FINAL REPORT ON IMPLEMENTATION OF THE TUBERCULOSIS ACTION PLAN FOR THE WHO EUROPEAN REGION 2016–2020
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ABSTRACT
This report provides an overview of implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 based on a summary report that was reviewed and approved by the Standing Committee of the Regional Committee and subsequently submitted to the 70th session of the WHO Regional Committee for Europe in 2020, in line with resolution EUR/ RC65/R6. The report summarizes the progress and challenges and the next steps in ending tuberculosis and drug-resistant tuberculosis in the WHO European Region.


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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>aDSM</td>
<td>active drug safety monitoring and management</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
</tr>
<tr>
<td>DOT</td>
<td>directly observed treatment</td>
</tr>
<tr>
<td>DR-TB</td>
<td>drug-resistant tuberculosis</td>
</tr>
<tr>
<td>DRS</td>
<td>drug resistance survey</td>
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<tr>
<td>DST</td>
<td>drug-susceptibility testing</td>
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<tr>
<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
</tr>
<tr>
<td>EECA</td>
<td>eastern Europe and central Asia</td>
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<tr>
<td>ELI</td>
<td>European Laboratory Initiative</td>
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<tr>
<td>ERI-TB</td>
<td>European Tuberculosis Research Initiative</td>
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<tr>
<td>MDR-TB</td>
<td>multidrug-resistant tuberculosis</td>
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<tr>
<td>mVST</td>
<td>mobile video-supported treatment</td>
</tr>
<tr>
<td>RCC-THV</td>
<td>Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis</td>
</tr>
<tr>
<td>rGLC</td>
<td>regional Green Light Committee</td>
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<tr>
<td>RR-TB</td>
<td>rifampicin-resistant tuberculosis</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SORT-TB</td>
<td>Structured Operational Research Training (of the European Tuberculosis Research Initiative)</td>
</tr>
<tr>
<td>TAG-TB</td>
<td>Technical Advisory Group for Tuberculosis</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TB-REP</td>
<td>Tuberculosis Regional Eastern Europe and Central Asian Project</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VST</td>
<td>video-supported treatment</td>
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<tr>
<td>XDR-TB</td>
<td>extensively drug-resistant tuberculosis</td>
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BACKGROUND

Despite notable progress in ending tuberculosis (TB) and a decline in new cases, TB still poses a public health threat in most countries of the WHO European Region, particularly high-priority countries. TB is strongly associated with biological and behavioural factors that weaken the immune system (including HIV infection, diabetes and the use of tobacco, alcohol and illicit drugs), as well as with social, economic and environmental determinants that increase vulnerability and exposure to TB (such as poverty, unemployment, imprisonment and migration), thereby limiting the resources available to prevent and fight the disease. Nosocomial transmission, especially in closed facilities and congregated settings, is another contributory factor for the TB epidemic. To address those challenges, a well-coordinated intersectoral response is essential.

In 2014 the World Health Assembly endorsed the End TB Strategy (1), with targets linked to the United Nations 2030 Agenda for Sustainable Development (2) with the Sustainable Development Goals (SDGs), in particular the SDG 3.3 target of ending TB epidemics by 2030 (3). In 2015, in line with the Global strategy and targets for TB prevention, care and control after 2015 (World Health Assembly resolution EB134.R4) (4), the Secretariat, developed the Tuberculosis Action Plan for the WHO European Region 2016–2020 in consultation with Member States, partners, communities and people affected by the disease (5). The Action Plan was approved at the 65th session of the Regional Committee for Europe (resolution EUR/RC65/R6) (6), with a requirement for the WHO Regional Director for Europe to report on its implementation in 2018 (7) and 2020.

The ambitious targets were reinforced by the Moscow declaration to end TB of 17 November 2017 (8) and the United Nations Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis of 26 September 2018 (9). Furthermore, an effective TB response that leaves no one behind requires robust health systems to accelerate the achievement of universal coverage of TB prevention and care services. Integrated people-centred prevention and care is a key pillar of regional TB efforts, which is aligned with the United Nations Political Declaration of the High-level Meeting on Universal Health Coverage, adopted by the United Nations General Assembly on 23 September 2019 (10).

The year 2020 marks the first milestone set by the End TB Strategy (1) to report interim results. Countries in the WHO European Region have made substantial progress towards ending TB through implementing the Action Plan (5). The Region has achieved the fastest decline of TB incidence and mortality (reductions of 15% and 26%, respectively, between 2015 and 2018) among all WHO regions. The WHO European Region is the only region to achieve the End TB Strategy milestone to reduce the TB incidence rate in 2020 by 20% (compared with the 2015 baseline) (1) and the Action Plan target of a 25% reduction in the TB incidence rate (5).

Despite having the fastest decline in TB incidence and mortality, the WHO European Region also has the highest rates of drug-resistant TB (DR-TB). A slow but sustainable increase in treatment success has been documented in TB (from 75.7% to 77.1%) and DR-TB (from 48.8% to 57.4%) cohorts over the reporting period for implementation of the Action Plan (11); however, these rates remain below the regional targets of 85% and 75%, respectively. TB/HIV coinfection is also on rise in the Region, with an estimated HIV infection rate of 18% among new TB cases in 2018. DR-TB, TB/HIV coinfection and underlying health system

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1 The 18 high-priority countries in the WHO European Region are: Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, Romania, the Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.
shortcomings are the main challenges that require urgent action in the Region.

In recent years novel approaches and tools to tackle TB have been introduced, including rapid molecular testing for TB and drug resistance, new medicines and regimens for DR-TB therapy, innovative models of people-centred care and use of digital health technologies. The joint efforts of WHO and partners have been needed to ensure that comprehensive technical support is available to Member States for the institutionalization of best practices and their implementation and sustainability. This technical support is crucial during the ongoing gradual transition from external to domestic funding for public health.

In order to lead by example, the Secretariat has rearranged its structure by merging the TB and HIV/Viral Hepatitis units into the Joint Tuberculosis, HIV and Viral Hepatitis programme and restructured its workplans and internal collaboration mechanisms (12). Through adopting an integrated approach, the aim is to strengthen linkages between different health programmes and ensure greater integration in the technical assistance provided to Member States. On the initiative of the Secretariat, the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was presented, signed and endorsed on 9 May 2018 in Geneva at the Regional United Nations System Meeting for Europe and Central Asia (13,14).

Therefore, to better support Member States towards ending TB by 2030, and following approval by the Standing Committee of the Regional Committee, the Secretariat proposes to extend the existing Action Plan (5) until 2030, with an emphasis on linkages to the action plans for the health sector response to HIV (15) and viral hepatitis (16). The goal is to capitalize on the synergies generated by addressing the overlapping burdens of TB, HIV and viral hepatitis in the WHO European Region. The monitoring and evaluation framework of the Action Plan has been revised and updated to align with the new and adapted targets and milestones (17). After consultation with Member States in January–April 2020, the draft framework was finalized.

This report provides an overview of implementation of the Action Plan (5) and future considerations. Its structure is based on the areas of interventions of the Action Plan.
The year 2018 witnessed another annual decrease in TB incidence, with 259,000 incident TB cases (range: 225,000–296,000) estimated in the WHO European Region, corresponding to 28 cases per 100,000 population (range: 24–32). The average annual decline in the TB incidence rate of 5.1% recorded between 2015 and 2018 was the fastest decline among all WHO regions. The Region achieved the End TB Strategy milestone to reduce the TB incidence rate by 20% compared with the 2015 baseline (1) and the Tuberculosis Action Plan for the WHO European Region 2016–2020 target of a 25% reduction in the TB incidence rate (5).

In 2018 there were an estimated 23,000 TB deaths among HIV-negative people in the Region, representing a cumulative decrease of 56% since 2009 and equivalent to 2.5 deaths per 100,000 population (range: 2.4–2.6). The decline in TB mortality of 11.5% between 2017 and 2018 was notably higher than the average global decline (3.6% between 2017 and 2018).

In 2018 there were an estimated 77,000 new cases of rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB) in the Region, with an estimated 49,000 notified bacteriologically confirmed pulmonary TB patients. This figure represents approximately 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 also significantly exceeded the global average (new cases: 18% vs 3.4%; previously treated cases: 54% vs 18%).

HIV prevalence in incident TB cases was estimated to be 12% in 2018, marking the second year with no change following an unprecedented increase from 3% to 12% during 2007–2016. The Region had an estimated 30,000 HIV-positive TB cases, with the Russian Federation (53%) and Ukraine (27%) having the highest burdens of coinfection.

Overall, a 19% decrease was observed in the notification rates of new and relapsed TB cases during 2014–2018 (incident TB cases) – from 30.3 to 24.5 cases per 100,000 population. Fig. 1 shows 2018 data for individual countries in the WHO European Region. Data from Serbia does not include TB notification rates of new TB cases and relapses from Kosovo. In 2018 227,240 incident TB cases were notified, equivalent to 88% of the estimated new and relapsed cases in the Region. The percentage of newly notified TB patients tested using WHO-recommended rapid diagnostic tests increased from 45.3% in 2015 to 66.3% in 2018, overachieving the target of 30% set in the regional TB Action Plan (5).

In 2018 a total of 189,992 (84%) pulmonary cases were notified among incident TB cases, of which 67% were laboratory confirmed. This marked another annual increase in laboratory confirmation of TB cases, from 57.1% in 2013. Among the bacteriologically confirmed pulmonary TB cases, 84% underwent first-line drug-susceptibility testing (DST). Overall, first-line DST showed that 29.1% of pulmonary TB cases had MDR-TB. The prevalence of MDR-TB was 18.3% among new and 49.1% among previously treated bacteriologically confirmed pulmonary TB cases. An increasing trend was noted in extensively drug-resistant TB (XDR-TB), with second-line DST coverage of 94.7%. Second-line DST showed that 19.2% of pulmonary MDR-TB cases had XDR-TB in 2018. The number of XDR-TB cases among pulmonary TB cases increased from 999 in 2014 to 6672 in 2018, largely related to an increase in the number of countries reporting second-line DST data.

Of the new and relapsed TB cases notified from countries and areas reporting HIV testing data, 91.5% were screened for HIV infection. A total of 24,365 TB cases had HIV-positive status (13.1% of those tested),
representing a slight increase on the previous year (12.8% in 2017). A total of 17,435 of HIV-positive cases (73.1%) had received antiretroviral therapy (ART). ART coverage showed an increasing trend over the reporting period (2015–2018) but remains far below the WHO target of universal ART coverage for TB/HIV coinfected patients.

Despite universal treatment coverage for TB and RR/MDR-TB patients, the treatment success rates in the Region remains below the targets of 85% and 75%, respectively. The treatment success rate for incident TB and RR/MDR-TB cohorts were 77.1% and 57.4%, respectively, representing a slight but steady improvement over the reporting period.

In 2020 almost every Member State of the WHO European Region experienced the impact of COVID-19, with growing number of diagnosed cases. Different Member States in the Region are at different stages of COVID-19 transmission and related impacts on health systems and service delivery. Due to lockdowns, limited mobility of population and a focus on COVID-19 detection, the TB detection rate has decreased since March 2020. This may lead to a serious increase in TB deaths and significantly negate the successes already achieved towards reaching the regional targets. Given the similarity of TB and COVID-19 symptoms, the fact that both diseases primarily attack the lungs and that transmission mainly occurs via close contact, it is anticipated that people with both TB and COVID-19 may have poorer treatment outcomes, especially if their TB treatment is interrupted. Since the start of the COVID-19 pandemic, the Secretariat has provided intensive support via the Regional Office and country offices to national TB programmes and health authorities across the Region to ensure the continuity of essential services for people affected with TB through modified models of care and the prioritized repurposing of available staff, infrastructure, equipment and supplies.

![TB notification rates of new TB cases and relapses per 100 000 population, European Region, 2018](image)

Source and MAP Production: WHO EURO

Data from Serbia does not include TB notification rates of new TB cases and relapses from Kosovo.

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3 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
A laboratory worker operating in a biosafety cabinet at the National Reference Laboratory in Yerevan, Armenia. The WHO regional platform to end TB in eastern Europe, funded by USAID.
1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

A. Systematic screening of contacts and high-risk groups

The Secretariat has assessed policies and practices on active TB case-finding in the WHO European Region. Results show that most countries undertake active TB case-finding among WHO-recommended groups, but wide differences exist between screening policies across the Region, especially those concerning migrants and displaced populations. Based on their specific needs, Member States have received technical support to develop or update strategies for systematic screening, including active case-finding and/or contact investigation, with an additional focus on translating political commitment into country action and impact and on the engagement of communities and community-based organizations of key populations. A regional guidance document on systematic screening will be developed in 2020. Among the European Union countries, the Secretariat supported Estonia to review its policy and practices to increase the efficiency of identification and follow-up of TB contacts.

To ensure that TB and M/XDR-TB screening in relevant congregate settings (including penitentiary services) is available across the Region, a specific training course on TB in congregate settings has been developed and conducted annually at the premises of and led by the WHO Collaborating Centre on Prevention and Control of Tuberculosis in Prisons in Baku, Azerbaijan. The Secretariat 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. The next course was originally planned for April 2020 but has been postponed until September due to the COVID-19 pandemic. The course will be delivered online in the form of webinars. The course curriculum will cover TB, HIV and viral hepatitis in key vulnerable population groups, including prisoners. The Region is demonstrating leadership in this area and its experiences will be shared with other WHO regions in order to assist Member States in improving access to quality TB and DR-TB services for vulnerable
populations such as prison inmates (see section 2B). In Slovakia, the WHO Collaborating Centre Working with Vulnerable Population Groups in Central Europe has launched a series of sessions and proactive visits to ensure access to detection, treatment and care for specific vulnerable communities. This work was initiated in 2019 and has continued in 2020, despite COVID-19 travel restrictions.

Through the Health Evidence Network, the Secretariat conducted a literature review of the available evidence on TB screening and management among migrants and refugees, with the key findings published in 2018 (18).

The burden of DR-TB remains a substantial challenge for the Region and the issue of early detection of DR-TB in children and adolescents is a top priority (see “Situation analysis: epidemiological trends”). To support Member States with the assessment, contact tracing and postexposure management of minors exposed to DR-TB, the Secretariat provided updates on the recent scientific evidence and published region-specific clinical and public health recommendations in 2019 (19).

Good practices in systematic screening, including active case funding in key at-risk and vulnerable populations (including households or close contacts of TB patients, children and minors in the community of contacts, people living with HIV infection, inmates and health-care workers) were collected by the Secretariat and published in two compendiums of good practices in 2018 and 2019 with support from the United States Agency for International Development (USAID) (20,21).
The WHO regional platform to end TB in eastern Europe, funded by the United USAIDS, is a mechanism to support countries in development of operational plans to improve laboratory services. These plans ensure optimization of the laboratories network, including further decentralization so that testing is moved closer to primary health-care workers and is more rapid for patients to improve TB detection.

“This gives a new impetus to the development of laboratory services. It allows us to detect all patients at an early stage of the disease and to end TB in our country.”
Elena Nikolenko, Head of the National Reference Laboratory in Minsk, Belarus.

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B. Early diagnosis of all forms of TB and universal access to DST, including the use of rapid tests

Through the European Laboratory Initiative on TB, HIV and Viral Hepatitis (ELI), the Secretariat developed diagnostic algorithms to guide Member States and the national health workforce in using rapid molecular diagnostic techniques (22), thereby accelerating the diagnosis of TB, including DR-TB. The algorithms are currently being revised; an updated version is expected to be available online in the second quarter of 2020.

The Secretariat has organized more than 10 training courses to support more than 200 TB laboratory specialists and TB clinicians in adopting the diagnostic algorithms (as mentioned above). Consequently, Armenia, Belarus, Georgia, Kyrgyzstan, Latvia and Uzbekistan have updated, or are reviewing, their diagnostic algorithms based on WHO recommendations to ensure the optimal use of their diagnostic capacities and facilitate more accurate and timely treatments.

Through ELI and with support from the Government of Germany and USAID, the Secretariat developed a training toolkit on WHO-recommended rapid molecular techniques for the accelerated diagnosis of all forms of TB to ensure the provision of effective first- or second-line treatment, as appropriate. The toolkit was piloted in Belarus and shared at a Regional workshop.
and through country-specific training courses. Based on this, the Secretariat developed an online training course on the OpenWHO platform for accurate and rapid interpretation of molecular test results in the laboratory. The course was launched in April 2020. By the end of June 2020, more than 16,000 participants had enrolled and more than 5,000 had successfully completed the course. The course discussion forum has been actively used by participants, who receive answers to their questions from ELI laboratory experts.

In 2017 the Secretariat published a comprehensive plan for routine and preventive maintenance of TB laboratories to meet quality standards and WHO requirements (23). The plan aims to ensure accurate and uninterrupted laboratory services, cost-efficient use and extended lifetime of equipment, and increased laboratory safety. It is being implemented by Member States across the Region.

In 2018 ELI’s mission was expanded to include the testing, diagnosis, monitoring and laboratory needs related to TB/HIV coinfection, HIV and viral hepatitis. In 2018 the Secretariat organized and in 2019 joined ELI meetings on TB, HIV and viral hepatitis for national stakeholders from high-burden countries to discuss ways of strengthening diagnostics, testing and monitoring capacity to tackle the three diseases in an integrated way in the Region (24).

In response to the COVID-19 pandemic, 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, which provides an overview of a new rapid molecular test for diagnosing COVID-19 (25). The test was approved by United States Food and Drug Administration and is considered a promising option for testing limited number of samples in settings with large outbreaks. Guidance from the Secretariat focuses on mapping the existing GeneXpert equipment to ensure the efficient use of the platform for the COVID-19 response while not compromising the rapid diagnosis of TB.
C. Equitable access to quality treatment and the continuum of care for all people with TB, including DR-TB, and patient support to facilitate treatment adherence

Significant efforts have been made to scale up access to the new TB medications currently recommended by WHO for DR-TB therapy through technical support missions, regional capacity-building events, and the development of tools for the programmatic and clinical management of DR-TB. WHO guidelines on DR-TB therapy were released in March and December 2019 (26) following the release of TB consolidated guidelines and operational handbook on the treatment of DR-TB in June 2020 (27, 28). These guidelines, which regulate and promote the role of new TB medicines in DR-TB treatment, provide a unique opportunity to tackle the burden of drug resistance through the programmatic introduction of effective, fully oral shorter and long treatment regimens and their modification under operational research conditions. Based on the global guideline, the WHO Regional Office for Europe developed a package for the implementation of modified all-oral shorter treatment regimens for RR/MDR-TB under operational research conditions for 11 high-priority countries in eastern Europe and central Asia (EECA).4 The regional package was presented to representatives of ministries of health and national TB programmes of 11 EECA countries in December 2019 in Kyiv, Ukraine, making the European Region the first WHO Region to provide expanded access to new all-oral shorter treatment regimens under the latest WHO recommendations, with the goal to improve treatment success for RR/MDR-TB. The new regional initiative will contribute data to the global evidence on the use of fully oral shorter regimens for DR-TB, improve clinical care for patients and strengthen the research capacity of health professionals in the Region. The initiative includes the development of country transition plans towards the use of up-to-date treatment regimens.

Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.
In partnership with other international organizations, the Secretariat provided continuous support to Member States in developing their national plans for achieving universal access to TB and DR-TB treatment, including the treatment of vulnerable populations and children. Regional guidance has been developed and was made available to Member States in 2019, along with related implementation support from early 2020 onwards, following the United Nations General Assembly High-level Meeting on the Fight against Tuberculosis in September 2018 (29), the High-level Meeting on Universal Health Coverage (in September 2019) (30) and three regional child and adolescent TB consultations (in 2015, 2017 and January 2020).

Between 2015 and 2018, new WHO-recommended TB drugs were introduced for DR-TB treatment: more than 5500 patients started treatment with bedaquiline-containing regimens and 1200 with delamanid-containing regimens. Over 95% of patients were enrolled to these treatments in EECA countries.

In response to the COVID-19 pandemic, in early 2020 the Secretariat collected the evidence available on potential drug–drug interactions between medicines used to treat TB (drug-susceptible TB and DR-TB) and experimental treatments being studied for COVID-19 management for consideration by clinicians when treating TB patients coinfected with the new coronavirus.

The regional Green Light Committee (rGLC) for the WHO European Region, which is hosted by the Secretariat, is the main collaborating mechanism to support countries to ensure the quality of their DR-TB activities and to scale up these activities. The role of the rGLC has evolved from monitoring only to providing technical guidance and advisory support to eligible Member States, including in developing, revising, and implementing the programmatic and medical management of DR-TB plans and in providing country capacity-building. The European rGLC mechanism is supported within the framework of the renewed 2017 Memorandum of Understanding between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria (31) and aligned with the Global Fund 2017–2019 allocation period. The new Memorandum of Understanding on rGLC Secretariats between the Global Fund and WHO was signed on 15 July 2020 and will assure the continuity of support for the next three years.

The Secretariat, including through the rGLC, has been conducting annual technical support missions to 15 countries (Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Romania, Tajikistan, Turkmenistan, Ukraine and Uzbekistan), as well as to Kosovo. Whenever possible, additional visits were organized to high-priority countries, enabling the missions to follow up on their recommendations and provide targeted technical support. Responding to the country needs for the proper quantification and projected need for drug orders and laboratory and other supplies procured through Global Fund mechanisms, rGLC teams started joint missions with Global Drug Facility experts (see section 2C). In 2020, despite the challenges of the COVID-19 pandemic and travel restrictions, rGLC has provided all of the planned technical assistance using the remote support mode. In addition, rGLC organized and conducted virtual consiliums on TB/COVID-19 coinfection for Azerbaijan, Belarus, Ukraine and Uzbekistan. The rGLC consultants have contributed and developed a number of the reviews and operational documents for the

5 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
(i) clinical management of DR-TB; (ii) essential package of services on palliative care; (iii) pharmacovigilance of DR-TB drugs; and (iv) compendium of good practices on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (5).

Based on its successful introduction of new medicines and new regimens for DR-TB, Belarus established the WHO Collaborating Centre on Introduction of New M/XDR-TB Medicines and Treatment Regimens in July 2019. In close collaboration with the Secretariat, the first training course for representatives of national TB programmes of EECA countries was organized in August 2019, followed by a series of DR-TB workshops. In June 2020 the Secretariat supported an online training course for new rGLC consultants, organized by the WHO Collaborating Centre in Belarus. The course covers the latest WHO policy guidance on DR-TB, operational research on new treatment regimens, management of TB/HIV coinfection, active drug safety monitoring and management (aDSM) and laboratory diagnosis. It focuses on strengthening the national capacity for DR-TB management, and the online format is highly relevant during the COVID-19 pandemic, when travel restrictions are in place and technical support is needed. The WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis in Latvia has introduced a special webinar on introduction of the new TB treatment regimens and launched another on the TB/COVID-19 coinfection for participants from the entire Region.

Through its regional mechanisms and platforms, the Secretariat has focused on issues of patient adherence to TB and DR-TB therapy, including the implementation of patient-centred models of care and the use of digital technologies.

The Secretariat continues to support the implementation of the minimum package of TB services for migrants as adapted to three possible scenarios: repatriation,
contact tracing and clarifying the TB history of a patient originating from a foreign country. The package has been used as a template to develop similar standards for HIV and viral hepatitis care in migrant populations.

The Secretariat continues to facilitate intercountry TB data transfer in order to coordinate the efforts of national TB services across borders and exchange information, which should prevent insufficient quality of care, continued transmission, and incomplete surveillance and patient history data.

The Secretariat developed and embedded a training curriculum on TB into the curriculum of the Summer School on Refugee and Migrant Health, which is conducted annually by the Migration and Health programme to build the capacity of civil society organizations to deliver TB care to these specific population groups.

A special focus of the work of the Secretariat is access for vulnerable populations (including prison patients) to the new WHO-recommended diagnostics and treatment regimens. Technical assistance through the rGLC and national TB programme review missions has been provided to high-priority countries to ensure access and quality of care for TB and DR-TB for prison populations. Through the WHO Collaborating Centre on Prevention and Control of Tuberculosis in Prisons in Baku, Azerbaijan, the Secretariat has strengthened the capacity of national programmes to safeguard continuity of care for patients transferred between the penitentiary and civilian institutions (see section 2B).

To ensure that appropriate care is available for all TB patients, following the principle of leaving no one behind (32), a minimum set of standards for TB palliative care was drafted (May 2019) and will be presented and discussed in February 2021.

D. Collaborative TB/HIV activities, and management of comorbidities

With technical support from the Secretariat and partners, the highest HIV testing coverage among TB patients (91.5%) and the highest TB/HIV coinfection detection rate (81%) among all WHO regions were reached (11). However, HIV treatment coverage (i.e. ART) remains low at 73.1%, which is higher than in 2015 (65.0%) but far below the 2020 target of the Action Plan and the WHO target of universal (100%). Of the 18 high-priority TB countries, 11 have achieved ART coverage of over 75%. The treatment success rate for TB/HIV patients is 51.4%, which is lower than the global average (75%).

The Secretariat has rearranged its structure by merging the TB and HIV/Viral Hepatitis units into a single joint programme (see “Background”). Several high-priority countries (Russian Federation, Ukraine) have undergone a similar transformation by restructuring workplans and internal collaboration mechanisms to ensure the further integration of TB/HIV services that are provided to populations in need.

The Secretariat has supported several Member States in providing integrated, people-centred TB/HIV services (and ensuring their sustainability and efficient delivery), which is evolving into a highly recommended component of TB and HIV national strategic plans. Currently, assessment of the viral hepatitis response is also included in the national TB and HIV programme reviews that are regularly conducted by WHO at the request of Member States. The reviews also recommend the provision of integrated people-centred TB/HIV/viral hepatitis services.

At regional level, in collaboration with other United Nations agencies and partners, the Secretariat led the preparation of a common position paper on intersectoral action to end HIV, TB and viral hepatitis, which argued for more integration and coordination of relevant services, both within and beyond health systems. 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 United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (13) was launched back to back with the United Nations General Assembly High-level Meeting on the Fight against Tuberculosis. The Secretariat further developed an operational framework on how to implement the Common Position (12).

At country level, operational research into the gaps in and barriers to collaborations between TB and HIV programmes and into the provision of integrated services for prevention, detection and treatment of HIV-associated TB has been initiated in Armenia and Belarus. In the Republic of Moldova in 2019, an assessment of collaboration between the two programmes also included a review of the coordination with hepatitis and substance abuse services (33). Findings of both the operational research and the assessment will inform updated national strategies on TB and HIV, improve horizontal collaboration between silos and contribute to the implementation of integrated people-centred care.

In 2019 the Secretariat received a growing number of requests from national programmes and partners for technical support to establish and improve psychosocial support services for people with TB, HIV, viral hepatitis and comorbidities. In response, the Secretariat designed a methodology to develop an inventory of practices available in the Region with the aim of exchanging and expanding good practices, as well as defining the gaps and barriers to such services and suggesting that the provision of sustainable and effective interventions should be integrated into the package of comprehensive disease care and support. This is especially relevant during the COVID-19 pandemic, during the transition from external to domestic funding and for the efficient use of limited resources.
To ensure that all patients with TB/HIV coinfection have access to integrated services, including early and monitored ART and co-trimoxazole preventive therapy, effective mechanisms of medical information exchange are vital. Even with case-based surveillance systems now in place, many countries in the Region still experience obstacles in transferring sensitive patient data while protecting confidentiality and treatment benefits for the patients. However, there are countries where such mechanisms of medical information exchange are established and functioning well. The Secretariat is planning to evaluate and document such practices with the purpose of strengthening capacities across the Region.

In order to strengthen the integration of TB, HIV and viral hepatitis laboratory services, the Secretariat through ELI has initiated the development of a guidance document for the use of multi-disease-testing platforms that can be used for all three diseases and potentially more. The efficient use of limited resources is the most rational way to ensure the sustainable provision of rapid, quality-assured laboratory testing for all three diseases. The guidance is expected to be published and implemented by the end of 2020.

E. Management of latent TB infection and preventive treatment for persons at high risk, and vaccination against TB

Within the framework of the annual meeting of policymakers, researchers and civil society at the TB Wolfheze workshops (34), WHO and partners assessed policies and practices across the Region. The analysis showed the need to strengthen national policies and adopt standardized monitoring and evaluation systems in order to promote the programmatic management of TB prevention.

The Secretariat supported the introduction and implementation of the 2020 updated *WHO consolidated guidelines on tuberculosis* (35) by developing a monitoring and evaluation framework, along with evidence-based planning, policy changes and programmatic actions. In addition, the Secretariat has finalized the regional guidance on TB prevention and elimination by considering the best practices from western Europe. This document also contains clear, region-specific guidance on TB diagnosis and preventive treatment (36).

The Secretariat, in collaboration with the Government of Denmark, supported Greenland (37,38) and the Netherlands (39) in reviewing their TB detection and care policies.
Member States receive continuous guidance on bacille Calmette–Guérin vaccination for infants through topic-specific, remote and in-country support. The issue of childhood TB has been included in-country reviews on TB prevention and care and was discussed at a two-day regional workshop on child and adolescent TB on 29 and 30 January 2020 (40). The workshop discussed the implications for child and adolescent TB of the United Nations Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis (9) with the aim of sharing national strategies and enhancing these to combat the current challenges in childhood TB in the Region. The workshop brought together representatives and experts from 34 countries or territories of the Region, representatives of international partners, and colleagues from the WHO Global TB Programme.
2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

A. Political commitment with adequate resources, including universal health coverage policy

With the support of the Secretariat, the WHO Regional Office for Europe and country offices, and partner organizations, 32 Member States (including all high-priority countries in the Region) have aligned their national plans with the End TB Strategy (1) and the Tuberculosis Action Plan for the WHO European Region 2016–2020 (5), thereby demonstrating a high level of commitment to adapting global and regional strategies to their country contexts and needs. By the end of 2019, more than half of the countries had updated their national strategies accordingly.
A new dialogue was initiated to guide and support Member States to amend their national TB strategic plans to align with their national health strategies and other programmes (including HIV, mother and child health, and noncommunicable diseases) and other related non-health sector strategies (such as prison and education) for the 2020–2030 period. During the period of the Action Plan, the Secretariat was commissioned by ministers of health of several Member States (Albania, Armenia, Kyrgyzstan, the Netherlands, Romania, Slovakia and Turkmenistan) to conduct national TB programme reviews and provide them with key findings and recommendations. The national TB programme review in Uzbekistan planned for April 2020 has been postponed due to the COVID-19 pandemic.

The WHO Regional Director for Europe actively supported the preparation and organization of the first Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: a Multisectoral Response, which was held in Moscow in November 2017 (41); the first United Nations General Assembly High-level Meeting on the Fight against Tuberculosis, which was held in New York in September 2018; and the United Nations General Assembly High-level Meeting on Universal Health Coverage, which was held in New York in September 2019. The Secretariat helped to organize these events and guided Member States and partners in their preparations and participation.

A dedicated side meeting to the United Nations General Assembly High-level Meeting was organized by the Secretariat, the International Organization for Migration and the Permanent Mission of the Slovak Republic to the United Nations to launch the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (13). In addition to the heads and leaders of global and regional United Nations agencies and nongovernmental organizations, the launch of the document brought together representatives and partners from 14 Member States from the WHO European Region and beyond. On World TB Day (42), the Secretariat supported countries with advocacy and communication materials, including social media packages and joint press releases with the European Centre for Disease Prevention and Control (ECDC).

In 2019 in collaboration with the Ministry of Health of Germany, the Secretarial organized a high-level technical meeting on TB prevention and care in Berlin, Germany, in order to raise and maintain a high level of TB awareness.

The Secretariat provided technical support to eligible countries to improve the quality of their funding requests to the 2020–2022 Global Fund funding allocation cycle. Due to the COVID-19 response and lack of local capacity to develop quality funding requests, there is a potential risk of interruption of key interventions for the affected population if the funding request is not submitted in a timely manner. Therefore, the Secretariat is working with other partners and national counterparts to mitigate the risk of disruption and ensure the continuity of essential TB services. Technical assistance was provided to Azerbaijan, Kyrgyzstan and Tajikistan (window 1), Kazakhstan (HIV component only; window 1), and the Republic of Moldova and Ukraine (window 2) to improve and submit their funding requests.

Through the Regional Collaborating Committee on Accelerated Response to TB, HIV and Viral Hepatitis (RCC-THV) (43), the newly appointed WHO Regional Director for Europe, the acting interim Regional Director and senior staff met several senior management officials and key partners to encourage their political commitment to TB prevention and care.
in the Region. The Secretariat has worked with civil society, former patients, communities and community-based organizations of key populations, as well as with professional societies, to develop key communication and advocacy materials to address stigma, stimulate reforms, and/or adopt and scale up good practices. A regional guidance document on universal access to TB care was developed in 2020 (44) and will be implemented and monitored at country level in the following years. In addition, a regional TB and universal health coverage advocacy document has been developed by the Joint Tuberculosis, HIV and Viral Hepatitis programme in collaboration with the Division of Health Systems and Public Health and is currently being finalized.

On 26 March 2020 the Secretariat called an ad hoc meeting with RCC-THV to update partners in the Region (including civil society and community-based organizations, the Global Fund, United Nations organizations and other technical agencies) on the WHO response to COVID-19 and to discuss the potential impact of the COVID-19 pandemic on TB, HIV and viral hepatitis services and on the barriers experienced by people living with these diseases. An outcome of the consultation was the development of the RCC-THV statement on the TB, HIV and viral hepatitis response during the COVID-19 pandemic (45). The statement is a call for national governments, development partners, United Nations sister organizations and civil society to increase their efforts to ensure the use of 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 COVID-19 pandemic.

Within the framework of the WHO-led regional United Nations SDG Issue-based Coalition on Health and Well-being for all at all ages (46), the Secretariat has continued to lead the workstream on communicable diseases, with a focus on HIV, TB and viral hepatitis and their determinants. In the light of the shared risk factors and similar patterns of stigmatization and exclusion affecting both people at risk and people affected by the three diseases, taking an integrated approach to national and international policies on health and
social development is considered both efficient and effective. This approach has advantages both in terms of leaving no one behind in the prevention and delivery of services and in addressing health as both an accelerator and a consequence of sustainable development. Intersectoral collaboration can provide mutual benefits by exploiting synergies among the different areas of expertise and mandates towards the goal of fulfilling the United Nations 2030 Agenda for Sustainable Development (2).

Based on these experiences and through extensive consultations with other WHO programmes, United Nations agencies and civil society (including community-based organizations of key populations), a guidance document on how intersectoral collaboration can contribute to ending the TB, HIV and viral hepatitis epidemics has been developed (47). This document describes which sectors and actors should be considered when moving towards greater and better intersectoral collaboration to leave no one behind and what actions can be taken to address the related risks. In 2020 the document will be discussed with partners and pioneering countries (Belarus, Georgia, Portugal and Tajikistan) and embedded in their national processes. The document will also serve to facilitate the initiation or strengthening of national discussions on intersectoral action to end the three epidemics as the Common Position (13) is rolled out in other countries of the Region.

An analytical report reviewing and discussing the potential role and influence of political commitment in implementing endorsements and conducting policy in the field of TB prevention and care was developed and disseminated in 2019. It promotes discussion by comparing and analysing the extent to which selected international commitments, as set out in declarationws and other committal documents between 2000 and 2018, may have translated into sustainable action. This reflection is relevant and timely, in the light of the recent United Nations General Assembly High-level Meeting on the Fight against Tuberculosis in September 2018. In April 2020 WHO headquarters released a baseline assessment checklist for the multisectoral accountability framework, which the Secretariat will support Member States to adapt to country level.

The Secretariat hosts an independent Technical Advisory Group for Tuberculosis (TAG-TB) (48), which annually reviews the progress and challenges in implementation of the Action Plan (5) and provided recommendations directly to the Regional Director. The reports are available on the WHO Regional Office for Europe website. On 19–21 May 2020, the 14th TAG-TB meeting took place online, in which TAG-TB reviewed the final report of implementation of the Action Plan, reviewed the work of the Secretariat under the COVID-19 pandemic, and formulated recommendations on the next steps. The recommendations included extending the Action Plan until 2030, accompanied by the new monitoring and evaluation framework and modified modus operandi to support Member States during and after the COVID-19 pandemic. In 2017 WHO and partners initiated the development of a multisectoral accountability framework (49), which strongly emphasized that national-level political commitment is essential to developing and maintaining a successful response to the TB epidemic (50). This was reiterated at the United Nations General Assembly High-level Meeting on the Fight against Tuberculosis in September 2018. In April 2020 WHO headquarters released a baseline assessment checklist for the multisectoral accountability framework, which the Secretariat will support Member States to adapt to country level.

"Our diversity enriches us all. We need now to jointly address the social, economic and environmental determinants of TB across all sectors." Dr Gulmira Kalmambetova, director of the Tuberculosis National Reference Laboratory in Kyrgyzstan during the WHO-facilitated process of developing the United Nations common position on ending TB, HIV and viral hepatitis in Europe. © WHO/Andrei Dadu
B. Health systems strengthening in all functions, including well-aligned financing mechanisms for TB and human resources

In 2016–2018 the Secretariat, in close coordination with partners and national TB programmes, implemented the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP) on strengthening health systems for effective TB and DR-TB prevention and care in 11 high-priority countries. The project supported a change in mindset, at both political and provider level, to facilitate the reorganization of TB treatment and care. This change helped many participating countries to move towards more people-centred TB service delivery (which focuses on meeting the health needs and expectations of people affected by TB and their families as they progress through the care pathway) and/or to adopt improved health financing mechanisms and new approaches to planning human resources. As a result, both the duration and rate of hospitalization (indirect measures of the people-centredness of care) were decreased, thereby reducing the risk of TB transmission and increasing the probability of successful treatment outcomes.

Through TB-REP, the Secretariat, in consultation with partners, developed a guide for adopting a people-centred model of TB care and practical tools on bed forecasting, human resource assessment and regulatory framework assessment (51). Use of the policy guidance document and tools enabled countries participating in the project to adopt different

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*“The perspective of ex-patients on where to place TB prevention and care services strengthens health systems and improves the provision of people-centred care.” Mariam Avanesova, MDR-TB survivor, Armenia. The WHO regional platform to end TB in eastern Europe, funded by USAID.*

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policy options for more accessible and efficient TB service delivery systems by shifting towards outpatient models of TB care with sustainable financing and well-aligned payment mechanisms. Armenia, Kazakhstan, Kyrgyzstan, Republic of Moldova and Uzbekistan introduced people-centred national TB policies (as part of the model, a human resource forecasting tool for TB prevention and care was piloted in the Republic of Moldova and Kyrgyzstan in 2017). In addition, Belarus, Kazakhstan and Kyrgyzstan developed mechanisms to sustainably fund outpatient TB care. An example of policy adaptation in Belarus was published in 2018 (52).

TB-REP 2.0 started in 2019 with funding from the Global Fund. The project built on the successes of TB-REP (see section 2B) by including several significant modifications: (i) enhanced participation of civil society in improving quality of care; (ii) further advances in health system strengthening interventions, with added access to medicines as a key area; and (iii) support for the implementation of the model of care with a focus on providers (53).

The Secretariat, with financial support from USAID and the Federal Ministry of Health of Germany, has supported a selection of countries to review and document their preparedness for self-reliance in TB-related activities in the light of reduced development partner support. In line with the Tuberculosis Action Plan for the WHO European Region 2016–2020 (5), a guidance document was developed to support in-country TB stakeholders to identify and address the potential gaps emerging as a result of transitioning from development partner-financed to domestically financed TB activities (54).

In 2018 WHO and the Global Fund signed a strategic framework for collaboration to reinforce their relationship and optimize joint efforts to make an impact in countries (55). Defined areas of collaboration include facilitating county dialogues among all health partners to develop technically sound funding proposals. In 2018 the Secretariat provided technical support to six countries (Armenia, Belarus, Georgia, Romania, Serbia, Albania), as well as Kosovo,7 to revise their TB and HIV funding proposals to the Global Fund (total amount: US$ 41 502 247) for the implementation period of October 2018–June 2022. Currently, 13 Member States have ongoing active grants for TB and HIV components (Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Romania, Tajikistan, Turkmenistan, Ukraine and Uzbekistan), as well as Kosovo.8 Similar support will be provided in 2020 to seven countries (Azerbaijan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan), as well as to Kosovo,8 to improve the quality of their funding proposals for the 2020–2022 allocation period.

Under the Strategic Framework for Collaboration, WHO also plays a critical role in supporting countries to mobilize domestic resources, optimize their overall programme costs and transition from donor support, with a particular focus on sustaining coverage for key populations. In 2018 the Secretariat in collaboration with WHO headquarters, the Global Fund and USAID organized an interregional workshop in Tbilisi, Georgia, 17–19 October 2018 (56) to provide a platform for countries and key partners to exchange good practices, lessons learned and common challenges in transitioning to domestic financing, and to define

7 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

8 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
the next steps and technical assistance needs. As an outcome of the workshop, an outcome document was developed outlining the list of actionable recommendations for countries (57).

Supported by the WHO Office for Health Systems Strengthening in Barcelona, Spain, and through strong interdivisional collaboration, the Secretariat has provided four rounds of training courses for health-care professionals from EECA countries on health system strengthening for improved TB prevention and care. So far, approximately 100 senior public health decision-makers from 12 countries of the WHO European Region have been trained. More courses are planned for 2020 and beyond.

The Secretariat, WHO collaborating centres and partners have supported Member States to develop training curricula and organize regional and national workshops, with a view to empowering and strengthening their human resource capacities. In line with the SDG targets of ending TB and HIV, and eliminating viral hepatitis and sexually transmitted infections as public health threats, in November 2019 the Secretariat organized the first coordinating meeting of all existing WHO collaborating centres to discuss the current challenges, strengthen collaboration and coordination of efforts, and agree on future plans to support implementation of the regional action plans on TB, HIV and viral hepatitis (5,15,16). The second meeting of WHO collaborating centres was held online on 8 May 2020 online due to the COVID-19-related travel restrictions.

In coordination with the WHO Collaborating Centre on Prevention and Control of Tuberculosis in Prisons in Baku, Azerbaijan, the Secretariat has assisted Member States to improve TB control in penitentiary services and strengthen the human resource capacity of prison health-care staff.

C. Regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines, and pharmacovigilance

As part of a collaboration agreement, the Secretariat and ECDC jointly perform TB surveillance and response monitoring, collect data throughout the Region and publish joint annual reports (11). The latter provide Member States with a comprehensive analysis of the TB epidemic and implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (data on the 26 indicators were presented biennially, in 2018 and 2020) (5).

All Member States used the WHO-recommended TB case definitions and reporting framework to ensure harmonized recording and reporting.

With the support of the Secretariat and partners, 52 Member States are now regularly undertaking electronic case-based data management, with continuous improvements in the quality of recording and reporting practice. Following the call for an integrated approach on TB, HIV and viral hepatitis, several countries are now implementing joint TB and HIV surveillance systems, and several European Union countries have integrated health information systems (not stand-alone TB registers). Uzbekistan is the only

“The availability of TB patients’ digital data enables rapid diagnosis and early treatment enrollment to ensure TB is cured.”

Rikke Bruun de Neergaard, TB nurse, National Board of Health, Greenland. © WHO/Andrei Dadu
country that is still developing its electronic TB register. The integration of TB digital registers into the e-Health system and the interoperability of its main modules (patient, laboratory and pharmacy) remain priorities for support from WHO and partners.

A minimum set of social determinant variables for inclusion in routine surveillance has been developed by WHO headquarters, partners (such as ECDC) and Member States. The mandatory surveillance of social determinants and risk factors now includes cross-border migration status; ethnic minority, previous imprisonment, unemployment, homelessness, HIV coinfection, comorbidity with diabetes mellitus, harmful use of alcohol, injecting drugs, and tobacco smoking (58). Inclusion of these risk factors will enable the monitoring of upstream and downstream determinants and risk factors for TB disease and treatment outcomes.

At country level, comprehensive epidemiological impact analyses and assessments of national standards and benchmarks of TB surveillance systems (known as epidemiological reviews) have been carried out by the Secretariat in six countries in the last two years (Armenia, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). Since 2012 a total of 21 epidemiological reviews have taken place in 14 countries. The results of these analyses identify the factors that positively affect the quality of TB care and contribute to reducing the TB epidemic: sustainable TB funding; increased ART coverage among people living with HIV; strengthening health systems and improving access to health care; scaling up TB laboratory diagnostics; and achieving universal coverage for MDR-TB treatment and patient-centred TB care. The epidemiological reviews also highlighted factors with a negative influence: the HIV epidemic; poverty; prevalence of diabetes; harmful alcohol consumption;
tobacco use; low coverage of TB preventive treatment among people living with HIV; inadequate contact tracing; and insufficient preventive therapy for people living with HIV and those with latent TB infection.

In the last two years, the Secretariat (together with the Stop TB Partnership) has supported Azerbaijan, Belarus, Kyrgyzstan, Ukraine and Uzbekistan to assess their drug management policies and challenges and to identify practical steps to address these. In collaboration with Global Drug Facility partners and through rGLC, the Secretariat has provided technical assistance to 18 high-priority countries on quality-assured data collection and the development of reliable estimates of drug needs and trends. All 18 countries are now fully capable of correctly calculating the required quantities of drugs and medical and laboratory supplies. A total of 11 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) have received an in-depth analysis of their aDSM and of the establishment of their pharmacovigilance systems.

In cooperation with the Department for Health Systems Strengthening, technical assistance was provided to Member States to analyse gaps in their pharmaceutical legislation and regulations and to lift the barriers to the procurement of drugs and medical supplies, with an emphasis on quality assurance and on the compassionate use of new anti-TB drugs. Belarus, Georgia, Republic of Moldova, Turkmenistan and Ukraine have ensured the registration of all new drugs required for the implementation of novel DR-TB treatment regimens. In other countries where the registration of new TB drugs was already in progress, access to the latest DR-TB treatment regimens has been ensured for patients in need through a special importation waiver.

Bedaquiline is one of the latest drugs to be approved for DR-TB treatment and was included in the latest WHO policy guidance on DR-TB following approval from the European Medicines Agency. In 2013 the Agency granted conditional marketing authorization for bedaquiline for use as part of combination therapy for pulmonary DR-TB in adult patients. DR-TB treatment with this drug has been introduced in all countries of the Region. All high-priority countries have used the USAID-supported bedaquiline donation programme and full access to bedaquiline procurement was granted to eligible countries through the Global Drug Facility of the Stop TB Partnership, which is supported by WHO and the Global Fund. The partner organizations, Partners In Health and Médecins Sans Frontières, have also provided access to bedaquiline and other new and repurposed drugs to countries of the Region (including Armenia, Belarus, Georgia, Kazakhstan and Kyrgyzstan) as part of the Unitaid-funded endTB project.

WHO guidelines for aDSM have been translated into Russian and training materials have been developed for Russian-speaking countries to facilitate the roll out of their implementation. The aDSM component describes a TB programmatic approach for the active and systematic clinical and laboratory assessment of patients receiving treatment with new TB drugs or novel MDR-TB regimens to detect, manage and report drug toxicities. Systematic monitoring of patient safety enables TB programmes to prevent and manage adverse drug reactions, relieve patient suffering and improve treatment outcomes.

The Secretariat has supported all countries to strengthen their TB aDSM systems by providing technical assistance and facilitating policy dialogue between national pharmacovigilance centres, national TB programmes and their partners. Since 2016 dedicated expertise on aDSM has been available.
within rGLC to provide a systematic evaluation of aDSM systems. In 2019 a aDSM system was fully introduced into Belarus and a few regions of Ukraine. Armenia, Azerbaijan, Georgia, Kazakhstan, the Republic of Moldova, Romania and many western European countries are making progress in introducing the aDSM system, and Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan have started implementation of aDSM as a part of their national pharmacovigilance systems.

In response to the COVID-19 pandemic, the Secretariat has developed a set of three key indicators on TB detection, enrolment to treatment and treatment adherence in order to collect quarterly data from Member States. These indicators will help countries and the Secretariat to identify gaps that need a timely response.

D. Airborne infection control, including regulated administrative, engineering and personal protection measures in all relevant health-care facilities and congregate settings

The Secretariat conducted a comprehensive review of the available scientific literature and published its key findings in 2018 in order to provide Member States with evidence on how TB infectiousness evolves in response to effective treatment and how the TB infection risk can be minimized (60). The document has important implications for current policies and targets all professionals dealing with TB, as well as health staff working in settings where TB transmission may occur. A short advocacy document on ambulatory care and infectiousness in TB patients was also published in 2018 (61).

With the aim of strengthening the capacity of Member States to maintain biosafety cabinets and ensure that airborne infection control measures are taken, the
Secretariat supported several national counterparts from five eastern European countries (Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova and Ukraine) within the framework of the USAID-supported regional platform to end TB in eastern Europe by training engineers and technicians using national counterparts.

The Secretariat has developed a toolkit for the assessment of infection control in health-care facilities, which has been piloted in Azerbaijan, Belarus and Georgia. Further support to countries in verifying that their health-care facilities meet all infection control requirements and standards is planned.

Based on the experience of the Joint Tuberculosis, HIV and Viral Hepatitis programme in respiratory protection and infection prevention and control, the Secretariat enhanced its support to countries to improve infection prevention control in the health-care facilities of selected countries during the COVID-19 pandemic.

E. Community systems and civil society engagement

Through the RCC-THV, the Secretariat has regularly consulted and included representatives of civil society in national TB programme reviews; the design, planning, implementation, monitoring and assessment of service quality; and gathering good practices. In this way, a high level of awareness has been maintained among partners.

In 2019 the RCC-THV’s terms of reference were revised and accepted (62). The terms of reference were changed to reflect (i) the expansion of the original Regional Collaborating Committee on Tuberculosis Control and Care (established in 2012) to include representatives from the HIV and viral hepatitis community and (ii) the broader aim of supporting the regional goal of ending the HIV and TB epidemics, combating hepatitis and ensuring universal health coverage
for the three diseases by 2030. RCC-THV serves as a regional platform for the 53 Member States of the WHO European Region to scale up their collaborative efforts and facilitate an accelerated response to all three epidemics, in accordance with the United Nations 2030 Agenda for Sustainable Development (2). On 11 April 2019 the Secretariat organized the first meeting of the RCC-THV in Copenhagen (63). Migration and the transition of countries to greater self-reliance were identified as two priority issues for the agenda of future RCC-THV meetings, in addition to fostering collaborative efforts and facilitating an accelerated response to TB (including MDR-TB), HIV and viral hepatitis through prevention, diagnosis, treatment and care. In recognizing the role of civil society in the response to TB and COVID-19, the WHO Regional Office for Europe conducted a virtual meeting of the RCC-THV core group to foster collaborative efforts and reinforce partnership, advocacy and communication to respond to three diseases under the new conditions of the COVID-19 pandemic. In this regard, RCC-THV expressed concerns regarding the risk of limited access of vulnerable population groups to quality TB, HIV and viral hepatitis services during this time. Consequently, a call for action addressing national governments, partners, United Nations family and civil society was prepared in order to increase joint efforts in ensuring rights- and equity-based approaches in delivering information, care and social support to the most vulnerable communities and key populations affected by the three diseases.

In order to achieve the systematic involvement and engagement of civil society and people affected by TB, Member States regularly assist and coordinate with local civil society organizations and community representatives to revise and implement the policies and priorities of national TB programme. In particular, these actions are systematically undertaken in Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Ukraine and all five central Asian countries of the WHO European Region (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan). National advocacy and civil society organization involvement plans have been developed and are regularly updated, and their implementation is monitored.

The Secretariat has worked in collaboration with partners to develop key TB advocacy materials on subjects such as people-oriented social support to improve DR-TB treatment adherence and outcomes, with a focus on engaging community-based organizations of key populations and affected communities in TB care delivery. These materials have been widely disseminated and applied in the Region.

Every year, in cooperation with the European Centre for Disease Control and Prevention, the Secretariat initiates regional information and communication campaigns to mark World TB Day (42) and launch the TB surveillance and monitoring report. The World TB Day package includes a joint press release, a fact sheet and presentation on the latest TB epidemiological situation in the Region, and visual materials (64).

Within TB-REP, WHO has supported civil society organizations in Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine and Uzbekistan to develop national advocacy strategies for TB prevention and care.
F. Social protection, poverty alleviation and actions on other determinants of TB, such as migration and prisons

In 2019 operationalization of the *United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration* (13) has proceeded with the engagement of four pioneering countries (Belarus, Georgia, Portugal and Tajikistan). In these four countries, country missions have been carried out to map ongoing intersectoral interventions and collaborations addressing HIV, TB and viral hepatitis and their determinants among actors from different sectors, as well as to support national processes to identify needs and gaps in complementing the health sector response to the three epidemics (65).

High-level commitment to cross-border TB control has been mobilized in central Asian countries, which have started establishing legal mechanisms for cross-border TB control to ensure better access to TB services for migrants. In parallel, as part of the implementation of the minimum package for cross-border TB control and care, the email communication among clinicians from different countries allows them to share information on clinical management, contact tracing and referral of patients (see also section 1B).

With support from the Russian Federation, the Secretariat developed an assessment tool to assess the potential burden of TB related to migration, policies for addressing the needs in TB care for migrants and the availability of interagency mechanisms to address those needs. The tool was tested in Kyrgyzstan, Tajikistan and Uzbekistan.

To ensure effective mechanisms are available in Member States for the promotion and protection of human rights and ethical principles as part of social protection measures (including capacity-building, legal support and accountability), six countries have received assistance with comprehensive situation assessments. Based on the key findings, the Secretariat initiated development of a regional guidance document, which was presented and discussed at the 14th TAG-TB meeting on 19–21 May 2020 (66).
A. Discovery, development and rapid uptake of new tools, interventions and strategies

With support from USAID, the Secretariat 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 objectives of ERI-TB are to map ongoing TB-related research, ensure the engagement of civil society, facilitate the dissemination of research results, and identify and facilitate measures to address funding gaps. ERI-TB is composed of more than 200 members from 50 countries, representing 90 national counterparts, 23 service providers, 41 research

3. INTENSIFIED RESEARCH AND INNOVATION
institutes, 25 international organizations and 12 civil society organizations. The Secretariat serves as the ERI-TB Secretariat, which is guided by 11 core group members.

Within the ERI-TB, the Secretariat launched a study to define the research gaps in the Region and identify the priority research questions based on the criteria of their relevance and urgency using the Delphi technique. This was followed by pan-European consultations to ensure the priority levels for and desegregation of countries with low- and high TB incidence. In the European Tuberculosis Research Agenda, the identified research priorities questions were grouped into 17 research areas under three themes: epidemiology (disease burden, disease drivers and dynamics); innovations and fundamental research (basic sciences, new diagnostic tools, drugs/treatment regimens and vaccines); and operational research (case detection/screening, patient management and treatment compliance, treatment regimens, health systems, collaboration with HIV programmes, collaboration with other programmes, infection control and biosafety, response monitoring, community engagement, social determinants and comorbidities, and links with other disciplines) (67). The Agenda is publicly available and guides stakeholders, such as the Special Programme for Research and Training in Tropical Diseases (68), the Alliance for Public Health (69) and others, to assist national counterparts and local stakeholder in elimination of the research gaps.

The regional platform to end TB in eastern Europe is an initiative established with financial support from USAID to catalyse innovation in TB prevention and control in six countries (Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova and Ukraine). In 2016–2017 the focus shifted towards enabling countries to transition towards resilience and sustainability by further increasing their capacities to manage national TB programmes with domestic resources, apply the available instruments in innovative ways and roll out
implementation of the new tools. The regional platform has played a catalytic role by funding WHO’s technical assistance in fundamental and innovative areas of TB and DR-TB control, such as operational research; the introduction of rapid diagnostics, new TB drugs and modified all-oral shorter treatment regimens; biosafety and infection control; financial sustainability analyses; ethics and patient rights; and surveillance and response monitoring. As a result, the six countries significantly improved TB and DR-TB prevention, detection, patient enrolment and treatment outcomes. Other Member States are encouraged to learn from this experience, with support available from the Secretariat.

The Secretariat has provided assistance to Belarus and the Republic of Moldova in piloting two innovative digital tools: video-supported treatment (VST) for patient care and electronic Practical Approach to Lung Health (ePAL) for mobile devices. Results from a randomized trial of the digital application for VST on mobile devices show equal or higher treatment adherence compared with conventional directly observed treatment (DOT); higher cost efficiency compared with directly observed treatment, short course; and reduced risks of infection transmissions. Based upon these preliminary results, in 2017 Belarus opted for a countrywide roll out of VST (70,71). Similar products are under development in Georgia and other countries are planning to apply digital tools to TB care.

B. Research to optimize implementation and impact, and promote innovation

To catalyse uptake of the European Tuberculosis Research Agenda, in 2018–2019 ERI-TB, in collaboration with the Special Programme for Research and Training in Tropical Diseases, developed and implemented the innovative Structured Operational TB Research Training (SORT-TB) course (72). The SORT-TB course is an innovative adaptation of previous result-oriented Structured Operational Research and Training Initiative courses in which participants are the principal investigators of predetermined research questions. By the end of 2019 two regional courses and three in-country courses (at the request of Armenia, Ukraine and Uzbekistan) had been conducted. The total number of participants was 65, from 16 countries. Studies from the 2018–2019 SORT-TB cohort were published in Public Health Panorama.9 Studies from 2019–2020 cohort and two in-country courses are in the process of being published.

In 2019 and 2020 operational research studies into gaps and barriers in collaboration between TB and HIV programmes and in the provision of integrated

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services for prevention, detection and treatment of HIV-associated TB were initiated in Belarus and Armenia. The findings of both the operational research results will inform updated national strategies on TB and HIV, improve collaboration between silos and contribute to the implementation of integrated people-centred care.

In December 2019 in Kyiv, the Secretariat launched a multicounty stream for implementation of the all-oral modified shorter treatment regimens for patients with MDR-TB under operational research conditions in 11 Member States of WHO European Region. This modus operandi was unanimously chosen by all countries as updated WHO consolidated guidelines on the treatment of drug-resistant TB were still in preparation (27). A generic study protocol was developed by a task-force of experts of the ERI-TB network and adapted for implementation based on each country’s specific challenges and opportunities. Support and funding for this multicountry operational study were provided by the USAID and the Global Fund. The study is to begin enrolment in August 2020. The aim is to enrol more than 4500 patients with RR/MDR-TB during the first year, which globally is the biggest ever cohort of patients into innovative treatment under operational conditions. The results of this study are expected to significantly
decrease the evidence gap on treatment effectiveness and safety of the new treatment regimens for DR-TB with new TB drugs and to accelerate publication of the next WHO policy guidance on DR-TB treatment.

The Secretariat provided technical assistance to conduct a drug resistance surveys (DRS) in countries where routine surveillance does not yet quantify MDR-TB prevalence. Countrywide DRS have been conducted in Ukraine (73) and Turkmenistan. Additionally, a second DRS was completed by partners in Tajikistan in 2017. The findings highlight a high proportion of DR-TB among new and retreated cases, and the risk factors and determinants driving the MDR-TB epidemic in the three countries. With support from the Global Fund, the Secretariat has started preparing a second countrywide DRS, in Uzbekistan. This DRS aims to update the 2011 MDR-TB estimates and will provide the country with evidence on the impact of the national TB programme on the MDR-TB epidemic, as well as with data to strengthen and amend the current plans.

The Secretariat has continued to document good practices in implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (5) with the publication of two compendiums (see section 1A) (20,21). It has also launched a call for good practices to showcase the best examples of engagement across sectors with the goal of ending the three epidemics (TB, HIV and viral hepatitis) and leaving no one behind across Member States and non-State actors of the Region.

A regional good practice and guidance document on digital health and TB is under development.

10 The unpublished report is available upon request.
WAY FORWARD

The WHO 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 patients in all Member States. This aligns with the three interconnected strategic priorities of the European Programme of Work, 2020–2025 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 (74). As outlined in the European Programme of Work, the WHO Regional Office for Europe will apply a two-pronged approach to TB prevention and control, with the aim of achieving a better balance in the support provided at the regional, subregional and country levels and to enhance direct country support to Member States in order to have a greater impact at population level.

In order to speed up TB elimination, the Regional Office will support Member States to introduce and scale up TB preventive therapy through operationalization of the WHO policy on TB prevention (28) and the regional roadmap on the management of latent TB infection (36), with further adaptation at country level. The Regional Office will support Member States to carry out operational research studies to document the most effective management of contacts of DR-TB patients and will help them to implement evidence-based approaches.

To fill the gaps in the timely detection of TB during the COVID-19 pandemic, Member States will be supported in active case-finding through the COVID-19 and/or TB contact tracing mechanisms. In cooperation with the health authorities and with the introduction of digital health and new technologies (such as artificial intelligence), transmission patterns of both diseases within communities will be documented to enable local responses to be designed.

Activities on cross-border TB control to increase access to quality TB and MDR-TB services for key vulnerable populations (especially migrants) will be further intensified to close the gap in timely TB prevention, diagnosis and adequate treatment for migrants and refugees because these groups face great difficulties in accessing quality health services, especially during the COVID-19 pandemic. The Secretariat considers that increasing the effectiveness, accessibility, sustainability and resilience of health systems with the use of digital health technologies for TB prevention, diagnosis and treatment for migrants and refugees (as well as addressing the issues of coinfection with HIV or viral hepatitis, comorbidity with noncommunicable diseases, and mental health disorders) as one of ultimate objectives for the proposed actions beyond 2020. The Secretariat will further advocate for regional funding from the Global Fund and other donors and key partners, and will explore all of the options to scale up the harmonization of policies and practices and of cross-border TB prevention and care.

Delayed diagnosis of TB and DR-TB (and the consequent late initiation of appropriate therapy) is a major factor leading to poor treatment outcomes and ongoing transmission. Through its regional mechanisms such as rGLC and 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 diagnostic testing for TB and DR-TB. This will help to reduce the time to obtain an accurate diagnosis and lead to the timely initiation of appropriate treatment and, hence, to achieving better treatment outcomes and saving lives. The Regional Office will develop guidance on taking an integrated approach to rapid diagnosis using multidisease platforms for testing TB, HIV, viral hepatitis and other diseases, such as COVID-19, that are closer to the point of care in order to enable the timely diagnosis and treatment of coinfections.
Treatment outcomes for TB are steadily improving but have not yet reached the regional target set for 2020, with treatment success of 57% for MDR-TB and 35% for XDR-TB in 2018 (11). Clinical management and health system barriers are among the factors 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 some Member States is often due to country-level barriers to the registration and importation of new medicines and to a lack of mechanisms to address these barriers. Despite EECA countries having the highest rates of resistance to second-line anti-TB drugs (up to 19% of MDR-TB patients had developed XDR-TB in 2018), treatment with fully oral shorter treatment regimens would be efficient in at least 70% of patients with DR-TB. If designed and administered correctly, these new treatment regimens would 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 pursue the introduction of fully oral modified shorter treatment regimens for MDR-TB in 11 EECA countries under operational research conditions, with an 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 treatment costs due to economy of scale and improve outcomes by reducing mortality and the number of patients lost to follow up. From the health system perspective, by operationalizing 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 the 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 DR-TB burden in the Region.

In line with implementation of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (13), the Regional Office will further strengthen collaborative efforts with other United Nations agencies and key partners to address the social determinants of these diseases and help achieve the relevant SDGs.

Increasing evidence shows that the use of new digital technologies as alternative modes of care delivery (such as mVST) can contribute to patient adherence. Currently, implementation of mVST 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 to scale up mVST and increase its coverage among people with TB and MDR-TB. With the introduction of new TB medications and the rapid transition towards implementation of fully oral shorter and longer treatment regimens for DR-TB, the health systems, programmatic, clinical and stigma-reduction advantages of digital health solutions are indisputable, especially in the light of the restrictions imposed by countries and the risk of acquiring COVID-19 and sustaining poorer outcomes. As a technological alternative to conventional DOT, mVST involves a recorded or live-streamed remote interaction between the patient and care provider via Internet-enabled smartphones, tablets or computers. Thus, leveraging today's information and communication technologies for health can help solve the challenges posed by DOT to both professionals and affected communities.
The most important persistent challenges are ensuring the successful treatment of DR-TB and countering the increasing HIV infection rates. No point-of-care testing is currently available 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 of a regional operational research package for modified shorter treatment regimens in the 11 Member States of the EECA 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 that will describe best practices and offer support to Member States in their efforts to boost preventive treatments.

In extending the Tuberculosis Action Plan for the WHO European Region 2016–2020 (5), the Secretariat will continue to support Member States in their efforts to strengthen their health system responses and ensure efficient TB prevention and care, with a view to achieving elimination. In line with the United Nations Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis (9), countries will be supported to adapt the multisectoral accountability framework and to report on its implementation. In line with the forthcoming European Programme of Work, 2020–2025, the Secretariat of the WHO Regional Office for Europe will pursue further dialogue with Member States to guide and support them to align 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 2020–2030 period.

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 ELI, ERI-TB, rGLC and RCC-THV. This guidance will aim to improve the performance and efficiency of national TB programmes, with a focus on the early diagnosis of active and latent TB, and will also address the issues of coinfection with HIV and/or 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 to update their national policies and practices in line the latest WHO policy guidance on TB and DR-TB (35,75–77) and achieving universal health coverage. The Regional Office will offer opportunities to Member States to enhance their capacities through interregional, regional and in-country workshops and training courses. It will assist Member States to document good practices; conduct TB surveillance and monitor, promote and conduct TB research; and develop innovative ways of applying the current evidence for adopting and adapting tools and ensuring equitable access to them across the Region. The lack of sufficient funding to ensure an efficient TB response remains a challenge. The Secretariat will continue to help Member States to strengthen their health system’s response, ensure effective and sustainable financing, and work across sectors to implement the measures articulated in the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (13).

The Regional Office will further support RCC-THV by involving civil society organizations and key partners in addressing the key societal challenges of stigma and discrimination resulting from the three diseases, as well as from COVID-19. RCC-THV, along 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 to scale up community-based, people-centred 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.

As the world unites 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 European Programme of Work, the Regional Office will continue to support all Member States to ensure that TB prevention, diagnosis and treatment are maintained without interruption and that no one is left behind. The Regional Office, through regional mechanisms (rGLC, ELI and ERI-TB), will continue working with all Member States to ensure that provision of TB treatment complies with the latest WHO guidelines (35,75–77) and is guaranteed for all TB patients (including those in COVID-19 quarantine and those with confirmed COVID-19), adequate stocks of TB medicines are in place and there are no interruptions to supplies.

The Secretariat will launch and maintain a virtual library of good practices in the prevention, detection, treatment and care of TB, HIV and viral hepatitis in order to record and disseminate the successful interventions of Member States, key partners and WHO collaborating centres so as to reduce the impact of these diseases in the Region.
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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