

SUMMARY SHEET			
AGENDA NR. 1.10- 4.0	SUBJECT	MDR-TB FOLLOW-UP	
FOR INFORMATION	FOR DISCUSSION 🖂		FOR DECISION

RATIONALE: WHO Multidrug and Extensively Drug-Resistant Tuberculosis: 2010 Global Report on Surveillance and Response published in March 2010 shows the highest proportion of MDR-TB ever reported among new TB cases, confirming that MDR-TB is a serious threat to TB control. Countries, WHO and partners are making efforts to accelerate implementation of the MDR-TB resolution of the 62nd World Health Assembly. At its November 2009 meeting, the Coordinating Board recommended the creation of a Task Force to review the structures and modus operandi of the variety of relevant bodies currently in place to facilitate action on MDR at the country level and to determine what further analysis, if any, would be required to support MDR-TB scale-up in countries

SUMMARY:

- The WHO 2010 Report (see document 1.10-4-1 available only on the website due to its size) confirms that MDR-TB and XDR-TB are serious threats to global health, with all countries at risk. One in 4 people were diagnosed with multidrug-resistant forms of TB in 2008 in parts of northwest Russia. At the same time, the report highlights efforts which have succeeded in some settings despite enormous challenges. In around five years, two oblasts in Russia that had previously experienced rising MDR-TB levels have now seen dramatic declines. This confirms that even severe MDR-TB epidemics can be halted and reversed. These two oblasts in Russia now join other countries that have made major progress in recent times (Estonia, Latvia, USA and Hong Kong). The 62nd World Health Assembly Resolution on MDR-TB clearly outlines actions to be taken to accelerate progress in the response to MDR-TB.
- Following decisions taken at the 17th Coordinating Board (2.09-6.0), a Task Force was established and recommended a retreat to discuss and review ways to improve the current model to scale-up management and control of MDR-TB.
- The MDR-TB partners held a retreat on 4-5 February, 2010, in Geneva, hosted by WHO, facilitated by McKinsey and supported by the Stop TB Partnership Secretariat. Participants agreed that the current support model for scale-up needs major change, with clearer accountabilities, better coordination, and stronger operational capabilities to enable scale-up. A draft model for "what would need to be in place for a country to manage MDR-TB effectively and sustainably" was developed and adjusted to reflect the outcome of the discussions. Drawing on this model, three task forces were then set up to take forward the issues raised in the meeting (please refer to background documents 1.10.4.3, 1.10.4.4, 1.10.4.5), with the goal of having the new international support model fully functional by the end of 2010. WHO has volunteered to coordinate the overall effort.
- GDF will present an update on activities as they relate to improvement in bottlenecks in procurement and supply of MDR-TB drugs.

DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):

1. To advise on, and endorse, the direction that partners involved in the MDR-TB response agreed to follow for revising the current support model for MDR-TB management scale-up in countries.

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

Political



NEXT STEPS

ACTION REQUIRED:

- WHO to report at the next meeting on the progress in addressing the bottlenecks to scale up MDR-TB management
- 2. WG on MDR-TB to present at the next meeting the new model to support scale up.

FOCAL POINT: Leo Blanc

TIMEFRAME: 1) 6 months; 2) 6 months