GLC: Implementation of the new Global Framework for Management of Multidrug-Resistant Tuberculosis

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21st Stop TB Partnership Coordinating Board meeting, 31 January 2012
Bangkok, Thailand
Contents

• The Global Framework
• Progress in implementation of each element
• Implications and issues
• Next steps
The Global Framework for Management of MDR-TB

Goal: Universal Access to DR-TB Management by 2015

1. Increased level of technical support to countries
2. Increased access to high-quality, affordable SLDs
3. Strengthened advocacy
4. Regular monitoring and evaluation of country performance
5. Regular updating of international policy and guidelines
6. Provision of advice to funding agencies upon their request
New Global Framework - installation

- Endorsed by the STP CB (Apr 2011) and WHO STAG (June 2011)
- New framework in place as of 1 July 2011
- Global GLC (gGLC) established, met in October 2011, will meet again this month
- gGLC secretariat established in WHO Geneva
New Global Framework - installation

• Regional GLC (rGLCs) established in American, European and the Western Pacific regions,
• With rGLC secretariats in each Regional Office
• Strong push for rapid establishment of rGLCs in remaining regions (gGLC, Core Group of MDR-TB Working Group, Partnership, WHO), and in WHO Regional Offices
• African, Eastern Mediterranean, South East Asian rGLCs on track for implementation Q2, 2012.
New Global Framework – role of the MDR-TB Core Group

- Advocacy for MDR-TB scale-up
- Support implementation of key strategic recommendations from sub-groups
- Governance and reporting to Coordinating Board
- Coordination with other Workings Groups
Increased level of technical support to countries

- 47 monitoring and TA missions to 39 countries with GF grants, Q 3 & 4, 2011, compared to 46 in same period 2010
- 97 reviews of SLD procurements by g and rGLC Secretariats, Q 3 & 4, 2011, compared to 70 in same period 2010
- Missions to improve eM&E, Nepal and Uzbekistan through key partners (IRD, MSH); Myanmar and Cameroon missions planned
- Guidelines on electronic recording and reporting for TB care and control developed by WHO with KNCV and MSH through TB-CARE
- Training workshops on M&E for MDR-TB in 3 regions (AMR, EMR, EUR)
- Justification for 2 year indicative budget, exercise was stopped
Increased access to high-quality, affordable SLDs

- Direct access to GDF for procurement of quality assured SLDs
- SLD Market Stakeholders group established, involving many partners, with long term goal of all MDR-TB patients having access to quality assured SLDs at a cost that most countries can afford or one that donors prepared to pay
Strengthened advocacy

- EURO MDR-TB Action Plan

Regular monitoring and evaluation of country performance

- rGLCs establishing routine annual M&E of countries
- WHO Annual MDR-TB Progress Report
- Progress report on MDR-TB to the WHA, 2012
- Performance benchmarks to assess progress of new framework - 2nd gGLC meeting in Feb 2012
Regular updating of international policy and guidelines

- WHO 2011 Updated PMDT Guidelines
- Handbook on community based MDR-TB care, by TBCARE (Oct 2011)
- MDR-TB Planning Tool by PATH, with WHO

Provision of advice to funding agencies upon their request

- Technical advice provided on request to TGF on 8 countries
Funding for framework (via WHO)

USAID PEPFAR grant for Financial Year Oct 2011- Sept 2012 to support GF grants

- Recently approved - USD $2.4m

MoU between TGF and WHO

- New MoU for provision of technical support via the gGLC and rGLCs, hopefully will be finalised soon.
- However funding less than for 2011.

Eli Lilly MDR-TB Partnership, 3rd Phase

- Under discussion. Funds may be available Q4 2012; main focus on China, India, the Russian Federation and South Africa
“Totally Drug Resistant" TB

- Report of 4 cases from Mumbai, India
- Intense media interest
- Response
  - In India: From Government of India, State of Maharashtra and Mumbai Municipal Authority, civil society
  - WHO: Messages to media, FAQs, technical consultation in March 2012, joint CDC-WHO letter
- Implications for GDF
  - Supply of Class 5 drugs: challenges linezolid and clofazimine
- Opportunity offered for advocacy on strengthened TB control activities (all aspects) and resource mobilization, needs to be seized
Doubling of notified MDR-TB cases in 2009-10. However only 16% of total global estimated cases enrolled on treatment in 2010

Notified MDR-TB cases (2007–2010) and projected numbers of patients to be enrolled on treatment (2011-2012) compared with targets in the GPSTB 2011–2015

Source: WHO Global TB Report 2011
Concluding Summary

• Framework of GLC is established and working
• Focus now on MDR-TB scale up in countries
• Advocacy for MDR-TB is the urgent priority
• Realignment of the MDR Working Group’s role to support advocacy and scale-up in progress
## GLC Income and Expenditure 2011 (USD $)

<table>
<thead>
<tr>
<th>Donor</th>
<th>Total Income (including any balance carried forward)</th>
<th>Expenditure Breakdown (includes encumbrances) as of 30 September 2011</th>
<th>Total expenditure</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GLC activities, trainings, meetings and partner contracts</td>
<td>WHO-HQ GLC salaries</td>
<td>GLC regional services</td>
<td>Programme support costs</td>
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<tr>
<td></td>
<td></td>
<td>WHO-RO/CO Salaries</td>
<td>Technical assistance to countries</td>
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<td>USAID</td>
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<td>WHO- Regular Budget</td>
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<td>TOTAL</td>
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<td>357,740 1,588,883 1,104,271</td>
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</tbody>
</table>

\(^a\)As of 30 September 2011

\(^b\)This amount includes the portion of grant allocated to GLC for M&E, technical assistance to countries and salaries and does not include LAB, IC and DRS components
Outcomes of MDR-TB treatment for MDR-TB patients started on treatment in 2008*

* In countries reporting outcomes for >200 MDR-TB cases with <20% unevaluated (cohort size shown below country names)

Source: WHO Global TB Report 2011
CSE payments by quarter, 2010-2011
|------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Global GLC       | Sub-group WG                        | • provide advice to donors/funders on country PMDT scale-up plans  
• ensure collaboration among Global and Regional GLCs to ensure consistency across regions to address technical issues, programmatic challenges, and strategic planning;  
• provide technical advice to the Core Group of the MDR-TB Working Group for strategic issues | Exec Sec STP through the WG Chair |
|                  | WHO advisory body                   | • Provide advice on strategic issues related to scaling up DR-TB care  
• Contribute to regular updating the evidence base for WHO policy on PMDT;                                                                                                                       | WHO/Stop TB                     |
| Regional GLC     | Regional extensions of the sub-group | • Review and provide inputs to the regional strategies and/or action plans for scale up of PMDT  
• Review and analyze GLC monitoring mission reports and surveillance data  
• Provide an opinion to donors/funders on country PMDT scale-up plans and the subsequent TA needs identified                                                                                   | Chair of the global GLC        |
|                  | WHO regional advisory body          | • Oversee the provision of supportive monitoring missions and technical assistance missions to countries  
• Liaise with the new gGLC and exchange information on plans of Regional GLC activities, and inform the gGLC of technical and political issues.                                                   | WHO/Stop TB                     |