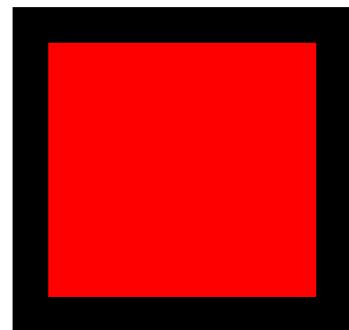


**The
Global Task Force
on XDR-TB**

Update

February 2007

Stop TB Department



Control of XDR-TB

**Update on progress since the
Global XDR-TB Task Force Meeting
9-10 October 2006**

World Health Organization, 22 January 2007

Background

On 9-10 October 2006, the WHO Stop TB and HIV departments organized a meeting of a Global Task Force on XDR-TB (extensively drug resistant TB) at WHO headquarters in Geneva, Switzerland.¹ The meeting was held as a consequence of the following events:

1. In March 2006, WHO and the United States Centers for Disease Control and Prevention (CDC) reported XDR-TB² as a serious, emerging threat to public health and TB control, raising concerns of TB epidemics with severely restricted treatment options that could jeopardize the gains made in global TB control. Furthermore, XDR-TB poses specific challenges to global control of HIV/AIDS and could compromise the progress already made in many countries towards universal access to HIV treatment and prevention.
2. In May 2006, the results of an outbreak of HIV-associated XDR-TB in Tugela Ferry, KwaZulu-Natal Province, South Africa, were presented at the PARTNERS³ meeting in Atlanta, Georgia, USA.
3. In June 2006, the WHO Strategic and Technical Advisory Group for tuberculosis (STAG) urged WHO to take immediate and effective action to address multidrug-resistant TB (MDR-TB) and XDR-TB in the African Region.
4. In August 2006, the outbreak in Tugela Ferry was discussed at the XVI International AIDS Conference in Toronto, Canada.
5. From 7 to 8 September 2006, at an expert consultation meeting organized by the South African Medical Research Council (MRC), WHO and CDC in Johannesburg, South Africa, international concerns about the emergence of XDR-TB were heightened by reports of very high mortality rates in people co-infected with HIV and XDR-TB, beyond Tugela Ferry.

120 participants representing some of the most affected countries attended the meeting of the Global Task Force on XDR-TB, together with experts in TB control and MDR-TB management; HIV prevention, care and control; infection control and occupational health; communicable disease preparedness and response; advocacy, communication and social mobilization; and representatives from bilateral and multilateral agencies and organizations. During the meeting eight recommendations were put forward to the international TB community outlining key areas of response activities, beginning with strengthening of basic TB and HIV/AIDS control and proper management of MDR-TB following WHO guidelines.⁴ In addition, the XDR-TB definition was revised.⁵

¹ Meeting report available at: http://www.who.int/tb/xdr/taskforcereport_oct06.pdf

² XDR-TB was initially defined as MDR-TB with further resistance to three or more of the six main classes of second-line anti-TB drugs (aminoglycosides, polypeptides, fluoroquinolones, thioamides, cycloserine and para-aminosalicylic acid). For the revised definition, see page 2.

³ The PARTNERS project was funded by the Bill & Melinda Gates Foundation in 2000 to develop a replicable model for controlling MDR-TB in resource-limited settings. The grant supported a five-year collaborative effort between the Harvard Medical School, CDC, Partners In Health, the Task Force for Child Survival and Development, and WHO.

⁴ *Guidelines for the programmatic management of drug-resistant tuberculosis.* WHO/HTM/TB/2006.361; (http://whqlibdoc.who.int/publications/2006/9241546956_eng.pdf)

Actions taken since the meeting of the Global Task Force

The activities conducted by WHO and partners are detailed below according to each recommendation of the Global XDR-TB Task Force meeting. [Specific activities conducted in Southern African Development Community \(SADC\) countries are listed below under "Activities conducted in SADC countries".](#)

1. General recommendations

1.1. Immediate strengthening of TB control in countries, as detailed in the new Stop TB Strategy and the Global Plan to Stop TB, 2006–2015. This should be done together with scaling up universal access to HIV treatment and care

Activities undertaken on recommendation 1.1:

- A Global MDR-TB and XDR-TB Response Plan for 2007 has been developed and will be finalized by February 2007 following input from partners. The purpose of this document is to mark an end to the XDR-TB emergency phase by starting to mainstream XDR-TB response activities into day-to-day TB control activities. The plan sets out the global and regional framework for MDR-TB and XDR-TB control activities in 2007. It highlights global, regional and country priorities, activities, milestones and budget needs.
- An intensive discussion has taken place inside WHO to determine the implications of the new International Health Regulations (IHR) on XDR-TB. WHO is carefully exploring the possibility of a standing recommendation for XDR-TB. At this point, the summary of the discussion is presented below, which is subject to further change. The new IHR are significantly different from the current regulations in that they do not base notification on individual diseases. Rather they place responsibility on countries to assess, using a specific tool, if any threat to public health might constitute a "Public Health Emergency of International Concern (PHEIC)" and to notify those events which might qualify to WHO. Such notification will initiate a discussion of any response required. Only rarely would an event actually be declared a PHEIC, but discussions between national authorities and WHO about actual or potential threats to public health will likely be frequent. The Global Task Force on XDR-TB concluded that the new regulations are aimed particularly to situations where there is a significant risk of international spread, whereas the chief risk of XDR-TB is that it is

⁵ XDR-TB is defined as resistance to at least rifampicin and isoniazid (which is the definition of MDR-TB), in addition to any fluoroquinolone, and to at least one of the three following injectable drugs used in anti-TB treatment: capreomycin, kanamycin and amikacin.

independently created in countries. Were XDR-TB to be considered as a PHEIC, WHO would have to consult an expert "Emergency Committee" for advice on temporary recommendations to be made to WHO Member States. Such recommendations could include the issues of case notification to WHO and/or restrictions to travel and trade. The IHR Emergency Committee and temporary recommendations are really intended for outbreaks of acute disease, rather than the "acute-on-chronic" situation of MDR-TB and XDR-TB. In addition, should "temporary recommendations" be invoked they require to be rescinded within a relatively short period of time. However, should there be evidence of an international spread of XDR-TB, a standing recommendation could be issued under the IHR to address XDR-TB as a continuous risk rather than as a single event. This policy is to be further refined for TB by WHO in preparation for the entry into force of the new IHR in June 2007.

- From 17 to 18 October 2006, a meeting was convened by the Government of South Africa in Pretoria, South Africa, to discuss the response needed in SADC countries to prevent and control XDR-TB. During this meeting the eight participating countries (Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe) agreed to develop MDR-TB and XDR-TB response plans to be submitted to WHO. The countries also agreed to carry out rapid XDR-TB surveys among known and suspected MDR-TB cases and to consider future management of MDR-TB in collaboration with the Green Light Committee (GLC).
- The first WHO African regional training course on the programmatic management of MDR-TB was organized by WHO in Dar es Salaam, Tanzania, 16-20 October 2006. The participants included 35 NTP (National TB Programme) staff from Kenya, Tanzania, Ethiopia, Burkina Faso, Benin, Nigeria, Democratic Republic of Congo, Mozambique, Namibia, Guinea and Rwanda.
- Regarding training in other WHO Regions, the first MDR-TB management workshop for the Southeast Asian Region will be held in Nepal in March 2007. All other WHO Regional Offices have conducted MDR-TB training workshops during the last few years and some are organizing workshops on a regular basis. Since mid-2006, these workshops are covering the threat of XDR-TB and its implications for TB control.
- In November, 2006, 25 additional TB consultants were trained on MDR-TB management at the WHO Collaborating Centre for Research and Training in Management of MDR-TB, Riga, Latvia. This year's consultant course included additional sessions on XDR-TB, MDR-TB/HIV and also on infection control.

1.2. Mobilization of teams of experts that can be deployed in the field, at the request of countries, to assist in strengthening TB control.

Activities undertaken on recommendation 1.2 (for more information see SADC table under "Activities conducted in SADC countries"):

- Three WHO missions have been undertaken to South Africa. A visit was conducted to Lesotho in December 2006. Missions are planned in quarter one 2007 to Swaziland and Malawi. In addition, all WHO Regions are now planning activities in their priority MDR-TB and XDR-TB countries.

1.3. The Global Plan should be reviewed by the Stop TB Partnership and, where necessary, revised to reflect the threat of XDR-TB. In particular, the laboratory strengthening component, and the number of MDR-TB cases treated, should be scaled up. The costs of treating XDR-TB and of infection control measures need to be reflected in the budgets.

Activities undertaken on recommendation 1.3:

- Work is currently in progress within WHO on increasing the targeted number of MDR-TB cases to be treated from 2006 to 2015 (currently 800,000 MDR-TB patients). Furthermore, additional efforts and costs in treating XDR-TB patients including infection control measures are taken into account. WHO will widely circulate the proposed changes to relevant partners in February 2007 for comments.

2. Management of XDR-TB suspects in settings of high and low HIV prevalence

2.1. The algorithm for the management of patients at risk for MDR-TB and XDR-TB should be disseminated rapidly, evaluated in the field and refined as needed.

Activities undertaken on recommendation 2.1:

- The final algorithm was published on 9 November in the Global XDR-TB Task Force meeting report (http://www.who.int/tb/xdr/globaltaskforcereport_oct06.pdf). The next step will be the field testing, implementation and inclusion of the algorithm in the training courses on the management of drug-resistant TB that will take place in all WHO regions during 2007.

2.2. WHO and the Foundation for Innovative Diagnostics (FIND) should ensure that access to rapid tests for rifampicin resistance to improve case detection of all patients suspected of MDR-TB is swiftly enabled.

Activities undertaken on recommendation 2.2:

- FIND has committed significant resources to support countries, including South Africa and Lesotho for rapid rifampicin testing. FIND is also contributing with a laboratory expert to be based in Lesotho for six months. Following a meeting convened by FIND and the South African MRC, 16 November, 2006, South Africa will be evaluating molecular tests (Hain and FastPlaque) in four sites.

3. Programmatic management of XDR-TB and treatment design in HIV negative and positive individuals

3.1. The WHO Guidelines for the programmatic management of drug-resistant tuberculosis should be implemented as swiftly as possible. All partners are responsible for assisting countries to do so.

Activities undertaken on recommendation 3.1:

- The guidelines have been widely distributed since May 2006 and are available on WHO's website. They are already published in Chinese and translated into French and Russian. Translation into Arabic and Spanish is ongoing. More and more countries are adapting the guidelines to the local situation including the three highest MDR-TB burden countries (China, India and the Russian Federation).

3.2. WHO will commission a group of experts to update parts of the guidelines to address the XDR-TB threat and improve the TB/HIV co-management component, including co-management of treatment with ARV. The same group will prepare guidelines for the treatment of known and suspected XDR-TB.

Activities undertaken on recommendation 3.2:

- An expert group will be established in January 2007 and the work should be finalized by the end of the first quarter in 2007. The revised version will also incorporate guidance on human rights and involuntary detention / coercive treatment for XDR-TB, and it will address the use of anti-TB drugs under development as requested at the meeting of Médecins sans Frontières (MSF) in New York, US, 11-13 December 2006, "No time to wait: overcoming gaps in TB drug research and development".

3.3. The GLC will facilitate access to high-quality second-line anti-TB drugs to avoid further development of XDR-TB.

Activities undertaken on recommendation 3.3:

- The GLC secretariat is being strengthened by an additional staff member.
- A further additional staff member has been recruited to support second-line drug procurement to GLC approved countries.
- The GLC technical review committee has been expanded by three additional member institutions which will allow for more swiftly processing of applications: KNCV Tuberculosis Foundation; Hospital Muniz (Argentina); and World Care Council (representing the TB community).

- Additional MDR-TB consultants were trained in November at the WHO Collaborating Centre for Research and Training in Management of MDR-TB, Riga, Latvia. Funds have been raised for consultants and NTP staff to visit ongoing GLC approved MDR-TB control programmes.
- As a result of close collaboration with the GLC secretariat and TB community representatives, the board of UNITAID, a new innovative financing mechanism for TB, HIV and Malaria commodities led by Brazil, Chile, France, Norway and the United Kingdom, which is based primarily on a tax on air tickets, agreed to initially release US\$ 20 million for second-line anti-TB drugs to GLC approved projects in mainly low-income countries. The decision made by the UNITAID executive board in December 2006 will contribute to the scale up of quality MDR-TB control as outlined in the Global Plan to Stop TB, 2006-2015. The UNITAID board has also agreed to consider supporting MDR-TB diagnostics. Moreover, UNITAID will support the WHO prequalification project for HIV, TB and malaria drugs which will also accelerate the availability of quality-assured second-line anti-TB drugs.

3.4. WHO will disseminate the legal and ethical global guidelines that address the issue of compulsory medical treatment and isolation⁶ and facilitate discussion at national level.

Activities undertaken on recommendation 3.4:

- The guidelines were distributed at the expert consultation meeting organized jointly by the MRC, WHO and CDC in Johannesburg, South Africa, 7 to 8 September 2006, and at the subsequent meeting held in Pretoria, South Africa, from 17 to 18 October. The guidelines are available on the WHO website:
http://whqlibdoc.who.int/hq/2001/WHO_CDS_TB_2001.290.pdf and are now an important component of current and all future training activities on TB and drug-resistant TB. Electronic copies have been circulated to the WHO TB network.

⁶ Good practice in legislation and regulations for TB control: an indicator of political will. World Health Organization, 2001. Geneva (WHO/CDS/TB/2001.290)

4. The laboratory XDR-TB definition and laboratory strengthening

4.1. WHO should disseminate the revised definition.

Activities undertaken on recommendation 4.1:

- WHO (<http://www.who.int/wer/wer8145.pdf>) and CDC (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5543a4.htm>) have published the new definition and a number of scientific articles and editorials by WHO staff and others have reported this in detail.
- The European Centre for Disease Control and Prevention (ECDC) has published surveillance methods and case definition for XDR-TB and the relevance to Europe.

4.2. A strategic, budgeted plan for strengthening laboratory services, including the deployment of rapid diagnostic tests, should be developed by the laboratory strengthening subgroup of the DOTS Expansion Working Group, in collaboration with the European Laboratory Strengthening Task Force.

Activities undertaken on recommendation 4.2:

- In November 2006, the laboratory strengthening subgroup of the DOTS Expansion Working Group established a core group to further refine the strategy and produce key documents. A draft business plan has been prepared and will be finalized during the first quarter of 2007.
- Funds have been committed for two additional WHO staff members to work on laboratory issues, one in WHO headquarters and one for the African Region.
- Funds have been raised to assist countries to apply to the Global Fund to Fight AIDS, TB and Malaria for laboratory strengthening.

5. Infection control and protection of health-care workers, with emphasis on settings with high HIV prevalence

5.1. CDC will assist WHO in updating its Guidelines for the prevention of tuberculosis in health care facilities in resource-limited settings (1999), and CDC and WHO will ensure their rapid dissemination together with the newly published addendum, Tuberculosis infection control in the era of expanding HIV care and treatment.

Activities undertaken on recommendation 5.1:

- CDC is currently assisting WHO in updating the guidelines from 1999 and the addendum⁷ has been widely circulated by WHO and CDC.

5.2. To ensure appropriate consideration of infection control issues necessary to protect patients, health-care workers and visitors and HIV-infected individuals in particular, a sub working group on infection control should be established within the Stop TB Partnership. The position of the SWG and its terms of reference should be proposed at the forthcoming Stop TB Partnership Coordinating Board meeting in Jakarta, Indonesia, on 29–30 November 2006. In the meantime, WHO will establish a provisional secretariat and organize a first meeting in Paris, France, at the Union conference.

Activities undertaken on recommendation 5.2:

- The TB/HIV Working Group has established a subgroup on infection control as a result of XDR-TB, following a decision by the Stop TB Partnership Coordinating Board. The Secretariat is housed at WHO Headquarters. Three meetings have been held to date, and terms of references have been established. Training of consultants on infection control will take place in the first quarter of 2007; technical assistance missions will be conducted by MRC in January 2007 to the KwaZulu-Natal Province; and additional missions will take place in all WHO regions in 2007.

5.3. The SWG should urgently develop a plan to support implementation of the infection control guidelines at country level, develop indicators and monitor implementation over time. The pool of consultants capable of providing technical assistance on infection control must be rapidly expanded.

⁷ *Tuberculosis infection control in the era of expanding HIV care and treatment.* Addendum to WHO Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-Limited Settings, 1999 (http://www.cdc.gov/nchstp/od/gap/docs/program_areas/TB%20Infection%20Control%20Document%20Final%2010%2025%2006.pdf)

Activities undertaken on recommendation 5.3:

- An infection control course is taking place in South Africa end January 2006 by CDC and MRC.
- Funds have been raised for a consultant course on infection control.

6. Immediate activities and needs for surveillance of XDR-TB

6.1. A “quiver” of generic protocols should be prepared by the surveillance task force to determine rapidly the geographical distribution and extent of XDR-TB, its association with HIV and its genetic origins.

Activities undertaken on recommendation 6.1:

- Generic XDR-TB survey protocols have been developed and are being introduced and modified based on country situations with support from WHO and partners (Botswana, Mozambique and Lesotho have rapid surveys either ongoing or about to start; other SADC countries will be supported by partners to refine survey protocols).
- Contracts are in preparation with two Supranational TB Reference laboratories to assist countries with rapid XDR-TB surveys (mainly in SADC countries).
- Supranational TB Reference laboratories worldwide have started to routinely test for second-line anti-TB drug resistance among MDR-TB isolates to measure the XDR-TB magnitude in additional countries which are carrying out drug-resistance surveillance.
- Funds have been committed to identify two potential new Supranational TB Reference laboratories in the African Region and initiate strengthening to enable them to become SRLs.

6.2. Future anti-TB drug resistance surveillance should include HIV testing wherever possible, and use of rapid rifampicin tests should be explored to expand the scope of drug resistance surveillance.

Activities undertaken on recommendation 6.2:

- HIV testing is included in drug resistance surveys in Argentina, Brazil, Botswana, Mozambique, South Africa and Ukraine and are planned in additional countries.
- Rapid rifampicin testing for the purpose of surveillance is being evaluated in Tanzania. Other countries with different prevalence profiles will be identified shortly.

7. Advocacy, Communication and Social Mobilization

7.1. The Stop TB Partnership should establish an XDR-TB task force on ACSM within existing structures. This task force should initiate information-sharing strategies that promote effective prevention, treatment and control of XDR-TB at global and national levels and in high HIV prevalence settings. These strategies should develop a proactive media approach, place affected people at the heart of the response, mobilize existing supportive networks (e.g. the HIV community), provide clear information on the XDR-TB situation, promote public debate and provide space for people to tell their stories. The task force should also address the development of a strategy for increasing ACSM capacities and strengthening communication channels at global and country levels.

Activities undertaken on recommendation 7.1:

- A task force on XDR-TB has been set-up under the ACSM Working Group.
- A WHO website has been created containing monthly activity updates, frequently asked questions, press releases, articles and meeting reports.
- Messages on XDR-TB featured prominently on World AIDS Day 2006.
- XDR-TB has been covered extensively in the press during 2006 and 2007 in all regions.
- On 10 October 2006, The International Federation of Red Cross and Red Crescent Societies (IFRC) established a new alliance with WHO, Médecins du Monde and 20 other leading European agencies and NGOs to forge a more effective response to the tuberculosis epidemic in the European region, and it has highlighted the threat of XDR-TB (press release, please see: <http://www.ifrc.org/Docs/News/pr06/7106.asp>).

7.2. All Stop TB partners should actively promote the International standards for TB care⁸ and the Patients' charter for tuberculosis care⁹ as well as treatment literacy.

Activities undertaken on recommendation 7.2:

- More than 28 organizations worldwide have reviewed and endorsed the *International standards for TB care*. The standards have been translated into seven languages and pilot studies for their uses are ongoing in several countries. Moreover, the standards have been disseminated thought the internet to the International AIDS Society which has more than 10,000 members in 171 countries.

⁸ *International Standards for TB Care*. The Hague, Tuberculosis Coalition for Technical Assistance, 2006.

⁹ *The Patients' Charter for Tuberculosis Care*. World Care Council, 2006.

7.3. The Stop TB Partnership should develop a fully budgeted plan for raising the resources and funding required to address XDR-TB.

Activities undertaken on recommendation 7.3:

- The task force on XDR-TB under the ACSM Working Group has developed estimated needs for advocacy and resource mobilization which are included in WHO's needs assessment as described under 7.4.

7.4. Immediately, WHO should draw up costed plans for countries immediate needs, technical assistance, surveillance and global policy and coordination. Short-and medium-term needs should be addressed directly afterwards. The plan should include rapid briefing of development partners and agencies.

Activities undertaken on recommendation 7.4:

- A needs statement focused on SADC countries (totaling US\$ 95 million) was prepared and released by WHO at a press conference in Paris in November 2006 with major media coverage (see: http://www.who.int/tb/xdr/news_release_01nov06/en/index.html).
- The global XDR-TB needs, including all WHO Regions, will be ready February 2007 as part of the Global MDR-TB and XDR-TB Response Plan.
- Thus far, approximately US\$ 8 million have been pledged for technical assistance and capacity building mainly by the US Agency for International Development, Italian Cooperation and the Open Society Institute. In addition, discussions are ongoing with the Tuberculosis Control Assistance Program (TBCAP), for XDR-TB control activities in 2007 and beyond. Today, WHO has received US\$ 3 million from a donor, announcement to be made soon in the press, and US\$ 305,000 from the Italian Cooperation.
- Following the finalization of a memorandum of understanding between the Global Drug Facility/GLC and UNITAID, US\$ 20 million will be released for second-line anti-TB drugs to GLC approved countries.
- A US health advisory group has urged the US Secretary of Health and Human Services and the Director of CDC to seek extra funding from Congress to tackle XDR-TB in 2007. In addition, RESULTS has requested the US to play an important role in financing the estimated need of US\$ 300 million for XDR-TB and TB control in Africa in 2007.
- Regarding costed plans in SADC countries, Botswana, Malawi and Mozambique have included budgets in their XDR-TB response plans and Zimbabwe has developed a budget only for emergency activities. WHO led missions will assist with refining the plans and with raising necessary funds.

8. WHO and the Stop TB Partnership should hold a focused meeting on research and development issues relating to XDR-TB as soon as possible.

Activities undertaken:

- A group of partners are working on the issue of how to speed up progress in R&D for new tools (diagnostics, drugs, and vaccines) to counter XDR-TB and MDR-TB as part of overall efforts to speed up progress in R&D for new tools for TB control in general. The partners involved include the following: the UK Health Protection Agency, Global TB Vaccine Foundation, Working Group on New Vaccines of the Stop TB Partnership, Global Alliance for TB Drug Development, Working Group on New Drugs of the Stop TB Partnership, FIND, MSF, Treatment Action Group (TAG), CDC, Aeras Global TB Vaccine Foundation and WHO. Although a meeting had previously been proposed on research related to XDR-TB, MDR-TB and TB in general, much of the ground has already been covered in other meetings over the past two to three months. It was therefore felt by this group to be more efficient to make use of the outcomes of recently held meetings relevant to this issue by convening a group of the key interested parties to develop a document setting out these steps. There will be wide consultation among interested parties (e.g. representatives of the implementation Working Groups) during the process of developing this document. The suggestion has been proposed to hold a joint meeting of the three R&D Working Groups around the time of the IUATLD meeting in Cape Town (8-12 November 2007) to review the situation and consider issues of common interest (e.g. stimulating basic research, regulatory processes, trial capacity, and re-tooling), including developing and operationalising an action plan to speed up progress in R&D, based on the document to be developed that identifies the key steps to speed up progress.
- The Stop TB Partnership's MDR-TB Working Group established a subgroup on research in May 2006, to enhance and facilitate research activities on drug resistant TB including XDR-TB. A revised and prioritized research agenda is being finalized. XDR-TB related issues are prominently featured and discussed in the new research agenda.

Activities conducted in SADC countries

Following the Global XDR-TB Task Force meeting, WHO was invited to a SADC meeting convened by the Government of South Africa, Pretoria, 17-18 October, 2006, to develop plans of actions for the countries affected or potentially affected by XDR-TB. Subsequently, WHO and partners have raised funds for emergency XDR-TB activities in SADC countries including:

- Mobilization of expert teams to review the TB, HIV, MDR-TB and XDR-TB situation in the countries
- Placement of international and national staff in selected countries
- Technical support to reprogramme Global Fund grants or to apply to future rounds
- Identification of additional supranational TB reference laboratories in the WHO African region
- Funds to cover rapid XDR-TB surveillance activities
- Training courses on MDR-TB and XDR-TB management, laboratory strengthening and on infection control
- Advocacy, communication and social mobilization including development of education materials and technical assistance

Regarding the priority SADC countries, the following country activities have taken place since October 2006:

Country	Activities undertaken	Next steps
Botswana	<ul style="list-style-type: none">• A comprehensive XDR-TB response plan has been developed by the Ministry of Health• A rapid XDR-TB survey will be launched in February• A nationwide drug resistance survey will commence in April 2007• A laboratory consultant will be hired for three months to assist the national reference laboratory with capacity development	<ul style="list-style-type: none">• Coordination of activities outlined in the response plan by the NTP, WHO and partners
Lesotho	<ul style="list-style-type: none">• FIND conducted a technical assessment mission in November to assess MDR-TB diagnostic needs. A memorandum of understanding is currently being prepared between FIND and the Ministry of Health to second a laboratory staff to assist the country for six months• A mission was conducted in December 2006 by CDC, Partners In Health (PIH) and WHO to assist the NTP to respond to the XDR-TB threat• The NTP has requested WHO headquarters and the African Office, through the local WHO	<ul style="list-style-type: none">• Deployment of WHO staff• Assistance to the NTP and PIH to purchase second-line anti-TB drugs through the GDF/GLC, with funding

	<p>office, an international staff member to be placed in the country. The recruitment process is ongoing and funds were made available from WHO headquarters in November 2006</p> <ul style="list-style-type: none"> • A rapid XDR-TB survey is ongoing • An application to treat MDR-TB patients was submitted to the GLC and was approved for the initial treatment of 40 MDR-TB cases • PIH has been granted funds from the Open Society Institute to assist national authorities to improve TB control 	<ul style="list-style-type: none"> • from UNITAID • Assistance in the preparation of an application with a drug-resistant TB component to round 7 of the Global Fund
Malawi	<ul style="list-style-type: none"> • A national MDR-TB control plan has been developed highlighting needs to strengthen laboratory services and revitalize collaboration with the GLC for MDR-TB treatment 	<ul style="list-style-type: none"> • A laboratory strengthening mission will take place in March 2007 • Deployment of a WHO national professional officer
Mozambique	<ul style="list-style-type: none"> • An XDR-TB emergency plan has been developed by the Ministry of Health • A rapid XDR-TB survey has been planned • An international mission to assess the situation of drug resistant TB in the country has been discussed 	<ul style="list-style-type: none"> • A technical mission on drug-resistant TB will take place in quarter one 2007 • Preparation of an application with a drug-resistant TB component to round 7 of the Global Fund • Finalization of the re-programming of the current Global Fund grant and submission of an application to the GLC
Namibia	<ul style="list-style-type: none"> • An XDR-TB plan has been developed indicating urgent needs for technical assistance 	<ul style="list-style-type: none"> • Submission of an application

	<ul style="list-style-type: none"> to improve the capacities of the national TB reference laboratory, to conduct a rapid XDR-TB survey and to address infection control An international mission to address the need of guidance on implementation of infection control measures has been discussed 	<ul style="list-style-type: none"> to the GLC Initiation of a rapid XDR-TB survey
South Africa	<ul style="list-style-type: none"> Two XDR-TB emergency meetings were organized. The first one by MRC, CDC and WHO in Johannesburg from 7 to 8 September 2006 and the second one with additional SADC countries in Pretoria from 17 to 18 October 2006 The Ministry of Health of South Africa has organized several missions to the KwaZulu-Natal Province to further examine the XDR-TB emergency and has requested the NTP to weekly review the XDR-TB situation with all provinces WHO is ready to assist the epidemiological surveys in the KwaZulu-Natal Province with human and financial resources. Discussions are ongoing between WHO and the South African authorities on the next steps including the methodology of the investigations A laboratory-based review is under way to establish the magnitude of MDR-TB and XDR-TB in the country Funds have been pledged to place a WHO international staff member and several national staff members in South Africa for two years. Meanwhile, a WHO headquarters staff is ready to be transferred to South Africa for a temporary period of three months while the recruitment of the definitive staff member is completed. The government has purchased capreomycin and PAS to treat XDR-TB patients and has begun to distribute the drugs to where they are needed. By the end of December 2006, at least 35 XDR-TB patients were enrolled on treatment In November 2006, FIND and MRC organized a meeting in Pretoria to discuss the introduction of rapid rifampicin tests under routine conditions. Four provinces will start using the HAIN and FastPlaque tests from March 2007 	<ul style="list-style-type: none"> WHO international staff to be based in Pretoria from end January 2007 and start delivery of field technical assistance pending decision of Department of Health and KwaZulu-Natal authorities Finalization of the rapid XDR-TB survey A training course on MDR-TB and XDR-TB management to be conducted

	<ul style="list-style-type: none"> Eli Lilly has supported MDR-TB and XDR-TB training for a team of South African TB experts at the WHO Collaborating Centre for Research and Training in Management of MDR-TB, Riga, Latvia 	
Swaziland	<ul style="list-style-type: none"> An XDR-TB emergency plan has been developed by the Ministry of Health A national MDR-TB and XDR-TB response team has been set up Funds have been raised to hire an international WHO TB staff to support the NTP The NTP is planning to apply to the GLC for MDR-TB management Discussions are ongoing with the Global Fund secretariat regarding the current grant to the country 	<ul style="list-style-type: none"> A WHO-led review will be conducted 4-9 March 2007, joining TB, MDR-TB, TB/HIV, epidemiology and laboratory expertise from WHO, PIH, CDC and the Global Fund To explore the options for submitting an application to round 7 of the Global Fund
Zimbabwe	<ul style="list-style-type: none"> A draft XDR-TB emergency budget has been developed 	<ul style="list-style-type: none"> NTP to prepare and submit an MDR-TB and XDR-TB plan to WHO