



# Stop TB Partnership

<b>SUMMARY SHEET</b>		
Agenda Nr. 1.07- 6.0	Subject	<b>XDR TB</b>
For Information <input type="checkbox"/>	For Discussion <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>
<p><b>Rationale</b></p> <p>The Global MDR-TB and XDR-TB Response Plan 2007 - 2008 sets out a framework for the main activities to be conducted at global, regional and country level in 2007 and 2008 to operationalize the accelerated drug resistance component of the Global Plan, and to mark an end to the XDR-TB emergency phase by starting to mainstream MDR-TB and XDR-TB response activities into day-to-day TB control activities.</p>		
<p><b>Summary</b></p> <p>An estimated 424,000 multidrug resistant TB (MDR-TB) cases emerge every year as a result of misuse of anti-TB drugs and transmission of drug resistant strains. From 2000 to 2005, national TB control programmes, in close collaboration with WHO, partners and the Green Light Committee, established that treatment of MDR-TB is efficacious, feasible and cost-effective in low-income settings. At the beginning of 2006, the new Stop TB Strategy<sup>1</sup> was launched, which includes MDR-TB management as a basic component of TB control. The Global Plan to Stop TB, 2006–2015,<sup>2</sup> was also launched in 2006 and provides a consensus view of what the Stop TB Partnership can achieve by 2015, provided the resources are mobilized to implement the Stop TB Strategy.</p> <p>Following the launch of these two documents, extensively drug resistant TB (XDR-TB) was reported from all regions of the world and was heightened as a serious, emerging threat to public health. XDR-TB raises concerns of TB epidemics with severely restricted treatment options that can jeopardize the gains made not only in global TB control but also in the progress towards universal access to HIV treatment and prevention.</p> <p>As a result of the XDR-TB threat, the international community decided to take more urgent measures to scale-up sound TB control to prevent the onset of new MDR-TB and XDR-TB cases while at the same time accelerating treatment of resistant cases. The MDR-TB component of the Global Plan has been provisionally revised to reach universal access to sound MDR-TB and XDR-TB management globally by 2015, and entails the treatment of 1.5 million MDR-TB and XDR-TB cases by 2015 instead of 800,000 MDR-TB cases in the original Global Plan.</p>		
<p><b>Continues.....</b></p>		

<sup>1</sup> *The Stop TB Strategy*. Geneva, World Health Organization, 2006 (WHO/HTM/TB/2006.368).

<sup>2</sup> *The Global Plan to Stop TB, 2006–2015*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).



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This document draws on the global framework for WHO and partners' response to MDR-TB and XDR-TB, presented in the accelerated Global Plan, and on the recommendations of the Global XDR-TB Task Force which met at WHO in Geneva in October 2006. The purpose is not to discuss the rationale or technical aspects of the global response to drug resistant TB, but rather to set out the main activities to be conducted at global, regional and country level in 2007 and 2008 to operationalize the accelerated drug resistance component of the Global Plan, and to mark an end to the XDR-TB emergency phase by starting to mainstream MDR-TB and XDR-TB response activities into day-to-day TB control activities. There is still an urgent need to gather additional information on the XDR-TB magnitude, distribution, trends, treatment practices and outcomes; WHO will publish in 2007 guidelines on XDR-TB diagnosis and treatment practices; and international consensus will be sought on the revised MDR-TB component of the Global Plan, which includes additional investment needs to prevent and control XDR-TB. Nonetheless, response activities, including budgeting and planning, must now be mainstreamed into a comprehensive and sustainable TB control package as outlined in the Stop TB Strategy.

Budget needs globally for the accelerated response in 2007 - 2008 are estimated at US\$ 1.3 billion (US\$ 650 million per year). It should be noted that although these budgets include the costs of diagnosing MDR-TB and XDR-TB patients and capacity building on diagnostic-related activities, these requirements do not account for establishing and sustaining laboratories, nor do they include budget requirements for basic TB and TB/HIV control, overall health system strengthening and human resources requirements as these elements are outlined elsewhere.

## **Decisions requested (from the Stop TB Coordinating Board):**

- The Stop TB Coordinating Board is requested to endorse the Global MDR-TB and XDR-TB Response Plan 2007 - 2008 and indicate ways it can help to mobilize resources and secure the political commitment from countries, donors and other stakeholders to operationalize the response plan.

## **Implications:**

Full implementation of the Global MDR-TB and XDR-TB Response Plan 2007 - 2008 is essential for progress on the Global Plan II for drug resistant tuberculosis, and the overall success of the Plan.

## **Next Steps**

**Action Required:** Endorsement of the Plan; and agreement on steps for the decision requested.

**Focal Point:** Dr Paul Nunn and Dr Ernesto Jaramillo, THD, WHO Stop TB Dept.

**Timeframe:** Quarter 2 2007- end 2008