Key findings:

- **Highest % ever recorded** with 1 in 4 new TB patients diagnosed with MDR-TB in parts of north-west Russia
- **Highest absolute numbers** of MDR-TB cases are in China and India: nearly 50% of the world's burden
- **Cases & Deaths** - WHO estimates 440,000 MDR-TB cases and 150,000 deaths in 2008
- **XDR-TB** - 58 countries have reported at least one case of XDR-TB as of March 2010
- **Positive Trends** - Russian oblasts of Orel and Tomsk have reversed rising levels of MDR-TB
  - Downward MDR-TB trends in Estonia and Latvia
  - Sustained decline in Hong Kong SAR (China) and USA, stable low levels in western Europe
- **Detection & Diagnosis**
  - 7% of all estimated MDR-TB patients diagnosed and notified
- **Treatment Success** - 60% of people with MDR-TB, who were enrolled on treatment programmes, successfully treated

- Quality controlled data from 114 countries since 1994
- Only 22 out of 46 countries in Africa have data
- MDR-TB in 3.6% of incident TB cases in 2008

**% of MDR-TB among new cases: latest data 2001-2009**

<table>
<thead>
<tr>
<th>Sub-national Data</th>
<th>Nation-wide Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Murmansk Oblast, Russia (28.3%)</td>
<td>1. Moldova (19.4%)</td>
</tr>
<tr>
<td>2. Pskov Oblast, Russia (27.3%)</td>
<td>2. Estonia (15.4%)</td>
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<tr>
<td>3. Arkhangelsk Oblast, Russia (23.8%)</td>
<td>3. Kazakhstan (14.2%)</td>
</tr>
<tr>
<td>4. Baku City, Azerbaijan (22.3%)</td>
<td>4. Latvia (12.1%)</td>
</tr>
<tr>
<td>5. Ivanovo Oblast, Russia (20.0%)</td>
<td>5. Armenia (9.4%)</td>
</tr>
<tr>
<td>6. Kaliningrad Oblast, Russia (19.3%)</td>
<td>6. Lithuania (9.0%)</td>
</tr>
<tr>
<td>7. Belgorod Oblast, Russia (19.2%)</td>
<td>7. Georgia (6.8%)</td>
</tr>
<tr>
<td>8. Dushanbe City &amp; Rudaki District, Tajikistan (16.5%)</td>
<td>8. China (5.7%)</td>
</tr>
<tr>
<td>9. Mary El Republic, Russia (16.1%)</td>
<td>9. Jordan (5.7%)</td>
</tr>
<tr>
<td>10. Donetsk Oblast, Ukraine (16.0%)</td>
<td>10. Peru (5.3%)</td>
</tr>
</tbody>
</table>
XDR-TB Findings:
- 58 countries reported at least one case of XDR-TB as of March 2010
- Representative data from 46 countries
- 5.4% of MDR-TB cases have XDR-TB

There are thought to be 25,000 cases of XDR-TB emerging every year

THE GLOBAL RESPONSE TO MDR-TB AND XDR-TB

In 2009, a World Health Assembly resolution urged WHO Member States "to achieve universal access to diagnosis and treatment of MDR-TB and XDR-TB"

**RESPONSE**
- **Laboratories:** US$87 million EXPAND-TB project to scale-up access to TB diagnostics in 27 countries
- **Drugs:** In the first half of 2009, 19 countries have benefited from the Global Drug Facility's Strategic Rotating Stockpile, aimed at reducing potential stock-outs
- **Other:**
  - 20 high MDR-TB burden countries strengthening MDR-TB component within national TB plans
  - 5 high MDR-TB burden countries strengthening TB infection control guidelines, in line with WHO policy

**FUNDING** (in the 27* high MDR-TB burden countries):
- 1.3 million M/XDR-TB cases need to be treated through 2015, at a total cost of US$16 billion
- In 2010, only US$280 million is available of the US$1.3 billion needed for MDR-TB control
- Funding needed for MDR-TB control in 2015 will be 16 times higher than what is currently available

**WHAT IS MDR-TB & XDR-TB?**

- Drug-resistant TB is widespread and found in all countries surveyed. It emerges as a result of treatment mismanagement, and is passed from person to person in the same way as drug-sensitive TB.
- **Multidrug-resistant TB (MDR-TB)** is caused by bacteria that are resistant to the most effective anti-TB drugs (isoniazid and rifampicin). MDR-TB results from either primary infection or may develop in the course of a patient's treatment.
- **Extensively drug-resistant TB (XDR-TB)** is a form of TB caused by bacteria that are resistant to isoniazid and rifampicin (i.e. MDR-TB) as well as any fluoroquinolone and any of the second –line anti-TB injectable drugs (amikacin, kanamycin or capreomycin).
- These forms of TB do not respond to the standard six month treatment with first-line anti-TB drugs and can take two years or more to treat with drugs that are less potent, more toxic and much more expensive.

* Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, DR Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Myanmar, Nigeria, Pakistan, Philippines, Rep of Moldova, Russian Fed, South Africa, Tajikistan, Ukraine, Uzbekistan and Viet Nam