WHO Global Task Force on TB Impact Measurement
Progress Update - No. 2 (January 2010)

This is the second bi-annual progress update from the Task Force with the latest information on its work, both overall and for each of the three strategic areas of work (strengthening surveillance, prevalence surveys, and methods used to produce estimates of disease burden using surveillance and survey data).

If you would like further information or have any comments on the work of the Task Force, please e-mail: tbimpactmeasurement@who.int.

Mandate

- To produce a robust, rigorous and widely-endorsed assessment of whether the 2015 targets for reductions in TB incidence, prevalence and mortality are achieved at the global level, for each WHO Region and in individual countries
- To regularly report on progress towards these targets in the years leading up to 2015
- To strengthen national capacity in monitoring and evaluation of TB control

The Task Force is coordinated and hosted by the WHO Stop TB Department.

What's new in the last six months?

A summary of major activities conducted during the six months August 2009-January 2010 is provided below.

General (relevant to all three strategic areas of work)

- Development and approval of a proposal to the Dutch government to provide new funding to support the work of the Task Force. The contribution is for €230,000 in 2010.
- Plenary session in meeting of the DOTS Expansion Working Group. Three presentations on the work of the Task Force were made, bringing the work of the Task Force to a wider audience. Presentations were followed by lively discussion.
- Presentation to the Coordinating Board of the Stop TB Partnership. This was used to provide an overview of progress during the year since the work of the Task Force was first presented to the Coordinating Board in October 2008. The progress made during the past year was praised and the work of the Task Force was termed a "global public good".
- Meeting of WHO's Strategic and Technical Advisory Group for TB (STAG-TB). A progress update about the work of the Task Force was presented. STAG-TB recognized the major progress made during the past year. STAG members also recommended broader engagement with experts outside national TB control programmes, and highlighted the importance of helping countries to transition to electronic reporting systems as well as the production of a second edition of the guidelines on prevalence surveys.
• Finalization of a joint WHO/Global Fund work programme on TB impact measurement for 2010 and 2011. This workplan was developed over a period of six months, in recognition of the common agenda of the Task Force and the Global Fund. The workplan and associated additional funding for Task Force activities will help to boost work on surveillance strengthening and prevalence surveys in the next two years.

• A full update of the content of the Task Force website.

**Strengthening routine surveillance**

• A workshop using the Task Force framework for assessment of surveillance data was held in Rio de Janeiro, Brazil. The workshop was attended by participants from 13 countries: Bolivia, Brazil, Colombia, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Guyana, Mexico, Nicaragua, Paraguay and Peru. It was used to produce recommendations for how to strengthen surveillance, and to update estimates of disease burden.

• Workshop for Eastern Mediterranean countries, in Cairo, Egypt. The workshop was attended by participants from 18 countries: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen attended. It was used to produce recommendations for how to strengthen surveillance, and to update estimates of disease burden.

• Mission to Tanzania. A two-week mission was conducted to review surveillance, programmatic and other data. Estimates of disease burden were updated.

**TB disease prevalence surveys**

• A workshop on screening methods to be used in prevalence surveys was held as part of the second IUATLD conference of the Asia-Pacific Region, in Beijing. The workshop was held in collaboration with the National Tuberculosis Programme of China and RIT/JATA. Lessons learned during recent surveys were reviewed and plans for upcoming surveys in the region were discussed.

• A workshop was held in Viet Nam to review the results of the 2007 prevalence survey in combination with routine surveillance and other data. Estimates of disease burden were revised upwards.

• Workshop on prevalence surveys in African countries. A two-day workshop was used to bring together survey investigators and national TB programme managers from 9 African countries (Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, South Africa, Uganda and Zambia). Survey managers from Myanmar and Cambodia also attended, to share their expertise and experience. The meeting was used to review survey protocols and to update them in line with Task Force recommendations where appropriate, and to discuss and identify solutions for technical, managerial and financial bottlenecks. A follow-up workshop is planned for 2010.

• Symposium at the IUATLD conference in Cancun, Mexico. The symposium, entitled "Measuring TB Burden and Assessing Impact of Control", was attended by a packed house, reflecting the interest in this topic among the TB community. Before the conference began, the Task Force and its partners held a day-long
meeting on prevalence surveys, conducting a second expert review of protocols for four African countries (Ethiopia, Nigeria, Uganda, Zambia) following updates to protocols during and after the October meeting. Representatives from China and Viet Nam also attended and presented an update on their surveys.

- Various country missions. During the six months from August 2009 to January 2010, Task Force partners including WHO, CDC, KNCV, AMP and RIT/JATA conducted missions to Cambodia, China, Ethiopia, Ghana, Nigeria, Rwanda, Tanzania, Uganda and Zambia to assist with the design and preparation of prevalence surveys. A mid-term review of the ongoing survey in Myanmar was also conducted.

**Review and revision of methods for the production of TB epidemiological estimates**

- Second meeting of the TB Estimates Sub-Group, in Geneva. Following an 18-month review, participants discussed and agreed how methods for estimating incidence, prevalence and mortality should be updated. These updates have been applied in the update to the 2009 WHO report on global TB control, and will be used in the forthcoming Global Burden of Disease study. They will be presented to the full Task Force for discussion and endorsement in March 2010.

**Coming up in the next six months**

- February 2010: Full day meeting with The Global Fund regarding common tools and approaches for the assessment of surveillance data and strengthening of systems for monitoring and evaluation.
- Initiation of work to produce a second edition of the guidelines on prevalence surveys, with a target date for completion of November 2010.
- March 2010: Technical assistance mission to Myanmar to complete its prevalence survey and summarize the findings.
- Additional assistance to countries, especially Cambodia, China, Ethiopia, Nigeria, Rwanda and Tanzania, as they begin their national prevalence surveys.
- Small workshops or country missions to provide technical assistance with data management in prevalence surveys.
- Missions to Mozambique and Sierra Leone to assess their capacity to implement national prevalence surveys.
- TB surveillance workshops similar to those held in Cairo and Rio for countries in the African and Western Pacific regions.

**Major Milestones 2006-2009**

**General milestones (relevant to all three strategic areas of work)**

- Establishment of WHO Global Task Force on TB Impact Measurement.
• Three meetings of full Task Force.
• Lancet review article published on methods for measuring TB incidence, prevalence and mortality.
• Policy paper building on Lancet review, with policies and recommendations for measuring TB incidence, prevalence and mortality up to 2015, endorsed by Task Force.
• Presentation of the Task Force's work to the All Party Parliamentary Group on TB in the UK.
• Launch of Task Force website.
• Establishment of close collaboration with The Global Fund via the creation of a joint TB impact measurement team.

**Strengthening routine surveillance**
• Development of conceptual framework for improving estimation of disease burden via systematic assessment of surveillance data, linked to recommendations for improving surveillance of TB notifications and deaths and potential certification/accreditation that notification data are a close proxy for incidence and mortality.
• Application of framework via regional workshops for European (n=21), South-East Asian (n=9), Latin American (n=13) and Eastern Mediterranean (n=19) countries.

**TB disease prevalence surveys**
• Guidelines for design and implementation of surveys developed and published.
• Series of six papers related to the guidelines for design and implementation of surveys, published in International Journal of Tuberculosis and Lung Disease.
• Three workshops to support development of survey protocols in 11 countries (Ethiopia, Ghana, Kenya, Malawi, Nigeria, Pakistan, Rwanda, South Africa, Thailand, Uganda and Zambia) and related follow-up.
• Identification of technical agencies to support survey design and implementation in global focus countries due to implement surveys.
• Expert meetings to review protocols for countries and provide recommendations on aspects of surveys not fully addressed in 2007 guidelines.
• Country missions to Cambodia, China, Ethiopia, Ghana, Malawi, Myanmar, Nigeria, Rwanda, Tanzania, Uganda and Zambia.

**Review and revision of methods for the production of TB epidemiological estimates**
• Initiated review of major assumptions/parameters linked to Global Burden of Disease project.
• Workshop on capture-recapture studies for five Eastern Mediterranean countries (Djibouti, Egypt, Pakistan, Syria and Yemen).
• Revised TB/HIV and MDR-TB estimates based on updated methods and additional data.
Our partners (engaged in at least one of the three strategic work areas)

Agence de Médecine Préventive (AMP), Centers for Disease Control and Prevention (CDC), European Centre for Disease Prevention and Control (ECDC), The Global Fund, Harvard University, Health Protection Agency, Italian Development Cooperation, KNCV Tuberculosis Foundation, national governments of endemic countries, London School of Hygiene and Tropical Medicine (LSHTM), Research Institute for TB (RIT/JATA), The International Union against TB and Lung Disease (The Union), United States Agency for International Development (USAID), WHO-HQ, Regional and Country offices, The World Bank.