

# **Regional Green Light Committee**

## **Europe**

- **1<sup>st</sup> Meeting of the Core Group of the Global Drug-resistant Initiative**
- **Date: 1-2 May 2014**
- **WHO/HQ Switzerland, Geneva**

Dr. Andrei Mariandyshev, Chair  
European rGLC

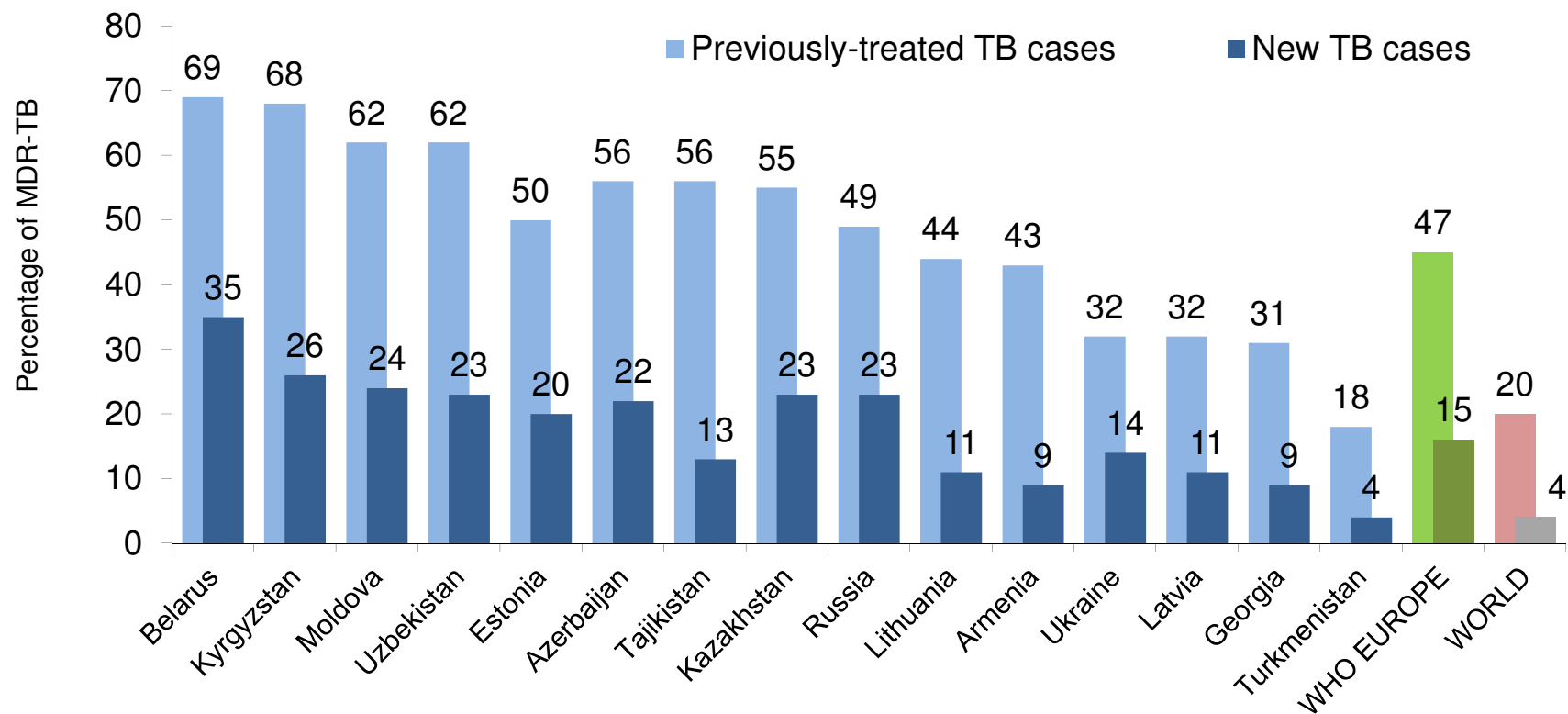
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# EUR Region has the highest DR-TB burden in the world (proportion)

## Tendency down

- 78000 MDR TB cases in 2011
- 76000 MDR TB cases in 2012
- The prevalence of MDR TB among
- New cases 15%
- Previously cases 47,1%

# The prevalence of MDR TB (18 priority countries)



# Overview of implementation of the regional plan to prevent and combat X/MDR-TB

- The areas of intervention are aligned with the Global Plan to Stop TB 2011–2015 and include the same targets set by the Global Plan and World Health Assembly resolution WHA62.15, namely to provide universal access to diagnosis and treatment of M/XDR-TB.
- The Plan aims to decrease by 20% percentage point the proportion of MDR-TB among previously treated patients, to diagnose at least 85% of all estimated MDR-TB patients and to treat successfully at least 75% of all patients notified as having MDR-TB by the end of 2015.

# The seven areas of intervention in the Consolidated Action Plan are to:

- prevent the development of cases of M/XDR-TB;
- scale up access to testing for resistance to first- and second-line anti-TB drugs;
- scale up access to effective treatment for all forms of drug-resistant TB;
- scale up TB infection control;
- strengthen surveillance, including recording and reporting, of drug-resistant TB and monitor treatment outcomes;
- expand countries' capacity to scale up the management of drug-resistant TB, including advocacy, partnership and policy guidance;
- address the needs of special populations.

# DST surveillance data

- In 2012, 48 countries reported DST surveillance data
- non-reporting countries are France, Greece, Lichtenstein, Monaco, San Marino and Turkmenistan

# DST coverage for first-line drugs

- Coverage of DST among all notified TB cases confirmed by culture was 86.6%.
- Coverage of DST among bacteriologically confirmed new TB cases in the WHO European Region was 87.5% and among bacteriologically confirmed previously treated TB cases 85.9%.
- In 2015 all new cases will be tested to H and R  
According WHO European Region's Consolidated Action Plan

# **DST coverage for second-line drugs**

- In 2012, a total of 37 countries reported data on SLD DST among MDR-TB patients.
- All 37 countries together accounted for only 21% of the total number of notified MDR-TB cases in the Region.
- Coverage of SLD DST among those reported was 54.5%.
- Of those countries with a high MDR burden, SLD DST coverage was above 90% in Armenia (100%), Bulgaria (100%), Latvia (100%), Georgia (98.6%) and Estonia (90.2%).

## Number of countries having endorsed a national plan for TB infection control

Country	National plan for infection control	Country	National plan for infection control
Armenia	Yes, endorsed by MoH	Lithuania	Yes, endorsed by MoH
Azerbaijan	No	Moldova	In preparation
Belarus	No	Romania	Yes, endorsed by MoH
Bulgaria	Yes, endorsed by MoH	Russia	In preparation
Estonia	No	Tajikistan	Yes, endorsed by MoH
Georgia	Yes, endorsed by MoH	Turkey	In preparation
Kazakhstan	Yes, endorsed by MoH	Turkmenistan	n/a
Kyrgyzstan	In preparation	Ukraine	No
Latvia	No	Uzbekistan	Yes, endorsed by MoH

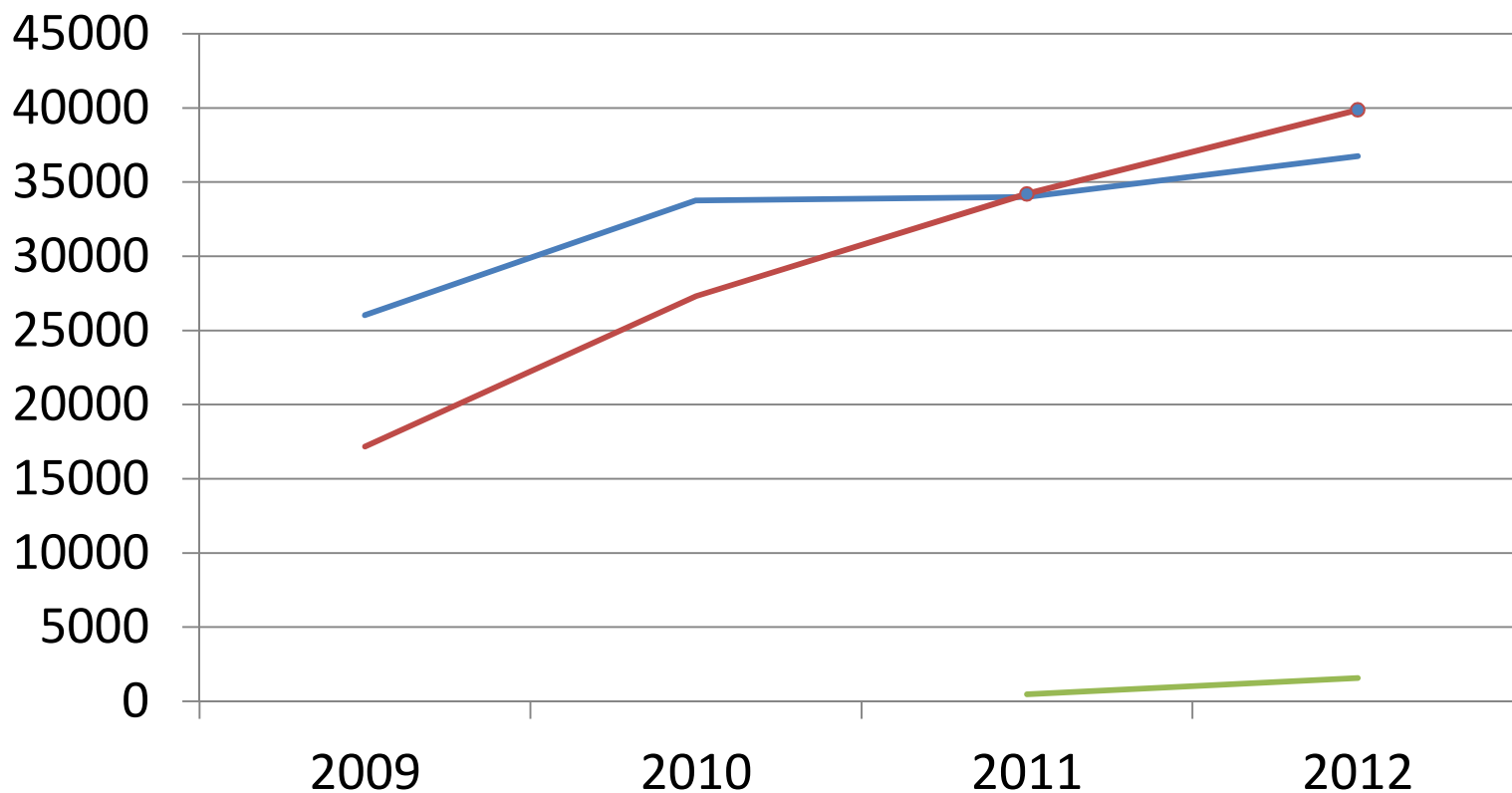
**Area of intervention: Strengthen surveillance,  
including recording and reporting, of drug-resistant TB  
and monitor treatment outcomes**

- A total of 46 countries provided information on data management.
- Non-reporting countries were Austria, Croatia, Cyprus, Italy, Monaco, San-Marino and Turkmenistan.
- In 40 countries electronic case-based recording and reporting for all tuberculosis patients was in place,
- For MDR TB in one country (Azerbaijan)

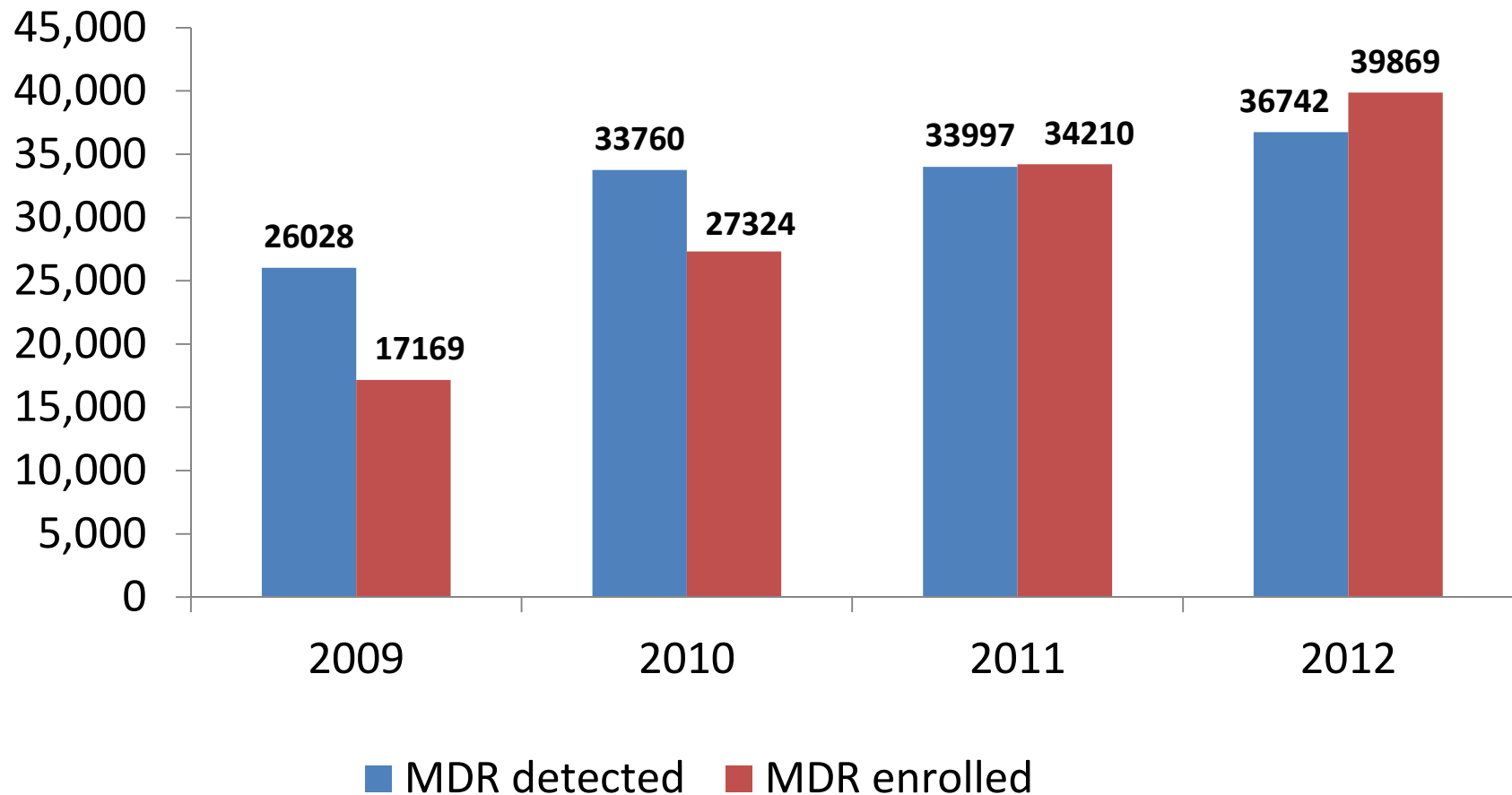
**Area of intervention: Expand countries' capacity to scale up the management of drug-resistant TB, including advocacy, partnership and policy guidance**

- All high MDR-TB burden countries except the Russian Federation have prepared and finalised their national MDR-TB action plans in line with the Consolidated Action Plan WHO Regional Office for Europe .

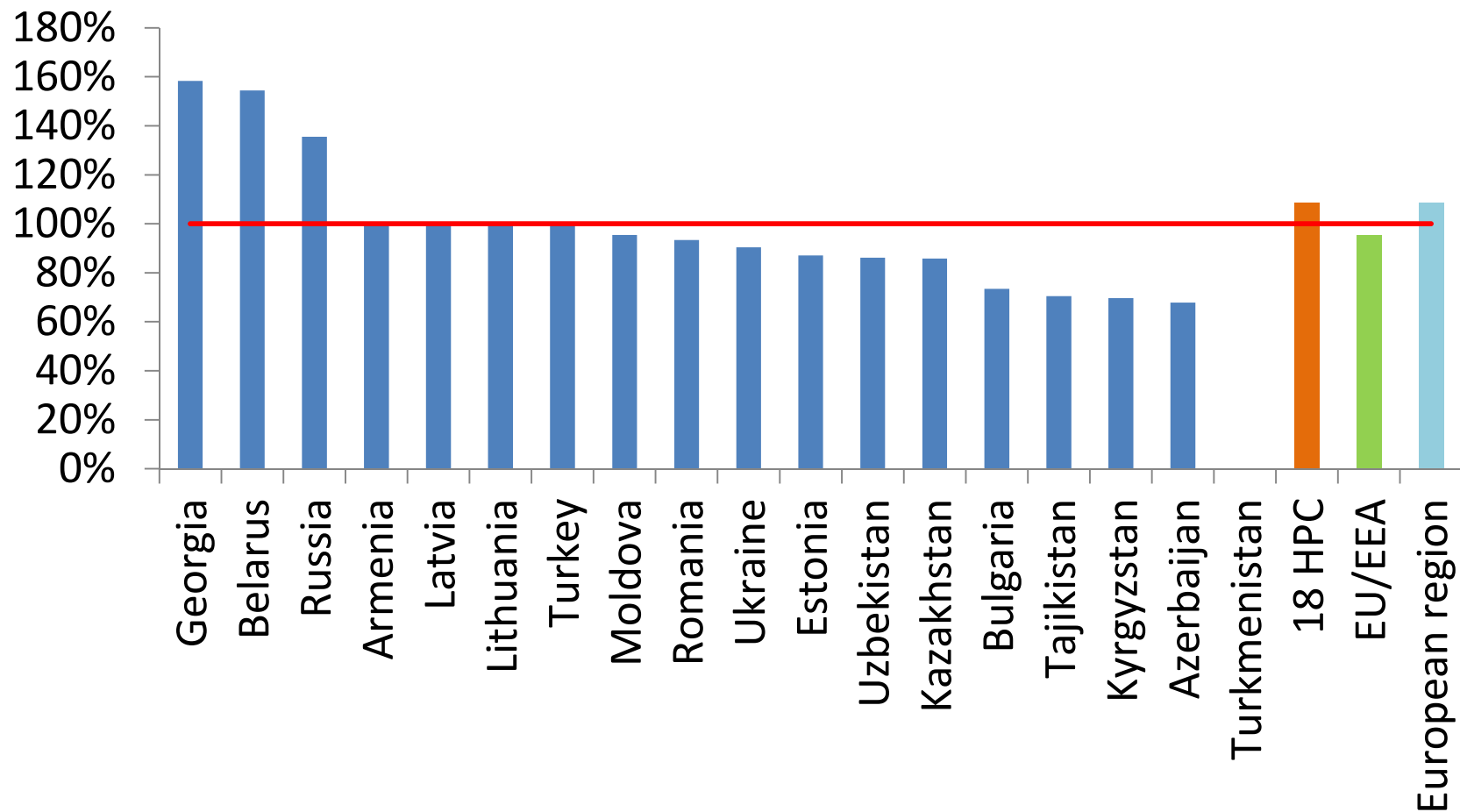
**Absolute number of all MDR-TB cases (blue) and additional rifampicin-resistant TB patients detected (green) compared with those reported as enrolled on second line treatment (dark red) 2009-2012 in each of the 18 HPCs and as a total for the 18 HPCs and the WHO European Region, 2009-2012**



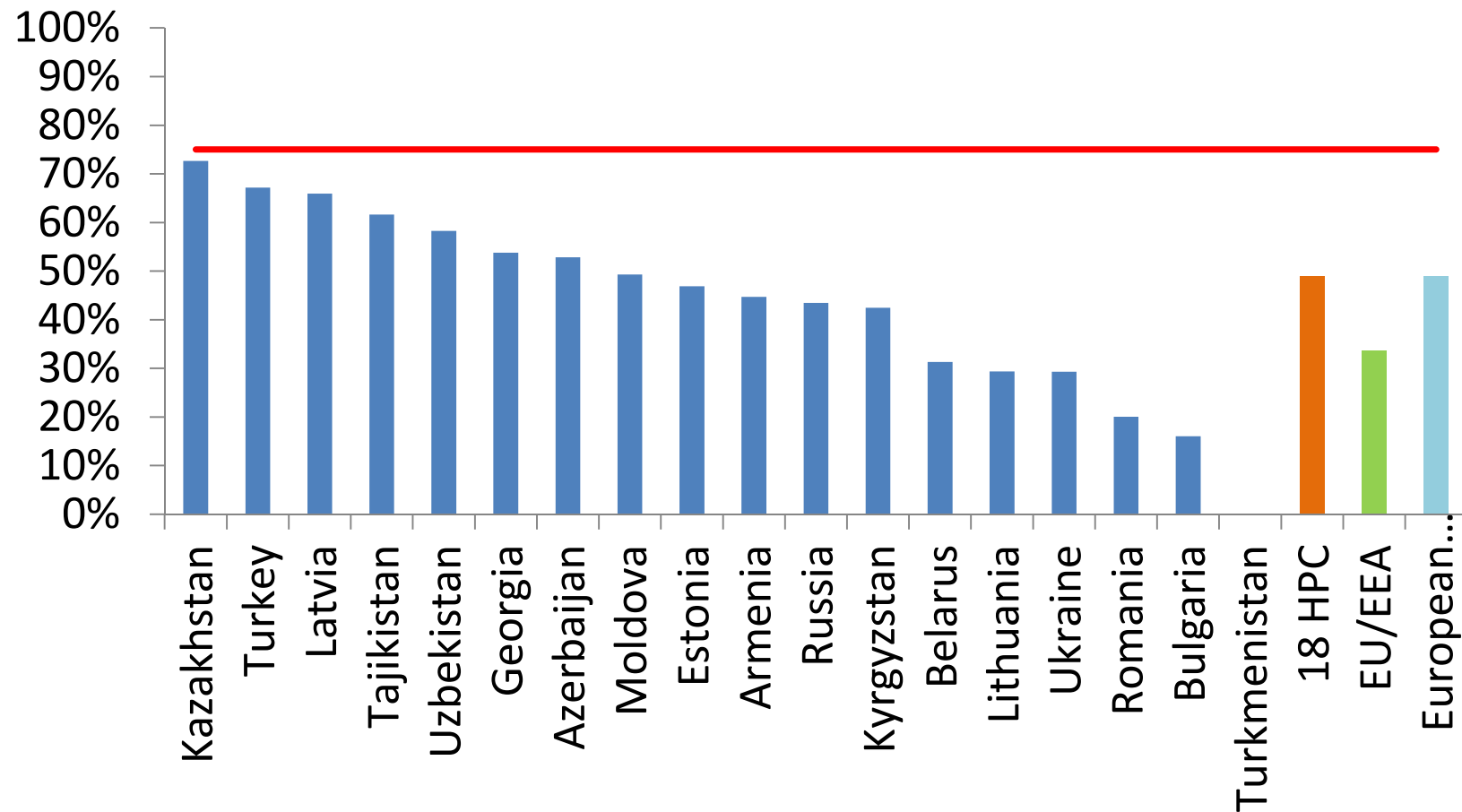
## Progress in MDR diagnosis and enrolment into second-line treatment in the WHO European Region, 2009-2012



**Percentage of detected M/XDR-TB covered by treatment according to national guidelines in line with WHO recommendations 2012 for individual HPCs and for the 18 HPCs, the EU/EEA and WHO European Region as a whole, 2012**



# Treatment success rate in MDR-TB patient cohort (%)



## European rGLC : Main activities

- TA in development of National M/XDR Response Plans
- GLC-Europe monitoring missions (also jointly with GDF, GF, TA implementation fully on track)
- rGLC TA embedded in National TB Reviews
- Continuous TA to countries (e.g. review of national guidelines / protocols)
- Consultations with GF Country Teams (on epidemiological projections, procurement issues, etc.)
- Regular virtual (WebEx) rGLC-Europe meetings
- rGLC-Europe face-to-face meeting (September 2013)

## Some action points identified at recent rGLC face-to-face meeting



- Improve rGLC mission report format
- Boost follow-up of mission recommendations (i.e. remotely)
- Continue monitoring of implementation of national M/XDR-TB Plans (e.g. to inform GF funding decisions)
- Provide advice on scaling up the use of new WRDs (i.e GenXpert) and use of new drugs (i.e. Bedaquiline)
- Provide guidance on the use of group 5 drugs for treatment of XDR and 'pre-XDR' cases (regional training, WHO/ERS E-Consilium, etc.)
- Expand regional PMDT expert pool by identifying 'junior' consultants and involving them in missions
- Advocate for maintaining the full capacity and functionality of the European rGLC

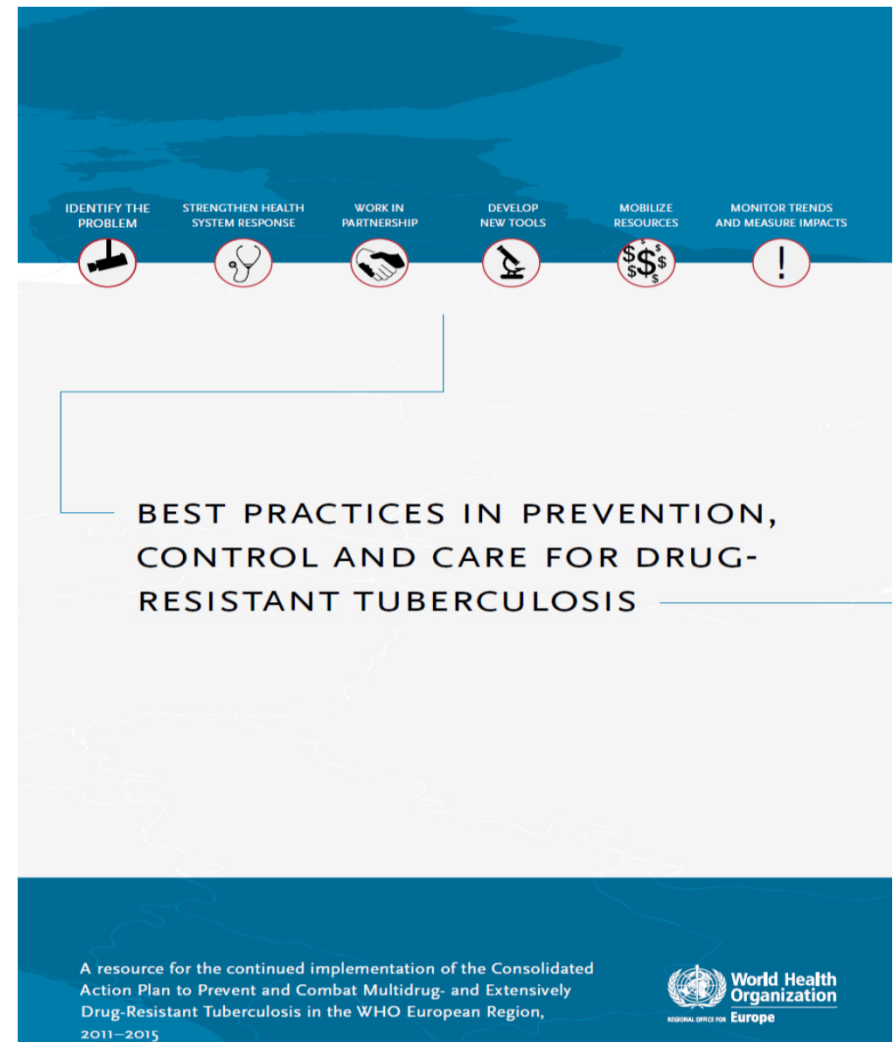
## Achievements in PMDT in the Region



- Strengthened political commitment (approval of National M/XDR Plans, some increasing domestic funding allocations)
- Increased coverage with rapid diagnostic tests (e.g. Xpert introduction and scale-up)
- Increased enrolment in DR-TB treatment
- Increased participation of PHC in PMDT
- Growing number of examples of good practices and innovative approaches in patient support, work with risk groups, civil society and communities' involvement, ACSM, etc.

# ‘Best Practices in Prevention, Control and Care for Drug-Resistant Tuberculosis’

- Published by WHO/EURO in September 2013
- A resource for the continued implementation of the regional Roadmap (M/XDR-TB Action Plan 2011-2015)
- A compendium of 40 best practices in PMDT from 30 countries (input partly reviewed by European rGLC members)



<http://www.euro.who.int/en/publications/abstracts/best-practices-in-prevention-control-and-care-for-drug-resistant-tuberculosis>

# Key focus areas for 2014 of the rGLC Europe to TGF supported countries

- Enhanced support to countries in:
- Support eligible Member States of the WHO European Region in development of their concept note to the Global Fund (within the new funding mechanism), wherever needed and to the extend the available funding allows
- Continuing to guide implementation of national X/MDR-TB plans in line with the Regional Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region 2011–2015
- Continuing to complement core monitoring and evaluation missions for PMDT scale-up by adding health system relevant elements, infection control and laboratory expansion elements

# Key focus areas for 2014 of the rGLC Europe to TGF supported countries

- Enhanced support to countries in:
- Continue to appropriately and compassionately accommodate new M/XDR-TB relevant second line drugs, such as Bedaquiline (i.e. through continued exchange of information with pilot projects throughout the Region).
- Advise on palliative care when needed
- Engage in not just the conventional regular rGLC/Europe virtual conferences, but also – as per request and recommendation of the regional face-to-face meeting of September, invite guest specialist speakers to those calls, with a focus on Laboratory and diagnostic issues and need for heightened pharmacovigilance.
- Continue to collect models of care and advocate for adequate and safe expansion of MDR-TB treatment and care on an ambulatory basis, while at the same time continuing to contribute to updating infection control national plans (both for in-patient and out-patient TB prevention and care facilities).

# First workshop of pharmacovigilance

- Continue to engage in the discussion about adequate introduction of new drugs and thus heightened needs for enhanced pharmacovigilance (rGLC chair and vice-chair both participated in a most recently held multi-country and specialist/discipline 1-week workshop on heightened needs for TB drug pharmacovigilance in Copenhagen, Denmark (March 2014).



# **Thank you for your attention!**

**Thanks to the secretariat of the European regional Green Light  
Committee (rGLC-Europe) hosted by WHO Europe and  
thanks to inputs received from  
rGLC-Europe members**