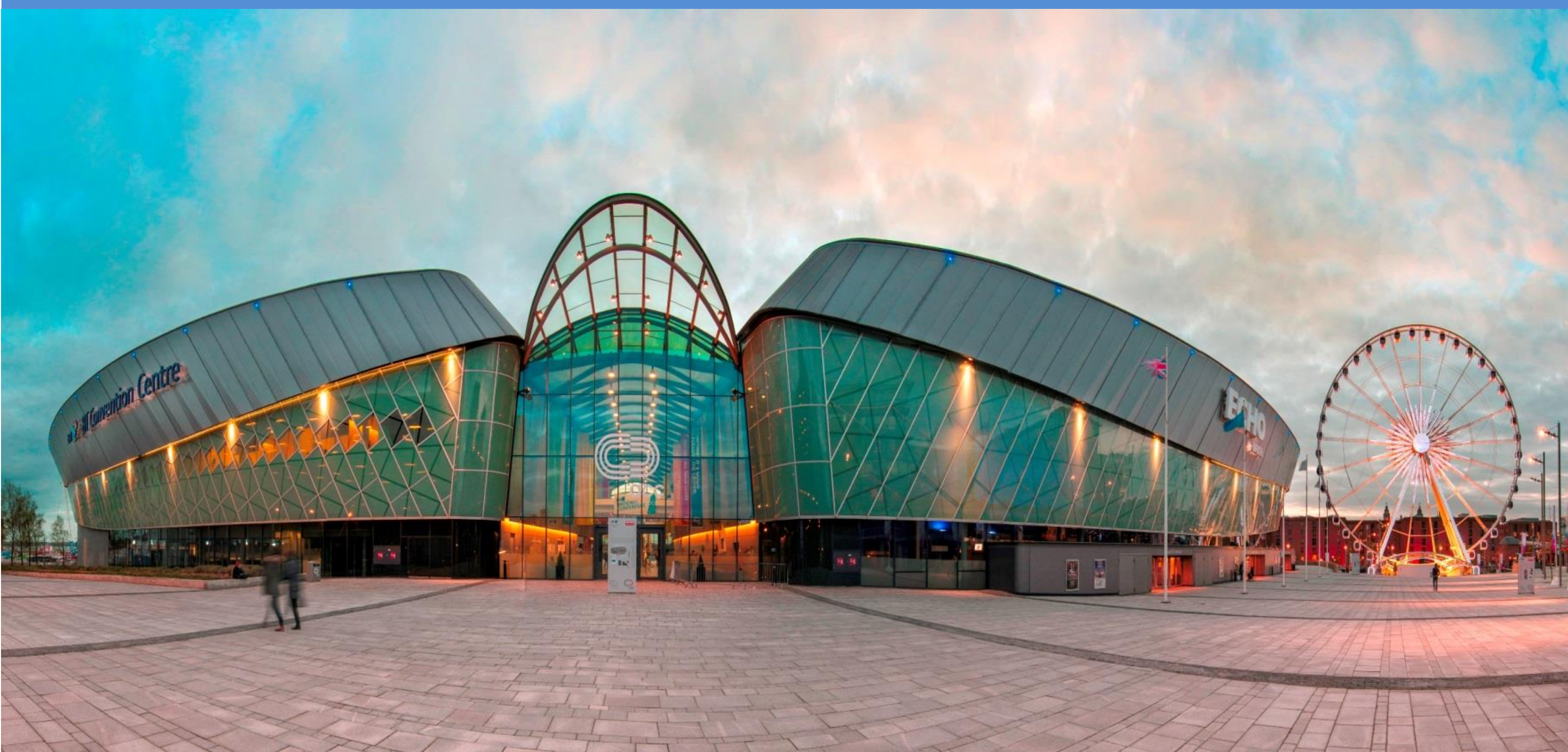
SIXTH MEETING OF THE CORE GROUP OF THE GLOBAL DRUG-RESISTANT TB INITIATIVE (GDI)

23 October 2016

Liverpool, United Kingdom



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Background

The Global Drug–resistant TB Initiative (GDI) has been constituted as a Working Group for drug-resistant TB related issues (DR-TB) replacing the previous MDR-TB Working Group and the global Green Light Committee (gGLC). The mission of the GDI is to serve as a multi-institutional, multi-disciplinary platform organizing and coordinating the efforts of stakeholders to assist countries build capacity for programmatic management of DR-TB (PMDT) in the public and private sectors. The ultimate aim is to ensure universal access to care and appropriate treatment for all DR-TB patients. The group mobilizes resources and undertakes activities to ensure a holistic, quality-assured, patient-centred approach for all DR-TB patients within existing TB care structures as well as through innovative new partnerships in priority countries.

The CG consists of 17 members, of which 6 seats are reserved for the chairs of the regional Green Light Committees (rGLCs), 4 observers and the secretariat. The rGLCs, aligned with the 6 WHO Regions, have been established to provide decentralised technical assistance to countries in scale-up of MDR-TB services, and hence will form an important link between the GDI's CG and countries, providing an opportunity for experience sharing and apprising the GDI's CG members of ground realities and challenges.

This was the sixth meeting of the GDI Core Group (CG), coordinated by the GDI secretariat housed in the Laboratories, Diagnostics and Drug Resistance (LDR) unit of the WHO's Global TB Programme (GTB). The meeting took place in Liverpool, UK on 23 October 2016, a few days before the 47th UNION World Conference on Lung Health.

Meeting objectives

- To follow up on recommendations made and action points agreed upon during 5th GDI CG meeting in July 2016, and subsequent monthly teleconferences;
- To discuss donor perspectives in the current MDR-TB landscape;
- To provide an update on progress in scale up of MDR–TB services and care;
- To provide an update on the progress of the respective GDI Task Forces; and
- To update group on the civil society and advocacy related partner activities.

Session 1: Update from the Secretariat

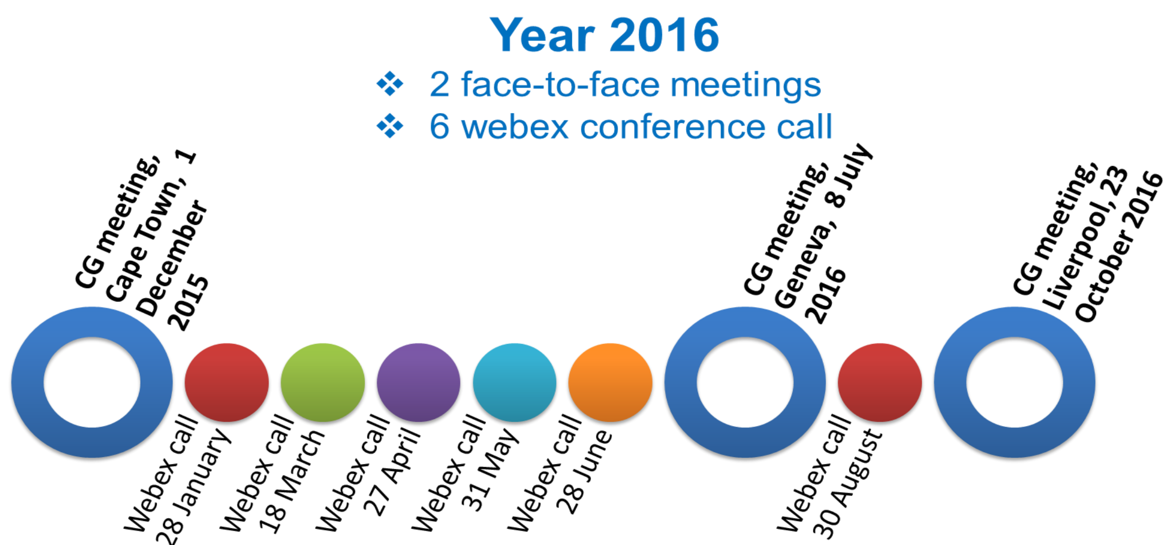
Meeting started with a foreword by the chair of the working group and introduction of all participants. List of participants is annexed to the report (annex 2).

On behalf of the GDI Secretariat, Fuad Mirzayev provided an update of the progress since the last in-person meeting in July 2016 in Geneva, Switzerland. The GDI core group had six webex-based online conference calls, current face-to-face meeting is group's second in 2016. Main developments were summarised:

- First meeting of the GDI/GLI Task Force will be taking place on 24 October in Liverpool;
- DR-TB STAT Task Force proposed new work plan and budget and funding was made available by the GDI secretariat;
- GDI "Costed Framework" document finalised and published on the GDI website;
- New "TB Human Rights and the Law" Task Force created;
- DR-TB Research Task Force proposed new work plan, disbursement is being processed;
- 5th CG meeting report published on GDI website.

Three Task Forces are currently active: **DR-TB STAT Task Force, DR-TB Research Task Force and TB Human Rights and the Law Task Force**.

An updated list of the core group was provided for information of all participants as well as a brief update of the current funding for activities. The two stream funding for the GDI activities (from the Stop TB Partnership and the Global Fund via GLC MOU) was highlighted in the presentation.



Session 2: Donor perspectives in the current MDR-TB landscape

The perspective of the Global Fund was discussed by Mohamed Yassin, who presented the new Global Fund strategy and also mentioned that the discussions on the new MOU for the GLC mechanism are ongoing in view of the current MOU being scheduled to end on 31 December 2016. The new MOU will have different modalities, the period will match the Global Fund grants cycle of 3 years and will focus on capacity building and involvement of all relevant partners. The discussion has also highlighted some current issues experienced by countries with transition from the conventional (longer) MDR-TB regimens to the newly recommended by WHO shorter MDR-TB regimen. This transition emerges as an important topic with problems overlapping between potential losses due to already started procurement of SL medicines for the longer regimens and needs arising from implementation of the regimens not used before in many countries. A recent example of transition in Indonesia was brought up during the discussion. In many countries, losses associated with the rapid transition to the shorter regimen are being requested to be absorbed by the Global Fund grants. A few highlights of the discussion were the notion of the potential losses to be viewed in the perspective of expected savings related to the transition to the shorter (and cheaper) regimen and the complex of ethical issues around delayed transition expected in some countries.

Amy Bloom discussed perspectives of the USAID and also presented a global picture of central, regional and country level staff of the USAID conceptualising and making TB related funding available. The funding is usually focused on a specific list of countries that can change from one year to another. Major part of the funding for TB (~85%) is channelled through USAID country missions while some technical assistance funding flows through the USAID technical partner agreements like TBCAP, Challenge-TB, TBCTA, as well as through specialized organizations (for example SIAPS, MSH) and the WHO.

Action points:

- The GF to inform the GDI and rGLCs on the modalities, format and period of the new MOU.

Session 3: MDR-TB scale-up in regions: updates from regional GLCs.

Updates from regional GLCs (rGLCs), presented by respective rGLC chairs provided highlights on the progress in regions since the last in-person meeting in Geneva and also introduced a discussion on how GDI and rGLC can interact better. Chair of rGLC AFRO, Hind Satti, could not participate in the meeting but presentation was delivered by Ramatoulaye Sall, rGLC AFRO secretariat. Raimond Armengol, member of the rGLC AMRO presented on behalf of the respective rGLC chair. Rumina Hasan, member of rGLC EMRO presented on behalf of the chair of rGLC EMRO. Progress in rGLCs of SEARO, WPRO and EURO was presented by their respective chairs – Sarabjit Chadha, Jacques van den Broek and Andrey Maryandyshev.

All rGLC chairs or their representatives reported on the progress in the regional PMDT activities. The following points were raised in many of the presentations:

- Need for better coordination with the Global Fund teams in some regions;
- Importance of close coordination with the GDI as an independent platform of interaction with and between of the rGLCs;
- Need to invest into training to expand pool of PMDT consultants.

The discussion that followed presentations focused attention on the possible mechanisms for expanded collaboration and appropriate platforms for knowledge and experience sharing. The following were the salient points that came strongly during this discussion:

- In some regions countries value rGLCs for the political leverage, something that the mechanism could capitalize upon, while in others avenues to influence the government by the rGLC recommendations are fairly limited;
- Stronger interaction of the rGLCs with the Global Fund country portfolio teams could add weight to the rGLC visit recommendations;
- Potential conflict of interests when rGLCs peer review country visit reports prepared by consultants being part of the rGLC;
- End TB Transmission initiative (ETTi) is ready to collaborate with GDI and rGLCs in all areas related to the infection control in TB and possible needs in specific technical assistance;
- While scope of work and the ToR of the GDI and the rGLCs are clear, mandates of the rGLCs in different regions varies slightly, more interaction via GDI could benefit the mechanism;
- Country needs in technical assistance and capacity building expand with expansion of the PMDT pilots into countrywide implementation;
- Need for a closer involvement of the GDI in the rGLC meetings and procedures;
- while rGLCs being closely linked with the WHO Regional Offices can be a limiting factor, the collaboration with and reporting to GDI becomes crucially important to address this limitation;
- The rGLCs has made good progress already and will need to continue strengthening participation of the civil society in their meetings and routine work;
- Support and advice from the GDI on cautious introduction of shorter MDR-TB regimen was noted as a possible area for interaction.

Action points:

- For rGLCs, to consider closer interaction with the Global Fund country and portfolio teams;
- For rGLCs to consider liaising with the ETTi group when country visits highlight needs for the specialised TB infection control technical assistance;
- For rGLCs and the GDI to expand interaction with the rGLCs mechanisms and expand participation to the rGLC secretariats along with the rGLC chairs (without expanding GDI CG membership);
- For rGLCs to actively involve the GDI and its Task Forces at specific occasions and when relevant expertise is needed;
- The rGLCs to benefit from the expertise and ongoing projects of the civil society representation in GDI.

Session 4: GDI Task Forces

The **new TB Human Rights and the Law Task Force** has been created and specific deliverables may be considered for funding already in 2016. Chair of the Task Force could not participate in this core group meeting.

DR-TB Research Task Force has received funding for the new work plan to be implemented in close collaboration with the DR-TB STAT Task Force.

Updates on the activities of the **DR-TB Task Force** were presented by Jennifer Furin (representing Vivian Cox, chair of the DR-TB STAT). The group is active under the renewed and expanded plan of activities until the end of 2016. Complementary funding was also received from the MSF Access Campaign and the USAID in 2016. An update on the access and implementation of new anti-TB medicines has followed and can be also accessed on the GDI website at http://www.stoptb.org/wg/mdrtb/default.asp.

Overview of the global numbers of patients started on treatment with new TB drugs: Current number of patients on BDQ under program conditions is 6506 total:

- 3846 South Africa; 265 Belarus; 228 Georgia; 99 Armenia; 86 Swaziland; 1309 Russia; 44 Indonesia; 16 PNG; 33 Lesotho; 56 Peru; 157 Kazakhstan; 6 Kenya; 74 Viet Nam; 49 Philippines; 12 Latvia; 15 Estonia; 20 Haiti; 86 India (68 RNTCP, 18 MSF); Ethiopia 4; North Korea 17; Pakistan 32 (IRD); Bangladesh 36 (IRD); Tajikistan 16 (MSF).
- Total number CU= 766.

Current number of BDQ orders from GDF: 5203. Current number of patients on DLM under program conditions: 303 total*

- Belarus 12 from MSF; Armenia 35 from MSF; Georgia 59 from MSF; South Africa/Khayelitsha 50 from MSF; Latvia 10; Estonia 10; Kazakhstan 61 from PIH; India 43 from MSF; Lesotho 16 from PIH; Ethiopia 1 from PIH; Tajikistan 2 from MSF; Kenya 4 from MSF; Philippines 1.
- Total number CU=1800.

Current number of DLM orders from GDF: 1341.

The report with observations on the successful and unsuccessful models of new drugs introduction as proposed by the CG will be prepared by the DR-TB STAT by the end of 2016.

Daniela Cirillo presented the topics that are planned to be discussed during the first meeting of the GDI/GLI Task Force that will be taking place on 24 October (same location in Liverpool, right at the end of the GLI CG meeting). The Task Force will initially discuss translation of the new diagnostic and treatment policies into a linked implementation guidance using an example of SL-LPA and the shorter MDR-TB regimen; improvement of uptake of new DST technologies (for example Xpert MTB/RIF) into patient care cascades by identifying and bridging the gaps in integration of rapid diagnosis into clinical decision pathways.

The DR-TB Research Task Force presented their progress and also proposed the GDI CG to review and endorse two implementation aid documents developed recently by the Challenge-TB project: the generic programmatic and clinical guide for the introduction of new drugs and shorter MDR-TB regimen, and Implementation planning tool for introduction of new drugs and shorter MDR-TB regimen.

Action points:

- DR-TB STAT TF to share with the CG their report on successful and less successful models of new TB drugs' introduction with eventual plan of making this summary available to countries and their partners;
- The GDI-GLI TF, to report their initial discussion and detailed plans to the GDI CG group meeting in 2017;
- For the GDI CG to review and decide on endorsing the implementation aid documents proposed by the DR-TB Research Task Force.

Session 5: Partners session.

During this session Subrat Mohanty representing "Civil society, patients and affected communities" constituency in the CG presented on civil society activities on DR-TB, plans and expectations. The presentation has also summarised the review of civil society organizations (CSO) in different regions that resulted in a detailed list of the CSO that can be made available for the rGLCs initiating a process of including civil society representatives into the committees or during timely rotation. Subrat Mohanty also noted that with sufficient support from the Stop TB Partnership, civil society constituency could engage in capacity building to a group of CSOs on DR-TB in the context of patient management and be involved at country and regional level advocacy efforts.

The presentation from the Stop TB Partnership (STP) was invited to address the action point from the previous in-person meeting of the CG, which was to "solicit possible suggestions for a high level advocacy on importance of MDR-TB management in order to nurture and boost political commitment in affected countries". Executive secretary of the STP, Lucica Ditiu, followed with her presentation where she focused attention on the need to develop a crisp and coherent advocacy messages on DR-TB and make sure that all stakeholders use these messages in their communication or advocacy efforts. Lucica Ditiu also highlighted the importance of these messages to be more tailored to the situation in key countries. To support and complement this strategy, the STP is planning to develop series of country factsheets with key DR-TB related messages. These factsheets will be available to a variety of partners and will also be consistently used by the STP on every occasion of interaction with the health authorities of the relevant countries. It was noted that the GDI may assist in refining DR-TB related technical details of these factsheets.

At the end of the session, partners presented updates on different initiatives that contribute to the DR-TB management in countries. These included presentation by Agnes Gebhard from KNCV on the USAID funded flagship Challenge-TB project, the endTB project funded by UNITAID (presented by KJ Seung) and several initiatives related to the procurement of second-line drugs by GDF (presented by Andre Zagorsky).

Action points:

- Civil society constituency of the GDI CG to continue interaction with the rGLCs and make listing of regional CSOs available to the rGLCs secretariats;
- Civil society constituency of the GDI to discuss with the STP a possibility of the workshop with the CSOs;
- The STP to inform the GDI on the needs for technical assistance in development of the DR-TB country factsheets.

Summary of action points

General:

Carried over from previous meeting

- To organise a dedicated meeting of GDI with the rGLCs and their secretariats and the Global Fund to discuss mechanism for expanded collaboration, platform for regular knowledge and experience sharing and clear assignment of roles and responsibilities.
- To develop a brief document following the meeting above that would clarify the roles and relationships of GDI and the rGLCs.

Action points from current meeting:

- The GF to inform the GDI and rGLCs on the modalities, format and period of the new MOU.
- For rGLCs, to consider closer interaction with the Global Fund country and portfolio teams;
- For rGLCs to consider liaising with the ETTi group when country visits highlight needs for the specialised TB infection control technical assistance;
- For rGLCs and the GDI to expand interaction with the rGLCs mechanisms and expand participation to the rGLC secretariats along with the rGLC chairs (without expanding GDI CG membership);
- For rGLCs to involve the GDI and its Task Forces at specific occasions and when relevant expertise is needed;
- The rGLCs to benefit from the expertise and ongoing projects of the civil society representation in GDI.
- Civil society constituency of the GDI CG to continue interaction with the rGLCs and make listing of regional CSOs available to the rGLCs secretariats;
- Civil society constituency of the GDI to discuss with the STP a possibility of the workshop with the CSOs;
- The STP to inform the GDI on the needs for technical assistance in development of the DR-TB country factsheets.

Task Forces:

Carried over from previous meeting

- DR-TB STAT TF to document the successful and less successful models of new TB drugs' introduction and present it to the CG with eventual plan of making this summary available to countries and their partners.
- DR-TB Research TF to review and update the short MDR-TB regimen protocol so it could be used both for establishing use of the regimen within operational research and programmatic implementation environments.

Action points from current meeting:

- The GDI-GLI TF, to report their initial discussion and detailed plans to the GDI CG group meeting in 2017;
- For the GDI CG to review and decide on endorsing the implementation aid documents proposed by the DR-TB Research Task Force.

Annex 1. Agenda

AGENDA

6th Meeting of the Core Group of the Global Drug−resistant TB Initiative
23 October 2016, Liverpool, UK

Chair: Charles Daley
Secretariat: Fuad Mirzayev

Time	Item	Presenter
09:00	**Meeting objectives and declaration of interests**	**Secretariat**
Session 1: Action points from previous meetings		
09:30	Follow up on action points from 5th GDI CG meeting and monthly teleconferences	**Secretariat**
Session 2: Donor perspectives in the current MDR-TB landscape		
09:45	• Global Fund support to MDR-TB control in countries and rGLC mechanism • USAID – support for TB related TA	**Mohamed Yassin** **Amy Bloom**
10:30	**Coffee break**	
Session 3: MDR-TB scale up in regions: updates from regional GLCs		
11:00	AFRO; AMRO; EMRO; EURO; SEARO; WPRO • Feedback from rGLC and secretariats with suggestions on avenues for interaction between GDI and the rGLCs and assignment of roles and responsibilities.	**rGLC chairpersons and secretariats**
12:30	• Discussion on mechanism of expanded collaboration, platform for regular knowledge and experience sharing.	
13:30	**Lunch**	
Session 4: GDI Task Forces		
14:30	• DR-TB STAT Task Force – presentation of successful model of new TB drugs introduction in countries • Research Task Force – presentation of updated short MDR-TB regimen protocol • GDI-GLI Task Force – plan of activities	**Jennifer Furin / Vivian Cox** **Agnes Gebhard** **Daniela Cirillo**
Session 5: Partners session		
15:30	• Civil society activities on drug-resistant TB, plans and expectations • Stop TB Partnership – how partnership can assist in advocacy efforts focusing on MDR-TB?	**Subrat Mohanty** **Lucica Ditiu**
16:00	**Coffee break**	
16:30	• Challenge TB project overview and progress • endTB project overview and progress • GDF, procurement in a new MDR-TB policy environment	**Agnes Gebhard** **KJ Seung** **Andre Zagorsky**
17:30	**Wrap up and next steps**	

Annex 2. List of Participants

6th Meeting of the Core Group of the Global Drug-resistant TB Initiative
23 October 2016
Pullman Liverpool Hotel, Kings Dock, Albert Suite, Liverpool, UK

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23. Khurshid Alam Hyder, RA TB SEARO
24. Dr Nobu Nishikiori, RA TB WPRO
25. Dr Ramatoulaye Sall, rGLC secretariat AFRO

WHO HQ, Geneva

26. Dr Fuad Mirzayev, GTB, GDI secretariat
27. Dr Medea Gegia, GTB

Annex 3. Summary of Declaration of Interests

All core group members who participated in the meeting completed Declaration of Interests (DoI) form. No significant conflicts of interest were declared. Three CG members made the following disclosures that were considered insignificant in relation to the subjects discussed during the meeting: Charles Daley have served in an advisor capacity in scientific committees convened by Otsuka and Novartis; Carrie Tudor is employed by the International Council of Nurses (ICN) – the organisation that received a grant from the Eli Lilly Foundation in 2013.

Annex 4. GDI Core Group (as of July 2016)

Name	Surname	Affiliation	Constituency	Status
Hind	Satti	Partners in Health, USA	AFRO rGLC chair	member
Rafael Laniado	Laborin		AMRO rGLC chair	member
Subrat	Mohanty	The UNION, India	Civil society, patients and affected communities	member
Amy	Bloom	USAID	Donor/ funding agencies	member
Essam	Elmoghazy	National TB Programme, Egypt	EMRO rGLC chair	member
Andrey	Maryandyshev	Northern State Medical University, Russian Federation	EURO rGLC chair	member
Charles	Daley	National Jewish Health, USA	GDI chair	member
Agnes	Gebhard	KNCV, Netherlands	GDI vice-chair	member
Sirinapha Wungmanee	Jitimanee	National TB Programme, Thailand	National TB programmes of high DR–TB burden countries	member
Kuldeep Singh	Sachdeva	National TB Programme, India	National TB programmes of high DR–TB burden countries	member
Carrie	Tudor	International Council of Nurses , South Africa	National/international/ scientific/professional medical associations and nursing associations	member
Saira	Khowaja	IRD, Pakistan	Private for profit sector	member
Sarabjit	Chadha	The UNION, India	SEARO rGLC chair	member
Chen-Yuan	Chiang	The UNION, France	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	member
Daniela	Cirillo	Fondazione Centro San Raffaele, Italy	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	member
Kwonjune Justin	Seung	Partners in Health, USA	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	member
Jacques	van den Broek	KNCV, Netherlands	WPRO rGLC chair	member
Mohammed	Yassin	Global Fund	Donor/ funding agencies	observer
Heather	Alexander	CDC, USA	GLI chair	observer
Jennifer	Furin	chair of DR-TB STAT Task Force	Non–governmental sector partners	observer
Andre	Zagorski	GDF, Switzerland		observer
Fuad	Mirzayev	WHO, Switzerland	WHO secretariat	secretariat