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Global TB Control and Patient Care: A ministerial meeting of the high MDR and XDR-TB burden countries

"To allow this form of tuberculosis to spread would be a setback, effectively taking treatment options back to the pre-antibiotic era."

Dr Margaret Chan, Director-General WHO.

The World Health Organization together with the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation will co-host a ministerial meeting on drug resistant TB. The meeting is scheduled for April 1-3, 2009 in Beijing, China and will include invited ministerial delegations, representatives from international agencies, bi-lateral donors, technical agencies, civil society, the research community and the corporate sector.

In 2008, the highest levels of multidrug-resistant tuberculosis (MDR-TB) were reported by WHO with nearly half a million new MDR-TB cases emerging worldwide. But less than 3% of these cases were being treated according to WHO recommendations. Cases of extensively drug-resistant tuberculosis (XDR-TB) – which has a higher mortality rate and is even more difficult and more expensive to treat than MDR-TB – are now being found in more countries.

The threat of MDR-TB and XDR-TB can be halted – but few of the 27 countries¹ worst affected by drug-resistant TB have response plans in place. Many countries are not even equipped to diagnose drug-resistant TB. Without the right actions in place, including ensuring that basic TB control is done properly, governments will face an uncontrollable and an untreatable TB epidemic.



The ministerial meeting aims to greatly strengthen political commitment and build engagement by affected countries and the global community. In the lead up to the meeting WHO will support countries to begin developing 5 year MDR-TB plans as part of the TB strategic planning process.

The hope is that the meeting will bring together governments, international and national agencies, experts and others to find solutions to current bottlenecks to implementation. Anti-TB drug quality, supply and use, laboratory capacity and fast adoption of new and rapid diagnostic tools, involvement of the private sector in MDR-TB

prevention and control, prevention of transmission of tuberculosis in health care facilities, congregate settings, prisons and communities are among the priority areas for discussion.

Participants will also talk about the promotion of patient and community rights and responsibilities and the need to urgently fund research and development of new drugs and diagnostics.

1 China, India, Russian Federation, Pakistan, Bangladesh, South Africa, Ukraine, Indonesia, Philippines, Nigeria, Uzbekistan, Democratic Republic of Congo, Kazakhstan, Viet Nam, Ethiopia, Myanmar, Tajikistan, Azerbaijan, Republic of Moldova, Kyrgyzstan, Belarus, Georgia, Bulgaria, Lithuania, Armenia, Latvia and Estonia



The MDR Working Group Secretariat is provided by WHO Stop TB Department

MDR-TB IN THE NEWS



Vital Signs, CNN

Dr Jaime Bayona, Director of Socios En Salud Sucursal in Lima, Peru and winner of the 2008 Kochon Prize was featured in Vital Signs, hosted by Sanjay Gupta on CNN. This episode of Vital Signs looked at the rise of tuberculosis and MDR-TB and saw Dr Gupta travel to Peru to see the work that Dr. Bayona is doing to control drug resistant TB.

Vital Signs is CNN's monthly program giving viewers a global look at the world of medicine. This episode was aired on November 20, 2008. Click on the link to watch:

<http://edition.cnn.com/CNN/Programs/vital.signs/>

THE DEADLY COMBINATION

The BBC also released a new documentary titled The Deadly Combination, as the latest edition of the Survival series made for BBC World News. The documentary is about the current world crisis in TB including the challenges of MDR-TB and XDR-TB.

The documentary is available online and was first aired on November 15, 2008. Click on the link to see watch the program.

http://bbcworldnews.survival.tv/documentaries/the_deadly_combination.php

EDITORIAL THE FOREST OF MDR-TB

These days I often use my bicycle to travel to and from work, and the route takes me through a forest. Last night I left the office late and it was completely dark as I rode home, there was no moon and the wind had made the temperature drop below zero. The roads to the forest are easy and well lit, but once you are in the forest, cycling becomes a challenge. To begin with the road goes steeply downhill, and to have the energy to climb out the other side, a fast descent, into the dark, is called for. I only have a single torch fixed to the handlebars so I could only see 5 meters ahead. The logging team working the forest had churned up the surface of the track since I came that way in the morning. I nearly came off as I hit a deep rut but just succeeded in staying on the bike, making it through to the other side, and to the lighted roads of the rest of my journey.

Finding a way to scale up the world's response to MDR-TB means finding a way through a much bigger forest than the one I rode through. The Ministerial meeting in Beijing in April 2009 promises to provide direction. The likely numbers of cases, deaths and years of life lost by MDR-TB will be mapped out, together with the level of investment needed to reduce the problem over the next several years. What's more, each country will soon have an updated estimate of the number of cases occurring each year. Monitoring the number of cases treated will give each country the precise gap they need to address. Of course the night is dark, and getting darker - it is not yet clear in these times of financial crisis where the necessary funds will come from, but some countries have found a way and will share their experience at the meeting. We plan to show how the world can provide a sufficient supply of second line drugs, quality assured to international standards, and to discuss the ways that several countries have used to regulate the way these drugs are prescribed. Countries need to plan and to start moving fast, even if it feels like a descent into the dark. The deep rut that is XDR-TB appears to have a way out, if recent reports of good cure rates are confirmed elsewhere. But in the end we need new drugs. Countries such as Brazil, China, India, Russia, and South Africa have research bases that we must mobilize, and we hope to motivate them to take the lead in addressing this problem.

We also need to make sure we do better even in the supposedly well-lit streets of basic TB control, and cut to a minimum the number of cases of MDR-TB we create.

Dr. Paul Nunn
Coordinator, TB/HIV and Drug Resistance, WHO

SCALING UP THE GLOBAL NURSING WORKFORCE TO FIGHT MULTIDRUG-RESISTANT TUBERCULOSIS

The International Council of Nurses (ICN) and Eli Lilly and Company (Lilly) recently announced a dramatic scale-up in their partnership to support nurses in the global fight against multidrug-resistant tuberculosis (MDR-TB). The event coincided with the UN Millennium Development Goals (MDG) Summit held in New York on 25 September 2008, where progress on the global fight against TB was presented and future plans discussed. The ICN-Lilly partnership builds nursing capacity on the ground to improve the care, treatment, and prevention of TB and MDR-TB. The project's training and education program reaches thousands of nurses in high-burden countries and is supplemented by global learning resources, E-tools, and an annual awards program.

Lilly's support over the next four years is enabling this program to be implemented in 18 countries. Bryce Carmine, Executive Vice President, Lilly, said: "We recognize that, although we have made significant quantities of our medicines available for this fight against MDR-TB, even our most sophisticated medicines are unsuccessful without the vital connection to patients that nurses provide. The structure of ICN enables it to reach millions of nurses through its member national nurses associations and provide training and ongoing support to those fighting MDR-TB on the front lines."

Tuberculosis Survival Project Announces Winner of 2008 TB Survival Prize

The Tuberculosis Survival Project announced the winner of the first Tuberculosis Survival Prize 2008 on the eve of the 39th Union Conference on Lung Health in Paris in September. The Tuberculosis Survival Prize 2008 was awarded to Speranta Terrei, a Moldovan NGO. This new annual award recognizes innovation in tuberculosis (TB) advocacy and social mobilization. The purpose of The Tuberculosis Survival Prize is to enable those who may ordinarily have difficulty accessing funding to replicate or upscale their advocacy efforts in the fight against TB. Nominations for the prize were invited from those who have been working in the field of HIV/TB or TB/MDR-TB to develop and implement projects and programs that stimulate social mobilization around TB/MDR-TB, and/or grassroots activities that inform, empower and enable individuals with TB/MDR-TB to advocate for themselves, and/or have created patient led models that ensure greater support of people undergoing TB/MDR-TB treatment to improve adherence.

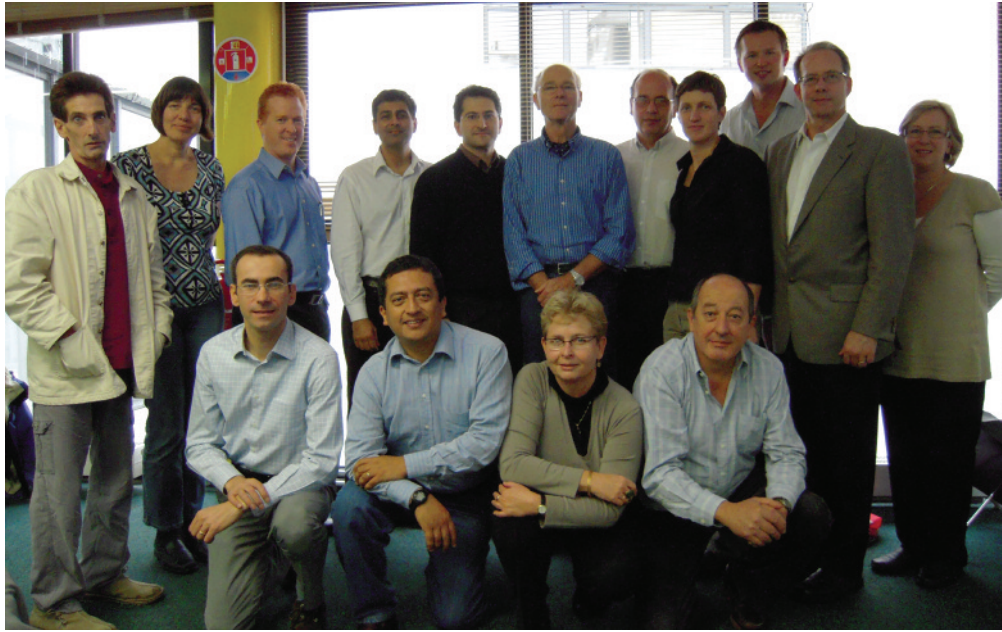
Speranta Terrei, meaning 'hope of the land', is a grassroots organization. Every year it reaches about 16,000 Moldovans with messages on recognizing TB symptoms and preventing transmission. It has

supported continuation phase directly observed therapy (DOT) for 354 patients, and supervised prophylactic treatment for 66 school children who were contacts of TB patients. In cooperation with TB dispensaries, Speranta Terrei sends treatment supporters called moderators (often former TB patients themselves) to patient's homes along with the day's medication. These moderators are community members who function as intermediaries and peer counsellors, bringing the correct dosage and words of encouragement to those on the TB treatment journey.



Speranta Terrei reaching out to the population of Balti and raising awareness of TB

GREEN LIGHT COMMITTEE UPDATE



The GLC team at the meetings in Paris, France

The GLC works to ensure that patients receive high-quality second-line anti-TB medications in programs that are providing a high standard of care. By integrating DR-TB treatment with high-quality DOTS, the aim is to prevent the development of drug-resistance to first- and second-line anti-TB drugs. Together with the Working Group on MDR-TB, the GLC promotes implementation of the DR-TB component of the Stop TB Strategy (http://www.who.int/tb/strategy/stop_tb_strategy/en/) and the Global MDR/XDR-TB Response plan (2007-2008). The GLC Initiative aims to promote technical assistance and linkages to technical partners that will make integration of high-quality DR-TB treatment into national TB strategies a reality.

Medecins Sans Frontieres (MSF), member of the Green Light Committee (GLC) hosted the 51st meeting of the GLC in Paris, France. Nine applications were reviewed at the meeting and five were approved (China, Ethiopia, Mexico Puentes de Esperanza, Serbia and Bulgaria). The proposals approved cover a total number of 967 patients. Some applications had already been approved prior to the meeting (Mozambique, Nepal, Saratov, Adygeya, Romania and Mexico) which brought

the total number of applications approved under the review cycle to 11 covering a total of 2611 patients who will now receive treatment.

Other issues on the agenda were research, a plan for renewal of institutional membership, revision of the GLC Operating Procedures and the new monitoring tool to be used for the GLC monitoring missions.

The GLC, in consultation with the Stop TB Working Group on MDR-TB, organized an update for GLC consultants on October 14, 2008 in Paris. The meeting was well attended with current and new consultants participating along with Working Group and other GLC members. Participants received updates on a variety of issues including the guidelines on MDR-TB, new operational procedures for the GLC, new monitoring tools and collaboration with the Global Laboratory Initiative.

At the end of 2008, nineteen projects were approved in eleven countries covering 12,513 patients. This brings the total number of patients approved through GLC projects to 42,719 people to date.

<http://www.who.int/tb/challenges/mdr/greenlightcommittee/en>

Drug Resistance Surveillance Project Guidelines to be developed

On September 15 - 16, 2008 an Expert Meeting on anti-TB drug resistance was convened by WHO in Geneva. Twenty-five participants attended the meeting and engaged in a lively and focused discussion on how to improve geographical coverage of the drug resistance surveillance project and how to gather data on trends that would enhance our understanding of the epidemiology of drug resistant TB.

Discussions centered around a review of the objectives of the Global Drug Resistance Surveillance (DRS) project and the achievements since its establishment in 1994 and the strengths and weaknesses of the current approaches to DRS. The scope of the project was reviewed and possible new methods and designs to conduct DRS, such as sentinel sites, extension of cluster sites etc. were on the agenda.

The role of rapid tests in DRS (currently available and future tests) and the possibility of including testing of fluoroquinolones and aminoglycosides / capreomycin for surveillance purposes was also presented.

The meeting resulted in key new recommendations which will feed into the revision of the WHO guidelines to conduct drug resistance surveillance guidelines planned for early 2009.

Recommendations include that, at a minimum, periodic representative surveys should be conducted among new TB cases (with frequency every 3-5 years) and continuous surveillance mechanisms should be established among all retreatment cases (prioritization of subcategories to be identified at country level).

Either phenotypic or genotypic tests could be used for surveillance purposes. At the very least drugs tested should be: rifampicin and isoniazid, plus fluoroquinolones, injectable second line drugs and ethambutol if the strain is found to be rifampicin resistant.

The final recommendation was that survey protocols must now be reviewed by an ethical committee or review board.

Contribution by **Matteo Zignol**

UPCOMING EVENTS

THE TRAINING COURSE FOR MDR-TB CONSULTANTS

When: December 1-5 2008

Where: Lima, Peru

WHO and the MDR-TB Working Group in collaboration with the Peru National TB Programme and Socios en Salud, will run an intensive one week MDR-TB course for selected consultants that will support operations of the Green Light Committee.

WORLD TB DAY

When: 24 March

STOP TB PARTNERSHIP FORUM

When: 23-25 March

Where: Rio de Janeiro, Brazil

More Information:

http://www.stoptb.org/events/partners_forum/2009/

Plans for the 3rd Stop TB Partners Forum are coming together. Partners who plan to attend the Forum - or those who do not! - are encouraged to visit the website where the agenda is now online. There are opportunities to sign up to organize specific sessions in the thematic tracks. There are also opportunities to register to participate in skills building workshops, site visits and to be a speaker during "Speaker's Corner" debates. Further details on the TB-HIV Working Group meetings planned for Rio, civil society engagement opportunities and TB/HIV themed meetings will be available in future editions of this newsletter and online.

MINISTERIAL MEETING ON TUBERCULOSIS CARE AND CONTROL: ADDRESSING MDR-TB AND XDR-TB

When: 1-3 April

Where: Beijing, China

More Information:

www.who.int/tb/challenges/mdr