SUMMARY SHEET		
AGENDA NR. 1.11 - 3.0	SUBJECT	MDR-TB: Transition plan for moving towards a new framework for supporting countries to scale up MDR-TB management
FOR INFORMATION ☐	FOR DISCUSSION ☒	FOR DECISION ☒

BACKGROUND

Faced with concerns that the number of MDR-TB cases treated (10,531 patients enrolled on WHO-recommended treatment in 2009) remained very small compared to the estimated annual 440,000 incident cases, the key stakeholders supporting the expansion of MDR-TB services concluded that a revision of the global framework that addresses MDR-TB management, was urgently required. At a retreat in February 2010, key stakeholders agreed that a new model of co-ordination and support to countries was needed, and that the partnership supporting MDR-TB scale up "should explicitly shift from a controlling to a supporting mode". Three task forces were set up to look into: i) the provision of technical assistance; ii) availability of quality assured second-line anti-TB drugs; and iii) monitoring and evaluation, and the governance structure for MDR-TB management scale-up.

The work of the task forces was presented and reviewed at the 19th Coordinating Board meeting in Johannesburg, South Africa, 14-15 October 2010. The Board requested the Secretariat to clarify a number of issues raised during their discussions. The responses were discussed at a special meeting of Board members in Berlin, Germany, on 11 November 2010. From this meeting, the Secretariat, with the MDR-TB Working Group, was requested by the Board to develop a transition plan by end January 2011 and to organise a meeting of the key stakeholders to discuss the final outputs of the Task Forces and the detailed transition plan.

A meeting of key stakeholders on the "way forward to achieve universal access to diagnosis, treatment and care of MDR-TB" was held in Geneva, Switzerland, 22-23 February 2011. Objectives of the meeting were:

1. To agree on the global framework for supporting the scale-up of MDR-TB management.
2. To present the final outcome of the three Task Forces.
3. To agree on the approach to, and implementation of, the transition plan.
4. To define roles and responsibilities for the finalisation of the transition plan and the new framework and their initial implementation.

Background documents: i. Transition plan
ii. Report of the stakeholders meeting, 22-23 February 2011.

SUMMARY: Proposed new framework and next steps

The new "framework" will support countries to scale up their MDR-TB treatment efforts, while still acting as a brake to the further development of anti-TB drug resistance. Agreement was reached at the meeting of 22-23 February 2011 that: future support should focus on building national capacity to implement and manage scale-up of MDR-TB services, via greatly increased technical assistance; the successor to the GLC at the global level should be a "strategic committee at global level with a dual role of advising WHO and partners", that is it will be both i. an advisory committee to WHO, and ii. a sub-group of the MDR-TB Working Group of the Stop TB Partnership; the Secretariat should be housed in WHO; and there should be decentralised regional entities.

The new global framework will comprise of:

1. Increased level of technical support from all partners to assist countries to plan, implement, manage and monitor the required scale-up of MDR-TB services.
   - Focus on national capacity building;
   - Decentralization of many activities to the regions; and
   - Countries and key stakeholders to support the establishment of regional/national Technical Assistance Centres.

2. Increased access to high-quality, low-cost, SLDs for the treatment of MDR-TB.
   - All countries to become eligible to approach GDF directly;
   - All those ordering via GDF to be accountable for proper patient management and are therefore expected to participate in an external monitoring system; and
   - In order to optimize current system, countries need to be supported, through appropriate TA, to plan better, with access to better forecasting and stock out tools and systems.
3. Regular monitoring and evaluation of country performance in accelerating access to MDR-TB treatment and care, to inform assessment of global progress, to propose improvements to the global, regional and national approaches, and to pursue advocacy activities tailored to country needs.
   - Successor to the GLC at the global level should be a "strategic committee at global level with a dual role of advising WHO and partners", that will be i. an advisory committee to WHO; and ii. a sub-group of the MDR-TB Working Group of the Stop TB Partnership. The Secretariat should be housed in WHO;
   - Decentralised regional entities should be established in close connection with the WHO Regional Offices (possibly hosted there) and whoever is key in the regions and countries, to guide countries to scale-up PMDT, and advise WHO and Partners about what is needed to expand quality MDR-TB care in the respective countries; and
   - Country performance will be monitored and evaluated annually through an expanded collection of national data by WHO, and published in the WHO Annual Global TB Control Report.
4. Strengthened advocacy.
   - A comprehensive advocacy strategy as part of the overall TB advocacy strategy to be developed by STP to support the expansion of MDR-TB management; and
   - Explore the feasibility and efficiency of a significant political/philanthropic push to provide the necessary resources to attract pharmaceutical companies to overcome existing, and anticipated, bottlenecks in SLD supply.
5. Regular updating of international policy and guidelines relating to PMDT.
6. Provision of advice to funding agencies, on their request, ensuring that the effective treatment of patients with MDR-TB is done in accordance with international standards.

The transition to the new framework will begin to be implemented by the Stop TB Partnership and WHO immediately after endorsement of the new framework and transition plan by the Coordinating Board. The aim will be to transfer completely to the new framework by July 2011. A discussion will be organized after the Board meeting between representatives of the MDR-TB Working Group, the new Global GLC and it's Secretariat, and WHO (as host of the Secretariat), with the purpose of clarifying roles and responsibilities between the new Global GLC and already existing bodies within the Stop TB Partnership.

DECISIONS REQUESTED FROM THE COORDINATING BOARD:

- To endorse the new global framework for supporting scale-up of MDR-TB management and transition plan.

IMPLICATIONS:

- Major advocacy efforts needed at global and country levels to address the MDR-TB problem.
- Significant increases in funding, via partners and WHO, will be required to support countries in their efforts if major changes in scaling up MDR-TB treatment are to be obtained.
- Massive capacity building activities in countries are to be achieved.
- Financial implication of new framework needs to be fully quantified.
- Implications of new framework on existing MoUs with funding agencies to be defined.

NEXT STEPS

ACTION REQUIRED: Transition plan to be implemented to ensure smooth transition to new framework and continuity of care in existing GLC-approved projects.

FOCAL POINT: P. Nunn

TIMEFRAME: Implementation of the new framework as of 1 July 2011.