Wolfheze Workshops 2019

Translating the TB UN High-Level Meeting Commitments into Actions

Jointly organized by:

the World Health Organization Regional Office for Europe (WHO/Europe), the European Centre for Disease Prevention and Control (ECDC) and KNCV Tuberculosis Foundation (KNCV)

15 – 17 May 2019, The Hague, Netherlands

Session 7:

Next steps. Way forward

Key points and proposed next steps/ possible solutions

Session 1:

Key United Nations High Level Meeting Declarations on TB and HIV. What's next in the WHO European Region

Key Points

- Its easier to make a plan or write a guideline than to roll it out at a country level!
- Some progress in diagnosis & treatment success, but this must be sped up if global/regional targets to end TB are to be met
- Only a comprehensive approach to TB prevention and care will be sufficient
- Civil society plays a vital role in holding national TB/HIV programmes to account
- Some data limitations still exist e.g. on TB-related stigma, LTBI
- WHO Europe secretaired TAG-TB supporting the regional adaptation of the Multi-sectoral accountability framework

Proposed Next Steps

- Advocacy efforts should be maintained
- Important to adopt a rights-based approach and focus efforts on vulnerable populations
- Cross-sector collaboration between TB & HIV services should be scaled-up
- Multisectoral Accountability Framework to be adapted to regional context
- Ensure high quality monitoring to ensure translation of policy / guidance into practice
- Ensure early adoption of new technologies

Session 2:
Collaboration between TB and HV programs and partners

Group 1: Integrated collaborative TB/HIV service provision, including for key and vulnerable population

Key points

More informational campaigns for general population to reduce stigma;

Expand collaboration of community organization and governmental structures for holistic approach

Prioritize local governments and patients community organizations for local solutions

Proper care of patients with coinfections will address interactions of different medications

Group 2: Screening for LTBI in PLHIV

Key points

Screening should be done for PLHIV, *however different approaches are used in different settings: several definitions of targeted populations are used (such as e.g. asylum seekers and migrants).*

There is no evidence on the optimal screening intervals.

Is it fine to screen if no treatment can be provided

A peer reviewed publication for sharing outputs more widely, under preparation

Main challenges:

- Collaboration and communication between HIV and TB programs
- LTBI is not a notifiable disease
- Compliance to LTBI treatment

Group 3: TB/HIV data linkage and sharing of information

Key points

Data protection: too strict laws to collect data

Security policy: different security policies for TB and for HIV

Distance: In some countries TB and HIV services are located far away one from another

Quality of data: integration of different databases is challenging

Data quality: no information on social risk factors due to poorly collected data

For most countries data are available for diagnosis but limited on the treatment part both for HIV and TB

Proposed to:
1. have coordination meetings between HIV and TB data managers

2. Qualitative data are important to close the quantitative data gaps.

Session 2: overall recommendations

For better coordination between HIV and TB services we need to:

- prioritize WHO recommendations on HIV/TB coinfection and adopt their implementation in country-specific contexts
- prioritize prompt diagnosis and treatment of TB/HIV co-infection, especially in advanced HIV cases
- improve documenting of data and share good examples to boost scale up

Session 3:
Country achievements on improving TB prevention and care

Group 1: Implementing LTBI management

Country achievements:

- Contract tracing, especially screening of childhood contacts
- LTBI regimen selection based on resistance pattern of source case
- Voluntary reporting of LTBI treatment by physicians (for surveillance)

Challenges:

- Use of terminology: “latent” vs “sleeping/dormant”
- Shortage of rifapentine
- Dependence on donors’ funding

Needs: Better diagnostic tests, education of people at-risk and health providers, more exchange of experiences between countries

Session 2: Reducing Transmission –

Key Points

- Evidence on infectiousness thresholds for TB is limited
- Difficulty in defining this threshold given multiple factors affecting transmission
- Host susceptibility factors likely to play a role, but need to be better defined
- Stronger evidence around infectiousness thresholds would help in advocating for policy measures to reduce transmission e.g. including in special settings such as prisons

Proposed next steps

- An infection control Wolfheze Working Group could be created
- Further research, such as into factors that influence individual susceptibility to / likelihood of transmission of TB should be supported

Group 3: Reaching out to vulnerable populations in low-TB incidence countries

- E-detect project support feasibility of active case finding and LTBI screening in vulnerable high risk populations
- ECDC modelling project shows LTBI screening is cost-effective
- There are large differences across Europe in access to early detection of active TB and prevention
- Challenges include:
  - tools for screening fall short to identify cases (i.e. symptom screening) or are not widely available (i.e. X-ray)
  - acceptance of screening and treatment by (transit) migrants who fear of expulsion
- ECDC Guidance is available, but the implementation is the prerogative of each country, this requires political commitment
- Countries with high burden can benefit from international collaboration and support to strengthen active case finding approaches

Session 4:
Research. European perspective

Key points

- Currently WHO Global TB Strategy is under development
- On a Regional level WHO EURO established a strong network of TB researches and experts from
- ERI TB ran a survey to capture and prioritize research questions relevant` countries
- ERI TB launched the Structured Operational Research and Training Initiative
- A ERI stream focusing on DR-TB to further boost actions on this topic, in roll-out
- Success stories for research projects are published
- NTP representatives underlined the growing role of research evidence in their decision-making

Next steps

- Partners are advised to follow closely the development of WHO Global TB Strategy and act proactively to put its recommendations into practice
- Countries are encouraged to participate in further ERI TB activities including in the DR-research stream
- WHO invites all interested counterparts to join European TB Research Initiative
- Researchers of WHO EURO region are invited to submit their original research manuscripts for review
- Specific attention must be given for TB research financing

Session 5:
What is new in MDR-/ RR-TB management
treatment policies and guidelines

Key points

- WHO guidelines are guidance documents and not “orders”
- More data are needed from countries for evidence building
- Utilize services provided by WHO Collaborative centers
- Global data platform for surveillance of DR-TB sequencing is hosted by WHO: data are strictly owned by countries
- Consent is the process and not a moment and can be informed only if there is a choice

Proposed next steps

- To continue DR-TB-oriented working group
- To develop guidance on efficacy and safety
- To encourage countries to collect qualitative research to support numbers in improving their DR-TB efforts

Group 1: GDF

Key points

Donor funding→ domestic funding
Registration of dugs in the country
Low numbers of procurement
Country regulations and policies
No calculation for lab reagents
Supply planning
PSM for lab is not standardized
GDF is developing laboratory quantification module (end of 2019)
Child formulations are available via GDF

Proposed next steps
Countries can pool their request via GDF

Group 2: aDSM

Key points

- adverse events (AEs) not notified to national authorities
- no automatic links available with surveillance systems
- to be done 'by hand'
- same AEs allocated to different grades (1-2 and 3-5)
- analysis difficult (multiple AEs 'in parallel'; need to reconstruct clinical historical)
- the project creates 'capacity‘

Proposed next steps

- to continue the activities of the Working group aDSM (to consolidate results, favor implementation of national aDSM projects, publish at least 2 papers)
- expand the purpose of the WW-WG to cover capacity of managing AEs, quality of care, TB Consilium
- keep the cohort study alive
- share data with WHO/ provide cohort data for future IPD (co-author permission necessary)

Group 3 - Use of new drugs for children with DR-TB

Key points

Sentinel guide is available

Childhood formulations are available via GDF

Use children related stories for advocacy

Way forward

- Update national policies: translate into local languages
- New drugs will come soon from the GDF including linezolid
- Collect and share data on children by weight and age to estimate the real needs and to contribute to the global evidence
- Increase scale up of molecular testing (GeneXpert/LPA) for those who are on new drugs
- Increase engagement of civil society to reduce stigma e.g. allow children to go to school

Paediatric patient series will help to increase the global knowledge on new TB drug containing regimens

Session 6:
Countering stigma and achieving people-centred TB care

Session 7:
Next steps. Way forward

Working Groups

Proposed

To stop: TB-HIV

To continue: DR-TB (aDSM)/
People centered care

New: TB Infection control

Any other?

Each Working Group will require

Coordinators

Terms of reference

Expected outputs

Clear process

Next Wolfheze Workshops

Topics

Urgent/ Relevant topics other than new and continuing working groups: ideas?

1.

2 .

3.

Committee

1-2 country representatives, both from low and high burden countries

Publications

TB/HIV editorial

Two aDSM papers

Summary document on WW 2019

Short term follow-up

Everyone will receive a **follow up letter** with information :

- Evaluation (on app or by e-mail as e-survey)
- Decision on WGs
- Identified topics for next WW
- Certificate of attendance
- Availability of PPTs and other reference documents on the www.
- Country representatives in the WW Committee

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Thank you

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