

RUTGERS

Global Tuberculosis  
Institute

NEW JERSEY MEDICAL SCHOOL

## 2<sup>nd</sup> Meeting of the Core Group of the Global Drug Resistant TB Initiative

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Barcelona, Spain

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Rutgers, The State University of New Jersey

# Outline

- Activities
  - GLC meetings and calls
  - Missions
- Other activities
- Review of rGLC mechanism
- Concerning country focus - PNG

## Activities - rGLC meetings and calls

- 1<sup>st</sup> meeting, April 2014
  - in Kuala Lumpur, Malaysia
  - Discussion topic: XDR-TB treatment, updates on short regimen
  - Workshop on PMDT for Malayasian stakeholders
- 2<sup>nd</sup> meeting, December 2014
  - In Manila, Philippines
  - With TAG and NTP manager meeting
  - Working group discussion with countries to identify priority needs for technical assistance
- Teleconferences
  - August
  - PNG situation

# Activities – Focused Missions

- PNG
  - Feb
  - Focus: Joint monitoring mission
- Viet Nam
  - April
  - Focus: Patient centered approach, recording and reporting
- Mongolia
  - May
  - Focus: XDR – TB management
- Cambodia
  - August
  - Focus: Clinical audit, review of NTM
- Laos
  - Sept
  - Focus: Pharmacovigilance, shorter regimen
- Philippines
  - November
  - Focus: Xpert roll out, recording and reporting, TB and DM
- China
  - December

## Other Activities

- Workshop: Strengthening drug regulation, March 2014
  - Drug regulatory authorities and NTP discussed together and identified priority actions
- Workshop: Child TB action plan
  - MCH, Pediatrician and NTP came together to discuss and develop action plan
- New drug introduction:
  - Philippines and Viet Nam
- Shorter regimen preparation:
  - Philippines, Viet Nam, Laos
- Z-Mfx resistance surveillance:
  - Philippines
- Stock pile management for the Pacific Island countries and areas
  - Finalization of DR-TB management protocol for the Pacific Island countries and areas

## Review of rGLC mechanism

- Organized by GF
- Conducted by KNCV in August
- Desk review of all reports 2011 – 2013
- Interview of
  - NTP (Philippines and Mongolia)
  - PR (Philippines and Mongolia)
  - rGLC members
- All stakeholders acknowledged the importance of rGLC coordination and need for technical assistance

Post Courier, Page 05, 5th August 2014



DR Shin Young-soo having a short discussion with a MDR TB patient at the new Daru Hospital MDR TB isolation ward. Picture: WHO/Steven Busin.

## MDR-TB, potential national crisis

THE multi-drug resistant tuberculosis (MDR TB) problem in Daru, Western Province, should have priority on all levels of government, said WHO western pacific regional director, Dr Shin Young-soo while visiting the province on Sunday.

Dr Shin expressed grave concern about the increasing numbers of TB and especially MDR-TB cases in Daru, and pointed out that if no strong efforts by Government and its development partners are made to control the disease, the outbreak of TB and MDR-TB may prove just too costly for the country to deal with.

He said while the country had made good progress in controlling diseases such as HIV/AIDS and Malaria, a lot more needs to be done to

### At a glance

**TUBERCULOSIS:** A disease caused by a germ that affects the lungs. It is spread through the air.

address the problem of MDR-tuberculosis.

These concerns were also raised to the Prime Minister, when they met yesterday at Parliament House. The Prime Minister assured his government's commitment to combat TB and support in campaigns to create awareness on TB and MDR-TB. In addressing the TB problem priority will be given to Western, Gulf and Central Provinces as these are considered hotspots for the disease.

Dr Shin assured the Prime

Minister of WHO's continued support in providing technical assistance to both Daru and national health officials in the fight against MDR-TB.

Dr Shin acknowledged that Western Province already has its enormous geographical problems. Taking into consideration the existing health system constraints, including inadequate human resources, he said, it is a gigantic task to contain the disease. He called on all stakeholders, government, communities and development partners alike, to take ownership of the problem.

He also acknowledged that it is necessary that strong political leadership, commitment and community partnerships are maintained in the fight against TB and MDR-TB. He

also commended the ongoing support by DFAT (Australia), World Vision, Burnett Institute, the Western Province Health Department on MDR-TB in the province.

Dr Shin and Mr O'Neill also discussed the urgent need for tobacco legislation and the need for a drastic increase in tobacco taxes. The new tobacco legislation is expected to pass through parliament during the November Parliament sitting.

They also discussed the need for more investment in the health workforce, with increased remuneration and better working conditions for health workers, as well as an increase in teaching staff and student intake of the universities and training schools involved in health worker training.



the National, Page 03, 05th August, 2014

# O'Neill fears rise in TB

PRIME Minister Peter O'Neill is concerned about the rise in tuberculosis in the country.

He said those not consistently on medication were developing resistance to the drugs.

O'Neill told journalists in Port Moresby that TB was among the health concerns raised during a meeting with the World Health Organisation regional director for the Western Pacific region, Dr Shin

Young-soo during his recent visit.

He said cases in NCD, Gulf and Western were a concern because there was a slight increase, "which might not be at an alarming rate but we must now take precautionary measures".

"When we have family members and relatives who are affected by TB, make sure that they are referred to the hospital and are confined in an environment that we can control

the treatment that they deserve," he said.

He said everyone must be on the alert on TB and HIV-AIDS, which were "very serious life-threatening diseases".

O'Neill said another health issue of concern to the nation was the outbreak of measles in some parts of the country.

"Treatment for measles is available now, vaccines are available, it

is important that parents must do the right thing and take their children for early treatment," he said.

"Our infant mortality rate is on the rise, kids are dying at early age because of our neglect in making sure our kids have the necessary vaccines as they require."

O'Neill said the Government would carry out public awareness through all medium to get the message to the people.



Post Courier, Page 05, 5th August 2014

# Govt to deal with measles

BY ISAAC NICHOLAS

TUBERCULOSIS (TB) is on the rise in the National Capital District, Western and Gulf provinces and the government will take measures to control it, Prime Minister Peter O'Neill said yesterday.

Mr O'Neill said the outbreak of measles in the country is also of concern to the government and he appealed to parents to do their bit in assisting by getting their children to hospitals and health centres for vaccinations.

He said this at a media conference with Health Minister Michael Malabag, secretary Pascoe Kase, National Planning Minister Charles Abel and Foreign Affairs Minister Rimbink Pato after a meeting with World Health Organisation (WHO) regional director for Western Pacific Dr Shin Young-soo in Parliament yesterday.

Mr O'Neill said there were discussions on a range of issues concerning the health sector in the country.

"The government has invested a sufficient amount of money in the National Health Plan. Still the challenges are substantial. This is where the WHO regional director asks for corporation in working together."

"We face challenges in specif-

ic areas like TB as expressed to us by the regional director and our secretary has clearly articulated this on many occasions, that TB is again on the rise in many communities throughout the country and those that are constantly not on medication that are supplied to them are developing resistance."

The Prime Minister urged all those affected by TB to stay on the drugs that the doctors recommend.

"The cases in Gulf, Western province and NCDC are of concern, as seen in the slight increase. Though not at an alarming rate, we are still taking precautionary measures in making sure that when family members are infected they are referred to hospitals and are confined in an environment that we can control and can administer the treatment that they need."

"The drug resistant in TB patients is increasing because people are continuously missing out on drugs. As a result the cost of delivering drugs and care to these patients is also on the increase. On average it costs around USD20-25 000 to care for drug resistant patients."

He said the government will carry out a major awareness exercise over the next few months.

The National, Page 03, 05th August 2014

## WHO official: Multi-drug resistant TB problem a priority

A WORLD Health Organisation official says the multi-drug resistant tuberculosis problem in Daru, Western, should be given priority by all levels of government and the communities.

WHO Western Pacific regional director Dr Shin Young-soo vis-

ited the province on Sunday and was concerned about the increasing number of tuberculosis, especially multi-drug resistance tuberculosis in Daru.

He called on the Government and development partners to control the disease because an outbreak could

prove too costly for the country to deal with.

He raised his concern with Prime Minister Peter O'Neill when they met yesterday at Parliament House.

Dr Shin assured O'Neill of WHO's continued support in providing technical assistance to Daru

and national health officials in the fight against the multi-drug resistant TB.

Dr Shin acknowledged that Western already had its enormous geographical problems.

He acknowledged that the problem could not be fixed overnight.

Dr Shin and O'Neill discussed the urgent need for tobacco legislation and the need for a drastic increase in tobacco taxes.

The new tobacco legislation is expected to go through Parliament during the November session.

## Country focus: PNG

- rGLC was approached in July 2014 regarding management of 7 XDR and 2 pre XDR-TB cases. rGLC reviewed patient data and all available reports
- This is an excellent example of the observation of Gryzbowski in 1978 that “a poor program is worse than no program at all”
- rGLC conference call meeting recommendations:
  - rGLC expressed its deep concern on the current situation of MDR-TB management (and overall TB program performance) in PNG
  - With the current program condition, rGLC is not in a position to recommend PMDT or individualized treatment on a national scale
  - It is of utmost important to protect patients and communities from the risk of amplification of drug resistance and to protect new drugs
  - Minimum quality criteria (as per international Guidelines) should be adhered to for the TB control programme in general and the MDR-TB component in particular
  - rGLC welcomes the political commitment shown by the PNG MOH with the establishment of a special task force
  - the task force needs to develop a comprehensive plan with very clear quality control measures to ensure implementation, improved accountability and sustainability
  - rGLC would gladly facilitate a meeting or arrange a mission to provide guidance and constructive inputs if requested

## PNG: Current situation and response

- M/XDR TB Emergency response task force was established and started their function
- Taskforce is chaired by Deputy Health Secretary
- Task force includes all stakeholders (including Burnett Institute and MSF)
- WHO act as a Secretariat of the task force
- WHO is working on creation a post and recruit a Medical Officer focusing on MDR-TB

## Conference Call discussion (WR and rGLC Chair) September 12, 2014

- Basic TB control needs to be strengthened to prevent further MDR-TB creation
- Leadership of the program is a concern
- MDR-TB is a special priority at the highest level after RD's visit. Some evidence of active transmission (MDR-TB among children and new TB cases) in Western Province
- Context of PNG (community, culture and geographic location) needs to be considered. However, slow progress is observed (loss to follow up is decreasing)
- DRS in 4 provinces are ongoing

## Acknowledgement

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