WHO-EM/TUB/249/E

شراكة حرس السل

Framework for the Eastern Mediterranean

# Partnership to STOP TB

World Health Organization

Regional Office for the Eastern Mediterranean


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Partnership to **Stop TB**

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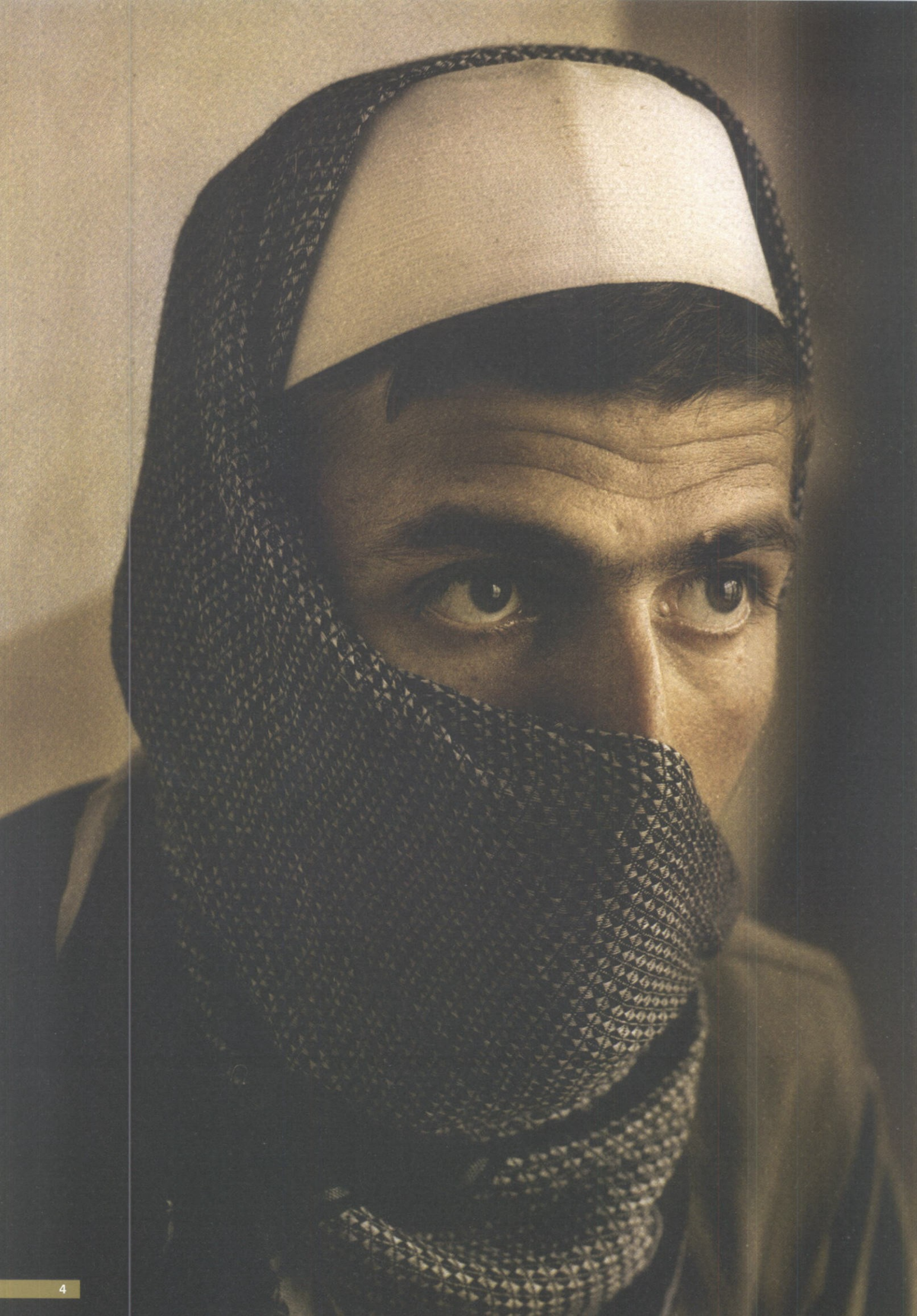
# Contents



# Introduction

Tuberculosis (TB) is a major public health problem in countries of the Eastern Mediterranean Region[1]. Each year in the Region, 112 000 people die of tuberculosis unnecessarily. Increasingly, it is recognized that national efforts alone are not sufficient to stop tuberculosis: there is crucial need to involve more partners from within and outside the Region to combat this serious public health and developmental problem.

In recognition of the growing need for wider partnership to Stop TB, in 2006 the WHO Regional Office for the Eastern Mediterranean together with the countries of the Region formulated a preparatory committee to look into establishment of a regional partnership to Stop TB. The committee is composed of high-profile health experts and former health ministers from the Region (Annex 1). At the first meeting of the preparatory committee, organized on 10 January 2007, the committee strongly endorsed formation of the Eastern Mediterranean Partnership to Stop TB and developed a set of recommendations and next steps (Annex 2).

This framework document for the Eastern Mediterranean Partnership to Stop TB was developed in follow-up to a recommendation of the preparatory committee. It describes why the Partnership is needed, what it aims to achieve and how the Partnership will function. It is intended to help raise the awareness of existing and potential partners on the importance of participating in the Eastern Mediterranean Partnership to Stop TB.

[1] The 22 countries of the Eastern Mediterranean Region are Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

# Background

Good progress has been made in expanding tuberculosis care based on the WHO-recommended strategy, widely known as DOTS, in countries of the Eastern Mediterranean Region. The regional average treatment success rate, 83%, reflects the high quality efforts of national tuberculosis control programmes. In the past decade (1996–2005), 2 million tuberculosis patients were cured in the Region. However, national tuberculosis programmes are not reaching all patients—in 2005 almost 300 000 patients were missed. Moreover, around 300 people in the Region still die of tuberculosis every day. The low case detection rate, 44%, and the stagnation in progress are of great concern.

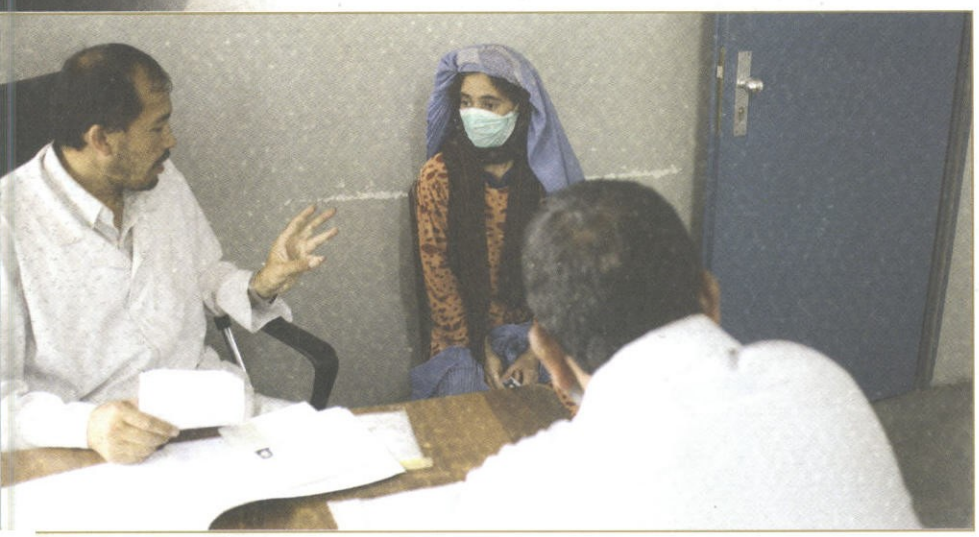
Causes of low case detection are complex. The quality of tuberculosis care is not high in many countries. For example, laboratory diagnosis is not always extensive or accurate. This is because of incomplete development of the laboratory network and incomplete introduction of quality assurance systems.

Health care providers in the private and public sectors are not fully involved in tuberculosis care. The Stop TB strategy and international standards for tuberculosis care have not been fully adopted by these care providers. Care for patients with suspected tuberculosis is not yet well established. Many patients who have tuberculosis-like symptoms do not receive appropriate diagnostic care, and thus are not diagnosed with tuberculosis and do not receive tuberculosis treatment.

Complex emergencies are also an important challenge in the Region. Countries that suffer from a high burden of tuberculosis are more often those under conflict. Afghanistan, Iraq and Sudan have low case detection rates because in many areas of these countries, tuberculosis care is not accessible due to security issues.

Drug-resistant tuberculosis was found in all 8 countries of the Region that have conducted tuberculosis drug resistance surveys[2]. Multidrug-resistant tuberculosis (MDR-TB) was found among new tuberculosis cases in 7 out of the 8 countries, ranging from 0.8% in Qatar to 9.1% in Jordan. No concrete data are yet available in the Region with regard to extensively drug-resistant tuberculosis (XDR-TB); however, a study in the Islamic Republic of Iran indicated the presence of XDR-TB in the country. The HIV/AIDS epidemic has started to have an impact on tuberculosis in the Region.

[2] Drug resistance surveys were conducted in Egypt, Jordan, Lebanon, Morocco, Oman, Syrian Arab Republic, Tunisia and Yemen.



In Djibouti and Sudan, which are in the generalized epidemic stage of HIV, HIV seroprevalence is estimated at 16% and 9% among tuberculosis patients, respectively. The data are still limited, but around 7500 tuberculosis patients are estimated to be infected with HIV in the Region.

In order to alleviate the suffering, and to achieve the tuberculosis-related targets of the Millennium Development Goals[2] and the Global Stop TB Partnership by 2015, the quality and level of effort required to Stop TB must be increased by an order of magnitude. Other current challenges must also be addressed, including the threat of XDR-TB.

In the next ten years, we will need to treat at least 3.6 million tuberculosis patients plus an additional 48 000 patients with MDR-TB and 36 000 tuberculosis patients that are co-infected with HIV. By doing so, we can prevent 800 000 deaths. The total estimated cost of this large expansion and acceleration to stop TB in the Region, in the period from 2006 to 2015, is US$ 3.1 billion.

[3] Millennium Development Goal No. 6, Target 8: Have halted by 2015 and begun to reverse the incidence of tuberculosis.



# Rationale and challenges

## Rationale

Control of tuberculosis requires a multidisciplinary approach. The scale-up of tuberculosis control activities cannot be achieved solely by national tuberculosis programmes, the traditional player in tuberculosis control. National tuberculosis partnerships need to be extended to nongovernmental sectors and civil society and strengthened to complement and contribute to existing coordination mechanisms. National efforts should be coordinated with and supplement WHO's renewed commitment to primary health care and community participation.

The Eastern Mediterranean Partnership to Stop TB will support and strengthen national efforts. The preparatory committee for the establishing the partnership was formulated at the Regional Office in 2006. In its first meeting in January 2007, the committee emphasized that the establishment of regional partnerships will strengthen tuberculosis control through engaging partners and communities at the national and local levels.

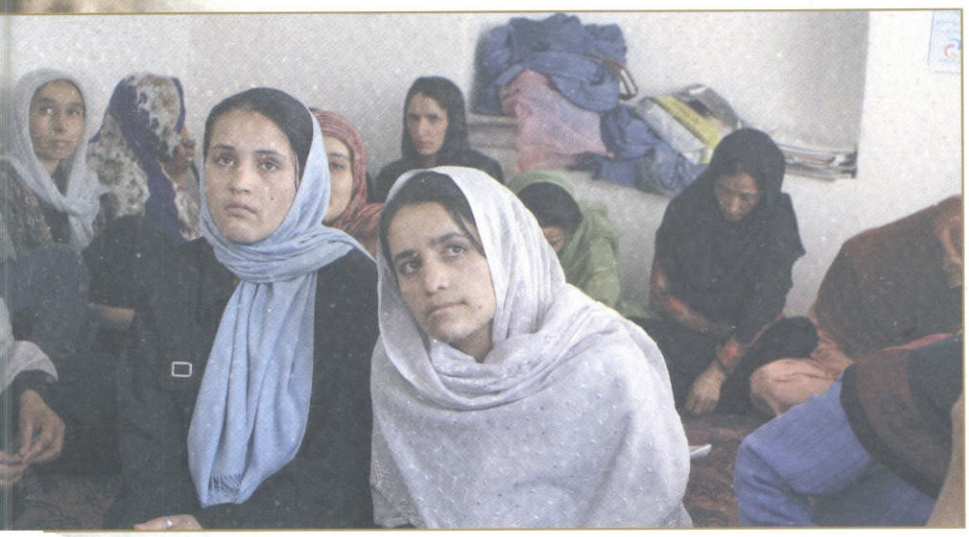
There is strong unity among countries of the Region. The Partnership provides an opportunity to capitalize on this unity and engage the influential stakeholders in the Region who are not yet involved in efforts to Stop TB.

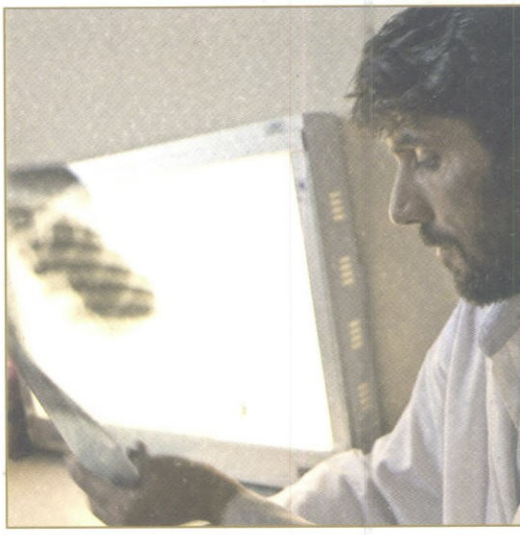
## Challenges and opportunities

The preparatory committee identified a number of key issues that need to be addressed through the regional partnership.

- Tuberculosis is not regarded as a high priority in comparison with other issues in the health sector, and is not currently recognized as a priority among many stakeholder groups including communities, nongovernmental organizations, donors, professional associations, academia, mass media and policy-makers.

  - Conducting advocacy among stakeholders in the Region will reinforce the importance of efforts to Stop TB and encourage support for implementation of the Stop TB strategy.





- Weaknesses in health systems represent obstacles to the full implementation of the Stop TB strategy. These health system weaknesses extend to health care providers outside the national tuberculosis programme.

  - Tuberculosis care for all requires mechanisms for partnership, specifically with the private sector,the community and organizations working in complex emergencies and with mobile populations regional partners will coordinate Stop TB action in those areas.

- Resource constraints, including human and financial, are limiting the capacity of countries to implement the Stop TB strategy.

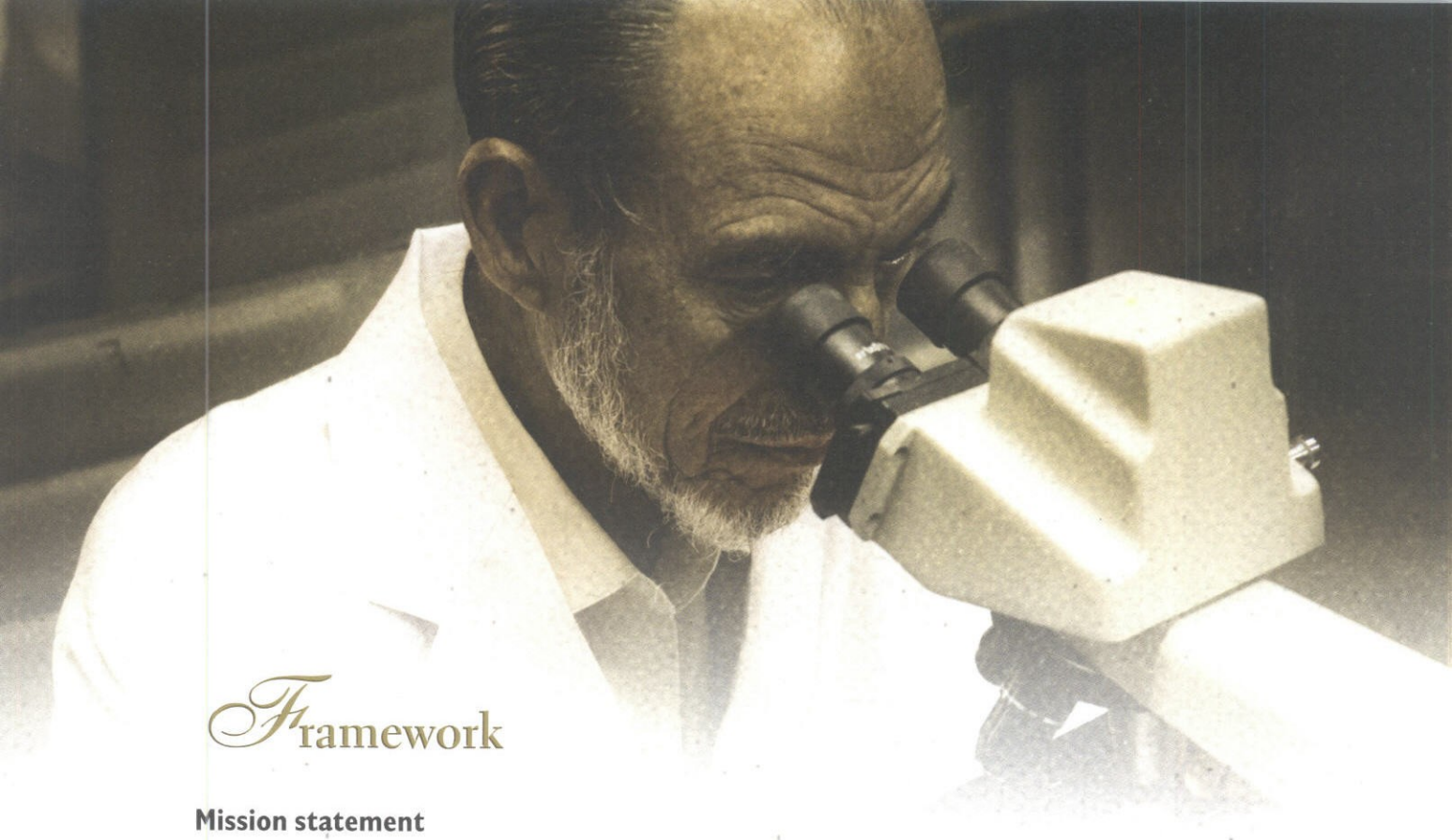
  - Region-wide advocacy and resource mobilization will tap influential stakeholders for funding, technical assistance and human resources, all of which will be directed towards expanding country implementation of the Stop TB strategy.

- National plans are often limited to the national health programmes, and do not include other key stakeholders.

  - Inviting partners to join Stop TB will enhance resources for national partnerships and encouragenational tuberculosis programmes to engage communities, nongovernmental organizations and the private sector.

- There is risk of complacency among national tuberculosis programmes following a period of rapid DOTS expansion.

  - Added resources brought in through stakeholders will create demand for country-level action and push national progress.



# Framework

## Mission statement

### Vision

The first children born in this millennium in the Region will witness the elimination of tuberculosis in their lifetime: that is, a Region free of tuberculosis by 2050.

### Mission

- Ensure that every tuberculosis patient has access to effective and high quality diagnosis, treatment and cure.
- Stop transmission of tuberculosis.
- Reduce the inequitable social and economic toll of tuberculosis.

### Targets

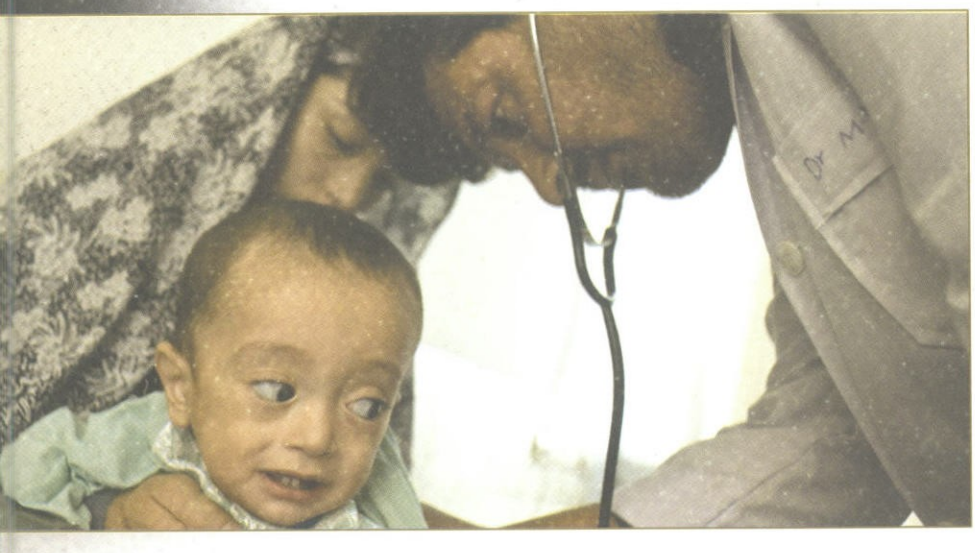
- By 2010: 70% of people with infectious tuberculosis will be diagnosed and 85% of them cured.
- By 2015: The regional burden of tuberculosis disease (deaths and prevalence) will be reduced by 50% relative to 1990 levels.
- By 2050: The regional incidence of tuberculosis disease will be less than 1 per million population (elimination of TB as a regional public health problem).

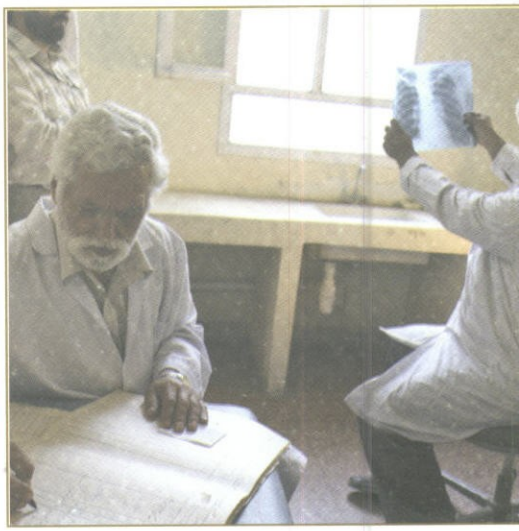
## Goal

As a regional-level entity, the Eastern Mediterranean Partnership to Stop TB will empower national partnerships and accelerate progress against the tuberculosis epidemic. It will promote public awareness and ensure full funding and implementation of the Global Plan to Stop TB 2006–2015 in the countries of the Region.

## Objectives

- Empower and promote national and regional partnerships and improve coordination between partners for regional initiatives.
- Increase and coordinate technical and financial resources to support countries in implementing national control plans through close collaboration with the national tuberculosis programme and the national partnerships.
- Create greater public and political commitment and investment in Stop TB, addressing the gaps in implementing the regional plan to Stop TB, towards a sustainable and constant flow of financial and human resources from within and outside the Region.





- Enhance public awareness and understanding of tuberculosis, its burden, prevention and management.
- Develop innovative donation mechanisms that will be of direct benefit to tuberculosis patients and their families.

### Expected outcomes

- Functional national partnerships in all countries of the Region by 2008.
  - Partners involved in national implementation.
  - Greater tuberculosis awareness, more involvement of tuberculosis patients.
- Case detection rate of 70% and treatment success rate of 85% by 2010.
  - Tuberculosis care for all—by engaging partnership mechanisms of service delivery (private sector/practitioners, humanitarian sector, community-based care).
- Sustainable financing to meet the US$ 3 billion required to Stop TB in the Region by 2015.
  - Funding from additional sources.
  - High Region-wide political commitment to Stop TB.

### Indicators of success[4]

- Number of partners involved in the Partnership and the variety of partners representing constituencies.
- Number of public figures identified with and speaking out for tuberculosis control.
- Amount of funding increased from sources targeted by the Partnership.
- Number of political endorsements of the Partnership and a "call to Stop TB".
- Number of patients and families benefiting from the Partnership donation mechanism.

The Partnership will also be measured by country successes that can be attributed to partnership, such as the number of functioning national partnerships, qualitatively measured during review of the national tuberculosis programme.

### Structure, process, mode of operation

#### Overview

The Partnership is a movement to Stop TB in the Region through coordinating joint planning and action. The Partnership includes representatives of countries of the Region, affected communities, technical agencies, multilateral agencies, donors, media, private sector, businesses, industry, academia, nongovernmental organizations, etc. The organizational structure is shown in Figure 1.

[4] Success of the Eastern Mediterranean Partnership to Stop TB will be measured in 2010 by qualitative analysis as a mid-term evaluation.

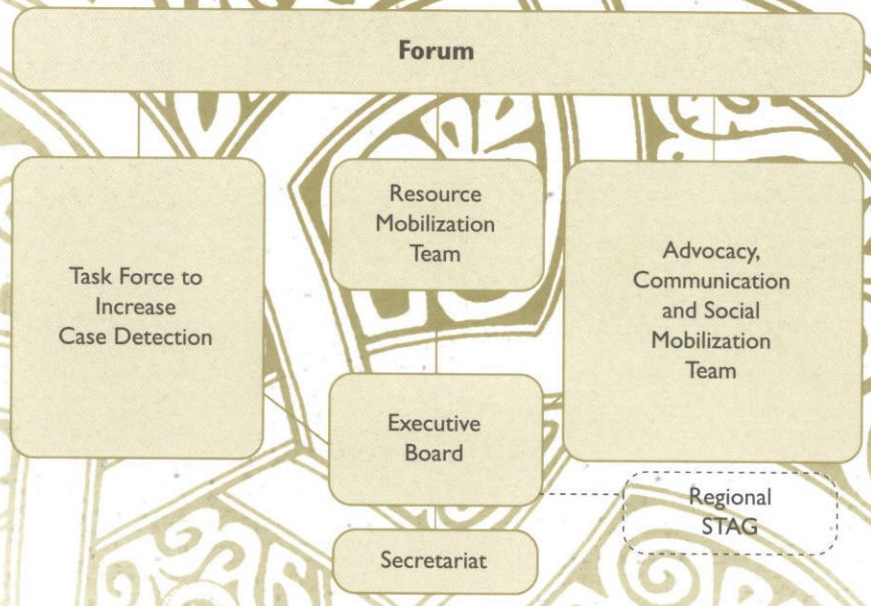



**Figure 1. Organizational structure of the Eastern Mediterranean Partnership to Stop TB**

Potential partners must agree to the Partnership goals. Provided that there is no conflict of interest, individuals or institutions interested in supporting Stop TB can actively join the Partnership either through registering online or contacting the Board directly. Partners can support Stop TB in the Region by: a) supporting action to Stop TB at country level; b) collaborating through thematic working groups; and c) contributing resources. Partners will receive regular information and updates on progress.

### Partnership Forum

The Partnership Forum facilitates exchange of information on progress, problems and challenges to Stop TB in the Region. Partners will be invited to meet in person in the Partnership Forum every two years, linked to the national tuberculosis programme managers' meeting. Steps will be taken to ensure balance in the representation of all constituencies and countries in the Forum.

### Executive Board

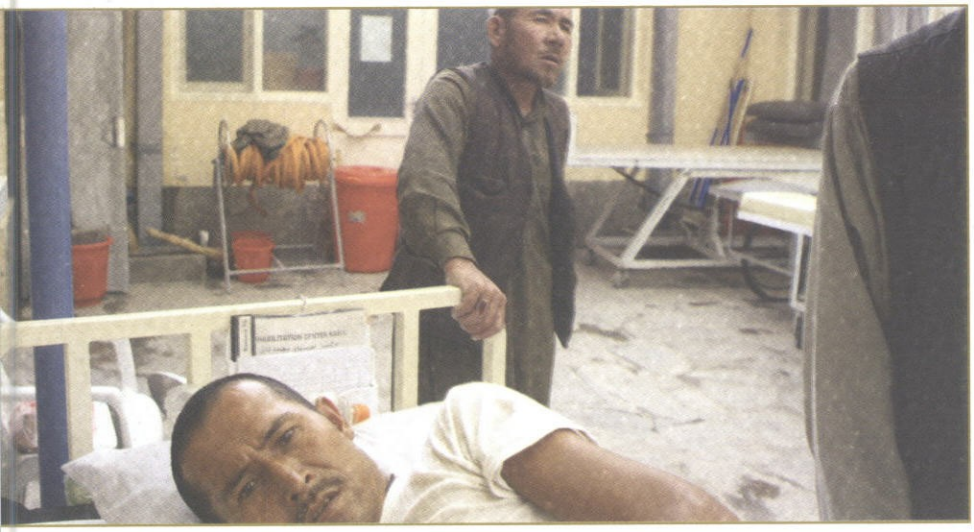
The Executive Board is the Partnership's governing body and comprises representatives of the Partnership's core constituencies.

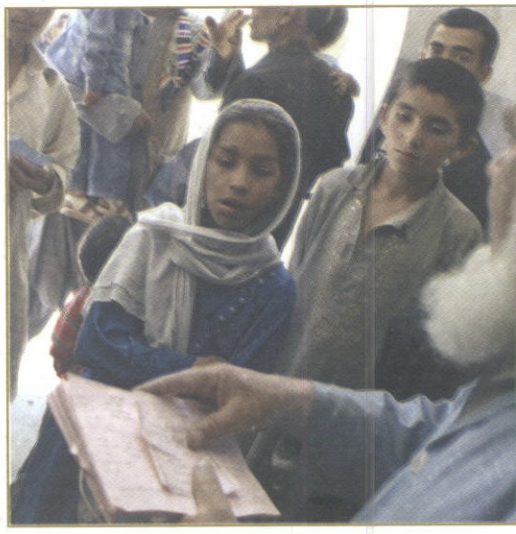
- **Main functions:** a) formulate regional priorities for action by the Partnership;b) approve and monitor the work plan and budget of the Partnership Secretariat; and c) coordinate resource mobilization for activities and financing mechanisms of the Partnership and tuberculosis control in the Region.

- **Chair:** a Chairperson will be elected by the Executive Board from among its members and will serve for a term of two years. The Chair will preside over the Executive Board sessions.

- **Composition:** the Executive Board consists of core constituencies (maximum 15 members) with an active role in coordinating and chairing partnership initiatives:

  - Countries of the Region
  - Affected communities
  - Multilateral agencies
  - Donor organizations
  - Media
  - Public figures from the regional leaders
  - Technical agencies (in charge of the Task Force to Increase Case Detection)





- Professional medical associations
- Humanitarian sector/nongovernmental organizations
- Academic institutes
- Business/industry
- One of the Executive Board members should be the regional representative to the Stop TB Coordinating Board.

The initial Board members will be nominated in consultation with partners and the Preparatory Committee, and will be appointed by the Regional Director. The Board members will serve for a period of 2 or 3 years as appropriate.

- **Accountability and working relationships:** the Executive Board responds to the Partnership through reporting comprehensively to each meeting of the national tuberculosis programme managers and Partnership Forum. In between such meetings, the Executive Board, through the Partnership Secretariat, will maintain a programme of frequent, high-quality information exchange, including reports on Board meetings, with all partners and the public at large. Decisions of the Board will be based on majority voting.

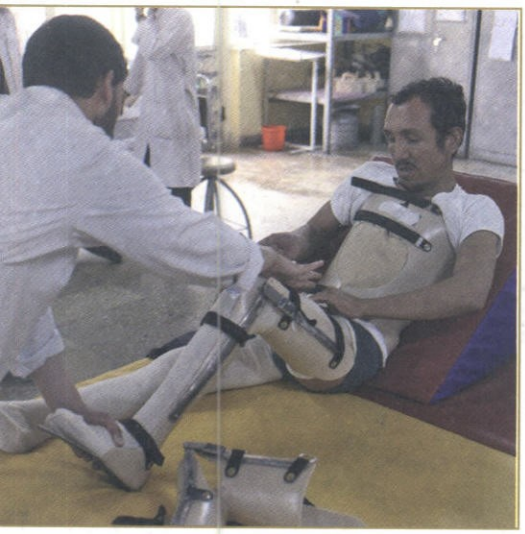
- **Frequency of meetings:** the Executive Board should meet physically at least once a year.

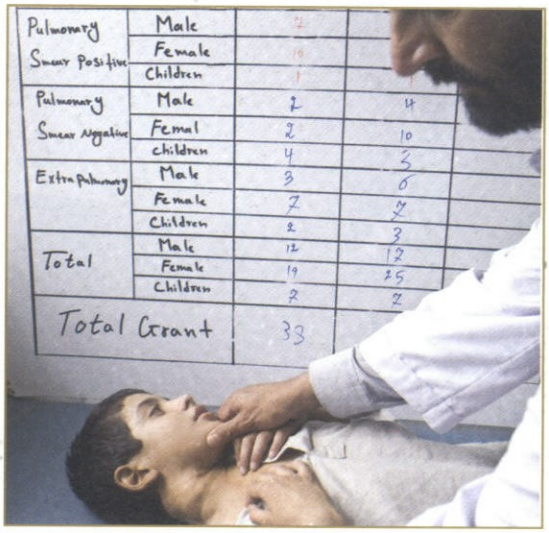
### Secretariat

The Partnership Secretariat is hosted within the WHO Regional Office for the Eastern MediterraneanUntil established, the Stop TB Unit in the Regional Office will serve as the interim Partnership Secretariat.

- **Main functions:** a) prepare and organize meetings for the Executive Board and other Partnership activities as appropriate; b) assist the Executive Board in developing policies and initiatives for the Partnership; c) coordinate the work of partners in implementing the Partnership action plan working groups; d) support partners' information exchange through communication mechanisms (website, newsletter, mailing lists, etc).

- **Composition:** the Secretariat requires a full-time senior coordinating officer, communications officer and secretary. Staff will be appointed by the Regional Director in consultation with the Executive Board.






### Task forces and teams

The Partnership's priorities are coordinated through and addressed by task forces and teams to create synergy and value added to actions taken in pursuit of the aims of the Partnership.

- The Task Force to Increase Case Detection is composed of experts in tuberculosis control, including national tuberculosis programme managers, technical agencies, nongovernmental organizations, etc. The task force(s) will address the challenge of increasing the case detection rate in the Region as will be outlined in a joint activity plan.

- The Advocacy, Communication and Social Mobilization Team is composed of experts in communication, media, business, nongovernmental organizations, etc. The team's main function is to advocate for giving higher priority to tuberculosis control, promote greater awareness of the social, economic and political aspects of the regional tuberculosis epidemic, and engage and empower the tuberculosis-affected communities.

- The Resource Mobilization Team is composed of regional leaders supported by experts in resource mobilization, law and finance. The team will identify innovative finance mechanisms to raise the needed US$ 3 billion for 2006–2015 tuberculosis control plan and increase resources for specific regional initiatives.

- Terms of reference of task forces and teams will be approved by the Executive Board.

- If required, other task forces may be established to deal with certain topics (e.g. XDR-TB or TB elimination).

# Launching strategy and time-frame

1. Draft the Framework for the Partnership. The secretariat to the preparatory committee will prepare a draft framework document that includes preliminary structure, composition, and plan for establishing the Partnership, including a launch strategy. This draft will be completed by March 2007.

2. Engage in a broad consultative process. The Draft Framework will be widely disseminated for feedback and input through email to national tuberculosis managers, STAG members, existing partners and potential new partners in the Region. The Framework will be amended based on the input.

3. Finalize the Framework. The final revised Draft Framework will be cleared by the preparatory committee, and put forward to the Regional Director for the Eastern Mediterranean (July 2007).

4. Submit the Framework for endorsement. The Regional Director will present the Framework to ministers of health of countries of the Region during the Fifty-fourth Session of the Regional Committee for the Eastern Mediterranean (October 2007).

5. Develop a workplan. Develop a detailed workplan for the launch of the Partnership, including mapping of potential partners and identification of potential Executive Board members.

6. Launch the Partnership. The date of the launch of the Partnership will be decided by the Regional Director in consultation with the preparatory committee.

# Annexes

## 1. Members of the Preparatory Committee for establishing the Eastern Mediterranean Partnership to Stop TB

**Dr Abdul Rahman Al Awadi**
President
Islamic Organization for Medical Sciences
Kuwait
Kuwait

**Dr Mohamad Eyad Chatty**
Chatty Laboratory
Damascus
Syrian Arab Republic

**Dr Faizullah Kakar**
Deputy Minister
Policy, Planning and Preventive Care
Ministry of Public Health
Kabul
Afghanistan

**Mr Ejaz Rahim**
Secretary Cabinet
Cabinet Division
Government of Pakistan
Islamabad
Pakistan

**Dr Mohamed Awad Tag El-Din**
Chief of Temporary Committee of ACDIMA Company
Communication Specialist, Cairo University
Cairo
Egypt

**Professor Ali Akbar Velayati**
Director
National Research Institute of TB and Lung Diseases
Teheran
Islamic Republic of Iran

## 2. Conclusions and recommendations of the first meeting of the Preparatory Committee for establishing the Eastern Mediterranean Partnership to Stop TB

10 January 2007

### Preamble

The Committee members acknowledge the progress made in DOTS expansion and the achievement of 82% treatment success rate thanks to the efforts of the national tuberculosis programmes. However, concerns were expressed regarding the low case detection rate of 42% and the lack of further progress. The burden of disease continues to be high in the Region. At current levels, efforts to reach the tuberculosis-related target of the Millennium Development Goals will not be successful. The level of effort to Stop TB must increase by an order of magnitude. This scale-up cannot be achieved by the national tuberculosis programmes alone; national and regional partnerships have been included in the regional scenario in the Global Plan to Stop TB 2006–2015. The Committee supports the establishment of these partnerships and reaffirms their potential value.

### Recommendations

1. Establishment of a regional Stop TB partnership is strongly recommended because of the value it can add to efforts to achieve the global targets for tuberculosis control.
2. The main focus of the regional partnership should be to support national efforts for tuberculosis control. To achieve this, the regional partnership will promote the formation of national partnerships and will connect, coordinate and advise them and provide a means of projecting relevant national issues to regional level.
3. The functions of the regional partnership should be defined by the current needs in tuberculosis control, such as the need to raise awareness on tuberculosis and mobilize resources.
4. A framework document should be developed for the regional partnership that includes the structure, legal status and membership of the partnership, and a clear statement of its mode of operation, including terms of reference.
5. A full time secretariat should be established for the regional partnership and housed within the Regional Office.
6. The regional partnership should include representatives of national partnerships, national tuberculosis programmes, independent experts, nongovernmental organizations, donors, academia, celebrities, media, communities and patients, social workers, financial institutions, and others.
7. The Global Partnership should be represented in the regional partnership.

For more information contact
World Health Organization, Regional Office for the Eastern Mediterranean,
PO Box 7608, Nasr City, Cairo 11371, Egypt
(tel: +202 2 670 2535, fax: +202 2 670 2492; www.emro.who.int/stb).
(fax: +202 2 276 5400; email: stb@emro.who.int).