DEFINITION OF XDR-TB

- Extensively drug-resistant TB (XDR-TB) is a form of TB caused by germs resistant to all the most effective anti-TB drugs, and emerges through mismanagement of MDR-TB treatment. Once created, XDR-TB can spread from one person to another.
- XDR-TB is resistance to at least Isoniazid and Rifampicin (i.e. multidrug-resistant TB or MDR-TB), plus resistance to any fluoroquinolones, and any one of the second-line anti-TB injectable drugs (Amikacin, Kanamycin or Capreomycin).
- XDR-TB raises concerns of a future TB epidemic with restricted treatment options, and jeopardizes the major gains made in TB control and progress on reducing TB deaths among people living with HIV/AIDS.

41 COUNTRIES WITH XDR-TB TO DATE

WHO GLOBAL TASK FORCE ON XDR-TB

The Task Force met for the first time in October 2006 and issued the following recommendations:

1 - Strengthen the quality of basic TB and HIV/AIDS control
2 - Scale up the programmatic management of MDR-TB & XDR-TB
3 - Strengthen laboratory services
4 - Expand MDR-TB & XDR-TB surveillance
5 - Develop and implement infection control measures
6 - Strengthen advocacy, communication and social mobilization
7 - Pursue resource mobilization at all levels
8 - Promote research and development of new tools
MDR-TB AND XDR-TB RESPONSE PLAN 2007-2008

The lives of 134,000 MDR-TB and XDR-TB patients will be saved in 2007-2008 if the US$ 2.1billion response plan is fully funded and fully implemented.

<table>
<thead>
<tr>
<th>Global Response Plan</th>
<th>2007</th>
<th>2008</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR-TB Cases on Treatment</td>
<td>60,000</td>
<td>100,000</td>
<td>160,000</td>
</tr>
<tr>
<td>XDR-TB Cases on Treatment</td>
<td>6,000</td>
<td>10,000</td>
<td>16,000</td>
</tr>
<tr>
<td>Lives Saved</td>
<td>49,000</td>
<td>85,000</td>
<td>134,000</td>
</tr>
<tr>
<td>US$ Total</td>
<td>$882m</td>
<td>$1,273m</td>
<td>$2,155m</td>
</tr>
</tbody>
</table>

ACTIONS AND PROGRESS SINCE OCTOBER 2006

• Missions to identify and provide support and technical assistance carried out in Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa and Zambia. International staff deployed in Lesotho and South Africa, with funding to support Swaziland post, and two regional posts. Rapid surveys completed to assess XDR-TB extent in Botswana and Swaziland. Generic protocols developed for countries. National training courses planned for Botswana, Ivory Coast, Mexico and South Africa by end of 2007.
• Lesotho National Reference Laboratory restructured with first results generated with support from FIND, Partners In Health and WHO.
• Green Light Committee strengthened to review and approve increasing number of applications for second-line anti-TB drugs.
• TB partners engaged in MDR-TB and XDR-TB management expansion activities, e.g. TBCAP in infection control, regional training courses in Africa, Americas, Middle East and South East Asia.
• The Global Plan to Stop TB revised to include a doubling of the numbers of MDR-TB treatments by 2015 and latest XDR-TB costings.
• Revised guidelines on programmatic management of drug-resistant TB in preparation and includes guidance on human rights approach and community-based MDR-TB care.
• Revised infection control guidelines for health care facilities being finalized. Global consultation at WHO in October 2007 recommended a national level infection control framework is also needed.
• Development of new approach to recording and reporting of drug-resistant TB cases.
• WHO TB laboratory strengthening responsibilities reorganized and business plan for laboratory expansion drafted.
• WHO/PEPFAR consultation recommended PEPFAR make immediately available US$50m for TB/HIV, including funds to expand infection control, and strengthen laboratories.