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# **SRL technical assistance for drug resistance surveillance**

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Global Consultation of the  
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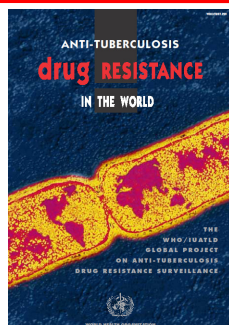
Geneva, Switzerland, 14 - 15 April 2010

# History of the Global Project on anti-TB drug resistance surveillance

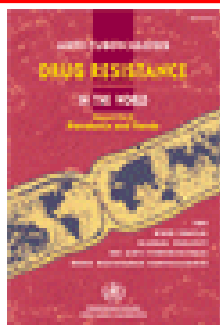


Global Project launched

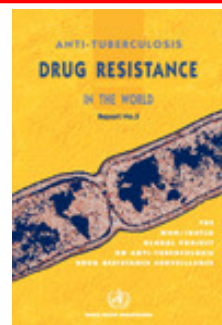
SRLN launched



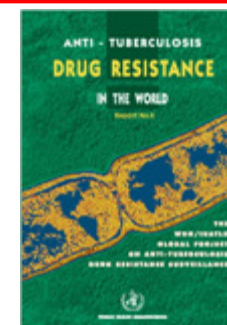
1st global DRS report



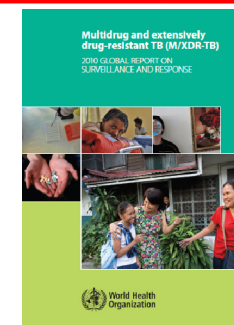
2nd global DRS report



3rd global DRS report



4th global DRS report



M/XDR-TB report

1994

1997

2000

2003 2004

2008

2009

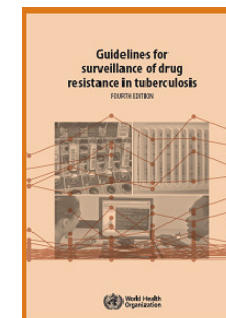
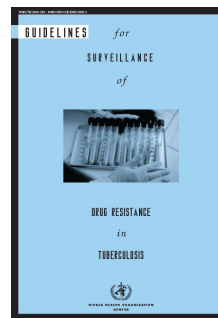
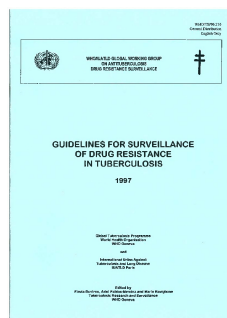
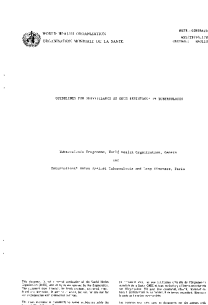
2010

1st ed. DRS guidelines

2nd ed. DRS guidelines

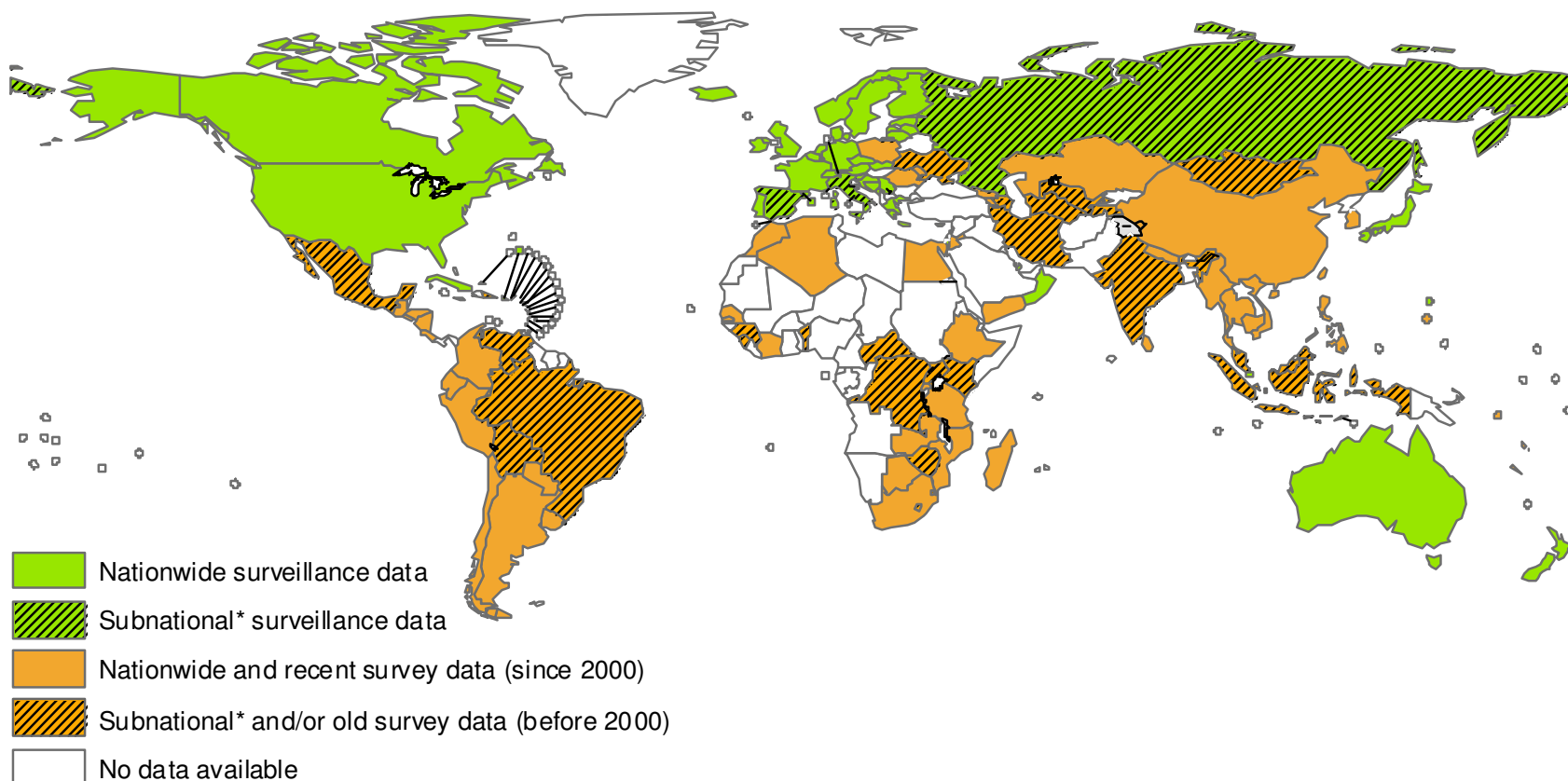
3rd ed. DRS guidelines

4th ed. DRS guidelines



# Characteristics of available data on drug resistance, 2010

- DRS data available from 114 out of 193 countries (59%)
- 42 countries have continuous surveillance systems
- 72 countries only have data from periodic surveys
- 55 countries have trend data



# All these achievements thanks to:



- SRLN



- Technical agencies

- WHO
- The Union
- KNCV
- US CDC
- ECDC
- ...

- Donor agencies

- United States Agency for International Development
- Lilly MDR-TB Partnership
- The Global Fund

# Drug resistance surveillance in the World Health Assembly



*"Surveillance means the **systematic ongoing collection, collation and analysis of data for public health purposes** and the timely dissemination of public health information for assessment and public health response as necessary"*

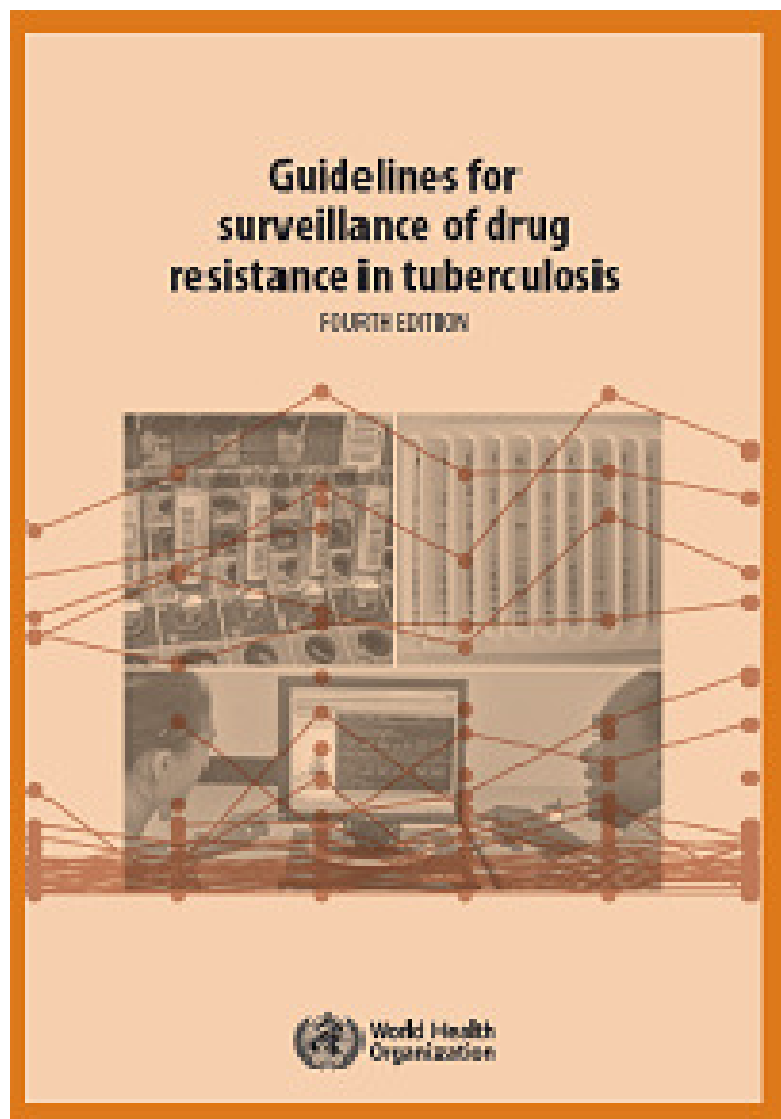
Source: International Health Regulations (2005), adopted by the 58th World Health Assembly

All Member States to *"achieve universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis"*, including by means of *"**strengthening health information and surveillance systems to ensure detection and monitoring of the epidemiological profile of multidrug-resistant and extensively drug-resistant tuberculosis and monitor achievement in its prevention and control**"*

Source: 2009 World Health Assembly resolution WHA62.15

**Drug resistance surveillance is crucial for planning and monitoring of scale-up of MDR-TB treatment**

# The 2009 DRS Guidelines



- Continuous surveillance to be established among previously treated TB cases (or high risk groups)
- Periodic surveys among new TB cases to be conducted only when continuous surveillance systems cannot be established
- DRS activities should be linked to patient treatment and care

# SRL technical assistance for surveys



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## Preparation phase

- International assessment visit
- Assessment of the microscopy network
- Assessment of culture and DST capacity, including via proficiency testing
- Assistance for preparation of lab components of survey protocol
- Guidance on procurement of lab consumables and equipment
- Training of laboratory specialists

## Execution phase

- Rechecking of strains (plus second-line DST)
- International monitoring visit

## Results generation and dissemination phase

- Data analysis and report writing

# SRL technical assistance to establish continuous surveillance systems

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Similar type of TA but requiring long term engagement with countries:

- More frequent and longer presence in the country
- More laboratory experts involved
- Stronger collaboration with other laboratory strengthening activities
- Collaboration with treatment programmes
- Greater costs involved



# Funding opportunities for drug resistance surveillance

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- More resources now available thanks to USAID and Lilly MDR-TB Partnership
- Possible stronger engagement of the Global Fund in drug resistance surveillance

# Conclusions

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- Lots of work accomplished with very limited resources
- Lack of a strong partnership has precluded some African countries from being able to conduct a survey
- New era → moving towards the establishment of continuous surveillance systems
- Long term SRL technical assistance required
- New funding mechanisms to be explored

# Acknowledgments

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- Wayne van Gemert
- Dennis Falzon