



STOP TB NEWS

JUNE 2007

From the Executive Secretary

It is with great pleasure that we launch a new and improved version of Stop TB News. This electronic newsletter, to be produced quarterly, will cover developments of interest to the global community of people committed to advancing TB control and innovation in TB vaccines, diagnostics and drugs.

TB has suddenly grabbed the world's attention to an unprecedented degree. It is a good moment to reinforce the message that the best weapon we have for preventing a potentially massive epidemic of drug-resistant TB is to get anti-TB drugs to people who need them and make sure they complete their treatment

Our mission has not changed: To ensure that every TB patient has access to effective diagnosis, treatment and cure; to stop the disease's transmission; to reduce the inequitable social and economic toll of TB; and to develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB. But our message seems to be falling on more receptive ears.

A handwritten signature in black ink, which appears to be "Marcos Espinal".

Global drug Facility delivers treatments for 10 million people in six years

Securing its place as an indispensable defence against the development and spread of drug-resistant tuberculosis (TB), the Stop TB Partnership announced in May that its drug supply arm, the [Global Drug Facility](#), has provided anti-TB drug treatments for 10 million people to 78 countries in the past six years.

"This is an important milestone, because getting anti-TB drugs to people who need them and making sure they complete their treatment is the only way to break the back of the epidemic. It is also the best weapon we have for preventing a potentially massive new epidemic of drug-resistant TB", said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. "Together with countries and partners we are moving steadily towards our target of treating 50 million TB patients between 2006 and 2015."

The 10 million mark was reached with first-line treatments for people with drug-sensitive TB. Since late 2006, the Global Drug Facility has also been supplying countries with the second-line drugs needed to treat MDR-TB, after the Stop TB Partnership's Green Light Committee has verified that applicant countries meet its technical standards and will use the drugs correctly.

"I congratulate the Stop TB Partnership on this accomplishment," said Dr Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. "The Global Drug Facility and the Global Fund together provide countries with financing and drugs that ensure better-run programmes and a continuous drug supply so that more patients take a full course of treatment, thereby lowering the risk of drug-resistant TB".

The Global Drug Facility provides countries with the drugs and supplies needed to diagnose and treat adults and children with both drug-sensitive and drug-resistant TB. Along with drug provision it provides direct technical assistance on drug management. The Global Drug Facility provides more anti-TB drugs--free of charge--to countries unable to pay for them than any other group. It also procures anti-TB drugs for countries that have the means to buy them and can ship drugs on short notice in the event of a humanitarian or natural disaster, armed conflict, or other situation where life-saving anti-TB drugs are unavailable.

60th World Health Assembly passes a TB resolution

Four dozen delegates spoke in support of the [resolution](#) on TB passed by the World Health Assembly in May. The resolution urges WHO Member States to develop and implement long-term plans for TB prevention and control aimed at accelerating progress towards halving TB deaths and prevalence by 2015, through the full implementation of the Global Plan to Stop TB, 2006-2015. WHO is requested to strengthen its support to countries affected by TB, in particular those heavily affected by Multidrug-Resistant TB (MDR-TB) and Extensively Drug-Resistant TB (XDR-TB), as well as TB/HIV. Member States are also urged, where warranted, to declare TB an emergency.

Air traveller catapults XDR-TB into the headlines

The [United States Centers for Disease Control and Prevention](#) (CDC) issued a health advisory in late May in connection with the possible exposure of air travellers on two trans-Atlantic flights to extensively drug-resistant tuberculosis (XDR-TB). The CDC recommended medical evaluation of cabin crew members and passengers sitting near a U.S. citizen with extensively drug-resistant TB (XDR-TB) who traveled from Atlanta to Paris on May 12 and returned to the United States on May 24, flying from Prague to Montreal and then crossing over to the U.S. by car.

The CDC and other public health authorities are emphasizing that the risk to the man's fellow travellers is low. Under normal conditions the quality of the air on board commercial airliners is higher than it is in most buildings. Passengers travelling on flights longer than eight hours may be at higher risk of becoming infected with TB if they sit near someone with active TB, but the risk should be similar to what it is in other circumstances where people are together in a confined indoor space. Brief

contact with an infectious individual poses little to no risk for become infected with TB.

The case prompted a flurry of media stories worldwide and a Congressional hearing to determine whether the US is adequately prepared to respond to drug-resistant TB outbreaks.

Kenyan patient-advocate completes US tour

Lucy Cheshire, a nutritionist from Nairobi and former patient representative to the Stop TB Coordinating Board, made a whirlwind tour of the United States early in June, meeting with lawmakers, journalists and scientists in Madison, Wisconsin Indianapolis, Indiana and Washington, DC. On her last stop she was a speaker at the Global Health Council's International Conference on Global Health and briefed reporters from Time Magazine, Public Radio International and other news organizations about drug-resistant TB and the need for more resources worldwide.

RESEARCH NEWS

Study reveals complexities and challenges of the global TB drug marketplace

[The Global Alliance for TB Drug Development](#), a not-for-profit, product development partnership accelerating the discovery and development of new TB drugs, released on 14 May results from the first comprehensive study of the dynamics of the global TB drug market. The study offers a detailed analysis of how today's TB medicines reach patients around the world, and an estimate of the value of the global market for first-line TB treatments.

"The absence of a viable commercial market has clearly held back TB drug research for decades," said Maria C. Freire, CEO and President of the TB Alliance. "This groundbreaking study reaffirms the mission of the TB Alliance to develop new, faster and better TB drugs, and the importance of working to ensure these lifesaving new cures reach all those who need them."

The study, *Pathway to Patients: Charting the Dynamics of the Global TB Drug Market*, focuses on the TB drug market in ten strategically selected countries, including high burden, emerging and high income markets (Brazil, China, France, India, Indonesia, Japan, the Philippines, South Africa, the United Kingdom and the United States) to obtain country specific market data and provide a comprehensive understanding in eight key countries of procurement and distribution systems.

The study projects an estimate of the global market for first-line TB drugs of approximately US\$315 million per year, including high income country sales of the four first-line drugs commonly used to treat drug susceptible disease. Although researchers found that a number of factors limited the ability to estimate the global market for treatment for drug resistant disease, they were able to determine that US\$54 million is spent annually on the more expensive, second-line treatments in the ten countries studied.

Promising findings on a new molecular TB diagnostic test

In the [June issue of the Journal of Clinical Microbiology](#) Catharina C. Boehme and co-authors reported on the first-ever use of a new molecular TB diagnostic, known as loop-mediated isothermal amplification (LAMP), in developing countries. A prototype LAMP assay with simplified manual DNA extraction was evaluated for accuracy and ease of use at three trial sites in Bangladesh, Peru and Tanzania. Eiken Chemical Co. Ltd., a Japan-based manufacturer of clinical diagnostics, collaborated with the [Foundation for Innovative New Diagnostics](#) to develop the test. A key finding of the study was that technicians without molecular training could perform the test with high reproducibility in a simple laboratory without specialized equipment.

The sensitivity of LAMP in smear- and culture-positive sputum specimens was 97.7%, and the sensitivity in smear-negative, culture-positive specimens was 48.8%. Specificity in culture-negative samples was 99%. The average hands-on time for testing six samples was similar to that of sputum smear microscopy. Despite the use of a single room without bio-safety cabinets for all procedures, no DNA contamination was observed. Technicians with no prior molecular experience easily performed the assay after 1 week of training, and opportunities for further simplification of the assay were identified.

The Tuberculosis Trials Consortium announces formation of Community Research Advisors Group

The kick-off meeting of the first Community Research Advisory Group was held in May 2007 in San Francisco, California. This inaugural advisory group was assembled by the Tuberculosis Trials Consortiums (TBTC) after a call for nominations was placed in March. Members of the group have personal or professional experience with TB.

Community advisory groups are an important mechanism through which TB patients and affected communities can provide input to ensure that the research addresses their concerns. Community advisers also are uniquely poised to increase awareness of research efforts in their community.

TBTC is an international collaboration between the U.S. Centers for Disease Control and Prevention and academic and public health investigators and study coordinators worldwide. For further information, contact Dr. Carol Hamilton at dukes002@mc.duke.edu.

COUNTRY NEWS

Australia

The Australian Respiratory Council and the Centers for Disease Control and Prevention recently trained nurses from the USA Pacific Islands in tuberculosis case management. There were twenty-one participants representing Palau, the Marshall Islands, Guam, The Federated States of Micronesia, The Northern Mariana Islands

and American Samoa. The Respiratory Council is now working on the preparation of learning materials developed during the course, which was conducted by nurses for nurse.

Ghana

Richard Abbaba, a competitive walker, recently led a health promotion walk from the Upper East Region of Ghana to the Accra region. The walk began in Sandema on 14 May and ended in Accra on 27 May, culminating in a candlelight meditation on the TB crisis. Representatives of the TB Voice Network distributed TB advocacy materials in every community the walkers crossed. Other sponsors included the Afro Global Alliance, WHO, Ghana's National Tuberculosis Programme, the Stop TB Ghana Partnership, and the Ghana Society for the Prevention of TB.

Pakistan

The Tamir Welfare Organization of Faisalabad has been actively engaged in training Lady Health Workers on DOTS management. Lady Health Workers are community health workers engaged by the Pakistani Ministry of Health to deliver essential health services to their communities after receiving 15 months of training. They provide door-to-door maternal and child health services, treat minor ailments and injuries and are trained to identify serious problems needing referral. With this additional training--delivered by District DOTS personnel using special training modules for produced by WHO for the National TB Control Programme Pakistan--Lady Health Workers can now participate in vital TB control activities.

UPCOMING EVENTS

21-22 June	Brussels, Belgium	European Summit Meeting
23-27 June	Wiesbaden, Germany	EU-ACP Joint Parliamentary Assembly & ACP-EU troika meeting
1 July	Lisbon/Brussels	Portugal EU Presidency
3-10 July	Sondalo, Italy	TB/HIV Training
4 July	Global	Round 7 GFATM Deadline
5-6 July	Lisbon, Portugal	Key Health Issues in the EU
22-25 July	Sydney, Australia	4th IAS Conference
TBD	Brisbane, Australia	Informal Laboratory Consultants Meeting
TBD	Manila, Philippines	TB Epidemiology Workshop
TBD	Accra, Ghana	AU Summit
1-4 August	Kuala Lumpur, Malaysia	Union Asia-Pacific Region Conference
10-14 September	Jeju, Korea	Regional Committee Meeting
15-19 September	Bangkok, Thailand	Regional laboratory Workshop
20 September	TBC	G8 Foreign Ministers

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