Executive Summary

The WHO Global Task Force on TB Impact Measurement was established in 2006 and is convened by the TB monitoring and evaluation team in WHO’s Global TB Programme (GTB/TME). The Task Force’s mandate is to ensure that assessment of whether 2015 global targets for reductions in TB disease burden is as rigorous, robust and consensus-based as possible. The targets are that TB incidence should be falling, and that TB mortality and prevalence rates should be halved by 2015 compared with their level in 1990. These targets have been adopted at regional and country levels. Each year, WHO publishes estimates of TB incidence, prevalence and mortality at global, regional and country levels and an assessment of progress towards 2015 targets in its annual global TB report. In 2015/2016, a definitive assessment of whether the 2015 targets were met is required.

In December 2007, the Task Force agreed on three major strategic areas of work. One of these was the periodic review and updating of methods used to translate surveillance and survey data into TB burden estimates. The last review was done by a Task Force subgroup between June 2008 and October 2009, and recommendations about updated methods were endorsed by the full Task Force in March 2010. A comprehensive review of these methods as well as possible alternatives was required in early 2015, in advance of WHO reporting on whether 2015 global TB targets are met. A 2.5 day global consultation was organized by GTB/TME 31 March – 2 April for this purpose. Meeting participants (total of 36) included experts in the fields of mathematics, statistics and epidemiology, representatives from agencies that have a major funding as well as technical role in current WHO work related to TB burden estimation (USAID, TB Alliance), and four TME staff.

Current and alternative methods for producing estimates for each indicator, as well as methods for the disaggregation of estimates by age and sex, were presented and discussed. In each case, presentations were followed by structured group work and plenary discussion.

The key recommendations from the meeting were:

1. For the 2015 targets assessment, current WHO methods for estimation of TB incidence, mortality and prevalence should be used. The methods should not be changed now – the consensus was to “finish the cycle with established methods”. New methods should only be introduced, if available and proven to be better than current methods, after 2015.
2. After the 2015 targets assessment is completed, various options for improving on current methods that should be explored were identified. Overall, there was agreement that the main goal is to strengthen TB surveillance so that TB cases and TB deaths can be directly measured using notification and vital registration systems. For countries without high-performance surveillance systems, options for improving current methods including new statistical models, use of dynamic models (especially for estimation of TB incidence in countries with recent prevalence survey data), and implementation of inventory studies to measure under-reporting were proposed.

Key requirements for the implementation of the recommendations were identified. These were:

1. Sustained funding for ongoing analytical work, studies/surveys and strengthening of surveillance and VR systems.
2. National missions and regional workshops to carry out collaborative work that will ensure acceptance of methods from countries, and associated funding.

Key funding agencies to support activities and analytical work that were suggested included USAID, the Global Fund and the Bill & Melinda Gates Foundation.

Key technical agencies for further development of analytical methods that were identified included KNCV Tuberculosis Foundation, TB MAC (TB Modelling and Analysis Consortium), the London School of Hygiene and Tropical Medicine, the Royal Tropical Institute in the Netherlands, Avenir Health, UNAIDS, the Institute for Health Metrics and Evaluation, and the Child Health Epidemiology Reference Group.