Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011–2015

Dr Masoud Dara,
Programme Manager, Team Leader
TB/MDR-TB
WHO Regional Office for Europe
Outline of the presentation

• TB and MDR-TB situation in the WHO European Region
• Key challenges in prevention and control of M/XDR-TB
• The Consolidated Action Plan to Prevent and Combat M/XDR-TB in a nutshell (MAP)
• The WHO Regional Committee for Europe resolution on M/XDR-TB
• TB in children in MAP
• Next Steps
TB burden in the Region

Treatment success rate (TSR) among laboratory-confirmed new pulmonary TB cases, WHO European Region, 2009

TSR (data available on 09.10.2011)

Case detection rate, WHO Regions, 1990 and 2010

Treatment success rate, WHO Regions, 1995 and 2009

Consolidated Action Plan to Prevent and Combat M/XDR-TB
**MDG 6c: Tuberculosis**

Notification rate; WHO European Region, 1980-2010

[Chart showing tuberculosis notification rates from 1980 to 2010 for different regions and countries.]

* 18 high priority countries

Note: **excluding Bulgaria and Romania entering to EU in 2007

Source: Global tuberculosis database, WHO. Accessed on 10 October 2011
Consolidated Action Plan to Prevent and Combat M/XDR-TB

- Estimates:
  - 420,000 new TB and 62,000 deaths (47 and 6.9 per 100,000 respectively).
- The WHO European Region has the highest case detection rate worldwide (79%).
- Notifications: 329,391 new TB and relapses and 46,241 TB patients died (36.8 and 6.1 per 100,000 respectively).
- The vast majority of them in the eastern and central part of the Region, (87% of the incidence and 92% of the mortality).
- The Region has the lowest treatment success rate worldwide:
  - 68% among new pulmonary TB infectious patients and
  - 48% among patients that had been previously treated.

### Treatment outcomes, European Region 2009 (provisional data)

<table>
<thead>
<tr>
<th>Region</th>
<th>New pulmonary lab.confirmed</th>
<th>Re-treated lab confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>AMR</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>EMR</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>SEAR</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>WPR</td>
<td>93</td>
<td>28</td>
</tr>
</tbody>
</table>

- Not evaluated
- Defaulted
- Failed
- Died
- Successfully treated

Source: the Global TB control 2011 report
MDR-TB burden, 2009

- 15 out of 27 high-MDR-TB burden countries in the WHO European Region (81,000 patients annually)

- In 2009, only 27,765 MDR-TB patients notified (1/3 of estimates) due to limited access to diagnosis

- Treatment success rate of MDR-TB cohort in the Region 57.4% only

Key challenges in prevention and control of M/XDR-TB

• Health system failure to prevent emergence and spread of drug-resistant TB
  – Late diagnosis of TB and M/XDR-TB
  – Inadequate treatment of TB and subsequent acquired resistance
  – Poor infection control and contact tracing

• Insufficient capacity to treat M/XDR-TB patients
  – Models of care not cost-effective, nor patient friendly
  – Difficult access to expensive second-line drugs
  – Lack of new medicines
Consolidated Action Plan to Prevent and Combat M/XDR-TB

- No business as usual (Special Project of the Regional Director)
- Inclusive approach to develop the Plan
- Building on the existing commitments (from Berlin to Beijing and Baku)
- SMART objectives, clear list of activities
- Full endorsement at 61st Regional Committee in Baku
- Fully costed / includes financial gap analysis
- Follow-up mechanism
Goal

• To contain the spread of drug-resistant TB by achieving Universal Access to prevention, diagnosis and treatment of M/XDR-TB in all Member States of the WHO European Region by 2015

Targets

• To decrease by 20 percentage points the proportion of MDR-TB among previously treated patients by end 2015
• To diagnose at least 85% of estimated MDR-TB patients by 2015
• To treat successfully at least 75% of notified MDR-TB patients by 2015
What is new in MAP?

- **Prompt diagnosis** including newly endorsed molecular diagnostic techniques
- **Equitable access** to adequate treatment
- **Health system approach** to MDR-TB prevention and control
- Emphasis on involvement of civil society organizations
- Identifying and addressing social determinants
- Working in **partnership**, twinning of cities/programmes
- Robust monitoring framework, **accountability** and follow-up
- Including neglected aspects (e.g. TB in children, palliative care, surgery)
Expected achievements of MAP

- 225,000 MDR-TB patients diagnosed
- 127,000 MDR-TB patients treated successfully
- 250,000 MDR-TB cases averted
- 13,000 XDR-TB cases averted
- 120,000 lives and 12 US$ billion saved
## Areas of intervention

<table>
<thead>
<tr>
<th>Area of Intervention</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevent the development of M/XDR-TB</td>
<td>- Identify and address social determinants, improve adherence to treatment, improve health financing and involved primary health care services</td>
</tr>
<tr>
<td>2. Scale up access to early diagnosis</td>
<td>- Strengthen TB laboratory network, facilitate introduction of new diagnostic technologies, break system barriers to access</td>
</tr>
<tr>
<td>3. Scale up access to effective treatment</td>
<td>- Ensure sufficient quantity of quality second line drugs, improve management of adverse reactions and promote production of new drugs</td>
</tr>
<tr>
<td>4. Scale up TB infection control</td>
<td>- Assess, plan and improve airborne infection control in health care and congregate settings</td>
</tr>
</tbody>
</table>
Areas of intervention (cont.)

5. Strengthen surveillance
   • Electronic recording and reporting, improve quality of data and capacity to use data

6. Expand management capacity of the programmes
   • Adapt new policy guidance, improve human resources, foster partnership and coordination, ensure ethics and human rights

7. Address the needs of special populations
   • Ensure TB/HIV collaborative activities, specific action for children, prisoners, migrants and hard-to-reach populations
WHO Regional Committee resolution on M/XDR-TB adopts the Consolidated Action Plan and

Urges Member States

- to harmonize as appropriate their national health strategies and/or TB/MDR-TB response plans based on the Regional Plan
- to identify and address determinants and health system challenges leading to emergence of drug-resistant TB
- to provide universal access to early diagnosis and effective treatment of MDR-TB patients
- to address the needs of special populations
- to closely monitor and evaluate implementation of the actions outlined in the Action Plan

Requests the Regional Director

- to provide leadership, strategic direction and technical support for implementation of the Action Plan
- to facilitate the exchange of experiences and know-how among Member States
- to establish a platform to strengthen partnership for prevention and control of TB and M/XDR-TB
- to assess progress in the prevention and control of M/XDR-TB every other year starting from 2013 and report back to the Regional Committee

Primary Health Care, Psycho-social Support, Health Financing
TB in children and MAP

- **Activity 7.3.1** The Member States will accelerate the adoption of updated *childhood TB guidelines* by mid-2012.

- **Activity 7.3.3** The Member States will include and prioritize *childhood TB* in their national TB strategic or national health plans by the end of 2013.

- WHO/Europe Task Force on TB in children
  - Build a core group of experts with consensus on TB in children
  - Provide the Member States with the technical assistance
  - Improve surveillance

- A Regional training and workshop is planned for the first quarter 2012
Launch of MAP
Next steps

- Comprehensive national MDR-TB response plans in line with MAP in 2012
- Health system audits to identify bottlenecks and propose solutions
- Facilitate diverse models of technical assistance
- High Level visits to ensure commitment to implementation of MAP
- Yearly progress report (WHO/ECDC annual monitoring & surveillance report)
- Interagency steering group involving civil society organizations for follow-up of MAP
Thank you very much for your attention