

## Summary: XDR-TB RESPONSE PLAN FOR SOUTHERN AFRICA 2006/2007

### EFFORTS IN 14 SADC COUNTRIES - To be further specified when country plans received

1. **Strengthening XDR-TB response in 14 SADC countries:** Scaling up TB and HIV care and control, implementing related interventions in lab strengthening, infection control including protection of health workers, communications and social mobilization, and cross-border collaboration to ensure drug resistance creation is minimized and quality of care is improved.
2. **Provision of second-line anti-TB drugs to 9,000 MDR-TB and XDR-TB patients,** critical for care of those detected, and supplied through quality-assured processes.
3. **Provision of rapid diagnostic tests to 154,000 MDR-TB and XDR-TB suspects,** urgently needed to enable early detection where nearly no detection capacity existed previously.

### TECHNICAL ASSISTANCE AND GLOBAL SUPPORT

1. **Technical assistance and human resources development to support national actions in strengthening of TB and TB/HIV control and linking with new actions in light of XDR-TB:** This includes recruitment of WHO international and national TB and HIV officers in SADC countries requesting this assistance; missions by expert teams, and focused consultancies; regionally-based lab support and XDR/MDR-TB expertise; and capacity-building.
2. **Participatory process in revising the Global Plan to Stop TB, 2006-2015** to reflect the XDR-TB emergency. Revisions are required not only in the regional scenario for high HIV-prevalence area in Africa, but worldwide. As the Global Plan involved a wide range of players, this revision must involve extensive consultation.
3. **Support for management of persons suspected of having MDR-TB and XDR-TB:** This work will pursue revisions that are necessary to global level diagnostic and treatment policies and guidelines, so as to address the expanding threat of XDR-TB and ensure clear messages to national ministries of health and their partners.
4. **Laboratory strengthening in light of XDR-TB:** Immediate needs for laboratory network strengthening, human resources, equipment and supplies, and quality control need to be supported by reinforced global support plans, coordination of laboratories and international technical expertise, and capacity building.
5. **Infection control:** These activities are designed to initiate immediate and comprehensive global and national level action in an area that has been badly neglected in recent years, and relates to the protection of patients, health workers and others working in congregate settings, and the broader community.
6. **XDR-TB surveillance:** A rapid assessment of the extent and magnitude of the XDR-TB problem is urgently required. This area covers the international coordination costs for surveys and analysis, including strengthening of the Supranational Reference Network for TB drug resistance testing and quality control.
7. **Advocacy, communications and social mobilization:** It is imperative to make available communications expertise and information on TB, MDR-TB and XDR-TB, that is accurate, encourages utilization of services and discourages panic and stigma, to adapt communications tools and materials to regional needs, and involve communities in response.
8. **Planning and resource mobilization:** The XDR-TB response requires significant planning and coordination across national and global partners and across agencies providing financing. The emergency plan for 2006-2007 needs to be supported quickly and linked to resource mobilization associated with the Global Plan to Stop TB 2006-2015.
9. **Research and development:** The research and development implications of XDR-TB and strategic directions need to be defined as research efforts are bringing both new diagnostics and drugs to the point of use, and vaccines research is ongoing.

Estimated needs for global XDR-TB response from November 2006 to end 2007 with focus on 14 SADC (Southern African Development Community) countries	US\$	US\$
<b>Costs in 14 SADC countries</b>		<b>80,000,000</b>
Strengthening XDR-TB response: human resources development, laboratory strengthening, infection control, surveillance, monitoring and evaluation, community health, cross border collaboration, communication and health education etc.		35,000,000
Second-line anti-TB drugs to 9,000 MDR-TB and XDR-TB patients		40,000,000
Rapid diagnostic tests to 154,000 MDR-TB and XDR-TB suspects		5,000,000
<b>Technical assistance costs (coordinated by WHO, and provided by WHO and partners)</b>		<b>15,000,000</b>
Strengthening of general TB and TB/HIV control in countries most affected by XDR-TB by provision of technical assistance by international organizations and human resource development		9,460,000
<i>Recruitment of WHO international and national TB and HIV officers in SADC countries</i>	4,960,000	
<i>Technical assistance missions by expert teams, and focused consultancies</i>	850,000	
<i>Regionally-based expertise via WHO/AFRO for laboratory support; XDR/MDR-TB support and infection control</i>	1,000,000	
<i>Capacity-building courses in MDR/XDR-TB, laboratory strengthening, infection control, integrated care etc.</i>	2,650,000	
Revision of the Global Plan to Stop TB, 2006-2015, to reflect the XDR-TB emergency (not restricted to Africa region)		175,000
Support for management of persons suspected of having MDR-TB or XDR-TB (revision of MDR-TB guidelines, development of algorithms, expanded Green Light Committee activities)		1,280,000
Laboratory strengthening: development/revision of global and country strategic plans, strengthening of the global Supranational TB Reference Laboratory Network		1,300,000
Infection control: updating of guidelines, training of consultants		400,000
XDR-TB surveillance: establishment of regional reference laboratories in the African Region, support to countries by the Supranational Reference Laboratory Network (in addition to support noted above), rapid XDR-TB surveys		1,800,000
Advocacy, communication and social mobilization: communication support, advocacy materials, health education tools etc.		285,000
Planning and resource mobilization support and coordination of partners		100,000
Research and Development Strategy: meeting with TB diagnostics, drugs and vaccine working groups and partners		200,000
<b>GRAND TOTAL</b>		<b>95,000,000</b>

