

MDR-TB and XDR-TB global response plan

What does it entail?

Cape Town, November 8, 2007

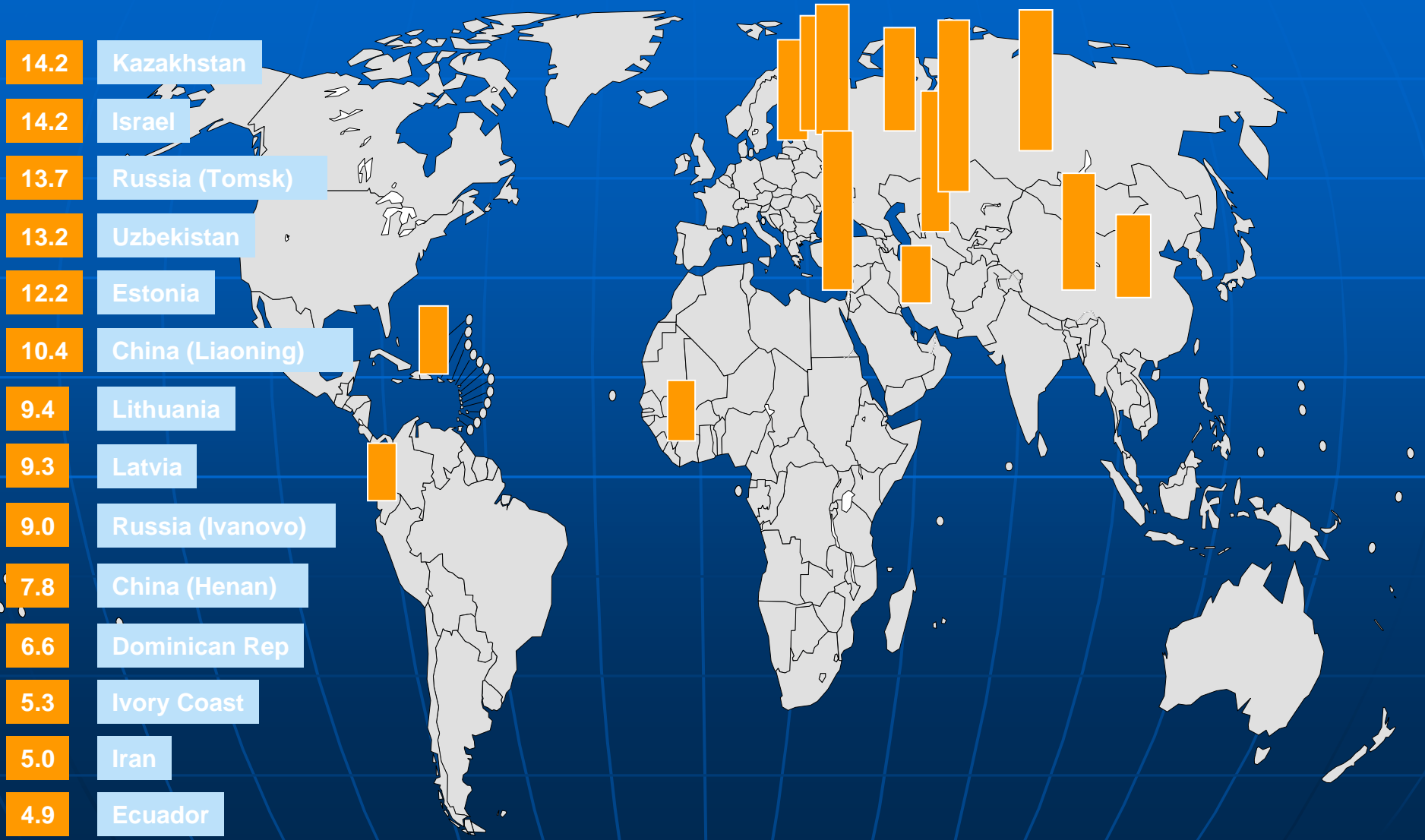
Contents of presentation

- The scale of the problem
- Why a Global Response Plan (GRP)?
- Key constraints to scale up
- Key elements of the Global Response Plan (GRP)
- Role of the Stop TB Partnership MDR-TB WG
- What we need to realize the GRP

Over 424,000 MDR cases per year, 2005

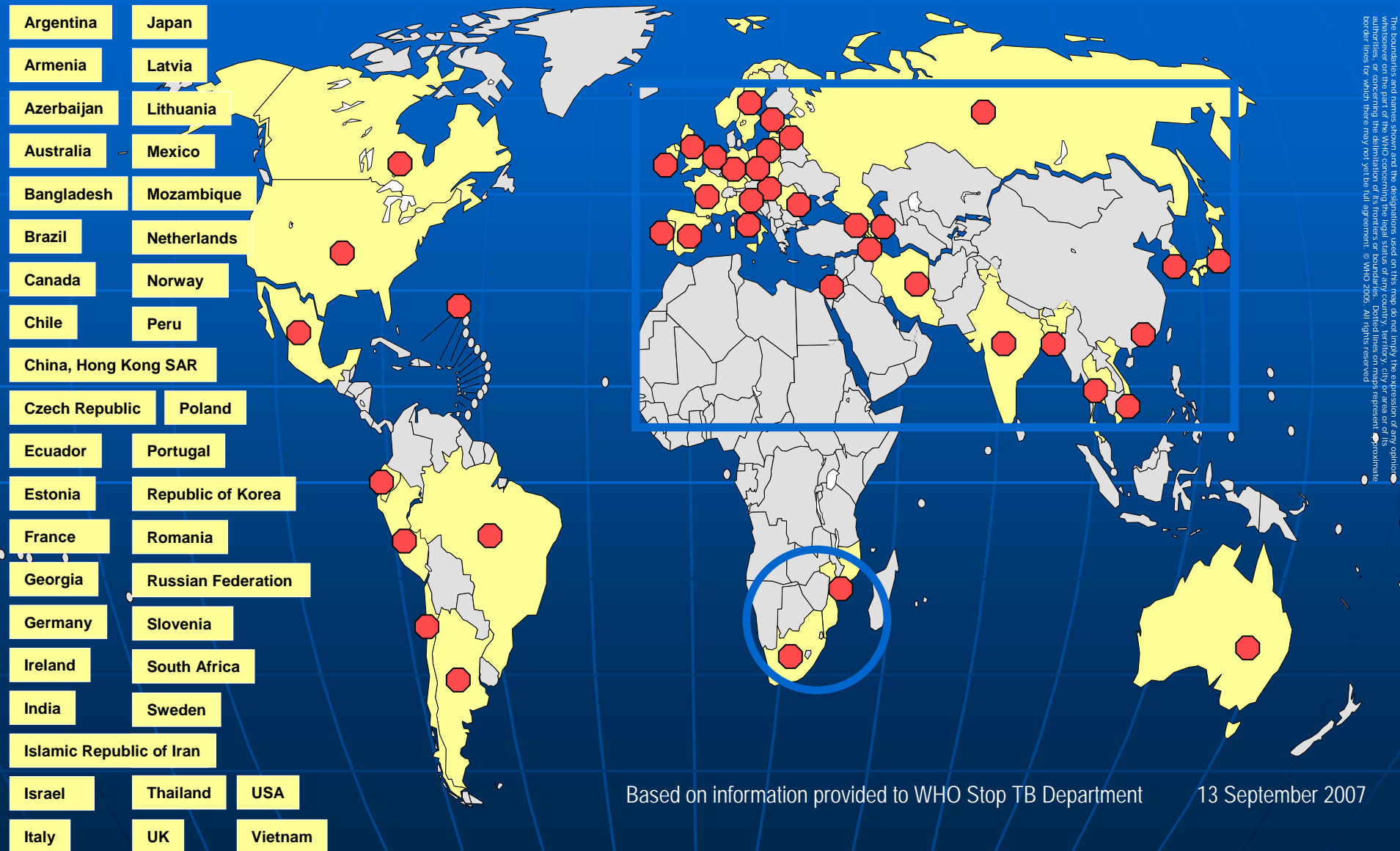


MDR-TB prevalence in new TB cases, 1994-2003



Countries with XDR-TB

Confirmed cases as of September 2007



Based on information provided to WHO Stop TB Department

13 September 2007

The Global MDR-TB & XDR-TB Response Plan 2007 - 2008

- Released 22 June, 2007, in follow-up to the Global Task Force on XDR-TB recommendations of October 2006
- Aligned with revised Global Plan 2 (2006-2015)
- Defines main activities and sets milestones for MDR/XDR cases to be identified and appropriately treated over the next 18 months
- Estimates the costs and investment required to achieve these milestones: \$2.15 billion



Main objectives of the revised GP2

- Universal access to sound MDR & XDR care in all countries by 2015: access to diagnosis and treatment for 80% of population
- Treatment for 1.6 million persons (800,000 in GP1 of January '06) and saving 1.2 million lives by 2015.
- For 25 high burden MDR countries: speed up universal access by 2010
 - 60% of all MDR/XDR patients properly treated in high burden countries (23% in GP1) by 2015

Characteristics of the GRP

- Does not discuss technical aspects of the global response or rationale
- Instead: details the main activities to be conducted at global, regional and country levels (including the budget)
- Marks integration of MDR/XDR-TB activities into TB control programmes
- Annexes: regional response activities

Main activities in the GRP (1)

- Strengthen TB and HIV/AIDS control, to avoid creation and transmission of MDR-TB and XDR-TB
- Scale-up programmatic management of MDR-TB and XDR-TB
- Strengthen laboratory services for adequate and timely diagnosis of MDR-TB and XDR-TB
- Expand MDR-TB and XDR-TB surveillance

Nurse infected with MDR-TB



Main activities of the GRP (2)

- Introduce infection control, especially in high HIV prevalence settings
- Strengthen advocacy, communication and social mobilization (bottom up and top down!)
- Pursue resource mobilization at global, regional and country levels
- Promote research and development into new diagnostics, drugs and vaccines, and operational research on 'best practice' management

GRP Annex III and the reality

GRP 2007: number of patients to be treated

- China
 - 8142 MDR-TB
 - 669 XDR-TB
- Indonesia
 - 2937 MDR-TB
 - 254 XDR-TB

Reality Nov 2007

- GLC approval : yes
- No EQA XDR-DST
- Indonesia: No DRS data yet; no drugs ordered yet
- China: drugs ordered
- Currently widespread erratic treatment of MDR-TB

Key constraints interdependent!

- Lack of surveillance data to inform programme and global planning
- Lack of EQA diagnostic capacity (C/DST)
- Lack of human resources at national level (quantity and quality)
- Imbalance TA demand and TA capacity
- SLD crisis (complex -many causes)
- Political commitment in countries (lack of collaboration; human resources; barriers to register EQA SL drugs, ...)

The STP MDR-TB WG = forum to link all stakeholders = YOU

- 170 participants in WG meeting, September 2007
- Core Group and secretariat (WHO)
- Green Light Committee (GLC)
- Subgroup on procurement (new)
- Subgroup on research
- 3 community representatives in the Core Group (1 vice chair): ACSM

What role can the WG play?

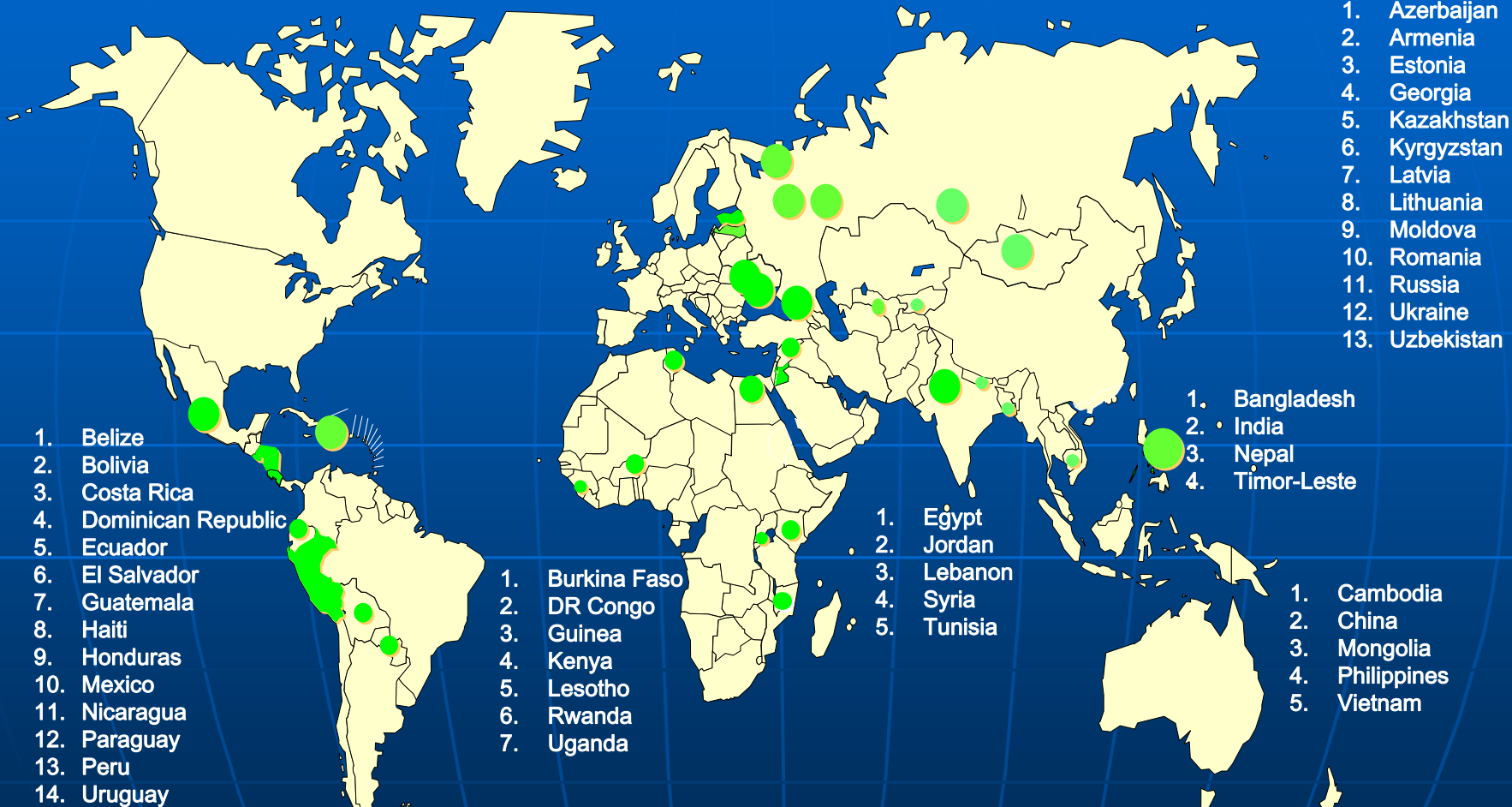
The Core Group

- Coordination and oversight: crucial!
- Monitoring progress of the GRP
- Advocacy & social mobilization
- Guidance and coordination subgroups (chairs subgroups member of CG)
- continuous process of updating guidelines
- New initiatives such as
 - Regional centers of excellence
 - Multi-center drug trials

The GLC

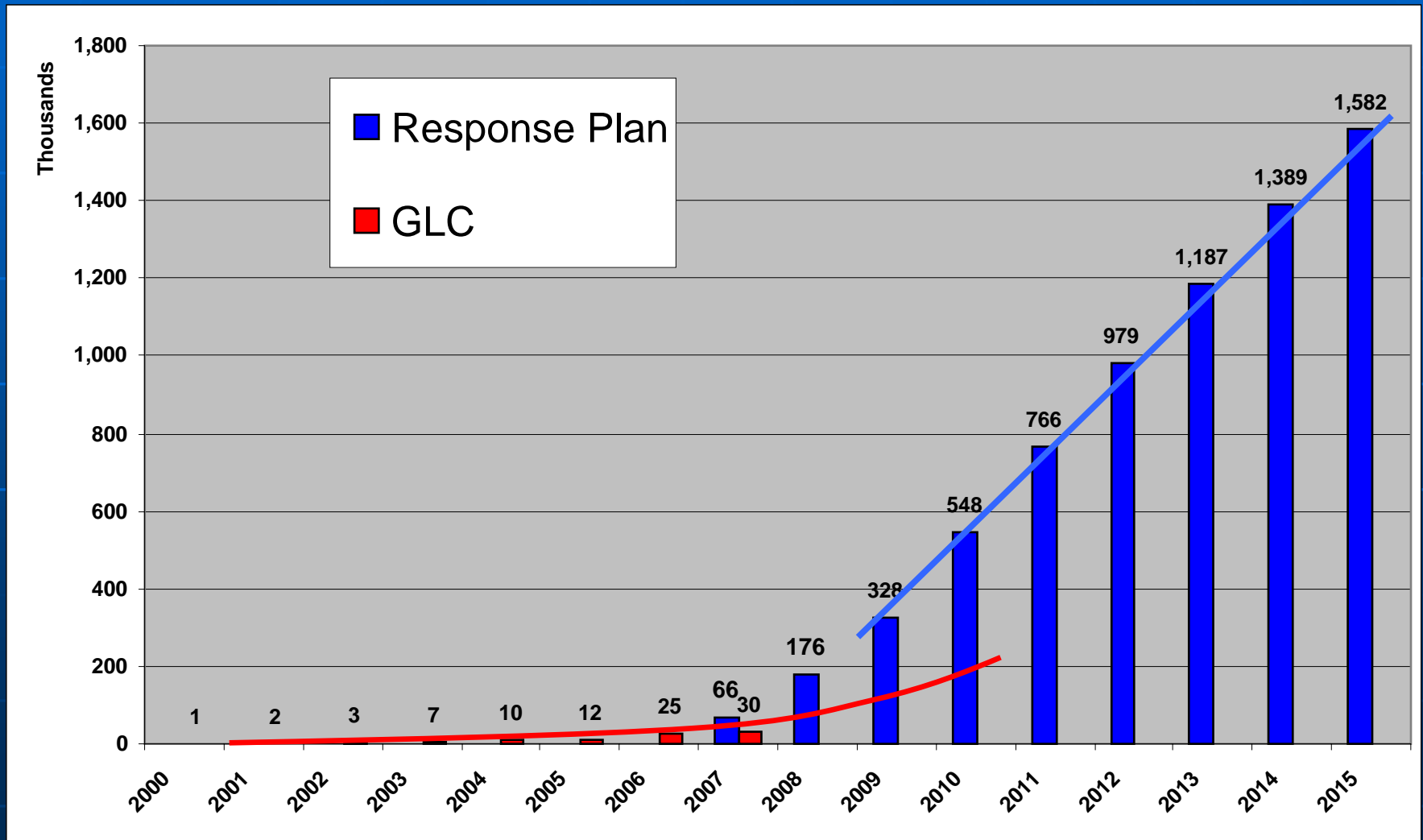
- Members: MSF, IUATLD, WHO, Argentina (academic), CDC, PIH, Baltics (country experience), KNCV
- Smooth and rapid review process; 6 review cycles a year. Supportive response within 2 months. Decision within 2-4 months possible
- Technical issues: link with research group
- Supportive review process (including 'basic' TB control programme)
- Supportive monitoring & evaluation

MDR-TB Projects approved by GLC September 2007



MDR-TB projects in 48 countries approved by GLC
27 of them GF-supported
A total of 30'000 cases to be treated

Gap between requests to GLC and revised Global Plan, 2006-2015



Procurement subgroup

- Short, mid-and long term estimates
- Push for prequalification of more SLD
- Support to GDF to address current staffing problems (secondment of staff to GDF by MSF, PIH and TDF)
- Negotiations with donors
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Research Subgroup

- New inventory of research priorities based on 'scale-up' barriers
- Forum for partners to brainstorm
- Forum to coordinates and initiate
- Should link with GLC, guideline development and training curricula
- Crucial role in providing an evidence base for guidelines (grading system)

5 Research priority areas



■ lab

■ treatment

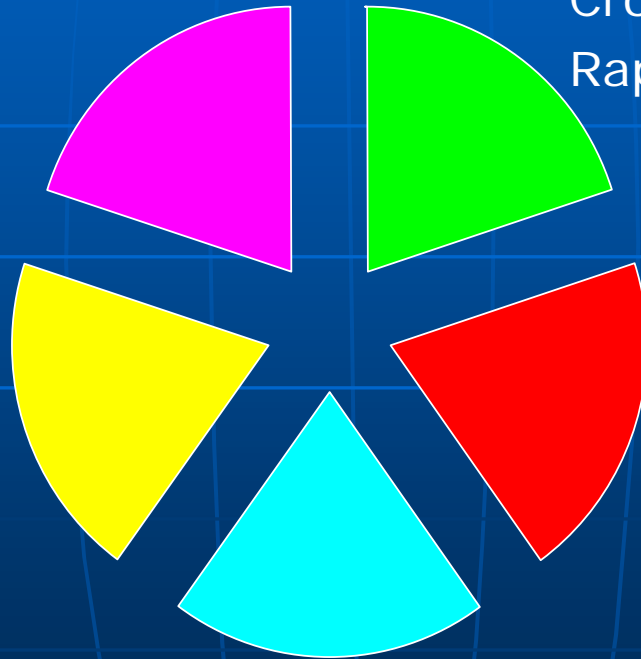
■ program

■ epimiology

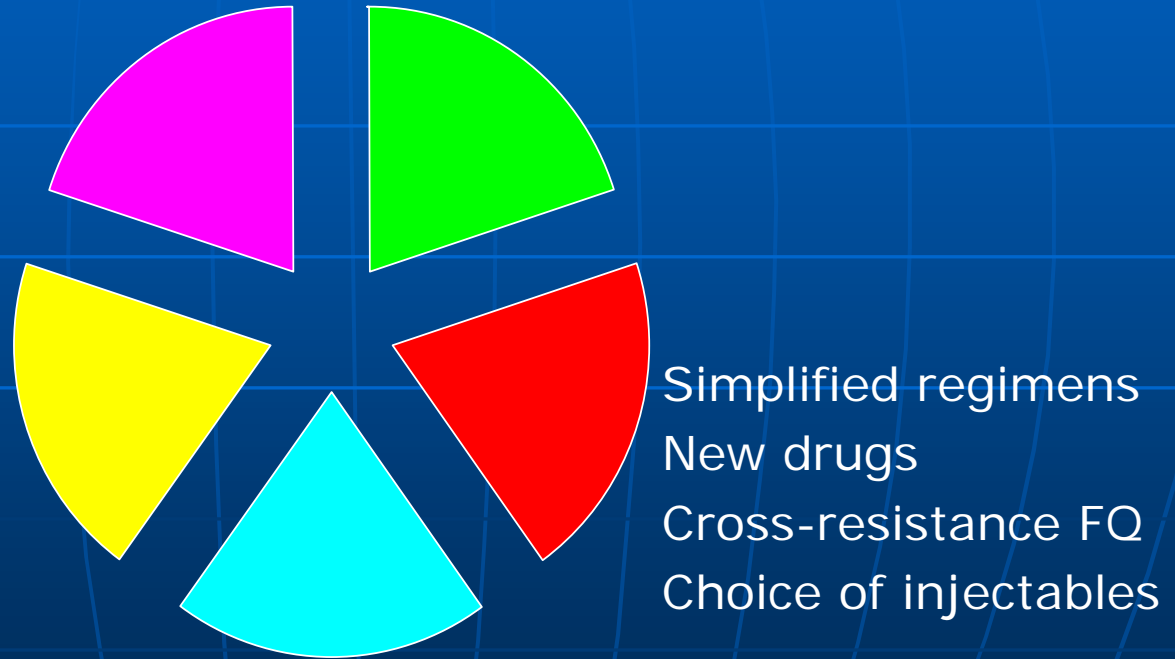
■ contacts

Diagnosis: easier and accurate

Standardization SL-DST
Cross-resistance
Rapid DST methods



Evidence base for easier and more effective treatment strategies to facilitate scale-up



Programmatic aspects with benefits for patients, HCWs and the community at large



Algorithms for patient selection
Treatment adherence
Infection control

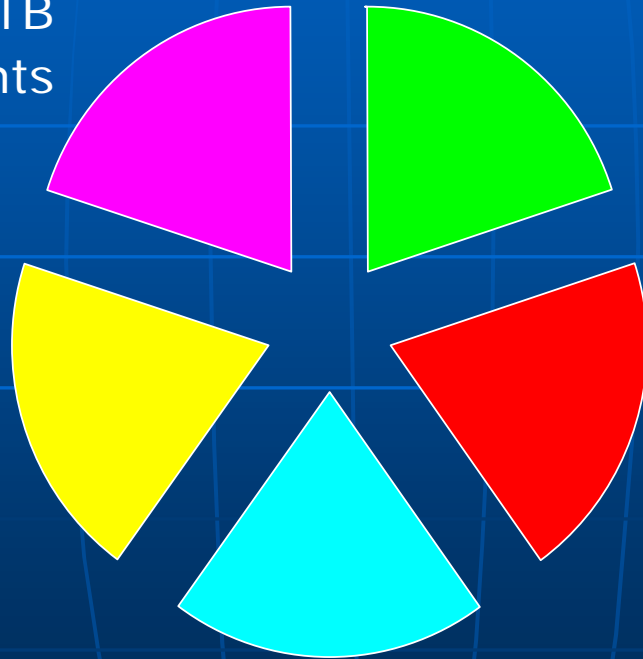
Epidemiology: understanding the epidemic to prepare for the future

Setting-specific
causes of high
DR rates



Management of contacts

Preventive treatment of contacts of DR-TB patients



Collaboration with other WGs

- ACSM WG
- HIV/AIDS WG, including the
- Infection Control Subgroup
- DEWG/Global Lab Initiative
- FIND
- Donors
-

What we need to realize the GRP 2007-2008:

- To benefit from the XDR-TB momentum
- Priority countries acknowledge the need to act NOW (high level missions, ACSM,..)
- Detailed country specific comprehensive operational plans including related TA and donor support (partnership)
- Regional centers of excellence
- Sufficient funding for coordination, monitoring and policy-development by the MDR-TB WG

And...

Conviction we can do it

Kitty Lambregts-van Weezenbeek
KNCV Tuberculosis Foundation