



Second meeting of the WHO Task Force on XDR-TB 9-10 April, Geneva, Switzerland

A group of ninety-three TB experts and representatives of member states participated in the meeting, and reviewed the progress in implementing the recommendations of the previous XDR-TB Task Force Meeting (Geneva, 10-11 October 2006), assessed the progress of the implementation of the Global MDR-TB and XDR-TB Response Plan 2007-2008 and, drawing on the eight objectives of this plan, agreed on the following recommendations to accelerate its implementation:

Recommendations

1. Strengthen basic TB and HIV/AIDS control, to avoid creation of MDR-TB and XDR-TB

- a. WHO and Stop TB Partnership (STP) to convene a meeting with the 27 high priority MDR-TB countries to increase political commitment at the highest country level, assess progress achieved in these priority countries, and agree on actions to tackle the main factors hampering progress
- b. Countries to incorporate prisons in all TB programme reviews and WHO to promote high level engagement of both Ministry of Health and Ministry of Justice
- c. WHO to develop clear policies and usable recommendations in the following areas:
 - i.* screening tools for TB in PLHIV
 - ii.* interaction between SLDs and ARVs,
 - iii.* diagnosis and management of IRIS
 - iv.* Infection control

2. Scale-up programmatic management

- a. Countries to strengthen the response to MDR-TB and XDR-TB in prisons
- b. Stop TB Partnership DOTS Expansion Working Group (WG) to include MDR-TB in the scope of work of its subgroup "TB in children" and to assist countries to address the needs of this specific population
- c. WHO, Stop TB Partnership and countries to engage all health care providers in the MDR-TB and XDR-TB response
 - i.* setting up a task force on "all health care providers" addressing MDR-TB
 - ii.* assessing the magnitude of the unregulated market of SLD
 - iii.* addressing perverse incentives in private sector

- iv. ensuring that all health care providers manage MDR-TB according to the WHO Guidelines for the programmatic management of DR-TB
- d. Global Fund to support proposals to involve all health care providers in the response to MDR-TB and XDR-TB
- e. WHO to have a new full revision of Guidelines for the programmatic management of DR-TB by 2010
- f. WHO to produce and disseminate practical guidance ethical and legal issues to support patient-centred TB care, including community-based MDR-TB care, strongly recommended in the updated WHO Guidelines.
- g. Countries to ensure that training on MDR-TB and XDR-TB management is delivered at all levels, in all areas and levels of key importance (laboratory, infection control, health care providers, community-based MDR-TB care).
- h. WHO to produce training modules and make them available as quickly as possible;
- i. Stop TB Partnership MDR-TB WG to develop further the framework of Centers of Excellence and the concept of "country scale-up teams", with clear participation of civil society
- j. Global Drug Facility to continue strengthening leadership in the management of second-line anti-TB drugs and pursue in the increase of staff assigned to this matter
- k. WHO, Stop TB Partnership and countries to prioritize the documentation of, and improvement of, the quality of anti-TB drugs

3. Strengthen laboratory services

- a. WHO and Stop TB Partnership to consider integration of its laboratory activities with other initiatives (HIV, PCR-based), and to involve private laboratories in the plan of the Global Laboratory Initiative
- b. WHO to provide guidance on implementation of line probe assays for MDR-TB within specific country settings
- c. GLI to provide clear recommendations on biosafety, including proper safeguards for HIV infected laboratory workers, with subsequent training
- d. WHO to give guidance for External Quality Assurance (EQA) of culture and document scale up of EQA for drug susceptibility testing in at least all high MDR-TB burden countries
- e. Countries to ensure active participation of TB laboratories in TB clinical trials as a partner

- f. Countries to address human resource crisis in laboratories with measures including training both for laboratory staff and consultants.

4. Expand MDR-TB and XDR-TB surveillance

- a. WHO to revise drug resistance survey (DRS) tools and methods to facilitate expansion and determination of trends
- b. WHO and countries to strengthen surveillance systems to determine more clearly the link between HIV and DR-TB epidemiology
- c. African countries to increase efforts to conduct DRS

5. Introduce infection control, especially in high HIV prevalence settings

- a. WHO, STP and countries to promote research in infection control, UV evaluation and evaluation of pilots on home isolation, with the support of donors
- b. WHO to integrate TB infection control into other disease infection control efforts and other initiatives (i.e. natural ventilation)
- c. Countries to promote community education on TB infection control and step up measures to prevent nosocomial transmission of TB, especially DR-TB

6. Strengthen advocacy, communication and social mobilization (e.g., Response Plan)

- a. WHO to develop guidelines/tools to address human and ethical issues in MDR-TB and XDR-TB care and treatment
- b. WHO and STP to strengthen work with the media to frame and address community concerns of DR-TB
- c. Stop TB Partnership to strengthen national partnerships to promote more comprehensive TB plans, boost national mobilization and strengthen ownership of Global Plan to Stop TB 2006-2015
- d. Stop TB Partnership to promote further engagement of civil society to create more demand for country policy changes and research for MDR and XDR-TB

7. Pursue resource mobilization at global, regional and country levels

- a. High priority MDR-TB countries to integrate the DR-TB prevention and control into revised NTP strategic plans (with clearly identified costs and action plans for objectives of the Global MDR-TB and XDR-TB response plan) with the support of WHO and STP

8. Promote research and development into new diagnostics, drugs and vaccines

- a. Stop TB Partnership and key partners such as FIND and TB Alliance to accelerate efforts for research and development of effective tools to prevent and treat MDR- and XDR-TB

b. WHO and countries to include operational research components in routine DR surveys