


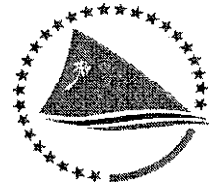
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SCANNED

THIRD 'STOP TB' MEETING IN THE PACIFIC ISLANDS
31 JULY – 3 AUGUST 2006

PACIFIC REGIONAL TB-HIV MEETING
3–4 AUGUST 2006

CONCLUSIONS AND RECOMMENDATIONS

1. GENERAL CONCLUSIONS

National TB programme managers and TB laboratory managers from 18 Pacific Island countries and territories (PICTs), and TB and laboratory experts, met for three and a half days in Noumea, New Caledonia. The meeting reviewed the progress of the Pacific towards achieving the 2005 TB control targets, and developed national TB control plans in line with the Global Stop TB Strategy and the Strategic Plan to Stop TB in the Western Pacific 2006–2010.

In general, PICTs have successfully implemented their 2-year action plans for 2004–2005, which were developed during the Second Pacific Stop TB Meeting in 2004, with strong support from various partners including the US Centres for Disease Control (US CDC), Secretariat of the Pacific Community (SPC), World Health Organization (WHO), Pacific TB Reference Laboratories (PTRLs), Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other partners.

Based on the reports from PICTs, the Pacific, overall, has achieved the 2005 TB control targets of 70% case detection rate, 85% treatment success rate and 100% population access to DOTS. The achievement of these intermediate targets for 2005 puts the Pacific in a position to aim for the 2010 regional goal of reducing TB prevalence and mortality by half by 2010 relative to 2000.

Participants and technical partners reviewed and endorsed the Strategic Plan to Stop TB in the Western Pacific 2006–2010, which provides a roadmap for achieving the 2010 regional goal.

2. REVISION OF ESTIMATES OF THE TB BURDEN

Conclusion:

The first epidemiological workshop in the Pacific conducted prior to the Stop TB Meeting reviewed estimates of the TB burden in PICTs. TB experts, programme managers and other specialists from relevant fields reviewed socio-economic data, country health data and other epidemiological indicators to derive more accurate estimates of the TB burden in PICTs. The workshop generated new estimates of the TB burden that are considered to more accurately represent the current TB situation in the Pacific. However, these estimates are dynamic, and changes in national situations and in key factors that affect the estimates, such as the availability of more data and improvements in data quality, should lead to their further refinement.

Recommendations:

- PICTs, with support from partners, are encouraged to strengthen their TB information systems and work towards improving data quality, which will provide a basis for continuous refinement of estimates of the TB burden in the Pacific.
- Countries and areas should further review the revised estimates before these are published in the Global TB Report in 2007.

3. LABORATORY

Conclusions:

Participants acknowledged the work that has been done through the Pacific TB Reference Laboratory Network under the Pacific TB Laboratory (PaTLab) initiative to improve the quality of microscopy services and to make data available on TB drug resistance in the Pacific.

Since its establishment in 2004, PaTLab has strengthened TB laboratory services in PICTs by providing technical support, training and external quality assessment (EQA). The number of TB-proficient technicians in PICTs has increased and their knowledge and skills have improved.

Microscopy services have been implemented for the first time in two countries and have been expanded in three countries. However, TB microscopy is not yet available in Niue and Tokelau. EQA by blinded slide rechecking (BSR) has been implemented in several PICTs. In-country BSR is now performed in Fiji and is planned for Vanuatu.

TB laboratory practices are reasonably standardised across Pacific countries and many laboratories are now preparing staining reagents locally, thereby ensuring a regular supply of reagents.

Given the general improvement in the proficiency of technicians in PICTs, poor quality sputum is now accepted as the most likely cause of false-negative TB microscopy results. The difficulty of obtaining adequate sputum from follow-up patients was noted, as was the importance of such samples in demonstrating response to therapy, and ultimately cure.

Shipping sputum samples from PICTs to mainland laboratories is expensive and requires compliance with international air transport regulations, e.g. PICTs may need personnel with formal (IATA) certification, which requires training provided by an IATA-certified agency.

Recommendations:

- Partner agencies should maintain their commitment to the PaTLab initiative.
- All countries and areas should adopt BSR as the default activity for EQA of sputum smear microscopy.
- The role of PTRL-Wellington is proposed to be expanded to include on-site evaluation and data analysis in SPC-supported PICTs.
- Laboratories in US-affiliated PICTs should perform cumulative correlations of local smear results with those from PTRL-Richmond. TB laboratories in PICTs, in conjunction with the national TB programme (NTP), should collect quarterly workload data as per the WHO Pacific QA Guidelines.
- To complement the WHO Pacific Guidelines on 'Quality Assurance of Sputum Microscopy in DOTS Programmes', laboratories in PICTs should take note of the procedures outlined in the IMVS handbook on 'Laboratory Diagnosis of TB by Sputum Smear Microscopy', e.g. procedures for storing and transporting infectious materials.
- NTPs should work with local laboratories and PaTLab agencies, as appropriate, to develop sputum collection protocols that ensure laboratories receive specimens of optimal quality.
- All PICTs, in collaboration with PTRLs as required, should give priority to developing local shipping protocols to ensure prompt and efficient dispatch of sputum to mainland laboratories.

4. MULTIDRUG-RESISTANT TB (MDR-TB)

Conclusions:

Under the PaTLab initiative, drug susceptibility testing (DST) has been expanded. Data on drug resistance from several countries and areas have been collated into two reports and drug resistance surveillance is being implemented in several countries. Although current data show low levels of drug resistance in PICTs, MDR-TB is a threat.

PICTs have limited capacity to identify the problem where it exists or to respond adequately. This limited capacity and lack of resources and facilities to diagnose and treat MDR-TB patients are a serious challenge to addressing the threat of MDR-TB. PICTs are generally dependent on mainland international reference laboratories for both culture and DST and clinical management of MDR-TB. It is recognised that it is best to prevent MDR-TB through the implementation of strong DOTS programmes across PICTs.

Recommendations:

- PICTs should improve the quality of DOTS implementation, which is essential to limiting the emergence of MDR-TB.
- PICTs, with support from partners, should establish mechanisms to make informed decisions on the timely identification of MDR-TB problems and to effectively access appropriate support for the management of patients diagnosed with MDR-TB. The latter should include developing clinical and laboratory support networks and ensuring the reliable provision of second-line agents within each country.
- Partners should continue to provide support to establish effective mechanisms in the Pacific to diagnose and manage identified MDR-TB patients.
- The PaTLab coordinator should expand the collection of data on drug resistance through liaison with national TB programmes, including programmes in the French territories.

5. INFECTION CONTROL

Conclusions:

MDR-TB is as transmissible as pan-susceptible TB.

Administrative measures, such as shortening waiting times in out-patient clinics and using separate wards for TB patients, general medical patients and HIV patients, are more appropriate in PICTs than the use of engineering controls and personal protective respiratory devices. Protective masks are probably best used by patients to prevent the spread of tuberculosis. Health-care workers such as clinicians and nurses should not rely solely on masks to protect them from exposure, but masks may be useful for patients while they are being moved around within hospital facilities. Engineering controls are likely to be relevant only in areas where resources are available.

Recommendations:

- PICTs should establish infection control policies and procedures according to their individual situation and the resources available.
- PICTs should implement administrative measures for infection control. These measures are likely to be the most relevant and useful infection control strategy for TB and MDR-TB in most PICT settings.

6. ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION (ACSM)

Conclusion:

PICTs recognise the value of ACSM in TB control. ACSM can contribute to TB control through increasing case detection, improving treatment success rates, addressing stigma and discrimination, em-

powering people and communities affected by TB, and mobilising political commitment and resources for TB. However, systematically designed ACSM activities are still very limited in the Pacific. There is a strong focus on annual Stop TB campaigns. Although these campaigns are recognised as important, they may actually have only temporary impacts. PICTs need more sustained campaigns, with locally driven and well-targeted ACSM activities that are monitored and evaluated for their impacts.

Recommendations:

- To support TB control, PICTs should assess needs for advocacy, communication and social mobilisation, and implement activities that are well-defined and responsive to local needs.
- PICTs should plan, implement, monitor and evaluate ACSM activities based on key principles outlined in the Global Framework for Action for ACSM, e.g. the activities should be integrated within the national TB programme.
- Partners should provide adequate technical support for ACSM and strengthen the capacity of PICTs to conduct locally driven and well-targeted ACSM activities.

7. RECORDING AND REPORTING

Conclusion:

Participants welcomed efforts to harmonise the recording and reporting requirements of the three technical partners, SPC, WHO and US CDC. These efforts will help streamline reporting and recording mechanisms. However, it was acknowledged that further efforts are required towards streamlining and accommodating additional data requirements from the countries.

There is a wealth of data that is relevant to TB control. If optimally used, these data are very useful for informing decision-making. The workshop to revise the estimates of the TB burden demonstrated the usefulness of analysing data that are already being collected and improving the TB information system to collect more relevant, high-quality data.

Recommendations:

- The technical agencies should continue the harmonisation process, ensuring that all required data fields are incorporated into a single set of recording and reporting tools. Initially, the US CDC, SPC and WHO reporting harmonisation process should concentrate on the US-affiliated Pacific Island states.
- PICTs should continue to complete and submit reports to the three technical agencies that require them, especially WHO annual data collection forms, in accordance to commitments made to the World Health Assembly.
- Partners should provide technical support to strengthen the capacity of countries to analyse and utilise data to improve their TB programmes, including conducting country data reviews.

8. GFATM

Conclusion:

Funds from GFATM provide the opportunity to implement priority activities in PICTs as well as regional activities. Progress in implementing GFATM-supported activities varies among the 10 countries receiving funds from GFATM. However, several management issues have emerged, including poor

performance and reporting for some PICTs, which could lead to funding support from GFATM for TB activities in PICTs being discontinued. Poor performance is also likely to put future funding support for the Pacific at risk.

Recommendations:

- The Technical Working Group, in consultation with countries, should discuss the options proposed for addressing poor performance and reporting, and formulate recommendations to the Pacific CCM Executive Board.
- Underperforming countries are urged to accelerate the implementation of activities supported by the Global Fund and to complete all pending programme reports. Technical partners should support PICTs to ensure good performance and timely reporting on activities supported by GFATM.

9. INTERNATIONAL STANDARDS OF TB CARE (ISTC)

Conclusion:

PICTs welcome the ISTC as a useful tool for promoting high-quality TB services in the Pacific, especially for non-NTP health providers who manage TB patients in some PICTs.

Recommendation:

- PICTs are encouraged to promote the adoption of ISTC among non-programme providers, and to use them as a tool for training health providers and to guide the activities of professional societies where relevant.
- National TB programmes should ensure that all TB clinicians from the public and private sector adopt and adhere to the standards in managing all TB patients.
- Partners should provide the required technical support to PICTs.

10. DRUG MANAGEMENT

Conclusion:

There has been substantial improvement in drug management in the Pacific Islands. Very few PICTs have reported interruptions in the anti-TB drug supply, and countries reporting interruptions have been able to correct the situation. However, some weaknesses in drug management remain and the cost of anti-TB drugs is a concern for some countries.

Recommendations:

- PICTs, with support from technical partners, should further strengthen their drug management systems to avoid any interruptions to their anti-TB drug supplies.
- PICTs should establish mechanisms to promote effective communication and coordination between the national TB programme and central pharmacy. National TB programmes and the central pharmacy should work together to ensure continuity of the drug supply through more effective monitoring of drug requirements and stocks and well-coordinated distribution of drugs at peripheral levels.

- PICTS and partners should explore more cost-effective mechanisms for ensuring uninterrupted supplies of drugs in the Pacific, which may include 'pooled procurement' mechanisms through the Global Drug Facility or other mechanisms.

11. HUMAN RESOURCE CAPACITY

Conclusion:

Limited human resource capacity remains a concern in some PICTs. Implementation of national TB control plans in line with the new Stop TB Strategy and regional Strategic Plan will require higher capacity, especially in relation to training of TB control staff in PICTs.

Recommendations:

- Partners should continue to work with countries to sustain training for staff involved in TB control with the aim of improving the quality of DOTS and implementing activities to address emerging challenges.
- PICTs should strengthen teams involved in TB control through establishing effective coordination of staff involved in implementing TB control activities. There is a need for more coordination and more effective sharing of responsibilities among staff in the NTP, laboratory, pharmacy and other areas of the health delivery system involved in TB control.

12. NATIONAL TB ACTION PLANS

Conclusion:

PICTS assessed the TB situation in their country through an analysis of strengths, weaknesses, opportunities and threats related to TB control. Based on this analysis, PICTs, with support from partners, have developed their 2-year national TB control action plans.

Recommendations:

- PICTS and partners are encouraged to further strengthen their efforts and political commitment to implement national TB action plans and to renew the commitment to achieving the regional goal of reducing TB prevalence and mortality by one half by 2010.
- Partners should continue to provide support to PICTs to implement their national TB action plans.
- PICTs, with support from partners, should closely monitor the implementation of national TB action plans, for example, by conducting a mid-term review.

13. TB-HIV (CONCLUSIONS AND RECOMMENDATIONS FROM THE PACIFIC REGIONAL TB-HIV MEETING, 3–4 AUGUST 2006)

Conclusion:

Although low numbers of TB patients co-infected with HIV have been reported so far, TB-HIV co-infection is an emerging threat in PICTs. TB remains a serious public health problem in the Pacific region and there is also a high prevalence of risk factors for HIV in several countries. PICTs recog-

nise that there is a need to establish or strengthen policies on HIV, TB, and TB-HIV co-infection within existing TB and HIV programmes. It is recognised that collaboration between TB and HIV programmes is a crucial first step in effectively planning and implementing TB-HIV activities. The first joint meeting of programme managers from TB and HIV programmes and partners in the Pacific (3–4 August 2006) was a useful step in that direction.

Recommendations:

- PICTs should review existing national policies relevant to TB-HIV and, as appropriate, incorporate TB-HIV policies in existing policies or develop national policies and operational guidelines for TB-HIV that are in line with regional and global frameworks.
- PICTs should establish a mechanism to ensure effective collaboration between TB and HIV programmes, including clarifying the roles and responsibilities of each of the programmes in planning and implementing activities.

Conclusion:

Countries and areas and partners acknowledge that commitment by governments and partners will be crucial in addressing the threat of TB-HIV co-infection. Ensuring good coordination between various stakeholders at Pacific regional and national levels, between partners, and between partners and governments will promote effective and efficient use of financial and human resources.

Recommendations:

- PICTs and partners should work towards increasing their commitment to addressing the threat of TB-HIV co-infection through building effective collaboration between TB and HIV programmes.
- Partners, including CDC, SPC, WHO, donors and NGOs, should ensure that TB-HIV activities are coordinated at regional and country levels.

Conclusion:

Countries recognise the importance of surveillance in establishing effective collaborative activities to address TB-HIV co-infection.

Recommendation:

- PICTS should establish effective surveillance and reporting systems that clearly define the roles and responsibilities of HIV and TB programmes.

Conclusion:

PICTs recognise the importance of strengthening the knowledge and skills of health workers involved in the diagnosis, treatment and care of individuals co-infected with TB and HIV.

Recommendation:

- PICTS, with support from technical partners, should assess training needs, especially for up-grading counselling and clinical skills, and establish training programmes based on these training needs.

Conclusion:

PICTs and partners recognise that the capacity for planning and implementing new activities, such as TB-HIV collaborative activities, is still limited in the Pacific. Joint planning is a useful mechanism for ensuring effective implementation of collaborative TB-HIV activities. Work plans that have budgeted activities and clear indicators and targets are more likely to be successfully implemented and monitored.

Recommendations:

- Partners should provide technical and financial assistance as requested by PICTs to enable implementation of effective TB-HIV collaborative activities.
- PICTS should work towards further developing TB-HIV work plans to include budgeted activities, and develop clear and measurable indicators and realistic targets within a two-year timeframe. The plan should include targets for ensuring access to anti-retroviral treatment for patients co-infected with TB and HIV.

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