

KEY BOTTLENECKS IN M/XDR-TB CONTROL AND PATIENT CARE

A NUMBER OF KEY BOTTLENECKS, WHICH ARE COMMON ACROSS MANY AFFECTED COUNTRIES PLANNING AND BEGINNING TO IMPLEMENT THE M/XDR-TB RESPONSE, WILL REQUIRE POLITICAL DECISIONS WITHIN THE HEALTH SYSTEM AS A WHOLE TO OVERCOME. THESE BOTTLENECKS WILL BE ADDRESSED IN BEIJING AS FOLLOWS:

1. FORECASTING THE CONTROL OF MDR-TB EPIDEMICS
2. ADDRESSING THE GAPS IN TB CONTROL
3. PROVIDING M/XDR-TB MANAGEMENT AND CARE
4. ADDRESSING THE HEALTH WORKFORCE CRISIS
5. RESPONDING TO THE LABORATORY BOTTLENECK
6. ENSURING ACCESS TO QUALITY-ASSURED ANTI-TB MEDICINES
7. RESTRICTING THE AVAILABILITY OF ANTI-TB MEDICINES
8. PRIORITIZING TB INFECTION CONTROL
9. MAXIMIZING RESEARCH OPPORTUNITIES TO ADDRESS M/XDR-TB
10. FINANCING M/XDR-TB CONTROL AND CARE

THE AGENDA

DAY ONE WILL FOCUS ON BUILDING CONSENSUS AND POLITICAL COMMITMENT GLOBALLY IN HIGH M/XDR-TB BURDEN COUNTRIES. PARTICIPANTS WILL BE PRESENTED WITH AN OVERVIEW OF THE SIZE, DISTRIBUTION AND TREND OF THE M/XDR-TB PROBLEM WORLDWIDE. SENIOR REPRESENTATIVES OF THE MAJOR GLOBAL AGENCIES INVOLVED IN TB AND M/XDR-TB WILL DESCRIBE THEIR RESPONSE TO DATE AND THEIR VISION FOR THE FUTURE. MINISTERS AND NATIONAL LEADERS WILL OUTLINE PROBLEMS AND PROGRESS IN THEIR COUNTRIES.

A CALL FOR ACTION FROM THE STOP TB PARTNERS' FORUM WILL BE PRESENTED BY REPRESENTATIVES OF CIVIL SOCIETY. A DRAFT CALL FOR ACTION FROM THE BEIJING MEETING WILL BE DISCUSSED AND FINALIZED.

THE NEXT TWO DAYS WILL ADDRESS THE COMPONENTS OF NATIONAL PLANNING THROUGH SHARING OF NATIONAL AND REGIONAL EXPERIENCES, AS WELL AS PLANS AND LESSONS LEARNT ON THE MANAGEMENT AND PREVENTION OF M/XDR-TB. FACILITATED DISCUSSIONS WILL TAKE PLACE IN REGIONAL GROUPS.

FURTHER INFORMATION ABOUT "GLOBAL TUBERCULOSIS CONTROL AND PATIENT CARE: A MINISTERIAL MEETING OF HIGH M/XDR-TB BURDEN COUNTRIES" IS AVAILABLE AT: WWW.WHO.INT/TB_BEIJINGMEETING/EN

ORGANIZERS

STEERING COMMITTEE:

- THE MINISTRY OF HEALTH OF THE PEOPLES' REPUBLIC OF CHINA: XIAO DONGLOU, REN MINGHUI
- THE BILL & MELINDA GATES FOUNDATION: PETER SMALL
- THE GLOBAL FUND AGAINST AIDS, TB AND MALARIA: RIFAT ATUN
- UNITAID: JORGE BERMUDEZ
- STOP TB PARTNERSHIP COORDINATING BOARD AND USAID: IRENE KOEK
- STOP TB PARTNERSHIP: MARCOS ESPINAL, EZIO TÁVORA SANTOS-FILHO
- THE WORLD HEALTH ORGANIZATION: HIRO NAKATANI, MARIO RAVIGLIONE, HANS TROEDSSON

MANAGEMENT GROUP:

- THE MINISTRY OF HEALTH OF THE PEOPLES' REPUBLIC OF CHINA: XING JUN, WANG WENJIE
- THE BILL & MELINDA GATES FOUNDATION: AMY ADELBERGER, DANIEL CHIN AND MICHAEL KIMERLING
- THE WORLD HEALTH ORGANIZATION: PAUL NUNN (MEETING COORDINATOR), LOUISE BAKER, LÉOPOLD BLANC, PHILIPPE GLAZIOU, LYNNE HARROP, CORNELIA HENNIG, WIESLAW JAKUBOWIAK, ERNESTO JARAMILLO, ROBERT MATIRU, EVA NATHANSON, ANDRÉE PINARD CLARK, GLENN THOMAS, PIETER VAN MAAREN, DIANA WEIL

ORGANIZING COMMITTEE - THE STEERING COMMITTEE & MANAGEMENT GROUP MEMBERS, PLUS:

- THE GREEN LIGHT COMMITTEE AND PARTNERS IN HEALTH, BOSTON, USA: SALMAAN KESHAVJEE
- THE MDR-TB WORKING GROUP AND KNCV, THE HAGUE, THE NETHERLANDS: KITTY LAMBREGTS
- THE TB/HIV WORKING GROUP AND UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, USA: DIANE HAVLIR
- THE DOTS EXPANSION WORKING GROUP AND WHO STRATEGIC AND TECHNICAL ADVISORY GROUP - TB, AND KENYA MEDICAL RESEARCH INSTITUTE: JEREMIAH CHAKAYA
- THE NEW DIAGNOSTICS WORKING GROUP AND FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS: GIORGIO ROSCIGNO (FIND), FRANÇOIS DE LAVISON (BIOMÉRIEUX)
- THE TB IC SUBGROUP: BESS MILLER, CHAIR
- THE STOP TB PARTNERSHIP COORDINATING BOARD: PATRIZIA CARLEVARO, ELI LILLY
- THE WORLD HEALTH ORGANIZATION: COLLEEN DANIELS, NICK DRAGER, CHRIS DYE, KATH ERINE FLOYD HAILEYESUS GETAHUN, HANS HOGERZEIL, KATHERINE HOLLOWAY, KNUT LÖNNROTH, CLIVE ONDARI, JITKA SABARTOVA, FABIO SCANO, MUKUND UPLEKAR, DIANA WEIL, KARIN WEYER

LOGISTICS TEAM:

- THE MINISTRY OF HEALTH OF THE PEOPLES' REPUBLIC OF CHINA: XING JUN
- THE BILL & MELINDA GATES FOUNDATION: AMY ADELBERGER, MONIQUE ANNELLO, SHITONG HUAN
- THE WORLD HEALTH ORGANIZATION: LYNNE HARROP, CORNELIA HENNIG, LIANG HUAJING, XU HUABING, AND EVA NATHANSON.



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1-3 April 2009 - Beijing, China
A MINISTERIAL MEETING OF HIGH M/XDR-TB BURDEN COUNTRIES

MDR-TB: AN EPIDEMIC IN THE MAKING

Each year, there are more than 9 million new tuberculosis (TB) cases and half a million with MDR-TB. An estimated 1.7 million people die from TB, including over 400,000 related to HIV co-infection.

This need not be. TB is a preventable and treatable disease but due to a lack of resources and weak health systems, too many suffer needlessly.

Worse yet, TB is now taking on a deadly new form – one that will spread further, if countries don't act now.

A DEADLY, INFECTIOUS DISEASE THAT KNOWS NO BORDERS

IN 2008–2009, THE HIGHEST EVER NUMBER OF MDR-TB CASES WAS REPORTED TO WHO, WITH AN ESTIMATED HALF A MILLION NEW MDR-TB CASES EMERGING ANNUALLY. DRUG-RESISTANT TB HAS A HIGHER MORTALITY RATE AND IS SIGNIFICANTLY MORE DIFFICULT AND MORE COSTLY TO TREAT THAN DRUG-SUSCEPTIBLE TB.

XDR-TB, A SUB-SET OF MDR-TB CAUSED BY HIGHLY DRUG-RESISTANT STRAINS, WITH SIGNIFICANTLY WORSE OUTCOMES, IS NOW REPORTED IN MORE THAN 50 COUNTRIES. XDR-TB DEVELOPS AS A RESULT OF MISMANAGEMENT OF MDR-TB. TODAY, ONLY SOME 3% OF THESE ESTIMATED CASES OF MDR-TB ARE BEING TREATED ACCORDING TO WHO STANDARDS, WHILE MANY MORE MDR-TB PATIENTS ARE MISMANAGED BY VARIOUS PUBLIC AND PRIVATE HEALTH-CARE PROVIDERS.

THE GLOBAL THREAT OF M/XDR-TB CAN BE HALTED IF TB CONTROL MEASURES ARE URGENTLY PUT IN PLACE ACROSS THE WHOLE HEALTH SYSTEM AS RECOMMENDED UNDER THE STOP TB STRATEGY. IF COUNTRIES DO NOT, THEY WILL FACE THE PROSPECT OF A BIGGER M/XDR-TB EPIDEMIC.

THE MICROBIAL WORLD HAS GIVEN US A CLEAR EITHER-OR SITUATION. EITHER WE TACKLE THE PROBLEM NOW WITH RATIONAL AND PROVEN APPROACHES, OR WE PAY LATER WITH AN EPIDEMIC OF AN AIRBORNE DISEASE THAT RENDERS OUR MODERN-DAY MEDICINES AND STRAIGHTFORWARD TREATMENT REGIMENS OBSOLETE.

DR MARGARET CHAN, DIRECTOR-GENERAL, WHO

MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) IS DEFINED AS RESISTANCE TO THE TWO MOST POWERFUL FIRST-LINE ANTI-TB DRUGS (ISONIAZID AND RIFAMPICIN).

EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS (XDR-TB) IS DEFINED AS MDR-TB PLUS RESISTANCE TO THE MOST POWERFUL SECOND-LINE ANTI-TB DRUGS (ANY FLUOROQUINOLONE AND ANY OF THE THREE INJECTABLE AGENTS: AMIKACIN, CAPREOMYCIN AND KANAMYCIN)

SKYROCKETING HEALTH COSTS

IN 2009, US\$ 1.2 BILLION IS REQUIRED FOR THE DIAGNOSIS AND TREATMENT OF M/XDR-TB PATIENTS. A FURTHER US\$ 11 BILLION IS NEEDED FOR 2010–2015 (NOT INCLUDING OUT-OF-POCKET COSTS TO PATIENTS AND THEIR FAMILIES).

THESE COSTS WILL PLACE SIGNIFICANT PRESSURE ON ALREADY CHALLENGED GOVERNMENT HEALTH BUDGETS AND PUBLIC HEALTH SYSTEMS IN DEVELOPING, MIDDLE-INCOME COUNTRIES AND FOR ECONOMIES IN TRANSITION. COUNTRIES MUST RESPOND URGENTLY OR FACE THE PROSPECT OF MUCH HEAVIER FINANCIAL DEMANDS IN THE FUTURE.

THE COSTS OF INACTION CLEARLY OUTWEIGH THE COSTS OF ACTION. A MAJOR SCALING UP OF THE GLOBAL RESPONSE TO PREVENTION OF DRUG-RESISTANT TB SIMPLY CANNOT WAIT.

GLOBAL ACTION TO PREVENT AN EPIDEMIC

IN ORDER TO STRENGTHEN THE GLOBAL RESPONSE TO CONTROLLING ONE OF THE WORLD'S DEADLIEST DISEASES, WHO, TOGETHER WITH THE MINISTRY OF HEALTH OF CHINA AND THE BILL & MELINDA GATES FOUNDATION, IS ORGANIZING GLOBAL TUBERCULOSIS CONTROL AND PATIENT CARE: A MINISTERIAL MEETING OF HIGH M/XDR-TB BURDEN COUNTRIES* FROM 1-3 APRIL, IN BEIJING, CHINA.

THIS MINISTERIAL MEETING AIMS TO:

1. BUILD CONSENSUS AND POLITICAL COMMITMENT GLOBALLY AND IN HIGH M/XDR-TB BURDEN COUNTRIES, WITH THE EMERGING ECONOMIES TAKING THE LEAD; AND
2. STIMULATE IMMEDIATE ACTION TO SCALE-UP THE PREVENTION AND MANAGEMENT OF M/XDR-TB AND START DEVELOPING FIVE-YEAR NATIONAL STRATEGIC PLANS FOR M/XDR-TB, EMBEDDED WITHIN NATIONAL TB AND HEALTH SECTOR PLANS.

IT IS EXPECTED THAT THESE AIMS WILL BE REFLECTED IN A CALL FOR ACTION ON M/XDR-TB TO HELP STRENGTHEN HEALTH AGENDAS AND ENSURE THAT URGENT AND NECESSARY COMMITMENTS FOR ACTIONS AND FUNDING ARE MADE TO PREVENT THIS IMPENDING EPIDEMIC.

A PRECEDING CALL FOR ACTION FROM COMMUNITY REPRESENTATIVES ATTENDING THE STOP TB PARTNERS' FORUM (RIO DE JANEIRO, BRAZIL, MARCH 2009) WILL ALSO BE PRESENTED IN BEIJING.

PARTICIPANTS

SOME 250 DELEGATES ARE EXPECTED TO ATTEND, INCLUDING MINISTERS OF HEALTH AND SENIOR DECISION-MAKERS FROM THE HIGH-BURDEN COUNTRIES, AND THOSE COUNTRIES WITH INFORMATIVE EXPERIENCE IN M/XDR-TB; SENIOR REPRESENTATIVES OF GLOBAL AND REGIONAL HEALTH AND DEVELOPMENT AGENCIES INVOLVED IN M/XDR-TB; AFFECTED COMMUNITIES; BILATERAL DEVELOPMENT AGENCIES; DEVELOPMENT BANKS; FOUNDATIONS, NONGOVERNMENTAL ORGANIZATIONS; PRIVATE PHARMACEUTICAL AND DIAGNOSTIC ENTERPRISES; AND RESEARCH INSTITUTIONS AND TECHNICAL AGENCIES.

**ARMENIA, AZERBAIJAN, BANGLADESH, BELARUS, BULGARIA, CHINA, DEMOCRATIC REPUBLIC OF CONGO, ESTONIA, ETHIOPIA, GEORGIA, INDIA, INDONESIA, KAZAKHSTAN, KYRGYZSTAN, LATVIA, LITHUANIA, REPUBLIC OF MOLDOVA, MYANMAR, NIGERIA, PHILIPPINES, RUSSIAN FEDERATION, PAKISTAN, SOUTH AFRICA, TAJIKISTAN, UKRAINE, UZBEKISTAN, VIET NAM.*