Summary Sheet			
Agenda nr. 1.12-5.0	Subject	WHO Global Task force on TB impact measurement	
For information ☒	For discussion ☒	For decision ☐	

Rationale: The work of the Task Force was presented to the Coordinating Board in October 2008, November 2009 and October 2010. An annual update is due at the January 2012 meeting, to keep the Coordinating Board informed about progress and to seek their continued support, including for resource mobilization.

Summary:

Progress made is summarized below, both overall and for each of the Task Force's three major strategic areas of work, focusing in particular on the period since October 2010. Further details are provided in the Task Force's progress update of January 2012 (see the background document) and at www.who.int/tb/advisory_bodies/impact_measurement_taskforce/.

Overall progress

Close collaboration with The Global Fund via a joint TB impact measurement team has continued. USAID, the Japanese government and the Global Fund have continued to be major sources of financial support. Following discussions at the October 2010 Board meeting, the Stop TB Partnership secretariat provided US$ 0.2 million in 2011. Many countries and technical partners are engaged in the work of the Task Force. Collaboration with CDC has intensified since June 2011, resulting in a considerable increase in secretariat capacity and associated acceleration of progress in efforts related to strengthened surveillance.

1. Strengthening routine surveillance

In 2008, the Task Force defined a framework for improving (and reaching consensus on) estimates of TB incidence, prevalence and mortality based on in-depth analysis of the quality and coverage of surveillance data (notifications and vital registration (VR) records), linked to recommendations for how surveillance needs to be strengthened towards the ultimate goal of measuring TB cases and deaths directly from notification and VR data. Between December 2008 and December 2011, this framework and associated tools (developed by WHO and the Global Fund) were applied in regional workshops held in all six WHO regions (Africa, Americas, Europe, Eastern Mediterranean, South-East Asia, Western Pacific) as well as country missions (China, India, the Philippines, Tanzania and Viet Nam). These workshops and country missions had covered a cumulative total of 96 countries by the end of 2011; top priorities in 2011 were China and India.

In 2011, priority was also given to developing three new products that can subsequently be used to support strengthened surveillance at country level. These are:

- A set of standards and benchmarks for assessment of surveillance data. The purpose of these standards and benchmarks is to assess whether surveillance data provide a direct measure of TB cases and deaths, and to identify surveillance gaps that need to be addressed when standards/benchmarks are not met. A pilot list of standards and benchmarks was developed by July, followed by field-testing in 10 countries and an expert meeting to review results and define next steps. A revised version of the standards and benchmarks was produced in November, an accompanying user guide is under development and re-testing is scheduled for the first half of 2012.
- A guide on inventory studies - these can be used to directly measure under-reporting of TB cases diagnosed by public and private providers to surveillance systems. This guide is well-advanced and will be finalized by the end of March 2012;
- A guide on electronic recording and reporting for TB care and control. This guide is virtually

finalized, awaiting only the addition of two country case studies followed by printing and dissemination.

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2. TB disease prevalence surveys
Substantial progress has been made in most of the 20 global focus countries in which the Task Force strongly recommends surveys. Of particular note, Ethiopia (June), Cambodia (September), Pakistan (November) and Laos (December) completed surveys in 2011, and the results of the 2010 survey in China were disseminated (showing a 50% reduction in TB prevalence 1990–2010). The Ethiopian survey and the repeat surveys in China and Cambodia represent landmark achievements. A further 8 countries in Africa (Gambia, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda) as well as Indonesia and Thailand made substantial advances in preparations for surveys scheduled in 2012 or 2013, facilitated in particular by a training course held in Cambodia in August 2011 in which survey coordinators and other staff involved in senior leadership/management roles were able to learn about and observe a model survey operation at first hand. All countries have received considerable guidance and support from Task Force members (e.g. survey design, preparations including mobilization of funding and procurement, survey implementation, analysis and dissemination of results), and Asia-Africa collaboration has been heavily prioritized and promoted.

3. Periodic review and revision of methods for the production of TB epidemiological estimates
An 18-month review of methods (funded by USAID/TBCAP and jointly organized by KNCV and WHO) was concluded in October 2009. Recommendations were presented to the full Task Force in March 2010, and endorsed. Methods were used for the December update to the 2009 WHO global report and for the 2010 and 2011 WHO reports. It was anticipated that the latest estimates would also be used for the TB component of the Global Burden of Disease study led by the IHME institute in Seattle. However, along with other diseases IHME has in the end used its own model and associated methods, details of which have not been shared with the expert group. WHO is a partner in the GBD but has not officially endorsed results. The health information, evidence and research cluster (IER) in WHO is organizing an expert review of the GBD study in early 2012.

DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):
Commitment to:
1) Mobilization of resources to maintain the staffing of the Task Force secretariat, to ensure continued progress and momentum on strengthening surveillance and prevalence surveys.
2) Support countries to strengthen surveillance systems and implement prevalence surveys, via financial and other mechanisms.

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

Political, financial and staffing.

NEXT STEPS

ACTION REQUIRED (IN 2012/2013):

- ***Strengthened surveillance***: Finalization of (i) standards/benchmarks that need to be met for surveillance data to provide a direct measure of TB cases and deaths and (ii) guides on electronic recording and reporting and inventory studies. This should be followed by promotion and roll-out of their use to strengthen surveillance/M&E at country level, including via Global Fund grants, and to identify countries that already meet surveillance standards. In response to country requests, two priorities in 2012 for an in-depth review of surveillance and survey data and associated updating of estimates of disease burden and development of plans for strengthened surveillance are Indonesia and South Africa.

- ***TB prevalence surveys***: Overall guidance and coordination of direct support for (i) dissemination of results from Cambodia, Pakistan and Laos 2011 surveys (ii) completion of surveys in Nigeria, Rwanda, Tanzania, Thailand and Gambia in 2012, and completion of surveys in Ghana, Indonesia, Kenya, Malawi, South Africa and Uganda in 2013 and (iii) design of repeat surveys in Bangladesh, Myanmar, the Philippines, Viet Nam. In all of this work, continued capacity building at national and international levels via AA collaboration will be prioritized and promoted.
- ***Methods to estimate disease burden:*** Input to WHO-organized review of GBD methods for estimation of disease burden and associated results.

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TIMEFRAME: 2012/2013