

European Tuberculosis Research Initiative

Second meeting of the core group,
17 January 2017, Copenhagen, Denmark



ABSTRACT

The goal of ending the global tuberculosis (TB) epidemic by 2035 was set by the WHO End TB Strategy and endorsed by the World Health Assembly in May 2014. The strategy aims to reduce TB deaths by 95% and cut new cases by 90% between 2015 and 2035, and ensure that no family is burdened with catastrophic expenses due to TB. The development and implementation of innovative tools (such as new vaccine(s), diagnostics, medicines, preventive and treatment regimens, and innovative service deliveries) is essential to achieving the goal and targets. Effective and timely development and implementation of the new tools should be supported by intensified efforts across the continuum of basic science to applied research and development and operational research. With this in mind, the WHO Regional Office for Europe has launched the European Tuberculosis Research Initiative (ERI-TB), whose mission is to advance TB-related research in the European Region. This report summarises discussions and actions from the second meeting of the ERI-TB core group held in Copenhagen, Denmark on 17 January 2017.

Keywords

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Report by: Dr Ann Galea, WHO reporter, and Dr Andrei Dadu, WHO Regional Office for Europe.

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Agenda and participants

The meeting agenda was as follows:

- introduction of Professor Göran Tomson, Advisory Committee on Health Research;
- selection of the chair and co-chair;
- endorsement of the report of the first European Tuberculosis Research Initiative (ERI-TB) core group meeting;
- discussion of two draft documents on the research agenda for the WHO European Region; and
- any other business.

The list of participants is shown at Annex 1.

Announcements

Welcome and introduction

Dr Masoud Dara of the WHO Regional Office for Europe welcomed all members of the ERI-TB core group who were present and thanked the recently established European Advisory Committee on Health Research for nominating Professor Göran Tomson, Head of the Health Systems and Policy Research Group at the Karolinska Institute in Sweden, as the new member of the core group. Professor Tomson will be instrumental in linking the group's work with the latest health research developments in the Region. His curriculum vitae (CV) is available to group members at the Karolinska Institute website.¹

Nomination and election of chair and co-chair

Dr Sevim Ahmedov and Dr Arena Skahina were nominated and elected to the roles of chair and co-chair respectively by the members present. Both accepted their nominations and reiterated their support for the WHO End TB Strategy and commitment to facilitate and produce research that is relevant to the Region. The duration of both positions is two years. CVs of the chair and vice-chair can be accessed online.²

ERI-TB on the Internet and social media

Dr Andrei Dadu informed members of the placement of ERI-TB on the WHO website³ and its new presence on Twitter (#ERI-TB). He also shared a short video of the first ERI-TB meeting that is available to members online:⁴ the promotional video was cleared by all core group members. These platforms aim to encourage young scientists to join the work of ERI-TB.

¹ Göran Tomson. In: Karolinska Institute [website]. Stockholm: Karolinska Institute; 2017 (<http://ki.se/en/people/gortom>, accessed 13 February 2017).

² Access at: <https://euro.sharefile.com/d-sb73b5463c3749ab8>

³ The European Tuberculosis Research Initiative (ERI-TB). In: Health topics [website]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/activities/the-european-tuberculosis-research-initiative-eri-tb>, accessed 13 February 2017).

⁴ Access at: <https://euro.sharefile.com/app/#/home/shared/fo0a8cbf-7bbc-42f6-b896-89d6edac9c8a>

First ERI-TB meeting report

The report of the first ERI-TB core group meeting, held on 15 November 2016, was endorsed by the group after amendments were addressed. It will be uploaded to the ERI-TB website after final in-house editing.

Documents presented

Draft documents in support of setting a research agenda for the Region

Priority setting for tuberculosis research in the WHO European Region: a consensus methodology for the European Research Initiative (ERI-TB) core group

Dr Ann Galea proposed a model for priority-setting for TB research in the Region. The model incorporates a mixed approach, using a Delphi consultation followed by quantitative scoring and prioritization based on the Child Health and Nutrition Research Initiative method. The Delphi consultation requires core group members to enter their priority research questions into a questionnaire form they receive electronically. Members are encouraged to assign a setting for the research (high-priority countries, low-priority countries, or both). All entries will be independent and confidential, but not anonymous. The facilitator cleans the original entries, removes duplicates, clarifies when necessary and applies pre-screening criteria (valid and reliable data are not already abundantly available, and the proposed study observes ethical and legal standards).

In the second round, a different template form is sent with the cleaned list. Each member then applies a set of criteria and scores the items on the list. Clear instructions will be included at each stage. The results will be shared and reviewed with national TB programme (NTP) managers with a view to including weighting of priorities according to the needs of national programmes.

Research agenda for the WHO European Region on tuberculosis prevention and treatment – draft concept note

Dr Alena Skrahina presented a draft concept note prepared in consultation with members of the core group. The document provides an analysis of key research methodologies and opportunities and gives a detailed description of the anticipated main research agendas for high- and low-incidence country settings for the Region.

The new chair thanked colleagues for developing the concept note and a series of questions and comments were discussed.

Discussion

Terminology of country groups

The use of high-priority country (HPC) and low-priority country (LPC) groupings in the questionnaire was raised, as various definitions and descriptions of country groupings, such as high or low “-priority”, “-burden”, “-incidence” and “-endemic”, exist. In addition, using “low-priority” as a label could divert attention away from TB as a health problem.

It was agreed that the research agenda-setting exercise should employ the same terminology as that used in the TB action plan for the WHO European Region 2016–2020. HPCs comprise Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, Romania, the Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan. The questionnaire was edited and “all other countries” replaced “LPCs”.

Shared priorities across country groups

The distinction of research priorities for HPC and LPC may be misleading and unnecessary, as many problems are shared across countries. Research needs to be more strategic and not be constrained by so-called priority groups.

The questionnaire design does not make the choice of research for HPCs and LPCs mutually exclusive: the entry for proposed research can be ticked simultaneously in the HPC and LPC fields on the questionnaire form.

Bias

Alignment of the proposed model with that used in the international roadmap for TB research⁵ was welcomed, but its subjective approach may be inherently biased. Methodologies that are limited to a small group of experts are open to so-called expert bias if other key actors such as patients and clinicians are not included. Preselection of areas for study may also influence the validity of results, and scoring of the collated long list of research questions by the same group may introduce additional bias.

The roadmap document took a different approach, with different groups proposing and scoring the research questions. It was also very thorough, including epidemiological data from countries and their research capacities and gaps, but was very time-consuming. It was suggested that a second, different, group could be involved in the scoring and grading round of the proposed model.

Relevance to countries

There are many fields of interest, as the countries of the Region are very diverse. This presents a danger in that the method may fail to capture priorities for individual countries. Stronger collaboration among countries can make research more relevant.

The proposed collection of research priorities from members of the ERI-TB core group is a follow up from the first meeting in November 2016. One of the main objectives for the group is to develop a regional research priority agenda for the Region. The ERI-TB core group represents a wide range of expertise and experience, and the work already taken forward in preparing the draft concept note is very encouraging. It is likely that there will be many common areas of interest across countries in the Region and the prioritized list should not be regarded as proposals to individual Member States. The regional perspective is important, but each country must review its needs and identify gaps and funding avenues.

⁵ An international roadmap for TB research. Geneva: World Health Organization; 2011 (<http://www.stoptb.org/assets/documents/resources/publications/technical/tbresearchroadmap.pdf>, accessed 13 February 2017).

Involving other stakeholders

the importance of involving and sharing the priority-setting exercise with civil society organizations and NTP managers was raised. Participants were reminded that the core group included representatives of civil society organizations and ex-patients. It was agreed that NTP managers should be involved, but the best method of achieving this is still being discussed.

Questionnaire audience and inputs

The primary audience for the questionnaire results is the ERI-TB core group and the WHO facilitating team. NTP managers will be involved at a later stage to review the policy implications. Some participants asked for guidance to encourage the submission of valid “research questions” and avoid entries that are too detailed, too vague or too broad. Categorization of research areas also needs to be reviewed to align the concept note and proposed prioritization model.

Any other business

Dr Masoud Dara thanked all present for their contributions and enthusiasm. He also reminded participants of the agreed *modus operandi* of the ERI-TB initiative, and that members who are repeatedly absent for more than three times (online or face-to-face) may be replaced.

Conclusions

This is a work in progress. The first Delphi round among the core group will serve a useful purpose, with the caveat that input from other experts should be considered if the resultant range of research areas is insufficiently broad. The two documents presented need to be merged. A face-to-face meeting in Copenhagen may be required to follow up on the first round of data collection to provide more context for the Region.

Actions

The group shall reconvene in two weeks’ time to agree a way to move forward (the exact date and time will be announced).

The facilitator group will merge the work of the two documents and present a modified questionnaire. The facilitator group will also provide guidance on the elements of a well prepared “research question”.

Annex 1

PARTICIPANTS

Members of the European Tuberculosis Research Initiative core group

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