

Intensified Support & Action Countries

Emergency

Stop TB Partnership



World Health Organization

2005

timeline

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Stop TB Partnership

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BACKGROUND

Significant progress has been made towards tuberculosis control and the targets set by the World Health Assembly for 2005: to detect at least 70% of the estimated number of infectious TB cases and cure 85% of them. However, an assessment in 2002 revealed that, while the average treatment success rate in DOTS programmes is 82%, the case detection rate has risen steadily to just 37%, still far from the 70% target. In addition, TB incidence has increased dramatically during the past decade in some parts of the world (sub-Saharan African countries with high HIV prevalence and countries of the former Soviet Union), suggesting that TB is a serious challenge. Overall, the TB situation represents a global health emergency that demands a rapid, precisely-targeted and intensified response.



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A variety of factors are preventing more rapid progress in case detection and reporting under DOTS. These include:

- insufficient DOTS coverage of public health facilities and access to DOTS services in many countries;
- the failure of public services, such as hospitals and other facilities that are seeing TB cases, to deliver DOTS in a coordinated fashion;
- the existence of health services for TB that depend on other segments of government (such as ministries of justice, defence, education, etc.) that are not implementing DOTS;
- lack of public awareness and involvement of communities in DOTS activities;
- limited participation by private providers, NGOs, and academic institutions in proper TB care delivery as part of national strategies and programmes;
- limited collaboration between TB and HIV control programmes at all levels, particularly in high TB/HIV burden countries (HBCs).

Urgent action is therefore needed to accelerate effective TB control practices and involve all possible care providers, both public and private, in order to substantially increase detection and cure rates in line with the 2005 targets, and reduce incidence in line with the 2015 target of the relevant Millennium Development Goal (MDG). Thanks to the unprecedented financial resources made available by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other financial partners, such action will now have a genuine chance to succeed.



THE EMERGENCY “INTENSIFIED SUPPORT & ACTION COUNTRIES” (ISAC) INITIATIVE

ISAC is a special emergency initiative to accelerate DOTS expansion and reach the 2005 targets, within the Global Plan to Stop TB, and ultimately to achieve the 2015 target of reversing TB incidence. ISAC will focus international assistance on and support efforts by the Stop TB Partnership in selected countries through the DOTS Expansion Working Group (DEWG), in order to reach, first, the 2005 targets and, subsequently, the MDGs. Importantly, the DEWG is fully committed to continuing its regular efforts to support all 22 HBCs and other countries in need. ISAC is therefore an “extraordinary and additional” effort to accelerate DOTS expansion and TB control in selected countries in need of catalytic action to achieve the targets.



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Rationale

The international TB community, represented by the DEWG, has an excellent opportunity to maximize the potential of the funding now available (from GFATM, banks and bilaterals) and the current political commitment to TB control. With the significant influx of resources available in countries, a proportionate increase in funding is needed for Stop TB technical partners to be able to provide technical assistance so that this unprecedented opportunity for funding TB control in countries is not lost. ISAC represents a real chance to strengthen technical assistance and ensure rapid progress to broaden the scope of national TB programme activities, accelerate DOTS expansion, and involve all care providers in the delivery of proper TB care and control practices. The Initiative thus responds to the needs of all countries to reach the TB control targets and at the same time the specific needs of the donors to show that the new financial resources are effectively managed and used to maximum effect in countries.

Objective

To identify a list of countries, immediately ready to accelerate TB control activities, for inclusion in Phase I. Technical assistance to these countries will then be substantially increased in order to support the effective absorption of the newly available resources and to catalyse acceleration of TB control.



Country selection

The following criteria were applied to country selection:

- Burden of TB disease and/or of dual TB/HIV infection (absolute number and/or rate).
- Presence of, or desire to have, in-country staff from WHO or Stop TB partners to assist national TB programmes.
- Clear national commitment to and potential capacity for implementation of TB control activities at country level, plus an enabling environment.
- Availability of substantial funding for TB or TB/HIV control activities from GFATM, banks, and bilaterals.
- Potential for collaboration with the Global Drug Facility on drug procurement.
- Agreement between all levels of WHO, STB partners, and country authorities to accelerate DOTS expansion.



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Phase I countries

The Stop TB Partnership, WHO and GFATM jointly drew up an initial list of countries for Phase I of the Initiative during a series of meetings in January 2004. These countries will benefit from an increase in technical assistance in order to accelerate or initiate a variety of relevant interventions aimed at promoting the widest DOTS implementation possible.

India can be acknowledged as a country in which there is already intensified support and action by WHO and the STB partners. Sustaining the intensity of those efforts is considered key to success in India. The other selected ISACs are China, Indonesia, Kenya, Pakistan, Romania, Russian Federation, and Uganda (and possibly Peru). WHO will approach ministries of health to propose and seek support for the Initiative. Detailed action plans are being prepared with a view to starting intensive efforts; these will be discussed within the DEWG core group in order to win the full support and expression of commitment by involved partners.



ISAC APPROACHES

ISAC is based on two approaches:

- **Increased financing of technical work in countries**

Immediate resource mobilization is needed for technical agencies in the DEWG to start intensified technical assistance and other essential support to countries through involvement of financial partners.

Intensified support implies new resources for various types of technical assistance by WHO and Stop TB technical partners, and the ISAC Initiative will link specific countries with financial partners in the DEWG, which will seek resources.

Partners such as CIDA and USAID are already committed to making extra resources available to technical agencies in DEWG so that technical assistance can begin: other major donors need to be rapidly identified.



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- **Strategic alliance with GFATM**

GFATM works in close collaboration with the Stop TB Partnership to intensify TB control and document the effects of ISAC in GFATM-supported countries. The technical support provided by the DEWG is key to ensuring the proper implementation, monitoring and evaluation of GFATM-funded projects.

The Stop TB partnership, WHO and GFATM have therefore agreed that there are at least two mechanisms through which financial resources can be jointly mobilized. The first is the inclusion in GFATM budgets and implementation plans of additional human resources for technical work. The second is joint advocacy to convince donors and financiers that the success of GFATM-funded projects will largely depend on the technical support provided to WHO and the Stop TB technical partners.



COUNTRY INTERVENTIONS

The ISAC Initiative will be based on a variety of interventions tailored to the situation of targeted countries. Examples include:

- **Intensified technical assistance**

Technical assistance will be provided by WHO and relevant Stop TB technical partners through placement of in-country experts (local and international staff) and frequent missions to provide support at central, intermediate (state, province) and local levels. It will have several aims:

- *Substantially increased population access to DOTS services (including involvement of all relevant public and private health care providers in TB control) without compromising quality of smear microscopy or adequacy of supervision.* There is limited participation by private providers, NGOs, and academic institutions in proper TB care delivery as part of national strategies and programmes. In order to involve all relevant providers, improved coordination within ministries of health and among other government ministries and institutions is essential.



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- *Rigorous monitoring and evaluation.*
Intensified monitoring of process and impact indicators at all levels is critical in ensuring effective and efficient DOTS expansion and implementation.
- *Intensified collaborative TB/HIV activities.*
In many HBCs, HIV is fuelling the TB epidemic and the DOTS strategy alone is insufficient to control TB. TB programmes must develop closer collaboration with HIV/AIDS programmes to implement the WHO Interim Policy on Collaborative TB/HIV Activities to reduce the impact of TB and HIV/AIDS, including supporting antiretroviral treatment projects included in the "3 x 5" plan (i.e. 3 million people on antiretroviral treatment by 2005).

- **Accelerated partnership building**

National partnerships and coalitions will be promoted as a means of involving major stakeholders in the fight against TB and in support of national TB programmes in order to sustain social mobilization and advocacy.



- **In-country advocacy and social mobilization**

ISAC will require “seed” funds to accelerate advocacy and mobilize societies and communities, both to increase demand and to contribute to care. This initiative could rapidly and substantially increase core technical competencies and capacities of national TB programmes to implement and evaluate large-scale communication and social mobilization interventions for TB control in ISAC countries.

- **High-level political and advocacy missions**

by members of the Stop TB Coordinating Board and others. Such missions will be helpful in those countries that are in need of a boost in political commitment.



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MONITORING AND EVALUATION

ISAC will be closely monitored through established systems to assess progress towards targets. Importantly, if the ISAC Initiative is seen to succeed, additional high-burden and other countries will be targeted for intensification of efforts in the second half of 2004 in Phase II of country selection.



lives saved

A new initiative to accelerate DOTS expansion with specific focus on the 2005 World Health Assembly targets supported by the DOTS Expansion Working Group, the Global Fund to Fight AIDS, Tuberculosis and Malaria, other financial partners, and Stop TB