South-East Asia Regional Technical Working Group on Tuberculosis

Report of the fifth meeting
New Delhi, India, 28–29 April 2014

World Health Organization
Regional Office for South-East Asia

SEA-TB-355
Distribution: General

South-East Asia Regional Technical Working Group on Tuberculosis

Report of the fifth meeting
New Delhi, India, 28–29 April 2014

World Health Organization
Regional Office for South-East Asia

Printed in India

Contents

Acronyms

CSO	civil society organization
DOTS	directly observed treatment, short-course
IPT	isoniazid preventive therapy
ISTC	International Standards for Tuberculosis Care
MDG	Millennium Development Goal
MDR-TB	multidrug-resistant tuberculosis
NGO	nongovernmental organization
NTP	national TB control programme
PPM	public–private mix
STAG-TB	Strategic and Technical Advisory Group for Tuberculosis
TB	tuberculosis
TWG-TB	Technical Working Group on Tuberculosis
WHO	World Health Organization

1. Introduction

Tuberculosis (TB) remains one of the major public health concerns in the South-East Asia Region of the World Health Organization (WHO). With an estimated 4.8 million prevalent cases and about 3.4 million incident cases in 2012, the Region continues to carry about 39% of the global burden of TB. Five of the 11 Member States in the Region are among the 22 high-burden countries, with India alone accounting for about 25% of the world's incident cases. Most cases continue to occur among young adults, particularly in the most economically productive age group of 25–34 years. Males are disproportionately affected: the male-to-female ratio was 2.0 among all new smear-positive TB cases detected for the year 2012 in the Region, and it was 2.9 among cases older than 45 years.

The burden of TB in the Region includes an estimated 90 000 cases of multidrug-resistant TB (MDR-TB). Furthermore, in 2012, almost 16 000 patients with MDR-TB were registered for treatment in the Region, while more than 19 000 were diagnosed. Although very steady progress has been observed, these numbers illustrate the need for urgent and significant expansion in the scale and scope of the TB control activities and full implementation of World Health Assembly resolution WHA62.15 *Prevention and control of multi-drug resistant tuberculosis and extensively drug-resistant tuberculosis*.

While the incidence and prevalence rates in Member States in the Region are slowly decreasing, the absolute number of TB cases remains high due to population increases, posing continued challenges to health systems in Member States. An estimated 1.2 million TB cases out of an estimated 3.4 million cases are NOT notified, leading to continuous spread of disease and unnecessary suffering for the individuals. An estimated 450 000 people in the Region died from TB in 2012, illustrating that universal access to quality-assured diagnosis and treatment for all persons with TB is not yet ensured.

The Millennium Development Goals (MDGs) and Stop TB Partnership goals and targets of reducing the prevalence and death rates by 50%,

compared with their levels in 1990, are likely to be met from a Regional perspective by 2015 if progress to date is maintained and scaling up of implementation of prevention and control activities is ensured.

While progress continues to be made, national TB control programmes (NTPs) still face a number of challenges that relate to uncertainties regarding sustainable financial and operational resources, limited technical and management capacity, weak procurement and supply management mechanisms, and national laboratory networks. These uncertainties, in turn, are slowing the planned expansion of early and enhanced case detection and interventions for HIV associated TB and drug-resistant TB. Though collaboration with other health-related departments, as well as other sectors, is steadily increasing, the provision of care by all health care providers is not sufficiently linked to national programmes to make an impact at the national level. Weak public health services, with problems related to staffing, skills and resources, as well as low community awareness and utilization of services, hamper the uptake of services. It is becoming increasingly recognized that attention needs to be paid to addressing the social, economic and behavioural determinants that impact TB if national efforts to combat TB are to succeed in the longer term.

Meetings of the NTP managers have been held periodically since the beginning of the scale-up of the directly observed treatment, short-course (DOTS) strategy in the Region. These meetings have, in a steadfast manner, provided a strategic forum for exchange of information on existing and new innovative approaches being applied in Member States, and for discussions on technical issues, and they have followed up on actions taken on the recommendations of previous meetings. These have resulted in valuable advice for developing policies, strategies and plans for implementation of TB control interventions in Member States in the coming year, including contributions by WHO and partners. The last meeting was held jointly with partners in 2013.

Several technical and policy level meetings have been held in the past 2 years, and several guidelines relating to various aspects of TB control have been updated, particularly during 2012 and 2013, through extensive consultations within WHO at all three levels and with technical partners. The most significant of these is the draft post-2015 global TB strategy framework. This work has been undertaken in response to deliberations in May 2012, when Member States at the Sixty-fifth World Health Assembly requested the Director-General to submit a comprehensive review of the

global TB situation to date, and to present new multisectoral strategic approaches and new international targets for the post-2015 period to the Sixty-seventh World Health Assembly in May 2014, through the Executive Board. The work to prepare this has involved a wide range of partners providing substantive input into the development of the new strategy, including high-level representatives of Member States, NTPs, technical and scientific institutions, financial partners and development agencies, civil society organizations (CSOs), nongovernmental organizations (NGOs), and the private sector. The draft framework was presented and endorsed at the WHO Executive Board meeting in January 2014.

In June 2013, the thirteenth meeting of the Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) was held in Geneva to review and advise WHO on global TB control policies, strategies, innovations, WHO technical support, and work in support of the implementation of the Stop TB Strategy in Member States. Recommendations were provided on critical areas of WHO work, including: development of a post-2015 TB strategy and targets, Xpert MTB/RIF roll-out and updated policy guidance preparation, rational introduction of new drugs, revision of the International Standards for Tuberculosis Care (ISTC), scale-up of MDR-TB response, guidance on treatment of latent TB infection, and TB and migration. A pre-STAG-TB consultation was held on 10 June 2013 to inform the research pillar of the post-2015 TB strategy.

In 2000, the Regional Office established the South-East Asia Regional Technical Working Group on Tuberculosis (TWG-TB) composed of technical experts within and outside the Region. Meetings of the TWG-TB were held in 2004, 2006, 2010 and 2012; a meeting of experts on MDR-TB was held in 2008. The guidance provided by the working group through these deliberations has contributed significantly to the successful deployment of appropriate strategies and interventions for TB control in countries of the Region. The Regional Green Light Committee, which was established in 2012, has also made several significant contributions in the areas of policy and strategy, especially for drug-resistant TB.

During the deliberations at the meeting of the Regional NTP managers and partners held in September 2013, it was felt that further guidance was required from the Regional TWG-TB on these newer programme directions and guidelines, in particular the post-2015 global TB strategy framework, and the scale-up of specific components of the strategy in the specific context of the countries of the Region.

2. Opening session

General objective of the TWG-TB meeting:

- provide clear guidance on new policies and strategies for TB prevention, care and control in countries of the Region.

Specific objectives of the fifth meeting:

- review progress and identify challenges and constraints in implementing activities based on recommendations in the last TWG-TB meeting (2012) in the countries of the Region;
- review and discuss the proposed new post-2015 global TB strategy framework;
- provide guidance on adopting and applying the revised WHO policies and guidelines in order to more comprehensively address them in the specific context of countries in the Region, in particular the involvement of all care providers and paediatric TB;
- provide technical guidance on identification of the specific need of technical support from WHO and other partners in relation to the activities proposed for the 2014–2015 biennium in the countries of the Region.

The agenda of the meeting is provided in Annex 1 and the list of participants in Annex 2.

The meeting was opened by the Regional Adviser for TB, on behalf of Dr Rajesh Bhatia, Director, Department of Communicable Diseases, who was unable to attend the opening. Dr PR Narayanan served as the chairperson of the meeting. Each TWG-TB technical session began with an introductory presentation by a WHO staff member. Each presentation was followed by an open discussion, and conclusions and recommendations were made by TWG-TB members. Recommendations were summarized and discussed on the second day of the meeting. The draft report was circulated to all TWG-TB members and revised based on feedback.

3. Technical sessions with conclusions and recommendations

3.1 Review of progress on the implementation of the recommendations made by the South-East Asia Regional TWG-TB during its meeting in 2012

This session provided an overview of the progress on the implementation of the recommendations made by the Regional TWG-TB during its meeting in 2012. The TWG-TB discussed in detail the situation related to management of anti-TB medicines. While no stock-outs were officially reported from any Member State at the point of treatment delivery, observations from country-based partners and technical missions to countries have revealed that both stock-outs and overstocking occur as a result of suboptimal supply chain management. The stock-outs are related to first-line anti-TB medicines, and the overstocking is related to second-line anti-TB medicines in particular.

The Regional TWG-TB:

- **is concerned** that stock-outs are occuring; however they are not acknowledged and officially reported to the NTPs nor by the governments to WHO;
- **recognizes** that many stakeholders are involved in ensuring that a strong supply system is in place, and that it is essential that national drug regulatory systems are further strengthened;
- **acknowledges** that better communication at all levels, as well as sharing of experiences, is essential to improve the supply chain management.

The TWG-TB recommends the following actions:

The Regional Office and World Customs Organization, in collaboration with the Global TB Drug Facility/technical partners (for example, Management Sciences for Health), should provide intensified support to the NTPs to prevent overstocking and stock-outs of all anti-TB medicines. NTPs should:

- calculate the planned patient enrolment one year in advance;
- use adequate (suitable and user-friendly) tools, such as the QuanTB, to quantify medicines required;
- ensure that orders are placed with procurement agencies/manufacturers in a timely manner and on a regular basis, taking into account the lead time necessary to complete the procurement cycle (allow 6–9 months);
- ensure monthly monitoring and analysis of current stock levels, medicines pending delivery, the planned patient enrolment versus the actual patient enrolment, and the impact that changes in planned patient numbers have on medicines required;
- take corrective action, based on the monthly analysis above, to ensure that no medicines are overstocked or stocked-out;
- further strengthen communication between all levels of the supply system;
- review progress during the upcoming meeting of NTP managers and include a presentation on suitable and user-friendly tools.

3.2 Review of recommendations of STAG-TB in 2013

The session provided an overview of recommendations made by STAG-TB made during its meeting in 2013. STAG-TB discussed the following topics:

(1) Xpert MTB/RIF roll-out and updated policy guidance preparation;

(2) rational introduction of new drugs, and implementation of new guidance on the use of Bedaquiline in MDR-TB and extensively drug-resistant TB;

(3) revision of ISTC;

(4) steps in support of scale-up of MDR-TB response;

(5) plans for scoping for guidance on treatment of latent TB infection;

(6) development of a proposed post-2015 TB strategy and targets;

(7) WHO actions at all levels in responding to issues related to TB and migration.

The report of the thirteenth meeting of STAG-TB is available at http://www.who.int/tb/advisory_bodies/stag/en/.

3.3 Global strategy and targets for TB prevention, care and control after 2015

The session provided an overview of the process for the development of the post-2015 global TB strategy and targets, and its current status and content in the Region.

In May 2012, the Sixty-fifth World Health Assembly asked WHO to develop and present a post-2015 global TB strategy and targets at the Sixty-seventh World Health Assembly in 2014. In preparation, WHO developed and presented technical papers on *TB epidemiology and targets beyond 2015* and *Approach and draft framework for post-2015 TB strategy* to STAG-TB 2012. STAG-TB recommended WHO to further develop the framework of the post-2015 TB strategy in line with the structure presented to STAG-TB.

WHO developed and presented the framework and the draft post-2015 TB strategy at STAG-TB 2013, which acknowledged the extensive work undertaken to formulate the full strategy document and targets, including the holding of stakeholder consultations. STAG-TB endorsed the overall framework, its three major pillars, its bold vision and its ambitious targets, and the comprehensive document on post-2015 global TB strategy. STAG-TB 2013 supported the plan for finalization and submission of the draft strategy document to the WHO Executive Board and subsequently to the World Health Assembly. STAG-TB noted the challenges and opportunities ahead in: (i) advocacy, global planning and indicator development; and (ii) national planning and adaptation, target-setting, operationalization, and measurement and evaluation of the strategy and its pillars.

In January 2014, the WHO Executive Board at its 134th session considered the report by the WHO Secretariat describing the draft

document *Global strategy and targets for tuberculosis prevention, care and control after 2015*. Many Member States expressed appreciation for the work of the Secretariat in developing the global strategy through consultations with a wide range of partners and stakeholders. In their interventions, several Member States endorsed the global TB strategy after 2015 and supported the ambitious, yet achievable, global targets set therein. The WHO Executive Board endorsed the report by the Secretariat and the accompanying resolution.

The draft document *Global strategy and targets for tuberculosis prevention, care and control after 2015* was discussed at the Sixty-seventh World Health Assembly along with resolution EB134.R4 co-sponsored by 22 Member States. The resolution calls upon all Member States to adopt the post-2015 tuberculosis strategy and targets.

Since the World Health Assembly in May 2014 adopted the Global Strategy and targets for TB prevention, care and control after 2015, WHO will begin preparing guidance for operationalizing the post-2015 global TB strategy in Member States. WHO will support regions and countries in the adaptation and implementation of the strategy. WHO will also provide support to the Stop TB Partnership in the preparation for the post-2015 global plan to stop TB.

The TWG-TB:

- is concerned that despite the significant progress made in the Region towards TB prevention, care and control targets, an estimated 1 million people (in the Region) who develop TB each year will not have their disease detected or will not receive appropriate care and treatment;
- recognizes that significant additional efforts, within and beyond the health sector must be made to address the challenges in TB prevention, care and control beyond 2015; this includes strengthening of the health system, renewed efforts towards universal health coverage, and also addressing the social determinants of health, social protection and overall poverty reduction;
- welcomes the new proposed post-2015 strategy for TB prevention, care and control, and acknowledges that it

represents a paradigm shift for TB prevention, care and control efforts, and that it is making new demands but also providing new opportunities beyond the traditional framework of NTPs:

- the new strategy provides a bold vision of a world without TB, and targets of ending the global TB epidemic by 2035 through a reduction in TB deaths by 95% and in TB incidence by 90% (or less than 10 TB cases per 100 000 population), and elimination of associated catastrophic costs for TB-affected households;
- the new strategy brings a new flexibility with subsequent needs for adaptation at country level, including needs for strategic management, coordination and collaboration within and beyond the health sector;
- the milestones for 2025 and the targets for 2035 set out in the new strategy are very ambitious, posing major challenges but also opportunities. Urgent efforts are needed to put in place and strengthen surveillance and vital registration systems;
- there is an urgent need to share experiences and learn from other sectors and interventions, in particular efforts to manage HIV/AIDS, on how to work effectively in partnerships beyond the health and government sectors;

➢ recognizes that 2014 represents a window of opportunity for the Regional level, countries and stakeholders to prepare for the adaptation and implementation of the new strategy. This will require high-level advocacy as well as engagement of the civil society and affected communities. TB control programmes and key partners need to be proactive in searching for opportunities and active engagement in broader system and structure development within and beyond the traditional health sector, as well as reaching out to explore structures and movements representing opportunities and possibilities for synergies;

➢ acknowledges that intersectional collaboration, while resource intensive and challenging, is essential, and that capacities must be strengthened to facilitate such collaboration; efforts over and beyond current efforts must be made to bring in the private sector, formal and informal, as full and active partners in the implementation of the new strategy.

Recommendations of the TWG-TB (not in order of priority)

(1) The Regional Office works with WHO headquarters, country offices and implementing partners, including patient communities and CSOs, to provide technical support to Member States in adopting and adapting the new strategy, including the development of national targets based on global targets set by the World Health Assembly.

(2) The Regional Office develops an advocacy package to inform and support political commitment at regional and country level for the adaptation of the new strategy.

(3) The Regional Office organizes a regional consultation involving WHO headquarters, other United Nations agencies and development partners (for example, The Global Fund, USAID, the World Bank), bilateral organizations, civil societies and other stakeholders followed up with country – or multi-country – consultations to support the development of country targets and relevant strategies in line with the new post-2015 global strategy.

(4) The Regional Office, in consultation with Member States, partners, stakeholders, communities, CSOs and NGOs, ensures that consultations and discussions on the adaptation and implementation of the new strategy are reflected in the upcoming meeting of NTP managers.

(5) The Regional Office, in collaboration with WHO headquarters, urgently explores possibilities of including the adaptation of the new strategy on the agenda of the meeting of the 2014 Regional Committee.

(6) The Regional Office and WHO country offices provide support to Member States, in collaboration with partners and donor agencies, in identifying unsolved issues that could be resolved at country level through operational research.

3.4 Strengthening the involvement of all care providers, including programmatic management of drug-resistant TB in the private sector

The session provided an overview of the situation of the involvement of all care providers, including programmatic management of drug-resistant TB in the private sector in the Region.

Stagnating TB case notifications and delays in diagnosis, causing enhanced disease transmission and spread of MDR-TB, are among the major challenges facing TB control in the Region, as they are in all the regions. The Region bears the greatest proportion of the global burden of TB and has the largest private medical sector. Globally, over a half of the estimated 3 million so-called missed cases are expected to be in the Region, and a large proportion of these are managed in the private sector.

Government commitment, reflected in enhanced resources and support, has helped to strengthen the public sector TB programmes considerably over the last decade. A great deal, however, needs to be done to improve TB care provision in health facilities outside NTPs. These include, for example, public sector institutions such as large general and speciality hospitals, NGOs, private individual and institutional providers, and workplace health services in small, medium and large businesses.

The magnitude of the TB burden managed outside the public sector TB programmes is reflected in the extent of the sale of TB drugs in the retail private market: in India and Indonesia, for example, far more TB drugs are sold in the private sector than are used by the government TB programmes.

In line with a core component of the WHO Stop TB Strategy – engage all care providers through public–public and public–private mix (PPM) approaches – all countries in the Region have been implementing PPM interventions to scale-up involvement of diverse care providers. However, progress within and across countries has been uneven. Medical college involvement in India, hospital-DOTS linkages in Indonesia, private practitioner involvement in Myanmar, and engagement of large NGOs and the small businesses sector in Bangladesh have all contributed impressively to expanding access to quality TB care with adaptable lessons for all countries in the Region. Countries have generally experienced greatest difficulties in engaging the unorganized and unregulated private

practitioners, qualified and nonqualified, who are often the first contact of people seeking care for symptoms of TB. There is also considerable scope for engagement of private providers in the management of drug-resistant TB.

Given the size and the complexity of the problem, the attention, investments and inputs on the part of the NTPs to scaling up even working PPM models have been largely inadequate. The global push to intensify TB case detection has also led to development of innovative models of engaging private providers. Some of these, such as social franchising, have been in place for several years; a newer market-sensitive, social enterprise model has also produced impressive results in some settings.

While collaboration is essential to help non-programme care providers contribute effectively to delivering quality TB care, collaboration alone is not enough to make all care providers follow rational and recommended practices. Regulatory measures also need to be identified and enforced. These include making TB case notification mandatory, enforcing rational use of TB drugs, and setting up certification and accreditation systems to qualify providers for TB care delivery, both to incentivise complying care providers and to discourage noncompliant providers. All countries in the Region need to pay increased attention to strengthening regulatory approaches to help scale-up PPM.

The TWG-TB:

- recognizes and acknowledges that changes in the political and market landscape of countries in the Region have resulted in the presence of a vibrant and heterogeneous private sector that provides diagnostic and treatment services that compete with and are in increasing demand from the local population;
- notes with concern that of the estimated 3.4 million so-called missed TB cases globally, one-third (or about 1 million) are expected to be in countries in the Region; this is despite the efforts that have been made to involve all care providers;
- acknowledges, that the formal and non-formal private health sector is the source of health care for over 60% of the population in the Region, reinforcing the urgency to strengthen partnerships with all sectors for TB prevention, care and control;

- recognizes that, while Member States are taking action through regulation and accreditation, further actions are often needed to enforce implementation; for example, making mandatory notification legally binding for registered and nonregistered providers;
- acknowledges that the engagement of CSOs and NGOs is essential and that this engagement has the potential to be further strengthened;
- recognizes that the collaboration and coordination within the public and private sectors is resource intensive and is concerned that the NTPs currently do not have the capacity to expand activities.

TWG-TB recommends the following (not in order of priority):

(1) The Regional Office supports Member States to identify ways to enhance investments and strengthen capacity of NTPs to address engagement of diverse care providers. Engagement with the private sector requires approaches that are innovative and must be inclusive of this diverse sector in all aspects, including development, testing and piloting new models of engagement, including their regulation and enforcement.

(2) The Regional Office advocates Member States to strengthen the systematic scaling up of PPM interventions in the national strategic plans and concept notes for the Global Fund including:

- optimizing and expanding the engagement hospitals;
- supporting intermediary organizations, such as professional associations or franchising agencies, to involve individual practitioners in TB care and control;
- partnering with the business sector for workplace TB programmes;
- engaging communities, CSOs and NGOs to promote collaboration with private providers and create demand for quality TB care in private facilities.

(3) The Regional Office and country offices provide guidance and support to NTPs to engage with appropriate departments of ministries of health for effective enactment/enforcement of:

- mandatory case notification
- rational use of TB drugs
- certification and accreditation mechanisms for collaboration with:
  - private providers
  - private laboratories
  - private pharmacies.

3.5 Scale-up of the management of TB in children

The session provided an overview of the situation of the management of TB in children globally and in the Region.

Globally at least half a million children become ill with TB each year and up to 74 000 HIV-uninfected children die of TB every year; of those with TB, 70–80% have the disease in their lungs (pulmonary TB). The rest are affected by TB disease in other parts of the body (extrapulmonary TB). In 2010, there were over 10 million orphans as a result of parental TB deaths.

Factors that put children at risk

- Any child living in a setting where there are people with infectious TB can become ill with TB, even if they are vaccinated.
- TB illness in children is often missed or overlooked due to nonspecific symptoms and difficulties in diagnosis, such as obtaining sputum from young children.
- Children with vulnerable immune systems, such as the very young, HIV-infected or severely malnourished, are most at risk of falling ill or dying from TB.

- Infants and young children are at increased risk of developing severe disseminated disease such as TB meningitis or miliary TB, which are associated with high mortality.
- Adolescents are particularly at risk of developing adult-type disease; that is, they are often sputum smear positive and highly infectious.
- Children with TB are often poor and live in vulnerable communities where there may be a lack of access to health care.
- Newborn children of women with TB are at increased risk of contracting TB. Risks are very high for HIV-infected mothers and children.

Key challenges

- TB in children is often missed or overlooked due to nonspecific symptoms and difficulties in diagnosis. This has made it difficult to assess the actual magnitude of the childhood TB epidemic.
- Attention to child TB is rarely included in strategic plans and budgets of ministries of health.
- Systematic screening for TB is not undertaken among children living in households affected by TB.
- Recommendations for provision of isoniazid preventive therapy (IPT) for children under 5 years of age are rarely implemented.
- There is a lack of effective diagnostics that can detect TB in children and appropriate child-friendly fixed-dose combination drugs for treatment.
- The current TB vaccine protects young children against the most severe forms of TB, such as meningitis and disseminated TB disease, but does not prevent transmission from an infectious contact.
- Health workers have insufficient knowledge of child TB diagnosis and management issues.

- There is a need for increased collaboration between health care workers in TB and those in maternal and child health.
- There is lack of community knowledge and advocacy.

Paediatric TB has been included as a component in joint monitoring missions of TB in Member States in the Region. The reports from the joint monitoring missions of Myanmar (2011), India (2012), and Indonesia and Thailand (2013) highlight common issues and challenges. The major issues and challenges are listed below.

(1) The burden of childhood TB is unknown because:

- there is poor understanding of the magnitude of paediatric TB;
- cases of child TB are not being reported by NTPs, because NTPs report mostly age and sex distribution of smear-positive cases; sometimes, there is over-diagnosis based on X-ray only (often related to reporting the primary complex as active disease);
- notification of child TB not broken down into age bands of 0–4 and 5–14 years;
- children with TB are diagnosed and treated outside the TB programme (and not reported by paediatricians and hospitals);
- there is limited systematic monitoring of the burden of TB in children.

(2) National guidelines for paediatric TB are not up to date and are not widely used because:

- there is poor understanding and use of diagnostic algorithms, including the symptom-based screening;
- there is no systematic contact management and IPT;
- there are limited infection control measures in health care settings to protect vulnerable children.

(3) There is lack of NTP collaboration with maternal and child health (MCH) and HIV for paediatric TB, and with paediatricians and hospitals.

(4) There is limited capacity for diagnosis and treatment of children with TB at all levels across all sectors.

The TWG-TB:

- acknowledges that the magnitude of TB in children in the Region is largely unknown, because cases of TB in children are rarely reported, are often treated outside the TB programme in services that are not linked to NTPs (public or private), and, if reported, are not reported in two recommended age bands (0–4 and 5–14 years); this lack of information also makes advocacy directed at policy makers, clinicians and the community a major challenge;
- is concerned that while the situation is slowly changing, issues related to the management of TB in children have been largely neglected at all levels; this neglect ranges from lack of political commitment to non-implementation of existing policies and, for example, to lack of attention to TB in children in national strategic plans, lack of collaboration with other programmes and services managing children, and poor implementation of contact screening and provision of IPT;
- is concerned that TB in children is not visible in global strategies and targets related to maternal and child health; for example, MDG 4 and 5;
- recognizes that the capacity to manage TB in children is low and needs urgent attention;
- is concerned about the lack of availability of paediatric formulations of anti-TB medicines, thereby further complicating the management of TB in children.

TWG-TB recommends that (not in order of priority):

(1) The Regional Office should organize a regional consultation on childhood TB that should link TB programmes with other relevant stakeholders at regional and country levels to develop regional and country roadmaps for scaling up management of childhood TB under the umbrella of MDG 4, 5 and 6.

(2) The Regional Office and WHO country offices, in collaboration with technical partners based in countries, should support NTPs to:

- update and implement childhood TB guidelines in line with WHO policies and recommendations (*Guidance for national tuberculosis programmes on the management of tuberculosis in children*, 2nd edition. Geneva: WHO; 2014);
- implement interventions to improve recording and reporting of TB in children, including introducing reporting formats that allow reporting of all paediatric cases (0–4 and 5–14 years);
- scale-up implementation of policies on management of contacts for confirmed TB patients and appropriate treatment with IPT;
- ensure training of all heath care providers seeing children;
- analyse and address gaps in childhood management through country-initiated operational research.

(3) The Regional Office and country offices should support existing PPM schemes in countries to engage with child health programmes (public and private), nutrition programmes and hospitals to ensure inclusion of issues related to childhood TB in the respective strategies and activities; the Regional Office should support countries to actively engage and involve relevant CSOs in addressing TB in children.

(4) The Regional Office, in collaboration with WHO country offices and partners, should work with the Childhood TB Subgroup and other advocacy groups under the Stop TB Partnership umbrella

on the development of advocacy and media packages at regional and country levels.

(5) The Regional Office/WHO headquarters should strengthen the collaboration with other United Nations agencies/CSOs/partners specializing in children and nutrition to enhance awareness of TB in malnourished children, and joint efforts are needed for appropriate treatment and prevention.

(6) The Regional Office/WHO headquarters should work with countries to identify the projected global demand for new TB paediatric formulations in the next 5 years, using donor funding and domestic funding.

(7) In conjunction with the Global Alliance for TB Drug Development (TB Alliance) and UNITAID, the Regional Office/WHO headquarters should convene a meeting of pharmaceutical manufacturers to discuss projected global demand, identify bottlenecks/solutions, outline timeframes to bring products to the market, and ensure sustainability of demand.

3.6 Framework for the national strategic plan and new funding model and technical support needs for countries in the South-East Asia Region

This session was an information session for the TWG-TB members and observers. The Global Fund has developed a new funding model that will allow it to invest more strategically, engage implementers and partners more effectively, and achieve greater global impact. The funding model incorporates several features that determine the way applicants apply for and receive funding, and then manage their grants. The key features of the new funding model are summarized below.

Flexible timeline	Eligible countries can apply at any point during the 3-year allocation period so that funding aligns with national budgeting cycles and country-specific demands
Simplicity	A more streamlined concept note begins the process of applying for a grant
Shorter process overall	Early feedback aims to reduce the time necessary for approval
Enhanced engagement	The Global Fund engages in ongoing country dialogue with a focus on multi-stakeholder participation, prior to Board approval of grants
Improved predictability of funding	All eligible countries receive an indicative funding amount. The Global Fund Secretariat adjusts these amounts to account for implementers' circumstances

A detailed description of the new funding model can be found at http://www.theglobalfund.org/en/fundingmodel/.

Annex 1

Agenda

- Opening remarks
- Progress in TB control: overview of progress and challenges
- Deliberations on the implications for the Region of the draft post-2015 global tuberculosis strategy framework
- Revised WHO policies and guidelines recommended by STAG-TB, and issues to be addressed for their adoption and application in the context of countries of the Region:
  - strengthening the involvement of all care providers, including programmatic management of drug-resistant TB in the private sector
  - scale-up of management of paediatric TB
- Deliberations of guidance on specific areas and actions required for prioritized need of technical support in the context of resource constraint to ensure sustainability of the achievements made so far
- Key conclusions and recommendations
- Closing remarks

Annex 2

List of participants

Bangladesh

Dr Md Akramul Islam
Associate Director
BRAC Health Programme
Dhaka

India

Dr PR Narayanan
Independent Consultant
Chennai

Dr RV Asokan
National Coordinator (TB)
Indian Medical Association
Hyderabad

Dr Nevin C. Wilson
Independent Consultant
New Delhi

Ms Anushree Mishra
Independent Consultant
Gurgaon, Haryana

Ms Blessina Kumar
Independent Public Health Consultant
New Delhi

Dr T Santha Devi
Independent Consultant
Chennai

Myanmar

Professor Tin Maung Cho
Retired Professor of Medicine
Yangon General Hospital
Yangon

Thailand

Mr Somsak Rienthong
National TB Reference Laboratory
Bureau of Tuberculosis
Bangkok

WHO Collaborating Centre

Dr Prahlad Kumar
Director, National TB Institute,
Bangalore
India

Dr Soumya Swaminathan
Director, National Institute for Research in Tuberculosis
Chennai
India

Dr KK Jha
Director, SAARC TB and HIV/AIDS Centre
Kathmandu
Nepal

NTP Manager as Observer

Dr Dyah Mustikawati
National TB Control Programme Manager
Ministry of Health
Jakarta
Indonesia

WHO Headquarters, Geneva, Switzerland

Dr Malgosia Grzemska
Coordinator, Technical Support Coordination
Global TB Programme

Dr Mukund Uplekar
PPM Coordinator

WHO Country Office

Dr Vikarunnessa Begum
NPO – TB Care, WHO Bangladesh

Dr Asheena Khalakdina
Team Leader CDS, WHO India

Dr Achuthan N Sreenivas
NPO – TB, WHO India

Dr Mohamad Akhtar
Medical Officer – TB, WHO Indonesia

Dr Erwin Cooreman
Medical Officer – TB, WHO Myanmar

WHO Regional Office for South-East Asia, New Delhi, India

Dr Rajesh Bhatia
Director, Department of Communicable Diseases

Dr Md Khurshid Alam Hyder
Regional Adviser – TB

Dr Rim Kwang Il
Medical Officer – TB

Ms Caroline Bogren
Technical Officer – GDF

Independent Consultant

Ms Karin Bergstrom
Geneva
Switzerland

Meeting of SEAR Technical Working Group on TB
SEARO, New Delhi, 28–29 April 2014

The South-East Asia Regional TB Technical Working Group (TWG) provides guidance to the WHO Secretariat on appropriate strategies and interventions for TB care and control in countries of the Region.

During this meeting, the TWG reviewed progress and identified challenges and constraints in implementing activities based on recommendations of TWG meeting (2012) in countries of the Region. The TWG also reviewed and discussed the proposed new Post-2015 Global Tuberculosis Strategy Framework to provide guidance on adopting and applying the revised WHO policies and guidelines in the specific context of countries in the Region, in particular the involvement of all care providers in the management of childhood TB.

World Health Organization
Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatma Gandhi Marg
New Delhi-110002, India

SEA-TB-355