# Supplementary Update from the WHO Global Task Force on TB Impact Measurement

The work of the WHO Global Task Force on TB Impact Measurement was presented to and endorsed by the Stop TB Coordinating Board in October 2008 and November 2009. This summary sheet provides an up-to-date summary of the considerable progress that has been made in each of the Task Force's three major strategic areas of work in the past year, to keep the Coordinating Board informed and to seek their continued support, including for resource mobilization.

Progress made during the past year is summarized below, both overall and for each of the Task Force's three major strategic areas of work.

## **General milestones**

A policy paper that sets out policies and recommendations for measuring TB incidence, prevalence, and mortality, with particular attention to the period up to 2015, was printed in February 2010 and is being widely distributed. Since July 2009, there has been close collaboration with The Global Fund via the creation of a joint TB impact measurement team. The Force web site was launched September 2009 Task in (http://www.who.int/tb/advisory bodies/impact measurement taskforce/en/index.html), and includes a wealth of information including all documents and presentations used in meetings and workshops. At the end of 2009, the Dutch government contributed €230,000 to the Stop TB Partnership to support the work of the Task Force at global level in 2010.

### 1. Strengthening routine surveillance

The Task Force defined a framework for improving estimates of TB incidence, prevalence and mortality based on in-depth analysis of the quality and coverage of notification and vital registration data, linked to recommendations for how surveillance needs to be strengthened, in 2008. In 2009, standard templates and tools to implement this framework were developed, and used in regional workshops for European, South-East Asian, Latin American and Eastern Mediterranean countries (21, 9, 14 and 22 countries, respectively) and country missions to the Philippines, Tanzania and Viet Nam.

#### 2. TB disease prevalence surveys

Considerable progress with survey preparation/implementation has been made by several of the 21 global focus countries due to implement or complete surveys in 2010 or 2011. Myanmar launched its survey in July 2009 and the survey is almost complete. Cambodia, China, Ethiopia, Ghana, Nigeria, Rwanda, South Africa and Tanzania are in a strong position to implement surveys in 2010. Malawi, Kenya and Uganda have recently moved closer to being able to implement surveys, having mobilized the required funding. All of these countries have received considerable guidance and support from Task Force members, both in survey design and in preparations for survey implementation (e.g. mobilization of funding, procurement). Major sources of funding for this work are USAID, the Japanese government, the Dutch government (DGIS) and a PEPFAR grant to support implementation of Global Fund projects.

#### 3. Review and revision of methods for the production of TB epidemiological estimates

An 18-month review of methods was concluded in October 2009. The review was funded by USAID/TBCAP. Recommendations were implemented for the update to the 2009 WHO TB control report that was published in December 2009. The methods were presented at the most recent meeting of the full Task Force, in March 2010, and were endorsed. Estimates using these methods will shortly be used for the Global Burden of Disease study.

#### **Considerations Moving Forward**

Commitment to mobilization of resources and identification of a suitable financial mechanism to:

1) Strengthen the policy and strategy work of the secretariat at global level, at a minimum to guarantee existing staffing and activities;

2) Ensure provision of the necessary technical support to strengthening of surveillance and implementation of prevalence surveys.

## Actions for 2010/2011

- Finalization of toolkit, jointly developed with Global Fund, for a common approach to assessment of surveillance data (including data quality) and M and E systems, which can be used for self-assessment by countries and, in countries meeting defined benchmarks/standards, certification that surveillance data provide a direct measure of cases and deaths.
- Extension of systematic analyses of surveillance and programmatic data, and related recommendations for how surveillance and case detection can be improved, to countries in the African and Western Pacific regions.
- Successful implementation of surveys of the prevalence of TB disease in several African countries six countries are in a strong position to start surveys in 2010.
- Implementation of updates to methods used to translate surveillance and survey data into estimates of disease burden, as agreed during a Task Force meeting in October 2009, in the first instance in a) the update to the 2009 WHO Global TB Control report and b) the update to the Global Burden of Disease study due to be published in 2010.