



GLC: Implementation of the new Global Framework for Management of Multidrug-Resistant Tuberculosis

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- The Global Framework
- Progress in implementation of each element
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The Global Framework for Management of MDR-TB

Goal: Universal Access to DR-TB Management by 2015

- 1. Increased level of technical support to countries
- 2. Increased access to high-quality, affordable SLDs
- 3. Strengthened advocacy
- 4. Regular monitoring and evaluation of country performance
- 5. Regular updating of international policy and guidelines
- 6. Provision of advice to funding agencies upon their request





New Global Framework - installation

- Endorsed by the STP CB (Apr 2011) and WHO STAG (June 2011)
- New framework in place as of 1 July 2011
- Global GLC (gGLC) established, met in October 2011, will meet again this month
- gGLC secretariat established in WHO Geneva





New Global Framework - installation

- Regional GLC (rGLCs) established in American,
 European and the Western Pacific regions,
- With rGLC secretariats in each Regional Office
- Strong push for rapid establishment of rGLCs in remaining regions (gGLC, Core Group of MDR-TB Working Group, Partnership, WHO), and in WHO Regional Offices
- African, Eastern Mediterranean, South East Asian rGLCs on track for implementation Q2, 2012.





New Global Framework – role of the MDR-TB Core Group

- Advocacy for MDR-TB scale-up
- Support implementation of key strategic recommendations from sub-groups
- Governance and reporting to Coordinating Board
- Coordination with other Workings Groups





Increased level of technical support to countries

- 47 monitoring and TA missions to 39 countries with GF grants,
 Q 3 & 4, 2011, compared to 46 in same period 2010
- 97 reviews of SLD procurements by g and rGLC Secretariats, Q 3 & 4, 2011, compared to 70 in same period 2010
- Missions to improve eM&E, Nepal and Uzbekistan through key partners (IRD, MSH); Myanmar and Cameroon missions planned
- Guidelines on electronic recording and reporting for TB care and control developed by WHO with KNCV and MSH through TB-CARE
- Training workshops on M&E for MDR-TB in 3 regions (AMR, EMR, EUR)
- Justification for 2 year indicative budget, exercise was stopped





Increased access to high-quality, affordable SLDs

- Direct access to GDF for procurement of quality assured SLDs
- SLD Market Stakeholders group established, involving many partners, with long term goal of all MDR-TB patients having access to quality assured SLDs at a cost that most countries can afford or one that donors prepared to pay





Strengthened advocacy

EURO MDR-TB Action Plan

Regular monitoring and evaluation of country performance

- rGLCs establishing routine annual M&E of countries
- WHO Annual MDR-TB Progress Report
- Progress report on MDR-TB to the WHA, 2012
- Performance benchmarks to assess progress of new framework - 2nd gGLC meeting in Feb 2012





Regular updating of international policy and guidelines

- WHO 2011 Updated PMDT Guidelines
- Handbook on community based MDR-TB care, by TBCARE (Oct 2011)
- MDR-TB Planning Tool by PATH, with WHO

Provision of advice to funding agencies upon their request

Technical advice provided on request to TGF on 8 countries





Funding for framework (via WHO)

USAID PEPFAR grant for Financial Year Oct 2011- Sept 2012 to support GF grants

Recently approved - USD \$2.4m

MoU between TGF and WHO

- New MoU for provision of technical support via the gGLC and rGLCs, hopefully will be finalised soon.
- However funding less than for 2011.

Eli Lilly MDR-TB Partnership, 3rd Phase

 Under discussion. Funds may be available Q4 2012; main focus on China, India, the Russian Federation and South Africa





"Totally Drug Resistant" TB

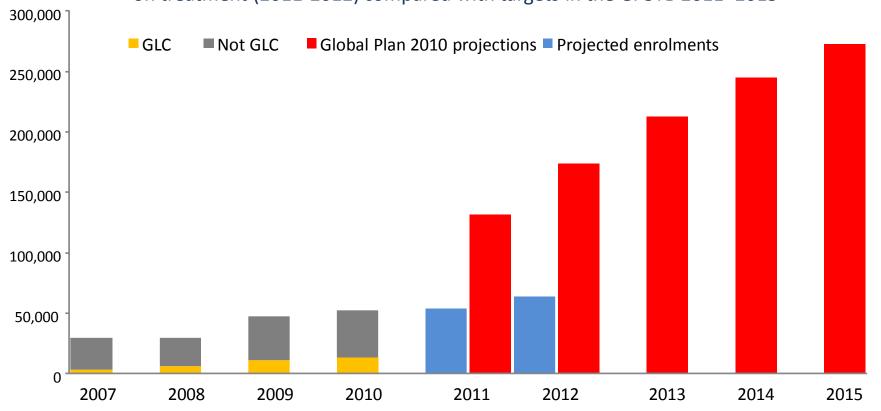
- Report of 4 cases from Mumbai, India
- Intense media interest
- Response
 - In India: From Government of India, State of Maharashtra and Mumbai Municipal Authority, civil society
 - WHO: Messages to media, FAQs, technical consultation in March 2012, joint CDC-WHO letter
- Implications for GDF
 - Supply of Class 5 drugs: challenges linezolid and clofazimine
- Opportunity offered for advocacy on strengthened TB control activities (all aspects) and resource mobilization, needs to be seized





Doubling of notified MDR-TB cases in 2009-10. However only 16% of total global estimated cases enrolled on treatment in 2010

Notified MDR-TB cases (2007–2010) and projected numbers of patients to be enrolled on treatment (2011-2012) compared with targets in the GPSTB 2011–2015



21st Stop TB Partnership Coordinating Board Meeting 30 January – 1 February 2012 - Bangkok, Thailand

Source: WHO Global TB Report 2011





Concluding Summary

- Framework of GLC is established and working
- Focus now on MDR-TB scale up in countries
- Advocacy for MDR-TB is the urgent priority
- Realignment of the MDR Working Group's role to support advocacy and scale-up in progress



GLC Income and Expenditure 2011 (USD \$)

Donor	Total Income (including any balance carried forward)	Expenditure Breakdown (includes encumbrances) as of 30 September 2011						Balance
		GLC activities,	WHO-HQ GLC salaries	GLC regional services		Programme	expenditure	
		trainings, meetings and partner contracts		WHO-RO/CO Salaries	Technical assistance to countries	support costs		
USAID	2,062,815 ^b	0	448,160	0	1,294,788	226,583	1,969,531	93,284
Global Fund	3,670,133	357,740	985,473	1,104,271	150,000	181,824	2,779,308	890,825
UNITAID /TBP	174,000	0	130,500	0	0	0	130,500	43,500
ELI LILLY	116,000	0	0	0	71,262	9,264	80,526	35,474
WHO- Regular Budget	33,000	0	24,750	0	0	0	24,750	8,250
TOTAL	6,055,948	357,740	1,588,883	1,104,271	1,516,050	417,671	4,984,615	1,071,333

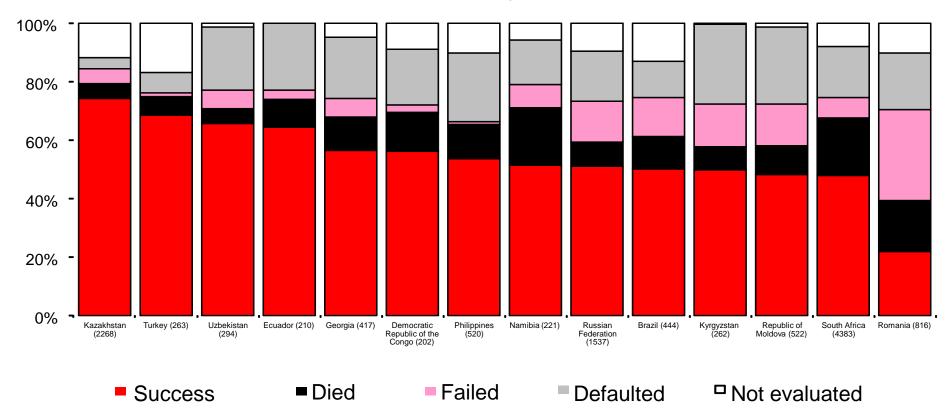
^aAs of 30 September 2011

^bThis amount includes the portion of grant allocated to GLC for M&E, technical assistance to countries and salaries and does not include LAB, IC and DRS components



Progress in scale-up

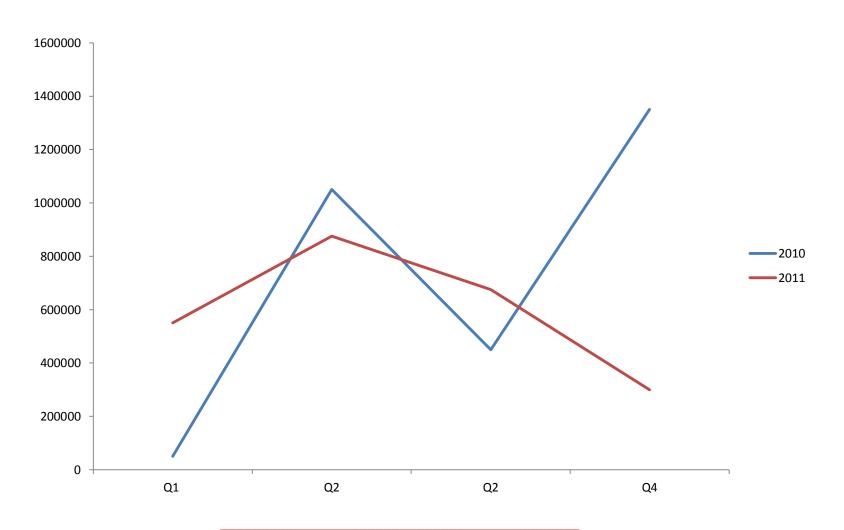
Outcomes of MDR-TB treatment for MDR-TB patients started on treatment in 2008*



^{*} In countries reporting outcomes for >200 MDR-TB cases with <20% unevaluated (cohort size shown below country names)



CSE payments by World Health quarter, 2010-2011



Who?	Where?	What?	Accountability
Global GLC	Sub-group WG	 provide advice to donors/funders on country PMDT scale-up plans ensure collaboration among Global and Regional GLCs to ensure consistency across regions to address technical issues, programmatic challenges, and strategic planning; provide technical advice to the Core Group of the MDR-TB Working Group for strategic issues 	Exec Sec STP through the WG Chair
	WHO advisory body	 Provide advice on strategic issues related to scaling up DR-TB care Contribute to regular updating the evidence base for WHO policy on PMDT; 	WHO/Stop TB
Regional GLC	Regional extensions of the sub- group	 Review and provide inputs to the regional strategies and/or action plans for scale up of PMDT Review and analyze GLC monitoring mission reports and surveillance data Provide an opinion to donors/funders on country PMDT scale-up plans and the subsequent TA needs identified 	Chair of the global GLC
	WHO regional advisory body	 Oversee the provision of supportive monitoring missions and technical assistance missions to countries Liaise with the new gGLC and exchange information on plans of Regional GLC activities, and inform the gGLC of technical and political issues. 	WHO/Stop TB