**Good Practices on implementation of the Tuberculosis Action Plan for the WHO European Region 2016– 2020**

**Submission Form**

Dear Colleague,

Thank you for your active involvement in implementation of the ***Tuberculosis Action Plan for the WHO European Region 2016– 2020*** *(*[*http://www.euro.who.int/\_\_data/assets/pdf\_file/0007/283804/65wd17e\_Rev1\_TBActionPlan\_150588\_withCover.pdf*](http://www.euro.who.int/__data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf) *)*. Midway through implementation of the Plan and its accompanied resolution (<http://www.euro.who.int/__data/assets/pdf_file/0004/288391/65rs06e_TBAP_150748.pdf?ua=1> ) and in preparation of the mid-term progress report, WHO Regional Office for Europe is soliciting its Member States, partners and communities to share their good practices for a Compendium of Good Practices. The Compendium will be distributed during the 69th WHO Regional Committee for Europe. The practices need to be submitted through the below form. A multi-partner committee will review and evaluate submissions against the following criteria: **relevance, sustainability, efficiency,** and **ethical appropriateness**, plus any one or more of the additional criteria detailed in *Annex 1* below. Please answer the following questions as completely as possible, and send the form to the WHO Regional Office for Europe at eurotb@who.int; with a copy to our appointed consultant Dr Elmira Gurbanova at elmiragurbanova@gmail.com

The deadline for submission is **15 April 2018**.

1. **Contact details for further communication:**

Name of the submitting author

Country

Organization

E-mail

Phone

1. **What area(s) of the *Tuberculosis Action Plan for the WHO European Region 2016– 2020* does the practice address?**

|  |
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| **INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION** |
| [ ]   | Systematic screening for tuberculosis of contacts and high-risk groups |
| [ ]  | Early diagnosis of all forms of tuberculosis and universal access to drug-susceptibility testing, including the use of rapid tests  |
| [ ]   | Equitable access to quality treatment and continuum of care for all people with tuberculosis, including drug-resistant tuberculosis, and patient support to facilitate treatment adherence |
| [ ]   | Collaborative tuberculosis/HIV activities, and management of co-morbidities |
| [ ]   | Management of latent tuberculosis infection and preventive treatment of persons at high risk, and vaccination against tuberculosis |
| **BOLD POLICIES AND SUPPORTIVE SYSTEMS** |
| [ ]   | Political commitment with adequate resources, including universal health coverage policy. |
| [ ]   | Health systems strengthening in all functions, including well-aligned financing mechanisms for tuberculosis and human resources  |
| [ ]   | Regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines, and pharmacovigilance |
| [ ]   | Airborne infection control, including regulated administrative, engineering and personal protection measures in all relevant healthcare facilities and congregate settings  |
| [ ]  | Community systems and civil society engagement. |
| [ ]  | Social protection, poverty alleviation and actions on other determinants of tuberculosis, such as migration and prisons.  |
| **INTENSIFIED RESEARCH AND INNOVATION** |
| [ ]   | Discovery, development and rapid uptake of new tools, interventions and strategies (including new drugs and regimens)  |
| [ ]   | Research to optimize implementation and impact, and promote innovations |

1. **When was the practice implemented? (month/year)**

Start date       /

End date (if any)       /

1. **Is the practice financially supported by an international partner?**

|  |  |
| --- | --- |
| [ ]   | No |
| [ ]   | Yes (please, list)       |

1. **Please describe the good practice in implementation of the *Tuberculosis Action Plan for the WHO European Region 2016– 2020* in your country/project as completely as possible according to the following structure (minimum word count is 500 and maximum - 2000 words).**

|  |
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| Title      |
| Names and affiliations of all contributing authors      |
| Background (e.g. epidemiological information) and description of the specific problem/situation related to tuberculosis and drug-resistant tuberculosis in your country/project that the good practice addresses      |
| Description of the good practice in implementation of the *Tuberculosis Action Plan for the WHO European Region 2016– 2020* in your country/project (what was the practice implemented?)      |
| Is the good practice engaged more than one of the specified areas of *Tuberculosis Action Plan for the WHO European Region 2016– 2020* (listed in *Annex 1*)? Please, explain how this benefited the practice?      |
| Evidence of impact/ efficacy (including diagrams, tables, photos if any)      |
| Did the good practice result in any other than expected positive impacts? Please, describe (if any)      |
| Sustainability of the practice (How will this practice (including policy decisions) be maintained over a long period of time without any massive injection of additional resources?)      |

**Annex 1**

**Selection criteria for the good practice in implementation of the Tuberculosis Action Plan for the WHO European Region 2016– 2020**

A good practice can be any practice that works to achieve the targets of the ***Tuberculosis Action Plan for the WHO European Region 2016– 2020***, or is otherwise working in your country for the prevention and care of tuberculosis and drug-resistant tuberculosis, and can be useful in providing lessons learned to other countries. The examples of good practice should address:

* **INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION**
	1. Systematic screening of contacts and high-risk groups
	2. Early diagnosis of all forms of tuberculosis and universal access to drug-susceptibility testing, including the use of rapid tests
	3. Equitable access to quality treatment and continuum of care for all people with tuberculosis, including drug-resistant tuberculosis, and patient support to facilitate treatment adherence
	4. Collaborative tuberculosis/HIV activities, and management of comorbidities
	5. Management of latent tuberculosis infection and preventive treatment of persons at high risk, and vaccination against tuberculosis
* **BOLD POLICIES AND SUPPORTIVE SYSTEMS**
	1. Political commitment with adequate resources, including universal health coverage policy
	2. Health systems strengthening in all functions, including well-aligned financing mechanisms for tuberculosis and human resources
	3. Regulatory frameworks for case-based surveillance, strengthening vital registration, quality and rational use of medicines, and pharmacovigilance
	4. Airborne infection control, including regulated administrative, engineering and personal protection measures in all relevant health-care facilities and congregate settings
	5. Community systems and civil society engagement
	6. Social protection, poverty alleviation and actions on other determinants of tuberculosis, such as migration and prisons
* F. **INTENSIFIED RESEARCH AND INNOVATION**
	1. Discovery, development and rapid uptake of new tools, interventions and strategies
	2. Research to optimize implementation and impact, and promote innovations.

A good practice will be evaluated against the following criteria: **relevance, sustainability, efficiency, and ethical appropriateness**, plus any one or more of the additional criteria detailed below.

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| **\*Relevance:**  | Must address one of the targets or areas of intervention of the ***Tuberculosis action plan for the WHO European Region 2016– 2020***, as outlined above. |
| **\*Sustainability**: | Implementable or able to be maintained over a long period of time (including policy decisions) without any massive injection of additional resources |
| **\*Efficiency:** | Must produce results with a reasonable level of resources and time |
| **\*Ethical appropriateness:** | Must respect the current rules of ethics for dealing with human populations |
| Equity/ Gender: | Addresses the needs of vulnerable populations and/ or gender in an equitable manner |
| Effectiveness**:** | Must work and achieve results that have been measured |
| Possibility for scale-up: | Can be scaled-up to a larger population |
| Partnership: | Involves satisfactory collaboration between several stakeholders |
| Community involvement: | Involves participation from the affected communities |
| Political commitment: | Has support from the relevant national or local authorities |

**\*Required**