Draft Tuberculosis action plan for the WHO European Region 2016–2020

Introduction

In response to the continuing challenges facing the control of tuberculosis (TB), multidrug- and extensively drug-resistant TB (M/XDR-TB) and HIV/TB, and with The Global Plan to Stop TB 2006–2015 ending this year, an ambitious post-2015 global End TB Strategy has been developed by WHO, which was approved by the World Health Assembly.¹ The strategy, which has three main pillars and several milestones for 2025 and 2035, is summarized in Annex 1.

This year also marks the end of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015. As a first step in continuing progress on M/XDR-TB prevention and care in the European Region, the Regional Office held a series of consultations to define European perspectives on the End TB Strategy. The Regional Office is adapting the global strategy to the regional context and has prepared this draft TB action plan for the WHO European Region covering the period 2016–2020. The plan is based on lessons learned in the implementation of the seven areas of intervention of the Consolidated Action Plan that are applicable to both high-priority and low TB incidence countries. This plan is aligned with Health 2020, the ECDC’s Framework Action Plan, and the WHO-ERS Elimination Plan to fight TB in the European Union.

The long-term vision, which this action plan serves to support, is an end to the TB epidemic with zero affected families facing catastrophic costs due to TB. The main aim of the five-year TB action plan is to prevent transmission of drug-susceptible and drug-resistant TB by ensuring universal access to prevention, diagnosis and treatment of TB and M/XDR-TB in all Member States of the WHO European Region. The targets adapted from the End TB Strategy to be achieved by 2020 are:

- a 35% reduction in deaths due to TB;
- a 25% reduction in the TB incidence rate; and
- a treatment success rate among MDR-TB patients of at least 75%.

This draft TB action plan has six strategic directions and 13 areas of intervention. The strategic directions are cross-cutting and are designed to safeguard the values of the Health 2020 strategy and highlight the corporate priorities of the WHO European Region. The areas of intervention are aligned with the three pillars of the End TB Strategy.

The Secretariat has established an advisory committee with representatives of WHO headquarters, seven Member States (Armenia, Austria, Belarus, Germany, Kazakhstan, the Netherlands and the United Kingdom), technical and funding agencies, civil society

organizations and a former MDR-TB patient. The advisory committee met twice to review the draft TB action plan on 3 October 2014 and 4 March 2015.

The draft TB action plan was also reviewed at a consultation meeting with representatives of 53 Member States and partners on 27 November 2014. The draft action plan, which was additionally revised during the first quarter of 2015, will be reviewed further in a broader public consultation with stakeholders, civil society organizations and communities, and will be finalized during the meeting of national TB programme managers at the end of May 2015. In addition, the Regional Office, in collaboration with technical partners, civil society organizations and Member State representatives, will prepare a monitoring framework for follow-up and reporting to the WHO Regional Committee for Europe every second year on the impact measurements and implementation of the TB action plan and an analysis of strengths, weaknesses, opportunities and threats (SWOT), as well as a cost–benefit analysis. The final TB action plan for the WHO European Region 2016–2020 will be submitted for consideration at RC65 in September 2015.
Outline of the tuberculosis action plan for the WHO European Region 2016–2020

Vision
An end to the tuberculosis (TB) epidemic with zero affected families facing catastrophic costs due to TB.

Goal
To end the spread of drug-susceptible and drug-resistant TB by achieving universal access\(^1\) to prevention, diagnosis and treatment in all Member States of the WHO European Region, thereby contributing to the End TB Strategy goal of ending the TB epidemic.

Targets (to be achieved by 2020)
- 35% reduction in TB deaths
- 25% reduction in TB incidence rate
- 75% treatment success rate among the MDR-TB patient cohort

Strategic directions
- Work towards TB elimination by strengthening health systems response to TB and drug-resistant TB prevention, control and care.
- Facilitate intersectoral collaboration to address the determinants and underlying risk factors of the disease.
- Work in national, regional and international multistakeholder partnerships, including with civil society and communities.
- Foster collaboration for the development and use of new diagnostic tools, medicines, vaccines and other treatment and preventive approaches.
- Promote the rational use of existing resources, identify gaps and mobilize additional resources to ensure sustainability.
- Ensure that the promotion of sound TB ethics, human rights and equity is embedded in all areas of the strategic interventions listed above.

\(^1\) Universal access is defined as evidence-based practices and quality services that are available, accessible, affordable and acceptable by people irrespective of their age, sex, sexual orientation, religion, origin, nationality, socioeconomic status or geographical background.
Areas of intervention

1. Integrated, patient-centred care and prevention
   A. Systematic screening of contacts and high-risk groups
   B. Ensure early diagnosis of TB and universal drug-susceptibility testing, including the use of rapid tests
   C. Ensure equitable access to quality treatment and continuum of care for all TB patients, including drug-resistant TB; and patient support to facilitate patients’ adherence
   D. Collaborative TB/HIV activities; and management of relevant comorbidities
   E. Management of latent TB infection and preventive treatment of persons at high risk; and vaccination against TB

2. Bold policies and supportive systems
   A. Political commitment, including universal health coverage policy with adequate resources
   B. Strengthened health systems including well-aligned financing mechanisms for TB and human resources
   C. Improved regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines and pharmacovigilance
   D. Introduction of a comprehensive infection control programme, including regulated administrative, engineering and personal protection measures in all relevant health care facilities and congregate settings
   E. Community systems strengthening and coordination with civil society
   F. Social protection, poverty alleviation and actions on other determinants of TB, such as migration and prisons

3. Intensified research and innovation
   A. Discovery, development and rapid uptake of new tools, interventions and strategies
   B. Research to optimize implementation and impact, and promote innovations
Activities related to areas of intervention

1.  Integrated, patient-centred care and prevention

A.  Systematic screening of contacts and high-risk groups

Case finding

1.a.1  Member States, with support from the Regional Office, will develop or revise strategies for systematic screening, including active case finding and/or contact investigation (and potentially source case investigation) including among vulnerable groups and hard-to-reach populations with limited or no access to health facilities (by the end of 2017).²

1.a.2  Member States will ensure that TB and M/XDR-TB screening is available in relevant congregate settings, including penitentiary services, across the Region (by 2016).

1.a.3  Member States will ensure systematic engagement of communities and civil society organizations in order to support screening of contacts and high-risk groups where applicable (ongoing activity).

B.  Ensure early diagnosis of TB and universal drug-susceptibility testing, including the use of rapid tests

TB laboratory network and quality

1.b.1  The Regional Office, in collaboration with partners, will prepare a guide and diagnostic algorithms for expanded and accelerated quality-assured new diagnostic technologies (taking into account paediatric TB and extrapulmonary TB diagnostics) (by 2016).³

1.b.2  The Regional Office and partners will strengthen⁴ national TB laboratory networks for diagnosis of all forms of TB to ensure effective treatment with first and second line drugs as appropriate (by 2017).

1.b.3  The Regional Office and partners will help national TB programmes to develop strategies to maximize the benefits of rapid diagnostic tools for hard-to-reach and vulnerable populations (by 2017).

1.b.4  The Regional Office will facilitate the provision of technical assistance to national TB laboratory networks, including reference laboratories, to ensure the uptake of quality-assured WHO diagnostic technologies (ongoing activity).

² These include but are not limited to: migrants, refugees, stateless populations, homeless people and those suffering from alcohol and drug misuse, people with mental health disorders, prisoners and those with a history of imprisonment.

³ Includes the use of rational diagnostic algorithms for effective diagnosis using WHO endorsed diagnostic tests, for first- and second-line drugs.

⁴ This may include, but is not limited to, strengthening in: planning, infrastructure, biosafety, validation, maintaining equipment, sputum collection and transportation, procurement and supply, lab information systems and human resources.
1.b.5 The Regional Office will facilitate the national TB programmes of high-priority countries in finding ways for more efficient sample transportation and subsequent communication of results (by 2018).

1.b.6 All Member States will ensure the availability of rapid tests endorsed by WHO, using national resources as well as donor funding. The Regional Office will liaise with donors and countries to facilitate sustainable arrangements for funding (ongoing activity).

1.b.7 Member States will ensure that quality management systems are in place within the laboratory network, covering all tests (by 2017).

1.b.8 The Regional Office and key partners will support the national TB programmes of the high-priority countries in developing sustainable strategies for laboratory maintenance (by 2018).

C. Ensure equitable access to quality treatment and continuum of care for all TB patients, including drug-resistant TB; and patient support to facilitate patients’ adherence

1.c.1 Member States will ensure that their TB and drug-resistant TB treatment guidelines, including childhood TB guidelines, are regularly updated and operationalized and/or implemented according to the latest available evidence and WHO recommendations (ongoing activity).

1.c.2 Member States will develop a plan for reaching universal access to treatment, including treatment of children and uninterrupted drug supply (ongoing activity).

1.c.3 Member States will ensure the rational, safe and effective introduction of new TB medicines, including for children, according to the most recent WHO policy guidance (as soon as possible and not later than 2016). (See section 2.c.)

1.c.4 All high-priority countries will specify strategies and mechanisms for expanding and maintaining the provision of ambulatory treatment linked to their national health plans (by 2016).

1.c.5 All Member States will specify strategies and mechanisms for social and financial support to TB patients and their families in order to enable effective treatment adherence and completion (by 2016).

1.c.6 Member States will ensure that surgery is available for eligible M/XDR-TB patients where indicated (by 2017).

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5 High-priority countries for TB are: Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.

1.c.7 The Regional Office and partners will continue to provide technical assistance to Member States on measures to strengthen primary health care integration in TB prevention and control, including community-based TB treatment and patient-centred care with increasing use of modern information and communication technologies (ongoing activity).

1.c.8 Member States will improve access to TB prevention and care and appropriate support for hard-to-reach populations and vulnerable groups (by 2018).\(^7\)

1.c.9 The Regional Office and Member States will implement a mechanism for cross-border TB control and care that enables a continuum of treatment for internal and external migrants and stateless populations (by 2017).

1.c.10 The Regional Office, in collaboration with partners, will assist Member States in developing further collaboration between penitentiary and civilian services to ensure continuity of care for patients transferred between penitentiary and civilian institutions (ongoing activity).

1.c.11 Member States will establish palliative care mechanisms for all TB patients aimed at relieving suffering from disease and its treatment, with priority on patients with poor chances of cure due to limited treatment options. Specific protocols to assess and provide care to M/XDR-TB patients who fail treatment should be established (by the end of 2016).\(^8\)

1.c.12 The Regional Office, in collaboration with partners, will provide technical support in designing and implementing appropriate hospice/end-of-life care for M/XDR-TB patients who fail treatment and for whom all treatment options, including surgery, new and repurposed drugs, are exhausted (by the end of 2016).

D. Collaborative TB/HIV activities; and management of relevant comorbidities

1.d.1 The Regional Office, in collaboration with partners, will assist Member States in establishing effective mechanisms for delivering integrated TB and HIV services so that coordination is established at central and regional levels (by 2018).

1.d.2 Member States will ensure that all TB patients have access to HIV counselling and testing supported by national HIV and TB guidelines (as soon as possible and not later than 2016).

1.d.3 Member States will ensure that people living with HIV are screened and treated for latent and active TB, in facilities with adequate airborne infection control measures (as soon as possible and not later than 2020).

1.d.4 Member States will ensure that all TB/HIV patients have access to early and monitored (according to the most recent WHO recommendations) antiretroviral therapy and co-trimoxazole preventive therapy (as soon as possible and not later than 2016).

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\(^7\) See footnote 1.

\(^8\) These should assess the patient’s clinical condition and determine whether treatment using new and repurposed drugs is appropriate or whether the patient should be referred for end-of-life care.
1.d.5 The Regional Office, in collaboration with partners, will provide assistance for the integrated management of TB and comorbidities that increase the risk of TB (by 2018).

E. Management of latent TB infection and preventive treatment of persons at high risk; and vaccination against TB

(See also activities in 1.d.)

1.e.1 Member States will adopt and adapt in their national policies according to the most up-to-date WHO recommendations on diagnosis and treatment of latent TB infection for at-risk populations (by the end of 2017).

1.e.2 Member States will ensure that WHO policy recommendations on bacillus Calmette-Guerin (BCG) vaccination for infants are implemented and BCG revaccination is discontinued (immediately).

1.e.3 Member States will ensure that people accessing harm reduction services for drug misuse will be provided the option of preventative TB care (by 2016).

2. Bold policies and supportive systems

A. Political commitment, including universal health coverage policy with adequate resources

2.a.1 Member States will improve leadership and participatory governance for TB control, including the implementation of the whole-of-government and whole-of-society approach, in the light of Health 2020. At the same time, the Regional Office will provide technical assistance to the Member States to ensure an improved, accountable and effective central coordination of TB control, as well as implementing results-based management approaches to improve performance (by 2020).

2.a.2 The Regional Office will assist high-priority countries to update and implement their national TB plans and MDR-TB response plans, adequately costed and according to updated guidance on new tools and interventions (including e-health) (by the end of 2016).9

2.a.3 Member States will ensure that external reviews of their national TB programmes/interventions will be undertaken every three to five years, led by the Regional Office and/or the ECDC and including partners and civil society organizations and communities (ongoing activity).

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9 The plans will include organograms endorsed health systems and national TB programmes, with explicit roles and responsibilities (executive decrees and administrative orders), lines of authority and operational plans up to provider level. These plans will take into account health systems and financial reforms undertaken during 2011–2015, social determinants of TB and ethical and human rights concerns. These plans will also ensure that the role of primary health care, prison services, TB hospitals and general hospitals, nongovernmental organizations and private services are included, with the aim of improving public-private partnerships.
B. **Strengthened health system including well-aligned financing mechanisms for TB and human resources**

2.b.1 The Regional Office, in collaboration with partners, will assist Member States in identifying and addressing gaps and will provide technical assistance to improve institutional capacity for all functions of TB programmes within the health system (stewardship/governance, financing, service delivery and resource generation) towards universal health coverage and rational use of hospital care (as soon as possible).

2.b.2 Member States will ensure that national TB programmes have the institutional capacity to develop, implement, analyse and adapt TB policy; and manage and allocate resources towards effective universal access to treatment. Health authorities will also engage the TB provider network and/or programme in health systems reform initiatives (by 2020).

**Health financing for TB control and care**

2.b.3 The Regional Office and partners, in collaboration with Member States, will conduct an in-depth health financing review for more effective TB prevention and control (by the end of 2016).\(^\text{10}\)

2.b.4 The Regional Office will provide technical assistance to Member States to develop sustainability plans to increase domestic funding and shared responsibility schemes for TB control and care in countries with previous receipt of donor funding (immediately).

2.b.5 The Regional Office will support the development of performance assessment frameworks of national TB control programmes that includes the evaluation of cost efficiency and effectiveness (by 2017).

**Human resources**

2.b.6 Member States will revise and implement strategic plans for the development of human resources for the TB action plan (by the end of 2017).\(^\text{11}\)

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\(^{10}\) Analysis of current resources available for TB prevention and control interventions at the regional level, including the organization of funding flows, in order to identify: sources of fragmentation, potentially misaligned provider payment incentives associated with different types of TB intervention, formal or informal out-of-pocket payments (catastrophic costs) that hinder access to care, and other financial (for example, levels of insurance) and non-financial barriers to access as well as the role of private and public providers and the financial incentives in place for each. They will recommend measures to improve health financing reform to be aligned with the service delivery strategies that are defined.

\(^{11}\) These plans will include human resources policies, finance, education, leadership, job descriptions and workload assessment, and determine staff needs, supervision and monitoring, performance-based assessment and remuneration (both monetary and non-monetary) of the staff, in line with plans for national health systems.
2.b.7 The Regional Office, in collaboration with the European Laboratory Initiative and the Global Laboratory Initiative, will support the Supranational TB Reference Laboratories Network in building sustainable human resources capacity (by 2018).\textsuperscript{12}

2.b.8 Member States will continue to ensure supervised and continuous training (including on infection control), increased application of e-learning methods, coaching and support of health care staff for case detection and scaling up the treatment of TB, M/XDR-TB and TB/HIV patients (by 2016).

2.b.9 The Regional Office and partners (such as WHO collaborating centres and national TB programmes) will support the building of human resources capacity (ongoing activity).\textsuperscript{13}

2.b.10 In coordination with the WHO collaborating centre on TB in prison, the Regional Office will assist Member States in improving TB control in penitentiary services by supporting training activities facilitated by the collaborating centre (immediately).

C. Improved regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines and pharmacovigilance

Surveillance and data management

2.c.1 The Regional Office, together with WHO headquarters, partners and Member States, will develop a minimum set of social determinant variables to be included in routine surveillance at country level (by 2016).\textsuperscript{14}

2.c.2 The Regional Office will provide technical assistance for subregional workshops on surveillance standards and benchmarks, and the development of country plans for their implementation at country level (immediately).

2.c.3 All Member States will implement the new standards and benchmarks for the TB surveillance system (immediately).

2.c.4 Member States will implement the WHO recommended TB case definitions and reporting framework to ensure the categorization of TB cases to facilitate appropriate treatment and cohort reporting (as soon as possible and not later than 2016).

\textsuperscript{12} This will be done through regular country visits to monitor the performance of laboratory networks and in the provision of technical assistance (for example, on exchange of data, information and samples) both in-country and through internships of one to two months in their supranational reference laboratories.

\textsuperscript{13} Building human resources capacity will be carried out through (i) regular country visits to monitor the performance of national and subnational health authorities and primary healthcare providers involved in TB prevention, control and treatment, and (ii) the provision of technical assistance in-country (for example, in programme management, the efficient use of resources, operational research and application of new diagnostic and programme tools).

\textsuperscript{14} This will enable the monitoring of upstream and downstream risks factors for TB disease and treatment outcomes.
2.c.5 Member States, with the support of the Regional Office, will facilitate the establishment of Laboratory Information Management Systems (by 2017).

2.c.6 Member States will establish interoperable links between different sources of data useful for TB surveillance, including demographic and vital statistics, clinical management, geo-positioning, laboratory and drug management systems (by 2020).

**Uninterrupted supply and rational use of quality medicines**

2.c.7 The Regional Office will support Member States and other partners with data collection to assist in the development of reliable estimates of drug needs and trends (immediately).

2.c.8 The Regional Office, partners and Member States, in their respective roles, will promote the WHO pre-qualification programme mechanism to ensure prequalification of drugs and request Member States to ensure the speedy registration (such as fast-track mechanisms) of products already pre-qualified by WHO (by 2017).

2.c.9 The Regional Office and partners will conduct a gap analysis (as a follow-up to that conducted under the Consolidated Action Plan) of pharmaceutical legislation and regulations and facilitate their improvement (by 2019).

2.c.10 The Regional Office will assist Member States with the development of procedures for the procurement of medical supplies with an emphasis on quality assurance through strengthened regulatory authorities with specific emphasis including but not limited to: paediatric TB diagnostics and treatment (drug formulations); and limiting the availability of new drugs on the free market (over the counter) without a prescription sale (by 2017).

2.c.11 The Regional Office and partners will engage countries in the WHO Good Governance for Medicines programme and pharmacovigilance (immediately).

2.c.12 Member States will sustain countrywide the use of first-line fixed-dose combination drugs and paediatric drug formulations in the treatment of drug-susceptible TB, where possible (by the end of 2016).

2.c.13 Member States will ensure continued capacity-building in planning, procurement and supply management of anti-TB medicines at all levels of the health care system according to WHO recommendations (immediately).

2.c.14 The Regional Office will deliver guidance to Member States on a continual basis to develop their legal frameworks at national and subnational levels for compassionate use of medicines under development (ongoing activity).
Pharmacovigilance and management of adverse events

2.c.15 Member States will strengthen or establish a mechanism to routinely collect safety data for patients on TB treatment and to undertake cohort event monitoring at country level for patients on new and novel regimens (by the end of 2016).

2.c.16 The Regional Office, in collaboration with other partners including the WHO collaborating centre on pharmacovigilance, will establish a sufficiently resourced data repository on drug-related adverse events (by the end of 2016).

D. Introduction of a comprehensive infection control programme, including regulated administrative, engineering and personal protection measures in all relevant health care facilities and congregate settings

2.d.1 Member States will ensure all health care facilities serving TB or suspected TB patients have sound infection control standard operating procedures, including individual respiratory protection programmes implemented (by the end of 2016).

2.d.2 Governments in high-priority countries will ensure that environmental (engineering) preventive measures are available in high-risk facilities and congregate settings (by 2016).

E. Community systems strengthening and coordination with civil society

2.e.1 Member States and WHO will systematically include representatives of affected communities and civil society in national and regional TB programme reviews, design, planning, implementation and monitoring, as well as assessments of quality of services (immediately).

2.e.2 In order to achieve systematic involvement and engagement of civil society and people affected by TB, Member States will regularly assist and coordinate with local civil society organizations and community representatives in devising and implementing effective plans in alignment with national TB programme policies and priorities. This may include subcontracting activities when civil society and community organizations have a comparative advantage, such as for case-finding and social support (ongoing activity).

2.e.3 High-priority countries, together with civil society and communities, will review their advocacy, communication and social mobilization strategy and develop community systems strengthening plans in order to increase knowledge of and access to improved health service delivery. This includes capacity-building of community organizations, infrastructures and systems, partnership building and the development of sustainable financing solutions. These plans should be implemented and fully funded (by 2016).

2.e.4 Member States, recognizing the special value and contribution and support that patient groups can provide, will assist and support the creation, development and involvement of such groups wherever possible (as soon as possible and not later than 2020).
2.e.5 Member States will continue to develop innovative communication strategies together with affected communities, religious and community leaders and civil society, utilizing Internet and other media (TV, radio, press, social media) in order to reduce TB-related stigma (ongoing activity).

2.e.6 The Regional Office will strengthen involvement and foster collaboration between national and international partners and private providers to raise awareness about TB, advocate for resource mobilization and catalyse an exchange of best practices regarding TB and M/XDR-TB prevention and care through the Regional Collaborating Committee on Tuberculosis Control and Care (ongoing activity).

F. Social protection, poverty alleviation and actions on other determinants of TB, such as migration and prisons

(See also activities in Policy and Governance; and Surveillance.)

2.f.1 In order to monitor progress towards the vision of TB-AP and the targets of the global End TB Strategy, Member States will measure the occurrence of catastrophic costs to patients and their households due to TB according to WHO guidelines (by 2019).

2.f.2 Member States will develop a mechanism for efforts to provide social protection with allocation of relevant funding (by 2017).

2.f.3 The Regional Office, in collaboration with partners, will provide technical assistance on health systems’ capacity-building to address the social determinants of TB and develop effective mechanisms of social protection for TB patients and their families (by 2017).

2.f.4 The Regional Office and partners will work together with Member States in an interdepartmental and intersectoral approach in order to explore a legal mechanism for cross-border TB control and care (by 2017). (See also 1.c.9.)

2.f.5 Member States, in collaboration with civil society organizations, will assist with cross-border TB care among migrant communities to help increase awareness of TB and knowledge of local health services so that symptomatic individuals refer and enrol themselves appropriately for treatment in the host country.

3. Intensified research and innovation

A. Discovery, development and rapid uptake of new tools, interventions and strategies

3.a.1 The Regional Office, in close consultation with WHO headquarters, will coordinate the formulation/establishment of a European Tuberculosis Research Initiative, under which the Regional Office and key partners will work with Member States to:

- identify needs, capacities and gaps (financial support for basic research, operational research, language/translational support, etc.);
- develop regional and national level research agendas;
• develop a platform for sharing new research and study results (for example, on equity, indicators, costs of non-action, etc.) and creating networks for research;
• map collaboration between major research institutes and identify new areas for cooperation;
• motivate funding agencies to link with civil society organizations for research advocacy; and
• serve to provide the evidence base for policy and practice for TB prevention, control and care.

3.a.2 Member States will identify key partners, such as nongovernmental organizations and institutions, to carry out respective research agendas in accordance with sound methodology and ethical principles.

3.a.3 The Regional Office will work with all Member States and regional partners to promote and secure funding for national research priority areas and agendas.

3.a.4 The Regional Office will assist Member States in assessing and ensuring that adequate research ethics mechanisms are in place within key institutions and partner organizations that carry out national research agendas.

3.a.5 The Regional Office will facilitate research and development of new tools, including TB treatment regimens, with Member States and, through the European Tuberculosis Research Initiative, will assist Member States to hold sound clinical trials on a continuous basis and to report on progress.

3.a.6 The Regional Office and partners will advocate the continuous involvement of European research institutes in the development of new diagnostic tools, medicines and other treatment modalities, vaccines and research on basic mechanisms of resistance, etc.

3.a.7 The Regional Office and partners will advocate for the mobilization of regional (such as the European Union) and national resources with the use of planning/budgeting tools aimed at developing new technologies.

B. Research to optimize implementation and impact and promote innovation

3.b.1 The Regional Office will provide guidance and technical assistance to Member States to develop operational research priorities within national research platforms, and the corresponding social science research on health seeking behaviour, adherence to treatment, stigma and discrimination to inform policies and practices.

3.b.2 Member States will develop an operational research plan (covering both quantitative and qualitative research) according to priority areas and key working partners (and coordinated with other existing research plans), to be considered by national and international funding sources, including The Global Fund to Fight AIDS, Tuberculosis and Malaria. Research generated under these plans should serve as the basis for improving programme performance.

3.b.3 The Regional Office will assist Member States in building capacity for research training with key partners and for translating research into action.
3.b.4 Member States will ensure that the results of operational research and other studies are included in the development of TB control policies on a continuous basis.

3.b.5 In collaboration with partners, the Regional Office will continuously document best practices in the implementation of models of care and patient support (inpatient, outpatient, home/community-based models of care, financing/avoidance of catastrophic costs, prevention, etc.) in different settings and share these practices with Member States.
Annex 1. The End TB Strategy and targets

**VISION**
A world free of tuberculosis
– zero deaths, disease and suffering due to tuberculosis

**GOAL**
End the global tuberculosis epidemic

**INDICATORS**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>2020</th>
<th>2025</th>
<th>SDG 2030*</th>
<th>END TB 2035</th>
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<tbody>
<tr>
<td>Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
<td>75%</td>
<td>90%</td>
<td>95%</td>
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<td>Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20% (&lt;85/100 000)</td>
<td>50% (&lt;55/100 000)</td>
<td>80% (&lt;20/100 000)</td>
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<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>Zero</td>
<td>Zero</td>
<td>Zero</td>
<td>Zero</td>
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**MILESTONES**

**TARGETS**

**PRINCIPLES**
1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

**PILLARS AND COMPONENTS**

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION
   A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
   B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
   C. Collaborative tuberculosis/HIV activities, and management of co-morbidities
   D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS
   A. Political commitment with adequate resources for tuberculosis care and prevention
   B. Engagement of communities, civil society organizations, and public and private care providers
   C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
   D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

3. INTENSIFIED RESEARCH AND INNOVATION
   A. Discovery, development and rapid uptake of new tools, interventions and strategies
   B. Research to optimize implementation and impact, and promote innovations

THE GLOBAL STRATEGY AND TARGETS FOR TUBERCULOSIS PREVENTION, CARE AND CONTROL AFTER 2015, WERE ENDORSED BY ALL MEMBER STATES AT THE 2014 WORLD HEALTH ASSEMBLY.

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* The United Nations is in the process of defining a post-2015 development agenda. A set of “Sustainable Development Goals” (SDGs) are being developed for 2030; TB is proposed to be part of the agenda and goals.

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