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# Fifth meeting of the Regional Collaborating Committee on Tuberculosis Prevention and Care (RCC-TB)

**Copenhagen, Denmark, 16 November 2016**

## ABSTRACT

The fifth meeting of the Regional Collaborating Committee on Tuberculosis Prevention and Care (RCC-TB) was held at the WHO Regional Office for Europe on 16 November 2016. Participants included various stakeholder representatives and staff from WHO headquarters and the Regional Office. This report summarizes the key elements of the meeting, the outcome of working-group sessions and the next steps moving forward.

### Keywords

EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS  
TUBERCULOSIS, MULTIDRUG-RESISTANT  
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## Acronyms

AMR	antimicrobial resistance
BRICS	(association comprising) Brazil, the Russian Federation, India, China, South Africa
CSO	civil society organization
EECA	eastern Europe and central Asia (region)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
MDR-TB	multidrug-resistant tuberculosis
M/XDR-TB	multidrug- and extensively drug-resistant tuberculosis
NTP	national tuberculosis programme
RCC-TB	Regional Collaborating Committee on Tuberculosis Prevention and Care
SDG	(United Nations) Sustainable Development Goal
TB	tuberculosis
TB-REP	tuberculosis regional project for eastern Europe and central Asia

## Background

In line with the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB) in the WHO European Region 2011–2015 and its accompanying resolution (EUR/RC61/R7), endorsed at the 61st session of the WHO Regional Committee for Europe in Baku, Azerbaijan in September 2011, the WHO Regional Director for Europe established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB). The RCC-TB is an interactive platform through which stakeholders, including donors, technical agencies, professional societies, and patient and community representatives, can exchange information on M/XDR-TB responses and advocate for action. The overall mission of RCC-TB is to help achieve universal access to evidence-based TB and M/XDR-TB prevention, diagnosis, treatment and care across the Region.

The post-2015 global End TB Strategy was endorsed by the Sixty-seventh World Health Assembly on 14 May 2014. It has been adapted to regional level through a new TB action plan for the Region covering the period 2016–2020, which was adopted at the 65th session of the Regional Committee in Vilnius, Lithuania in September 2015. RCC-TB actions and interventions should therefore link to the End TB Strategy and the regional TB action plan. RCC-TB aims to further enhance the involvement of civil society organizations (CSOs) and non-state actors in TB prevention and care to help improve treatment outcomes.

## Objectives

The meeting's objectives were to:

- update members on challenges and progress regarding RCC-TB key activities, such as the TB regional project for eastern Europe and central Asia (TB-REP) and other projects with regional relevance;
- discuss how to further synergize actions and activities so that RCC-TB can contribute optimally to TB prevention, care and control in the Region;
- discuss RCC-TB contributions to the sustainability of TB and HIV prevention and care in the Region in the context of transition from Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding to a greater focus on domestic funding;
- discuss how to position TB within the antimicrobial resistance (AMR) agenda; and
- discuss how key events in the Region can consolidate achievements in TB prevention and care, particularly in relation to the regional TB action plan for 2016–2020.

The meeting agenda can be found at Annex 1 and the list of participants at Annex 2.

## Outcomes

RCC-TB key contributions to strengthening ambulatory care in the Region and its role in supporting financially sustainable TB programmes were identified from discussions, and action points were agreed.

### *Key contributions*

The key contributions the RCC-TB can make to strengthening ambulatory care in the Region include:

- ensuring relevant authorities in countries are aware that the TB agenda is an integral part of the Sustainable Development Goals (SDGs);

- helping to overcome political and public resistance to ambulatory patient-centred care;
- understanding changes in health-care financing and sharing knowledge with stakeholders;
- integrating better with other projects, such as those focusing on HIV/AIDS and AMR; and
- developing new methods of reaching vulnerable groups more effectively.

### ***Expected roles***

RCC-TB's expected roles in supporting countries to transition and reach sustainable TB control programmes include:

- working to overcome inertia in some elements of the health-care sector;
- giving support to provide quality ambulatory patient-centred care not only to medical professionals, but also to patients;
- collating evidence-based arguments to support ambulatory care;
- focusing on long-term sustainability goals;
- participating in monitoring and evaluation activity;
- using lateral thinking to secure funding by linking with other so-called more popular projects, such as AMR, migration and universal health care; and
- seeking and strengthening ties with new partners.

### ***Action points***

The RCC-TB will:

- develop advocacy documents that clearly explain best practices, include patient experiences and are translated into national languages of the eastern Europe and central Asia (EECA) region (not only Russian): the documents need to include inputs from the final TB-REP blueprint report and refer to ethics and human rights;
- coordinate with WHO to produce a document that clearly explains the roles of different providers and expounds specifically the advantages of a broader role for primary health care in national TB programmes (NTPs);
- work with WHO to produce a short document that captures the evidence around the effect of treatment on infectivity and risks of transmission in the community, linking with the recently launched European Research Initiative for TB network;
- seek to interact more with elected public officials by coordinating with Global TB Caucus activities;
- prepare fact sheets linking M/XDR-TB to the AMR agenda: these would be used in communications for World TB Day in 2017 and upcoming international meetings; and
- explore links between TB, HIV/AIDS and hepatitis, vulnerable groups and gender equality in concept notes for consideration by the GFATM.

## Opening

Dr Nedret Emiroglu (director of the Division of Health Emergencies and Communicable Diseases of the WHO Regional Office for Europe), Dr Masoud Dara (coordinator for communicable diseases and programme manager of the joint TB, HIV/AIDS and hepatitis programme of the Regional Office) and Ms Fanny Voitzwinkler (chairperson of the RCC-TB) welcomed participants and celebrated the success of RCC-TB as a unique platform for building strong partnerships and networking in Europe. The increasing engagement of civil society groups was commended and participants were reminded of opportunities afforded by coordinating with new synergistic projects in the Region.

## **Fostering integration of people-centred models of TB prevention and care in the WHO European Region**

### **Regional and partner updates**

Representatives from TB-REP, the TB Europe Coalition, TB People, the Global Civil Society Task Force on TB and the Regional Office gave brief overviews of current activities and shared insights on ethics and human rights.

#### ***TB-REP***

M/XDR-TB remains an alarming threat in the Region, but progress has been seen in raising political awareness, strengthening partnerships and increasing intersectoral collaboration. Undercapacity in primary health care services and perverse financing mechanisms are slowing the shift to patient-centred care and presenting major challenges to reorienting health services and strengthening NTPs.

TB-REP is an intervention project that aims to reduce inequalities in health by promoting an intersectoral, multipartner approach to improving patient-centred care for TB patients. It is active in 11 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). WHO is the subrecipient of the GFATM grant that is financing the project, and partners include the London School of Hygiene and Tropical Medicine, the London School of Economics and Political Science, the European Respiratory Society and the Kazakhstan School of Public Health. A blueprint for developing sustainable TB models of care for EECA countries will be launched in 2017.

#### ***TB Europe Coalition***

The TB Europe Coalition aims to strengthen the role of civil society in TB control activities in the Region and reduce suffering from TB. A regional advocacy CSO partners' meeting was held in Kiev, Ukraine in 2016 with 10 civil society partners represented. The meeting reported that success across the EECA region has been variable, but encouraging.

TB-committed platforms and groups have been created or strengthened at regional and local levels, international collaboration has broadened and, in some instances, funding allocations have been influenced. CSOs face several programmatic and operational challenges that include language barriers, low influence on decision-making processes, lack of standardized tools affecting the validity of results, and low public interest due to persistent stigma. The group undertakes regular monitoring visits to measure progress and offer technical support to local groups. Four monitoring missions were conducted during 2016 and six visits are planned for 2017.

#### ***TB People***

TB People was launched in Bratislava, Slovakia, in June 2016 with support from StopTB. It brings together a network of people from EECA countries who have been affected by TB. Russian is the group's working language.

Meetings and workshops that have had TB People representation include: the first regional advocacy partners' meeting of the TB regional project on strengthening health systems for effective TB and drug-resistant TB control (in Kiev, Ukraine); a workshop on TB advocacy



organized by the TB Europe Coalition; the sustainability and transition coordination summit organized by the Eurasian Harm Reduction Network and the GFATM, held in Lithuania; and the regional expert group, which was established within the framework of the regional project on partnership for equitable access to the HIV care continuum in the EECA region.

### ***Global Civil Society Task Force on TB***

This task force of 11 volunteers was established in April 2016 by the WHO global TB programme to further engage nongovernmental organizations and CSOs in implementing the End TB Strategy. It has defined a broad range of priorities and conducted activities in Africa, Asia and the Pacific regions. The work of the task force has direct links to, and complements, the activities of the RCC-TB as it identifies treatment challenges experienced by patients, especially those living with multidrug-resistant TB (MDR-TB) and M/XDR-TB, and enables the sharing of best practices from across civil society. The task force also focuses on integrating HIV and TB care and advocates for stronger donor commitment to support community engagement in affected communities. The experience of a patient with MDR-TB in India was retold to highlight how real-life situations may be far detached from policies and guidelines.

### **Ethics and human rights in TB prevention and care, and their contributions to quality of care**

The End TB Strategy and the TB action plan for the Region for 2016–2020 are grounded in protection and promotion of human rights, ethics and equity. The GFATM also includes protection of human rights as an essential qualifying element for grant proposals.

Many dimensions of human rights are pertinent to the TB control programme. Universal access to health care is a basic human right, yet many patients do not have access to treatment. Ambulatory TB care is linked to a higher quality of care, but many countries enforce hospitalization and isolation, exposing patients to nosocomial infections (including M/XDR-TB).

The Regional Office is fully engaged with this agenda and has systematically mainstreamed policy documents, organized regional training courses and supported missions in countries (Armenia, Belarus, Georgia, the Republic of Moldova and Ukraine) to provide legal technical assistance. A landmark conference held in Athens, Greece in 2010 addressed ethical issues in TB programmes, with a special focus on social determinants. The WHO publication, *Guidance on ethics of tuberculosis prevention, care and control*,<sup>1</sup> is available in six languages and is currently under review. An updated version will be published in 2017, addressing emerging issues such as dealing with incurable resistant forms of TB, palliative and end-of-life care, using drugs without proven efficacy, caring for vulnerable populations (including migrants) and health-care workers' rights.

### **Discussion: key aspects of quality integrated care with a strengthened focus on ambulatory care, and how RCC-TB can contribute**

The following summarizes the main contributions and observations arising from discussions involving all participants.

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<sup>1</sup> Guidance on ethics of tuberculosis prevention, care and control. Geneva: World Health Organization; 2010 ([http://www.who.int/tb/features\\_archive/ethics/en/](http://www.who.int/tb/features_archive/ethics/en/), accessed 23 December 2016).

### ***TB is an integral part of the SDGs***

The SDGs represent the highest platform for political commitment, placing health at the centre of international development. Recognition of the SDGs among policy-makers in the Region appears to be good, and ministries are also fully aware of the key health goals. A rapid turnover of health ministers has been observed in some countries, meaning familiarity with the SDGs may be rather limited. Reminding those in authority of the overlap between the SDGs and TB agendas may be necessary.

### ***Overcoming resistance to changing models of care***

There appears to be some lack of enthusiasm among medical staff to shift to ambulatory models of care. Several reasons for this were suggested: concern for job security; persistent doubt that treating TB in outpatient settings is effective; regulations continuing to dictate that culture conversion is the only proof of non-infectiousness; and refusal to accept scientific evidence that is not produced locally. CSOs will accept new concepts if they are generated by WHO, however, even in the face of resistance. RCC-TB has produced a fact sheet on ambulatory models of care,<sup>2</sup> but it may now require review.

Ethical and human rights issues were also raised, as some countries still enforce hospitalization for TB and other conditions, such as sexually transmitted diseases.

### ***Understanding changes in health-care financing***

Evidence of the financial benefits of ambulatory care is necessary to convince ministers to adapt their health systems. The aim should not be to cut the health budget, but to shift finance to other elements of the same programme. As much as 75% of the health budget in some countries is allocated to hospital beds, with an insufficient proportion reserved for purchasing drugs. Quality of care must be guaranteed, with ambulatory care continuously monitored and evaluated.

### ***TB and HIV/AIDS advocacy***

CSOs initially concentrated on advocacy for HIV/AIDS patients, but today represent many other interests. Some groups are sensitive to the differences and nature of HIV/AIDS and TB. HIV/AIDS advocacy concentrates on risk groups and defines risk behaviours, which include substance misuse (70–80% also have hepatitis). It lays great emphasis on human rights, but less on ethics. Although there are differences between HIV/AIDS and TB, some synergies can be found, as the number of coinfecting patients in the Region is increasing alarmingly. TB has many other comorbidities (such as alcoholism and diabetes), and TB-REP has many interlinked projects.

### ***Integrating HIV/AIDS and TB programmes***

The separation of HIV/AIDS and TB programmes is apparent in all regions and countries. WHO is encouraging NTP managers to be more aware of similarities and overlapping interests. The soon-to-be-published TB blueprint could include an HIV/AIDS perspective to promote integration.

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<sup>2</sup> Ambulatory TB care. A key to achieving better tuberculosis outcomes in the WHO European Region. Copenhagen: RCC-TB; undated (<http://www.tbcoalition.eu/wp-content/uploads/2014/11/1386283-Ambulatory-TB-Care.pdf>, accessed 23 December 2016).

### ***Reaching vulnerable groups***

GFATM grants place a strong focus on social contracts and commitments to reach vulnerable groups. CSOs are trying to find new ways to reach and work with these groups through, for example, religious leaders and peer support. Patient coalitions can make strong contributions in this regard, but they need to be passionate about their work and not depend on funding from external donors.

## **Transition and sustainability**

### **Shift in development policies among key donors and impacts on health, with a focus on TB and HIV/AIDS**

Positive economic growth in the Region is directly affecting donor funding of TB and HIV/AIDS programmes. The retreat of the GFATM from the newly qualified middle-income countries group is causing funding gaps, as projects are no longer eligible for grants: lack of awareness of this among some project leaders is presenting a major challenge.

Health systems' reported dependence on international funding varies markedly, ranging from 2% to as high as 69%. Efforts to overcome funding gaps are gaining traction as mechanisms to support the transition period and encourage cofinancing are brought into play to finally achieve sustainability. CSOs are supporting these efforts.

Rich donor countries' development agendas are increasingly being led by their foreign and defence policies, which presents another challenge. Funds are moving away from traditional development aid projects (such as in the health sector), and sensitivity to emerging health challenges in middle-income countries is lacking.

Some solutions to these shifts were suggested. Sustainability is not a new issue in the development field, so it would be useful to look to the literature in this parallel area. A new paradigm can be introduced by linking TB projects with more topical interests, such as AMR, health promotion in prisons, health-care services for migrants and gender equality. CSOs, it was suggested, need to become stronger and interact with donors more professionally by showing the added value they can bring to health systems in general, and by not working in silos. The International Health Partnership goal of achieving universal health coverage by 2030 and the Global TB Caucus are examples of new thinking among CSOs that can have a stronger influence on the health agenda.

### **Financial sustainability in the Region: a health systems approach**

The WHO direction for health systems in the Region is firmly aligned to the goals of the Alma Ata Declaration of 1978 and the Tallinn Charter of 2008. Useful insights on recent patterns of health system financing in the Region were presented. While WHO policies are deeply rooted in respect for human rights, governments are responsible for ensuring that rights are upheld and protected. Recent events, such as the economic crisis, mass migration and political rhetoric, are testing this assumption.

Health-care financing depends on a balanced view of priorities being achieved and agreement between health and finance ministries being secured. In the wake of the economic crisis, finance ministries are seeking higher efficiencies, while the health arm of government is concerned with ensuring services, avoiding payroll shortfalls and maintaining infrastructure. Increased spending does not automatically lead to better services if inefficiencies remain unaddressed. Health systems that rely heavily on donor investments are unsustainable; funds are very often allocated to products such as drugs and equipment, rather than services and delivery mechanisms. While it is clear that the health ministry is not the only responsible actor in determining health outcomes, it has a particular responsibility to generate evidence-based models of care and work closely with partners.

Responsiveness to changing disease patterns is vital, but health systems in many countries are based on strong vertical programmes that are not easy to integrate (HIV/AIDS, TB and hepatitis programmes were cited as examples). Fragmentation of services is a problem, and recent moves to implement decentralized health financing may result in patients receiving fewer services. Changing health system financing is essential, as applying old financing and budgeting processes will not lead to change in models of care.

Strategic procurement can reduce the drug bill, but is often resisted by local drug producers. Some countries in the Region are exploring new ways of financing universal health coverage (through mandatory national health insurance in Kazakhstan, for example), but the method of disbursement of funds to TB programmes may remain unclear. Health budgets are severely affected by heavy hospitalization costs, as many countries continue to be regulated by old laws that prohibit TB patients from being treated in the community. These cultural concepts can be overcome (Azerbaijan was cited as an example), and TB-REP could be instrumental in leading this change.

Countries are showing greater interest in investigating ambulatory care models, with four having requested help on how to demonstrate that ambulatory care is more efficient. The WHO Barcelona course on health financing and universal health coverage is proving a very useful catalyst for health financing reform in the Region.

### **Global TB Caucus contribution to sustainability at country level**

The Global TB Caucus is an international network of political representatives who work closely with elected members of parliament to address the TB epidemic at national, regional and global levels. The speaker suggested it was imperative that “the right people are in the right place, applying the right pressure”, yet it appears that political pressure in this field remains insufficient.

The Global TB Caucus attempts to inspire and motivate members of parliaments from all over the world publicly to show their commitment to, and support for, activities to address TB-related issues in their constituencies. They encourage parliamentarians to commit to their aims by becoming parties to, and signing, the Barcelona Declaration. To date, over 1000 politicians from 100 countries have heeded this call.

The Caucus attempts to take advantage of the reach and connections of parliamentarians, as they are more likely to have open lines of communication with policy-makers in health, finance and foreign affairs ministries. Although highly motivated, the group acknowledges that parliamentarians face many challenges in their political lives, that government systems are complex, and that countries may have different priorities.

### **Discussion: the role of RCC-TB – opportunities for RCC-TB members to contribute to transition and sustainability at country level**

The following summarizes the main contributions and observations arising from discussions involving all participants.

#### ***Overcoming inertia***

Health-care budgets in eastern Europe increasingly are becoming self-financed and independent of the GFATM. Remaining operational issues can be resolved more quickly if CSOs push for

change to overcome inertia in some elements of the health-care sector, it was claimed – little appears to have changed in the rayons of several countries in the region since 1990. The important role, and possibly contrasting operating methods, of ministries of finance was noted and should be taken very seriously.

### ***Supporting patients and doctors***

CSOs need to be involved even more in supporting patients and their families, especially if they are receiving complex drug regimens. This will reduce the burden on doctors in situations where they have a high caseload, as was recounted in the patient experience from India.

### ***Spreading the word with hard scientific facts***

Many doctors in high-burden countries remain conservative and do not support ambulatory care in the early phases of treatment. The medical profession has a strong influence on public and political opinion. Societal attitudes and beliefs need to be changed through arguments based on sound scientific evidence that carry weight for, and are accepted by, the medical profession in the country.

### ***Participating in monitoring and evaluation efforts***

Ambulatory services need to continue to deliver high-quality care if they are to be effective in halting the current threat in the Region, especially from M/XDR-TB. Quality assurance must be continuously monitored and evaluated at all levels. RCC-TB should be involved in monitoring the quality of NTP programmes in the Region and be part of well planned and timeously executed monitoring missions.

### ***Using lateral thinking to attract and ascertain funding***

The new HIV/AIDS action plan includes hepatitis: this was seen by some participants as presenting added complications to the pursuit of universal health care. The GFATM is pulling out of the Region at a time when some countries are major donors to its portfolio. Since the GFATM has changed its allocation methodology and now relies more extensively on economic indicators to support less developed countries, it is now very difficult to attract funding to the Region. Solutions to these funding challenges need to be found: now may be the time to include aspects of universal health care and integration of linked projects in negotiations with the GFATM.

### ***Focusing on long-term sustainability goals***

Countries that have qualified for the next round of GFATM grants need to have concept notes ready well ahead of the deadline. It was observed that some countries included in the eligibility list for the next allocation seem to be showing signs that they are less inclined to plan for transition and self-financing in the long term.

### ***Strengthening ties with new partners, such as the Global TB Caucus***

Global TB Caucus activities are non-partisan: the model depends on interaction with local parliamentarians and members of the European Parliament. Work is under way to produce publications that will be shared with CSOs and parliamentarians in various countries. The publications will offer practical information on how to engage with the Caucus and how to build a national TB caucus group.

## Linking TB and HIV to the antimicrobial agenda

### United Kingdom AMR review

Global health threats are pushing donors towards global health security and AMR projects. The Government of the United Kingdom commissioned an independent review of AMR in 2014, with the final report recently being published.<sup>3</sup> The recommendations position M/XDR-TB as a cornerstone of the AMR response and, thanks to strong advocacy efforts, the report recognizes that it is now deemed unacceptable to talk about AMR without also mentioning TB. It estimates that globally, AMR could cause as many as 10 million deaths a year by 2050, with a cumulative US\$ 100 trillion of reduced economic growth.

The AMR crisis was discussed at the 2016 G20 meeting in China, resulting in WHO, the Food and Agriculture Organization, the World Organization for Animal Health and the Organisation for Economic Co-operation and Development being tasked to report back in 2017. A high-level United Nations meeting on AMR involving Member States, nongovernmental organizations, civil society, the private sector and academic institutions was also held in 2016. Germany will take over the presidency of the G20 in 2017 and will host the G20 summit: this could provide an opportunity to secure funding to tackle TB globally and in the Region. Meetings on AMR have been organized throughout 2017 and it is expected that an AMR working group will prepare and present a recommendation to the Government of Germany during World TB Day in March.

This session attracted great interest among the participants. The following is a summary of general remarks.

- The prospect of linking M/XDR-TB to the global AMR agenda is very promising, but raises complexities. The TB field is well ahead in the AMR discourse compared to other infectious diseases: the epidemiology of TB has been closely studied and analysed for many years on a global scale, the risk groups are well known and well documented, there are many active stakeholders (including civil society groups), and there is much private interest in research and development. This puts TB experts well ahead of the curve, an advantage that could help secure the attention of significant parties.
- WHO depends on the firm support of Member States, and projects are more likely to succeed if they achieve political approval in countries. Countries respond and show support if the WHO project on the table happens to reflect their health priority: indeed, it may be counterproductive to seek support for an area that is not deemed to be important. AMR, which does not relate exclusively to TB, can therefore provide a very strong entry point.
- The health consequences of the recent mass migration in the Region was discussed at regional level for the first time this year. This served as an entry point, as the implications for TB were included and will be discussed again in the coming year. The TB-REP project has been endorsed and has the full support of the WHO Regional Director for Europe, so can be seen by national counterparts as having authority. The recently launched European Research Initiative for TB network can also serve to increase research links in this field.

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<sup>3</sup> Tackling drug-resistant infections globally: final report and recommendations. London: HM Government; 2016 ([https://amr-review.org/sites/default/files/160525\\_Final%20paper\\_with%20cover.pdf](https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf), accessed 23 December 2016).

- AMR is given top priority by donor countries in the Region. Other countries are also showing increasing concern: for example, a public media campaign to raise awareness among the general population is underway in Ukraine. Some members of parliament in the country have also taken part in an AMR movement.
- The G20 summit in 2017 provides an opportunity to give higher prominence to AMR and M/XDR-TB, especially since some G20 countries in the Region have a significant public health burden. Fact sheets and other operational materials would be useful to pass on the message and reach as many actors as possible.



## Working-group discussions

Following the morning presentations and intervening discussions, participants broke into two working groups.

### Working group 1

Members in this group were tasked to explore the contribution of RCC-TB to high-quality integrated TB prevention and care, including the presentation of a calendar of key activities and key action points for 2017. The group reported back by identifying a set of problems and proposing solutions (Table 1) and action points.

Table 1. Working group 1: problems and solutions

Problem	Solution
There is resistance to the shift to ambulatory care.	Integrated TB prevention and care can be defined and explained.
	Ways of presenting ambulatory care as desirable for governments (using economic and financial arguments) and the public (convenience, safer for patients) can be found.
	Patients need to feel empowered and not be dictated to, and are often expected to obey without understanding or questioning: connecting with patient networks would give better results.
Quality ambulatory care policies and implementation guides may be lacking, and may be neither evidence-based nor regularly updated.	WHO can produce a document that clearly explains the roles of different providers; it could include specifically the broader role of primary health care in the NTP.
	TB-REP is producing a blueprint specifically for ECCA countries that aims to provide evidence-based models of patient-centred care.
	Local CSOs must be proficient in monitoring and evaluation techniques and be part of quality-assurance assessments.
Patients do not have enough influence in their own care.	Patients need to play a deciding role in their own care and receive guidance and support from social workers, nurses and other health-care professionals.
	There are also opportunities to use volunteers, who would provide added value without increasing the costs of service delivery.
	RCC-TB can produce guidance documents to position partner organizations and patient networks to strengthen advocacy among patient groups.
Authorities may have limited understanding of the role of CSOs in the NTP.	Relevant good practice examples can be assessed and translated into local languages for distribution through CSOs.

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	The upcoming event in March 2017 in Wolfheze will be attended by country representatives and NTPs.
Political will is lacking.	RCC-TB needs to engage more actively with parliamentarians and decision-makers.

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The group suggested that the RCC-TB should:

- produce advocacy documents that clearly explain best practices and include patient experiences and good practice examples: these would be translated into national languages (not only Russian) and include inputs from the final TB-REP blueprint report;
- coordinate with WHO to produce a document that clearly explains the roles of different providers, specifically the broader role of primary health care services in NTPs; and
- seek to interact more with elected public officials through, for example, linking with Global TB Caucus activities.

## Working group 2

Members in this group were tasked to explore the contribution of RCC-TB to broadening the fight against TB and HIV by, for example, working with parliamentarians and communities.

Participants reported back by stating that an overall TB narrative is necessary and that RCC-TB can seek to participate and take the lead in international events, including:

- meetings of the BRICS association, comprising Brazil, the Russian Federation, India, China and South Africa (the next meeting of health ministers of BRICS countries is due on 16 December 2016);
- the G20 summit in Hamburg, Germany on 7–8 July 2017;
- a global conference on TB to be held under the auspices of WHO in Moscow, Russian Federation in 2017;
- the International AIDS Society conference in Amsterdam, the Netherlands, between 22 and 28 July 2018; and
- the report-back on AMR to the United Nations General Assembly in September 2018.

## **Election of new chairperson of RCC-TB**

Ms Rachel Crockett, policy advocacy officer (TB), RESULTS UK, was elected as the new chairperson of RCC-TB by acclamation. The current vice-chairpersons are Dr Evan Lee, vice-president, Global Health Programmes and Access, Eli Lilly, and Dr Timo Ulrichs, vice-president, Koch-Metschnikow Forum.

## **Closing remarks**

Significant progress has been achieved in controlling and ending the TB epidemic in Europe and all efforts must be made to improve efficiencies and synergies at all levels. Dr Masoud Dara and Ms Fanny Voitzwinkler congratulated the newly appointed chairperson and thanked participants not only for their contributions during the meeting, but also for their continuing work and dedication to RCC-TB. Ms Rachel Crockett also thanked participants for the privilege of becoming the next chairperson and shared her enthusiasm for moving the mission of RCC-TB forward.

## *Annex 1*

### PROGRAMME

Time	Topic	Speaker/lead
08:30–09:00	Registration	
09:00–09:15	Opening remarks	Dr Nedret Emiroglu, Director, Division of Health Emergencies and Communicable Diseases
		Dr Masoud Dara, Coordinator, Communicable Diseases & Programme Manager, Joint TB, HIV/AIDS and Hepatitis Programme, WHO Regional Office for Europe
		Ms Fanny Voitzwinkler, Head of European Union Office, Global Health Advocates, TB Europe Coalition Coordinator, RCC-TB Chair
09:15–09:25	Presentation of provisional programme, objectives and appointment of chairs for the event	Dr Martin van den Boom, Technical Officer, Joint TB, HIV/AIDS and Hepatitis Programme, WHO Regional Office for Europe
09:25–09:45	Introduction of participants	Meeting chair I, supported by RCC-TB chair and secretariat
09:45–11:00	<b>Fostering integration of people-centred models of TB prevention and care in the WHO European Region</b>	Meeting chair I, supported by RCC-TB chair and secretariat
	<b><u>Regional and partner updates</u></b> Tuberculosis regional project for eastern Europe and central Asia (TB-REP) updates	
	<ul style="list-style-type: none"> <li>○ TB Europe Coalition: <ul style="list-style-type: none"> <li>● outcomes and main action points of regional civil society organisation conference in Kiev</li> </ul> </li> </ul>	Ms Yuliya Chorna, Project Manager, TB Advocacy Alliance for Public Health
	<ul style="list-style-type: none"> <li>○ Update from WHO: <ul style="list-style-type: none"> <li>● ongoing work</li> <li>● progress and challenges</li> </ul> </li> </ul>	Dr Martin van den Boom; Ms Regina Winter, Consultant, Health Systems and Public Health, WHO Regional Office for Europe

<b>Time</b>	<b>Topic</b>	<b>Speaker/lead</b>
	Update from TB People	Dr Tsira Chakhaia, TB People
	Update from Civil Society Task Force on TB	Dr Sameer Sah, TB Alert
	Ethics and human rights in TB prevention and care, contributions to quality of care	Dr Pierpaolo de Colombani, Medical Officer, Joint TB, HIV/AIDS and Hepatitis Programme, WHO Regional Office for Europe
	Discussion: key aspects of quality integrated care with strengthened focus on ambulatory care and how RCC-TB can contribute to this	Meeting chair I, supported by RCC-TB chair and secretariat
<b>11:30–13:00</b>	<b>Transition and sustainability</b>	Meeting chair II supported by RCC-TB chair and secretariat
	Update on transition and sustainability: <ul style="list-style-type: none"> <li>• shift in development policies among key donors and impact on health, with focus on TB and HIV/AIDS</li> </ul>	Ms Fanny Voitzwinkler
	Financial sustainability in the WHO European Region: <ul style="list-style-type: none"> <li>• health systems' approach to sustainability</li> </ul>	Dr Ihor Perehinets, Technical Adviser, Health Systems and Public Health, WHO Regional Office for Europe
	Contribution of TB Caucus to sustainability at country level	Mr Matthew Oliver, Head of the Secretariat: Global TB Caucus
	Discussion: the role of RCC-TB – discussion on opportunities for RCC-TB members and partners to contribute to transition and sustainability at country level	Meeting chair II, supported by RCC-TB chair and secretariat, all
<b>14:00–15:30</b>	<b>Working groups: two groups</b>	
	1. Contribution of RCC-TB to high-quality integrated TB prevention and care, including presentation of calendar of key activities and key action points for 2017	Chaired by RCC-TB secretariat
	2. Contribution of RCC-TB to broadening the fight against TB and HIV, such as working with parliamentarians (establishing links at country level, parliamentary engagement toolkit, etc.) and the community (such as TB People)	Chaired by RCC-TB chair
	Reporting back to plenary	
<b>16:00–16:15</b>	Linking TB and HIV to the antimicrobial resistance agenda	Ms Rachael Crockett, TB Policy Advocacy Officer, Results UK

<b>Time</b>	<b>Topic</b>	<b>Speaker/lead</b>
16:15–16:30	Discussion: collecting examples of good practice through RCC-TB	Dr Martin van den Boom, all
16:30–16:45	Election of new chair	RCC-TB chair and secretariat
16:45–17:00	Conclusions and next steps	Newly elected chair, outgoing chair and secretariat
17:00–17:15	Closing remarks	Dr Masoud Dara

## *Annex 2*

### PARTICIPANTS

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