Proposal on new architecture for supporting countries to scale-up MDR-TB management

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Background: history & progress

- In resolution on MDR-TB of the 62nd World Health Assembly (WHA), all Member States commit to take responsibility to prevent misuse of second-line anti-TB drugs and accelerate scale up of MDR-TB management

- Slow scale up of MDR-TB management in countries is attributed to many factors, which include:
  - Weak governmental commitment;
  - Poor capacity for MDR-TB management;
  - Limited capacity of the GLC/GDF mechanism for timely and uninterrupted supply of quality assured drugs, while at the same time enforcing a stringent control in access to drugs.

Background: current architecture

- Outline of functions in current GLC mechanism

1. Review suitability of applications before granting access to concessional price for quality drugs (the mandate is to enable access while preserving efficacy of second-line anti-TB drugs)
2. Advise donors, mainly GF and UNITAID, through WHO on the suitability of applicants to benefit from funds to purchase drugs from GDF
3. Monitor and evaluate performance of approved programmes
4. Promote and deliver technical assistance on MDR-TB management
5. Advise WHO on MDR-TB policy issues, as required
6. Contribute expertise to global policy development on MDR TB
7. Supported by a secretariat housed and managed by WHO

Background: towards a reform

- At retreats of MDR-TB partners convened by WHO in Geneva, in October 2009 and February 2010, it was agreed that a new model of coordination and support to countries is needed

- This new model must emphasize *support* to countries rather than control, and *advocacy* to ensure countries honour the commitments made at the 62nd WHA

Proposal: reformed architecture

Major changes

1. Technical review panel for countries to access drugs only if requested
2. Countries/projects not bound to purchase full treatment regimen from GDF (encouraged to do so)
3. Technical assistance and monitoring to countries irrespective of funding source (no binding to reviews)
4. Replacement of GLC hallmark of quality with certification of implementation WHO guidelines
5. Core Group of MDR-TB Working Group actively involved in informing advocacy/evaluation
6. Advocacy on MDR-TB tailored to country needs

Proposal: today and tomorrow

- **GLC mechanism**

1. Reviews applications /GLC approval
2. GDF procures fully GLC-approved programmes only
3. Monitors/delivers technical assistance to approved programmes
4. Advises WHO on policy issues
5. Supported by a WHO secretariat

- **Proposal**

1. Review applications if requested/ WHO/STP certification replaces GLC-approval
2. Conditional GDF procurement of any partial or full drug request
3. Technical assistance/monitoring to countries implementing MDR-TB management
4. Policy advice on ad-hoc basis
5. Supported by TB TEAM secretariat
6. Core Group informing advocacy through evaluation of global progress

Proposal: details - GDF

- **The Global Drug Facility (GDF) will expand procurement of second-line drugs for countries.**

1. No need to submit application to access quality assured drugs.

1. All countries automatically eligible to purchase quality-assured medications through GDF, subject to WHO legal approval and conditional to, at least:
   1. satisfactory performance of MDR-TB management programme, determined by TB TEAM monitoring;
   2. endorsement of the drug request by the NTP – if partial procurement by GDF, minimum standards of local producers discussed with specialists in drug quality and WHO.

2. WHO/STP/GDF may request advice from MDR-TB WG on criteria to prioritize drug procurement in cases of limited products
3. Those programmes funded by GF/UNITAID will follow GF procurement policy for drug procurement

Proposal: details – Support to all

- The WHO/Stop TB Partnership will ensure through TB TEAM and other mechanisms that appropriate support be offered to ***all*** countries for the development of strategies and plans in line with the WHA resolution (62.15) to achieve universal access to MDR-TB treatment

Proposal: details – M&E

- **The global monitoring and evaluation function on progress of country response to MDR-TB will be carried out by WHO.**

1. A comprehensive dataset on MDR-TB scale-up will be collected on an annual basis through the WHO's system at regional and country levels (part of WHO's Global TB Report)

2. Scrutinized data from other sources will be made available to WHO and others interested to inform planning of country support and advocacy efforts. Data will also be used to:

    1. Monitor country trends over time for MDR-TB scale-up.
    2. Identify major gaps in scale-up at global and country level.
    3. Inform countries, partners and donors on the global situation of MDR-TB scale-up.

Proposal: details – TB TEAM role

1. Secretariats of TB TEAM and GLC will be merged; modus operandi of the reformulated TB TEAM will be revised to accommodate these new functions.
2. TB TEAM and other mechanisms will ensure that the needs of technical assistance required by countries to accelerate scale up of MDR-TB management are met, subject to adequate funding;
3. TB TEAM will strengthen its coordination mechanism, provision of funding to partners, and capacity building efforts at country level
4. TB TEAM will coordinate monitoring of all programmes funded by GF and UNITAID.

Proposal: details – MDR-TB WG (i)

The MDR-TB Working Group core group will perform the following functions:

1. Inform advocacy efforts by regular review of the global response to MDR-TB treatment scale-up by:
    1. producing an assessment of countries' performance on MDR-TB scale-up (dataset of program variables collected by WHO from countries and other reliable sources).
    2. reviewing progress of countries in *building capacity* for universal access to diagnosis and treatment of MDR-TB and *effective use of that capacity* to achieve it

Proposal: details – MDR-TB WG (ii)

The MDR-TB Working Group core group will perform the following functions:

1. Assist in issuing a "WHO/Stop TB Partnership" certification in coordination with TB TEAM to programmes that manage according to WHO guidelines, and re-assessed on annual basis. Help define clear criteria for Certification (defined by WHO and Working Group).

2. Assist TB TEAM in identifying technical assistance needs

Proposal: Follow-up for CB

- The implications of this new architecture on the collaboration established between GF and WHO on behalf of the Stop TB Partnership will be regularly assessed by GF and WHO

- Progress in the implementation and effectiveness of the new approach will be regularly assessed by the Stop TB Coordinating Board on the basis of reports from WHO, the MDR-TB Working Group and other sources

Proposal: details - Timing

1. Implementation of new model will begin January 1, 2011, with the aim of transitioning to new system by mid-2011.

2. Transition plan to be created and implemented by the WHO/STP immediately (if endorsed by the Coordinating Board), and considering STAG recommendations.

3. Transition plan to include informing current programmes of their new certification, and informing countries/programmes of the new approach starting January 1, 2011.

4. GDF will need to plan for increased demand on this date.