



Stop TB Partnership

SUMMARY SHEET

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| AGENDA NR. 2.10 - 4.0 | SUBJECT | M/XDR-TB: The new architecture to accelerate scale up MDR-TB diagnosis and treatment in countries | |
| FOR INFORMATION <input type="checkbox"/> | FOR DISCUSSION <input checked="" type="checkbox"/> | FOR DECISION <input checked="" type="checkbox"/> | |
| <p>RATIONALE:</p> <p>The provision of treatment for MDR-TB is growing but is currently addressing only a small proportion of the estimated burden (10,500 patients known to be enrolled on WHO-recommended treatment in 2009, compared to an estimated 440,000 cases in 2008). In order to accelerate the availability of treatment for MDR-TB, in late 2009 the WHO decided to review the current "global architecture" of institutions and mechanisms that assist countries to scale-up access to treatment for MDR-TB. A retreat, held in February 2010 with key stakeholders and facilitated by McKinsey & Co., concluded that the partnership supporting MDR-TB scale up "should explicitly shift from a controlling to a supporting mode". Three Task Forces were set up:</p> <ul style="list-style-type: none"> • Task Force 1 was to describe a new, expanded approach to technical assistance (TA) with definitions of the spectrum of TA and the minimum standards required for those services. It was also charged to consider the option of decentralization of TA functions to the regions, and to create templates to identify country needs. • Task Force 2 was to make recommendations on the best approach to support countries assessing the quality of drugs; to prepare a focused analysis of the supplier landscape for second-line drugs; and to identify short-term opportunities to improve global supply of quality drugs in light of MDR-TB diagnostics scale-up. • Task Force 3 was asked to design the criteria and rating scale for monitoring countries' performance on MDR-TB control; to provide programmatic information to stimulate countries' efforts and guide donors' investment decisions; to consider if either of these two functions should be decentralized, and if so, how. This task force was also asked to define the transition process from the current to the future model. <p>Background documents: The products of each of the three task forces</p> | | | |
| <p>SUMMARY: Proposed new architecture, strategy and next steps:</p> <p>There will be significant changes to the current Green Light Committee mechanism that will reflect the increasing capacity and willingness of countries to address the MDR-TB problem. The new "architecture" will support countries to scale up their MDR-TB treatment efforts, while still acting as a brake to the further development of anti-TB drug resistance.</p> <ol style="list-style-type: none"> 1. WHO will ensure that appropriate support is given to all countries to achieve universal access to MDR-TB treatment and facilitate appropriate allocation of resources by national and/or bilateral and multilateral donors. 2. TB-TEAM will ensure that WHO and partners meet the needs of technical assistance for countries to accelerate scale up of MDR-TB management through coordination and the provision of funding and through its national capacity building efforts at country level. TBTEAM will also manage the monitoring of all programmes funded by GF and UNITAID. This fulfils the requirements of the current GF MOU with the Stop TB Partnership. 3. The Global Drug Facility (GDF) will expand procurement of second-line drugs for countries. All countries will be eligible to purchase quality-assured medications; those funded by GF will be procured according to GF procurement policy. 4. The monitoring and evaluation function will be carried out by the WHO through the WHO's data collection decentralized system at regional and country levels. These data will be used to: <ol style="list-style-type: none"> a. Monitor the country trends over time to ensure improvement in key variables essential for | | | |



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- MDR-TB treatment scale-up.
- b. Identify major gaps in MDR-TB scale up at the global level and country needs (including funding gaps).
 - c. Inform partners and donors on the global situation of MDR-TB scale-up.
5. The MDR-TB Working Group core group will perform the following functions:
- a. Regularly review the global response to MDR-TB treatment scale-up by producing a rating of countries' performance on MDR-TB scale-up based on key program variables that will be collected by the WHO. The rating will assess countries' capacity for universal access of diagnosis and treatment for MDR-TB and their performance towards this goal. Based on the rating system, provide "WHO/Stop TB Partnership-certification" to programmes that manage MDR-TB according to WHO guidelines. This will be a hallmark of quality to encourage programs to strive for excellence in Programmatic Management of Drug-resistant TB (PMDT) and use quality-assured drugs.
 - b. Use the rating system to inform the advocacy efforts of the Stop TB partnership for the scale-up of PMDT.

The new model will be presented to WHO STAG in September 2010 for comments.

The implementation of the new model will begin on January 1, 2011, with the aim of transferring completely to the new system by mid-2011. A transition plan will be created and implemented by the WHO/Stop TB Partnership immediately after endorsement of the new architecture by the Coordinating Board.

This session will also include a report back on the MDR-TB advocacy consultancies recommended by the last CB meeting and commissioned by the Stop TB partnership secretariat. 50-60 interviews were carried out with key informants in Nigeria, Pakistan, Indonesia, India, Kazakhstan, Ukraine, Bangladesh, and China. A presentation will synthesize lessons learned, and discuss a list of prioritized, high-impact actions for the Board's consideration.

DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):

- To review the work undertaken by the three task forces and consultancy on advocacy
- To endorse the new global architecture to accelerate scale up of MDR-TB

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

- Need major advocacy efforts at global and country levels to address the MDR-TB problem.
- Funding WHO and partners to support countries in their efforts should increase if major changes in scaling up MDR-TB treatment are to be obtained.
- Massive capacity building activities in countries to be planned.

NEXT STEPS

ACTION REQUIRED: Develop the transition plan to ensure continuity of care in GLC-approved projects.

FOCAL POINT: Léopold Blanc

TIMEFRAME: Implementation of new architecture will begin on 1 January 2011.