

SUBGROUP: TB SUPRANATIONAL REFERENCE LABORATORY NETWORK

The TB Supranational Reference Laboratory Network (SRLN) was created in 1994 in order to support the WHO-IUATLD Global Project on TB drug resistance surveillance. The objectives of the Global Project are to estimate the magnitude of drug resistance globally, determine trends and provide data to inform WHO policy decisions. Core principles of the Global Project are to ensure accurate and representative sampling of the populations under study, allow for the differentiation of new and previously treated cases and ensure that laboratory results are quality assured. Originally, fourteen laboratories volunteered to form the SRL Network based on institutional capacity and own resources to support the Global Project. This resulted in a concentration of the SRLs in Europe.

The original terms of reference required that each of the SRLs had a permanent functional TB laboratory providing quality culture and drug susceptibility testing (DST), with a commitment to support at least two countries with DST proficiency testing (PT), to provide external quality assurance during drug resistance surveys, and to provide training on culture and DST in relevant countries as needed. Between 1994 and 2009, the SRLN was expanded to 29 laboratories, largely driven by regional initiatives and institutional interest in joining the network.

The SRLN continues to be the backbone of the Global Drug Resistance Surveillance Project; however; given the pressing need for scaling up laboratory services an expanded focus for SRL activities is urgently needed. Despite being a great technical resource for laboratory scale-up and capacity development, the SRLN is generally under-utilised, largely due to a crucial lack of funding and human resource capacity. While there is a skewed concentration of SRLs in Europe there are only three SRLs in Africa, where the need for laboratory strengthening is most pressing. In addition, very few SRLs are linked to francophone and lusophone-countries.

The vast majority of technical assistance provided by the SRLN has been as a result of individual and/or institutional commitment and many of the SRLs need to be commended for the work that they have achieved in supporting their partner laboratories with minimal or no funding. Urgently addressing the issue of sustained and adequate funding for the SRLN - given the demand and scope of laboratory strengthening services required - is therefore critical if targets for global scale-up of laboratory capacity are to be achieved.

Recently, a Global Consultation of the SRL Network was convened at WHO in Geneva, Switzerland where the draft TOR and eligibility and inclusion criteria developed in Cairo were finalised and endorsed by the entire SRL network. The SRLN is now a recognised sub-group of the GLI.

The final versions of these documents can also be accessed via the GLI website <http://www.stoptb.org/wg/gli/>.

The outcome of the SRL Global Consultation are summarized below:

New candidate SRLs must establish a formal link with an established SRL.

1. The National Ministry of Health makes a request for a formal link with an SRL to the WHO Country Office, via the Regional Office to the GLI secretariat, WHO Headquarters (HQ).
2. The GLI secretariat, hosted by the WHO TB laboratory Strengthening and Diagnostics Unit, WHO HQ will normally endorse the request and advise the WHO Regional Office to inform the Ministry of Health of the SRL.
3. Upon agreement from the SRL Ministry of Health to support a SRL, the WHO Regional Office would inform in writing both the designated SRL and the NRL of the linkage.

In order to be considered a candidate SRL, National level Reference laboratories are required to complete the following list of documents and return to gilpinc@who.int

1. Statement of commitment to function as a candidate SRL with declaration of acceptance of the SRL Network TORs and Eligibility and Inclusion criteria, signed by the Head of the Tuberculosis National Reference Laboratory and countersigned by the Head of the National Tuberculosis Programme or other authority at the Ministry of Health
2. Completed Tuberculosis Laboratory Assessment Tool
3. Completed form for the acceptance of a panel of strains for MTB DST proficiency testing.
4. Completed form establishing a link with an existing SRL