

# ***Sixth Meeting of the Working Group on **MDR-TB*****

## ***Stop TB Partnership***

***20-22 September 2007***

***Tbilisi, Georgia***

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## ***Scaling-up **MDR-TB** Management Break-out Session***

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## ***Scaling-up MDR-TB Management Break-out Session***

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***Discussion was focused around political commitment, different epidemiological situation, the capacity to deliver high quality technical assistance, quality of DOTS, private sector, clinical management, and laboratory network***

**Three questions were addressed:**

- 1. What is preventing the acceleration of scale-up in MDR-TB? *(The problem)***
- 2. What should be done to accelerate? *(The possible solutions)***
- 3. What can the MDR-TB and other WG do to accelerate the scale-up? *(Recommendations)***

## ***Scaling-up MDR-TB Management Break-out Session***

### **1. What is preventing the acceleration of scale-up in MDR-TB? *(The problem)***

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*The following four areas were identified as principal bottlenecks to accelerating the scale-up of MDR-TB management:*

- 1. Lack of *political commitment*, specially concern from largest high burden countries.**
- 2. Lack of *capacity* in countries to prepare and implement MDR-TB programmes.**
- 3. Lack of capacity to deliver high *quality technical assistance* to countries in the situation of increased availability of financial resources and accelerated response.**
- 4. Too slow *administration* and channeling of financial *resources*.**

# **Scaling-up MDR-TB Management Break-out Session**

## **1. What is preventing the acceleration of scale-up in MDR-TB? (*The problem*)**

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### **1. Lack of *political commitment*, specially concern from largest high burden countries.**

- *DOTS strategy is not implemented comprehensively.*
- *Need for renewed political commitment to help strengthen the NTPs to enable them to build strong national programs. Capable human resources and appropriate mandate, with adequate rules and regulations.*
- *Need to increase the sense of urgency at the country level.*
- *The size of the country (India, China) can prevent rapid scale-up.*
- *Exclusion of TB patients from the society is one of the main obstacles. Community care and support are as important as the technical treatment.*
- *There is a need for a bottom-up push from the communities, doctors.*
- *Lack of proper coordination between different Ministries, WHO, other partners, is a major obstacle.*
- *Insufficient participation of NGOs and civil society.*

# **Scaling-up MDR-TB Management Break-out Session**

## **1. What is preventing the acceleration of scale-up in MDR-TB? (*The problem*)**

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### **2. Lack of *capacity* in countries to prepare and implement MDR-TB programmes.**

- *For majority of the countries in the African region MDR-TB the magnitude of the MDR-TB is still unknown. Diagnosis is not part of the normal DOTS program. Most of the labs need to be linked with the SRLs outside of the region.*
- *Problem with procurement.*
- *Most of the patients with MDR-TB come from outside the NTP. How to link public and private sectors, is a challenge.*
- *Absence of laboratories and microbiologists within the public sector (India).*
- *Inadequate laboratories to perform culture tests. Diagnosis is a challenge. Takes a long time to receive the lab data.*
- *Can the NTP start a MDR-TB programme without a good laboratory network?.*

# **Scaling-up MDR-TB Management Break-out Session**

## **1. What is preventing the acceleration of scale-up in MDR-TB? (*The problem*)**

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### **3. Lack of capacity to deliver *high quality technical assistance* to countries**

- *Most of the countries need technical support to develop country guidelines.*
- *Need more coordinated effort from different partners with specific expertise to offer countries targeted technical assistance to get all the components.*
- *There is a need for comprehensive approach, so that regions that want to implement MDR-TB program have all the pieces in place to start.*
- *GLC procurement bottlenecks also contribute to slow scale-up.*
- *Long-term committee consultants to provide enough technical to countries to be able to scale. 1-2 times a year is not enough.*
- *Technical assistance is not coordinated and consultants come with diverging recommendations. Technical assistance should be coordinated to ensure a comprehensive approach to the program. GF principal recipients are under pressure to start the treatment as per the proposal. Technical assistance is key to help countries.*

# ***Scaling-up MDR-TB Management Break-out Session***

1. What is preventing the acceleration of scale-up in MDR-TB? *(The problem)*

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**4. Too slow *administration* and channeling of financial *resources*.**

- *How do we leverage all the partners at the country level to ensure that countries can absorb the money. Have a streamlined approach for the country manager who will have to manage under different pressures.*

## ***Scaling-up MDR-TB Management Break-out Session***

2. What should be done to accelerate? **(The possible solutions)**

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### **1. Lack of *political* commitment,**

- Strengthen **DOTS** → PIVOTAL.
- Enhance Political Commitment in all the fields
- PPM

## ***Scaling-up MDR-TB Management Break-out Session***

### **2. What should be done to accelerate? (The possible solutions)**

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#### **2. Lack of *capacity in countries* to *prepare and implement MDR-TB programme.***

##### **a.- To define the *minimal requirements* to *implement a MDR-TB programme***

- Coverage and quality of DOTS
- Laboratory network, including private
- Drug Management

##### **b. Criteria to establish a good *ambulatory* *treatment program***

## ***Scaling-up MDR-TB Management Break-out Session***

### **2. What should be done to accelerate? (The possible solutions)**

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### **3. Lack of *capacity* to deliver high quality technical assistance to countries**

- a. Encourage a ***harmonized*** and collaborative ***approach*** to the delivery of technical assistance based on sharing of regional experiences, in support of country partner-owned and partner-led action plans:
- Regional centers of excellence to provide long-term country support and technical assistance.
  - Improve country partner access to timely and quality assured technical assistance in agreed priority areas (e.g. lab capacity)
  - Strengthen the capacity of country partners to manage technical assistance effectively.
- b. Assist in the ***professional development*** of local, national and regional consultants.

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2. What should be done to accelerate? **(The possible solutions)**

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### **4. Too slow *administration* and *channeling of financial* resources**

- Needed to define the correct way to invest the financial resources***

# **Scaling-up MDR-TB Management Break-out Session**

## **Priority Areas**

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### **1. Planning**

- Strategic planning
- Costing and budgeting

### **2. Implementation/management**

- Management (including clinical and financial management)
- Organizational development
- Resource tracking
- Partnership development

### **3. Monitoring and evaluation**

### **4. Technical areas (clinical, drug management, laboratories, infection control etc)**