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Final report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020

This document provides an overview of the planned final report on the Tuberculosis Action Plan for the WHO European Region 2016–2020.

It is submitted to the Standing Committee of the Regional Committee for Europe for review and comments, in anticipation of the development of the full report to be submitted to the WHO Regional Committee for Europe at its 70th session in September 2020, in line with resolution EUR/RC65/R6.

Introduction

1. This report provides an overview of implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020. A more extensive report will be prepared with information on each area of intervention under the Action Plan, following the structure of the Action Plan and detailing achievements, challenges and next steps, and will be submitted to the WHO Regional Committee for Europe at its 70th session for endorsement, in line with resolution EUR/RC65/R6. Since the areas of intervention and activities under the Action Plan remain relevant and comprehensive, and are in line with both WHO's global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy) and the political declaration of the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis, the Secretariat is proposing to extend the validity of the Action Plan to cover the period from 2021 to 2030, with an updated monitoring and evaluation plan for the same period containing new targets and milestones for the Region.

Background

2. Since the adoption of the Action Plan, commendable progress has been made in the fight against tuberculosis (TB) in the WHO European Region, as illustrated by a continuous decline in incidence. TB mortality and notification rates have reduced significantly, and testing coverage for new and relapse TB cases using WHO recommended rapid tests has increased, indicating that, on the whole, the Region is on the right track to contain the epidemic. The Action Plan's targets for reduction in both incidence and mortality have been met. During the reporting period, the annual average decline in TB incidence was 5.1%, representing the fastest of any WHO region. In 2018, among TB patients who were not living with HIV, there were an estimated 23 000 TB-related deaths in the European Region, which was a cumulative 26% decrease since 2016, equivalent to an average of 2.5 deaths per 100 000 population (range 2.4–2.6).

3. Despite that progress, TB continues to pose a public health threat throughout the Region. In 2018, there was an estimated total of 77 000 new cases of rifampicin-resistant and multidrug-resistant TB (RR/MDR-TB) in the Region, with an estimated 49 000 among notified bacteriologically confirmed pulmonary TB patients. This represents about 16% of the 484 000 global RR/MDR-TB burden in the same cohort. The proportion of RR/MDR-TB among new and previously treated TB cases in the Region exceeds the global average significantly: 18% of new and 54% of previously treated cases compared to 3.4% and 18%, respectively. HIV prevalence in incident TB cases was estimated at 12% in 2018, marking the second year of halted growth after an unprecedented increase from 3% to 12% during the period 2007–2016. In 2018, there were an estimated 30 000 HIV-positive TB cases in the Region, with the Russian Federation (53%) and Ukraine (27%) contributing the highest burden of coinfection.

4. Despite universal treatment coverage for TB and RR/MDR-TB patients, the treatment success rate in the Region remains below the 85% (TB) and 75% (RR/MDR-TB) regional targets. A sustainable increase in treatment success has been documented for TB (75.7% to 77.1%) and drug-resistant TB (DR-TB) (48.8% to 57.4%) over the last four years. Given that a three-year period is required for the assessment of treatment outcomes, and with the introduction of a more effective and shorter treatment regimen in 2018–2019, treatment outcomes in the Region are expected to improve further.

5. In 2020, almost every Member State of the Region has experienced an increasing number of diagnosed cases of COVID-19. Different parts of the Region are at different stages of COVID-19 transmission, with higher numbers reported in the western part, and a lower but growing burden in eastern Europe and central Asia. Taking into account the similarity of TB and COVID-19 symptoms, the fact that both diseases primarily attack the lungs, and that their transmission mainly occurs via close contact, it is anticipated that TB and COVID-19 may be readily misdiagnosed and that people coinfecting with TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is delayed or interrupted.

Interventions and achievements

6. The WHO Regional Office for Europe, in close collaboration with key partners, civil society and WHO collaborating centres, has helped 35 Member States in the Region, including all high-priority countries, to align their national TB action plans with the global End TB Strategy and the Tuberculosis Action Plan for the WHO European Region 2016–2020, thereby demonstrating the adaptability of the regional and global strategies to country contexts and needs, and the high level of Member State commitment in that regard. Extensive programme reviews were conducted for 12 countries and territories, the key findings of which were presented to local health authorities, along with recommendations on how to strengthen people-centred integrated care. The Secretariat has facilitated intensive policy dialogue and offered technical guidance on capacity building, data collection, evidence-base building and exchanges of good practices between countries. WHO also contributed to the preparation and organization of the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis, which took place on 26 September 2018 at United Nations headquarters in New York, United States of America, as a follow up to the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, held in Moscow, Russian Federation, in November 2017. Through the Issue-based Coalition on Health and Well-being, the Regional Office convened a consultation with United Nations agencies and key partners, including communities affected by the three diseases, to prepare a paper on the United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration. The paper, which was published on 27 September 2018, was endorsed by 14 United Nations agencies. The Regional Office is working with Member States in the Region to implement the intersectoral approaches set out in the paper.

7. The Regional Office has prepared a regional expert opinion document to guide Member States on contact investigation and measures to reduce TB transmission. Support has been given to Member States and territories for scaling up access to TB prevention and care with particular attention to vulnerable groups, including migrants, refugees, the prison population, children and adolescents. The European Laboratory Initiative (ELI), which was originally established to scale up TB laboratory services, has been expanded to cover HIV and viral hepatitis and has continued to monitor and assess laboratory needs for TB, TB/HIV coinfection, HIV and viral hepatitis in the European Region, with the ultimate objective of strengthening the response to all three diseases and promoting integrated care. Through the Initiative, the Secretariat has provided extensive technical support to Member States to improve access to rapid molecular diagnostic techniques and updated diagnostic algorithms, taking into account regional and country specificities. In 2018, the Regional Office conducted the first combined meeting on TB, HIV and viral hepatitis with a view to promoting an integrated response. A monitoring and evaluation framework has been established and evidence-based planning, policy change and programmatic activities have been conducted to

support the introduction and implementation of the updated and consolidated guidelines for programmatic management of latent TB infection (2018).

8. The Regional Office, together with key partners including the Global Fund to Fight AIDS, Tuberculosis and Malaria, has made significant efforts to help Member States scale up access to new TB medications recommended for DR-TB, and to implement active TB drug safety management and monitoring. These efforts have been made through technical support missions of the regional Green Light Committee, regional capacity-building events, and development of tools for programmatic and clinical management of DR-TB. Since 2016, more than 5000 patients have been enrolled on treatment with bedaquiline, linezolid, clofazimine and delamanid. Challenges related to patient adherence to TB and DR-TB therapy have been addressed through technical support for the implementation of patient-centred care models and the use of new digital technologies for the programmatic management of TB, such as video-observed therapy. In 2017, in follow up to the implementation of the global action framework for TB research, the Regional Office set up the European Tuberculosis Research Initiative (ERI-TB), through which the TB research agenda for the European Region was finalized and published. In 2019, through the Research Initiative, the Secretariat began researching modified fully-oral shorter treatment regimens for RR/MDR-TB under operational research conditions. To boost uptake of the TB research agenda in the European Region, the Research Initiative developed Structured Operational Research Training, through which more than 60 participants have been trained and research studies have been published in the WHO peer-reviewed journal *Public Health Panorama*.

9. The European Region has achieved the highest level of HIV testing coverage among TB patients (92%) and the highest rate of detection of TB/HIV coinfection (81%) of any WHO region, largely due to the technical support provided by the Regional Office and partners. HIV treatment coverage with antiretroviral therapy remains low, however, at 73%, which is far below the 2020 target and the WHO target of universal coverage. The Regional Office has supported several Member States in their provision of integrated TB/HIV services – one of the components most recommended for inclusion in national strategic plans on TB and HIV. To better address issues related to TB, HIV and viral hepatitis, the Regional Office merged its TB and HIV/viral hepatitis units into a combined programme, which supports collaboration and integration mechanisms among vertical programmes in Member States in order to provide better services and care for all, particularly vulnerable and key populations.

10. With support from the United States Agency for International Development, the Regional Office has conducted a series of comprehensive epidemiology reviews to assess the epidemiological burden of TB, analyse surveillance system benchmarks and standards, and document the impact of TB control efforts in Member States. Together with the European Centre for Disease Prevention and Control, annual TB surveillance and response monitoring reports were prepared, and a regional TB surveillance meeting was held, to discuss the introduction of up-to-date TB surveillance tools, under-detection of TB and priority planning to strengthen national surveillance systems.

11. A guidance document has been prepared to assist Member States in implementing policies for more accessible and efficient TB service delivery systems, shifting towards outpatient care models with sustainable financing and well-aligned payment mechanisms. The Regional Office has given technical support to the setting up of new models of TB care delivery, supported by new TB financing mechanisms, in Member States, some of which have specific roadmaps in place for the provision of more people-centered care in TB service

delivery. Through the Tuberculosis Regional Eastern Europe and Central Asian Project on strengthening health systems for effective TB and drug-resistant TB prevention and care, the Regional Office, in consultation with partners, developed a guide to people-centred models of TB care and practical tools for bed forecasting, human resource assessment and regulatory framework assessment, to further enhance the health system approach to TB. The Regional Office, in partnership with the Global Fund, has also offered guidance to eligible Member States on sustainable financing for TB prevention and care, and has supported health and financing reforms through the provision of tailored in-country technical support and by organizing a global, inter-regional event, which took place in Georgia in October 2018.

12. The Regional Collaboration Committee on Tuberculosis and Care, the mandate of which was expanded in 2019 to include HIV and viral hepatitis, and which thereby became the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis, has intensified measures to remove barriers, stigma and discrimination, and to enable civil society organizations and affected communities to respond to the three diseases. Through the Committee, the Regional Office has been able to engage with civil society organizations, former patients, communities and professional societies, and has developed a series of advocacy materials on reducing stigma around TB, stimulating reform, and adopting and scaling up good practices. Cross-border management of TB has been strengthened by the implementation of measures set out in the Minimum package for cross-border TB control and care in the WHO European Region. The package has been used to ensure the inclusion of TB diagnosis in data exchanges regarding migrants, to enhance continuity of TB care for migrants and to strengthen cross-border TB contract tracing.

13. In 2016–2018, the Regional Office, in close coordination with partners and national programmes, implemented the Tuberculosis Regional Eastern European and Central Asian (EECA) Project (TB-REP) on strengthening health systems for effective TB and DR-TB prevention and care in 11 high-priority countries for TB. The project catalysed a change in mindset, at both political and provider levels, to facilitate the reorganization of TB treatment and care. This change allowed most of the participating countries to move towards more people-centered TB care service delivery, which focuses on meeting the health needs and expectations of people affected by TB and their families, and to adopt improved health financing mechanisms and new approaches to planning human resources. Significant decreases in rates of hospitalization have been observed throughout EECA countries, indirectly contributing to a reduction of the risk of nosocomial transmission of TB and increasing the probability of successful treatment outcomes. Through guidance developed within the Project, countries were enabled to adopt different policy options for more accessible and efficient TB service delivery systems, by shifting resources towards outpatient models of TB care accompanied by sustainable financing and well-aligned payment mechanisms.

14. In 2019, the TB-REP 2.0 project was started, with funding from the Global Fund, building on the successes of TB-REP, including several significant modifications: (i) enhanced participation of civil society in improving quality of care; (ii) further advancing health system strengthening interventions with improved access to medicines as a key area; and (iii) support for the implementation of people-centred models of care with a focus on providers.

15. The Regional Office has continued to document good practices in the implementation of the Action Plan for the WHO European Region 2016–2020, with two compendiums

published, and has launched a call for reports of good practices to showcase the best examples of cross-sectoral engagement to end the three epidemics (TB, HIV and viral hepatitis).

16. Lastly, in response to the COVID-19 pandemic, the Regional Office, through the ELI, led the development of the *Rapid communication on the role of the GeneXpert platform for rapid molecular testing for SARS-Cov-2 in the WHO European Region*, a new rapid molecular diagnosis of COVID-19, which was recently approved by the Food and Drug Administration of the United States of America, and which is considered to be a potentially promising option for testing limited numbers of samples in settings with large outbreaks. The Regional Office is providing guidance to countries on mapping their existing GeneXpert equipment to ensure that that they have sufficient equipment to continue TB diagnosis as well as testing for COVID-19. The Regional Office collected the available evidence on possible drug-drug interactions between medicines used for TB therapy (drug-susceptible and drug-resistant) and for COVID-19 empiric regimens, for countries to consider when administering therapy for TB patients coinfecting with COVID-19. The Regional Office has continued to support seven Member States that are submitting proposals to the new round of funding by the Global Fund, including in the development of national strategic plans for TB, proposal development and revision of current grants to reallocate savings and reprogram resources towards the national response to COVID-19. The Regional Office is monitoring supplies of diagnostics and medicines at the national level and coordinating with donor and partner agencies, in order to secure adequate and sustainable supplies of TB medicines and diagnostics. Recognizing the role of civil society in responding to TB and COVID-19, the Regional Office conducted a virtual meeting of the Core Group of the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis, to foster collaborative efforts and reinforce partnership, advocacy and communication in responding to the three diseases in the new conditions of the global pandemic.

Challenges and the way forward

17. The European Region has the capacity to further accelerate reductions in TB incidence and mortality, by ensuring universal access to high-quality prevention, diagnosis, treatment and care for TB and DR-TB in all Member States, which aligns with the three interconnected strategic priorities of the European Programme of Work, 2020–2025 (EPW) to ensure healthy lives and well-being for all at all ages: moving towards universal health coverage, promoting health and well-being and protecting against health emergencies. As outlined in the EPW, the Regional Office will apply a two-pronged approach to TB prevention and control, aiming to achieve a better balance in the support provided at regional and subregional levels and to enhance direct country support, in order to have a greater impact on delivery across all levels.

18. In order to speed up elimination of TB, the Regional Office will support Member States in introducing and scaling up TB preventive therapy through operationalization of the WHO policy on TB prevention and the regional roadmap on the management of latent TB infection, with further adaption at country level. The Regional Office will support Member States in carrying out operational research studies to document the most effective management of contacts of DR-TB and help the countries implement the evidence-based approaches.

19. Through the COVID-19 and/or TB contact tracing mechanism, Member States will be supported in active case finding. In cooperation with the health ministries and the introduction

of digital health and new technologies, such as artificial intelligence, disease transmission patterns in communities will be documented to enable local responses to be designed.

20. Delayed diagnosis of TB and DR-TB and consequent late initiation of appropriate therapy is one of the major factors leading to poor treatment outcomes and ongoing transmission. Through its regional mechanisms such as the regional Green Light Committee and the ELI, and in partnership with WHO collaborating centres, supranational reference laboratories and key stakeholders, the Regional Office will provide state-of-the-art technical assistance to countries to scale up access to early diagnosis of TB and DR-TB. This will help reduce the time to accurate diagnosis and lead to timely initiation of appropriate treatment, hence, achieving better treatment outcomes and saving lives. The Regional Office will develop guidance on taking an integrated approach to rapid diagnosis using multi-disease platforms for testing TB, HIV, viral hepatitis and other diseases, such as COVID-19, which are closer to the point of care, in order to enable timely diagnosis and treatment of coinfections.

21. Treatment outcomes for TB are steadily improving, but are not reaching the regional target set for 2020, with 57% treatment success for MDR-TB and 35% for XDR-TB in 2017 (figures obtained from the *Global tuberculosis report 2018*). Medical and public health factors are among those causing low rates of treatment success among patients in DR-TB cohorts. The Regional Office will intensify efforts to ensure universal access to proven effective and safe treatment regimens for MDR-TB and XDR-TB. Limited access to new TB medicines in many Member States is often due to country-level barriers to registration and importation of new medicines, and lack of mechanisms to address these barriers. Despite the fact that countries of eastern Europe and central Asia have the highest resistance rates to second-line anti-TB drugs (up to 19% of MDR-TB patients affected by XDR-TB in 2019), treatment with fully oral shorter treatment regimens would be efficient in at least 70% of patients with drug-resistant TB. These new treatment regimens, if designed and administered correctly will significantly improve the treatment success rate for MDR-TB and lead to a rapid decrease in the reservoir of DR-TB in the region. To that end, the Regional Office will lead the implementation of an initiative on the introduction of fully oral modified shorter treatment regimens for MDR-TB in 11 countries of eastern Europe and central Asia under operational research conditions, with emphasis on scaling up access to new TB medicines, improving treatment success, fostering good clinical care, strengthening the clinical and research capacity of national TB programmes, and applying new digital technologies and tools to strengthen adherence to therapy. This new regional initiative will allow barriers in access to treatment to be overcome, decrease the price of therapy, and improve outcomes by reducing the number of patients lost to follow up. From the health system perspective, by transcribing the new WHO policy on DR-TB to the regional context, the introduction of injection-free and shorter regimens for MDR-TB with effective fully oral medicines should significantly decrease programmatic costs associated with therapy, shift the focus from widespread hospitalization to outpatient models of care, which will diminish the risks of nosocomial transmission of infection, and eventually lead to a decrease in the burden of drug-resistant TB in the European Region.

22. In line with the implementation of the *United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration*, the Regional Office will further strengthen collaborative efforts with other United Nations agencies and key partners to address the social determinants of the diseases and help achieve the relevant Sustainable Development Goals.

23. There is increasing evidence that the use of new digital technologies as alternative modes of care delivery, such as video-observed therapy (VOT), can contribute to patients' adherence. Currently, the implementation of VOT in Member States is often limited to certain cohorts of patients and small-scale projects. Due to the rapidly evolving COVID-19 pandemic, the importance of home-based treatment is even more crucial. The Regional Office will support Member States in the scaling up of VOT and increasing its coverage among people with TB and MDR-TB

24. The most significant persistent challenges are ensuring the successful treatment of DR-TB and countering increasing HIV infection rates. There is currently no point-of-care testing for TB and the effectiveness of treatment regimens needs to be increased, with full access to new medicines ensured across the Region. The Regional Office remains committed to boosting research and innovation to help move the Region towards TB elimination. To that end, the Secretariat will lead the implementation, in 11 Member States in eastern Europe and central Asia, of a regional operational research package for modified shorter treatment regimens in order to increase treatment success for DR-TB. Furthermore, since preventive treatment has often not been adequately prioritized among national TB activities, a regional roadmap on the management of latent TB infection is being prepared, which will describe best practices and offer support to Member States in their efforts to boost preventive treatment.

25. In extending the Tuberculosis Action Plan for the WHO European Region 2016–2020, the Secretariat will continue to support Member States in their efforts to strengthen their health systems responses and ensure efficient TB prevention and care, with a view to achieving elimination. In line with the political declaration of the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis, countries will be supported in their adaptation of the multisectoral accountability framework and their reporting on its implementation. In line with the forthcoming EPW, the Secretariat of the Regional Office will pursue further dialogue with Member States to guide and support them in aligning their national TB strategic plans with their national health strategies and programmes (such as those on HIV, maternal and child health and noncommunicable diseases) and other, related, non-health sector strategies (such as those on prisons and education) for the period 2020–2030.

26. The Regional Office will offer state-of-the-art technical guidance and policy options to Member States and partners through various regional platforms and mechanisms, including the ELI, the ERI-TB, the regional Green Light Committee, and the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis. This guidance will aim to improve the performance and efficiency of national TB programmes, with a focus on early diagnosis of active and latent TB, and will also address issues of coinfection with HIV and viral hepatitis, intensification of contact tracing, and improvements to treatment outcomes through the rational use of new TB medicines and modified shorter treatment regimens under operational research conditions. The Secretariat will support Member States in updating their national policies and practices in line with universal health coverage and the latest WHO policy guidance on TB and DR-TB. The Regional Office will offer opportunities to Member States to enhance their capacities through inter-regional, regional and in-country workshops and training courses. It will assist Member States in documenting good practices, conducting TB surveillance and monitoring, promoting and conducting TB research, and developing innovations for adopting and adapting tools and ensuring equitable access to them across the Region. Availability of funding for efficient TB response remains a challenge. The Secretariat will continue to help Member States to strengthen their health systems' response, ensure effective and sustainable financing, and work across sectors to implement the measures

articulated in the United Nations common position paper on ending TB, HIV and viral hepatitis.

27. The Regional Office will further support the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis, by involving civil society organizations and key partners to address the key societal challenges of stigma and discrimination resulting from the three diseases, as well as from COVID-19. The Regional Collaborating Committee, with its secretariat at the WHO Regional Office for Europe, will develop and implement interventions to improve treatment adherence, with the engagement of communities and civil society organizations where applicable. Furthermore, the Secretariat of the Regional Office will support Member States in scaling up community-based, people-centered models of care through integration and strengthening of service delivery at primary health care level, and by implementing measures to address the specific needs of vulnerable groups such as prisoners and migrants.

28. As the world comes together to tackle the COVID-19 pandemic, it is important to ensure that essential services and operations for dealing with long-standing health problems continue to protect the lives of people with TB and other diseases or health conditions. Through the EPW, the Regional Office will continue to support all Member States in order to ensure that TB prevention, diagnosis and treatment are maintained without any interruption and that no one is left behind. The Regional Office, through regional mechanisms (the regional Green Light Committee and the ERI-TB), is constantly working with all Member States to ensure that provision of TB treatment is in line with the latest WHO guidelines, is guaranteed for all TB patients, including those in COVID-19 quarantine and those with confirmed COVID-19 disease, and that adequate stocks of TB medicines are in place and there are no interruptions to supplies.

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