



A Global Emergency Response

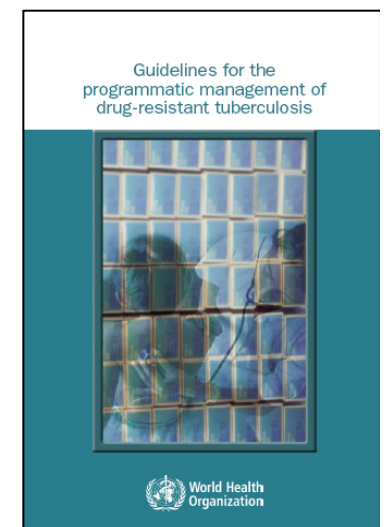
Paul Nunn, for the WHO XDR-TB Response Team

37th Union World Conference on Lung Health
Late-breaker session on XDR-TB



Outline

- Actions to date
- Response framework
- Actions planned



Actions to date

- May Atlanta PARTNERS meeting and MDR Working Group
- June WHO Strategic Technical and Advisory Group
- August IAS Conference, Toronto
- September SAMRC/WHO/CDC – Expert Consultation, Johannesburg
 - Note for media – "WHO expresses concern"
 - WHO XDR-TB Response team formed
 - Stop TB and WHO website: XDR basic information and FAQs
 - WHO Weekly Epidemiological Record paper
 - Fund-raising++
- October Global XDR Task Force Meeting, STB/HIV/WHO
 - Revised definition on website and WER
 - South African Department of Health/WHO consultation, with 7 SADC countries

XDR-TB – Media response unprecedented but a challenge to get accurate

Deadly TB strain spreading across globe

Africa: "Extreme" TB Bug Prompts Calls for Rapid Action

Experts call for urgent steps to battle virulent TB strain

South Africa: Action plan developed to combat drug resistant TB

WHO urges South Africa to curb TB killer super-bug

Global alert over deadly new TB strains

TB strain with extreme resistance to drugs creates nightmare scenario

TB experts will grapple with deadly new strains: WHO



Global Level Response Framework

- Immediate strengthening of essentials of TB and HIV prevention, care and control in countries
- Strengthening management of M and XDR-TB and introduce new, rapid diagnostics
- Intensified effort to build laboratory capacity
- Infection control and protection of health care workers
- Surveillance and monitoring of M and XDR-TB
- Advocacy, communications, social mobilization
- Accelerate research and development of new tools
- Urgent resource mobilization

Immediate strengthening of essentials of TB control in countries

- Teams for technical assistance
 - Reduction of defaults, failures, transfers, deaths
 - Infection control, rapid surveys and expanded surveillance systems, communications, social mobilization
 - South Africa and Lesotho
 - Officially requested WHO assistance
 - Cross-border migration of XDR-cases
- Major increase in international and national TB staff
- Urgent increase in training courses for MDR & XDR management
- Immediate revision of Global Plan to Stop TB, 2006-2015

Strengthen Management of MDR-TB & XDR-TB

- Addenda to WHO "Guidelines for the Programmatic Management of drug-resistant TB"
- Revision and dissemination of algorithm for identification and management of suspects
- Access to rapid tests for rifampicin and INH resistance – FIND and SAMRC
- Immediate enlargement of Green Light Committee and expanded access to second-line drugs
 - Support from GFATM and UNITAID
- Acceleration of prequalification of manufacturers of 2LD
- Dissemination of legal and ethical global guidelines that address compulsory medical treatment and isolation

Intensified laboratory capacity building

- National budgeted plan for accelerated lab capacity building
- Expansion of SRL network and/or capacity
- Goal - access to timely, quality-assured TB laboratory services, including rapid AFB culture and DST for all patients

Laboratory capacity in HBCs in Africa

	Pop 10 ⁶	Culture	DST
Africa (Excl SA)	387	13	11
South Africa	47	16	14

Infection control and protection of health care workers

- Update of WHO infection control guidelines
- Coordinated publication of recent addendum, "Tuberculosis infection control in the era of expanding HIV care and treatment"
- Rapid implementation of infection control measures in health care settings and other risk areas, including prisons
- Sub working group on infection control to be established within the Stop TB Partnership
 - Urgent plan for supporting implementation of the infection control guidelines at country level

Immediate XDR-TB surveillance activities and needs

- A generic protocol in preparation to determine rapidly the geographical distribution and size of XDR-TB, its association with HIV, and its genetic origins (linked in at least some cases to rapid rifampicin testing)
- In-depth epidemiological study to determine more precisely how cases arise

Advocacy, communication and social mobilization

- XDR ACSM Task Force established
- Priorities, strategy and funding for increasing ACSM capacities and strengthening communications channels at global and country level
- Development and dissemination of messages on XDR-TB
 - To provide clear information on the XDR-TB situation,
 - Place affected people at the heart of the response,
 - Mobilise existing supportive networks (eg the HIV community),
 - Promote public debate
 - To incorporate XDR-TB messages into World AIDS Day
- Media events globally and nationally

New tools

- WHO, Stop TB new diagnostics, drugs and vaccines Working Groups to organise meeting on the research implications of XDR-TB in early 2007, probably Cape Town, South Africa

Estimated needs for global XDR-TB response 2006- 2007 with focus on Southern African Countries	US\$
Southern African country costs	80,000,000
Strengthening XDR-TB response in Southern Africa countries (human resources, infection control, surveillance, laboratory strengthening, monitoring and supervision, recording and reporting, community health, cross border collaboration etc.)	35,000,000
Second-line anti-TB drugs to 6,000 M(X)DR-TB patients in Southern African countries	40,000,000
Rapid diagnostic tests to 154,000 M(X)DR-TB suspects in Southern African countries	5,000,000
Global support costs - WHO and Partners	15,000,000

Total short-term costs for Southern Africa

\$95 million



Resource Mobilization

- Global level budget and plan to be disseminated for raising the resources required to address XDR-TB
- Plans from countries with costing by mid November
 - South Africa, plus Lesotho, Malawi, Mauritius, Mozambique, Namibia, Swaziland and Zimbabwe
- Briefing of development partners and agencies (eg bilaterals, B&M Gates Foundation, EU, OGAC, OSI, UNAIDS, UNITAID, World Bank etc.)
- GFATM open to reprogramming and R7 applications
- PEPFAR consideration of XDR-TB response needs in 2007 country operational plans, where feasible to revise
- TBCAP (USAID)

Next Steps: Global level coordination

- WHO/South African Department of Health meetings Nov 15/16
- FIND-SAMRC workshop to establish demonstration sites for rapid culture and rifampicin and INH tests, Pretoria, November 16
- SADC Health Ministers meeting Nov 17, Namibia
- Stop TB Partnership Coordinating Board Review, November, Jakarta
- Strengthen links between the Stop TB MDR-TB Working Group and all 6 other working groups and relevant sub-groups (GPSTBII Plan revision)
- Country level implementation underway by December 2006

Not to forget.....

- Countries must request support
- Partnerships essential, eg
 - TB/HIV: products need to be defined
 - Human resources for health
 - Economic analysis of the impact of TB and TB control – African Ministerial Conference
- Incorporation of XDR-TB into MDR control efforts in China, India and Russia etc

THE LANCET

Volume 368 · Number 9540 · Pages 963-1038 · September 16-22, 2006

www.thelancet.com

“Failure to act now to contain the threat posed by XDR-TB will have devastating consequences for patients with TB, particularly those co-infected with HIV/AIDS.”

See Editorial page 964

Articles

H5N1 vaccine: phase I trial
See page 961

Articles

FRISC-II: early invasive strategy outcomes at 5 years
See page 938

Articles

Burden of valvular heart diseases
See page 1005

Articles

Identification of diagnostic markers by proteomic fingerprinting for tuberculosis
See page 1012

Seminar

Panic disorder
See page 1021