(Draft) Tuberculosis Action Plan for the WHO European Region, 2016-2020
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Table of Contents

Contents

Introduction ................................................................................................................................................. 4
Outline of the TB Action Plan for the WHO European Region, 2016-2020 ........................................... 5
  Goal ......................................................................................................................................................... 6
  Targets ................................................................................................................................................... 6
  Strategic directions ............................................................................................................................. 6
  Areas of intervention .......................................................................................................................... 6
Areas of intervention and activities ........................................................................................................... 7
Introduction

In response to the continuing challenges facing the control of tuberculosis (TB), multidrug-resistant and extensively drug-resistant (M/XDR)-TB and HIV/TB, and with an end this year (2015) to the Global Plan to Stop TB, an ambitious post-2015 global End TB Strategy has been developed by the WHO and was approved by the World Health Assembly.1 The strategy, which has three main pillars and several milestones for 2025 and 2035, is summarized in Table 1.

Table 1. Post-2015 global End TB Strategy framework

| VISION | A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis |
| GOAL | End the global tuberculosis epidemic |

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MILESTONES</th>
<th>TARGETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>75%</td>
<td>2025</td>
</tr>
<tr>
<td>Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20%</td>
<td>2020</td>
</tr>
<tr>
<td>(&lt;85/100 000)</td>
<td>50%</td>
<td>2025</td>
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<tr>
<td>(&lt;55/100 000)</td>
<td>80%</td>
<td>2025</td>
</tr>
<tr>
<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>Zero</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>Zero</td>
<td>2025</td>
</tr>
</tbody>
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PRINCIPLES

1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION
   A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
   B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
   C. Collaborative tuberculosis/HIV activities, and management of co-morbidities
   D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS
   A. Political commitment with adequate resources for tuberculosis care and prevention
   B. Engagement of communities, civil society organizations, and public and private care providers
   C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
   D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

3. INTENSIFIED RESEARCH AND INNOVATION
   A. Discovery, development and rapid uptake of new tools, interventions and strategies
   B. Research to optimize implementation and impact, and promote innovations

THE GLOBAL STRATEGY AND TARGETS FOR TUBERCULOSIS PREVENTION, CARE AND CONTROL AFTER 2015, WERE ENDORSED BY ALL MEMBER STATES AT THE 2014 WORLD HEALTH ASSEMBLY.

* The United Nations is in the process of defining a post-2015 development agenda. A set of “Sustainable Development Goals” (SDGs) are being developed for 2030; TB is proposed to be part of the agenda and goals.

This year also marks the end of the *Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015* (Consolidated Action Plan). As a first step in continuing progress in M/XDR-TB control and care in the Region, the WHO Regional Office for Europe, in collaboration with WHO headquarters, held a series of consultations to define European perspectives on the post-2015 global End TB Strategy. The Regional Office is now adapting the global strategy to the regional context and has prepared this TB Action Plan for the WHO European Region covering the period 2016–2020 (TB-AP). The plan is based on lessons learnt in the implementation of the seven areas of intervention of the Consolidated Action Plan that are applicable to both high-priority and low TB incidence countries. This Plan is aligned with Health 2020, the ECDC’s Framework Action Plan, and the WHO-ERS Elimination Plan to fight tuberculosis in the European Union.

The long-term vision, which this Plan serves to support, is an end to the TB epidemic with zero affected families facing catastrophic costs due to TB. The main aim of the Plan during its five-year period is to prevent drug-susceptible and -resistant TB by ensuring universal access to prevention, diagnosis and treatment of TB and M/XDR-TB in all Member States of the WHO European Region. The following targets will be adapted from the global strategy to be achieved by 2020: a 35% reduction in deaths due to TB; a 25% reduction in the TB incidence rate; and a treatment success rate among MDR-TB patients of at least 75%. This Plan has six strategic directions and seven areas of intervention. The strategic directions are cross-cutting and are designed to safeguard the values of the Health 2020 strategy and highlight the corporate priorities of the WHO European Region. The areas of intervention are aligned with the three pillars of the post-2015 global End TB Strategy.

The Secretariat has established an advisory committee with representatives of seven Member States (Armenia, Austria, Belarus, Germany, Kazakhstan, the Netherlands and the United Kingdom), technical and funding agencies, civil society organizations and a former MDR-TB patient. The advisory committee met twice to review the draft Action Plan on 3 October 2014 and 4 March, 2015.

The draft Plan was also reviewed at a consultation meeting with representatives of 53 Member States and partners on 27 November 2014. The draft Plan was additionally revised during the first quarter of 2015 and will be reviewed further in a broader public consultation with stakeholders, civil society organizations and communities. The action plan will be finalized during the meeting of national TB programme managers at the end of May 2015. In addition, the Regional Office in collaboration with technical partners, civil society organizations and Member State representatives will prepare a monitoring framework for follow-up and reporting to the WHO Regional Committee (RC) every second year on the impact measurements and implementation of TB-AP, an analysis of strengths, weaknesses, opportunities and threats (SWOT), as well as a financial cost-benefit analysis. The final TB Action Plan for the WHO European Region, 2016-2020 will be submitted for consideration by RC65 in September 2015.
Outline of the TB Action Plan for the WHO European Region, 2016-2020

Vision

*An end to the TB epidemic with zero affected families facing catastrophic costs due to TB.*

Goal

To stop the spread of drug-susceptible and drug-resistant tuberculosis by achieving universal access to prevention, diagnosis and treatment in all Member States of the WHO European Region, thereby contributing to the global End TB Strategy goal of ending the TB epidemic.

Targets (to be achieved by 2020)

- 35% reduction in TB deaths
- 25% reduction in TB incidence rate
- 75% treatment success rate among the MDR–TB patient cohort

Strategic directions

1. Working towards TB elimination, strengthen health systems response to TB and DR-TB prevention, control and care;
2. Facilitate intersectoral collaboration to address the determinants and underlying risk factors of the disease;
3. Work in national, regional and international multi-stakeholder partnerships, including civil societies and communities;
4. Foster collaboration for the development and use of new diagnostic tools, medicines, vaccines and other treatment and preventive approaches; and
5. Promote the rational use of existing resources, identify gaps and mobilize additional resources to ensure sustainability.

Areas of intervention

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION
   A. Systematic screening of contacts and high-risk groups
   B. Ensure early diagnosis of tuberculosis and universal drug-susceptibility testing (DST) including the use of rapid tests
   C. Ensure equitable access to quality treatment and continuum of care for all TB patients, including drug-resistant tuberculosis; and patient support to facilitate patients’ adherence
   D. Collaborative tuberculosis/HIV activities; and management of relevant comorbidities
   E. Management of latent TB infection (LTBI) and preventative treatment of persons at high risk; and vaccination against tuberculosis
2. BOLD POLICIES AND SUPPORTIVE SYSTEMS
   A. Political commitment including universal health coverage policy with adequate resources
   B. Strengthened health system including well-aligned financing mechanisms for TB and human resources
   C. Improved regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines and pharmacovigilance
   D. Introduction of a proper infection control programme, including administrative, engineering and personal measures in all relevant health facilities and congregate settings
   E. Community systems strengthening and coordination with civil society
   F. Social protection, poverty alleviation and actions on other determinants of tuberculosis such as migration and prisons

3. INTENSIFIED RESEARCH AND INNOVATION
   A. Discovery, development and rapid uptake of new tools, interventions and strategies
   B. Research to optimize implementation and impact, and promote innovations

Areas of intervention and activities

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION
   A. Systematic screening of contacts and high-risk groups
      Case finding
      1.a.1 Member States, with support from the Regional Office will develop or revise strategies for systematic screening, including active case finding and/or contact investigation of vulnerable groups and hard to reach populations with limited or no access to health facilities, by end of 2017.²
      1.a.2 Member States will ensure screening of TB and M/XDR-TB are available in relevant congregate settings, including penitentiary services, across the Region, by 2016.
      1.a.3 Member States will ensure systematic engagement of communities and civil society organizations (CSOs) in order to achieve case-finding coverage (ongoing activity).
   B. Ensure early diagnosis of tuberculosis and universal drug-susceptibility testing (DST) including the use of rapid tests
      TB laboratory network and quality
      1.b.1 The Regional Office, in collaboration with partners, will prepare a guide and diagnostic algorithms for expanded and accelerated quality-assured new diagnostic technologies (taking into account paediatric TB diagnostics), by 2016.³

² These include but are not limited to: migrants, refugees, stateless populations, homeless people and those suffering from alcohol and drug misuse, people with mental health disorders, prisoners and those with a history of imprisonment.
³ Includes the use of rational diagnostic algorithms for effective diagnosis using WHO endorsed diagnostic tests, for first and second-line drugs.
1.b.2 The Regional Office and partners will strengthen national TB laboratory network for diagnosis to inform treatment of TB, by 2017.

1.b.3 The Regional office and partners will help National TB Programmes (NTPs) to develop strategies, such as the use of mobile laboratories, to maximise the benefits of rapid diagnostic tools for hard to reach and vulnerable populations, by 2017.

1.b.4 The Regional Office will facilitate the provision of technical assistance to national TB laboratory networks, including reference laboratories to ensure the uptake of quality-assured WHO diagnostic technologies *(ongoing activity)*.

1.b.5 The Regional Office will facilitate the NTPs of the High Priority Countries (HPCs) in finding ways for more efficient sample transportation and subsequent communication of results, by 2018.

1.b.6 All Member States will ensure the availability of rapid tests endorsed by WHO, using national resources as well as donor funding. The Regional Office will liaise with donors and countries to facilitate sustainable arrangements for funding *(ongoing activity)*.

1.b.7 Member States will ensure that quality assurance is in place within the laboratory network and covering all tests, by 2017.

1.b.8 The regional Office and key partners will support the NTPs of the HPC in developing sustainable strategies for laboratory maintenance, by 2018.

**C. Ensure equitable access to quality treatment and continuum of care for all TB patients, including drug-resistant tuberculosis; and patient support to facilitate patients’ adherence**

1.c.1 Member States will ensure that their TB and DR-TB treatment guidelines, including childhood TB guidelines, are regularly updated and operationalized/implemented according to the latest available evidence and WHO recommendations *(ongoing activity)*.

1.c.2 Member States will develop a plan for reaching universal access to treatment, including treatment of children and uninterrupted drug supply *(ongoing activity)*.

1.c.3 Member States will ensure the rational, safe and effective introduction of novel TB medicines, including for children, according to the most recent WHO policy guidance, as soon as possible and not later than 2016. *(See section 2.c)*

1.c.4 All HPC will specify strategies and mechanisms for expanding and maintaining the provision of ambulatory treatment linked to their national health plans, by 2016.

1.c.5 All Member States will specify strategies and mechanisms for psychosocial and financial support in order to ensure effective treatment adherence, by 2016.
1.c.6 Member States will ensure that surgery is available for eligible M/XDR-TB patients where indicated, by 2020.4

1.c.7 The Regional Office and partners will continue to provide technical assistance to Member States on measures to strengthen PHC integration in TB prevention and control, including community-based TB treatment and patient-centred care (ongoing activity).

1.c.8 Member States will improve access to TB prevention and care and appropriate support for hard-to-reach populations and vulnerable groups2, by 2018.

1.c.9 The Regional Office and Member States will implement a mechanism for cross-border TB control and care which enables a continuum of treatment for internal and external migrants and stateless populations, by 2017.

1.c.10 The Regional Office in collaboration with partners will assist Member States in developing further collaboration between penitentiary and civilian services to ensure continuity of care for patients transferred between the penitentiary and civilian institutions (ongoing activity).

1.c.11 Member States will establish palliative care mechanisms for all TB patients aimed at easing symptoms and increasing adherence. Specific protocols to assess M/XDR-TB patients who fail treatment should be established, by the end of 2016.5

1.c.12 Regional Office, in collaboration with partners, will provide technical support in designing and implementing appropriate hospice/end-of-life care for M/XDR-TB patients who fail treatment and for whom all treatment options, including new and repurposed drugs are exhausted, by the end of 2016.

D. Collaborative tuberculosis/HIV activities; and management of relevant comorbidities

1.d.1 The Regional Office, in collaboration with partners, will assist Member States in establishing effective mechanisms for delivering integrated TB and HIV services so that coordination is established at central and regional levels, by 2018.

1.d.2 Member States will ensure that all TB patients have access to HIV counselling and testing supported by national HIV and TB guidelines, as soon as possible and not later than 2016.

1.d.3 Member States will ensure that people living with HIV are screened for latent and active TB, in facilities with adequate airborne infection control measures, as soon as possible and not later than 2020.

1.d.4 Member States will ensure that all TB/HIV patients have access to co-trimoxazole preventive therapy, early and monitored (according to most recent WHO recommendations) antiretroviral therapy, as soon as possible and not later than 2016.

1.d.5 The Regional Office in collaboration with partners, will provide assistance for the integrated management of TB and comorbidities that increase the risk of TB, by 2018.

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5 These should assess the patient’s clinical condition and determine whether treatment using new and repurposed drugs is appropriate or whether the patient should be referred for end of life care.
E. Management of latent TB infection (LTBI) and preventive treatment of persons at high risk; and vaccination against tuberculosis

(Also see activities in 1.d)

1.e.1 Member States will ensure that the most up-to-date WHO recommendations on diagnosis and treatment of latent TB infection for at-risk populations are implemented, where WHO guidelines apply, by the end of 2017.

1.e.2 Member States will ensure that WHO policy recommendations on bacille Calmette–Guerin (BCG) vaccination for infants are implemented and BCG revaccination is discontinued, immediately.

1.e.3 Member States will ensure that people accessing harm reduction services for drug misuse will be provided preventative TB care, by 2016.

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

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

2.a.1 Member States will improve leadership and participatory governance for TB control, including the implementation of whole-of-government and whole-of-society approach in light of Health 2020. At the same time, the Regional Office will provide technical assistance to the Member States to ensure an improved, accountable and effective central coordination of TB control as well as implementing results based management approaches to improve performance, by 2020.

2.a.2 The Regional Office will assist HPC to update and implement their national TB plans and MDR-TB response plans according to updated guidance on new tools and interventions, by the end of 2016.6

2.a.3 Member States will ensure that external reviews will be undertaken of their national TB programmes/interventions every three to five years, led by the Regional Office and/or ECDC and including partners and civil society organizations and communities (ongoing activity).

B. Strengthened health system including well-aligned financing mechanisms for TB and human resources

2.b.1 The Regional Office in collaboration with partners will assist Member States in identifying and addressing gaps and provide technical assistance to improve institutional capacity for all functions of TB programmes within the health system (stewardship/governance, financing, service delivery and resource generation) towards universal health coverage, as soon as possible.

2.b.2 Member States will ensure that National TB Programmes have the institutional capacity to develop implement, analyse and adapt TB policy; and manage and allocate resources towards effective universal access to treatment. Health authorities will also engage the TB provider network and/or programme in health system reform initiatives, by 2020.

6 The plans will include organograms endorsed health systems and national TB programmes, with explicit roles and responsibilities (executive decrees and administrative orders), lines of authority and operational plans up to provider level. These plans will take into account health system and financial reforms undertaken during 2011-2015, social determinants of TB and ethical and human rights concerns. These plans will also ensure that the role of primary health care, prison services, TB hospitals and general hospitals, nongovernmental organizations and private services are included, with the aim of improving public-private partnerships.
Health financing for TB control and care

2.b.3 The Regional Office and partners, in collaboration with the Member States, will conduct an in-depth health financing review for more effective TB prevention and control, by the end of 2016.\(^7\)

2.b.4 The Regional Office will provide technical assistance to Member States to develop sustainability plans to increase domestic funding and shared responsibility schemes for TB control and care in countries with previous receipt of donor funding, immediately.

2.b.5 The Regional Office will support the development performance assessment framework of the national TB control program that includes the evaluation of cost efficiency and effectiveness, by 2017.

Human resources

2.b.6 Member States will revise and implement strategic plans for the development of human resources for TB-AP, by the end of 2017.\(^8\)

2.b.7 The Regional Office in collaboration with the European Laboratory Initiative (ELI) and the Global Laboratory Initiative (GLI) will support the Supranational TB Reference Laboratories Network in building sustainable human resource capacity, by 2018.\(^9\)

2.b.8 Member States will continue to ensure supervised and continuous training (including on infection control), coaching and support of health care staff for case detection and scaling up the treatment of TB, M/XDR-TB and TB/HIV patients, by 2016.

2.b.9 The Regional Office and partners (for example WHO collaborating centres, as well as national TB programmes) will support the building of human resource capacity (ongoing activity).\(^10\)

2.b.10 In coordination with the WHO collaborating centre on TB in prison, the Regional Office will assist Member States in improving TB control in penitentiary services by supporting training activities facilitated by the collaborating centre, immediately.

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\(^7\) analysis of current resources available for TB prevention and control interventions at the Regional level, including the organization of funding flows, in order to identify: sources of fragmentation, potentially misaligned provider payment incentives associated with different types of TB intervention, formal or informal out-of-pocket payments (catastrophic costs) that hinder access to care, and other financial (e.g. levels of insurance) and non-financial barriers to access as well as the role of private and public providers and the financial incentives in place for each. They will recommend measures to improve health financing reform to be aligned with the service delivery strategies that are defined.

\(^8\) These plans will include human resources policy, finance, education, leadership, job descriptions and workload assessment, and determine staff needs, supervision and monitoring, performance-based assessment and remuneration (both monetary and non-monetary) of the staff, and in line with national health system plans.

\(^9\) This will be done through regular country visits to monitor the performance of laboratory networks and in the provision of technical assistance (for example, on exchange of data, information and samples) both in-country and through internships of one to two months in their supranational reference laboratories.

\(^10\) Building human resource capacity will be carried out through (i) regular country visits to monitor the performance of national and subnational health authorities and primary healthcare providers involved in TB prevention, control and treatment, and (ii) the provision of technical assistance in-country (for example, in programme management, the efficient use of resources, operational research and application of new diagnostic and programme tools).
C. Improved regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines and pharmacovigilance

**Surveillance and data management**

2.c.1 The Regional Office, together with WHO headquarters, partners and Member States will develop a minimum set of social determinant variables to be included in routine surveillance at country level, **by 2016**.11

2.c.2 The Regional Office will provide technical assistance for sub-regional workshops on surveillance standards and benchmarks, and the development of country plans for their implementation at country level, **immediately**.

2.c.3 All Member States will have implemented the new standards and benchmarks for the TB surveillance system, **immediately**.

2.c.4 Member States will implement the WHO recommended TB case definitions and reporting framework to ensure the categorization of TB cases to facilitate appropriate treatment and cohort reporting, **as soon as possible and not later than 2016**.

2.c.5 Member states with the support of the Regional Office will facilitate the establishment of Laboratory Information Management Systems (LIMS), **by 2017**.

2.c.6 Member States will establish an interoperable link between demographic and vital statistics, clinical management, geo-positioning, laboratory and drug management systems, **by 2020**.

**Uninterrupted supply and rational use of quality medicines**

2.c.7 The Regional Office will support Member States and other partners with data collection to assist in the development of reliable estimates of drug needs and trends, **immediately**.

2.c.8 The Regional Office, partners, and member states in their respective roles will promote the WHO pre-qualification programme mechanism to ensure prequalification of drugs, and request Member States to ensure the speedy registration (such as fast-track mechanisms) of products already pre-qualified by WHO in countries, **by 2017**.

2.c.9 The Regional Office and partners will conduct a gap analysis (as a follow up to that conducted under the Consolidated Action Plan, 2011–2015) of pharmaceutical legislation and regulations and facilitate their improvement, **by 2019**.

2.c.10 The Regional Office will assist Member States with the development of procedures for the procurement of medical supplies with an emphasis on quality assurance through strengthened regulatory authorities with specific emphasis including but not limited to: pediatric TB diagnostics and treatment (drug formulations); and the limiting the availability of new drugs on the free market (over the counter) without a prescription sale, **by 2017**.

2.c.11 The Regional Office and partners will engage countries in the WHO Good Governance for Medicines (GGM) programme and pharmacovigilance, **immediately**.

2.c.12 Member States will sustain countrywide the use of first-line fixed-dose combination drugs and pediatric drug formulations in treatment of drug-susceptible TB, where possible, **by the end of 2016**.

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11 This will enable the monitoring of upstream and downstream risks factors for TB disease and treatment outcomes.
2.c.13 Member States will ensure continued capacity-building in planning, procurement and supply management of anti-TB medicines at all levels of the health care system according to WHO recommendations, *immediately*.

2.c.14 The Regional Office will deliver guidance to Member States on a continual basis to develop their frameworks at national and subnational levels for compassionate use of medicines (*ongoing activity*).

**Pharmacovigilance and management of adverse events**

2.c.15 Member States will establish a mechanism to routinely collect adverse drug events data and cohort event monitoring at country level, *by the end of 2016*.

2.c.16 The Regional Office in collaboration the WHO collaborating centre on pharmacovigilance will establish a sufficiently resourced data repository on drug-related adverse events, *by the end of 2016*.

**D. Introduction of a proper infection control programme, including administrative, engineering and personal measures in all relevant health facilities and congregate settings**

2.d.1 Member States will ensure all health care facilities serving TB or presumptive TB patients have sound infection control standard operating procedures, including individual respiratory protection programmes implemented, *by the end of 2016*.

2.d.2 Governments in HPC will ensure that environmental (engineering) preventive measures are available in high-risk facilities and congregate settings, *by 2016*.

**E. Community systems strengthening and coordination with civil society**

2.e.1 Member States and WHO will systematically include representatives of affected communities and civil society in national and regional TB programme reviews, design, planning, implementation and monitoring as well as assessments of quality of services, *immediately*.

2.e.2 In order to achieve systematic involvement and engagement of civil society and people affected by TB, Member States will regularly assist and coordinate with local CSOs and community representatives in devising and implementing effective plans in alignment with national TB programme policies and priorities. This may include subcontracting activities when civil society and community organizations have a comparative advantage, as for case-finding and social support (*ongoing activity*).

2.e.3 HPC together with civil society and communities, will review their advocacy, communication and social mobilization (ACSM) strategy and develop community systems strengthening (CSS) plans in order to increase knowledge of and access to improved health service delivery. This includes capacity-building of community organisations, infrastructures and systems, partnership building and the development of sustainable financing solutions. These plans should be implemented and fully funded, *by 2016*.

2.e.4 Member States, recognising the special value and contribution and support that patient groups can provide, will assist and support the creation, development and involvement of such groups wherever possible, and *as soon as possible and not later than 2020*. 
2.e.5 Member States will continue to develop innovative communication strategies together with affected communities, religious and community leaders and civil society utilizing internet and other media (TV, radio, press, social media) in order to reduce TB-related stigma *(ongoing activity)*.

2.e.6 The Regional Office will strengthen involvement and foster collaboration between national and international partners and private providers to raise awareness about TB, advocate for resource mobilization and catalyze an exchange of best practices regarding TB and M/XDR-TB prevention, care through the Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) *(ongoing activity)*.

**F. Social protection, poverty alleviation and actions on other determinants of tuberculosis such as migration and prisons**

*(Also see activities in Policy and Governance; and Surveillance)*

2.f.1 In order to monitor progress towards the vision of TB-AP and the targets of the global End TB Strategy, Member States will measure the occurrence of catastrophic costs to patients and their households due to TB according to WHO guidelines, by 2019.

2.f.2 Member States will develop a mechanism for efforts to provide social protection with allocation of relevant funding, by 2017.

2.f.3 The Regional Office, in collaboration with partners, will provide technical assistance on health systems’ capacity-building to address the social determinants of TB and develop effective mechanisms of social protection for TB patients and their families, *by 2017*.

2.f.4 The Regional Office and partners will work together with Member States in an inter-departmental and inter-sectoral approach in order to explore a legal mechanism for cross border TB control and care, *by 2017* *(See also 1.c.9)*

2.f.5 Member States, in collaboration with CSOs, will assist with cross-border TB care, among migrant communities to help increase awareness of TB and knowledge of local health services so that symptomatic individuals refer and enrol themselves appropriately for treatment in the host country.

**3. INTENSIFIED RESEARCH AND INNOVATION**

**A. Discovery, development and rapid uptake of new tools, interventions and strategies**

3.a.1 The Regional Office in close consultation with WHO headquarters will coordinate the formulation/ establishment of a European Tuberculosis Research Initiative (ETBRI), under which the Regional Office and key partners will work with Member States to:

- Identify needs, capacities and gaps (financial support for basic research, operational research, language/translational support, etc.);
- Develop Regional and national level research agendas;
- Develop a platform for sharing new research and study results (for example on equity, indicators, costs of non-action, etc.) and creating networks for research;
- Map the collaborations between major research institutes and identify new areas for collaboration;
- Motivate funding agencies to link with CSOs for research advocacy; and
- Serve to provide the evidence base for policy and practice for TB prevention, control and care.
3.a.2 Member States will identify key partners such as non-governmental organizations (NGOs) and institutions that will carry out respective research agendas in accordance with sound methodology and ethical principles.

3.a.3 The Regional Office will work with all Member States and Regional partners to promote and secure funding for Member State research priority areas and agendas.

3.a.4 The Regional Office will assist Member States in assessing and ensuring that adequate research ethics board mechanisms are in place within key institutions and partner organizations that carry out national research agendas.

3.a.5 The Regional Office and Member States will facilitate research and development of new tools including TB treatment regimens and assist Member States to hold sound clinical trials on a continuous basis and report its progress through ETBRI.

3.a.6 The Regional Office and partners will advocate the continuous involvement of European research institutes in the development of new diagnostic tools, medicines and other treatment modalities, vaccines, and research on basic mechanisms of resistance, etc.

3.a.7 The Regional Office and partners will advocate for the mobilization of EU/country resources with the use of planning/budgeting tools and aimed at developing new technologies.

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

3.b.1 The Regional Office will provide guidance and technical assistance to Member States to develop operational research priorities within national research platforms.

3.b.2 Member States will develop an operational research plan (covering both quantitative and qualitative research) according to priority areas and key working partners (and coordinated with other existing research plans) to be considered by national and international funding sources including the Global Fund. Research generated under these plans should serve as an evidence base for improving programme performance.

3.b.3 The Regional Office will assist member states in building capacity for research training with key partners, and translating research into applied action.

3.b.4 Member States will ensure that the results of operational research and other studies are included in development of TB control policies on a continuous basis.

3.b.5 In collaboration with partners, the Regional Office will continuously document best practices in the implementation of models of care and patient support (inpatient, outpatient, home/community-based models of care, financing/avoidance of catastrophic costs, prevention, etc.) in different settings, and share these practices with Member States.