



# Stop TB Partnership

## SUMMARY SHEET

Agenda Nr. 2.06-5.0	Subject	<b>XDR TB – Drug Resistance and Global Response</b>
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For Information	For Discussion	For Decision <input checked="" type="checkbox"/>
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### Rationale

Extensively drug-resistant TB (XDR-TB) is an emerging threat for TB control, especially in high HIV prevalence settings. It seriously reduces treatment options, and in the worst cases, is untreatable. It also threatens the success of antiretroviral treatment (ART) programmes. The fear of XDR-TB may further decrease the already scarce human resources in the health workforce. The Partnership therefore needs to illustrate leadership in defining an effective and timely response to XDR-TB at a global level and in supporting affected countries.

### Summary

CDC and WHO reported on a survey in March 2006 in which XDR-TB was shown to be present in 17 countries and all WHO regions. In May 2006, Stop TB partners were informed of an outbreak in South Africa with particularly high mortality among HIV-infected persons. Poor underlying TB control performance is the main risk factor, exacerbated by inadequate infection control. Several different genetic strains are involved. WHO's Strategic and Technical Advisory Group for Tuberculosis recommended swift and effective action. The South African Medical Research Council with CDC and WHO held the first expert consultation in Johannesburg in September 2006, and the first WHO Global XDR-TB Task Force meeting of technical partners and affected countries took place in Geneva, on 9-10 October, with a meeting of 8 of the Southern African Development Community (SADC) countries in Pretoria, on 17-18 October. WHO is coordinating an international response which calls for: immediate strengthening of TB control especially in Southern Africa; strengthening of case and programmatic management for MDR and XDR-TB; intensified laboratory capacity building; revitalized infection control and protection of health care workers; immediate surveillance to determine the extent and magnitude of XDR-TB; advocacy, communications and social mobilization; research and development for new tools; and resource mobilization. SADC countries are developing national plans to address the XDR-TB problem and reinforcing their response to MDR-TB. Other countries affected, especially China, India and Russia, need to mainstream the XDR-TB response into their current efforts against MDR-TB

### Decisions requested (from the Stop TB Coordinating Board)

The Board is urged to endorse the request of \$95 million from governments and funding agencies between November 2006 and end 2007, of which \$5 million is needed before 31 December 2006 if global coordination of the response to XDR-TB is to continue. The Board is asked to assist in resource mobilization and also to endorse a process of revision of the Global Plan to Stop TB (2006-2015) to reflect the more urgent scale-up of interventions, and the need for additional measures to respond to XDR-TB and to address its main causes.



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## Implications

The crisis surrounding XDR-TB offers unprecedented opportunities for scaling up TB control, especially, but not solely, in Southern African countries. If seized, this could be a turning point. If not, Africa will continue to slow down global TB control. In addition, if the level of support requested for addressing the XDR-TB problem is not found, there may be serious negative consequences to the credibility and leadership of the Stop TB Partnership.

## Next Steps

### Action Required:

- 1) Update to Global Plan (HIV and MDR Working Group plans) to address XDR-TB with adequate funding pledged.
- 2) Bilateral discussions with donor agencies and support for Resource Mobilization

**Focal Point:** Paul Nunn

**Timeframe:** 365 days