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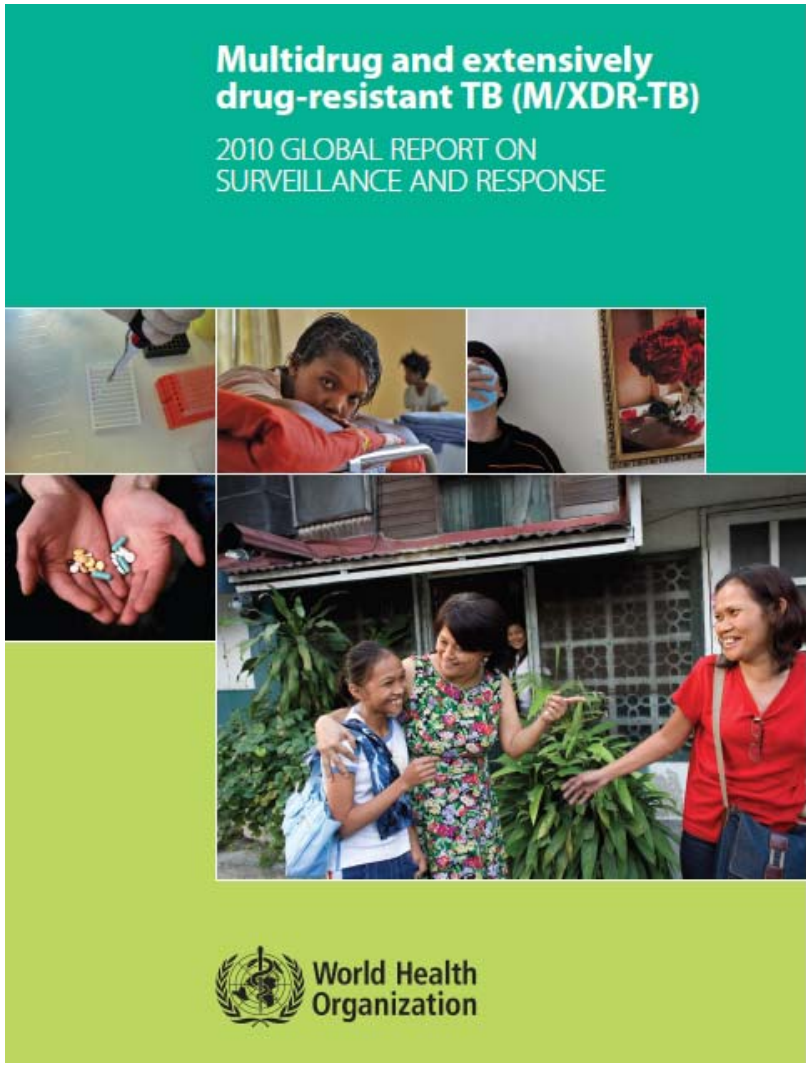
Multi-Drug Resistant tuberculosis and Green Light Committee reform

Implications for the region of Europe

Vienna 16 July 2010



The global burden of TB in 2008

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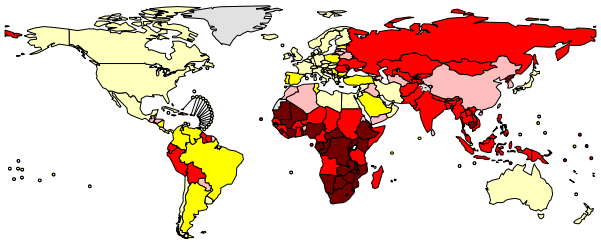

	Estimated number of cases	Reported number of cases
All forms of TB	9.4 million (range 8.9–9.9 million)	5.7 million (~61%)
HIV-associated TB	1.4 million (15%) (1.3–1.6 million)	> 300,000
Multidrug-resistant TB (MDR-TB)	440,000 (0.39-0.51 million)	30,000

1995-2008: 15 years of progress through DOTS/Stop TB Strategy

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- 36 million patients cured in 1995-2008
- About 6 million deaths averted counterfactual 1995 care standards
- Case fatality rate halved from 7.6% to 4%
- Cure rate at its highest ever (87% in 2007-8)
- But….MDR-TB and XDR-TB are threatening these achievements

M/XDR-TB 2010 global report on surveillance and response

World Health Organization

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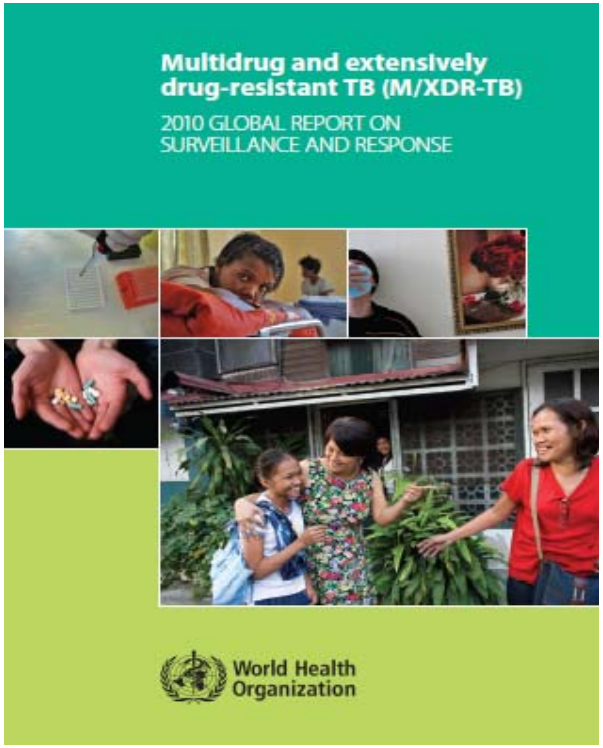

440,000 MDR-TB cases
estimated to have emerged in 2008
(3.6% of all incident TB cases globally)

150,000 MDR-TB cases
estimated to have died in 2008

Data available from 114 out of 193 countries (59%)
- **42 countries have continuous surveillance systems**
- **72 countries rely on periodic surveys**

Data not available from 79 countries (41% of all countries)

% MDR-TB among new TB cases, 1994-2009

World Health Organization

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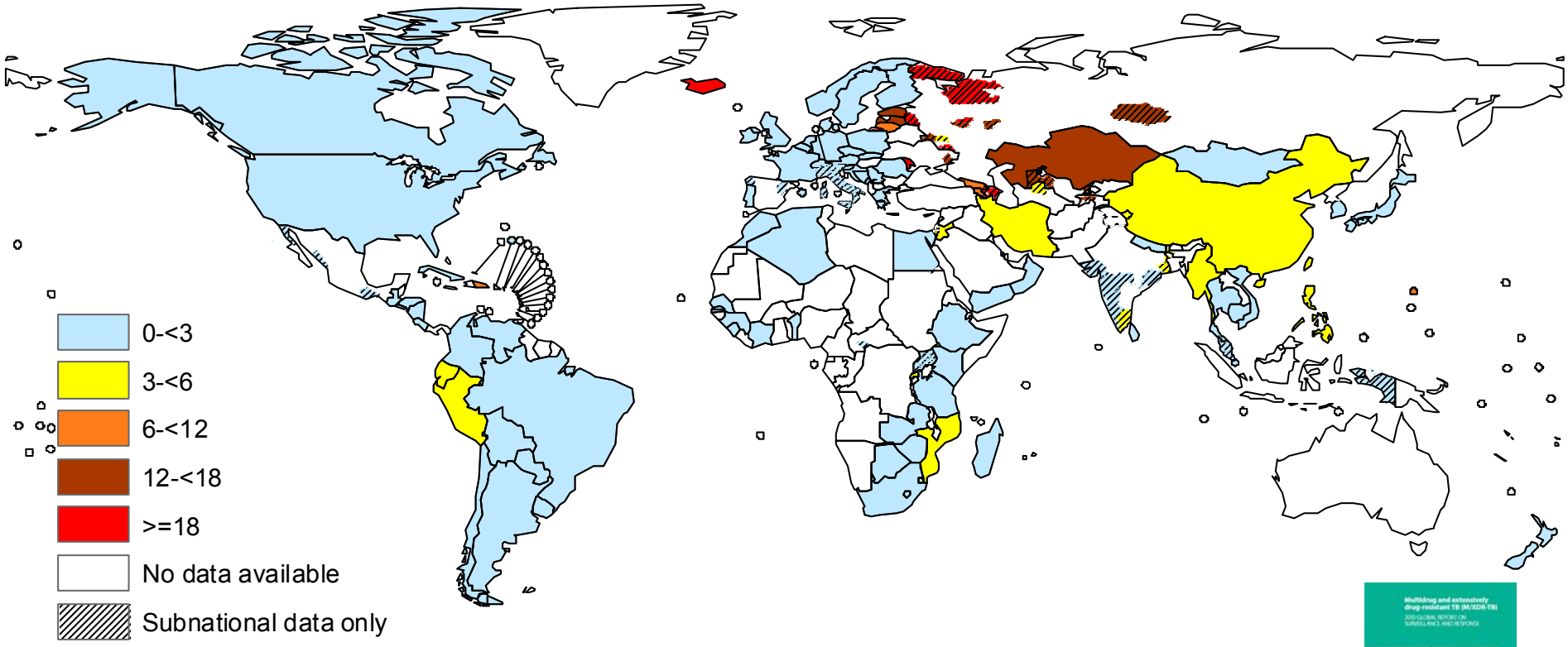
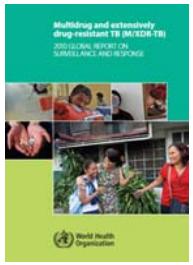


Australia, Democratic Republic of the Congo, Fiji, Guam, New Caledonia, Solomon Islands and Qatar reported data on combined new and previously treated cases.



Trends of MDR-TB cases in selected settings

World Health Organization

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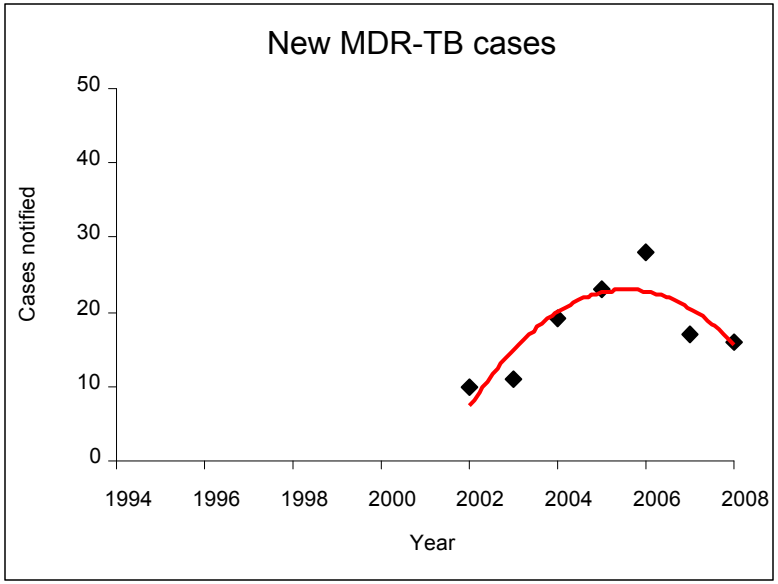
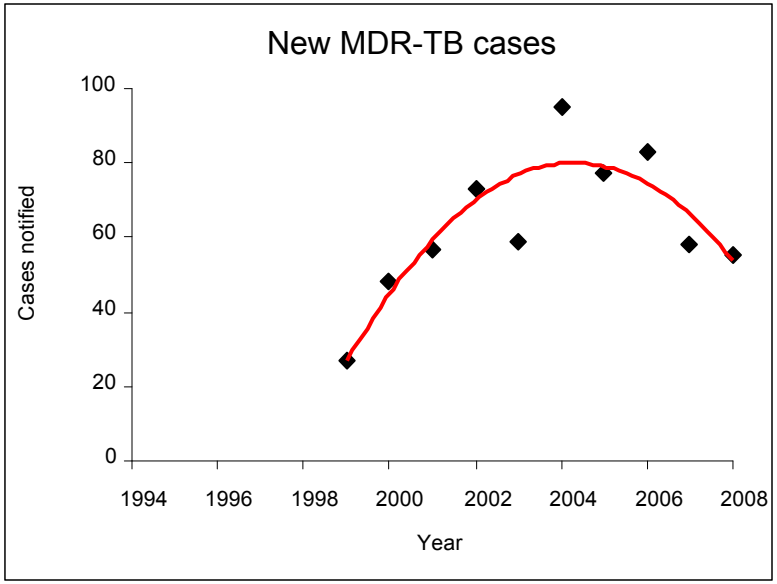
Orel Oblast, Russian Federation



Tomsk Oblast, Russian Federation



Trends of MDR-TB cases in selected settings

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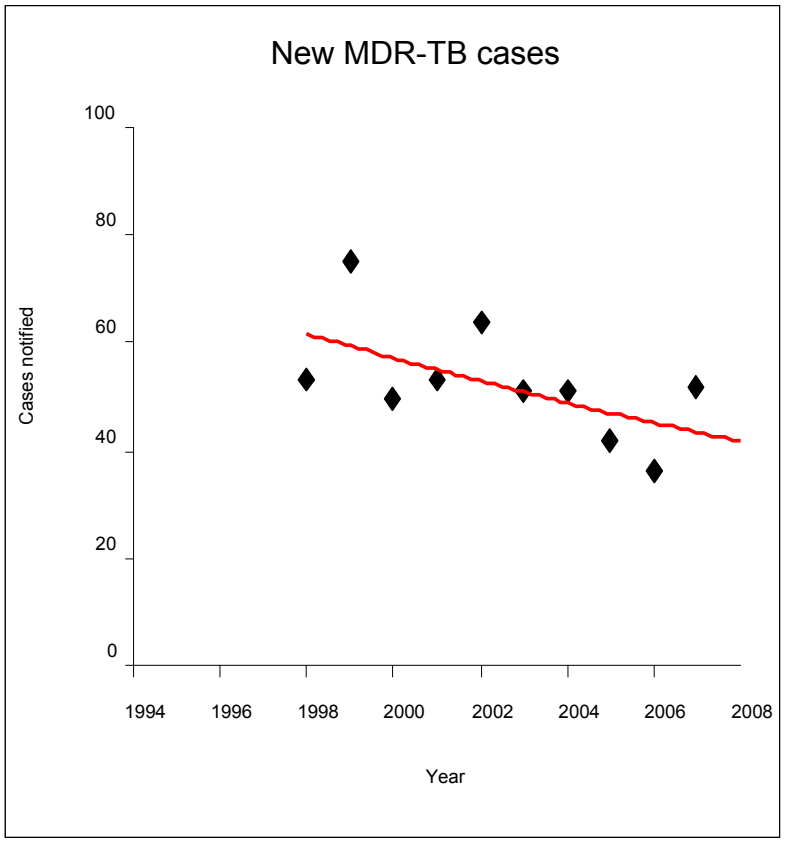
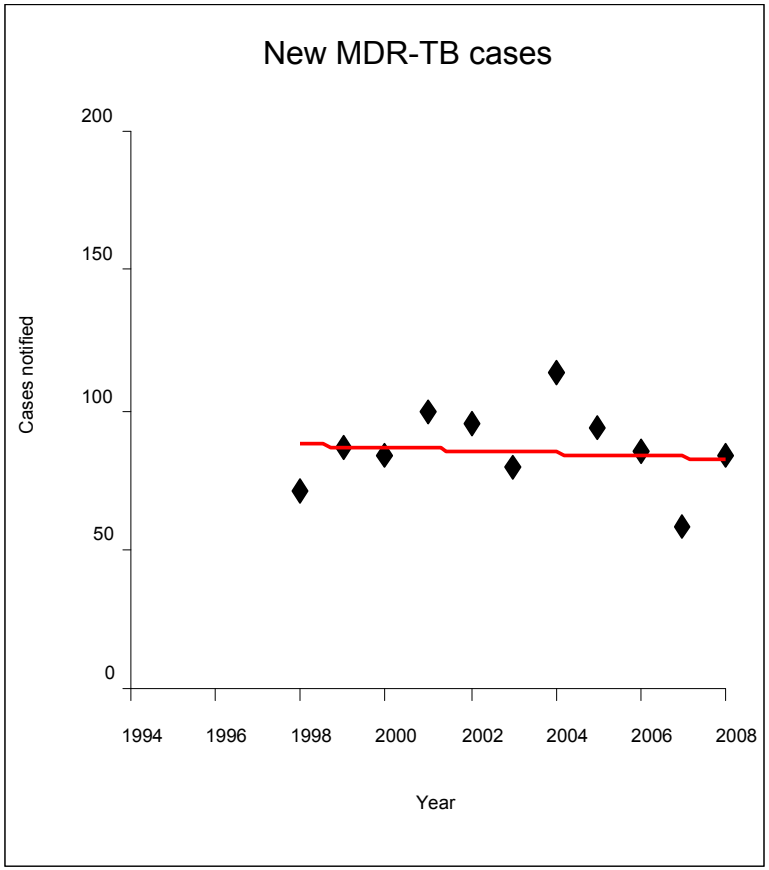
Estonia



Latvia



Trends of MDR-TB cases in selected settings

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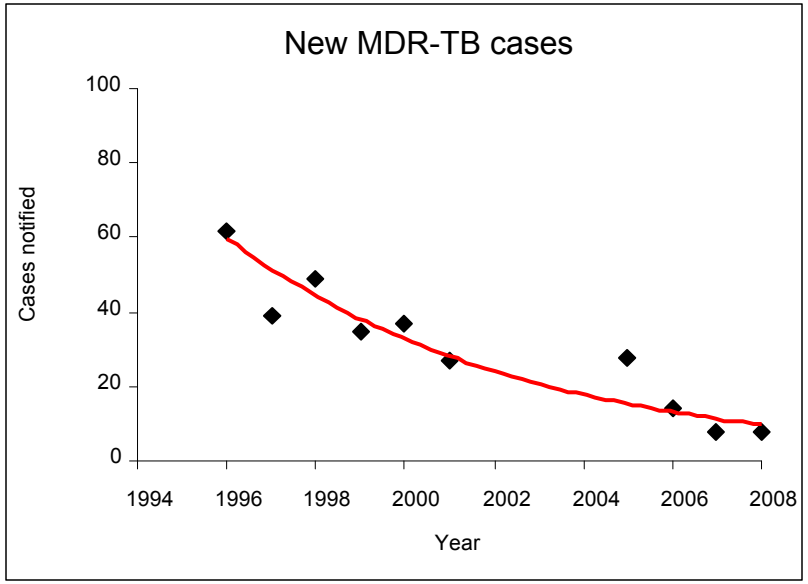
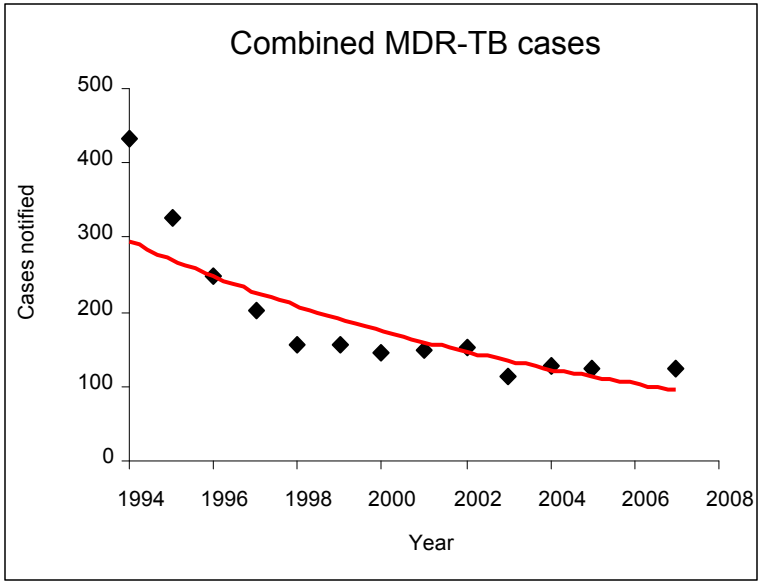
China, Hong Kong SAR



United States of America



Countries that had reported at least one XDR-TB case by end March 2010

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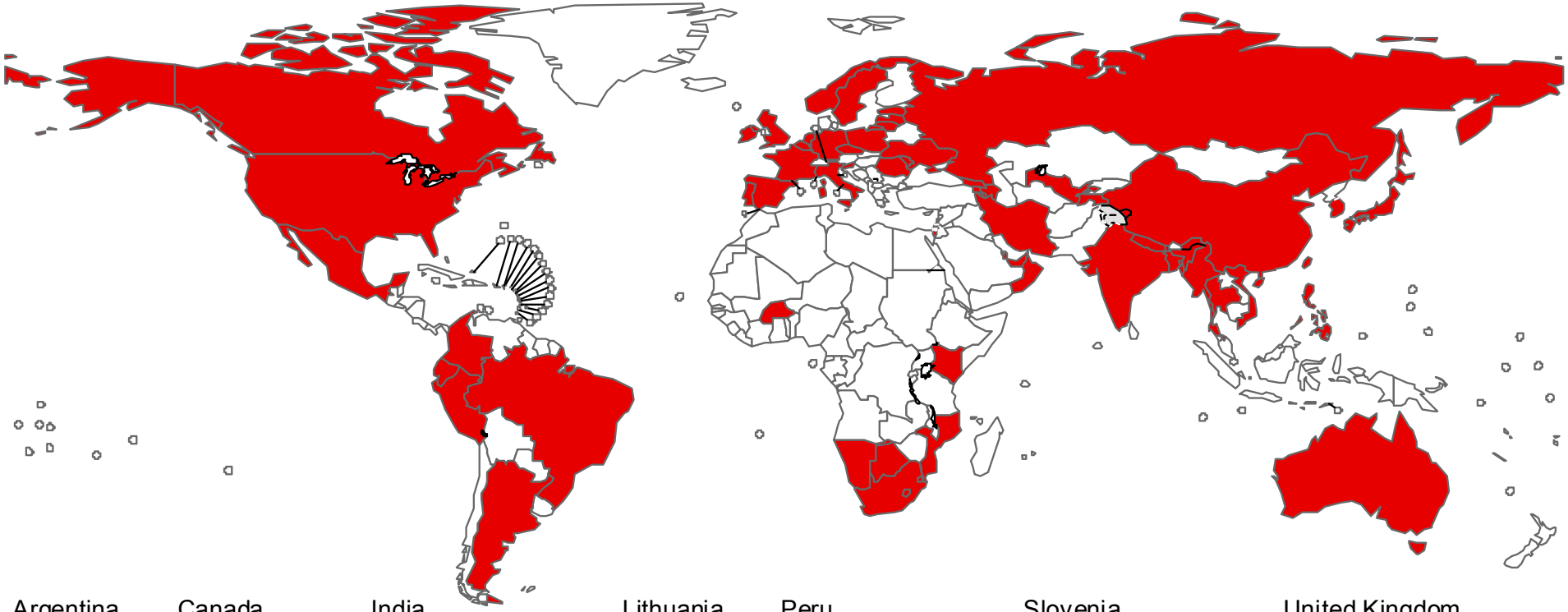
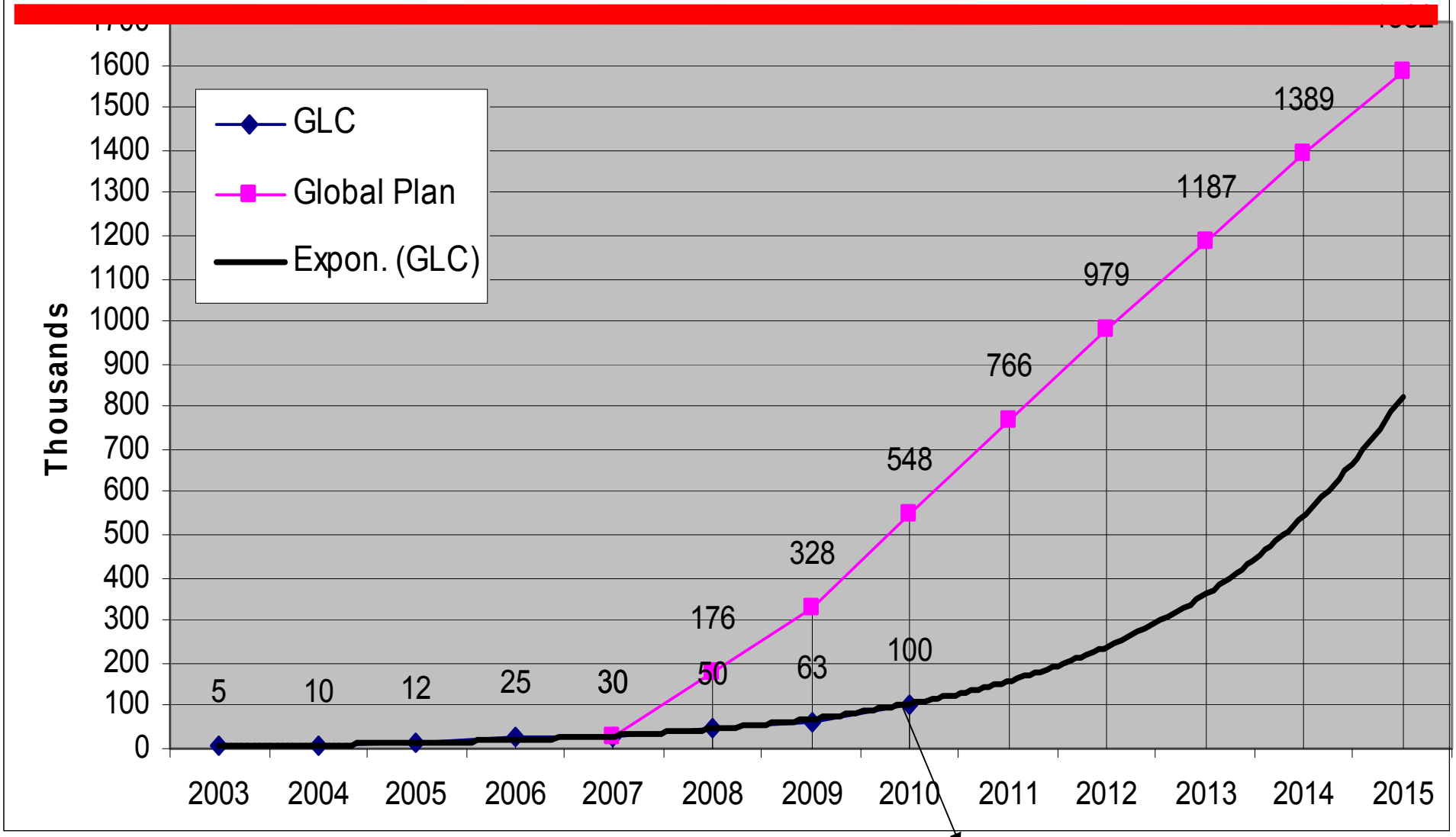


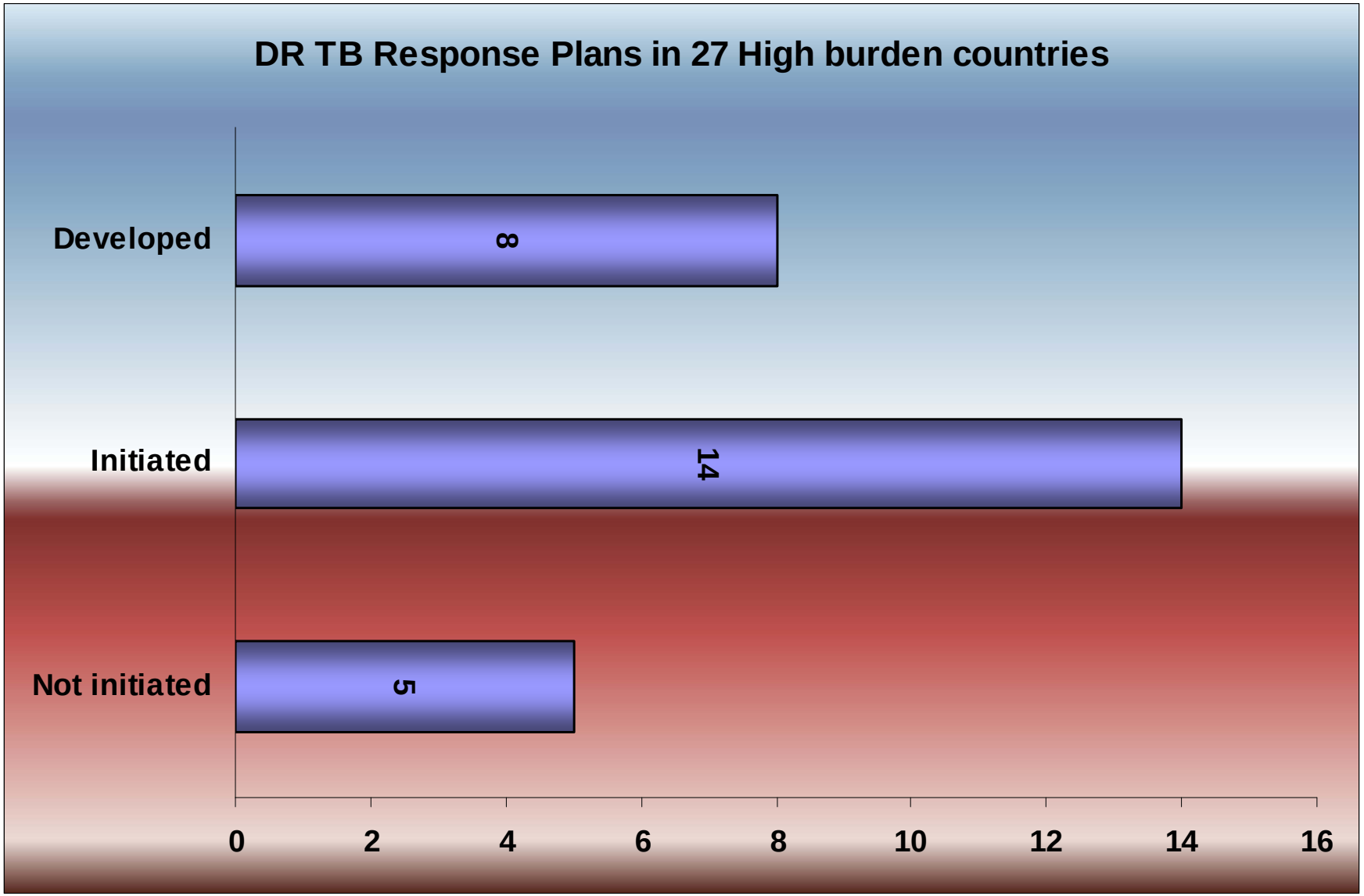
Argentina	Canada	India	Lithuania	Peru	Slovenia	United Kingdom
Armenia	China	Iran (Islamic Rep. of)	Mexico	Philippines	South Africa	United States of America
Australia	Colombia	Ireland	Mozambique	Poland	Spain	Uzbekistan
Azerbaijan	Czech Republic	Israel	Myanmar	Portugal	Swaziland	Viet Nam
Bangladesh	Ecuador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

Gap between GLC approved treatments and revised Global Plan, 2006-2015



100,000 treatments are estimated to be approved in 2010 by GLC, about 80,000 treatments have been approved as of April 2010

National MDR/XDR-TB Response Plans



High-level policy changes are fundamental! World Health Assembly, May 2009…

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In addition to proper basic control..

1. Remove financial barriers (UHC)
2. Ensure well trained and sufficient human resources
3. Establish a network of labs where rapid tests are also available
4. Ensure availability of quality drugs
5. Regulate the use of all anti-TB drugs
6. Introduce infection control
7. Establish proper surveillance
8. Promote Research & Development
9. Mobilize resources domestically and internationally

Document WHA 62.15, 2009

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"MDR-TB scale-up"

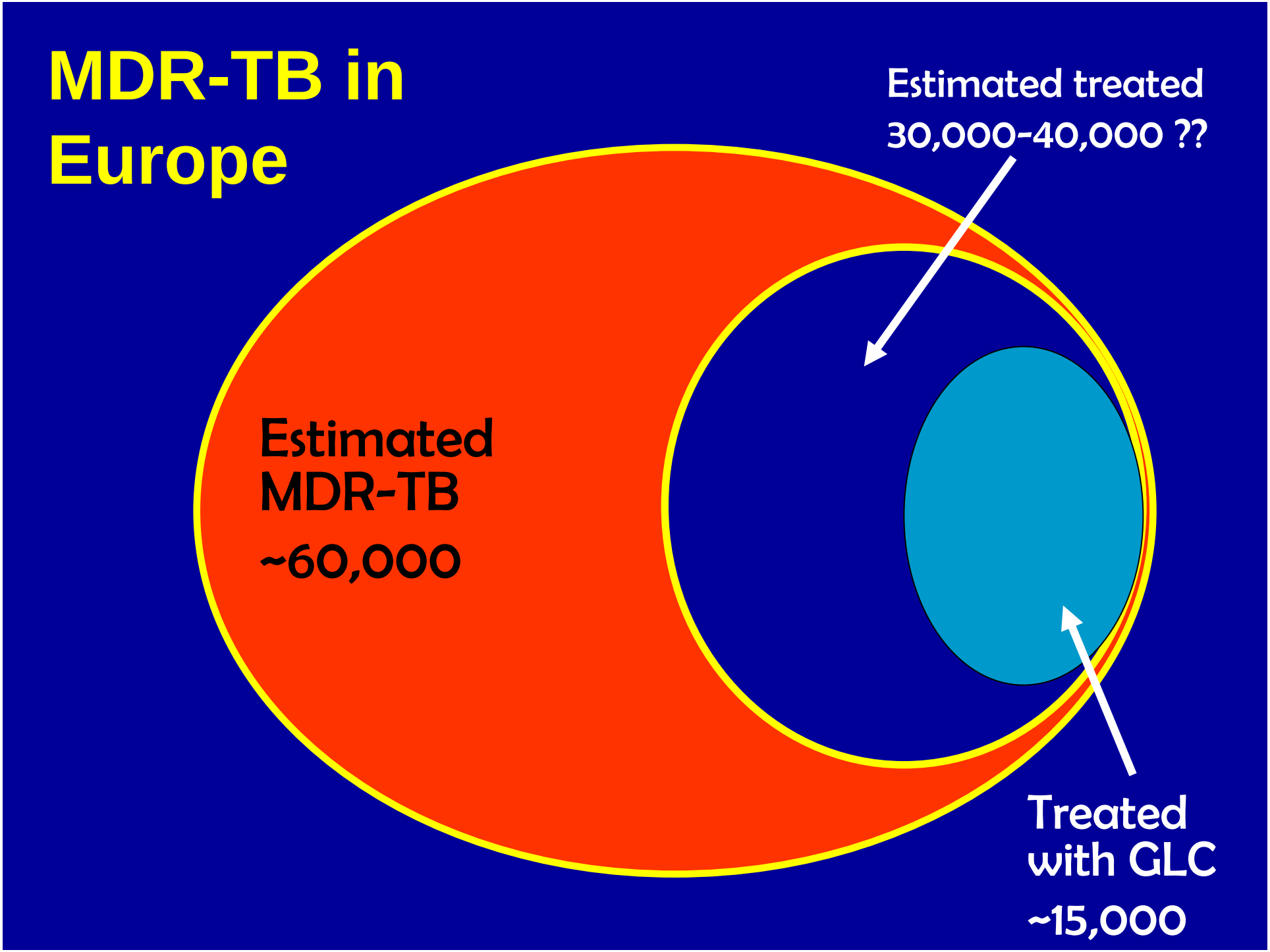
Revisiting the Global Architecture

The Workshop

Background

- Only a tiny proportion of MDR-TB cases is properly treated
  - In 2008, countries notified 29,000 (7.2%) patients out of 440,000 estimated incident cases
  - About 10,000 new patients were enrolled under WHO/GLC standards in 2009
  - 68% increase of enrolment from the previous year (small numbers)
  - Cumulative number of treated patients under GLC mechanism is around 30,000 since 2000
- HIV is multiplying cases with a high mortality (and that therefore remain undetected)
- MDR-TB rates can be reduced with existing tools
- But the national and international response to MDR-TB is weak
- Although properly managed patients are increasing, the overall effect is far too small
- Aiming at very good standards is a necessity but leaving the large majority of MDR-TB patients (> 90%) to inadequate practices will have no impact on the M/XDR-TB situation and will not protect 2d line drugs

MDR-TB in Europe



MDR-TB Scale-up Workshop (Geneva, February 2010)

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Objectives

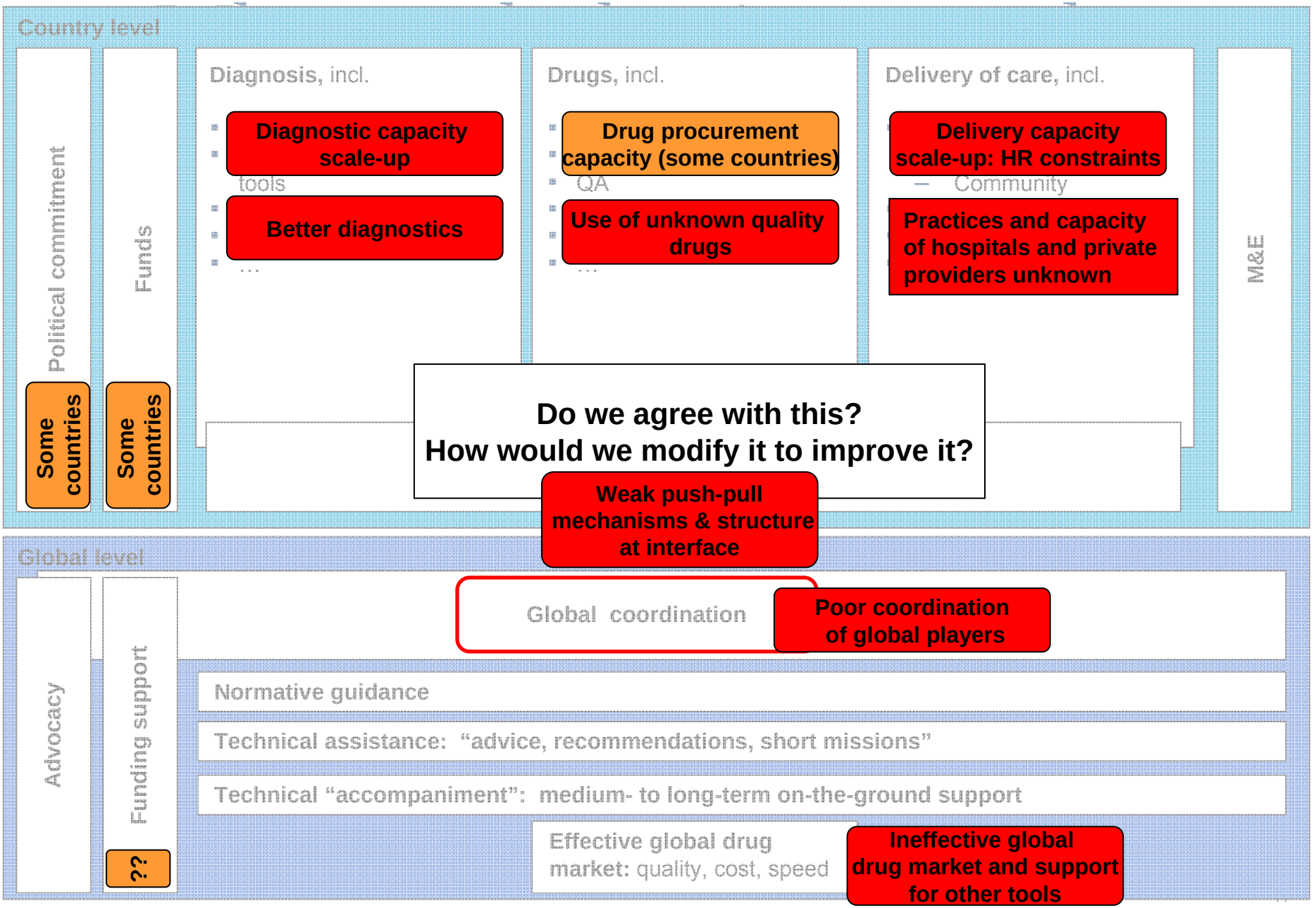
1. Objectives and Strategy for scale-up of MDR-TB management *(what is required for countries to scale-up and main barriers to scale-up)*

2. Architecture *(what international support model is required and what does this imply for changes to the existing support model)*

3. Next steps *(for a new effective support model fully functional by the end of 2010)*

Objective 1. Main barriers to scale-up

DRAFT



Aims of the new model under development

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- Better response to needs of the countries by improving practices for MDR-TB diganostic and treatment throughout the country (not only GLC)
- Increase country political commitment –including country-specific political analysis and action planning; expanded country ownership and accountability
- Harmonize M&E and technical support, towards more support and "rating" performance on MDR-TB scale-up

What is going to change

- MDR-TB diagnosis, treatment and recording and reporting should be part of regular TB control programme
- All cases treated for MDR-TB (GLC and non GLC) to be reported and treatment outcomes reported
- Progressive harmonization of practices to reach international standards for TB care (WHO guidelines)
- Simplification of global monitoring and analysis of what countries need to reach international standards for the management of MDR-TB in non GLC sites

Objective 3. Next Steps towards a new effective support model by the end of 2010

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3 Task Forces established :

1) MDR-TB scale-up support function *(Paul Nunn and Agnes Gebhard)*

2) Tool supply and procurement function *(Thomas Moore and Myriam Henkens)*

3) New mechanisms and tools for reviewing, evaluating, monitoring and supporting MDR-TB control scale-up *(Ernesto Jaramillo and Salmaan Keshavjee)*

Coming next…

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Task Forces are working on different elements and will be harmonized

A wide consultation with countries and partners on the new approach is in the plan later this year to get inputs on the new architecture