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

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WHO Regional Director for Europe 24 March 2012



Outline of presentation

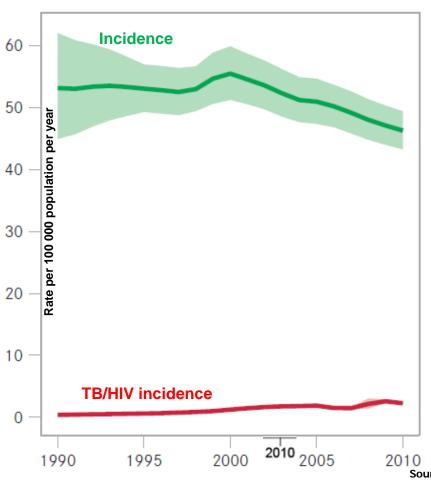
- Progress towards the Millennium Development Goal
- Latest TB epidemiological data
- Overview of the Consolidated Action Plan
- Next steps

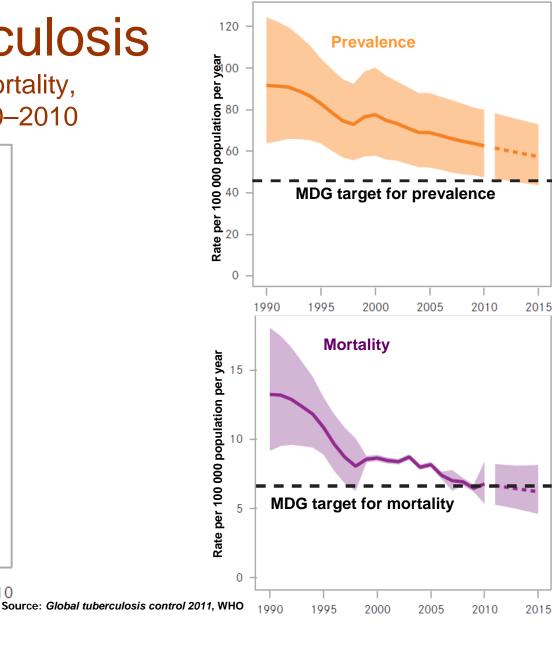




MDG 6: Tuberculosis

Incidence, prevalence and mortality, WHO European Region, 1990–2010







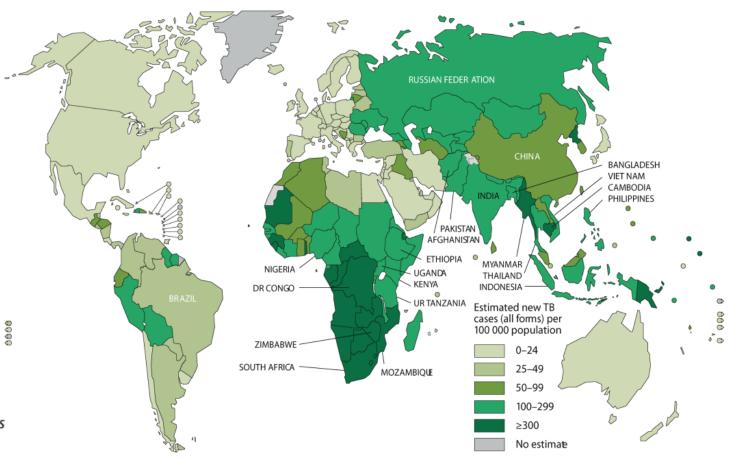


TB burden globally and in the WHO European Region

 The Region contributes
 4.7% of the global TB burden

Estimated
 418 000 new
 TB cases and
 60 000 deaths
 in the Region

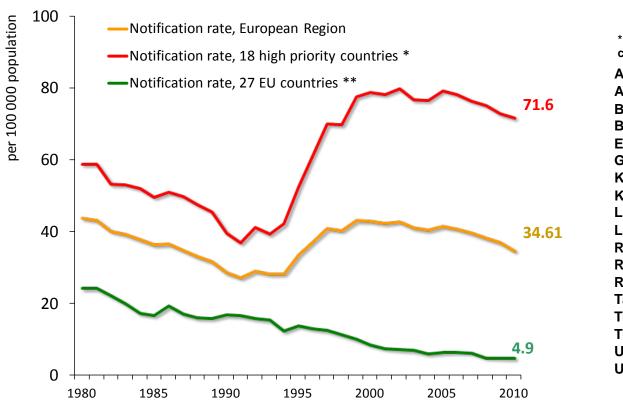
Source: Global Tuberculosis Control 2011. WHO, 2011.







Notification of new and relapse cases, rate per 100 000 population, WHO European Region, 1980–2010



* 18 high priority countries to STOP TB

Armenia Azerbaijan **Belarus** Bulgaria Estonia Georgia Kazakhstan **Kyrgyzstan** Latvia Lithuania Republic of Moldova Romania **Russian Federation Tajikistan Turkey** Turkmenistan Ukraine Uzbekistan

Note: ** excluding Bulgaria and Romania entering to EU in 2007



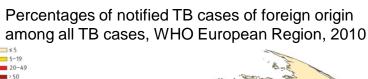


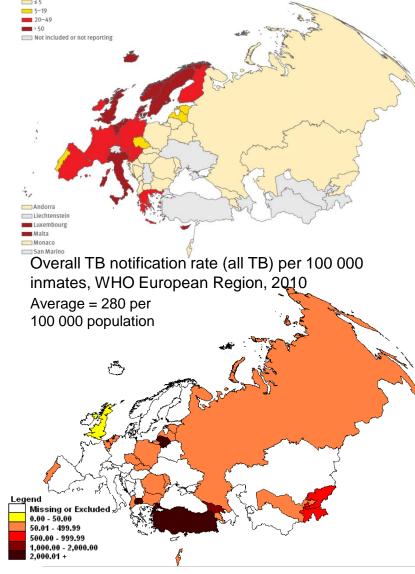
Determinants of TB

TB is particularly linked to **migration** and **imprisonment**

Identification of the geographical origin of people with TB is significantly better in countries in the western part of the Region

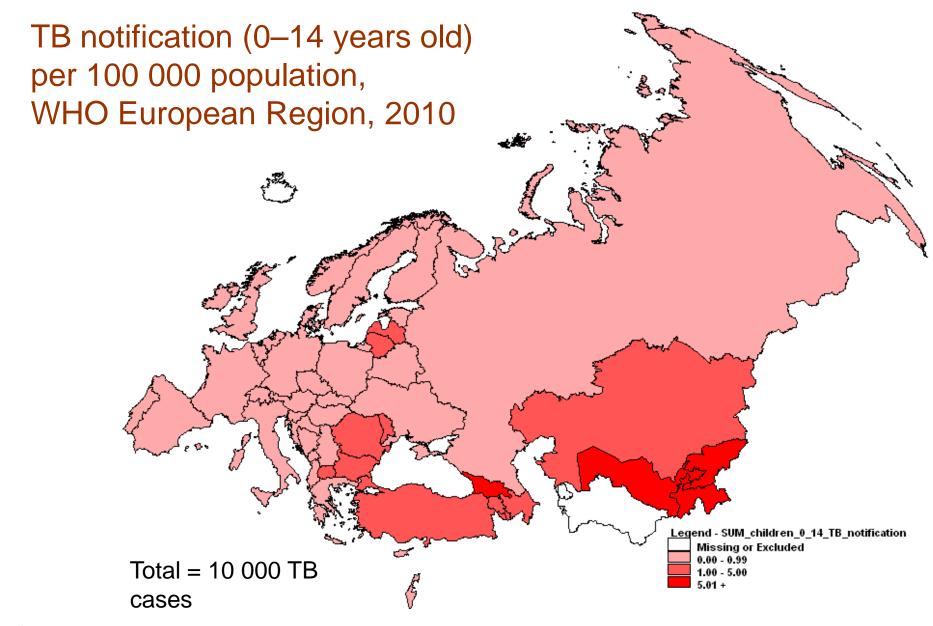
Identification of the imprisonment status of people with TB is significantly better in countries in the eastern part of the Region





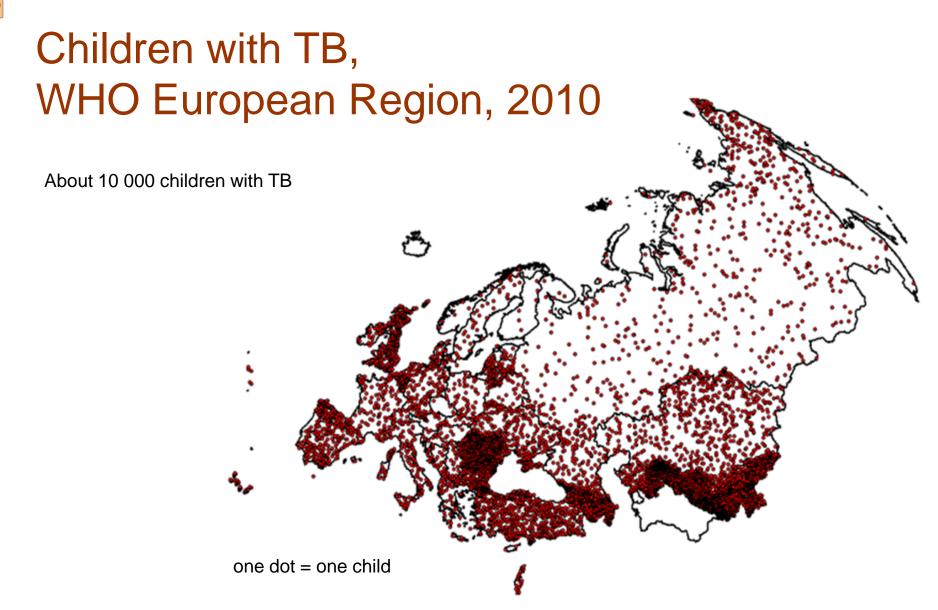






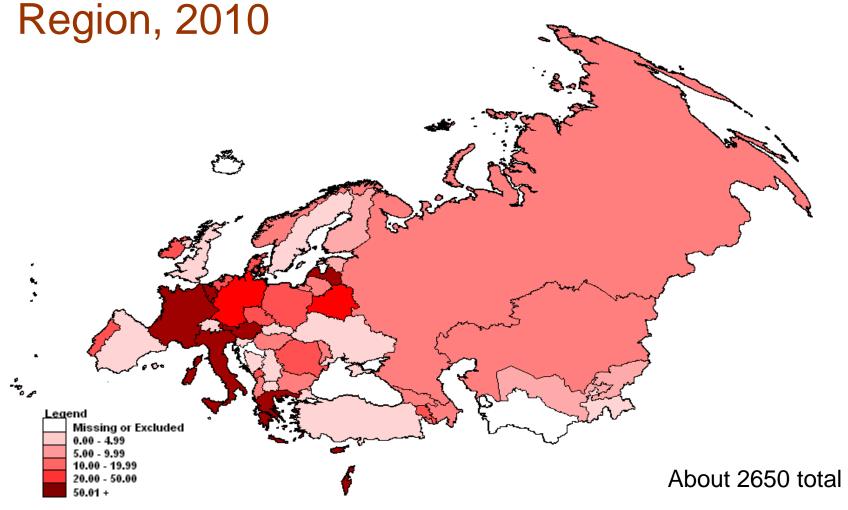








Percentage of all children with TB who are younger than five years old, WHO European

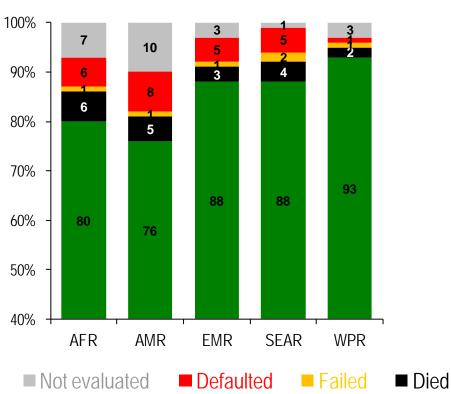






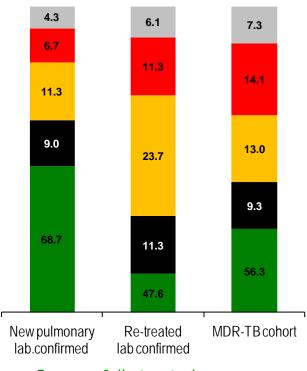
Treatment success rates for new, previously treated and MDR cohorts in **WHO** regions

Treatment outcomes for new laboratory-confirmed pulmonary TB cases in other WHO regions, 2010 reporting



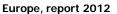
Source: the Global TB control 2011 report

Treatment outcomes, WHO European Region, 2010 reporting



Successfully treated

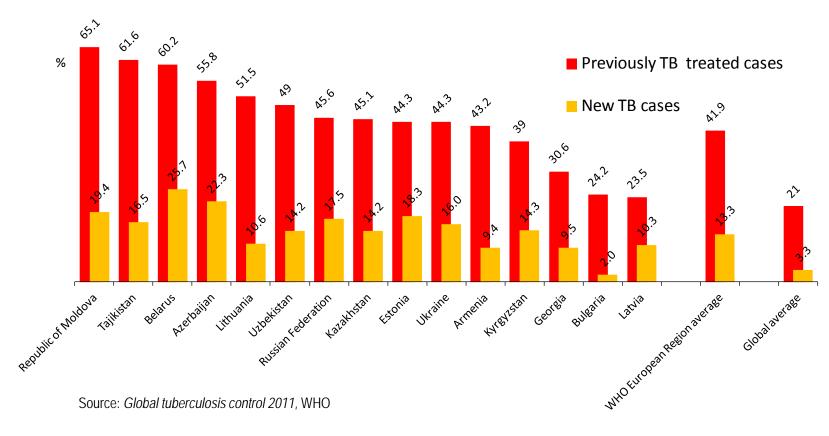
Source: TB surveillance and monitoring in







Estimated percentage of MDR-TB among new and previously treated TB cases; 15 countries with a high burden of MDR-TB, average in the WHO European Region and global average; 2010



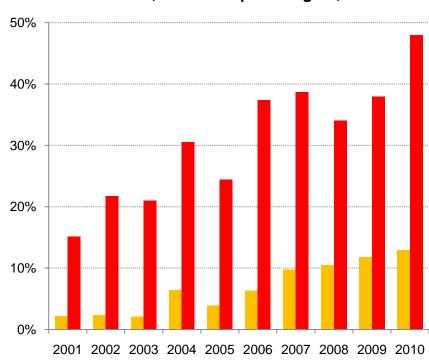




Facts about MDR-TB, European Region, 2010

Estimated MDR burden among all TB cases, WHO European Region	81 000 cases (73 000–90 000)
Estimated percentage of MDR-TB: - Among new TB cases - Among previously treated cases	13% (12–15%) 42% (38–47%)
Coverage of - Culture confirmation - Drug susceptibility testing	39% (152 827) 86% (131 007)
Notified percentage of MDR-TB: - Among new TB cases - Among previously treated cases	14% (11 659) 49% (16 587)
Detection rate of all MDR-TB cases	36% (32–39%) (29 059)

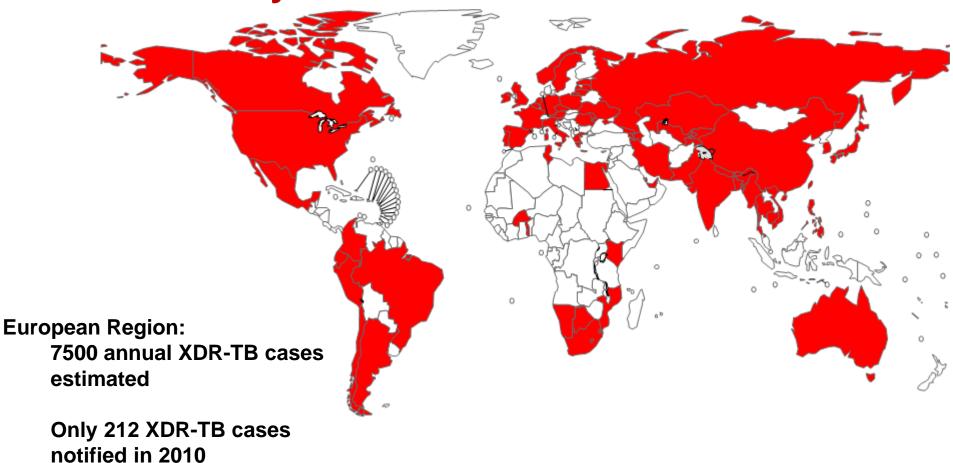
Percentages of notified MDR among TB cases, WHO European Region, 2001-2010





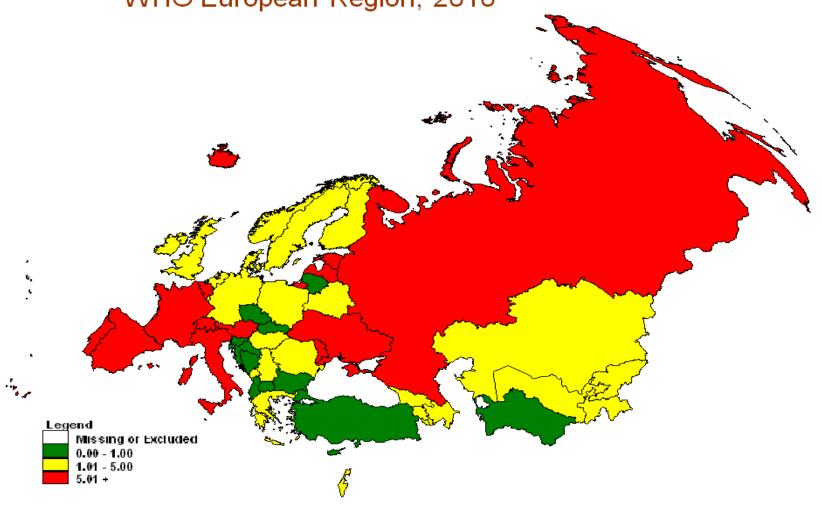
Countries that had reported at least one XDR-TB case by the end of 2010





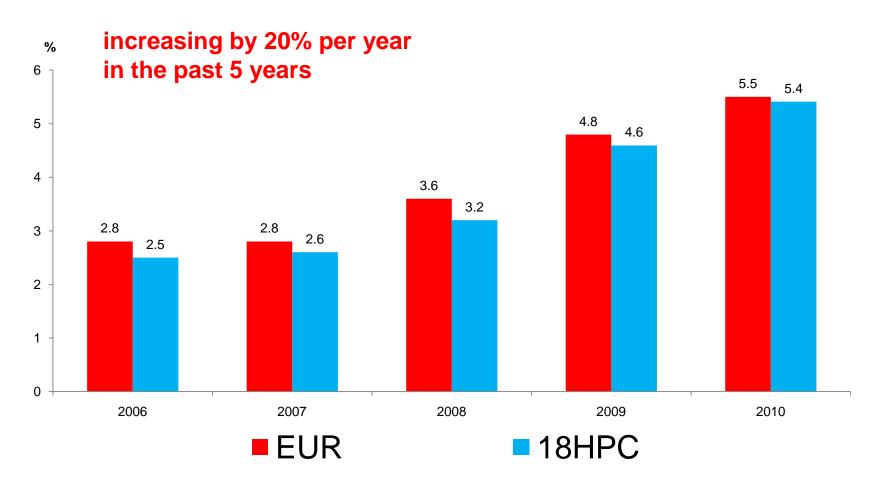


Estimated percentage of TB cases who are HIV-positive WHO European Region, 2010





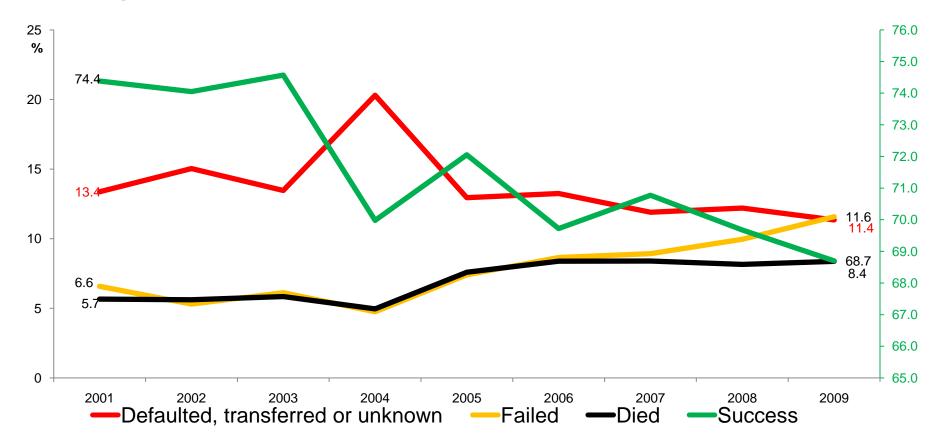
Percentage of TB cases testing positive with HIV infection among those tested, WHO European Region, 2006–2010







Treatment outcome, new laboratory-confirmed pulmonary TB cases, European Region, 2001–2009







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

- No business as usual (special project established)
- Inclusive approach to develop the Plan
- Building on the existing commitments
- SMART objectives, clear list of activities
- Full endorsement by the Regional Committee in Baku
- Fully costed and includes financial gap analysis
- Follow-up mechanism





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 people with TB by the end of 2015
- To diagnose at least 85% of the estimated number of people with MDR-TB by 2015
- To treat successfully at least 75% of the notified people with MDR-TB by 2015





Consolidated Action Plan to Prevent and Combat M/XDR-TB

- <u>Prompt diagnosis</u>, including newly endorsed molecular diagnostic techniques
- <u>Equitable access</u> to adequate treatment
- Health system approach to preventing and controlling MDR-TB
- Emphasis on involving <u>civil society organizations</u>
- Identifying and addressing <u>social determinants</u>
- Working in <u>partnership</u>, twinning of cities and programmes
- Robust monitoring framework, <u>accountability and</u> <u>follow-up</u>
- Including neglected aspects (such as palliative care and surgery)

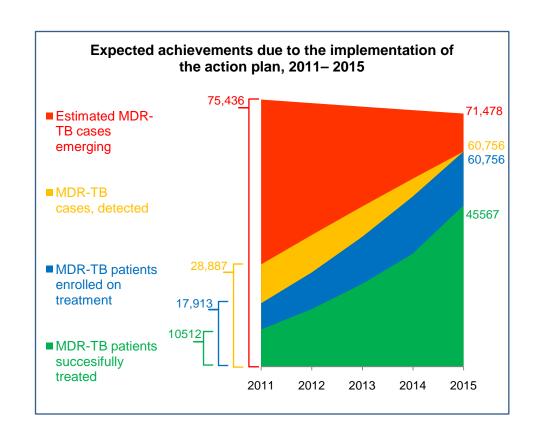






Expected achievements of the Action Plan

- 225 000 people with MDR-TB diagnosed
- 127 000 people with MDR-TB treated successfully
- 250 000 MDR-TB cases averted
- 13 000 XDR-TB cases averted
- 120 000 lives and 12 US\$ billion saved







Areas of intervention

- 1. Prevent the development of M/XDR-TB
- Identify and address social determinants, <u>improve adherence to</u> <u>treatment</u>, improve health financing and involved primary health care services

- 2. Scale up access to early diagnosis
- Strengthen TB laboratory network, <u>facilitate</u> <u>introduction of new diagnostic</u> <u>technologies</u>, 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 <u>capacity to use data</u>

6. Expand management capacity of the programmes

 Adapt new policy guidance, <u>improve human</u> <u>resources</u>, <u>foster partnership and</u> <u>coordination</u>, ensure ethics and human rights

7. Address the needs of special populations

• Ensure TB/HIV collaborative activities, specific action for <u>children</u>, <u>prisoners</u>, migrants and hard-to-reach populations



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 Action 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 people with MDR-TB
- to address the needs of <u>special</u> <u>populations</u>
- to closely <u>monitor and evaluate the</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 the implementation of the Action Plan
- to facilitate the <u>exchange of</u> <u>experiences and know-how among</u> <u>Member States</u>
- to <u>establish a platform to 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 <u>starting from 2013 and report</u> <u>back to the Regional Committee</u>

Primary health care, psychosocial support, health funding





Joint launch of the Action Plan







Next steps

- Comprehensive national MDR-TB response plans in accordance with the Action Plan in 2012
- Health system audits to identify bottlenecks and propose solutions
- Facilitate diverse models of technical assistance
- High-level visits to ensure commitment to implementing the Action Plan
- Yearly progress report (WHO/ECDC annual monitoring and surveillance report)
- Interagency Coordination Committee involving civil society organizations for following up the Action Plan



Thank you for your attention

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