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**First Coordinating Meeting of WHO Collaborating
Centres on TB, HIV, Viral Hepatitis and STI
Copenhagen, Denmark**



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Abstract

The first coordinating meeting of the WHO collaborating centres on TB, HIV, viral hepatitis and STI was held in Copenhagen, Denmark, on the 11–12 November 2019, and included presentations and discussions. The overall objectives were to review the current activities of the participating WHO collaborating centres; discuss how to address challenges and the gaps in the implementation of global and regional strategies and Action Plans; and to discuss upcoming plans for collaborative activities for 2020–2022. Participants included representative from WHO collaborating centres on TB, HIV, viral hepatitis and STI based in the European Region, representatives from WHO headquarters, WHO Regional Office for Europe and WHO country offices in Azerbaijan, Belarus, Georgia and Russia. Follow-up actions were agreed and drafted during the meeting.

KEYWORDS

TUBERCULOSIS
MULTIDRUG-RESISTANT TUBERCULOSIS
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Abbreviations

aDSM	Active tuberculosis drug-safety monitoring and management
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
BQ	Bedaquiline
CC	Collaborating Centre
DLM	Delamanid
DST	Drug-susceptibility testing
EECA	Eastern Europe and central Asia
ELI	European Laboratory Initiative
ERS	European Respiratory Society
FIND	Foundation for Innovative New Diagnostics
GLC	Green Light Committee
GTN	Global TB Network
HIV	Human immunodeficiency virus
HIV-TRG	HIV Treatment Reference Group
IBBS	Integrated biological and behavioural surveillance
IS	Information system
IVD	In vitro diagnostics
JTH	Joint Tuberculosis, HIV and Viral Hepatitis Programme of WHO Regional Office for Europe
LTBI	Latent tuberculosis infection
MAF	Multisectoral accountability framework
MDR-TB	Multidrug-resistant tuberculosis
MoH	Ministry of Health
MTCT	Mother-to-child transmission
NTP	National TB programme
PSE	Population size estimates
SI	Strategic information
STI	Sexually transmitted infections
TB	Tuberculosis
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
VOT	Video-observed therapy
XDR-TB	Extensively drug-resistant tuberculosis

Introduction

The WHO collaborating centres (WHO CCs) on tuberculosis (TB), HIV, viral hepatitis and STI have played important roles in capacity-building, research and evidence development, scaling-up evidence-based interventions and implementing the latest WHO policy guidance and recommendations. In line with the Sustainable Development Goals (SDGs) and End TB Strategy, and eliminating AIDS, viral hepatitis and STI as public health threats, discussions are needed on strategic and technical issues and closely coordinated activities. To this end, WHO Regional Office for Europe organized the first coordinating meeting of all existing WHO CCs, based in the WHO European Region, with the aim of discussing current challenges, strengthening collaboration and coordination of efforts, and agreeing on future plans in line with the Regional Action Plans on TB, HIV and viral hepatitis.

The coordinating meeting of the WHO CCs on TB, HIV, viral hepatitis and STI was held on the 11–12 November 2019 at the WHO Regional Office for Europe, Copenhagen, Denmark. The meeting comprised presentations, panel discussions and group activities between representatives from WHO CCs on TB, HIV, viral hepatitis and STI based in the European Region along with representatives from WHO headquarters, the WHO Regional Office for Europe and WHO country offices in Azerbaijan, Belarus, Georgia and Russia. The objectives of the meeting were to review the current activities of the participating WHO CCs; discuss how to address challenges and gaps in implementing the global and regional strategies and Action Plans; and to discuss upcoming plans for collaborative activities for 2020–2022.

Opening remarks and introduction of participants were given by Dr Nedret Emiroglu, WHO Regional Office for Europe, Director of Health Emergencies and Communicable Diseases. The presentation of the agenda, background and objectives of the meeting were given by given by Dr Masoud Dara, WHO Regional Office for Europe, Coordinator, Communicable Diseases and Programme Manager of the Joint Tuberculosis, HIV and Viral Hepatitis Programme. Dr Ogtay Gozalov, Medical Officer, Joint Tuberculosis, HIV and Viral Hepatitis Programme, was the responsible officer for the meeting.

The meeting and discussions were live streamed and recorded via WebEx for colleagues to participate remotely. PowerPoint presentations were distributed on USB drives at end of the workshop and meeting. No conflicts of interest were declared by participants. This report summarizes the presentations and discussions of the meeting. The agenda of the meeting is included in Annex 1 and the list of participants in Annex 2.

Day 1, Monday 11 November 2019

Session 1: Information from WHO collaborating centres

WHO collaborating centres regional focal point

The WHO CCs are institutions that are designated by WHO's Director-General to form part of an international collaborative network supporting the work of WHO. The main objectives of the WHO CCs are to provide strategic support to fulfil WHO's mandate, enhance scientific validity of global health work and strengthen institutional capacity in regions and countries. An alignment between the workplans of WHO CCs and WHO programme priorities is crucial to support the achievement of planned strategic regional and global objectives.

Globally, there are more than 840 WHO CCs in 100 Member States. In the WHO European Region there are 280 WHO CCs which are located geographically in 36 Member States. The 10 European countries with the most CCs are the Belgium, France, Germany, Italy, Netherlands, the Russian Federation, Spain, Sweden, Switzerland and United Kingdom.

WHO CCs participate in activities based on a workplan, jointly prepared by the Centre and WHO in line with WHO procedures. Activities may take place in the country, between countries or at regional, interregional and global levels. The main functions of CCs are standardization, synthesizing and disseminating scientific and technical information, provision of services (for example, epidemiological surveillance, laboratory support), research, training and coordinating joint activities, and technical cooperation in national health development. According to the global database, WHO CCs in the European Region work on over 500 different topics.

There are eight key criteria for WHO CCs:

1. High scientific and technical standing nationally and internationally.
2. Prominent place in the country's health, scientific or educational structures.
3. High quality of leadership with sufficient number of qualified staff.
4. Stability in terms of personnel, activity and funding.
5. Strong working relationships with other institutions at the national, regional and global levels.
6. Clear ability, capacity and readiness to contribute to WHO programme activities.
7. Technical and geographical relevance of the institution and its activities to WHO's programme priorities.
8. At least two (but in most cases many more) years of previous collaboration with WHO in carrying out jointly planned activities.

The designation as a WHO Collaborating Centre is independent from any kind of financial support from WHO. The funding of the activities of a WHO CC is subject to a strict policy aimed at avoiding any conflict of interest. WHO CC activities should not be funded by commercial companies or trade associations, or foundations closely associated with their commercial sponsors.

Information from WHO CC for TB in Prisons, Azerbaijan

Terms of reference:

1. To provide training courses for prison staff, health care professional and lab technicians working in the prison sector.
2. To give tours of the training facility to representatives from other countries and participate in exchange of facilitators.

Future plans:

- Collaborate with WHO Regional Office for Europe for technical and financial support and exchange of expertise.
- Contribute to the Regional Action Plan through training programmes, which have shown reductions in incidence of TB of 8.5% and TB mortality of 11% in some facilities.

- Operationalize the UN Common Position paper¹ by providing TB care in prisons.
- Expand technical capacity to treat LTBI and manage comorbidities with HIV and drug addiction, and to enhance collaboration with other training centres in 2020–2022.

Information from WHO CC for HIV/AIDS Diagnostics and Laboratory support, Belgium

Terms of reference:

1. To advise on WHO prequalification of in vitro diagnostics for HIV and CD4 counts, (re)emerging viral infections, STI and malaria.
2. To carry out laboratory evaluations of diagnostic tests.
3. To provide of serum and plasma reference panels for HIV.
4. To test reference material for WHO and to attend WHO meetings for technical advice.

Future plans:

- Share expertise on HIV, STI and malaria testing with partners in the WHO European Region and invite representatives to visit facilities.
- Contribute to the Regional Action Plan and operationalize the UN Common Position Paper through active participation in the National AIDS Plan for Belgium.
- Expand technical capacity through preparation of a new panel for HIV test evaluations which will be hosted by the institute and distributed to another 10 testing sites.
- Prepare to address new challenges in HIV diagnosis for patients on pre-exposure prophylaxis (PrEP), and implementing research on how to reach undiagnosed populations in 2020–2022.

Information from WHO CC for MDR-TB, Belarus

Terms of reference:

1. To provide training courses for national and international health professionals.
2. To provide technical assistance in scaling-up new TB drugs.
3. To develop treatment regimens in areas with high burdens of rifampicin-resistant TB.
4. To produce and disseminate evidence on use of new TB drugs.

Future plans:

- Collaborate with WHO Regional Office for Europe to develop and carry out operational research on shorter regimens without injectable agents for MDR-TB and enrol patients for video-observed treatment (VOT).
- Contribute to the Regional Action Plan by providing technical support for HIV and TB prevention, partnering with organizations to provide care for HIV and TB patients, and participating in clinical and operational research.
- Expand technical expertise in scaling-up high quality, affordable patient-centred health care and transitioning from inpatient to outpatient models of care.
- Implement training programmes on the introduction of shorter and fully oral treatment regimens in 2020–2022.

Information from WHO CC for HIV Strategic Information, Croatia

Terms of reference:

1. To develop national capacities in designing and implementing HIV strategic information (SI) systems and monitoring and evaluation of HIV, viral hepatitis and STI programmes through training programmes.
2. To provide technical assistance in the design and implementation of strategic information systems for HIV, viral hepatitis and STI and evaluation of national programmes for HIV, viral hepatitis and STI.

¹ WHO. United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration. Copenhagen: WHO Regional Office for Europe; 2018. (http://www.euro.who.int/__data/assets/pdf_file/0005/382559/ibc-health-common-position-paper-eng.pdf, accessed 1 June 2020).

3. To provide assistance on research activities, guideline development, review of national HIV, viral hepatitis and STI surveillance, monitoring and evaluation plans.
4. To build strategic partnerships in order to improve the scope and quality of activities.

Future plans:

- Assist WHO Regional Office for Europe in validating the elimination of mother-to-child transmission (MTCT) of HIV and syphilis, quality assurance of integrated bio-behavioural surveillance (IBBS) and population size estimates (PSE), and sharing expertise on monitoring and evaluation frameworks and SI systems.
- Contribute to the Regional Action Plan by enhancing surveillance, data collection and analysis of HIV and STI.
- Operationalize the UN Common Positions Paper by utilizing information collected from HIV SI systems to design evidence-based intersectoral interventions.
- Expand technical expertise on use of IBBS for programme improvement, monitoring and evaluation frameworks for HIV interventions for key populations, and integrated surveillance of HIV, viral hepatitis and STI.
- Host at least three annual workshops on SI systems in 2020–2022.

Information from WHO CC, Foundation for Innovative New Diagnostics (FIND), Switzerland

Terms of reference:

1. To evaluate accuracy and effectiveness of diagnostic technologies for WHO guidelines.
2. To develop target product profiles for manufacturers on needed diagnostics to meet WHO targets.
3. To provide technical support on laboratory activities at country level.
4. To provide training courses on laboratory technologies in WHO priority settings.

Future plans:

- To collaborate with WHO Regional Office for Europe to address rising drug resistance in the Region by evaluating in vitro diagnostic (IVD) products, developing digital solutions for antimicrobial resistance (AMR) surveillance and producing evidence to drive rational use of antibiotics.

Information from National Centre for Disease Control and Public Health, Georgia, applying for the status of WHO CC on Viral Hepatitis

Terms of reference:

1. To assist WHO in supporting Member States in developing national hepatitis elimination strategies and action plans.
2. To support WHO in assessing viral hepatitis monitoring and response in the Region.

Future plans:

- Collaborate with WHO Regional Office for Europe to provide technical assistance for the development of national hepatitis testing strategies, diagnostic algorithms and programme monitoring systems in the Region.
- Contribute to the Regional Action Plan by strengthening hepatitis control in the Region.
- To organize study tours for delegations from Member States to enable them learn about the components of a national elimination programme.

Information from Robert Koch Institute, Germany, applying for the status of WHO CC on Viral Hepatitis and HIV

Terms of reference:

1. To assist WHO in supporting Member States in developing methodology, planning, conducting and analysis of epidemiological surveys on hepatitis B and C and HIV in different population groups.
2. To support WHO in assessing viral hepatitis B and C and HIV/AIDS monitoring, control and elimination in the countries of the WHO European Region.

Future plans:

- To establish a formal collaboration with WHO Regional Office for Europe on HIV and viral hepatitis.

- To contribute to the Regional Action Plan through development of surveys that support disease control.
- To expand technical expertise in use of IBBS for disease surveillance in vulnerable populations.

Information from Israeli Ministry of Health, applying for the status of WHO CC on TB

Terms of reference:

1. To hold annual workshops on TB elimination for professionals from low-endemic countries.
2. To provide WHO TB consultancy training for junior professionals from high endemic countries.
3. Providing research consultations for workshop participants on Structured Operational Research and Training (SORT-TB).

Future plans:

- Collaborate with WHO Regional Office for Europe by building stronger regional collaborating mechanisms and assisting with elimination efforts in Member States.
- Contribute to the Regional Action Plan by sharing expertise on patient-centred care, supportive systems and research.
- Operationalize the UN Common Position paper by implementing antidiscrimination measures and intersectoral initiatives.
- Expand technical expertise on TB/HIV coinfection and health system strengthening.
- Continue hosting annual TB elimination workshops, participate in mentorship missions and research consultation in 2020–2022.

Information from WHO CC in Tuberculosis Laboratory Strengthening, Fondazione Centro San Raffaele, Italy

Terms of reference:

1. To provide training on implementation of TB diagnostic tools.
2. To build capacity for genomic tools for diagnosis and case-finding for TB.
3. To provide technical assistance in TB laboratory strengthening.
4. Conduct operational research to improve tuberculosis care and control.
5. To support monitoring of drug-resistance rates.

Future plans:

- Collaborate with WHO Regional Office for Europe on large-scale projects, blending knowledge and capacities.
- Contribute to the Regional Action Plan by developing of patient-centred interventions and intensifying research and innovation.
- Operationalize the UN Common Position paper by integrating horizontal and vertical approaches.
- Expand technical expertise on of biomarkers to identify patients at high risk of progression into active TB disease.
- Start working in the area of AMR diagnostics, build capacity for use of whole genome sequencing-based tests for drug resistance, and support countries' use of LTBI tests in 2020–2022.

Information from WHO CC for TB/HIV Coinfection and for TB Elimination, University of Brescia, Italy

Terms of reference:

1. To provide technical assistance on improving quality of health care for patients with TB and TB/HIV confection.
2. To promote the TB elimination strategy in low-endemic countries by developing agendas for screening and treatment of LTBI.
3. To contribute to capacity-building and human resource development for joint TB/HIV activities.
4. Perform implementation research on improving standards of care for TB/HIV coinfection.
5. Support screening practices for TB and LTBI among migrant groups in low-endemic countries.

Future plans:

- Contribute to WHO Regional Office for Europe TB agenda by facilitating implementation of the regional TB strategy and adapting the LTBI agenda to mid-burden countries in the region.

- Contribute to the Regional Action Plan through implementation, monitoring and evaluation of the multisectoral accountability framework (MAF).
- Operationalize the UN Common Position paper by contributing research and technical assistance in WHO Regional Office for Europe key actionable areas within and beyond the health sector.
- Expand technical capacity by adding LTBI strategy to the elimination goal in mid-endemic countries in the Region, develop tools to improve HIV-associated TB outcomes in countries with high coinfection rates and regional research agenda.

Information from WHO CC for MDR-TB, Tuberculosis and Lung Diseases of Riga East University Hospital, Latvia

Terms of reference:

1. To provide evidence-based training for health care workers working with TB.
2. To promote the implementation of the WHO guidelines on MDR-TB through training sessions, consultations and technical assistance.
3. To participate in collaborative research on new TB drug development and laboratory diagnostic methods.

Future plans:

- Collaborate with WHO Regional Office for Europe through exchange of experts and support for expanding the capacity of the Centre.
- Contribute to the Regional Action Plan by supporting capacity-building and providing technical assistance to countries in the region.
- Operationalize the UN Common Position paper by supporting countries to develop strategies and interventions for multisectoral collaboration.
- Expand technical capacity in providing online courses, blended learning and new content.
- Plans for 2020–2022 are to develop a new online learning platform, participate in the Baltic State Symposium in 2020, and contribute to ACTIVATE and the Work and Health Project.

Information from WHO CC for Training in Multidrug-Resistant Tuberculosis, Novosibirsk Tuberculosis Research Institute, Russian Federation

Terms of reference:

1. To review and update current training curricula in line with WHO guidelines and recommendations.
2. Organize and facilitate regional and national training sessions on management of MDR-TB in collaboration with other partners.
3. To monitor TB control activities and contribute to surveillance in Siberia and the far east of Russia.
4. To disseminate the research and experience of the WHO CC.

Future plans:

- Collaborate with WHO Regional Office for Europe by providing bilateral and technical support.
- Contribute to the Regional Action Plan by providing training on training on MDR-TB patient-centred care models, shorter regimens and research for new tools.
- Operationalize the UN Common Position paper by forging stronger links between HIV, TB and viral hepatitis services with other government structures.
- Expand technical expertise in providing training sessions on TB/HIV and viral hepatitis coinfection.
- In 2020–2022 enhance collaboration with other WHO CCs working with MDR-TB and HIV.

Information from WHO CC on TB, Central Tuberculosis Research Institute (CTRI), Russian Federation

Terms of reference:

1. To develop guidelines and recommendations for health system strengthening.
2. To provide technical assistance in developing control strategies for MDR-TB and TB/HIV coinfection in the Russian Federation.
3. To collaborate with WHO to ensure standardization of microbiological and laboratory methods.
4. To promote clinical trials of new anti-TB drugs and vaccines.
5. To participate in capacity-building of TB services in central Asian countries through training.

Future plans:

- Collaborate with WHO Regional Office for Europe by contributing to WHO's High-level Working Group on TB, the European Laboratory Initiative (ELI) and preparing WHO guidelines on TB infection control.
- Contribute to the Regional Action Plan by developing new diagnostic algorithms and shorter regimens, training biosafety personnel and laboratories managers, and support the transition to more patient-centred approach.
- Expand technical expertise in training in telemedicine.

Information from WHO CC on HIV and TB Coinfection, National Medical Research Centre for Phthisiopulmonology and Infectious Diseases of the Ministry of Health of the Russian Federation

Terms of reference:

1. To train health professionals in epidemiology, diagnosis, prevention and treatment of TB/ HIV coinfection.
2. To participate in research and clinical activities.
3. To develop and implement new technologies for diagnosis, treatment and prevention of HIV and TB.

Future plans:

- Collaborate with WHO Regional Office for Europe by providing training, implementing monitoring systems and providing best practices for TB/ HIV coinfection in EECA.
- Contribute to the Regional Action Plan by promoting timely diagnosis and treatment for patients with HIV/TB coinfection, screening for drug resistance in TB, and prophylactic TB treatment HIV patients.
- Expansion of technical expertise in training with distance technologies and e-learning.
- Continue providing training, organize annual scientific conferences and contribute to WHO guidelines in 2020–2022.

Information from WHO CC for Working with Vulnerable Population Groups in Central Europe, National Institute for TB, Lung Diseases and Thoracic Surgery, Vysne Hagy, Slovakia

Terms of reference:

1. To support WHO in TB elimination efforts in vulnerable groups.
2. To monitor conditions and needs of vulnerable groups in central Europe related to TB.
3. To advocate for initiative to reduce marginalization and increase well-being of vulnerable groups in central Europe.

Future plans:

- Collaborate with WHO Regional Office for Europe by sharing expertise on working with vulnerable populations.
- Contribute to Regional Action Plan by promoting patient-centred, age-sensitive, gender-specific services to access and adherence to TB care.
- Operationalize the UN Common Position paper by advocating for Health in All policies.
- Conduct joint training sessions with other WHO CC in form of summer schools in 2020–2022.

Session 2: WHO Regional Office for Europe's vision on TB, HIV, viral hepatitis and STI

The Joint TB, HIV and Viral Hepatitis (JTH) team at WHO aim to end TB, HIV and viral hepatitis as public health threats in the Region by 2030. JTH work with countries to implement effective policies and guidelines, collaborate with experts through regional platforms, lead intersectional collaboration and facilitate collaboration with civil society. WHO CCs are research institutes, universities academics that support and ensure scientific validity of WHO's work on TB, HIV and viral hepatitis. The primary activities of WHO CCs are evidence generation, capacity-building, provision of expertise for WHO meetings and participation in country reviews and missions.

Progress towards implementing Regional Action Plans for HIV and viral hepatitis has been significant but there is still a considerable way to go. Across the Region, 82% of people living with HIV (PLHIV) are diagnosed, 66% of those diagnosed are on antiretroviral therapy (ART), and 84% of those on ART are achieving viral

suppression. The HIV treat-all policy has been widely adopted. There is still a need to address late diagnosis and loss of linkage between diagnosis and ART initiation. There have been many important actions addressing the rising trends of new HIV diagnoses in the Region, such as the Ministerial Policy Dialogue on HIV and related comorbidities in eastern Europe and central Asia that was held in Amsterdam in July 2018, the sharing of country roadmaps and good practices for HIV, and the establishment of regional expert platforms to facilitate the exchange of knowledge and capacity-building in Member States. The First Regional Consultation on Viral Hepatitis in the WHO European Region took place in Tbilisi in February 2019, where special emphasis was made on national planning for viral hepatitis and framework for monitoring the progress of national plans. In the 69th session of the WHO Regional Committee for Europe in September 2019, three critical actions were outlined for HIV and hepatitis elimination: 1) prioritize preventive measures to key populations; 2) decentralize and simplify testing for HIV and hepatitis; and 3) optimize treatment regimens and scale-up early treatment and full care.

There has been a steady decline in TB incidence and mortality in the Region, but several alarming issues need to be addressed: the rise in incidence of drug-resistant TB, the rise in incidence of TB/HIV coinfection and the rise in mortality due to TB/HIV coinfection. In terms of achieving targets laid out in the action plan, the Region is slightly ahead of target pace for reducing TB mortality but slightly behind target pace at reducing TB incidence. The Roadmap to Implement the TB Action Plan for WHO European Region 2016–2020 still remains valid;² however, the deadline may be extended to 2030. The End TB strategy and TB Action Plan sets out three key areas of intervention: 1) Integrated patient-centred care and prevention; 2) Bold policies and supportive systems; and 3) Intensified research and innovation.³

An intersectoral approach is now being promoted as a means of tackling TB, HIV and viral hepatitis. Since many of the determinants of these diseases arise from sectors outside the health sector, efforts are now being made to actively involve other sectors to strengthen eradication efforts. One example is the multisectoral accountability framework (MAF),⁴ which was recently developed to hold all relevant stakeholders from different sectors accountable for elimination of TB. The United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was signed by 14 agencies committing themselves to contribute knowledge of sectors that they are supporting at country level to this work.⁵ This common position is now being implemented in four pilot countries: Belarus, Georgia, Portugal and Tajikistan. It has been proposed that a lifespan approach is used to generate evidence of the impact of this work, which maps the influence of interventions from different sectors in different parts of the lifespan.

Summary of discussion

- The Regional Office is promoting scale-up of operational research. Products are often not being implemented in response to research. This is especially a priority for the introduction of shorter TB regimens in the Region.

² WHO. Roadmap to implement the tuberculosis action plan for the WHO European Region 2016-2020. Copenhagen: WHO Regional Office for Europe; 2016.

(http://www.euro.who.int/__data/assets/pdf_file/0020/318233/50148-WHO-TB-Plan_May17_web.pdf?ua=1, accessed 1 June 2020).

³ WHO. The End TB Strategy. Geneva: World Health Organization; 2014.

(https://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1, accessed 1 June 2020).

⁴ WHO. Multisectoral accountability framework. Geneva: World Health Organization; 2019.

(https://www.who.int/tb/WHO_Multisectoral_Framework_web.pdf?ua=1, accessed 1 June 2020).

⁵ WHO. United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration. Copenhagen: WHO Regional Office for Europe; 2018.

(http://www.euro.who.int/__data/assets/pdf_file/0005/382559/ibc-health-common-position-paper-eng.pdf, accessed 1 June 2020).

- There should be a greater focus on collaboration with civil society and patient organizations. If any of the centres have expertise in this area or know of innovative ways to collaborate they are encouraged to share with the group.

Session 3: Content quality assurance

How to assure the content of the modules/trainings

Content quality assurance requires identification of the needs of the user, determination of a suitable product, designing the product so that it fits users' needs and refining the product through feedback. In the context of training courses, the needs of the user may be evidence-based information and practical skills in TB infection control, the product may be a lecture or discussion, user needs may be a ventilated room and tables positioned to facilitate discussion, and valid and constructive feedback should be used to improve the product. There are four aspects that should be considered when assessing the quality of training programmes: how trainees feel during the training session? What skills and knowledge did the trainees gain? Is there any behaviour change after training? What are the impacts of the training on the country or region? The latter two questions are the hardest to answer.

Participant learning can be more effective if optimal learning styles are taken into consideration. VARK is a questionnaire that aids learning by suggesting recommended learning strategies, based on four categories of learning style: visual, aural, read/write and kinaesthetic. Training sessions should be adapted to fulfil these different learning styles.

Summary of discussion

- It is important to select a language that is well matched to the participants on the training course. Consider the potential nationalities of users.
- Learning should be as practical and applicable as possible and provide a mixture of instruction and interactive activities to keep participants engaged. After teaching of core concepts, divide participants into smaller groups to apply concepts to their own countries. As far as possible, design exercises in the training session that can be utilized by participants in real life; for example, protocol development or evaluation strategy.
- There is a tendency for the course material to increase over time as updates are added and the range of topics expands. Eventually, the volume of material is too large for clinicians to follow. It is suggested to divide courses up when they become too large so that health professionals can select modules that are most relevant to their job descriptions.
- When dealing with an exponentially increasing volume of course material, select material that is most relevant to the participants and the region that they come from. Remove material that is outdated, irrelevant or less important.
- There is a low uptake for some courses. It is suggested that modules should be certificated so that they can contribute to professional development. Courses may need to be tailored so that they are suitable to be accredited.
- Face-to-face courses are favoured over online courses, yet centres need to deliver some courses online to save resources. It is suggested that attendants should be required to take some online and some face-to-face courses.
- The personality of the facilitator and proper organization of the course is very important.

Session 4: Presenting a standardized care package for TB in prisons

Example of a WHO Collaborating Centre working on TB in prisons (Azerbaijan)

The conditions that prisoners are kept in serve as a driver for TB. Prisoners have high rates of illicit drug use, are often marginalized and frequently suffer from concomitant diseases. Since 2008, there has been a significant improvement in health outcomes of prisoners with TB in Azerbaijan due to implementation of WHO-recommended strategies. The mortality rate is currently around 120 times lower than it was previously. Mass screening is practiced among newcomers and among inmates who have been in the prison system for many years. Specialized treatment facilities receive prisoners who are suspected of having TB or who are

confirmed TB cases. In these facilities, there are over 27 units for different types of imprisonment conditions. Patients are grouped by susceptibility status and the requirements of their imprisonment. Provision of medical services is guided by legal factors and must pertain to strict confidentiality procedures and ethical requirements.

The Centre provides national and international training on how to deliver TB care to prisoners. Training includes lectures, distance learning, active learning and visitations to penal facilities. During visitations, trainees have the opportunity to interact with clinicians and other staff who are delivering TB care to prisoners. Observing how such facilities are run in practice motivates trainees to implement similar systems in their own countries. Participants can also learn about laboratory methods, drug supply and use of new and repurposed drugs.

Summary of discussion

- Aim for a holistic approach when working with prisoner populations. When studying TB, HIV and viral hepatitis in incarcerated populations, consider what else can be offered to improve their situation.
- There are difficulties delivering health services in prisons in countries where the Ministry of Justice is responsible, not the Ministry of Health (MoH). Collaboration is required across ministries to ensure that adequate care is being provided.
- Governments often opposed providing care to prisoners. It should be emphasized to governments that TB elimination is not possible without providing care in prisons.
- It is important to ensure good continuity of care for prisoners after they are released from prison. This requires good cooperation between the facilities delivering health services for prisoners and facilities for civilians.
- There are multisectoral collaboration opportunities when working with incarcerated populations. The United Nations Office on Drugs and Crime (UNODC) is working in HIV prevention and care in prisons. The United Nations Development Fund (UNDP) is conducting a review of the legal environment and how it can be an obstacle to accessing health care. UN Women also have targeted projects in some countries supporting female prisoners. Linking with these organizations may be useful capacity-building. A benefit of working across sectors is that we can exploit connections that other UN agencies may have to ministries of health.

Session 5: Collaborating centres acting beyond the scope of work

Example of a WHO Collaborating Centre working on TB (Italy)

The Collaborating Centre has three pillars: global training, technical assistance and research. Global training includes training courses in Sondalo, Italy, and international training courses. Since 2001, the courses run in Sondalo have trained 1 073 people and the international courses have trained a further 910 people. Courses begin with role play, followed by recall of theoretical messages, group exercises, presentations and discussions and the session is concluded by individual reports and recommendations. By the end of the course, participants are able to organize a mission, review key components of a national TB programme (NTP), analyse findings, provide recommendations, write a report in WHO headquarters' style, submit a report for planning next steps and a draft, advise on Global Fund funding models and identify priorities for TB infection control.

Technical assistance is provided via the TB consilium, a global initiative offered by Global TB Network (GTN), hosted by Waidid (World Association for Infectious Diseases and Immunological Disorders). The TB consilium is a platform that enables experts to provide clinical advice for difficult-to-treat MDR-TB or XDR-TB cases via email. Responses are provided within 48 hours. The tool is free to use and available in four languages: English, Portuguese, Russian and Spanish. The Centre also provides technical support through active TB drug-safety monitoring and management (aDSM), monitoring for drug toxicities in patient with XDR-TB on the new TB drug or regimens. To date, the Centre has provided technical assistance to Bulgaria, Kosovo and the Russian Federation, as well as to countries in the South-East Asia Region and the Americas.

The institute also collaborates with GTN to conduct research on MDR-TB, XDR-TB and LTBI, TB pharmacology and migrants and vulnerable populations. Being part of the European Respiratory Society (ERS) has enabled international research collaborations with institutions in Latin America, boosting the numbers of annual TB publications from the Region. The institute has recently participated in several notable studies on the effectiveness and safety of bedaquiline (BQ): the first programmatic study on the use of BQ in high and low-burden countries showed that outcomes were about 10% lower in Africa due to HIV prevalence; a systematic review on the cardiac safety of BQ demonstrated how QT interval tends to decrease over time due to adaptation, and that the proportion of cardiac events due to BQ was lower than previously expected; and a systematic review on BQ and delamanid (DLM) co-administration found the rate of cardiac adverse events to be less than 2%. These results have been included in the WHO document on active tuberculosis drug-safety monitoring and management (aDSM).⁶ The Collaborating Centre is also conducting extensive research on TB surgery and rehabilitation, including current projects on TB cases admitted to intensive care units and the global use of surgery for TB. The Collaborating Centre would like to collaborate on more research projects in the European Region in the future, with a focus on MDR-TB and LTBI.

Summary of discussion

- It is not always sufficient to have the latest data, best technology and best training facilities. It is also necessary to think about practicalities, and how best to utilize these resources for disease control.
- When working in a setting with vulnerable and hard to reach populations, it is also necessary to train representatives from the vulnerable population to increase acceptance and gain access to the population. This will also require adaptation of training materials and explanations of scientific definitions in layman's terms. Often vulnerable populations are living in environments, or have lifestyles, that are vastly different from the general population.
- Much of the important work requires collaboration with other WHO CC and medical institutions; for example, collective databases and meta-analyses. Communication and exchange of knowledge and data is increasingly essential for research in this field.
- Joining scientific networks can facilitate collaboration (e.g. GTN). These networks have pre-existing structures, websites and other experts working on the same platforms.
- Countries with declining TB incidence and nationally focused research and training need to consider how they can contribute to regional priorities; for example, by participating in European Centre for Disease Prevention and Control or ERS projects that benefit the Region or organizing initiatives to facilitate knowledge exchange (e.g. the Baltic symposium organized by Latvia).
- Meeting with other WHO CCs strengthens multilateral collaboration, rather than just bilateral collaboration. Dialogue between centres is important for determining what is innovative.
- More training is needed for other health professionals, not only clinicians.

Session 6: Role of WHO collaborating centres in the introduction of WHO guidelines

Example of the WHO Collaborating Centre in Belarus

Incidence of TB in Belarus has reduced significantly over the last 15 years, with new cases per year dropping from over 5 000 to less than 2 000. However, Belarus' national TB response is now faced with an epidemic of MDR- and XDR-TB. One third of new and two thirds of previously treated TB patients had MDR-TB in 2017. More than half of MDR-TB patients had an advanced drug-resistance profile: pre-XDR and XDR-TB. A strategic priority of the NTP in Belarus is timely integration of WHO recommendations into national guidelines. Implementation of new recommendations in Belarus is a cyclical process, requiring multiple

⁶ WHO. Active tuberculosis drug-safety monitoring and management (aDSM): Framework for implementation. Geneva: World Health Organization; 2015. (https://apps.who.int/iris/bitstream/handle/10665/204465/WHO_HTM_TB_2015.28_eng.pdf?sequence=1, accessed 1 June 2020).

review measures by national bodies, the WHO Regional Office and external groups. The key steps in timely translation and implementation of WHO consolidated guidelines were: 1) establishing a technical task force; 2) performing a country preparedness assessment; 3) securing a budget and funding (both domestic and external); 4) translation and adaptation of WHO guidelines to local languages and settings; 5) laboratory preparation; 6) case management adaptation; 7) adopting new treatment procedures and monitoring aDSM; and 8) drug registration, import and procurement

Another strategic priority of the NTP is the rapid uptake of new drugs and regimens under operational research and programmatic conditions. In 2019, 96% of patients starting on MDR-TB treatment started on regimens with the new drugs. The new consolidated WHO drug-resistance guidelines encourage use of shorter oral-only MDR-TB regimens. This is particularly important in Belarus due to high levels of fluoroquinolones (FQ) and second-line injectables (SLI) resistance (60%). An operational research protocol has been developed for modified short regimens without injectables to determine their effectiveness and safety, and to investigate quality of life among MDR-TB patients receiving the all-oral short MDR-TB treatment regimen compared with those on the standard MDR-TB regimen. Rapid diagnostic tests such as GeneXpert and line probe assays (LPA) are being scaled up to improve diagnostics and reduce time until starting adequate treatment. Technicalities and the possible consequences of switching MDR-TB patients to regimens containing the new drugs are discussed via the TB consilium. The national pharmacovigilance (PV) system monitors and reports adverse events in M/XDR-TB patients and this knowledge is shared outside the NTP.

Summary of discussion

- There are many different guidelines to consolidate: WHO produces guidelines that are evidence-based and robust but which are not always user-friendly; The Union (International Union Against Tuberculosis and Lung Disease/IUATLD) produces expert-opinion guidelines; scientific societies produce evidence-based guidelines that are coordinated with WHO but adapted for low-burden settings, and other groups produce consensus-based guidelines without methodologies. Consolidation of multiple guidelines is complex and difficult to convey in training.
- Training should be based on practical examples from the countries from which trainees are coming from, as well as on the guidelines.
- The implementation of WHO guidelines depends on a country's access to drugs. Low-burden countries with very small numbers of cases per year often do not have registration for critical TB drug and are not eligible for Global Fund grants. Some countries without access are exploring the possibility of referring patients to neighbouring countries for treatment.
- WHO CCs based in countries that are experiencing barriers in implementing WHO guidelines may consider becoming part of the European Tuberculosis Research Initiative (ERI-TB), where they can benefit from the experience and expertise of other members.
- It may be useful to produce reports of practical experiences implementing WHO guidelines to create a library of best practices which other countries in the Region can learn from.

Session 7: Presenting the plans of the WHO collaborating centres

See the Follow-up actions for WHO CCs and WHO Regional Office for Europe section at the end of the document.

Session 8: Perspective on working with WHO collaborating centres from WHO headquarters

The Global TB report was released in October 2019 and provides an overview of the global TB situation. Global incidence of TB is declining but at a very slow rate. Implementation of the WHO recommendation of treatment for people with LTBI is very weak. The European Region is the only Region that is on track to achieve the 2020 milestones for reductions in incidence and mortality. Between 2015 and 2018, the incidence rate fell 15% and the number of TB deaths fell by 24%. WHO CCs have played a significant role in this progress in the Region, through training, technical assistance, research, laboratory support and promoting WHO guidelines and targets.

The three pillars of the End TB strategy are: 1) integrated and patient-centred care and prevention; 2) bold policies and supportive systems; and 3) intensified research and innovation.⁷ The activities of WHO CCs are mainly related to pillars 1 and 3 of the End TB strategy. Pillar 2 requires political commitment, adequate resources, social protection and poverty alleviation. In most countries, these factors are beyond the scope of the health sector. The terms of reference of WHO CCs generally do not cover pillar 2, except for a few elements, such as ethics and TB, vulnerable population and comorbidities with HIV and diseases other than HIV.

The multisectoral accountability framework (MAF) was requested from the Director-General of the WHO in 2019.⁸ Progression of TB is driven by a multitude of social and environmental determinants, which are linked to other Sustainable Development Goals (SDGs) and need to be addressed by other sectors. In planning for 2020–2022 WHO CCs should focus on finding a niche that is currently not being covered; for example, patient cost surveys, assistance in regulatory frameworks, social protection schemes and incentives/ enablers, and development of national MAFs.

Day 2, Tuesday 12 November 2019

Group work on future plans, new directions and horizontal links

Routine collaboration: There is potential for electing one WHO Collaborating Centre to be responsible for coordinating routine collaboration. The coordinating Centre would be responsible for arranging regular face-to-face meetings, conference calls and visits. The designated Centre would change each year. This would ensure regular communication. Face-to-face meetings are important for sharing ideas and ensuring multilateral communication; technologies may be used for remote communication.

Table of activities: WHO CCs should share their Action Plans every quarter. Information may be organized into a table showing activities around the different diseases being implemented at each of the WHO CCs. This table will make it clear where there are gaps and facilitate collaborations for situations in which several CCs are working in the same area. This could also include a joint roster for experts, so that any WHO Collaborating Centre can bring in expertise from other centres.

Joint training and missions: WHO CCs working in the same area should combine training material. Expertise from other WHO CCs or from other groups (e.g. ELI) should be borrowed to fill gaps in training curricula. WebEx technology may be used to bring in external lecturers on courses. Experts from WHO CCs working in different fields should attend joint country missions to provide a comprehensive review of the country situation and recommendations.

Clearer terms between WHO CCs and WHO: Upfront communication is necessary on the needs, requirements and expectations of all parties, so that mutual agreements can be reached. Extra activities required, including those identified in the present meeting, should be added to the contract with an agreed budget and funding mechanism.

Social and behavioural initiatives: Scope of the activities of WHO CCs should expand beyond clinical and diagnostic activities to include behavioural and social activities. This will address some of the gaps around Pillar 2 of the End TB strategy. This may require linking up with civil society organizations. WHO Regional Office for Europe could facilitate this by matching WHO CCs with the appropriate civil society groups.

⁷ WHO. The End TB Strategy. Geneva: World Health Organization; 2014. (https://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1, accessed 1 June 2020).

⁸ WHO. Roadmap to implement the tuberculosis action plan for the WHO European Region 2016-2020. Copenhagen: WHO Regional Office for Europe; 2016. (http://www.euro.who.int/__data/assets/pdf_file/0020/318233/50148-WHO-TB-Plan_May17_web.pdf?ua=1, accessed 1 June 2020).

Address technical gaps: Implement more technical assistance and training to address the gaps identified in drug-susceptibility testing (DST) primarily for group A and group B MDR-TB drugs, management of LTBI, pharmacological expertise on drug combinations, use of VOT, algorithms for screening for HIV and for other STI.

Securing grants: Taking on more activities will require more resource, but human resources and financial resources are limited. WHO CCs are self-funding, generating funds from training and research. WHO CCs are often not eligible for large international grants but may be eligible for regional grants. It is suggested to make someone in the group responsible for finding grant information and circulating to other WHO CCs.

Vulnerable groups: Generate political commitment to work with vulnerable groups by presenting the UN resolution to governments and emphasizing that elimination of diseases is not possible without working with vulnerable groups.

Elevate patient groups: Advance the role of patients by linking patient groups with the appropriate government bodies; for example, members of parliament, senate, etc. TB patients are typically shy in demanding rights to health care compared with HIV patients due to a strong tradition of advocacy among HIV patients. WHO CCs should support advocacy of under-represented patient groups.

Follow-up actions for WHO CCs and WHO Regional Office for Europe

Enhance collaboration

- Develop an updated joint table of activities for all of the WHO CCs in the European Region working on TB, HIV and viral hepatitis.
- Designate a WHO Collaborating Centre responsible for coordinating routine collaboration and communication.
- Collaborate on research projects, training and participate in joint missions.
- Develop clearer and more detailed agreements between WHO and WHO CCs, including descriptions and budget plans for extra activities.
- Collaborate with other UN agencies (UNODC, UNDP, UN women) on projects in prisons.

Expand scope

- Expand WHO CCs scope of activities to include more social and behavioural activities.
- Scale-up of operational research, especially for short regimens.
- Join scientific societies, networks and participate in collective databases to expand scope of research.
- Expand technical assistance and training to cover gap; for example, DST for MDR-TB group A/B drugs, LTBI management, pharmacological expertise on drug combinations, VOT and screening algorithms.
- Attract more funding for additional activities through trainings and research and applying for regional grants.

Reach goals and targets

- Increase effectiveness and usability of training courses by keeping information updated, removing irrelevant information, dividing into subsections, incorporating practically applicable exercises and offering certification of modules.
- Develop a library of practical examples of overcoming barriers to implementing WHO guidelines in countries.
- Promote infection control in vulnerable populations by training representatives from vulnerable populations.
- Emphasize to governments the necessity of working with vulnerable groups for elimination of the three diseases.

Annex 1 Programme

11 November 2019

09:30–10:00	Registration / Welcoming Breakfast	
10:00–10:30	Introduction: <ul style="list-style-type: none"> ✓ Opening and welcome remarks. ✓ Adoption of agenda and programme. ✓ Briefing on background, purpose and expected outcomes. 	Dr Nedret Emiroglu Dr Masoud Dara Dr Askar Yedilbayev Dr Nicole Seguy
10:30–12:00	Session 1: Information from WHO CCs <ul style="list-style-type: none"> ✓ Presentation from WHO CCs on their activities, challenges and plans (groups by TB/HIV/hepatitis & STI). 	All WHO CCs
12:00–12:30	Session 2: WHO Regional Office for Europe's vision on TB/HIV/viral hepatitis/STI <ul style="list-style-type: none"> ✓ Uniting efforts to fight TB/HIV/viral hepatitis and STI. ✓ Update on Regional Action Plans: <ul style="list-style-type: none"> ○ TB ○ HIV ○ viral hepatitis/STI. 	Dr Masoud Dara Dr Askar Yedilbayev Dr Nicole Seguy Panel: WHO CC TB in Prisons, Azerbaijan WHO CC New Drugs /MDR-TB Belarus WHO CC HIV Surveillance Croatia
12:30–14:00	Group picture and lunch	
14:00–14:40	Session 3: Content quality assessment <ul style="list-style-type: none"> ✓ How to assure the content of the modules/trainings. 	Dr Elena Vovc Dr Ogtay Gozalov Dr Liga Kuksa Panel: WHO CC HIV Diagnostics Belgium WHO CC HIV/viral hepatitis Denmark CDC Georgia
14:40–15:00	Session 4: Presenting a standardized package on TB in prisons <ul style="list-style-type: none"> ✓ Example of a WHO Collaborating Centre working on TB prisons (Azerbaijan). 	Dr Irada Mammadova Panel: RKI Germany WHO CC on TB/HIV Russia NTP Israel
15:00–15:30	Coffee break	
15:30–16:00	Session 5: Acting beyond the scope of work <ul style="list-style-type: none"> ✓ Example of a WHO Collaborating Centre working on TB (Italy). 	Dr GB Migliori Panel: WHO CC on TB Latvia / WHO CC on MDR-TB Russia (Novosibirsk) WHO CC on Vulnerable Population Slovakia
16:00–16:30	Session 6: Role of WHO CCs in introduction of the WHO guidelines <ul style="list-style-type: none"> ✓ Example of the WHO Collaborating Centre in Belarus 	Dr Alena Skrahina Panel: WHO CC on TB, Russia (CTRI) WHO CC on MDR-TB Italy WHO CC on STI Sweden

16:30–17:30	Session 7: Presenting the plans of of the WHO collaborating centres ✓ Adapting the plans of WHO CCs to the Regional Action Plans.	All facilitators
17:30–18:00	Session 8: Perspective on working with WHO collaborating centres from WHO headquarters ✓ Adapting the plans of WHO CCs to the agenda.	Dr Malgosia Grzemska Panel: FIND Switzerland WHO CC on TB/HIV Italy

12 November 2019

09:00–9:30	Debrief on Day 1	Representatives from WHO CCs
09:30–10:45	Group work: ✓ All WHO CCs grouped by: o TB o HIV o viral hepatitis/STI.	Dr Elena Vovc Dr Ogtay Gozalov Dr Antons Mozalevskis All WHO CCS
10:45–11:15	Coffee break	
11:15–12:00	Continuation of group work	Dr Elena Vovc Dr Ogtay Gozalov Dr Antons Mozalevskis All WHO CCs
12:00–12:30	Summary of lessons learned ✓ Mapping of the WHO CCs based on geographical and thematical coverage. ✓ Key messages on summary of the workshop.	Moderation by Dr Ogtay Gozalov
12:30–12:45	Closure of the workshop	Dr Masoud Dara
12:45–14:00	Lunch	

Annex 2 List of participants

Representatives from WHO collaborating centres:

Azerbaijan

Dr Irada Mammadova
Dr Natavan Alikhanova

Belarus

Dr Sakaloukaya Victoryia
Dr Alena Skrahina

Belgium

Dr Dorien Van den Bossche
Dr Catharina Fransen

Croatia

Dr Ivana Bozicevic
Dr Stjepan Oreskovic

Denmark

Dr Stine Jakobsen

Georgia

Dr Ketevan Stvilia
Dr Maia Tsereteli

Germany

Dr Viviane Bremer
Dr Sandra Dudareva

Italy

Dr GB Migliori
Dr Lia d'Ambrosia
Dr Alberto Matteelli
Dr Ricardo Alagna

Israel

Dr Daniel Chemtob

Latvia

Dr Liga Kuksa

Russian Federation

Dr Tatiana Tulkova
Dr Anastasiya Samoylova
Dr Olga Demikhova
Dr Vladimir Krasnov
Dr Irina Felker

Slovakia

Dr Ivan Solovic
Dr Ivan Porvanzik

Switzerland

Dr Elena Ivanova
Dr Morten Ruwalhd

WHO headquarters

Dr Malgosia Grzemska

WHO Regional Office for Europe

Dr Nedret Emiroglu

Dr Masoud Dara

Dr Nicole Seguy

Dr Askar Yedilbayev

Dr Ogtay Gozalov

Dr Elena Vovc

Dr Antons Mozalevskis

Ms Donna Zilstorff

Ms Ayodele Oyedokun

WHO Country Office Russia

Dr Aleksandr Goliusov

WHO Country Office Azerbaijan

Dr Javahir Suleymanova

WHO Country Office Belarus

Dr Viatcheslav Grankov

WHO Country Office Georgia

Dr Nino Mamulashvili

Observer

Dr Francis Drobniowski

Rapporteur

Ms Mia Harley

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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