

Changing the tide Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011–2015

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Outline of the presentation

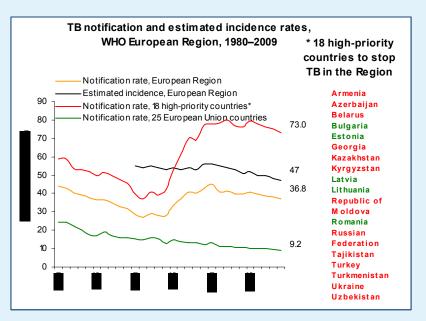
- The tuberculosis (TB) and multidrug-resistant TB (MDR-TB) situation in the world and in the WHO European Region
- Key challenges in the prevention and control of multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB)
- The Consolidated Action Plan to Prevent and Combat M/XDR-TB in a nutshell
- Regional initiatives
- The case of Azerbaijan
- The WHO Regional Committee for Europe resolution on M/XDR-TB

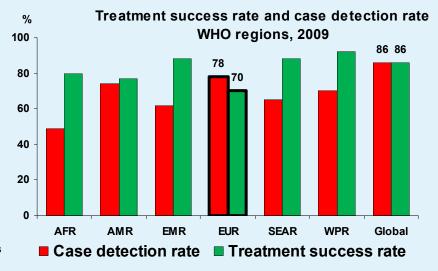


TB burden in the Region

- 420 000 cases estimated, 330 000 notified (5.6% of the global burden in 2009)
- 46 000 deaths due to TB
- Majority of TB patients (87%) and deaths (92%) from the 18 high-priority countries of the Region
- Highest case detection rate (78%) and lowest treatment success rate (70%) among all WHO regions
- HIV/TB prevalence 5.3 %
- TB risk factors in Europe (population attributable fraction):
 - HIV: 6–15%
 - o smoking: 21–29%
 - o diabetes: 14-15%
 - o alcohol: 14–35%

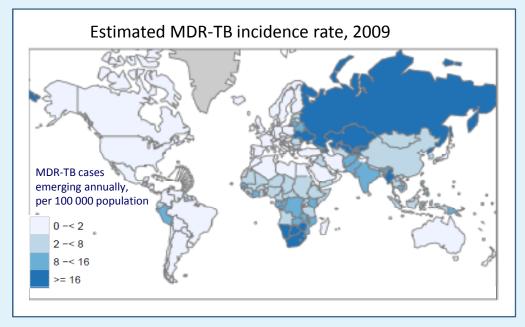
Sources: Global tuberculosis control 2010. Geneva, World Health Organization, 2010; *Tuberculosis surveillance in Europe 2009.* Stockholm, European Centre for Disease Prevention and Control, 2011; Creswell J et al. Tuberculosis and non-communicable diseases: neglected links and missed opportunities. *European Respiratory Journal*, 2011, 37(5):1269–1282.



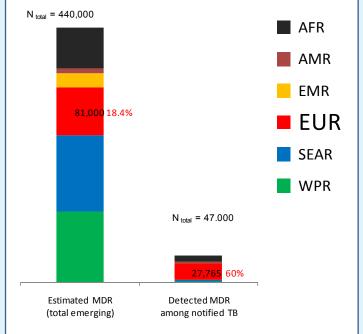




MDR-TB burden, European Region and the world



- 15 out of 27 high-MDR-TB burden countries in the WHO European Region (81 000 patients annually)
- In 2009, only 27 765 MDR-TB patients notified (1/3 of estimates) due to limited access to diagnosis
- Treatment success rate of MDR-TB cohort in the Region 57.4% only (global figures unknown)



Sources: Towards universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis by 2015. Geneva, World Health Organization, 2011; *Tuberculosis surveillance in Europe 2009.* Stockholm, European Centre for Disease Prevention and Control, 2011.



Key challenges in prevention and control of M/XDR-TB

- Health system failure to prevent emergence and spread of drugresistant TB
 - $\circ~$ Late diagnosis of TB and M/XDR-TB
 - Inadequate treatment of TB and subsequent acquired resistance
 - Poor infection control and contact tracing
- Insufficient capacity to treat M/XDR-TB patients
 - Models of care not cost-effective, nor patient friendly
 - Difficult access to expensive second-line drugs
 - Lack of new medicines



What is new about the Action Plan?

- Prompt diagnosis including newly endorsed molecular diagnostic techniques
- Equitable access to adequate treatment
- Health system approach to MDR-TB prevention and control
- Emphasis on involvement of civil society organizations
- Identifying and addressing social determinants
- Working in partnership, twinning of cities/programmes
- Robust monitoring framework, <u>accountability and follow-up</u>
- <u>Facilitating development</u> of new drugs and tools



Overview of the Action Plan

Goal

 To contain the spread of drug-resistant TB by achieving universal access to prevention, diagnosis and treatment of M/XDR-TB in all Member States of the WHO European Region by 2015



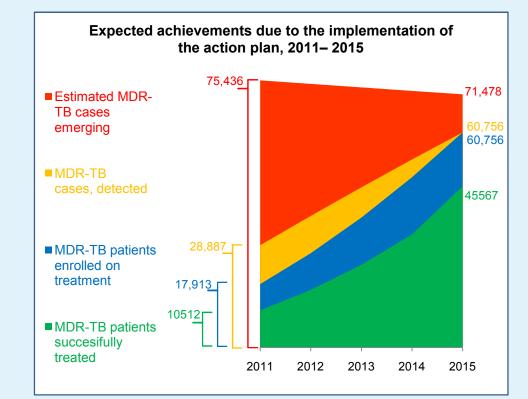
Targets

- To decrease by 20 percentage points the proportion of MDR-TB among previously treated patients by end 2015
- To diagnose at least 85% of estimated MDR-TB patients by 2015
- To treat successfully at least 75% of patients estimated to be suffering from MDR-TB by 2015



Expected achievements of the Action Plan

- 225 000 MDR-TB patients diagnosed
- 127 000 MDR-TB patients treated successfully
- 250 000 MDR-TB cases averted
- 13 000 XDR-TB cases averted
- 120 000 lives and US\$ 5 billion directly saved by treating M/XDR-TB





Areas of intervention

- 1. Prevent the development of M/XDR-TB • Identify and address social determinants, improve adherence to treatment, improve health financing and involved primary health care services
- 2. Scale up access to early diagnosis Strengthen TB laboratory network, facilitate introduction of new diagnostic technologies, break system barriers to access
- 3. Scale up access to effective treatment

• Ensure sufficient quantity of quality second line drugs, improve management of adverse reactions and promote production of new drugs

4. Scale up TB infection control

• Assess, plan and improve airborne infection control in health care and congregate settings



Areas of intervention (cont.)

- 5. Strengthen surveillance
 Electronic recording and reporting, improve quality of data and capacity to use data
 Adapt new policy guidance, improve human resources, foster partnership and coordination, ensure ethics and human rights
- 7. Address the needs of special populations
- Ensure TB/HIV collaborative activities, specific action for children, prisoners, migrants and hard-to-reach populations



Regional initiatives

- <u>Regional Green Light Committee</u>
- Regional laboratory initiative
- TB technical assistance mechanism (TBTEAM)
- Partnership with the Global Fund
- Country assessment and trouble shooting in collaboration with partners, including European Centre for Disease Prevention and Control
- Cross-border TB initiative
- Steering group for the Action Plan and Berlin follow-up



Case of Azerbaijan

- Renewed commitment of Ministry of Health and new TB programme manager appointed
- Revision and approval of new national TB control policies and guidelines
- Parallel reporting system phased out
- Full access to first- and second-line drug susceptibility testing for all patients
- Embarking on countrywide implementation of GeneXpert rapid molecular diagnosis of TB and MDR-TB
- Full collaboration with the WHO Regional Office for Europe, the United States Agency for International Development, and other partners
- Preparation for making round 11 proposal to the Global Fund



WHO Regional Committee resolution on M/XDR-TB

adopts the Consolidated Action Plan and

urges Member States

- to harmonize as appropriate their <u>national health strategies</u> and/or TB/MDR-TB response plans based on the Regional Plan
- to identify and address determinants and <u>health system challenges</u> leading to emergence of drug-resistant TB
- to provide <u>universal access</u> to early diagnosis and effective treatment of MDR-TB patients
- to address the needs of <u>special</u> <u>populations</u>
- to closely <u>monitor and evaluate</u> implementation of the actions outlined in the Action Plan

requests the Regional Director

- to provide <u>leadership</u>, <u>strategic</u> <u>direction and technical support</u> for implementation of the Action Plan
- to facilitate the <u>exchange of</u> <u>experiences</u> and know-how among Member States
- to establish a platform to <u>strengthen</u> <u>partnership</u> for prevention and control of TB and M/XDR-TB
- to <u>assess progress</u> in the prevention and control of M/XDR-TB every other year starting from 2013 and report back to the Regional Committee





Всемерная организация адравоскранения Борспейское учистично так

Weltgesundheitsorganisation

Organisation mondiale de la Santé Europe

Thank you

Europa

WHO REGIONAL COMMITTEE FOR EUROPE - 61^{\$T} SESSION Baku: Azerbaijan, 12–15 September 2011

COMITÉ RÉGIONAL DE L'OMS POUR L'EUROPE - 61E SESSION Bakou (Azerbaidjan), 12-15 septembre 2011

WHO-REGIONALKOMITEE FÜR EUROPA – 61. TAGUNG Baku (Aserbeidschan), 12 – 15. September 2011

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