018 and 2020 respectively.

5. This report provides an overview of the latest epidemiological situation, mid-term progress in implementation of the Action Plan and the next steps for its implementation. The structure of the report is in line with the Action Plan.

Situation analysis: epidemiological trends

6. In 2016 an estimated 290 000 incident TB cases occurred in countries of the European Region, equivalent to an average incidence of 32 cases per 100 000 population. Since 2000, the TB incidence rate in the Region has been consistently decreasing. The average annual decline in the TB incidence rate was 4.3% during the period 2007–2016. Yet, despite this being the fastest decline compared to all other regions, it is not fast enough to achieve the target set by the Sustainable Development Goals of ending the TB epidemic by 2030, and the

¹ The top 10 countries with the highest MDR-TB burden worldwide are (in alphabetical order): Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Somalia, Tajikistan, Ukraine and Uzbekistan.

² The WHO European Region high-priority countries for TB control are: Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.

equivalent milestone under WHO's global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy).

7. At regional level, the TB mortality rate fell by 57% between 2007 and 2016, dropping from 6.5 to 2.8 deaths per 100 000 population, with an average decline of 8.6% every year. Between 2012 and 2015 the annual decline in TB mortality accelerated to 10.6%, which is notably higher than the global average (3.2%).

8. At the same time, however, the MDR-TB rate rose by an average of 5% per year during 2012–2016, rising from 4.6 to 5.7 per 100 000 population. With improved diagnosis, the MDR-TB case detection rate increased significantly, from 33% in 2011 to 73% in 2016. It is now the highest in the world, and well above the global average of 44%.

9. There is a wide variation in the distribution of age- and sex-specific TB rates across countries. There are twice as many males as females reported among all TB cases. This gender difference in TB case notification reflects the prevalence of males in TB risk groups, notably the homeless, prisoners, seasonal migrant workers, people living with HIV and people who inject drugs.

10. The European Region is the only WHO region with an increasing rate of new HIV infections, and TB/HIV incidence continues to rise by an annual average of 13%. People with TB/HIV coinfection in the Region are seven times more likely to fail treatment and three times more likely to die than HIV-negative TB patients. In 2016, 12% of incident TB cases were estimated to be people coinfecting with HIV. The six countries with the highest number of TB/HIV confections are the Russian Federation (18 000) and Ukraine (8 100), followed by Uzbekistan (1 200), France (670), Kazakhstan (580) and the United Kingdom of Great Britain and Northern Ireland (560).

11. Despite almost universal treatment coverage for rifampicin-resistant/MDR-TB patients (96%), the treatment success rate for drug-resistant TB in the Region is still below the regional target of 75%, improving from 48% in 2016 to 55% in 2018. Several countries with a high MDR-TB burden have managed to achieve remarkable success in curing more than 70% of MDR-TB patients, such as Kazakhstan and Latvia.

12. The regional average TB notification rate in prisons is 862 per 100 000 population. In 2016, 12 298 (6%) of the new and relapse TB cases in the Region were reported from prisons, 11 863 (97%) of which were in the high-priority countries. In five countries, the TB notification rate exceeded 1 000 cases per 100 000 detainees: Azerbaijan, Kyrgyzstan, Republic of Moldova, Russian Federation and Ukraine.

Achievements and challenges

Intervention area 1: integrated, patient-centred care and prevention

A. Systematic screening of contacts and high-risk groups

13. The Regional Office has assessed policies and practices on active TB case-finding in the Region. Results show that most of the countries undertake active TB case-finding among WHO-recommended groups, which include: households or close contacts of TB patients,

children in the community of contacts, people living with HIV, inmates and health care workers. However, wide differences exist between screening policies across the Region, especially concerning migrants and displaced populations. In most countries with middle and high TB incidence, screening of migrant populations, refugees and internally displaced persons is a mandatory service, unlike practices in half of the countries with low TB incidence.

14. The Regional Office, through the Health Evidence Network, conducted a literature review of the available evidence for screening and management of TB among migrants and refugees. In May 2016 the Regional Office organized an interregional workshop in Catania, Italy, to review policies and practices on the topic.

15. The Regional Office supported Estonia in reviewing policy and practices for more efficient identification of TB contacts and their follow-up.

16. Several good practices on systematic screening have been collected by the Regional Office and published in the first compendium of good practices for the prevention and care of TB and drug-resistant TB in correctional facilities, with support from the United States Agency for International Development (USAID).

B. Early diagnosis of all forms of TB and universal access to drug-susceptibility testing, including the use of rapid tests

17. Through the European TB Laboratory Initiative (ELI), the Regional Office developed diagnostic algorithms to guide Member States and the national health workforce in using rapid molecular diagnostic techniques, thereby accelerating diagnoses of TB and drug-resistant forms of TB.

18. The Regional Office organized eight training courses to support more than 150 TB laboratory specialists and TB clinicians in adopting the above-mentioned algorithms. Consequently, Belarus, Georgia and Kyrgyzstan have updated, or are reviewing, their diagnostic algorithms based on the WHO recommendations, ensuring the optimal use of their diagnostics capacities and contributing to more accurate and timely treatments.

19. Through the ELI, the Regional Office developed a training toolkit on WHO-recommended rapid molecular techniques for accelerated detection of resistance to fluoroquinolones and second-line injectable drugs in addition to rifampicin and isoniazid, with support from the Government of Germany and USAID. The toolkit was piloted in Belarus and shared at a regional workshop and through country-specific training courses in Kazakhstan, Kyrgyzstan and Uzbekistan. The correct use of the latest technologies and the accurate interpretation of results enable countries to identify MDR-TB cases in less than one week, facilitating enrolment of eligible patients in shorter treatment regimens.

20. The Regional Office has also developed a comprehensive plan for the routine and preventive maintenance of TB laboratories, with practical guidance on safe and accurate laboratory diagnostics services that meet quality standards and WHO requirements.

C. Equitable access to quality treatment and continuum of care for all TB patients, including those with drug-resistant TB, and patient support to facilitate treatment adherence

21. The Regional Office team, including through the regional Green Light Committee, conducted several visits in 14 countries and areas to support the management of drug-resistant TB and paediatric TB and to introduce and scale up the uptake of new drugs and new treatment regimens for better programmatic management of drug-resistant tuberculosis.

22. In order to ensure high-quality treatment, the operational barriers and bottlenecks that hinder the introduction of new drugs for multidrug and extensively drug-resistant TB (M/XDR-TB) have been tackled in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria, through technical support to high-burden countries in updating their relevant policies in alignment with WHO recommendations.

23. With the aim of more effectively targeting antimicrobial resistance and ending drug-resistant TB, the Regional Office has initiated multicountry research on the resistance profiles of TB patients in the Region. The data gathered will inform drug management and care and treatment practices for drug-resistant TB in the Region, preventing the further spread of antimicrobial resistance and alleviating the additional suffering caused by drug resistance.

24. In Ukraine, the Regional Office and the WHO Collaborating Centre on the Prevention and Control of TB in Prisons have facilitated collaborative efforts between the Ministry of Health and the Ministry of Justice to ensure the continuum of care for people in correctional facilities and better TB control in such settings.

25. In Belarus, with the goal of facilitating patients' adherence to treatment, the Regional Office developed and piloted a video observed treatment (VOT) digital application. VOT provides a confidential and practical tool to save patients the time and costs of travelling to and from treatment centres, where otherwise a directly observed treatment, short course (DOTS) would have to be organized. Furthermore, mobile applications for health care providers to manage TB were developed, piloted and implemented in Belarus and the Republic of Moldova.

26. The Regional Office promotes universal access to TB care, paying particular attention to vulnerable children and adolescents. A regional workshop, in which 33 Member States participated, reviewed policies and practices and led to the formulation of a common set of country-level priorities for action. The Regional Office has also provided technical assistance on paediatric TB to Belarus and Kazakhstan.

D. Collaborative TB/HIV activities and management of comorbidities

27. With technical support from the Regional Office and partners on diagnosing HIV among TB patients, the highest HIV testing coverage among TB patients (87%) and the highest TB/HIV coinfection detection rate (76%) among all WHO regions has been reached. Nine high-priority countries achieved the target of 90% HIV testing coverage for TB patients under the End TB Strategy: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan. However, antiretroviral treatment (ART) coverage is as low as 65%, which remains far below the targets in the End TB Strategy and below the global average (85%). Treatment success of TB/HIV patients improved from 53% to 62% between 2011 and 2016.

28. The Regional Office has supported Member States in providing integrated TB/HIV services. Leading by example, the Regional Office has rearranged its structure, merging the TB and HIV units into one single joint programme, and restructuring workplans and internal collaboration mechanisms to ensure further integration in the technical assistance provided to Member States.

29. At the regional level and in collaboration with other United Nations agencies and partners, the Regional Office is leading the preparation of a common position paper on intersectoral action to end TB, HIV and viral hepatitis, arguing for more integration and coordination of the relevant services.

30. The Regional Office and the European Respiratory Society have developed an online platform, the TB Consilium, to increase collaboration among physicians in the Region and to provide clinical advice for difficult-to-treat cases, including TB/HIV coinfection and complex M/XDR-TB.

E. Management of latent TB infection and preventive treatment of people at high risk, and vaccination against TB

31. Within the framework of the annual meeting of policy-makers, researchers and civil society at the TB Wolfheze workshops, WHO and partners assessed the latent TB infection (LTBI) policies and practices across the Region. The analysis showed the need to strengthen national policies and adopt standardized monitoring and evaluation systems, in order to promote the programmatic management of LTBI.

32. The Regional Office provided inputs to the global process leading to the adoption of the 2018 updated and consolidated guidelines for programmatic management of LTBI, the monitoring and evaluation framework and the ongoing work on evidence-based planning, policies and programmatic actions for LTBI. Furthermore, best practices from the European Region on LTBI surveillance and on cascade analysis of LTBI detection, coverage and follow-up for the programmatic management of LTBI from the Netherlands and Armenia, respectively, have been presented by the Regional Office at the Global Consultation on the Programmatic Management of LTBI held in 2016 in the Republic of Korea.

33. The Regional Office, in collaboration with Denmark, supported Greenland in reviewing its LTBI detection and care practices.

Intervention area 2: bold policies and supportive systems

A. Political commitment with adequate resources, including universal health coverage policy

34. With the support of the Regional Office, WHO offices and partners, 32 countries,³ including all high-priority countries in the Region, have aligned their national plans with the End TB Strategy and the Tuberculosis Action Plan for the WHO European Region 2016–

³ Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Estonia, Finland, Georgia, Germany, Hungary, Israel, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Netherlands, Norway, Republic of Moldova, Romania, Russian Federation, Slovakia, Slovenia, Sweden, Switzerland, Tajikistan, the Former Yugoslav Republic of Macedonia, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, and Uzbekistan.

2020, demonstrating high-level commitment and adapting the global and regional strategies to country contexts and needs. Dialogue with the remaining 21 countries is ongoing.⁴

35. The Regional Director and senior staff met several high-level officials and key partners to ensure political commitment to TB prevention and care in the Region. The Regional Office has worked with civil society, former patients, communities and professional societies through the regional collaborating committee on TB and developed key communication and advocacy materials to address stigma, stimulate reforms and/or adopt and scale up good practices.

36. As a member of its Steering Group, the Regional Director actively supported the preparation and organization of the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, held in Moscow, Russian Federation, in November 2017. The Regional Office and the Country Office in the Russian Federation contributed to the organization of the conference and guided Member States and partners in their preparations and participation.

B. Health systems strengthening in all functions, including well aligned financing mechanisms for tuberculosis and human resources

37. The Regional Office, WHO collaborating centres and partners supported Member States in developing training curricula and organizing regional and national workshops, with a view to empowering and strengthening their human resource capacities.

38. Through the Tuberculosis Regional Eastern Europe and Central Asian Project on strengthening health systems for effective TB and drug-resistant TB prevention and care, the Regional Office developed a guide for adopting a people-centred model of TB care in consultation with partners. This policy guidance document supports countries and areas in the adoption of policy options for more accessible and efficient TB service delivery systems, by shifting towards outpatient models of care with sustainable financing and well aligned payment mechanisms.

39. Supported by the WHO Office for Health Systems Strengthening in Barcelona, Spain, and through strong interdivisional collaboration, the Regional Office has provided two rounds of training courses for health-care professionals from eastern Europe and central Asia on health systems strengthening for improved TB prevention and care.

40. The Regional Office developed a framework to structure and carry out financial sustainability assessments with support from USAID. Its application by national counterparts in Armenia and Georgia has supported their ongoing national processes and efforts with regard to domestic resource mobilization. In addition, an in-depth health financing review for more effective TB control was conducted in Romania between April and December 2016, supporting reforms for more sustainable models of payment for TB service providers.

41. The Regional Office provided technical assistance on new models of TB care in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova and Ukraine. In Kyrgyzstan and Republic of Moldova, the national governments have endorsed specific country roadmaps for a more people-centred model of care in delivering TB services.

⁴ Albania, Andorra, Croatia, Cyprus, Czech Republic, Denmark, France, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, Monaco, Montenegro, Poland, Portugal, San Marino, Serbia, Spain and Turkey.

C. Regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines, and pharmacovigilance

42. At the country level, comprehensive epidemiological impact analyses and assessments of national standards and benchmarks of TB surveillance systems (epidemiological reviews) have been carried out by the Regional Office in seven countries in the last biennium. Since 2013, 13 epidemiological reviews have taken place. The results of these analyses point to several factors that positively affect the quality of TB care and that contribute to reducing the TB epidemic: sustainable TB funding; increased ART coverage among people living with HIV; strengthening health systems and improving access to health care; scaling up TB laboratory diagnostics; and reaching universal coverage for MDR-TB treatment and patient-centred TB care. Factors with a negative influence that have been highlighted by the epidemiological reviews are: the HIV epidemic; poverty; prevalence of diabetes; harmful alcohol consumption; tobacco use; low coverage of TB preventive treatment among people living with HIV; inadequate contact tracing; and insufficient preventive therapy for people living with HIV and those with LTBI.

43. As part of a collaboration agreement, the Regional Office and the European Centre for Disease Prevention and Control (ECDC) jointly perform TB surveillance and response monitoring, collect data throughout the Region and publish a joint report. The latter provides Member States with a comprehensive analysis of the TB epidemic and implementation of the TB Action Plan for the WHO European Region 2016–2020.

44. To advance evidence-based decision-making, the Regional Office and partners, including the Global Fund, initiated a new stream of country support operations, namely epidemic modelling and analysis of the outcomes of interventions, starting in Armenia, Georgia, Kazakhstan and Ukraine. This process will guide national counterparts towards high-impact interventions with more equity and equality in TB services, building towards universal coverage of TB care.

45. With the support of the Regional Office and partners, 50 Member States are now regularly performing electronic case-based data management. The Russian Federation is on track with the countrywide rollout of its new TB and HIV surveillance system, while Turkmenistan and Uzbekistan are currently developing their TB electronic registers. Integration of TB digital registers into eHealth and interoperability of its main modules (patient, lab and pharmacy) remain priorities for support by WHO and partners.

46. The Regional Office provided technical assistance in conducting drug resistance surveys (DRS) in those countries where routine surveillance fails to quantify MDR-TB prevalence. Results from the first countrywide DRS, in Ukraine, which were made available to the public, highlight that a quarter of new TB cases and every second re-treated TB case are drug resistant. The risk factors and determinants that drive the MDR-TB epidemic in Ukraine were identified: residence in the south-eastern part of the country, HIV infection, low socioeconomic status, illicit drug use, prior incarceration and unemployment.

47. With support from the Global Fund, the Regional Office has started preparing a second countrywide DRS, in Turkmenistan. The survey aims to update the 2013 MDR-TB estimates and will provide the country with evidence regarding the impact of the national TB programme on the MDR-TB epidemic, as well as data to strengthen and amend the current plans.

48. In the last biennium, together with the Stop TB Partnership, the Regional Office supported Azerbaijan, Belarus, Kyrgyzstan, Ukraine and Uzbekistan in assessing drug management policies and challenges and in identifying practical steps to address them. In collaboration with Global Drug Facility partners and through the regional Green Light Committee, the Regional Office has provided technical assistance to 18 high-priority countries in developing estimates of drug needs and in revising legal frameworks for the use of medicines and for the compassionate use of new anti-TB drugs.

49. WHO guidelines for active drug safety monitoring and management (aDSM) have been translated into Russian and training materials have been developed for Russian-speaking countries, facilitating the roll out of their implementation.

50. The Regional Office supported Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Republic of Moldova and Tajikistan in strengthening TB aDSM systems with technical assistance and by facilitating policy dialogue between national pharmacovigilance centres, national TB programmes and their partners.

D. Airborne infection control, including regulated administrative, engineering and personal protection measures in all relevant health care facilities and congregate settings

51. With the aim of strengthening countries' capacities for the maintenance of biosafety cabinets and ensuring that airborne infection control measures are taken, the Regional Office supported several TB programmes by training engineers and technicians from national counterparts.

52. The Regional Office has developed a questionnaire for the assessment of infection control in facilities, which has been piloted in Armenia. Further support to countries in verifying that their laboratory facilities meet all infection control requirements and standards is planned.

E. Community systems and civil society engagement

53. Through the Regional Collaborating Committee on Tuberculosis Control and Care, the Stop TB Partnership and the European Union's Civil Society Forum and Think Tank on TB, HIV and viral hepatitis, the Regional Office regularly consulted and included representatives of civil society in TB programme reviews, design, planning, implementation, monitoring and assessment of service quality and in gathering good practices, thereby maintaining a high level of awareness among partners.

54. The Regional Office worked in collaboration with partners to develop key TB advocacy materials, with a focus on engaging civil society organizations in TB care delivery, on subjects such as patient-oriented social support to improve TB treatment adherence and outcomes. These materials were disseminated and applied in Armenia, Belarus, Georgia, Kyrgyzstan, Republic of Moldova, Tajikistan and Uzbekistan.

55. In collaboration with the Stop TB Partnership, the WHO Regional Office also carried out a consultation with former TB patients on strategies to enhance TB treatment adherence. This documented the perceived quality of care and degree of people-centredness from the (former and current) patient perspective and provided strategic advice.

F. Social protection, poverty alleviation and actions on other determinants of tuberculosis, such as migration and prisons

56. In the context of the United Nations Issue-based Coalition on Health and Well-being, the Regional Office prepared a draft common United Nations position paper on HIV, TB and viral hepatitis to guide intersectoral action to end the HIV, TB and viral hepatitis epidemics. After an online public consultation and a face-to-face meeting, the paper is being finalized and is due to be launched in mid-2018. Building on the coalition and the position paper, different United Nations agencies and partners will work at the country and regional levels to address the social determinants and cross-cutting issues that have an impact on the lives of people affected by or at risk of acquiring HIV, TB and/or viral hepatitis.

57. The Regional Office has assisted the Republic of Moldova in carrying out the first TB catastrophic costs survey in the Region, identifying the socioeconomic determinants that directly or indirectly affect households of MDR-TB patients as a result of the disease. Results show that the affected households have been facing TB-related costs mostly through income loss, 70% of which was attributed to direct costs for TB treatments, hence building the case for the introduction of incentives to households as a cost-efficient measure for people-centred care and better treatment outcomes. Household catastrophic costs contribute to low treatment adherence of TB patients, which increases the risks of drug resistance acquisition and transmission to others.

58. High-level commitment to cross-border TB control has been mobilized in central Asian countries, which have started establishing legal mechanisms for cross-border TB control to ensure better access to TB services for migrants. In parallel, as part of the implementation of the minimum package for cross-border TB control and care, the TB Consilium facilitates communication among clinicians from different countries, allowing them to share information on clinical management, contact tracing and referral of patients.

59. The Regional Office has also provided tailored technical assistance to Armenia, Georgia and Ukraine in assessing human rights issues, and has provided them with guidance on ethical issues related to implementation of the End TB Strategy.

60. The Regional Office has contributed to the development of guidelines on ethics and palliative care for TB patients, translated them and adapted them to the Region's context, in addition to providing tailored practical support for the national TB control programmes of Azerbaijan and Belarus, which are amending their national strategies.

Intervention area 3: intensified research and innovation

A. Discovery, development and rapid uptake of new tools, interventions and strategies

61. The Regional Office has provided assistance to Belarus and Republic of Moldova in piloting two innovative digital tools: electronic video directly observed treatment (vDOT) for patient care, and electronic Practical Approach to Lung Health (ePAL) for e-learning. Preliminary results from a randomized trial of the digital application for vDOT show equal or higher treatment adherence compared to traditional directly observed treatment, higher cost-efficiency compared to DOTS and reduced risks of infection transmissions. In 2017, based upon these preliminary results, Belarus opted for a countrywide roll out of vDOT. Similar

products are under development in Georgia, and other countries are planning to apply digital tools to TB care.

B. Research to optimize implementation and impact, and promote innovations

62. With support from USAID, the Regional Office launched the European TB Research Initiative (ERI-TB) in November 2016 to advance TB-related research in Europe and to strengthen the use of evidence, information and research for policy-making in the Region. The objectives of ERI-TB are to map ongoing TB-related research, ensure the engagement of civil society, facilitate the dissemination of research results, and identify and facilitate measures to address funding gaps. ERI-TB is composed of 90 members from 45 countries representing national counterparts (42), service providers (18), research institutes (13), international organizations (12) and civil society organizations (5). The Regional Office serves as the secretariat of the Initiative, guided by 11 core group members.

63. Research priorities for TB identified through ERI-TB consist of nine research areas under three topics: epidemiology (disease burden, disease drivers and dynamics); innovations and fundamental research (basic sciences, new diagnostics, drugs/treatment regimens and vaccines); and operational research (case management, health systems and engagement with communities).

64. In line with previous efforts to strengthen country capacity for operational research implementation, the Regional Office, in collaboration with the Special Programme for Research and Training in Tropical Diseases, has provided technical assistance through a Structured Operational Research and Training Initiative (SORT IT) course for Ukraine. This builds on similar assistance delivered to 11 eastern European and central Asian countries in 2015.

65. The Regional Office has continued to document good practices, as mentioned above, in the field of TB control in correctional facilities, and has launched a further call for good practices in implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 across Member States and non-State actors of the Region.

Way forward

66. The Regional Office, in collaboration with ECDC and KNCV Tuberculosis Foundation, will organize the yearly national TB programme managers' meeting in 2019, to jointly review and evaluate progress in implementation of national and regional action plans.

67. The Regional Office will continue working with members of European parliaments, ECDC, the European Commission and other key partners to increase awareness of TB, MDR-TB and TB/HIV coinfection and of prevention and control measures.

68. The Regional Office will provide technical assistance to Member States to improve the performance and efficiency of national TB programmes, with a focus on early diagnosis, active contact tracing, and improving treatment outcomes through the rational use of new and repurposed TB medicines, and through shorter treatment regimens.

69. Extensive programme reviews on TB and TB/HIV coinfection will be conducted, upon request, in selected Member States in high and low TB incidence settings, helping countries review the effectiveness and efficiency of their national interventions and programmes.
70. Health system strengthening and universal health coverage, with a view to bringing TB services to the people who need them, will be pursued. To this end, countries will be supported in scaling up people-centred models of TB care, aligned with output-oriented financing mechanisms.
71. Member States will be supported in engaging people affected by TB, civil society organizations, communities and professional societies in order to establish and expand national and local partnerships.
72. The Regional Office will continue its intensive technical cooperation with Member States and partners in implementing the Tuberculosis Action Plan for the WHO European Region 2016–2020. The Regional Office will compile a compendium of good practices in the third quarter of 2018, capturing countries' good practices in terms of impact, sustainability and potential for addressing the needs of key and vulnerable populations.
73. The Regional Office will work further with Member States, academics and public health institutes to conduct operational research studies, building further evidence for action.
74. The Regional Office will reach out to other WHO regions to strengthen interregional collaboration on cross-border TB control and care.
75. The Regional Office will provide technical support to Member States and partners to implement the United Nations common position paper on cross-sectoral actions to end HIV, TB and viral hepatitis. This common position paper, which was endorsed at the United Nations Regional Coordinating Mechanism meeting on 9 May 2018, outlines a common United Nations approach to addressing HIV, TB and viral hepatitis, with a sustainable development perspective, focusing on social and other determinants.
76. The Regional Office, in close collaboration with national and international partners, will support Member States in implementing the Political Declaration on TB, which is due to be endorsed by Heads of State at the United Nations General Assembly High-level Meeting on Ending TB on 26 September 2018.
77. Member States will be supported in scaling up their intersectoral work in addressing TB and TB/HIV coinfection. This includes improving services for prisoners and migrants, and strengthening links with services for relevant noncommunicable conditions such as diabetes mellitus, for tobacco control and for the prevention of harmful use of alcohol.