The  $2^{nd}$  ad hoc committee on the TB epidemic will produce a report defining the midterm (5 years) strategic direction for global DOTS expansion. This document is the draft outline of the report. The Stop TB Coordinating Board will discuss the process for defining this strategic direction, and the likely main approaches outlined in the report, on 3 April.

This document will also serve as a stimulus for discussion at the meeting of the TB subgroup of task force V of the Millennium Development Goals (MDGs) Project on 2 April. The outcomes of these discussions of the strategic direction for attaining the MDGs in 2015 will feed into the Stop TB Coordinating Board discussions on 3 April.

All members of the Stop TB Coordinating Board are welcomed to the discussions in the meeting on the 2<sup>nd</sup> April.

# Implementing global TB control: solutions to DOTS expansion constraints

# Report of the 2<sup>nd</sup> a*d hoc* Committee on the TB epidemic

The 2<sup>nd</sup> *ad hoc* Committee is convened by the DOTS Expansion Working Group (DEWG), one of six working groups established under the auspices of the Global Partnership to Stop TB.

A companion to the Global Plan to Stop TB

#### Contents

#### Preface

#### List of abbreviations

- 1. Introduction: the current status of global TB control.
- 2. The London ad hoc Committee recommendations: assessment of global progress since 1998.
- 3. Assessment of the current approach of the Stop TB Partnership to key issues for DOTS expansion and achievement of the WHA 2005 targets.
- 4. DOTS expansion and achievement of WHA 2005 targets by the 22 high-burden countries (HBC) countries: assessment of specific constraints and possible solutions.
- 5. Key issues for DOTS expansion and achievement of the WHA 2005 targets: assessment of approaches beyond the current scope of the Stop TB Partnership.
- 6. Recommendations for achieving the WHA 2005 targets, and beyond these targets for reaching the MDGs in 2015.
- Annex 1 Members of the 2<sup>nd</sup> ad hoc Committee on the TB epidemic
- Annex 2 The 2<sup>nd</sup> a*d hoc* Committee's report: consultative process and timetable

#### **Preface**

The Global Plan to Stop TB describes the necessary implementation (DOTS expansion) and research measures to control TB. This report of an *ad hoc* Committee is a companion to the Global Plan to Stop TB, analysing the constraints to DOTS expansion and proposing solutions. The DOTS Expansion Working Group (DEWG) has convened this *ad hoc* Committee with the following objectives:

- (1) to review briefly the status of the TB epidemic, and country and global efforts to control it, with special emphasis on the assessment of the follow-up of the London 1998 *ad hoc* Committee's recommendations;
- (2) to analyse the identified constraints (specific to TB programmes and more broadly related to health systems) towards achieving the WHA 2005 targets and identify feasible solutions at the national and international levels;
- (3) to define a strategic direction for the DOTS expansion movement to implement fully the Global DOTS Expansion Plan and achieve the WHA 2005 targets;
- (4) to define an approach beyond these targets towards reaching the Millennium Development Goals (MDGs) in 2015.

There are six working groups established under the auspices of the Global Partnership to Stop TB: three implementation working groups (DOTS expansion, DOTS-Plus and TB/HIV) and three working groups on development of new tools (drugs, diagnostics and vaccines). The *ad hoc* Committee includes the chairs of the three implementation working groups and other selected members representing a variety of constituencies, including high TB burden countries, international development assistance agencies, technical experts and research. The participation of the members of the MDGs Project Task Force V subgroup on TB ensures the linkage of the work of the *ad hoc* Committee with that of this Task Force in defining an approach to reaching the MDGs in 2015.

#### List of abbreviations

| DEWG | <b>DOTS</b> Expansion Working Group |
|------|-------------------------------------|
| DOTS | The global strategy to control TB   |

GDF Global Drug Facility
GPSTB Global Plan to Stop TB
HBC High burden country

HRH Human Resources for Health
MDGs Millennium Development Goals
MDR-TB Multidrug-resistant tuberculosis
NGO Non-governmental organization
NTP National Tuberculosis Programme

WHA World Health Assembly

#### 1. Introduction: the current status of global TB control

- 1.1 Burden of TB morbidity and mortality
- 1.2 Economic burden of TB
- 1.3 Summary of current status of TB control
- 1.3.1 Milestones in the global response to TB since 1990.
- 1.3.2 Number of countries implementing the DOTS strategy
- 1.3.3 Cases detected under programmes implementing the DOTS strategy
- 1.3.4 Treatment success
- 1.3.5 Countries achieving the WHO targets
- 1.3.6 Financing
- 1.3.7 Conclusions
- 1.4 Need for a clear strategic direction by the Stop TB Partnership and WHO to allow full implementation of the Global Plan to Stop TB.

## 2. The London ad hoc Committee recommendations: assessment of global progress since 1998.

Assessment of achievements and unresolved problems and constraints

- 2.1 Political will and commitment
- 2.2 Financing
- 2.2.1 Estimates
- 2.2.2 Funding flows and gaps
- 2.2.3 Global Fund for AIDS, TB and Malaria
- 2.3 Human resources
- 2.4 Organization and management
- 2.5 Anti-TB drugs (the Global Drug Facility)

- 2.6 Information
- 2.7 Others
- 3. Key issues for DOTS expansion and achievement of the 2005 WHA targets: assessment of the current approach of the Stop TB Partnership.
- 3.1 Implementation working groups of the Stop TB Partnership
- 3.2 DOTS Expansion
- 3.3 TB/HIV
- 3.4 DOTS-Plus
- 4. DOTS expansion and achievement of WHA 2005 targets by the 22 high-burden countries (HBC) countries: assessment of specific constraints and possible solutions.

The NTP managers of the HBCs identified and presented at the DEWG meeting in Montreal in 2002 the main constraints and proposed solutions to overcome those constraints.

Table showing for each HBC the key indicators of TB control (i.e. DOTS coverage and success rate under DOTS), national HIV prevalence, and main constraints and possible solutions.

- 5. Key issues for DOTS expansion and achievement of the 2005 WHA targets: assessment of approaches beyond the current scope of the Stop TB Partnership.
- 5.1 Health sector issues beyond the current scope of the Stop TB Partnership.
- 5.2 Human resources for health
- 5.3 Primary care services
- 5.4 Social mobilization for health
- 5.5 Private sector and corporate sectors' contributions
- 5.6 Poverty alleviation strategies and equity initiatives.

## 6. Recommendations for achieving the WHA 2005 targets, and beyond these targets for reaching the MDGs in 2015

- 6.1 Recommendations based on analysis of constraints and proposed solutions
- 6.2 Stop TB Partnership
- 6.3 Partners in development assistance
- 6.4 Global financial institutions
- 6.5 World Trade Organization
- 6.6 WHO
- 6.7 Technical agencies
- 6.8 Countries
- 6.9 Research

### Annex 1 Members of the 2<sup>nd</sup> ad hoc committee on the TB epidemic

E Back, United Kingdom Department for International Development

N Billo, International Union Against Tuberculosis and Lung Disease, Paris, France

A Bloom, United States Agency for International Development

J Broekmans, Royal Netherlands Tuberculosis Association

M Dayrit, Secretary for Health, Phillipines

G Elzinga, National Institute of Public Health and Environmental Protection, Netherlands (Chair, TB/HIV Working Group)

S England, Stop TB Partnership Secretariat, Switzerland

J Kim, Partners in Health, Boston, USA (Chair, DOTS-plus Working Group and

Millennium Development Goals Project Task Force V)

A Kutwa, National Tuberculosis and Leprosy Programme, Kenya

D Maher, Stop TB Department, World Health Organization, Switzerland

P Naryanan, Tuberculosis Research Centre, Chennai, India

F Omaswa, Ministry of Health, Uganda

M Raviglione, Stop TB Department, World Health Organization (Chair, DOTS

Expansion Working Group), Switzerland

K Shah, National Tuberculosis Programme, Pakistan

E Ticona, National Tuberculosis Programme, Peru

D Weil, World Bank, Washington DC, USA

### Annex 2 The 2<sup>nd</sup> ad hoc committee's report: consultative process and timetable

- (1) In March/April 2003, the DEWG secretariat in the WHO Stop TB Department will prepare an outline and then a first draft with input from all the *ad hoc* committee members.
- (2) The DEWG secretariat will present the initial outline to the members of the TB subgroup of Task Force V of the MDGs Project and to the Stop TB Partnership Coordinating Board at their respective meetings in Brasilia in early April 2003, before circulating a draft report to the Core Group of the DEWG and other selected individuals.
- (3) In Spring and Summer 2003, the secretariat will convene a series of four consultations involving selected groups of public health experts for input in areas beyond the current more specific TB scope of the Stop TB Partnership (including primary care, human resources, social mobilisation and expanding the Partnership).
- (4) In June 2003 WHO's Strategic and Technical Advisory Group on TB (STAG TB) will review the next draft.
- (5) In September 2003, the *ad hoc* committee will meet to finalise its report, taking into consideration the outcomes of the series of four preceding consultations.
- (6) In October 2003, the secretariat will circulate the final draft to all high-burden countries and present the report at the 4<sup>th</sup> DEWG meeting in the Hague, for final endorsement by countries and all partners.
- (7) In late October 2003, the secretariat will distribute and publicise the report at the Stop TB Partners' Forum for broad political endorsement. The report will be one of the products of MDG Task Force V.
- (8) In 2004, the report may form the basis for revisiting the Global Plan to Stop TB as part of the MDG Task Force V initiative.