Key experiences of European rGLC (rGLC Europe)

JOINT PARTNERS FORUM FOR STRENGTHENING AND ALIGNING TB DIAGNOSIS AND TREATMENT

Session 10: Symposium on regional GLI/GDI initiatives
30 April 2015

Chair rGLC Europe: Andrei Mariandyshev
Global and European burden of MDR-TB
(% of new TB cases with MDR)

27 high MDR-TB burden countries worldwide
15 high MDR-TB burden countries are in the WHO European Region

15 high-burden countries in Europe: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.
TB burden unequally distributed among countries in the WHO European Region

18 high-priority countries of the WHO European Region:

Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

- 84% of incident and 85% of prevalent TB cases
- 90% of mortality caused by TB
- 90% of TB/HIV co-infections
- 99.5% of MDR-TB

occur in the 18 high-priority countries in the WHO European Region.
Figure 1 Estimated TB incidence per 100,000 population, European Region, 2013

TB and MDR-TB incidence, 2013, comparing WHO Regions

TB incidence, WHO regions, 2013

MDR-TB incidence, WHO Regions, 2013
Proportion of MDR among new and re-treated TB patients

<table>
<thead>
<tr>
<th>Country</th>
<th>MDR among previously-treated TB cases</th>
<th>MDR among new TB cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belarus</td>
<td>35</td>
<td>26</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>55</td>
<td>25</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>Moldova</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>62</td>
<td>19</td>
</tr>
<tr>
<td>Russia</td>
<td>62</td>
<td>17</td>
</tr>
<tr>
<td>Estonia</td>
<td>56</td>
<td>14</td>
</tr>
<tr>
<td>Ukraine</td>
<td>49</td>
<td>13</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>48</td>
<td>13</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>44</td>
<td>11</td>
</tr>
<tr>
<td>Lithuania</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>Georgia</td>
<td>44</td>
<td>9.4</td>
</tr>
<tr>
<td>Armenia</td>
<td>43</td>
<td>8.8</td>
</tr>
<tr>
<td>Latvia</td>
<td>26</td>
<td>3.8</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>18</td>
<td>2.8</td>
</tr>
<tr>
<td>Romania</td>
<td>18</td>
<td>2.5</td>
</tr>
<tr>
<td>Turkey</td>
<td>23</td>
<td>2.3</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>21</td>
<td>3.5</td>
</tr>
<tr>
<td>EUR World</td>
<td>21</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*Note: MDR = Multidrug-resistant.*
Trend in MDR proportion among notified TB cases, WHO European Region

<table>
<thead>
<tr>
<th>Year</th>
<th>MDR among new</th>
<th>MDR among retreatwed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>9.8%</td>
<td>38.3%</td>
</tr>
<tr>
<td>2008</td>
<td>10.4%</td>
<td>33.9%</td>
</tr>
<tr>
<td>2009</td>
<td>11.9%</td>
<td>38.5%</td>
</tr>
<tr>
<td>2010</td>
<td>13.2%</td>
<td>48.6%</td>
</tr>
<tr>
<td>2011</td>
<td>13.3%</td>
<td>47.7%</td>
</tr>
<tr>
<td>2012</td>
<td>15.0%</td>
<td>47.9%</td>
</tr>
<tr>
<td>2013</td>
<td>16.9%</td>
<td>48.3%</td>
</tr>
</tbody>
</table>
Absolute number of cases appears to be decreasing.

Estimated number of all MDR-TB cases per 100,000 population, WHO European Region.
Improvement in detection and coverage of treatment for MDR-TB

- MDR cases notified
- MDR cases enrolled in treatment

Cases

2009: 28,456 notified, 17,169 in treatment
2010: 33,957 notified, 27,324 in treatment
2011: 34,184 notified, 34,210 in treatment
2012: 36,877 notified, 39,865 in treatment
2013: 39,924 notified, 45,079 in treatment
2011: rGLC Europe established

Mission statement

• To achieve a WHO European Region free of drug resistant TB

Goal

• To scale up the programmatic management of drug resistant tuberculosis and to reach universal access to prevention, early diagnosis and effective treatment for drug resistant tuberculosis with patient-centred approaches by 2015
rGLC Europe: Main activities

- TA in development of National M/XDR Response Plans including implementation guidance
- rGLC Europe missions (also jointly with GDF, GF, TA implementation on PMDT, including laboratory and infection control, health system strengthening as per country needs)
- rGLC TA embedded in National TB Reviews
- Continuous TA to countries (e.g. review of national guidelines / protocols)
- Consultations and collaboration with GF Country Teams (on epidemiological projections, procurement issues, etc.) and other partners
- Regional and national capacity building (mentorship programme)
- Introduction of new drugs
Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region

The goal is to contain the spread of drug-resistant TB by:

• decreasing M/XDR-TB cases among previously treated cases by 20 percentage points;
• detecting 85% (or 225 000) M/XDR-TB patients;
• successfully treating at least 75% (127 000) of them.
Seven key areas of intervention

1. Prevent the development of M/XDR-TB
2. Scale up access to early diagnosis
3. Scale up access to effective treatment
4. Improve infection control
5. Strengthen surveillance
6. Expand management capacity of the programmes
7. Address the needs of special populations

rGLC Europe relevant/contributing to all areas
Key achievements and progress in PMDT in the WHO European Region facilitated through rGLC Europe

- Strengthened political commitment (approval and updating of National M/XDR Plans, some increasing domestic funding allocations)

- Increased coverage with rapid diagnostic tests (e.g. Xpert introduction and scale-up), linkage with European Laboratory Initiative (ELI)

- Increased enrolment in DR-TB treatment, improved DR-TB case detection

- Increased participation/involvement of PHC, NGO’s, communities, Civil Society Organizations and private providers in PMDT

- Improved integration in strengthened health systems and linkage to reforms

- Growing number of examples of good practices and innovative approaches in patient support, work with risk groups and advocacy
In 3 countries among 18 HPCs
There was stock out of first line TB drugs, **number further down from previous years**

Member states among 18 HPCs with no stock out of first line TB drugs at any level
Countries using X-pert MTB/RIF in 2013

All high priority countries in the Region except Romania, reported use of X-pert MRB/RIF in 2013
HPCs with no-stock out of second line TB drugs in 2013

Number of SLD stock out countries going further down
Member states with electronic case-based data management at least for MDR TB

41 Member states maintain electronic case-based data management system at least for MDR TB patients at national level.
Member states with TB infection control plan endorsed

Increased number of countries with national infection control plans
Key focus areas for rGLC Europe

• Boost safe, rational and adequate introduction of new M/XDR-TB relevant second line drugs in collaboration with all partners

• 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).

• Support the Member States in adaptation of new regional TB Action Plan and its implementation with regards to PMDT

• Strengthen country capacity in surveillance for producing reliable of MDR-TB figures

• Engaging in operational research: more efficient care models, reduced treatment duration
Need for change and continuity
Evolution of WHO global TB Strategies

1994

The DOTS Strategy
1. Government commitment
2. Case detection through predominantly passive case finding
3. Standardized short-course chemotherapy
4. Establishment of a system of regular drug supply
5. Establishment and maintenance of a monitoring system

2006

The Stop TB Strategy
1. Pursue high-quality DOTS expansion
2. Address TB/HIV, MDR-TB and other challenges
3. Contribute to health system strengthening
4. Engage all care providers
5. Empower people with TB
6. Enable and promote research

2015

The End TB Strategy
1. Integrated, patient-centred TB care and prevention
2. Bold policies and supportive systems
3. Intensified research and innovation
THE STOP TB STRATEGY

VISION
A World Free of TB
- To dramatically reduce the global burden of TB by 2050 in line with the Millennium Development Goals and the Stop TB Partnership targets

OBJECTIVES
- To ensure that all priority TB efforts, including DOTS, are strengthened
- To ensure that TB care and treatment is accessible to all who need it
- To ensure that TB research is strengthened and that new diagnostic tools and medicines are developed

TARGETS
- To reach 100% of the population
- To ensure that 85% of the population is covered by DOTS
- To ensure that 80% of the population is covered by TB treatment
- To ensure that 90% of the population is covered by TB prevention

COMPONENTS OF THE STOP TB STRATEGY

Pursue high-quality DOTS expansion and enhancement
- Proliferation of DOTS
- Increase coverage and quality of DOTS
- Ensure that DOTS is inclusive and reaches all segments of the population

Contribute to health system strengthening
- Strengthen primary health care services
- Strengthen laboratory services
- Strengthen surveillance and evaluation systems

Engage all care providers
- Engage all care providers in TB control
- Ensure that all care providers are trained and supported

Empower people with TB and communities
- Empower people with TB and their families
- Ensure that communities are involved in TB control

Communicate
- Ensure that communication is effective and reaches all segments of the population
- Ensure that all stakeholders are involved and informed

Draft Post-2015 Global Tuberculosis Strategy Framework

VISION
A world free of tuberculosis
- Zero deaths, disease and suffering due to tuberculosis

GOAL
End the global tuberculosis epidemic
- 75% reduction in tuberculosis deaths (compared with 2015)
- 90% reduction in tuberculosis incidence (compared with 2015)
- 90% reduction in tuberculosis incidence (compared with 2015)

MILESTONES FOR 2025
- 50% reduction in tuberculosis deaths (compared with 2015)
- 50% reduction in tuberculosis incidence (compared with 2015)
- 50% reduction in tuberculosis incidence (compared with 2015)

TARGETS FOR 2035
- 90% reduction in tuberculosis deaths (compared with 2015)
- 90% reduction in tuberculosis incidence (compared with 2015)
- 90% reduction in tuberculosis incidence (compared with 2015)

PRINCIPLES
1. Government leadership and accountability, with monitoring and evaluation
2. Strong political will and civil society partnership
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND COMPONENTS
1. Integrated, patient-centred care and prevention
   - Early diagnosis of tuberculosis including universal drug-susceptibility testing
   - Universal treatment for drug-resistant tuberculosis
2. Policy, law and support systems
   - Strengthen health systems and policies
   - Strengthen global and regional partnerships
3. Research and innovation
   - Strengthen research and development
   - Increase funding for tuberculosis research

ACTION BY THE EXECUTIVE BOARD
The Board is invited to consider the draft post-2015 global tuberculosis strategy and targets.
TB Regional Action Plan 2016-2020 development

- Endorsement of TBAP to Regional Committee along with MAP final report September 2015
- Final Review of TBAP NTP Manager’s meeting /Wolfheze May 2015
- Draft TBAP public consultation February-March 2015
- TAG and 1st Regional Consultation, WHO Regional Office for Europe, Copenhagen 25-27 November 2014
- Drafting outline of TBAP October-November 2014
- Review the lessons learnt from implementation of Consolidated Action Plan 2011-2015

TBAP Advisory Committee

Health 2020, End TB Strategy
rGLC Europe selected prioritized interventions in the new Action Plan 2016-2020

• More rapid diagnosis and complete treatment for all patients including DR ones
• Expanded patient-centred care models including DR-patients
• Further shift from inpatient to ambulatory care including for DR-patients
• New TB drugs, with shorter and more effective treatment regimens
• Research for new diagnostics and vaccines and drugs
Biggest challenges

• Highly dynamic development requiring very rapid and yet sound guidance (i.e. in view of new diagnostic tools and new drugs’ introduction)

• Multi-partner arena, need for more efficient collaborative and coordinative, concerted efforts to maximize synergies between all (roles of GDI, GLD and rGLCs are to be crucial)
Acknowledgements:

Martin van den Boom and TBM team WHO Regional Office for Europe

Thank you for your attention!

E-mail: maryandyshev@mail.ru
        glc_europe@euro.who.int