



WHO Global Task Force on TB Impact Measurement Glion-sur-Montreux, 1-4 May 2018

MEETING BACKGROUND AND RATIONALE

The Task Force's work 2006–2015

Global targets for reductions in TB disease burden (incidence, prevalence, mortality) by 2015 were set in the context of the Millennium Development Goals (MDGs) and WHO's Stop TB Strategy. The WHO Global Task Force on TB Impact Measurement was established in 2006, convened by the TB Monitoring and Evaluation unit of WHO's Global TB Programme, with the aim of ensuring that WHO's assessment of whether the 2015 targets were achieved at global, regional and country levels was as rigorous, robust and consensus-based as possible.

Three strategic areas of work were pursued:

- strengthening routine surveillance of TB cases (via national notification systems) and deaths (via national VR systems) in all countries;
- undertaking national TB prevalence surveys in 22 global focus countries; and
- periodically reviewing methods used to produce TB disease burden estimates.

Work on strengthened surveillance included the development and application of a TB surveillance checklist of standards and benchmarks (with 10 core and three supplementary standards) to systematically assess the extent to which national notification and vital registration (VR) data provide a direct measurement of TB incidence and mortality, respectively; production of three handbooks, on electronic recording and reporting, inventory studies to measure the level of underreporting of detected TB cases, and analysis and use of data; expanded use of data from VR systems and mortality studies to produce estimates of TB deaths; and contributions to wider efforts to promote VR systems. By the end of 2015, 38 countries including 16 high burden countries had used the TB surveillance checklist, a few high TB burden countries had completed or started planning inventory studies, and in the 2015 WHO Global TB Report, VR data were used to produce estimates of TB mortality in 127 countries.

Between 2007 and the end of 2015, a total of 23 countries completed a national TB prevalence survey including 18 of the 22 global focus countries. A Task Force subgroup undertook a major review and update of methods between June 2008 and October 2009. A second thorough and comprehensive review was undertaken in 2015, with consensus reached on methods to be used for WHO's 2015 targets assessment.

WHO published its assessment of whether the 2015 global TB targets were achieved in its *Global TB Report 2015*.

Task Force meeting, April 2016: reshaped mandate and strategic areas of work for the SDG and End TB Strategy era

In the context of a new era of Sustainable Development Goals (SDGs) and WHO's End TB Strategy, the Task Force met in April 2016 to review and reshape its mandate and strategic areas of work. An updated mandate and five strategic areas of work for the period 2016–2020 were agreed.

The mandate was defined as:

- To ensure that assessments of progress towards End TB Strategy and SDG targets and milestones at global, regional and country levels are as rigorous, robust and consensus-based as possible.
- To guide, promote and support the analysis and use of TB data for policy, planning and programmatic action.

The SDG and End TB Strategy targets and milestones referred to in the mandate are the targets (2030, 2035) and milestones (2020, 2025) set for the three high-level indicators: TB incidence, the number of TB deaths and the percentage of TB-affected households that face catastrophic costs as a result of TB disease. For 2030, the targets are to reduce the annual number of TB deaths by 90% and to reduce TB incidence by 80%, compared with 2015; the 2020 milestones are reductions of 35% and 20%, respectively. For the third indicator, a milestone of zero is set for 2020, to be sustained thereafter.

The five strategic areas of work were defined as:

1. Strengthening national notification systems for direct measurement of TB cases, including drug-resistant TB and HIV-associated TB specifically.
2. Strengthening national VR systems for direct measurement of TB deaths.
3. Priority studies to periodically measure TB disease burden, including:
 - a. national TB prevalence surveys
 - b. drug-resistance surveys
 - c. mortality studies
 - d. surveys of costs faced by TB patients and their households.
4. Periodic review of methods used by WHO to estimate the burden of TB disease and latent TB infection.
5. Analysis and use of TB data at country level, including:
 - a. disaggregated analyses (e.g. by age, sex, location) to assess inequalities and equity;
 - b. projections of disease burden; and
 - c. guidance, tools and capacity building.

Strategic areas of work 1–3 are focused on direct measurement of TB disease burden (epidemiological and, in the case of cost surveys, economic). The underlying principle for the Task Force's work since 2006 has been that estimates of the level of and trends in disease burden should be based on direct measurements from routine national information systems and surveys as much as possible (as opposed to indirect estimates based on modelling and expert opinion).

Strategic area of work 4 remains necessary because indirect estimates will be required until all countries have the routine national information systems or the periodic studies required to provide direct measurements.

Strategic area of work 5 recognizes the importance of analysing and using TB data at country level (as well as generating data, as in strategic areas of work 1–3), including the disaggregated analyses that are now given much greater attention in the SDGs and End TB Strategy.

Rationale for this meeting, 1–4 May 2018

Two years after the Task Force agreed on a reshaped mandate and strategic areas of work for the period 2016–2020, the purpose of the 1–4 May 2018 meeting is to review and discuss progress in the five strategic areas of work over the past two years, and to define priority next steps in 2018 and 2019.

Objectives

1. To provide an overview of Task Force work related to strengthening national notification systems for direct measurement of TB cases (including drug-resistant TB and HIV-associated TB specifically), with particular attention to where demonstrable progress has occurred, and to discuss priority next steps for the Task Force to support countries to meet surveillance quality and coverage standards.
2. To present a global overview of the status of progress in strengthening national vital registration systems for direct measurement of causes of death, with particular attention to aspects relevant to TB.
3. To review progress in priority studies to periodically measure TB disease burden and discuss priority next steps for the Task Force:
 - a. national prevalence surveys;
 - b. drug resistance surveys;
 - c. patient cost surveys.
4. To present and discuss recent developments (2016-2017) in estimates of TB disease burden and future direction.
5. To review progress in analysis and use of TB and related data since 2016¹ and discuss priority next steps for the Task Force to further strengthen this work in countries:
 - a. guidance on country-level TB modelling;
 - b. regional and national workshops, and associated safeguarding, analysis and use of TB data at country level;
 - c. TB modules for reporting and analysis of aggregated and case-based data and associated user guide and training materials in DHIS2, as part of a WHO Health Data Collaborative initiative covering multiple diseases, programmes and cause of death;
 - d. framework for using the optimum combination of evidence and tools for data analysis and use to inform prioritization and planning at country level.

Expected Outcomes

1. The Task Force is well informed about current work related to strengthening national notification systems for direct measurement of TB cases and priority next steps for the Task Force to support accelerated progress in countries have been identified.
2. The Task Force is well informed about the status of global progress in strengthening national vital registration systems for direct measurement of causes of death.
3. The Task Force is well informed about the status of global progress in implementing priority studies to measure TB disease burden, and priority next steps have been defined.
4. The Task Force is well informed about recent developments in estimates of TB disease burden published by WHO and their likely future direction.
5. The Task Force is well informed about recent developments to support analysis and use of TB- relevant data at country level, with guidance on country-level TB modelling reviewed and endorsed and priority next steps defined for both modelling and other areas of work.

¹ The Task Force established analysis and use of data as a strategic area of work in April 2016

AGENDA

DAY 1: Tuesday 1 May 2018, morning session

Time	Topic	Presenter
09:00 – 09:15	Welcome and introduction of participants Declaration of conflict of interest	Jaap Broekmans (Chair)
09:15 – 09:45	The WHO Global Task Force on TB Impact Measurement: introduction, overview, broader context	Katherine Floyd
Objective 1. Strengthening national notification systems for direct measurement of TB cases		
09:45 – 10:30	<u>Presentation:</u> Strengthening national notification systems for direct measurement of TB cases: an overview of progress (Background document 1)	Babis Sismanidis
10:30 – 10:50 Coffee break		
10:50 – 12:10	<u>Presentations:</u> The introduction of mandatory notification and the 2017 inventory study of underreporting in Indonesia 1) The introduction of mandatory notification – rationale and results (10min) 2) The 2017 inventory study - key methods and results (20min) 3) Main messages and next steps (15min) <u>Commentaries</u> from WHO and USAID (15min) <u>Plenary discussion</u> (20min)	Indonesia study team Babis Sismanidis Philippe Glaziou Charlotte Colvin All
12:10 – 12:30	<u>Presentation:</u> The 2017 inventory study of underreporting in Viet Nam (15min) <u>Commentary</u> from CDC (5min)	Nguyen Binh Hoa Adam Macneil
12:30 – 13:00	<u>Presentation:</u> The 2017 inventory study among children in Pakistan (10min) <u>Presentation:</u> The introduction of mandatory notification in Myanmar and Pakistan: rationale and latest status (5min each) <u>Commentary:</u> Reflections on the value of routine record- linkage from a setting with a long-established electronic surveillance system	Razia Fatima Si Thu Aung Mohammad Ali Shahzada Laura Anderson
13:00 – 14:30 Lunch		

DAY 1: Tuesday 1 May 2018, afternoon session

Time	Topic	Presenter
14:30 – 15:45	<p><u>Presentations:</u> Transitioning to case-based electronic surveillance</p> <p>Countries using DHIS2:</p> <ol style="list-style-type: none"> 1) Myanmar (10min) 2) Pakistan (10min) 3) Tanzania (10min) <p>Country-specific solutions:</p> <ol style="list-style-type: none"> 1) Brazil (10min) – an example of an established system <p><u>Plenary discussion</u></p>	<p>Si Thu Aung Razia Fatima Beatrice Mutayoba</p> <p>Patricia Bartholomay</p> <p>All</p>
<i>15:45 – 16:00 Tea break</i>		
Objective 2. Strengthening national vital registration systems for direct measurement of causes of death		
16:00 – 16:30	<p><u>Presentation:</u> An overview of the status of progress in strengthening national vital registration systems for direct measurement of causes of death</p> <p>(Background document 2)</p>	Doris Ma Fat
16:30 – 17:00	<p><u>Presentation:</u> Current efforts by global agencies to support strengthening of national vital registration systems</p>	Charlotte Colvin Estifanos Shargie
17:00 – 17:30	Wrap-up of Day 1	Jaap Broekmans

DAY 2: Wednesday 2 May 2018, morning session

Time	Topic	Presenter
09:00 – 09:15	Summary of main discussion/outcomes from Day 1	Jaap Broekmans
Objective 3. To review progress in priority studies to periodically measure TB disease burden		
09:15 – 09:50	<p><u>Presentation:</u> National TB prevalence surveys: an overview of progress, including actions taken on recommendations from 2016 meeting (20min) (Background documents – C, 3a, 3b)</p> <p><u>Plenary discussion</u> (15min)</p>	<p>Irwin Law</p> <p>All</p>
09:50 – 10:30	<p><u>Presentation:</u> Drug resistance surveys: an overview of progress and latest developments (20min) (Background documents – C, 3c, 3d, 3e)</p> <p><u>Plenary discussion</u> (15min)</p>	<p>Anna Dean</p> <p>All</p>
10:30 – 10:50 Coffee break		
10:50 – 11:55	<p><u>Presentations:</u> Patient cost surveys</p> <p>1) Patient cost surveys: an overview of progress (20min)</p> <p>2) The 2016 patient cost survey in Ghana: results and implications (15min)</p> <p>3) The 2017 patient cost survey in Viet Nam: results and implications (15min)</p> <p><u>Plenary discussion</u> (15min)</p> <p>(Background documents – C, 3f)</p>	<p>Nobu Nishikiori Frank Bonsu Nguyen Binh Hoa</p> <p>All</p>
Objective 5. Analysis and use of TB data		
11:55 – 12:45	<p><u>Presentation:</u> Guidance on country-level TB modelling, and next steps (30min)</p> <p><u>Plenary discussion</u> (20min)</p> <p>(Background document – 5b)</p>	<p>Nick Menzies</p> <p>All</p>
12:45 – 14:00 Lunch		

DAY 2: Wednesday 2 May 2018, afternoon session

Time	Topic	Presenter
14:00 – 14:40	<p><u>Presentation:</u> Analysis and use of TB-related data: an overview of progress (30min)</p> <p>Particular attention will be given to:</p> <ol style="list-style-type: none"> 1) regional and national analysis workshops, including DHIS2 platform for safeguarding, analysis and use of subnational data 2) the development of guidance, tools and materials as part of a joint workplan for HIV, TB, malaria and HMIS 3) optimizing the use of available evidence and tools for programmatic prioritization and planning <p>(Background document 5a)</p> <p><u>Plenary discussion</u> (10 mins)</p>	Babis Sismanidis
14:40 – 15:30	<p><u>Presentations:</u> Overview of framework for programmatic prioritization and planning, and two tools that are part of it</p> <p>Framework for optimal use of evidence and tools for programmatic prioritization and planning (20min)</p> <ol style="list-style-type: none"> 1) Patient pathway analysis (10min + 5min for Q&A) 2) MATCH (10min + 5min for Q&A) <p>(Background documents 5c, 5d)</p>	<p>Nobu Nishikiori</p> <p>Christy Hanson</p> <p>Mirjam Bakker</p>
15:30 – 16:00	<p><u>Presentation:</u> Health Data Collaborative: an overview with specific focus on the joint workplan for HIV, TB, malaria and HMIS</p> <p>(Background document 5a)</p>	Knut Staring
16:00 – 16:20 Tea break		
16:20 – 16:40	<p><u>Presentation:</u> The Kenyan experience in the optimal use of available evidence and tools to inform policy and programmatic action</p>	Enos Masini
16:40 – 17:00	<u>Plenary discussion</u>	All
17:00 – 17:15	Wrap-up of Day 2 and explanation of Day 3	Jaap Broekmans Katherine Floyd

DAY 3: Thursday 3 May 2018

Time	Topic	Presenter
09:00 – 09:15	Summary of main discussion/outcomes from Day 2	Jaap Broekmans
Objective 4. Methods to estimate TB disease burden		
09:15 – 10:40	<u>Presentations and Q&A:</u> Latest developments in WHO estimates of TB disease burden Methods for estimating the burden of drug-resistant TB Estimation of TB disease burden at subnational level in Indonesia (Background documents 4a, 4b)	Philippe Glaziou Pete Dodd Rein Houben MN Farid
<i>10:40 – 11:00 Coffee break</i>		
Group or side-discussions related to all five objectives		
11:00 – 13:00	<u>Group discussions on four priority topics</u> 1) Prevalence surveys 2) Estimates of TB disease burden at subnational level 3) Patient cost surveys 4) Framework for optimal use of evidence and tools for programmatic prioritization and planning (pilot countries are Indonesia, Kenya, Philippines, South Africa) <u>Side meetings on other topics as needed</u>	All in groups
<i>13:00 – 14:00 Lunch</i>		
14:00 – 15:30	<u>Group discussions and side meetings (continued)</u>	All in groups
<i>15:30 – 15:50 Tea break</i>		
15:50 – 17:00	<u>Group discussions and side meetings (continued), followed by preparation of slides (3 slides per group) for presentation on Day 4</u> <u>Side meeting of TB MAC Advisory Panel (15:00 – 17:00)</u>	All in groups

DAY 4: Friday 4 May 2018

Time	Topic	Presenter
09:00 – 10:30	<p>Feedback on main outcomes of group discussions</p> <p>3 slides for each group, covering:</p> <ol style="list-style-type: none"> 1) main topics discussed; 2) main areas of agreement (or disagreement); 3) plan for the next year <p>Plenary discussion</p>	<p>Lead facilitators of each group</p> <p>All</p>
<i>10:30 – 10:50 Coffee break</i>		
10:50 – 11:30	<p>Feedback on main outcomes of group discussions (continued)</p> <p>3 slides for each group, covering:</p> <ol style="list-style-type: none"> 1) main topics discussed; 2) main areas of agreement (or disagreement); 3) plan for the next year <p>Plenary discussion related to group discussions</p> <p>Other feedback to share from side-discussions on Day 3</p>	<p>Lead facilitators of each group</p> <p>All</p> <p>All</p>
11:30 – 12:00	Meeting summary and closing	<p>Jaap Broekmans</p> <p>Katherine Floyd</p>
<i>12:00 – 14:00 Lunch followed by departure</i>		