**GDI Triage Task Force (TTF) meeting**

Teleconference 18/11/2016

**Participants:**

Agnes Gebhard (Co-chair of the GDI Triage TF)

Fuad Mirzayev (WHO)

Fraser Wares (KNCV)

Gustavo Bastos (GDF)

Apologies: Chen Yuan Chiang (TF Co-chair), Mamel Quelapio (TF coordinator), Arnaud Trebucq (UNION), Vivian Fox (DR-TB STAT), Andre Zagorski (Stop TB Partnership)

**Meeting notes:**

1. Aim of the TF is to facilitate and assist:
* collection of information on introduction of the STR and 2nd line LPA to inform and guide the global support mechanisms for PMDT;
* countries to contribute to the global body of evidence on introduction of the patient triage approach; and
* problem solving at the global level based on identified difficulties that countries face when introducing the STR and 2nd line LPA
1. Background: At the GDI meeting on 23/10 and a “Friends  of Indonesia” meeting on 26/10 in Liverpool barriers to introduction of the STR were discussed. This led to a discussion in the Global TB  “Situation Room” meeting on November 9th , 2016,  attend by STP, WHO, GDF, GF, USAID and many partner organizations, including Fuad, Arnaud, Gustavo, Fraser, Agnes. As part of the wider discussion on GDF, GF and technical partners’ support to introduction of the STR, the meeting agreed that the rapid introduction of the STR is beneficial to large groups of MDR-TB patients with different approaches needed in the different countries. The meeting recognized that there are differences in the approach to countries by the different GF Port Folio Managers and that there are costs to the transition to the STR, which have to be covered in the framework of the current and future GF grants. Countries as well as GF PFM’s and GDF advisors need guidance on this. Therefore the meeting agreed to send a document to the GF prior to the  board meeting end of November, outlining the importance of GF support to facilitate rapid and well planned transition of countries to using the STR, as appropriate to their respective situation. Also the partners at the meeting agreed to coordinate the monitoring of drug stocks and required procurements, and the implementation of the STR and related diagnostics in the countries.
2. From the meeting, it emerged that the collection of information/data on these topics is either ongoing or planned by the following partners:
* GDF – in countries purchasing or expecting to purchase through GDF;
* WHO – through their regional offices, all countries;
* KCNV – CTB project monitoring (in 22 countries);
* GDI – through DR-TB research TF; and
* The Union through their support to the regional research project and the recently established Union DR-TB working group

In this TF teleconference, we made an **inventory** of the ongoing data collection:

1. GDF together with WHO (following on from initial work done by WHO AFRO and others) is developing a questionnaire with 19 questions: one question on the number of patients expected to be enrolled on the different regimens over the coming 2 years; and the remaining questions mostly on progress of implementation steps. The distribution of the full questionnaire may take some time and can be coordinated with CTB and other technical partners. However the first question dealing with patient numbers and timelines needs to be answered before the end of November, for forecasting purposes.
2. KNCV under the CTB project has already collected information from 22 countries on similar topics, primarily on patient enrolment (actual and planned up to end of 2017) but also including the development of lab capacity and introduction of the new drugs i.e. bedaquiline and delamanid). The data collection template is now under revision to better reflect the steps for introduction of the STR, based on the CTB introduction guide and planning tool for the triage approach ( with guidance on the use of  and introduction of new drugs and regimens for DR-TB patients, including the STR.
3. Some rGLC’s already do monitoring of introduction of the STR, by questionnaires, partially based on the CTB introduction guide.
4. The Union has established a DR-TB working group, under the leadership of Bob Horsburgh, Arnaud Trebucq and Chen-Yuan Chiang. Over 500 members have shown interest in joining the working group. The WG (has prepared or is preparing?) a questionnaire to collect information on the areas raised by the GDI TF
5. The GDI TF conducted a meeting during the recent UNION conference in Liverpool with 6 countries to discuss their progress in implementing the STR and 2nd line LPA, and what problems they have met. The most important bottleneck identified during the meeting was PSCM, and the implementation and decentralization of aDSM. A short report will be provided to the TF and GDI asap.
6. **Action points:**
* Gustavo will finalize the WHO/GDF questionnaire and share with the partners around November 23rd (after checking with WHO).
* When sending the questionnaires to countries, GDF/WHO will send in cc to the main PMDT TA partners of these countries, to enable them to assist NTPs complete the questionnaire as relevant and to prevent double data collection efforts.
* Fraser will explore which role the CTB project can play in making relevant information available to global partners to facilitate drug and lab supplies forecasting and TA planning.
* Agnes through Chen Yuan will reach out to the Union to share the discussion in this TF meeting with the Union WG chair.
* Fuad will share with Agnes a mailing list for recipients of these minutes.
* Gustavo will share a mailing list of GDF regional staff to share these notes - Dear Gustavo, can you please forward to the GDF regional focal points ?
* Agnes / Mamel will coordinate with Vivian to join the next DR-STAT TF meeting as a combined DR-STAT/Triage TC
	+ Add checklist elements
	+ Inform countries
	+ Invite key countries to share experience on introduction of the STR and 2nd line LPA