Agenda

March 21 - Morning

09.00	Administrative Session
09.15	The Year Ahead
09.45	Rio Forum Briefing
10.15	Coffee Break
10.45	M/XDR-TB Beijing Ministerial Meeting
12.00	Achieving Universal Coverage (TB-HIV)
12.30	Lunch

March 21 - Afternoon

14.00	Beyond Beijing: Pacific Health Summit
14.30	Research Movement
15.00	Coffee Break
15.30	Union Conference
16.00	Stop TB Partnership & McKinsey & Co.: Potential Joint Venture
16.45	Financial Crisis: Implications for TB & the Partnership
17.15	Retooling Task Force
17.45	Closing Session
18.00	Adjourn



Global tuberculosis control & patient care

Stop TB Partnership
16th Coordinating Board

Rio de Janeiro, Brasil
21 March 2009

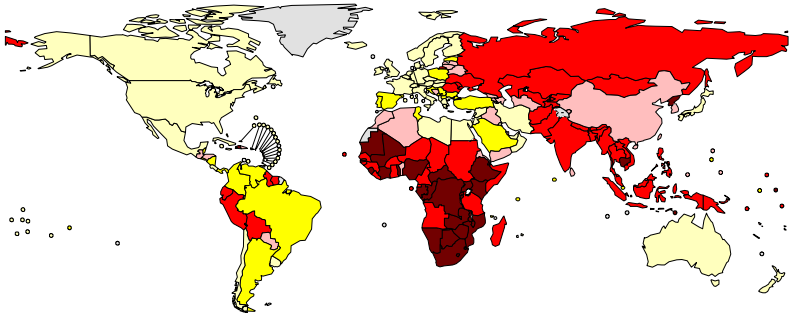
Ministerial Meeting of high M/XDR-TB burden Countries
Beijing, China, 1-3 April 2009

Mario Raviglione
Director, Stop TB Department

World Health Organization

Global tuberculosis control & patient care

Latest global TB estimates - 2007



	Estimated number of cases	Estimated number of deaths
All forms of TB Greatest number of cases in Asia; greatest rates per capita in Africa	9.3 million	1.7 million
Multidrug-resistant TB (MDR-TB)	~500,000	~150,000
Extensively drug-resistant TB (XDR-TB)	~50,000	~30,000

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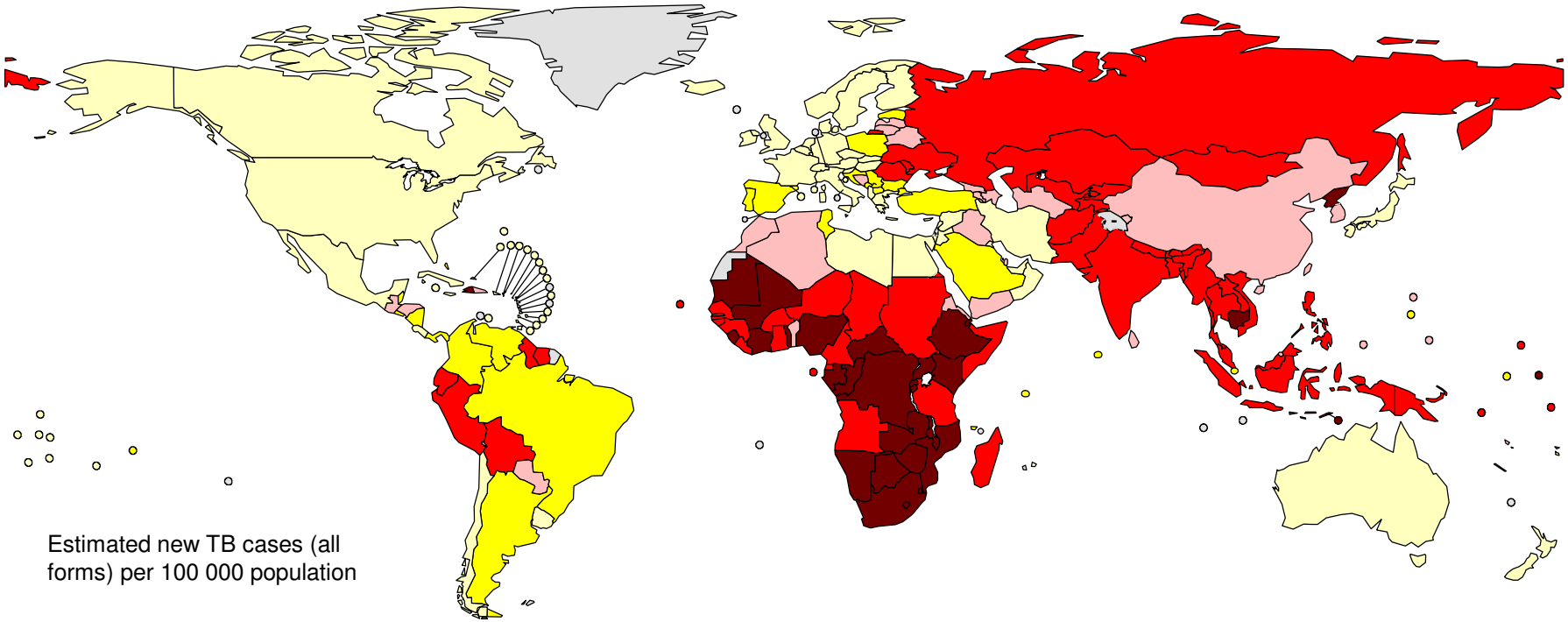
Global tuberculosis control & patient care

Estimated TB incidence rate, 2007



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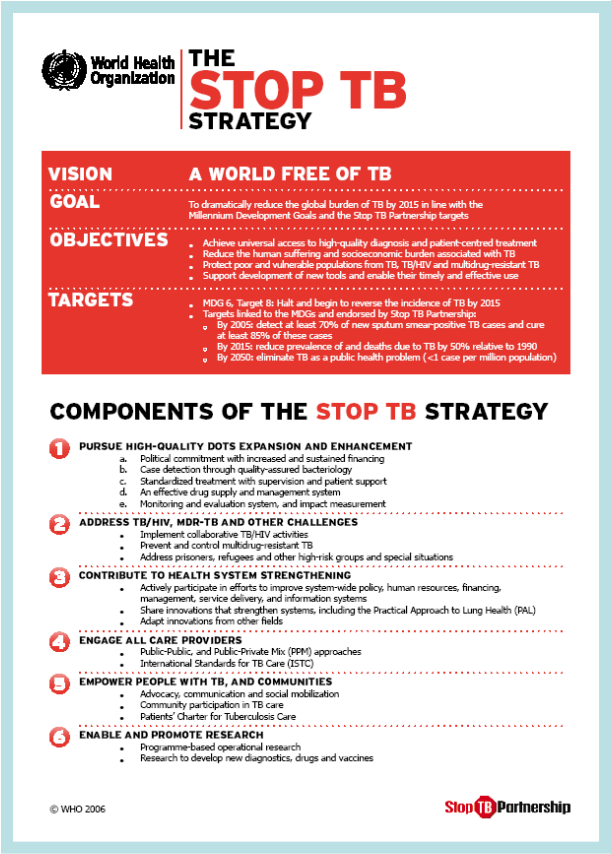
Global tuberculosis control & patient care

The new vision…

New challenges require the new Stop TB Strategy



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THE STOP TB STRATEGY

VISION	A WORLD FREE OF TB
GOAL	To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets
OBJECTIVES	▪ Achieve universal access to high-quality diagnosis and patient-centred treatment ▪ Reduce the human suffering and socioeconomic burden associated with TB ▪ Protect poor and vulnerable populations from TB, TB/HIV and multidrug-resistant TB ▪ Support development of new tools and enable their timely and effective use
TARGETS	▪ MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015 ▪ Targets linked to the MDGs and endorsed by Stop TB Partnership: o By 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases o By 2015: reduce prevalence of and deaths due to TB by 50% relative to 1990 o By 2050: eliminate TB as a public health problem (<1 case per million population)

COMPONENTS OF THE STOP TB STRATEGY

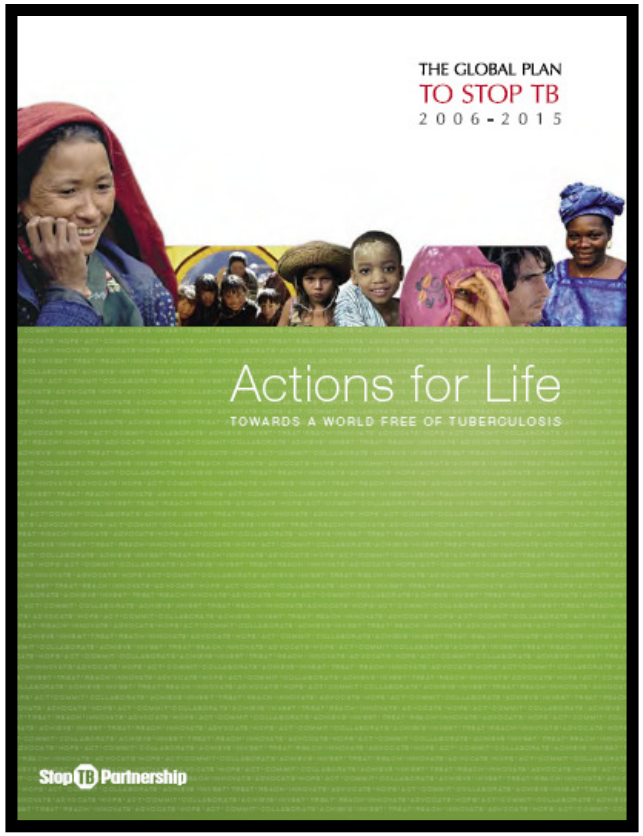
1. PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT
   a. Political commitment with increased and sustained financing
   b. Case detection through quality-assured bacteriology
   c. Standardized treatment with supervision and patient support
   d. An effective drug supply and management system
   e. Monitoring and evaluation system, and impact measurement
2. ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES
   - Implement collaborative TB/HIV activities
   - Prevent and control multidrug-resistant TB
   - Address prisoners, refugees and other high-risk groups and special situations
3. CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING
   - Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
   - Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
   - Adapt innovations from other fields
4. ENGAGE ALL CARE PROVIDERS
   - Public-Public, and Public-Private Mix (PPM) approaches
   - International Standards for TB Care (ISTC)
5. EMPOWER PEOPLE WITH TB, AND COMMUNITIES
   - Advocacy, communication and social mobilization
   - Community participation in TB care
   - Patients' Charter for Tuberculosis Care
6. ENABLE AND PROMOTE RESEARCH
   - Programme-based operational research
   - Research to develop new diagnostics, drugs and vaccines

Stop TB Partnership

The Global Plan 2006-2015 outlines what needs to be done and the costs

2006-2015:
69 billion US$ necessary to control TB in endemic countries

11 billion US$ necessary to develop new tools



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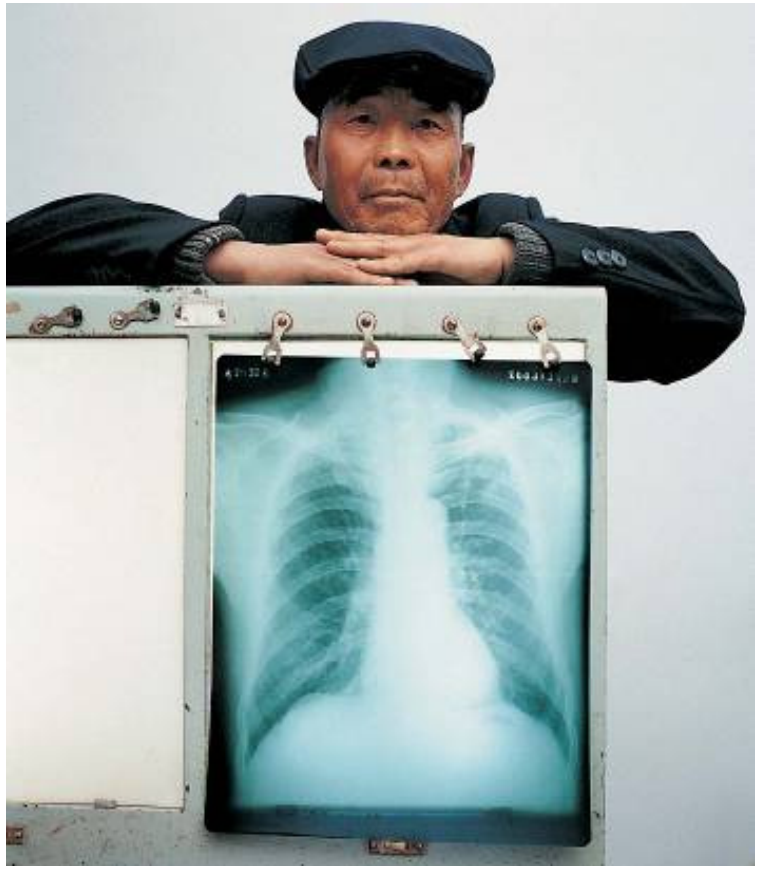
Global tuberculosis control & patient care

The Problem

- 500,000 new MDR-TB cases estimated annually
- XDR-TB in more than 50 countries
- 5% of MDR-TB cases projected to be treated in 2009 and 3% only under GLC standards
- About 85% of the global MDR-TB burden in 27 countries



Sources: Global TB Report, 2008 and IV Global DRS Report, 2008

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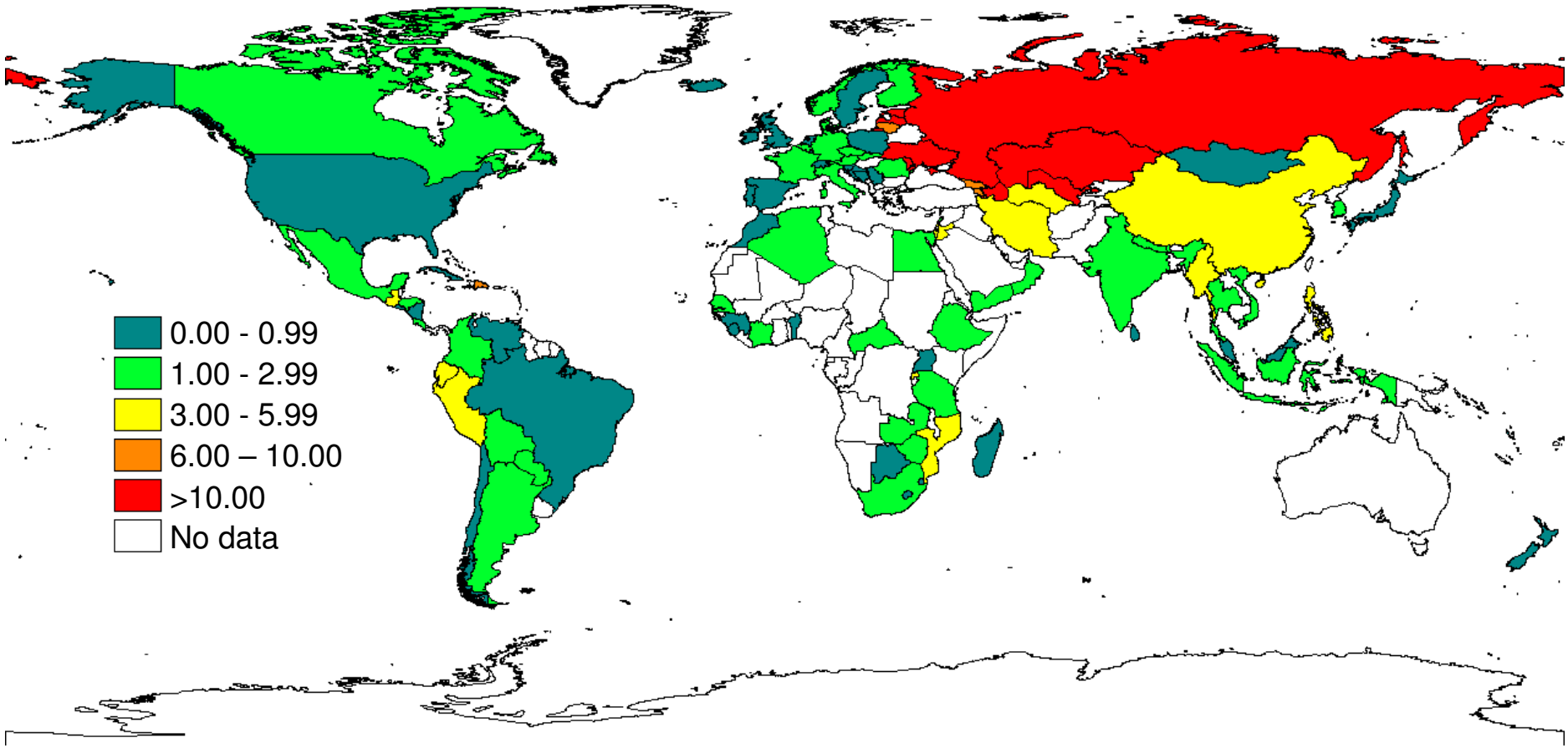
Global tuberculosis control & patient care

MDR-TB among new cases 1994-2007

*** Sub-national coverage in India, China, Russia, Indonesia.**



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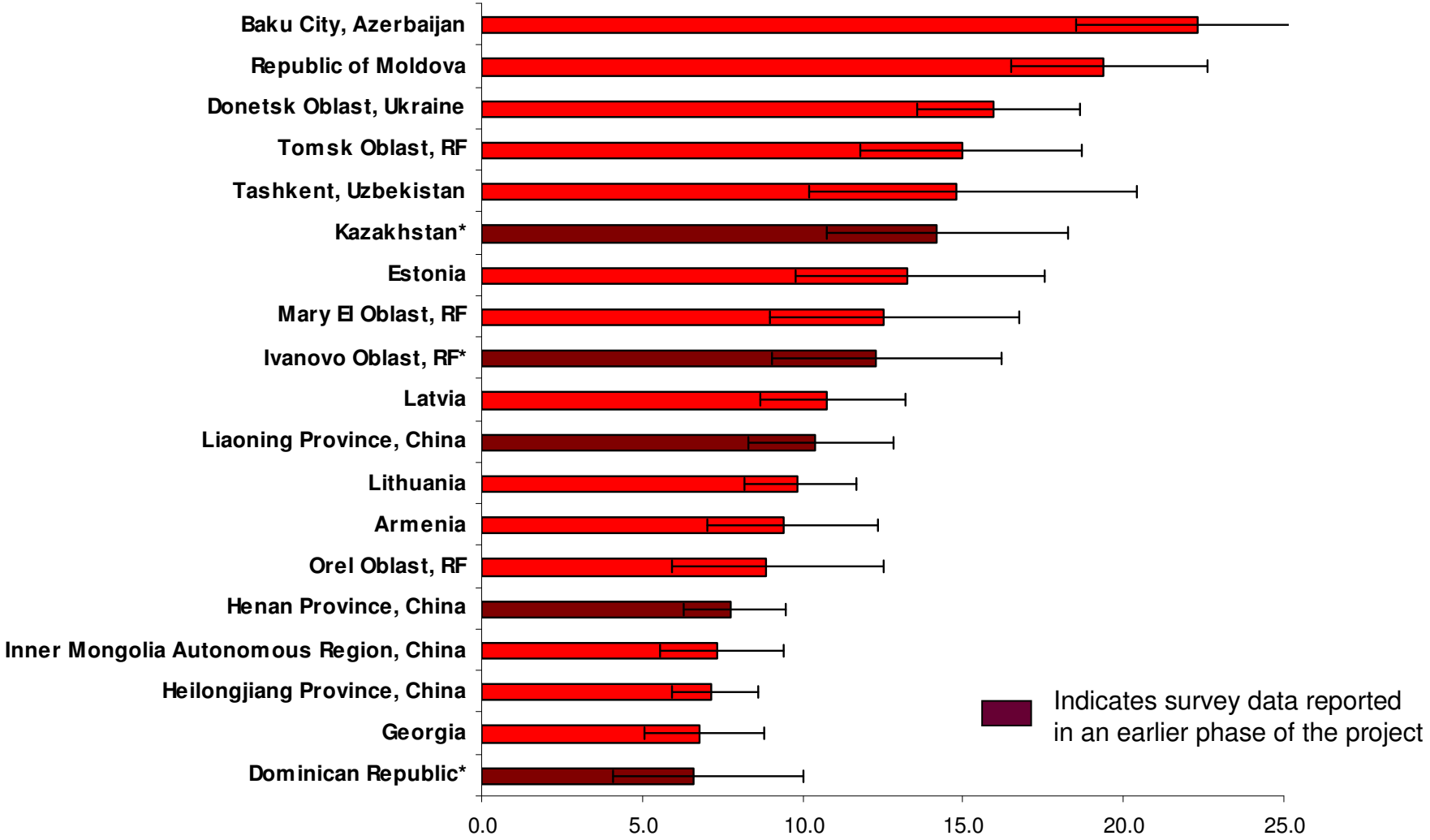
Global tuberculosis control & patient care

Top 19 settings with MDR among new cases > 6% (1994-2007)



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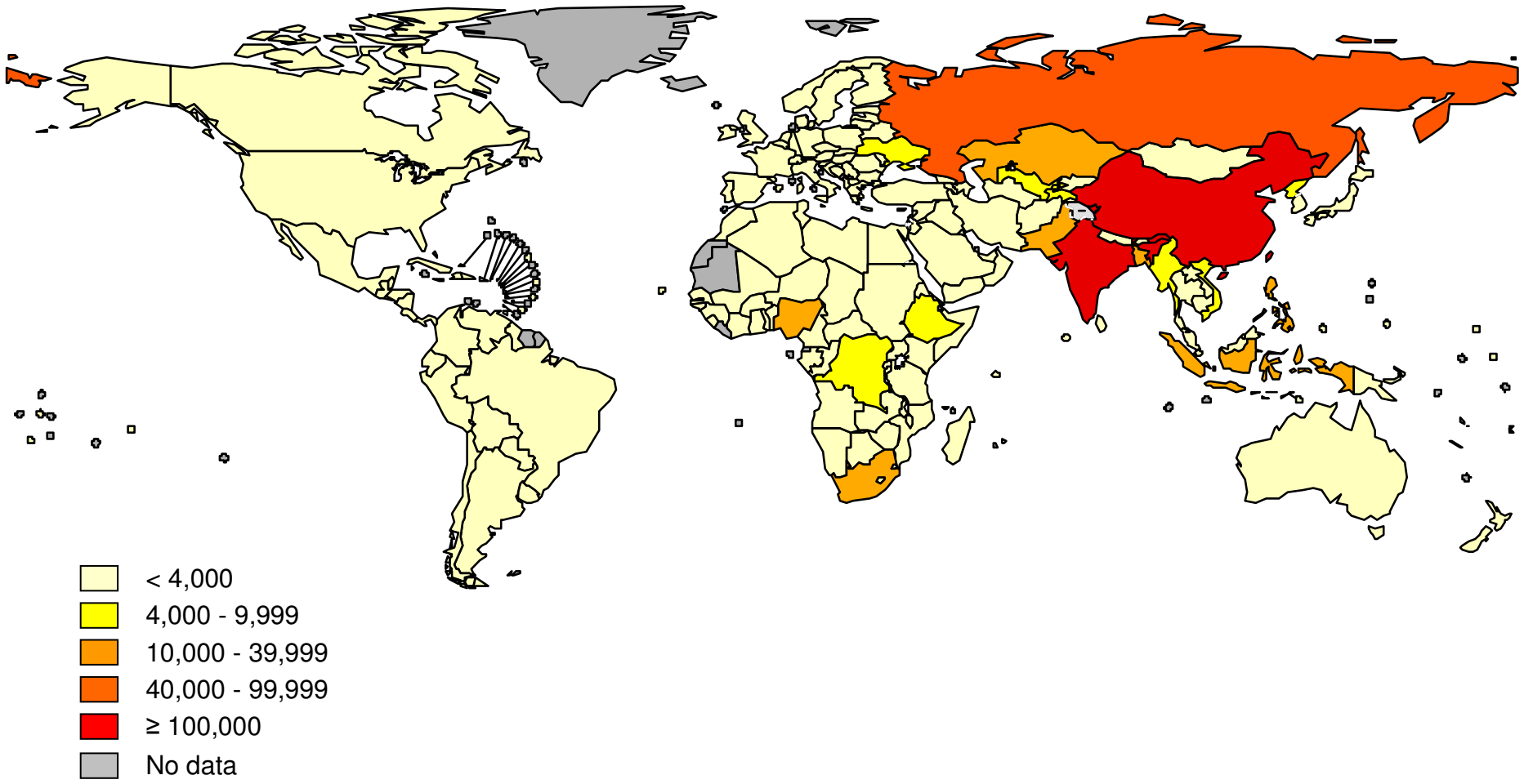
Global tuberculosis control & patient care

Estimated number of MDR-TB cases, 2007



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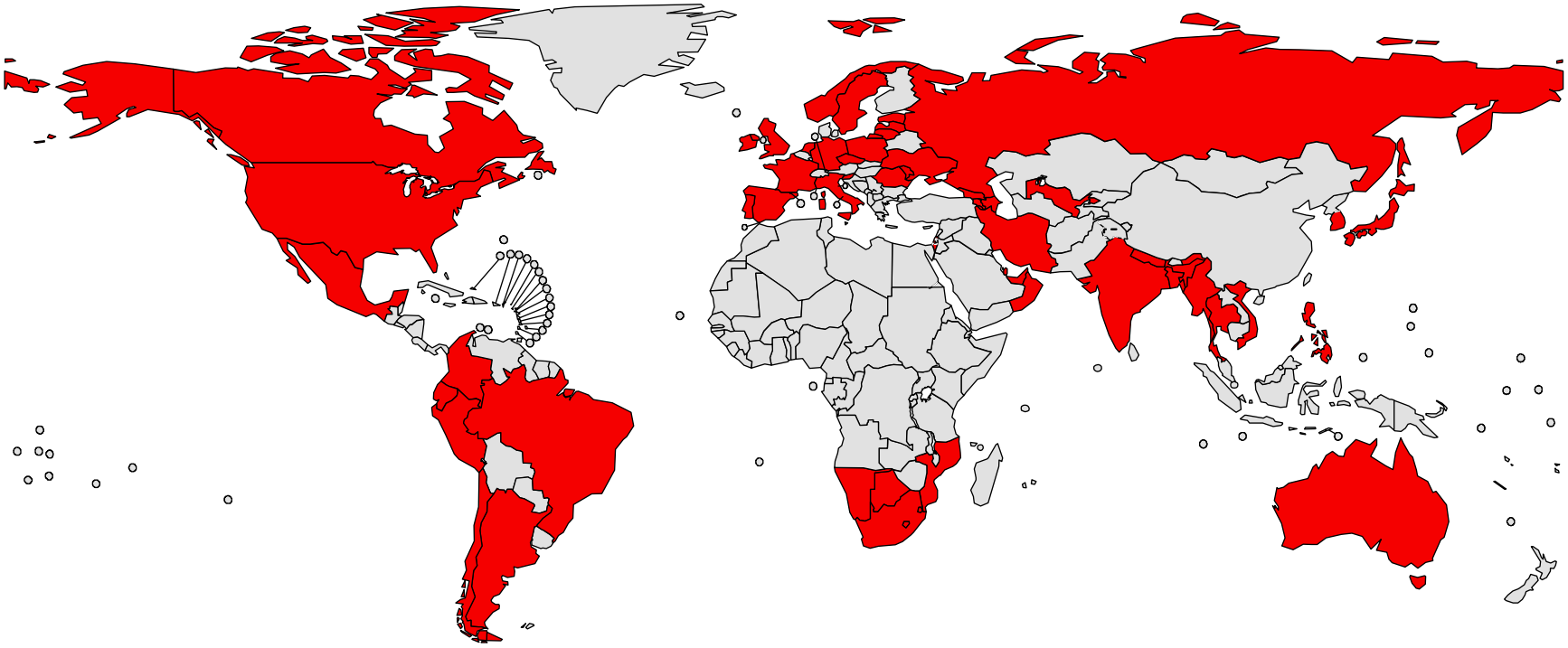
Countries with at least one confirmed XDR-TB case, as of March 2009



Armenia	Canada	France	Italy	Myanmar	Philippines	Russian Federation	Ukraine
Argentina	Chile	Georgia	Japan	Namibia	Poland	Slovenia	United Arab Emirates
Australia	China, Hong Kong	Germany	Latvia	Nepal	Portugal	South Africa	United Kingdom
Azerbaijan	Colombia	India	Lesotho	Netherlands	Qatar	Spain	USA
Bangladesh	Czech Republic	Iran	Lithuania	Norway	Rep. of Korea	Swaziland	Uzbekistan
Botswana	Ecuador	Ireland	Mexico	Oman	Rep. of Moldova	Sweden	Viet Nam
Brazil	Estonia	Israel	Mozambique	Peru	Romania	Thailand	

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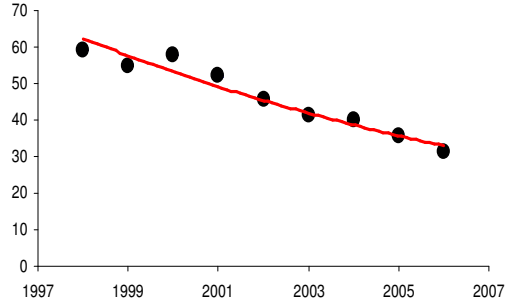
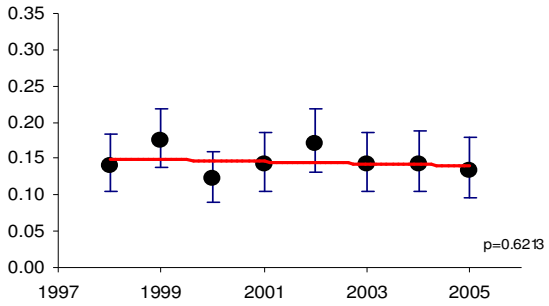
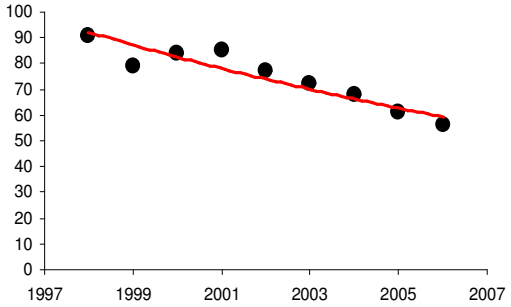
Trend of MDR-TB among new cases Estonia, Latvia and…Tomsk, RF

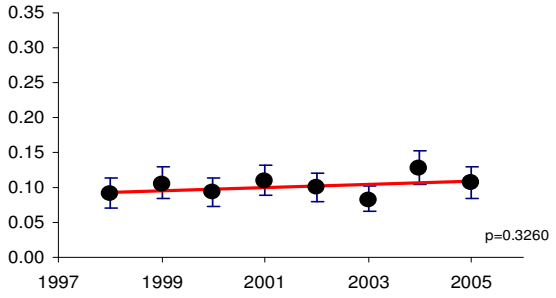


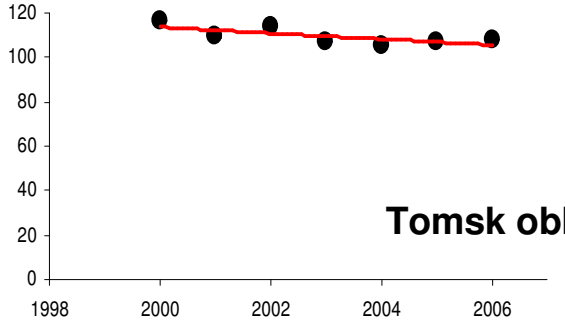
Estonia



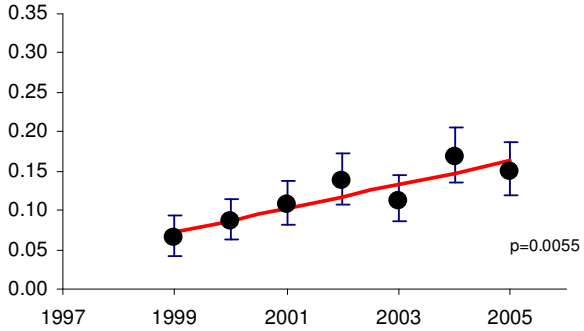


Latvia





Tomsk oblast, RF



TB notification rate

% MDR among new

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Control of M/XDR-TB is everybody's business!

- …not just TB programmes'…

- **Strengthen basic TB control, to prevent M/XDR-TB**
- **Scale-up programmatic management and care of M/XDR-TB**
- **Strengthen laboratory services for adequate and timely diagnosis of M/XDR-TB**
- **Ensure availability of quality drugs and their rational use**
- **Expand M/XDR-TB surveillance**
- **Introduce infection control**
- **Mobilize resources domestically and internationally**
- **Promote research and development of new diagnostics, drugs and vaccines**

Global tuberculosis control & patient care

Bottlenecks to scale-up M/XDR-TB prevention and management

- Gaps in TB control
- M/XDR-TB management and care
- Health workforce crisis
- Inadequate laboratories
- Quality of anti-TB drugs not assured
- No restriction of anti-TB drug use
- Absent infection control
- Insufficient research
- Financial gaps

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Global tuberculosis control & patient care

27 high MDR-TB burden countries

- China
- India
- Russian Federation
- Pakistan
- Bangladesh
- South Africa
- Ukraine
- Indonesia
- Philippines
- Nigeria
- Uzbekistan
- Democratic Republic of Congo
- Kazakhstan
- Viet Nam
- Ethiopia
- Myanmar
- Tajikistan
- Azerbaijan
- Republic of Moldova
- Kyrgyzstan
- Belarus
- Georgia
- Bulgaria
- Lithuania
- Armenia
- Latvia
- Estonia

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Global tuberculosis control & patient care

Rationale

- April 2008: 2nd XDR-TB Task Force recommended WHO to convene a meeting with the 27 high priority MDR-TB countries to increase political commitment and tackle bottlenecks hampering progress
- May 2008: Stop TB Coordinating Board supported the call
- June 2008: STAG urged WHO to raise political commitment and action in the 27 priority MDR-TB countries
- June 2008: the Global Leaders Forum on HIV/TB defined MDR-TB and XDR-TB as threats to global health security and to HIV/AIDS control
- Past experiences on DOTS Expansion globally (Amsterdam & Cairo 2000) and in China (Xi'an 2004) show effectiveness of high-level political calls

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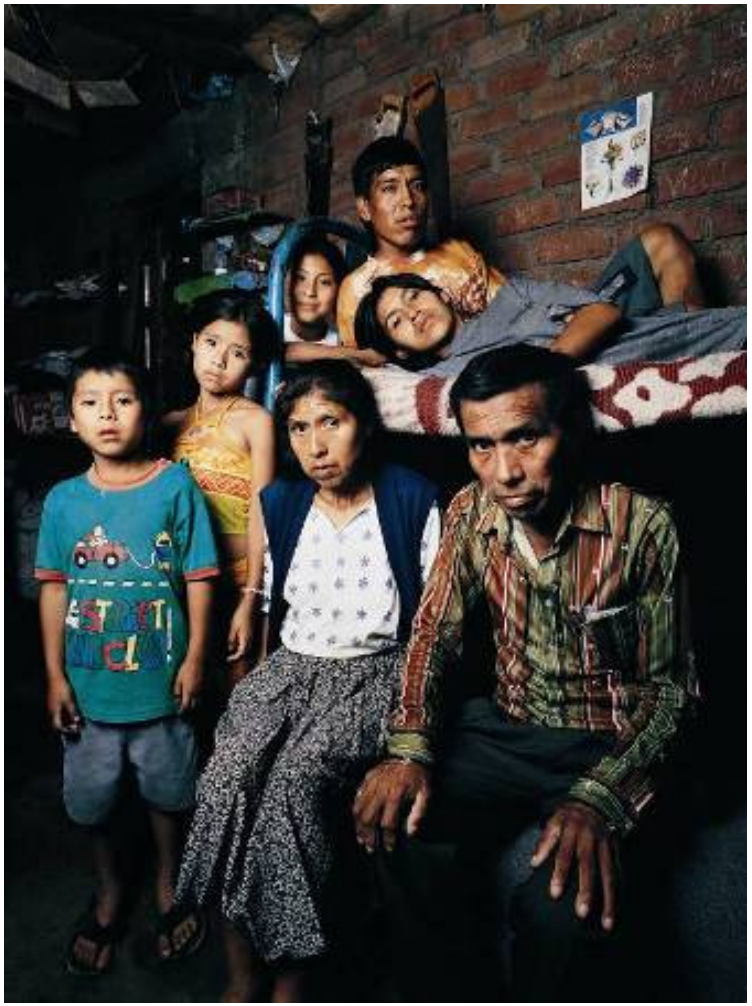
Aims of the ministerial meeting



- To strengthen political commitment and build engagement by governments, especially emerging economies, and the international community to control M/XDR-TB through better TB control and M/XDR-TB care
- To use catalytically the event to (i) support countries to develop M/XDR-TB control plans and (ii) address the bottlenecks hampering progress

Global tuberculosis control & patient care

Action ahead: pre-Beijing

- Overarching strategy
- Bottlenecks consultations and papers
- Modelling to predict evolution of epidemic
- Partner engagement and development of "asks"
- Country level advocacy and technical assistance for planning
- Engagement of civil society with preparation of a call to leaders at Stop TB Partners Forum, RJ
- Communication strategy
- "Call for Action"

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Global tuberculosis control & patient care

Beijing Meeting

- Organized by WHO, the Ministry of Health of the People's Republic of China, and the Bill & Melinda Gates Foundation
- 250 participants invited: Ministerial delegations, multilateral agencies, bilateral donors, technical agencies and NGOs, civil society, research community and corporate sector
- Meeting agenda outline:
  - *Day 1: High-level political meeting involving high-profile leaders and Ministers from the 27 countries+. Beijing Call for Action endorsed*
  - *Day 2 & 3: Technical meeting between Ministry of Health officials, NTP managers, and partners addressing planning and country-specific bottlenecks*

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Control of M/XDR-TB is everybody's business!

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Global tuberculosis control & patient care

Solutions to MDR-TB lie in improved health systems

	Health System Building Blocks					
Bottlenecks	Service delivery	Health workforce	Information	Medical products and technologies	Health financing	Leadership and governance
Gaps in TB control	■	■	■	■	■	■
M/XDR-TB management and care	■					■
Health workforce crisis						
Inadequate laboratories	■	■		■		
Quality of anti-TB drugs not assured				■		
No restriction of anti-TB drug use						■
Absent infection control				■		■
Insufficient research					■	■
Financial gaps					■	

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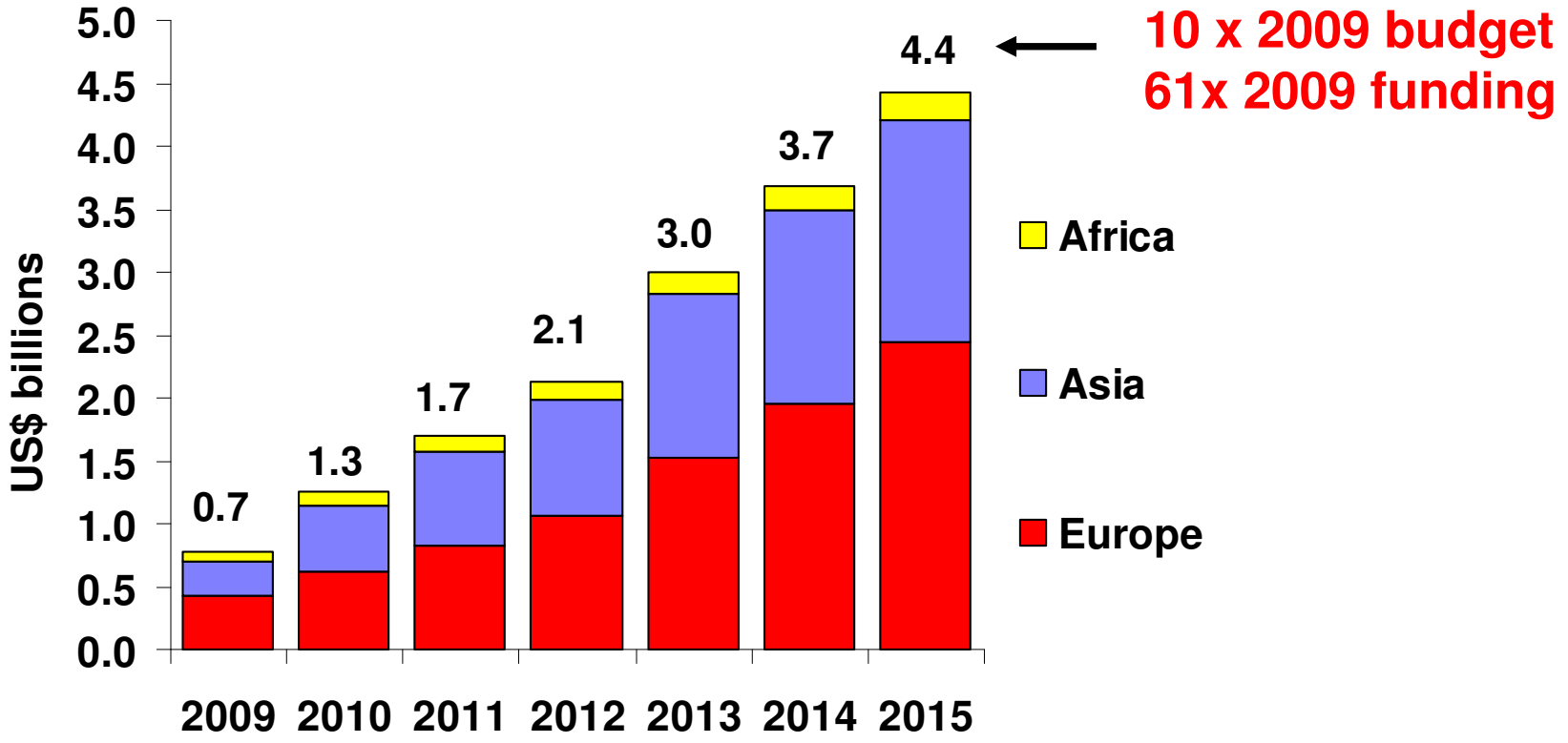
Global tuberculosis control & patient care

Funding requirements 2009-2015
27 MDR-TB high-burden countries



Most of the funding required is in the European Region, followed by Asia. In Asia the funding is mainly required in China and India

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Global tuberculosis control & patient care

Expected outcomes

- Significantly increased commitment to address MDR-TB at national level, with countries making comprehensive plans
  - appropriate to their settings and systems
  - strengthening urgently laboratory capacity
  - developing infection control in health care facilities
  - restricting "over the counter" sales of anti-TB drugs
- Donors sensitized about needs of external resources
- Endorsement of the Call for Action
- Progress towards the WHA resolution

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Global tuberculosis control & patient care

Action ahead: post-Beijing

- World Health Assembly May 2009
- Pacific Health Summit on MDR-TB, June 2009, Seattle, USA, with focus on private sector
- European Union meeting on EU TB Action Plan
- Union Asia Pacific Region Conference on MDR-TB, September 2009, Beijing, China
- World Conference on Lung Health, October 2009, Cancun, Mexico
- WHO's Executive Board & World Health Assembly 2010
- Country action: planning, resource mobilization, implementation, measurement

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Global tuberculosis control & patient care

Action ahead: post-Beijing

WHA
May
2009

Mobilization and action in Countries

PHS June 2009

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Decisions requested

- To determine the role of the Coordinating Board and the Partnership in addressing the bottlenecks to scaling up management of M/XDR-TB
- To agree on a statement for the Coordinating Board members to present in Beijing

Draft Statement (i)

The Stop TB Partnership Coordinating Board congratulates and commends the government of the People's Republic of China, Ministers of Health and national delegations, the World Health Organization the Bill and Melinda Gates Foundation and other partners for committing to meet in Beijing, China (1-3 April) to turn the tide on the tragic and preventable MDR and XDR tuberculosis epidemic before it overwhelms us.

Your deliberations today come at a crucial time for the future of tuberculosis control and for the communities affected by this disease. This is a pivotal meeting addressing a grave and critical issue.

Draft Statement (ii)

The estimated half a million cases of MDR-TB that emerge each year undermine and threaten our common global efforts to control tuberculosis. As we note with concern the emergence of XDR-TB, we recognize that it is both a socio-economic developmental challenge and public health security threat that can no longer be ignored.

The Stop TB Partnership believes that the targets set out in the Global Plan to Stop TB (2006 -2015) and developed further in the MDR-TB Response Plan are realistic and achievable. The Coordinating Board on behalf of the entire Stop TB Partnership encourages you to show bold and creative leadership in your discussions and invest now to prevent an even bigger catastrophe affecting us all in the future.

Draft Statement (iii)

As Coordinating Board members and partners, we endorse the Civil Society Declaration issued at the 3rd Stop TB Partners Forum. We, further, commit ourselves to working with you to overcome the bottlenecks and deliver on all of the key elements of the Call for Action that you deliberate, debate and endorse today.

Thank you.