Implementing global TB control: solutions to DOTS expansion constraints

Report of the 2\textsuperscript{nd} \textit{ad hoc} Committee on the TB epidemic

The 2\textsuperscript{nd} \textit{ad hoc} Committee is convened by the DOTS Expansion Working Group (DEWG), one of six working groups established under the auspices of the Global Partnership to Stop TB.

A companion to the Global Plan to Stop TB
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Preface

The Global Plan to Stop TB describes the necessary implementation (DOTS expansion) and research measures to control TB. This report of an ad hoc Committee is a companion to the Global Plan to Stop TB, analysing the constraints to DOTS expansion and proposing solutions. The DOTS Expansion Working Group (DEWG) has convened this ad hoc Committee with the following objectives:

(1) to review briefly the status of the TB epidemic, and country and global efforts to control it, with special emphasis on the assessment of the follow-up of the London 1998 ad hoc Committee's recommendations;
(2) to analyse the identified constraints (specific to TB programmes and more broadly related to health systems) towards achieving the WHA 2005 targets and identify feasible solutions at the national and international levels;
(3) to define a strategic direction for the DOTS expansion movement to implement fully the Global DOTS Expansion Plan and achieve the WHA 2005 targets;
(4) to define an approach beyond these targets towards reaching the Millennium Development Goals (MDGs) in 2015.

There are six working groups established under the auspices of the Global Partnership to Stop TB: three implementation working groups (DOTS expansion, DOTS-Plus and TB/HIV) and three working groups on development of new tools (drugs, diagnostics and vaccines). The ad hoc Committee includes the chairs of the three implementation working groups and other selected members representing a variety of constituencies, including high TB burden countries, international development assistance agencies, technical experts and research. The participation of the members of the MDGs Project Task Force V subgroup on TB ensures the linkage of the work of the ad hoc Committee with that of this Task Force in defining an approach to reaching the MDGs in 2015.

List of abbreviations

DEWG  DOTS Expansion Working Group
DOTS  The global strategy to control TB
GDF  Global Drug Facility
GPSTB  Global Plan to Stop TB
HBC  High burden country
HRH  Human Resources for Health
MDGs  Millennium Development Goals
MDR-TB  Multidrug-resistant tuberculosis
NGO  Non-governmental organization
NTP  National Tuberculosis Programme
WHA  World Health Assembly
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4. DOTS expansion and achievement of WHA 2005 targets by the 22 high-burden countries (HBC) countries: assessment of specific constraints and possible solutions.

The NTP managers of the HBCs identified and presented at the DEWG meeting in Montreal in 2002 the main constraints and proposed solutions to overcome those constraints.

Table showing for each HBC the key indicators of TB control (i.e. DOTS coverage and success rate under DOTS), national HIV prevalence, and main constraints and possible solutions.

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Annex 1       Members of the 2nd ad hoc committee on the TB epidemic

E Back, United Kingdom Department for International Development
N Billo, International Union Against Tuberculosis and Lung Disease, Paris, France
A Bloom, United States Agency for International Development
J Broekmans, Royal Netherlands Tuberculosis Association
M Dayrit, Secretary for Health, Phillipines
G Elzinga, National Institute of Public Health and Environmental Protection, Netherlands
(Chair, TB/HIV Working Group)
S England, Stop TB Partnership Secretariat, Switzerland
J Kim, Partners in Health, Boston, USA (Chair, DOTS-plus Working Group and Millennium Development Goals Project Task Force V)
A Kutwa, National Tuberculosis and Leprosy Programme, Kenya
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F Omaswa, Ministry of Health, Uganda
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Annex 2  The 2nd ad hoc committee’s report: consultative process and timetable

(1) In March/April 2003, the DEWG secretariat in the WHO Stop TB Department will prepare an outline and then a first draft with input from all the ad hoc committee members.

(2) The DEWG secretariat will present the initial outline to the members of the TB subgroup of Task Force V of the MDGs Project and to the Stop TB Partnership Coordinating Board at their respective meetings in Brasilia in early April 2003, before circulating a draft report to the Core Group of the DEWG and other selected individuals.

(3) In Spring and Summer 2003, the secretariat will convene a series of four consultations involving selected groups of public health experts for input in areas beyond the current more specific TB scope of the Stop TB Partnership (including primary care, human resources, social mobilisation and expanding the Partnership).

(4) In June 2003 WHO’s Strategic and Technical Advisory Group on TB (STAG TB) will review the next draft.

(5) In September 2003, the ad hoc committee will meet to finalise its report, taking into consideration the outcomes of the series of four preceding consultations.

(6) In October 2003, the secretariat will circulate the final draft to all high-burden countries and present the report at the 4th DEWG meeting in the Hague, for final endorsement by countries and all partners.

(7) In late October 2003, the secretariat will distribute and publicise the report at the Stop TB Partners’ Forum for broad political endorsement. The report will be one of the products of MDG Task Force V.

(8) In 2004, the report may form the basis for revisiting the Global Plan to Stop TB as part of the MDG Task Force V initiative.