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**First meeting of the Subgroup on  
Introducing New Approaches and Tools  
23-24 February 2010  
Stockholm, Sweden**

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Introducing New Approaches and Tools (INAT) Subgroup  
23-24 February 2010  
Stockholm, Sweden  
Meeting report**

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## **Background**

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Considerable momentum has been building in recent years towards the development of new drugs, diagnostics and vaccines to facilitate the control of tuberculosis. While the promise of these new tools is encouraging, they must be used in programmes before any public health benefit can be realized. Based on the experience of other communicable diseases, it was recognized by the Stop TB Partnership Board that there could be considerable delays between the availability of new tools and their use at country level. In response, the Board established the "Retooling Task Force" (RTF) in 2006 as a means of working across the new tools and implementation working groups to address this challenge. The RTF was asked to identify the potential challenges to the rapid up-take of new tools and to create a framework that would assist development partners and countries to accelerate the introduction of new tools.

At an open meeting held by the RTF at the Union Conference in Cape Town, over 100 country representatives and implementing partners reiterated the need for more information on the new tools in the pipelines and technical support for planning their implementation. Further, countries noted the immediate need for assistance for the implementation of many new policies and approaches (e.g. new diagnosis algorithm for TB in high HIV settings). Concern was raised that technical support partners are ill-prepared to assist countries in the planning and implementation of new tools and approaches.

In response to this demand, the subgroup for Introducing New Approaches and Tools (INAT) was established by the Stop TB Partnership as part of the DOTS Expansion Working Group. Its members include representatives from country programme managers, diagnostic and field experts, international technical partners and donor agencies.

The mission of the subgroup for Introducing New Approaches and Tools (INAT subgroup) is to ensure that TB endemic countries have access to relevant and timely information, and technical assistance to enable the rapid evaluation and introduction of new tools, policies and approaches for TB prevention and control. INAT will also ensure that researchers and product developers have opportune access to pertinent information from TB endemic countries to enable targeted research and the establishment of an evidence base that will support development of appropriate new tools and enable their rapid scale up.

The INAT subgroup met for the first time in Stockholm, Sweden on February 23-24, 2010. The main objective of the meeting was to develop the work plan of the sub-group. In order to stimulate discussion and work plan development, the New Diagnostics, New Drugs, New Vaccines, TB/HIV and MDR-TB Working Groups (WGs) as well as the Global Laboratory Initiative were invited to present on 1) their new approaches and tools, and the status of their implementation and 2) the known/expected barriers to implementation, and 3) how the INAT subgroup might support the WGs in their efforts to overcome these barriers. The global implementation of new approaches and tools based on information collected through the WHO data collection form sent every year to countries was also highlighted, noting that this information so far has not been able to measure the degree of implementation in a given country.

This report describes the relevant discussion points, recommendations and/or conclusions arising from the sessions outlined in the meeting agenda.

## Sessions Overview

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### **Session 1: Opening**

Welcome addresses were delivered by the European Centre for Disease Prevention and Control (ECDC) Chief Scientist, and interim INAT chair; this was followed by a presentation on the background and objectives of the meeting, as well as brief introductions. The main objective of the meeting was to come up with a work plan, with core activities for the INAT subgroup to use to engage partners. At the close of session 1, a presentation was made on the role of ECDC and INAT in the European Union (EU), followed by an overview of the achievements of the RTF.

### **Session 2: Draft INAT Work Plan**

The draft work plan and proposed structure for INAT were introduced. The group provided extensive inputs. The recommendation and suggestions are outlined below:

- Affected communities, community based care organizations and PPM need to be included in the work plan.
- Information needed for the development of an operational guidance framework should be based on research and country experiences. Country/context specific recommendations were also highlighted as being useful for the development of guidance. The current gap between efficacy information and operational information was also discussed.
- The absence of evidence should not stop INAT from offering guidance to countries. There is a need to balance between perfect evidence and the provision of guidance to countries.

- The RTF new diagnostics document is a very good example of the guidance needed as it provides information on costs, human resource needs, training, etc for national TB programmes.

### **Session 3: Considerations from new tools working groups: role of INAT**

Updates were presented on development pipelines for vaccines, drugs, and diagnostics, as well as Global Laboratory Initiative (GLI) activities. This was followed by respective inputs to the INAT work plan as outlined below:

Recommendations and suggestions:

- A new vaccine is targeted for 2015, INAT could be engaged in communicating the pipeline and preparing countries for the vaccine.
- INAT can also engage partners, programs, stakeholders, and communities in the re-introduction of BCG, in its “packaging of information” efforts.
- Given that a new diagnostic is more than just a tool, consideration should be given to infrastructure, supplies, logistics as well as human resource constraints when promoting a new approach or tool.
- A Diagnostics WG survey revealed that a lack of knowledge and information on how to incorporate new changes and recommendations, delayed the implementation of line probe assays (LPAs).
- Preparing countries for a new TB regimen versus a single TB drug will be a logistical challenge, given the lengthy adaptation process and complexities involved.
- Although case detection is beyond the remit of new tools, case detection strategies and ways to reduce diagnostic delays need to be pursued.
- There is a high demand from country programme managers for assistance in prioritizing and implementing new tools. A checklist to guide decision-making may be helpful in this regard, as well as longer lead time for planning, dialogue between the national programmes and scientists to reduce resistance to new policies and approaches, and a prioritized short list of new approaches and tools.



- The analysis regarding uptake of new approaches and tools is impossible without the collection of data (surveys, demonstration studies, routine data collection) on what is happening in countries, e.g. willingness to accept new approaches, level of knowledge of the pros and cons of new tools, ability to prioritize and select appropriate technologies, and barriers to implementation; lessons can be learned from disease programmes other than TB which undergo new drug and diagnostics development and scale-up.
- Although direct implementation of new tools and approaches must be achieved at the country level, INAT can provide a holistic approach to new tools implementation, moving pilot projects to national scale-up.
- INAT can play an advocacy role regarding funding agencies, and help to clarify donor understanding concerning research and implementation, e.g. ECDC with donors, TAG with communities.
- Guidance on how countries can include new tools and approaches components in Global Fund proposals is urgently needed, given the extremely weak efforts seen in Round 9 proposals, and that putting INAT on the agenda of technical/funding agencies should be one of the main goals of the INAT sub-group.

#### **Session 4: Considerations from the implementation perspective: rolling out new tools**

The development and uptake of new approaches for WHO focus areas, lessons learned from PPM rolling out of new approaches, as well as special issues for MDR and TB/HIV were presented and discussed.

Recommendations and suggestions:

- There is a common need among the implementation Working Groups (MDR-TB, TB/HIV) to move from piloting new policies, approaches and tools, to the scale-up phase.

- INAT can support all implementation WGs to scale-up pilots by putting all recommendations in one place, facilitating easy uptake of information by countries, documenting best practices and common lessons learned, and developing case studies, It was highlighted that the actual modelling of the package of tools should be done by WG partners and countries, and not by INAT.
- INAT can help to determine the type of information or evidence that will be needed to measure the extent of global implementation of new approaches and tools, as well as methods to be used to collect the information.
- INAT should develop a short list of priorities which need to be brought to scale as well as the requirements for scale-up
- INAT can be involved in policy transfer, and documentation of what that entails.
- The new changes in the guidelines were highlighted, key challenges in implementing these guidelines were extensively discussed. The presentations then discussed the role of INAT in expediting implementation of policies and guidelines by 1) developing country specific operating tools, 2) establishing and scaling up proper infrastructure, 3) engaging HIV stakeholders 4) soliciting national leadership, 5) facilitating resource mobilization, 6) identifying barriers for implementation through operational research, and 7) facilitating joint planning between national TB programmes (NTP), national AIDS programmes (NAP), harm reduction programmes and the criminal justice system.

## **Session 5: Country and community perspectives**

The information needs of INAT and the National Strategic Plan, country experiences in introducing new tools (Rwanda and Tanzania) and the role of INAT in moving Research and Development (R&D) to practice were presented

- How flexible are national strategic plans (NSP) in introducing new tools once approved?
- Flexibility may be enhanced if INAT can facilitate yearly reviews of the NSPs.
- The cost-effectiveness of new tools should be modelled.
- INAT will be invited to the workshop on operational research to be held during the second half of 2010.

### **Session 6: Administrative issues**

The election process to nominate and select the co/chair and members of the core group of the INAT subgroup were extensively discussed.

- The results of the election of the Chair, organized prior to the meeting were announced: Christy Hanson (USAID) was elected as the Chair of the INAT subgroup of the DOTS Expansion Working Group.
- The core group composition and the process to nominate and elect the co-chair and the core group members were agreed upon by meeting participants. This will be formalized and circulated in a call for nominations document by the secretariat. It was emphasized that the composition of the core group be balanced to support two streams of work; a stream on research and one on implementation.

The core group composition agreed at the meeting are outlined below:

- 1 community representative
- 3 members representing organizations or individuals
- 3 country representatives
- 1 chair
- 1 co-chair
- 1 non voting secretariat
- The core group members will rotate on a two year basis
- The terms of reference of the core group will be drafted and circulated by the secretariat

- In order to elect core group members, a “call for nominations” will be circulated to the DEWG, the ex-RTF and to the list of people who elected the chair. Interested persons and organizations will be asked to send their resumes, a statement summarizing how they will contribute to the work of the INAT subgroup, and a letter of support from the sponsoring organization. The call for nominations will also be circulated to low-TB burden countries as well.

### **Session 7: Work plan finalization and formalization of the mandate of INAT**

Work plan finalization and assignment of tasks and timelines; finalization of the formal mandate and structure of INAT

- INAT to meet annually, linked to the Union conference (next meeting to be held in Berlin): NTP workshop/training/post graduate course on retooling organized in conjunction with the Union conference should also include community members
- Core group to meet face to face annually, and have conference calls every month
- Core group to ensure that minutes are communicated outside of the core group
- Core group members should be active. After 2 consecutive missed conference calls, the core group member will be replaced by another elected member.
- Organizational members of the core group should take responsibility if their representatives miss conference calls
- The timeline of the work plan is for 2 years
- Objectives of INAT are to:
  - Obj. 1: Promote adoption of new tools, create awareness and dialogue, and information sharing around new tools; possible venues for sharing include Regional NTP managers meetings and country program reviews

- Obj. 2: Promote implementation of the new tools and approaches once the decision has been made to adopt them
- Obj. 3: Set priorities for operational and evaluation research
- Obj. 4: Track progress in the uptake and expansion of new tools and approaches
- Obj. 5: Facilitate an expanded membership of the DEWG to include immunization programme implementers
- Tools endorsed by WHO and tools in the pipeline should be considered in INAT's domain
- Advocacy: INAT secretariat to send an email to all participants for them to provide feedback on what should be done in terms of advocacy to Claire Wingfield

## **Session 8: How to improve Monitoring and Evaluation**

Presentations included 1) current methods to track the uptake of new tools and approaches, 2) a framework for impact assessment, 3) integration of INAT in Global Fund grants, and 4) opportunities for monitoring the introduction of new tools

- A CCM representative should be part of INAT; need to approach CCM in countries to include INAT activities in GF applications, and once the CCM is engaged with INAT, NTP managers need to be informed.
- INAT should coordinate with TBTEAM to ensure that consultants who provide TA for GF applications are trained on new tools and approaches.
- Operational research (OR) proposals under GF should be used to generate the information needed by INAT.
- Progress in the uptake and expansion of new policies and approaches, and quality of uptake should be tracked using the Global TB report, and the Global Fund monitoring mechanism, coordinating with countries, implementing partners, other working groups, and WHO regional offices

- In updating the Global Plan, the new tools WGs (diagnostics, vaccines and drugs) have developed a matrix for the next 5 years, with indicators to measure progress
- When reporting for UNGASS, one could take the opportunity to undertake specific M&E in some countries to get a deeper picture of what is happening; M&E can also be done during programme reviews.
- Country programme and UNGASS reviews do not happen so frequently compared to the yearly monitoring of a program, which may be internal or external; at the request of GF, tools are being developed to obtain data on quality of care, to undertake yearly monitoring in a systematic way. Indicators to monitor INAT activities could be added to the list (including poverty and equity indices, and M&E of GDF).
- M&E should be done in coordination with the M&E efforts of other WGs.
- The rapid changes in tools and approaches need to be reflected in the development of a gradient of M&E indicators.

### **Session 9: Closing remarks**

Closing remarks were made by the ECDC chairs, followed by an overview of next steps and key recommendations.

### **Next Steps:**

- The finalized work plan to be sent to the secretariat for comment and then distributed to all meeting participants for comments by the first week of March
- A column on deliverables by the subgroup itself and by partners will be added to the work plan
- The advocacy objective will be finalized by Claire Wingfield after she receives comments from the meeting participants. The secretariat will send an email to the meeting participants, encouraging them to provide feedback/ideas on advocacy activities to Claire Wingfield.
- The Secretariat will follow-up on the core group and co-chair election.

**Recommendations:**

- The Stop TB Department to include a section on INAT at Regional NTP managers meetings to create awareness around new tools and approaches
- Research Movement to engage with INAT regarding Objective 3 on operational and implementation research, and INAT to be invited to the workshop on updating the Global Plan on operational research
- TB Reach to engage with INAT as both TB Reach Initiative and the INAT subgroup aim to encourage innovative techniques, interventions, and activities to improve TB prevention, detection and control
- TB/HIV to share the priority research agenda - that will also include operational research questions - with INAT once the document is finalized
- TB/HIV to provide feedback to INAT regarding the advocacy objective and uptake of new TB/HIV policies, and TB point-of-care diagnostics that are effective in HIV-infected TB patients.

## Introducing New Approaches and Tools (INAT) sub Working Group

**23-24 February 2010**  
**Stockholm, Sweden – Draft Agenda**

### Day 1: February 23, 2010

Session 1: Opening		
09:00-09:10	Welcome address	ECDC Chief Scientist
09:10-09:20	Welcome address and back ground, meeting objectives,	DEWG and/or acting INAT chair
09:20-09:30	Introductions	
09:30-09:50	ECDC and INAT in the EU	D. Manissero, ECDC
09:50-10:05	Summary of achievements of the RTF	D. Lee, MSH
10:05-10:30	Tea break <ul style="list-style-type: none"><li>▪ ECDC funded participants meet M&amp;M for reimbursement information</li><li>▪ Signed-up participants purchase lunch coupons</li></ul>	
<b>Session 2: Draft INAT work plan</b> <b>Co-Chairs: Davide Manissero &amp; Christy Hanson</b>		
10:30-10:50	Introduction of draft work plan for INAT and proposed structure for INAT	C. Hanson, acting chair INAT
10:50-11:15	Discussion	All
<b>Session 3: Considerations from new tools working groups: role for INAT</b> <b>Co-Chairs: Davide Manissero &amp; Christy Hanson</b>		
11:15-11:30	Vaccines: update on development pipeline; inputs to work plan	J. Thole, New Vaccines WG
11:30-11:45	Drugs: update on development pipeline and retooling activities; inputs to work plan	E. Gardiner, New Drugs WG
11:45-12:00	Diagnostics: pipeline, new endorsements, introduction and use of the blueprint; inputs to work plan	S. van Kampen, New Diagnostics WG
12:00-12:15	Laboratory: update on GLI activities; inputs to work plan	G. MacGregor-Skinner, Global Laboratory Initiative WG
12:15-13:00	Discussion	All
13:00 – 14:00	Lunch break	



Session 4: Considerations from the implementation perspective: rolling out new tools Co-Chairs: Leopold Blanc & Christy Hanson		
14:00-14:30	Development and Uptake of new approaches: WHO focus areas ; inputs to work plan	L. Blanc, WHO
14:30-14:40	Rolling out new approaches: lessons from PPM	M. Uplekar, PPM WG
14:40-14:50	Special issues: MDR	TBC , MDR WG
15:00-15:10	Special issues: TB/HIV	D Sculier, TB/HIV WG
15:10-15:40	Discussion	All
15:40- 16:00	Coffee break	
Session 5: Country perspectives Co-Chairs: Leopold Blanc & Christy Hanson		
16:00-16:30	Information needs: INAT and National Strategic Plan	Country commentaries: Ghana and India
16:30-17:00	Country experience in introducing new tools: what support is useful?	NTP commentaries: Rwanda and Tanzania
17:00-17:15	From R&D to practice: the role for INAT	C. Lienhardt, STB-P
17:15-17:45	Discussion	All
Session 6: Administrative issues Co-Chairs: Leopold Blanc & Christy Hanson		
17:45-18:15	Election of co-chairs and selection of core members Extension of membership	Secretariat and Election committee

**Day 2: February 24, 2010**

Session 7: Work plan finalization and formalization of the mandate of INAT Co-Chairs: Elected chair and co-chair of INAT		
08:30-09:45	Work plan finalization; assignment of tasks and timelines	All
09:45- 10:15	Finalization of formal mandate of INAT and structure	All
10:15-10:45	Tea break	
Session 8: How to improve Monitoring and Evaluation? Co-Chairs: Elected chair and co-chair of INAT		
10:45-11:00	Current methods to track the uptake of new tools and approaches	I. Onozaki, WHO
11:00-11:15	A framework for Impact Assessment of New Tools	B. Squire, New Diagnostics WG
11:15-11:30	Integration of INAT in Global Fund grants	L. Blanc, WHO (on behalf of M. Aziz, GFATM)
11:30-11:45	Opportunities for monitoring the introduction of new tools	Countries commentaries
11:45-12:20	Discussion	All
Session 9: Closing		
12:20-12:30	Closing Remarks	ECDC Chairs

## **List of Participants**

### **Frank Bonsu**

National Tuberculosis Control Programme  
Ministry of Health  
KB 493  
Accra  
Ghana

### **Marco Cavaleri**

Head of Anti-infectives and Vaccines  
Safety and Efficacy of Medicines  
European Medicines Agency- EMA  
7 Westferry Circus - Canary Wharf  
London, E14 4HB  
United Kingdom

### **Elizabeth Fair**

Assistant Professor of Medicine; UCSF  
1001 Potrero Avenue, Room 5K1  
San Francisco, CA 94110  
United States of America

### **Elizabeth Gardiner**

Vice-President, Market Access  
Global Alliance for TB Drug Development  
40 Wall Street, 24th Floor  
10005 - New York  
United States of America

### **Michel Gasana**

TB NTP Manager  
Programme National Intégré de Lutte contre la lèpre et la tuberculose  
P. O. Box 2315  
Kigali  
Rwanda

### **Christy Hanson**

TB Research Advisor  
US Agency for International Development  
Ronald Reagan Building  
20523-5900 - Washington, DC  
United States of America

**Emma Huitric**

Scientific Officer for TB  
European Center for Disease Prevention and Control  
171 83 Stockholm  
Sweden

**Kitty Lambregts**

KNCV Tuberculosis Foundation  
PO Box 146  
2501 CC The Hague  
The Netherlands

**David Lee**

Director, Technical Strategy and Quality  
Center for Pharmaceutical Management  
Management for Sciences for Health  
784 Memorial Drive  
Cambridge, Massachusetts 02139  
United States of America

**Davide Manissero**

TB programme Coordinator  
European Center for Disease Prevention and Control  
171 83 Stockholm  
Sweden

**P.R. Narayanan**

Old 2, New 7  
Deivasigamani Road  
Royepettah  
600 014 - Chennai  
India

**Hiroyuki Nishiyama**

Department of International Cooperation  
Research Institute of Tuberculosis  
Japan Anti-Tuberculosis Association  
3-1-24 Matsuyama, Kiyose-shi,  
Tokyo 204-8533  
Japan

**Rick O'Brien**

Head of Product Evaluation  
Foundation for New Innovative New Diagnostics  
P.O. Box 93

16 Ave Budé  
1202 - Geneva  
Switzerland

**Jerod Scholten**

KNCV Tuberculosis Foundation  
PO Box 146  
2501 CC The Hague  
The Netherlands

**Marina Shulgina**

National Centre for External Quality Assessment of Clinical Lab Tests  
10, Petroverigskiy per.  
101990 - Moscow  
Russia

**Bertie Squire**

Liverpool School of Tropical Medicine  
Pembroke Place  
Liverpool L3 5QA  
United Kingdom  
2341 BV  
The Netherlands

**William Wells**

Director, Market Access  
Global Alliance for TB Drug Development  
40 Wall Street, 24th Floor  
10005 - New York  
United States of America

**Claire Wingfield**

Treatment Action Group  
Coordinator TB/HIV Advocacy Project  
611 Broadway, Suite 308  
New York, NY 10012  
United States of America

**World Health Organization**

**Leopold Blanc**

Coordinator  
HTM/STB/TBS  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27

Switzerland

**Christian Lienhardt**

Senior Research Advisor  
Stop TB Partnership Secretariat  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Ikushi Onozaki**

Medical Officer  
HTM/STB/TME  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Andrew Ramsay**

Scientist TDR/PDE  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Delphine Sculier**

Medical Officer  
HTM/STB/TBS  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Mukund Uplekar**

Medical Officer  
HTM/STB/TBS  
WHO -World Health Organization  
20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Sanne van Kampen**

Technical officer  
Quality Assured Diagnostics  
[IER/TDR/NPR/DQR](#)  
WHO -World Health Organization

20, Avenue Appia  
CH-1211-Geneva 27  
Switzerland

**Introducing New Approaches and Tools (INAT)**  
**Sub-group to the DOTS Expansion Working Group**  
**Work plan 2010-2011**  
*Draft*

**Mission**

The sub-group for Introducing New Approaches and Tools (INAT) will ensure that TB endemic countries have access to relevant and timely information and technical assistance to enable the rapid evaluation and introduction of new tools, policies and approaches for TB prevention and control. INAT will ensure that researchers and product developers have access to relevant and timely information from TB endemic countries to enable targeted research and the establishment of an evidence base that will support development of appropriate new tools and enable their rapid introduction.

**Objectives**

The objectives of the sub-group for Introducing New Approaches and Tools are to:

- 1) Maintain a forum for the pro-active sharing of information between NTPs, national immunization programmes, and other implementing partners on the challenges being faced with evaluating, adopting, introducing or implementing new tools or approaches as an integral part of accelerating progress toward the MDGs
- 2) Prioritize and coordinate a concerted response to the operational challenges identified including:
  - a. Promote the development of guidance related to the introduction of new tools and approaches in upcoming technical guidelines, training materials, operational tools (e.g. budgeting tool) and policies of WHO and other normative bodies; develop other guidance as requested by countries or implementing partners (e.g. guide to select tools appropriate to specific epidemiological and health system contexts)
  - b. Ensure that relevant technical assistance and training is provided to countries or made available within countries with respect to “retooling”; including ensuring that strategic planning, resource mobilization, and routine monitoring and supervision includes consideration of new tools and approaches (note: to be coordinated with TB TEAM and other implementation WGs), and building awareness/capacity for ‘retooling’ among technical assistance partners. Advocate for the appropriate use of new tools based on evidence of best use.
    - i. Note: Technical assistance related to the introduction of new tools and approaches should not be considered apart from core planning and support for DOTS expansion. However, the response to country needs in this area will require a specific focus. INAT can support a consolidated response to the ‘retooling’ needs faced by countries while ensuring that they are managed as an integral part of the planning and implementation of TB programmes
  - c. Coordinate the compilation and dissemination of information on emerging new tools and approaches, as requested by countries and in a manner consistent with national planning for attaining the StopTB partnership goals (note: to be coordinated with other WGs)



- 3) Set priorities for operational and evaluation research that will facilitate the wide scale implementation of new approaches and tools; notably research that can generate evidence of the impact of new tools/approaches on case detection, case management and equitable access under field conditions; advocate for and coordinate the implementation of priority research
- 4) Track progress in the uptake and expansion of new policies and approaches, coordinating with countries, implementing partners, and WHO regional offices to promote the expansion of these new tools
- 5) Facilitate an expanded membership of the DEWG to include immunization programme implementers particularly from endemic countries as new vaccine introduction becomes imminent, enabling comprehensive planning for TB prevention as well as control.

### **Sub-group structure**

INAT was conceptualized as a sub-group that would cut across all working and sub-working groups, to support the coordination and consolidation of information and assistance flowing to and from TB endemic countries. To achieve this, two fairly distinct streams of work are needed.

#### Stream One: Preparing for new tools

Under this stream, INAT will capitalize on its position within the DEWG to regularly communicate with high-burden countries and other TB endemic countries to foster preparedness for the tools that are under development and/or evaluation. Similarly, INAT will actively seek inputs from TB control implementers about potential constraints to the uptake of new tools that will be applied to the activities of other working groups. INAT will ensure systematic sharing of consolidated information across tools (e.g. regular compilation and dissemination of pipeline data from all new tools working groups), and can serve as a platform for addressing areas of common concern (e.g. strengthening regulatory frameworks in disease-endemic countries).

#### Stream Two: Streamlining policy and rolling out innovative new approaches and endorsed tools

The process that takes a field-demonstrated approach or tool into WHO/global policy has been documented. Further consideration of how to maintain the accessibility and efficiency of this process as more approaches enter the review phase is needed, including how to streamline the formulation and communication of guidance to countries when multiple new approaches are endorsed. Already, many new approaches and tools have been endorsed by WHO and the Union in recent years (e.g. PAL, new diagnostic algorithm for TB/HIV, IPT, PPM, new diagnostic approaches and technologies). Few have been successfully scaled up in most or all countries. Furthermore, dissemination of the new approaches or tools is commonly planned independently (i.e. only one tool/approach considered at a time) and with varied pilot or focus countries. INAT will support further coordination of the implementation of new approaches, with a view to providing all disease-endemic countries with better access to information and assistance related to *all* new approaches and to fostering more rapid uptake of appropriate new approaches and tools.

## Activities 2010-2011

Activities	Deliverables	Responsible Agencies	Stream
<b>Core business: Introducing New Approaches and Tools sub-group</b>			
1. Organize core group meeting at the Berlin conference of the Union and 2011 conference		Secretariat	1 & 2
2. Organize quarterly teleconferences of the core group		Secretariat	1 & 2
3. INAT participation in annual meetings, core group teleconferences and relevant meetings of other subgroups and working groups	Secretariat to develop schedule of meetings and coordinate participation of INAT member	Chair, Core group members, secretariat	1 & 2
4. Update and maintain INAT website with links to related work of members (e.g. reports of Global Alliance, study results from TDR, MSF, latest pipelines of new tools WGs)	Active website	Secretariat, Chairs, core group	1 & 2
5. Coordinate post-graduate course / satellite session at Union conference 2011	Training / sensitization of NTP managers and partners in issues related to INAT	Secretariat, core group members	1 & 2
<b>Objective 1:</b> Maintain forum for the sharing of information between NTPs, national immunization programmes, and other implementing partners on the challenges being faced with evaluating, adopting, introducing or implementing new tools or approaches as an integral part of accelerating progress toward the MDGs			
6. Include INAT topics in Stop TB List Serve discussions	Prioritized questions and discussion points posted on listserve and responses compiled	Secretariat, core group	1 & 2
7. Coordinate INAT discussion during DEWG and new tools WG meetings and other fora	Needs of countries identified; constraints of developers prioritized and documented; response planned	Core group members, Secretariat (links to other WGs)	1 & 2
8. Stimulate and provide input to surveys and studies related to INAT	Study results publicly available	Global Alliance, TDR, MSF, FIND, Aeras,	1 & 2

		<b>others</b>	
<b>Objective 2a:</b> Promote the development of <u>guidance</u> related to the introduction of new tools and approaches in upcoming technical guidelines, training materials, operational tools (e.g. budgeting tool) and policies of WHO and other normative bodies; develop other guidance as requested by countries or implementing partners (e.g. guide to select tools appropriate to specific epidemiological and health system contexts)			
9. Develop consolidated, operational guide that compiles information on how / when to implement major new approaches and tools endorsed by WHO (similar to diagnostics document) <sup>1</sup> . Document to include guidance on BCG and recommendations for the use of new tools/approaches in combination(s). Guide to support decision-making, work planning.	<b>Operational guide produced and disseminated through WHO channels, TA missions, consultant training, etc.</b>	<b>MSH, WHO, Core group members</b>	<b>2</b>
10. Support 2-3 countries to develop a plan for introducing INAT, within 5-year NTP plans (piloting tool listed in 9 and informing future briefings of consultants through TB TEAM)	<b>INAT guide (9) piloted in non-focus countries as well as an HBC</b>	<b>WHO, TB TEAM, core group members, partners, secretariat</b>	<b>2</b>
11. Incorporate relevant sections of INAT documents, guidelines, etc into other normative and operational tools of WHO, Union and other partners	<b>INAT considerations included in key upcoming or 'living' documents and training tools</b>	<b>WHO, Union, core group members, secretariat</b>	<b>2</b>
<b>Objective 2b:</b> Ensure that relevant <u>technical assistance</u> and training is provided to countries or made available within countries with respect to “retooling”			
12. Document factors contributing to successful roll-out of some approaches (e.g. ISTC, PPM, intro of FDCs) and failures of others to be scaled-up	<b>Case studies posted and considered in any new guidance</b>	<b>WHO, MSF, Secretariat</b>	<b>2</b>
13. In partnership with TB TEAM, promote INAT planning as integral part of technical assistance, GF grant applications, etc. Develop operational guidance and references for technical assistance partners.	<b>Schedule of opportunities to train technical partners and NTPs</b>	<b>WHO, Union, TB TEAM, KNCV</b>	<b>2</b>
<b>Objective 2c:</b> Coordinate the compilation and dissemination of <u>information</u> on emerging new tools and approaches as requested by countries and in a manner consistent with national planning for attaining the StopTB partnership goals (note: to be coordinated with other WGs)			
14. Develop communication plan	<b>Communication plan developed that defines relevant audiences,</b>	<b>TAG, Secretariat, core group</b>	<b>2</b>

<sup>1</sup> Refers to Retooling Task Force and New Diagnostics Working Group joint publication “New Laboratory Diagnostic Tools for Tuberculosis Control”

	<b>information required and medium to share information</b>		
<b>Objective 3:</b> Set priorities for operational and evaluation research that will facilitate the wide scale implementation of new approaches and tools; notably research that can generate evidence of the impact of new tools/approaches on case detection case management and equitable access under field conditions; advocate for and coordinate the implementation of priority research			
15. Promote inclusion of INAT principles/issues in Research Movement; ensure consideration of research that will support evaluation and operational research motivated by the need to accelerate uptake of appropriate new tools	<b>Research Movement priorities reflecting INAT considerations</b>	<b>TREAT TB (Union), Core group, secretariat</b>	<b>1 &amp; 2</b>
16. Coordinate appropriate inputs for the development of a simulation model of TB control in 2015 to discuss what country may need to prepare	<b>Modelling completed to inform guidance to countries</b>	<b>WHO, Core group, Liverpool (?)</b>	<b>1 &amp; 2</b>
<b>Objective 4:</b> Track progress in the uptake and expansion of new policies and approaches, coordinating with countries, implementing partners, and WHO regional offices to promote the expansion of these new tools			
17. Formalize monitoring and evaluation framework to consistently track uptake of new tools / approaches across focus areas, and building on existing M&E systems where possible (e.g. WHO reporting)	<b>Inventory of data collection efforts: indicators and source of data (GF, GDF, Working groups, Impact Task Force); M&amp;E framework for tracking uptake of new tools</b>	<b>Secretariat, core group members, WHO, MSH</b>	<b>2</b>
<b>Objective 5:</b> Facilitate an expanded membership of the DEWG to include immunization programme implementers particularly from endemic countries as new vaccine introduction becomes imminent, enabling comprehensive planning for TB prevention as well as control.			
18. Guidance for use of BCG to be updated, with considerations for new vaccines in future	<b>Guidance developed and disseminated</b>	<b>ECDC, WHO, core group</b>	<b>1</b>

### Outputs for year 1-2:

- 1) Operational guide to support decision making and adoption of new approaches and tools (similar to RTF document on new diagnostics but with a focus on endorsed approaches)

- a. Dissemination plan through existing platforms, TB TEAM, etc.
  - b. Piloting in 2-3 countries
- 2) Updated new tools pipelines consolidated and widely disseminated
- 3) M&E framework for tracking uptake of new tools
- 4) Communication plan
- 5) Guidance for use of BCG

