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

This report provides a concise overview of implementation of the Tuberculosis (TB) Action Plan for the WHO European Region 2016–2020 and is based on the summary report reviewed and cleared by the Standing Committee of the Regional Committee for Europe (SCRC). It is submitted to the 70th session of the WHO Regional Committee for Europe in 2020, in line with resolution EUR/RC65/R6. The full report on implementation of the Action Plan will be posted on the website of the WHO Regional Office for Europe.

Since the areas of intervention and activities of the Action Plan are still relevant, comprehensive and in line with the global End TB Strategy and the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis, and with the approval of the SCRC, the Regional Office is proposing to extend the validity of the Tuberculosis Action Plan from 2021 to 2030, along with an updated monitoring and evaluation framework, with new targets and milestones for the Region.
Background

1. In 2014, the World Health Assembly endorsed the End TB Strategy with the targets linked to the United Nations 2030 Agenda for Sustainable Development and target 3.3 of the Sustainable Development Goals, namely ending the epidemic of tuberculosis (TB) by 2030. In 2015, in line with WHO Executive Board resolution EB134.R4, the WHO Regional Office for Europe, in consultation with Member States, partners, communities and people affected by the disease, developed the Tuberculosis Action Plan for the WHO European Region 2016–2020, which was approved at the 65th session of the WHO Regional Committee for Europe in resolution EUR/RC65/R6 and required the WHO Regional Director for Europe to report on its implementation in 2018 and 2020.

2. The year 2020 marks the initial milestone set by the End TB Strategy to report interim results. Countries in the WHO European Region have made substantial progress towards ending TB, implementing the regional Action Plan. The European Region has achieved the fastest decline of TB incidence and mortality (by 15% and 26%, respectively, between 2015 and 2018) of all the WHO regions. The European Region is the only one to have achieved the 2020 End TB Strategy milestone to reduce the TB incidence rate in 2020 by 20% compared with the 2015 baseline; it has also achieved the regional Action Plan target of a 25% reduction in the TB incidence rate.

3. Leading by example, the Regional Office has rearranged its structure, merging the TB and HIV and viral hepatitis units into one single joint programme, and has restructured its workplans and internal collaboration mechanisms. On the initiative of the Regional Office, the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was presented, signed and endorsed in Geneva on 9 May 2018 at the Regional United Nations System Meeting for Europe and Central Asia.

4. As the areas of intervention of the current Action Plan are still valid and have been endorsed by the Standing Committee of the Regional Committee for Europe, the Regional Office is proposing an extension of the existing regional Action Plan until 2030, accompanied by a new monitoring and evaluation framework with new indicators and targets.

Situation analysis: epidemiological trends

5. The latest data published in 2020, from the 2018 country reports, indicate another year of decrease in the TB epidemic, with 259 000 incident TB cases estimated in the Region, corresponding to 28 cases per 100 000 population. The average annual decline in the TB incidence rate was 5.1% between 2014 and 2018, which is the fastest decline of all the WHO regions. There were an estimated 23 000 TB deaths in 2018 among HIV-negative people in the Region, a cumulative 56% decrease since 2009 and equivalent to 2.5 deaths per 100 000 population. With a decline of 11.5% between 2017 and 2018, this rate is notably higher than the global average decline in TB mortality (3.6% during the same period).

6. In 2018, there were an estimated 77 000 new cases of rifampicin-resistant and multidrug-resistant TB (RR/MDR-TB) in the Region, with 49 000 cases estimated among notified bacteriologically confirmed pulmonary TB patients. This represents about 16% of the 484 000 strong global RR/MDR-TB burden in the same cohort. The proportion of RR/MDR-TB among new and previously treated TB cases significantly exceeds the global average, with
18% in new and 54% in previously treated cases, compared with 3.4% and 18%, respectively, globally.

7. HIV prevalence in incident TB cases was estimated to be 12% in 2018, marking the second year of halted growth after an unprecedented increase from 3% to 12% during the period 2007–2016.

8. Of the new and relapse TB patients notified from countries and areas reporting HIV testing data, 91.5% were screened for HIV. A total of 24,365 TB cases were detected with HIV-positive status, 13.1% of those tested, a slight increase compared with the previous year (12.8% in 2017). A total of 17,435 (73.1%) of HIV-positive cases are reported to have received antiretroviral therapy.

9. Despite universal treatment coverage for TB and RR/MDR-TB patients, the treatment success rate in the Region remains below the regional targets of 85% and 75%, respectively. The treatment outcomes for both incident TB and RR/MDR-TB cohorts were 77.1% and 57.4%, respectively, which shows slight but steady improvement.

10. The stage of transmission of coronavirus disease (COVID-19) varies within the Region, which impacts health systems and service delivery. Because of lockdowns, limited mobility of the population and the focus on detection of COVID-19, a decrease in TB detection is expected, which may lead to a serious increase in TB deaths and significantly affect the successes achieved in reaching the regional targets. The Regional Office is currently collecting three key indicators for the first half of 2020 to document the impact of the pandemic on TB response.

Activities related to areas of intervention

1. Integrated, patient-centred care and prevention

11. The Regional Office has assessed policies and practices on active TB case-finding in the Region. Results show that most of the countries undertake active TB case-finding among WHO-recommended groups, but wide differences exist between screening policies across the Region, especially for migrants and displaced populations.

12. The Region is demonstrating a leadership role in the area of improving access to high-quality TB and drug-resistant TB services for vulnerable populations such as prisoners. The Regional Office has supported the development of a training course curriculum and provided the faculty for six global and five country-specific courses facilitated by the WHO Collaborating Centre on the Prevention and Control of TB in Prisons in Baku, Azerbaijan. The WHO Collaborating Centre Working with Vulnerable Population Groups in Central Europe, based in Slovakia, has launched a series of sessions and proactive visits to ensure accessibility of detection, treatment and care for specific groups from vulnerable communities.

13. Through the Health Evidence Network, the Regional Office conducted a literature review of the available evidence on screening and management of TB among migrants and refugees, with key findings being published in 2018.
14. Good practices in systematic screening, including active case-finding among key at-risk and vulnerable populations (households or close contacts of TB patients, children and minors in the community of contacts, people living with HIV infection, prison inmates, health care workers, etc.), have been collected by the Regional Office and published in two compendiums of good practices in 2018 and 2019.

15. Through the European Laboratory Initiative (ELI) on TB, HIV and Viral Hepatitis, the Regional Office developed diagnostic algorithms to guide Member States and the national health workforce in using rapid molecular diagnostic techniques, thereby accelerating diagnoses of TB, including drug-resistant TB.

16. The Regional Office organized more than 10 training courses to support over 200 TB laboratory specialists and TB clinicians in adopting the above-mentioned algorithms.

17. Through ELI and with support from the Government of Germany and the United States Agency for International Development, the Regional Office developed a training toolkit on WHO-recommended rapid molecular techniques for accelerated diagnosis of all forms of TB to ensure effective first- and second-line treatment as appropriate. The Regional Office also developed an online training course on the OpenWHO platform for interpretation of rapid molecular assays, which was launched in April 2020.

18. In 2018, ELI’s mission was expanded to cover testing, diagnosis, monitoring and laboratory requirements for TB/HIV coinfection, HIV and viral hepatitis. To strengthen the integration of TB, HIV and viral hepatitis laboratory services, the Regional Office, through ELI, has initiated the development of a guidance document for the use of multidisease testing platforms that can be used for all three diseases and others besides.

19. In response to the COVID-19 pandemic, the Regional Office, through 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 WHO method of rapid molecular diagnosis of COVID-19, as a potentially promising option for testing limited numbers of samples in settings with large outbreaks.

20. Significant efforts have been made to scale up access to new TB medications currently recommended by WHO for drug-resistant TB treatment through technical support missions, regional capacity-building events and the development of tools for programmatic and clinical management of drug-resistant TB. The new WHO guidelines on drug-resistant TB, released in March 2019 and June 2020, regulate and elevate the role of new TB medicines in drug-resistant TB treatment and have provided a unique opportunity to tackle the burden of drug-resistant TB through the introduction of effective, fully oral shorter and long treatment regimens under programmatic conditions, and their modification under operational research conditions. The Regional Office developed a regional package for modified, fully oral shorter treatment regimens for RR/MDR-TB for 11 high-priority countries of eastern Europe and central Asia (EECA). The regional package was presented to national stakeholders of the 11 EECA countries in December 2019, making the European Region the first to provide access to the new fully oral shorter treatment regimens, with the ultimate goal of improving treatment success in RR/MDR-TB.

1Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan
21. Regional guidance was developed and made available to Member States in 2019, as follow-up to the high-level meetings of the United Nations on TB (2018) and universal health coverage (2019) and to three regional child and adolescent TB consultations (2015, 2017, 2020).

22. Between 2015 and 2018, over 5500 patients started treatment with new WHO-recommended TB drugs for drug-resistant TB treatment, with over 95% of patients enrolled on treatment in EECA.

23. The Green Light Committee for the WHO European Region (rGLC/Europe) is the main collaborating mechanism to support countries in ensuring the quality of drug-resistant TB activities and the scale-up of these activities.

24. On the basis of the success in introducing new medicines and new regimens for drug-resistant TB, Belarus established the WHO Collaborating Centre for the Introduction of New Drugs and Regimens for the Treatment of M/XDR-TB in 2019. Through the WHO Collaborating Centre on the Prevention and Control of TB in Prisons in Baku, the Regional Office strengthened the capacity of national programmes to ensure continuity of care for patients transferred between penitentiary and civilian institutions. The WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis in Latvia has developed a webinar dedicated to the introduction of new treatment regimens and a webinar on the impact of COVID-19 in relation to TB for participants from the entire Region.

25. The Regional Office has supported several Member States in providing integrated people-centred TB/HIV services and ensuring their sustainability and efficient delivery; these interventions are evolving into a highly recommended component in the TB and HIV national strategic plans.

26. The United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was launched in September 2018, in collaboration with the Permanent Mission of the Slovak Republic to the United Nations, several ministers of health, the International Organization for Migration and the International Federation of Red Cross and Red Crescent Societies. The launch was held back-to-back with the High-level Meeting of the United Nations General Assembly on Ending Tuberculosis. The Regional Office further developed an operational framework describing how to implement the Common Position.

2. Bold policies and supportive systems

27. With the support of the Regional Office, WHO country offices and partners, 32 countries in the Region, including all TB high-priority countries, have aligned their national plans with the End TB Strategy and the Tuberculosis Action Plan for the WHO European Region 2016–2020, demonstrating high-level commitment and adapting the global and regional strategies to country contexts and needs. By the end of 2019, over half the countries had updated their national strategies accordingly.

28. The Regional Office provided technical support for countries eligible for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria in improving the quality of country funding requests to the 2020–2022 Global Fund funding allocation cycle.

29. The Regional Office has worked with civil society, former patients, communities and community-based organizations representing key populations, as well as professional
societies, through the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV) and developed key communication and advocacy materials to address stigma, stimulate reform, and adopt and scale up good practices.

30. In 2020, the Regional Office drew up the Regional Collaborating Committee’s statement on the TB, HIV and viral hepatitis response during COVID-19. The statement is a call for national governments, development partners, the United Nations family and civil society to increase their efforts to guarantee rights- and equity-based approaches in the provision of information, care and social support to the most vulnerable communities and key populations affected by these three diseases during the COVID-19 pandemic.

31. The Regional Office has hosted an independent Technical Advisory Group, which has reviewed the progress and challenges in implementation of the Action Plan annually and transmitted its recommendations directly to the Regional Director. On 19–21 May 2020, the 14th Technical Advisory Group met online and reviewed the final report on implementation of the Action Plan and the Regional Office’s work during the COVID-19 pandemic, and formulated recommendations on next steps, including the extension of the TB Action Plan until 2030, accompanied by a new monitoring and evaluation framework, to support Member States during the pandemic.

32. In 2016–2018, the Regional Office, in close coordination with partners and national programmes, implemented the Tuberculosis Regional Eastern Europe and Central Asian Project (TB-REP) on strengthening health systems for effective TB and drug-resistant TB prevention and care in 11 high-priority countries. The project catalysed changes in mindset, at both political and provider level, facilitating the reorganization of TB treatment and care as follows: (a) enhanced participation of civil society in improving quality of care; (b) further advancement of health system strengthening interventions, with added access to medicines as a key area; and (c) support for implementation of the model of care, with a focus on providers.

33. With the support of the WHO Barcelona Office for Health Systems Strengthening in Spain, and with strong interdivisional collaboration, the Regional Office has provided four rounds of training courses for health care professionals from EECA on health systems strengthening for improved TB prevention and care.

34. The Regional Office and the European Centre for Disease Prevention and Control (ECDC) have jointly conducted TB surveillance and response monitoring; they jointly collect data throughout the Region and publish joint annual reports.

35. With the support of the Regional Office and partners, 52 Member States are now regularly conducting electronic case-based data management, with continually improving quality of recording and reporting practice.

36. At country level, comprehensive epidemiological impact analyses and assessments of national standards and benchmarks in TB surveillance systems have been carried out by the Regional Office in 14 countries since 2012.

37. In response to the COVID-19 pandemic, the Regional Office has developed a set of three key indicators on detection, enrolment on treatment, and treatment adherence to collect data from Member States on a quarterly basis. These indicators will help countries and the Regional Office identify gaps that require a prompt response.
38. With the aim of strengthening country capacities for the maintenance of biosafety cabinets and ensuring that airborne infection control measures are duly taken into account, the Regional Office supported several TB programmes by training engineers and technicians from national counterparts.

39. Every year, in cooperation with ECDC, the Regional Office initiates regional information and communication campaigns to mark World Tuberculosis Day and launch the TB surveillance and monitoring report.

40. With support from the Russian Federation, the Regional Office developed an assessment tool to assess the potential burden of TB related to migration, policies for addressing needs for TB care among migrants, and the availability of interagency mechanisms to address these needs.

3. Intensified research and innovation

41. With support from the United States Agency for International Development, the Regional Office launched the European Tuberculosis Research Initiative (ERI-TB) in November 2016 to advance TB-related research in Europe and strengthen the use of evidence, information and research for policy-making in the Region. The European TB research agenda is publicly available and guides stakeholders in assisting countries to eliminate research gaps.

42. The Regional Office has provided assistance to several countries in piloting innovative digital tools: electronic video directly observed treatment (vDOT) for patient care, and electronic Practical Approach to Lung Health (ePAL) for mobile devices. In 2018–2019, ERI-TB, in collaboration with the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, developed and implemented the innovative Structured Operational Research Training (SORT-TB) to increase country capacities to use data for decision-making.

Way forward

43. The Region will further accelerate reductions in TB incidence and mortality by ensuring universal access to high-quality prevention, diagnosis, treatment and care for TB and drug-resistant TB, which aligns with the three interconnected strategic priorities of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW).

44. To speed up elimination of TB, the Regional Office will support Member States in implementing effective diagnosis and treatment and introducing and scaling up TB preventive treatment.

45. The following will be further prioritized: (a) increasing the effectiveness, accessibility, sustainability and resilience of health systems through the use of digital health technologies for contact-tracing; (b) TB prevention, diagnosis and treatment among migrants and refugees; and (c) issues of co-infection with HIV and viral hepatitis as well as comorbidities with non-communicable diseases and mental health disorders.

46. The Regional Office will continue to provide state-of-the-art technical guidance and policy options for Member States and partners through various regional platforms and mechanisms.
47. The Regional Office will intensify its efforts to ensure universal access to proven, effective and safe treatment regimens for RR/MDR-TB and extensively drug-resistant TB. Limited access to new TB medicines in some Member States is often due to country-level barriers to registration and importation of new medicines for the fully oral shorter treatment regimen. From the health system perspective, the Regional Office will support countries in implementing integrated people-centred care with a focus on outpatient care models, which will reduce the risk of nosocomial transmission of infection.

48. 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 three diseases.

49. In line with the new EPW, the Regional Office will pursue its dialogue with Member States to guide and support them in aligning their national TB strategic plans with their national health strategies and programmes and other related non-health-sector strategies (e.g. those on prisons and education) for the period 2021–2030.

50. The Regional Office will support the development and implementation of interventions to improve treatment adherence, with the engagement of communities and civil society organizations where applicable. Furthermore, the Regional Office will support Member States in scaling up community-based, people-centred models of care through integration and strengthening of service delivery at the primary health care level and by implementing measures to address the specific needs of vulnerable groups, such as prisoners and migrants.

51. 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 to ensure that TB prevention, diagnosis and treatment are maintained without any interruption and that no one is left behind.