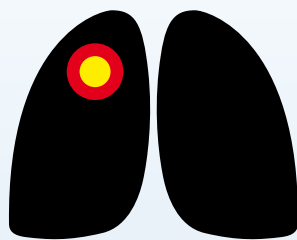
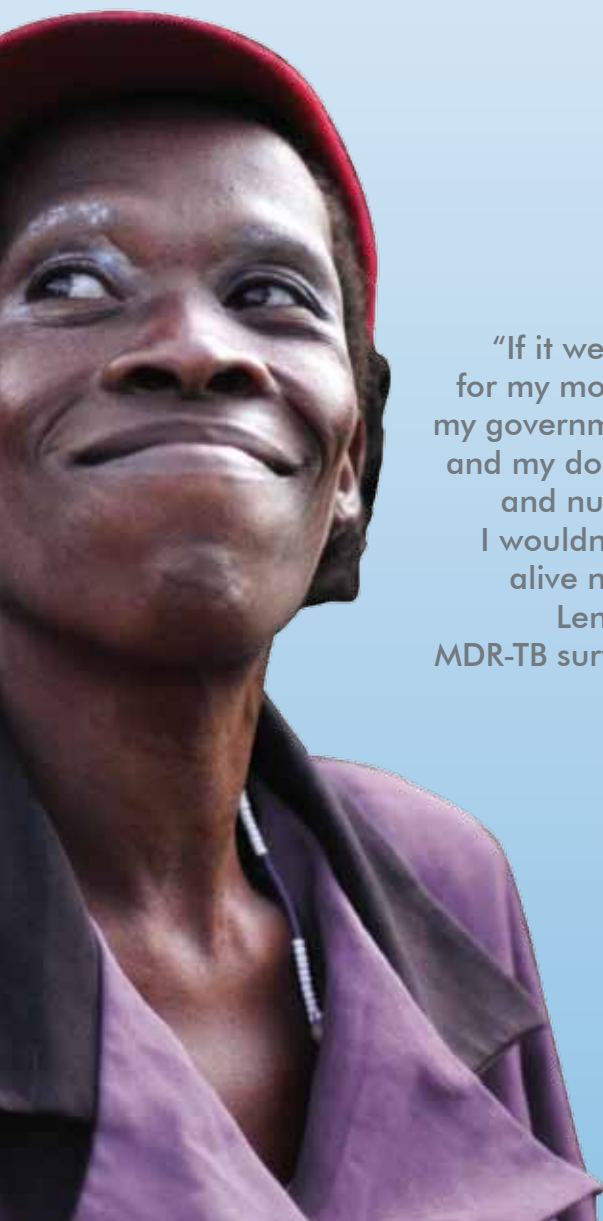


MEETING REPORT

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

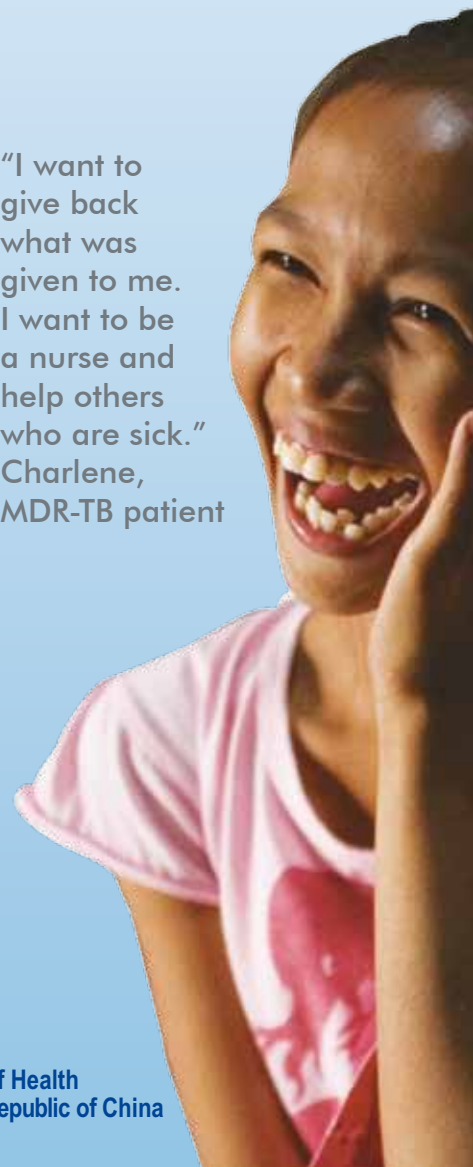


Global tuberculosis
control & patient care



"If it weren't
for my mother,
my government,
and my doctors
and nurses,
I wouldn't be
alive now."
Lenkoe,
MDR-TB survivor

"I want to
give back
what was
given to me.
I want to be
a nurse and
help others
who are sick."
Charlene,
MDR-TB patient



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Ministry of Health
People's Republic of China



WHO/HTM/TB/2009.415

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Background

The Ministerial Meeting of High M/XDR-TB Burden Countries was held in Beijing (China) on 1–3 April 2009 following the recommendation of the World Health Organization (WHO) [Task Force on XDR-TB](#) convened in April 2008. The meeting was hosted by the Ministry of Health of the People's Republic of China and supported by a grant from the Bill & Melinda Gates Foundation. Preliminary work included setting up steering and management committees that gathered the main stakeholders of the sponsor agencies, donors and Stop TB Partnership (STP) to prepare the [meeting agenda](#); hosting consultation meetings to examine the identified “bottlenecks” to scaling-up M/XDR-TB case management, and preparing [policy-oriented papers](#); carrying out country and regional missions to help in preparation for the meeting; and convening a preparatory meeting (Geneva, February 2009) to discuss the main issues and review the draft Beijing “[Call for Action](#)” on Tuberculosis Control and Patient Care endorsed at this meeting.

The meeting

The aims of the ministerial meeting were (i) to build consensus and political commitment globally and in countries with a high burden of multidrug-resistant tuberculosis (MDR-TB)/extensively drug-resistant TB (XDR-TB) [M/XDR-TB] (day 1); and (ii) to act immediately to scale up the prevention and management of MDR-TB and start developing five-year national strategic plans for control of MDR-TB, embedded within national TB and health sector plans (days 2 and 3).

The meeting was attended by 10 ministers and 7 deputy-ministers or secretaries of health from 17 countries, plus high-level officials (mostly director-generals) from an additional 15 countries; heads or delegates from governmental and nongovernmental partner agencies; and delegates from provincial governments of China, including 10 vice-governors. In total, some 250 invited people attended the meeting.



Participants of the ministerial meeting of high M/XDR-TB burden countries.

Mr [Jorge Sampaio](#), the United Nations Special Envoy to Stop TB and former President of the Portuguese Republic, opened the meeting by inviting countries to join efforts to tackle the global threat of M/XDR-TB. Mr [Li Keqiang](#), Vice-Premier of the [People's Republic of China](#), welcomed participants and emphasized the importance that the Government of China is attributing to the problem of TB and M/XDR-TB both in China and globally, and its commitment to investing in measures to address this problem effectively. He also spoke extensively about China's health reform plan and the Chinese Government's determination to improve people's health as part of economic development in China as well as a stimulus measure in response to the financial crisis. WHO Director-General Dr [Margaret Chan](#) followed with a [speech](#) that illustrated the full engagement of WHO in the global fight against TB and the crucial importance of broad health system strengthening as the way to address all bottlenecks, as well as strengthening of national TB control programmes. Dr Chan also underlined the need for policy reforms, including those for universal access and health coverage, since health-care expenditures are catastrophic and not addressable by individual patients. Finally, Mr [Bill Gates](#) (co-chair of the Bill & Melinda Gates Foundation) emphasized the need for "urgency and innovation" and launched the [new grant agreement](#) between the Bill & Melinda Gates Foundation and the Ministry of Health of China to develop innovations in diagnosis and treatment of M/XDR-TB. Mr Gates underlined that the combination of a sense of urgency and innovative thinking will be key to solving the various challenges.



Opening session: From left to right, Mr Li Keqiang, Vice-Premier of the People's Republic of China; Professor Chen Zhu, Minister of Health of China; Dr Margaret Chan, Director-General of WHO; Mr Bill Gates, co-chair of the Bill & Melinda Gates Foundation; and Mr Jorge Sampaio, United Nations Special Envoy to Stop TB.

Dr [Mario Raviglione](#), Director of the WHO Stop TB Department, summarized the global burden of M/XDR-TB, the challenges and bottlenecks, and the need to confront the various issues understanding that solutions cannot be found solely within national TB control programmes but will require ministerial-level policies and broad strengthening of essential elements of the entire health system. His presentation was followed by [statements](#) from Dr [Irene Koek](#), representative of the United States Agency for International Development (USAID) and Chair of the STP Coordinating Board; Dr [Margaret Dalcolmo](#), Advisor to the Minister of Health of Brazil, on the Government of Brazil's commitment to support the scaling up of MDR-TB management; and Mr [Ezio Tavora Santos Filho](#) and Ms [Tamari Trapaidze](#), in representation of affected communities, who presented a [statement](#) finalized at the [Stop TB Partners Forum](#) (23–25 March 2009, Rio de Janeiro, Brazil), which called for immediate action to address M/XDR-TB urgently.

There followed a press conference featuring the Minister of Health of China Professor Chen Zhu, WHO Director-General Dr Margaret Chan, Mr Bill Gates and United Nations Special Envoy to Stop TB Mr Jorge Sampaio. This event was attended by 125 journalists from the [Chinese](#) and [international](#) media and was widely reported in China and many other countries.



Press conference featuring Minister of Health of China Professor Chen Zhu, WHO Director-General Dr Margaret Chan, Mr Bill Gates and United Nations Special Envoy to Stop TB Mr Jorge Sampaio.

Three ministerial sessions occupied the rest of the Day 1 and featured [presentations](#) by the ministers of health, deputy ministers or senior representatives of the high M/XDR-TB burden countries and other participant countries. Bold statements of commitment to address broad policies were made by several ministers and ministerial delegates. In particular, China, the Democratic Republic of the Congo, India, Kyrgyzstan, the Philippines, the Russian Federation and South Africa responded very positively to the challenge of more assertively facing M/XDR-TB. Each of the three sessions was followed by panels moderated by Dr Giorgio Roscigno, chair of the STP Working Group on new diagnostics; Dr Zsuzsanna Jakab, Director of the European Centre for Disease Prevention and Control (who introduced her panel with a brief [presentation](#) on the role of health systems in the prevention of M/XDR-TB); and Dr Catharina Lambregts, chair of the STP Working Group on MDR-TB.



Senior representatives of the countries participating at the ministerial meeting of high M/XDR-TB countries.

From the ministerial panels, it emerged that countries face basic health system weaknesses that prevent implementation of high-quality basic TB control. Thus, prevention of M/XDR-TB requires establishing effective collaboration with other sectors, as well as coordination within the health sector, to strengthen key health systems elements, such as health financing, human resources, laboratory capacity, regulation of quality and use of anti-TB medicines, and the stewardship role of governments vis-à-vis the private sector. However, in the arguments and evidence presented by several countries, there was general agreement that complete solutions to all of these challenges should not be a precondition to treating and caring for those already affected by M/XDR-TB. Funding for public health needs to be maintained, even in the context of a global financial crisis, and equity of access and quality of care need to be assured, particularly since the cost of MDR-TB treatment and care represents catastrophic expenditures in all 27 high MDR-TB burden countries. International and regional collaboration between international organizations should be sought in particular in the area of laboratory network capacity development and in addressing cross-border patient care. Development, adaptation and/or harmonization of TB control policies and regulations are a priority.

Day 1 finalized with a [session](#) chaired by Dr Hans Troedsson, WHO representative in China, in which Mr Jorge Sampaio introduced the final draft of the Beijing “Call for Action” on Tuberculosis Control and Patient Care. Once final input was given and discussed, the final [document](#) was endorsed by all participant countries as well as by all represented at the meeting.

Day 2 began with a session devoted to “Impact, plan and funding of M/XDR-TB control and care” chaired by Dr Tadataka Yamada (President for Health at the Bill & Melinda Gates Foundation). Presentations were made by Dr [Chris Dye](#) (WHO), Dr [Catharina Lambregts](#), (Chair MDR-TB WG), Dr [Katherine Floyd](#) (WHO), Dr [Jorge Bermudez](#) (UNITAID) and via a video message from Professor [Michel Kazatchkine](#) (Global Fund to Fight AIDS, Tuberculosis and Malaria). The main message that emerged was that the M/XDR-TB epidemic will likely progress if TB control – involving high-quality DOTS to prevent the creation of MDR-TB as well as MDR-TB treatment and care to eliminate transmission – is not immediately accelerated. Projected costs presented at the meeting show that the amount of funding needed, both from international development agencies and domestic sources, far exceeds investments to date. The panel of donor agencies, which included the Global Fund, the European Union, the Japanese International Cooperation Agency (JICA), KfW (the Development Bank of Germany), USAID, the UK Department for International Development (DfID) and the World Bank, all noted the ways in which they could contribute: via direct financing of MDR-TB prevention, treatment and care initiatives; via support to national programmes and harmonized health sector plans with TB components; or via special efforts focused on highly vulnerable groups.



Participants at the ministerial meeting in discussion during a session break.

The session “Turning the tap off - a health system perspective in the prevention of M/XDR-TB” focused on policies related to the [Stop TB Strategy](#) by Dr [Leopold Blanc](#) (WHO), to infection control by Dr [Bess Miller](#) (chair of the infection control subgroup of the STP TB-HIV Working Group) and to the HIV/TB interaction by Dr [Bradley Hersh](#) (WHO). A panel of technical agency delegates (The Union, KNCV Tuberculosis Foundation, US CDC, JATA, IFRC and UNAIDS), chaired by UNAIDS Country Director for China Dr Bernhard Schwartlaender, discussed the related policies and the priorities that countries must face. The panel agreed that technical agencies should focus their assistance on priority areas such as engaging the private sector and civil society, infection control or strengthening laboratory capacity. It emphasized the necessity of strengthening TB/HIV collaboration, including an understanding of the extent of drug resistance among people living with HIV especially in sub-Saharan Africa. Participants agreed that the HIV community has to take greater responsibility for preventing, diagnosing and treating TB and M/XDR-TB among people living with HIV.

The final session of Day 2, “Turning the tap off - through rational use of quality assured drugs”, focused on the role of drug management in the prevention and treatment of M/XDR-TB. Dr [Melvin Spiegelman](#) (co-chair of the STP Working Group on new drugs) presented the progress achieved in developing new drugs; Dr [Hans Hogerzeil](#) (WHO) presented the role of the WHO Prequalification Programme; and Mr [Paul Zintl](#) (chair of the drug management subgroup of the STP MDR-TB Working Group) presented the challenges and options to scaling up the use of quality-assured drugs, including fixed-dose combinations (FDCs) for TB. Two strong messages that emerged were (i) the need not only to develop new drugs and regimens but also to preserve the efficacy of existing drugs through aligning standards of national drug regulatory authorities with those of WHO and international drug regulatory authorities; and strengthening mechanisms to ensure that anti-TB medicines are made available on prescription only and that they are prescribed and dispensed by public and accredited private providers; and (ii) to increase the use of quality-assured FDCs to make treatment more friendly for patients and to ease logistics for the NTP.

This session, plus the first one of Day 3, included five separate discussion groups in which country delegates engaged in open debate on issues related to drug regulation, quality and rational use; laboratory strengthening and new diagnostics; mechanisms of treatment and care; and the actions proposed in the [policy papers](#) prepared for the meeting by theme experts. Conclusions of each working group and session were summarized in a few slides for plenary discussion; the most relevant were incorporated in the final presentation on [conclusions and recommendations](#).

The session one of Day 3 “Scaling up the treatment and care” consisted of group work (described above) and presentations on diagnosis and management of M/XDR-TB. Dr [Giorgio Roscigno](#) (chair of the STP Working Group on new diagnostics) presented the progress made in developing new TB diagnostic tools; Dr John Ridderhof (chair of the Global Laboratory Initiative) presented the progress of this initiative in supporting countries to build diagnostic capacity for TB and M/XDR-TB; Dr [Paul Nunn](#) (WHO) presented the fundamentals of M/XDR-TB management, with a call to countries to select carefully models of care that are cost-effective and in line with patient acceptability, and WHO guidance on ethics of M/XDR-TB management; Dr [Salmaan Keshavjee](#) (chair of the Green Light Committee) presented the role of this initiative to support piloting and scaling up MDR-TB management in countries. Finally,

Dr [Oscar Ugarte](#) (Minister of Health of Peru) presented the lessons learnt by Peru while achieving universal access to diagnosis and treatment of M/XDR-TB. Chief among them was the need to increase the budget for TB control; to fully use the services provided by the Green Light Committee; to develop a clear strategy for the country to take over some of the budget lines funded by the Global Fund; and to work in partnership with strategic allies, especially affected communities and civil society.

The final session chaired by Dr Irene Koek (chair of the [STP](#) Coordinating Board) featured Dr Peter Small (Bill & Melinda Gates Foundation), Dr Xiao Donglou (Ministry of Health of China) and Dr Mario Raviglione (Director, WHO Stop TB Department), who presented the final [conclusions and recommendations](#). Dr Small congratulated all participants for this highly successful meeting; a meeting that is a true milestone in TB control, with renewed energy and a clear commitment to expand and improve MDR-TB care. He thanked the Chinese Government for agreeing to host the meeting in Beijing, thus acknowledging the problem of M/XDR-TB and the need to take bold action. Dr Xiao confirmed the commitment of China to scale up MDR-TB management, enabling access to diagnosis and treatment to all those affected by this disease.



Dr Mario Raviglione, Director of the WHO Stop TB Department, addressing the participants.

Conclusions and recommendations

The effective response to the global threat of M/XDR-TB, as stated by Mr Bill Gates in his [presentation](#), requires the rapid introduction of urgency and innovation in the way countries, donors, technical partners and civil society are doing business. Countries must commit to develop policies to solve the major problems, which lay mostly in the health system; countries and donors must mobilize the funds needed to fill current gaps; technical agencies and donors must increase investment in research for developing new tools; and civil society and affected communities must engage to keep their leaders accountable to the commitments made. Mechanisms to quickly develop the urgently needed policies must be identified in each country in order to:

- pursue universal health coverage and remove financial barriers faced by patients;
- “turn the tap off” – strengthening of basic TB control is a must and links with HIV control programmes are essential in all settings;
- address the health workforce crisis, including quality and quantity;
- select best models of care that are socially acceptable and cost effective;
- urgently develop integrated laboratory networks using basic and rapid diagnostics for care and surveillance;
- only use quality-assured drugs by international standards, including first-line and second-line drugs and FDCs;
- ensure that anti-TB medicines are made available by prescription only and restrict use of these drugs to accredited care providers;
- implement infection control policies everywhere;
- sustain and substantially increase investments.

In an era of economic recession, the funding gap may be alleviated by increasing the cost effectiveness of M/XDR-TB management by reducing the cost of diagnostics and quality-assured drugs (by using the Global Drug Facility and the Green Light Committee, and by applying to UNITAID and the Global Fund), and carefully selecting the model of care – which can limit hospitalization to serious medical indications and rely more on ambulatory and/or community-based M/XDR-TB care.

Action is now at the country level, and this starts with defining clearly the priorities beyond this Beijing Ministerial meeting and pursuing them with the support, if necessary, of WHO and the Stop TB technical agencies, by (i) increasing awareness, recognition and commitment to prevent and treat M/XDR-TB; (ii) urgently finalizing MDR-TB Plans within national TB and health sector plans (using available tools); (iii) making the necessary policy decisions immediately at the level of the national TB control programme and higher level in the Ministry of Health to prevent further development of M/XDR-TB; (iv) devising domestic and external resource mobilization strategies and tactics in an era of financial restrictions; and (v) their rapid implementation and monitoring.

Outcomes

The meeting received extensive coverage by [Chinese](#) and [international](#) media. High-level representatives from [27 high MDR-TB burden countries](#) and another five Members States, donors, affected communities and technical agencies yielded the following outcomes:

- recognition of the global M/XDR-TB emergency;
- renewed commitment to urgently accelerate efforts to achieve universal access to prevention, diagnosis and treatment by 2015;
- commitment to develop or pursue national plans, to be presented at the meeting of the STP MDR-TB Working Group (Geneva, October 2009);
- endorsement of the [Beijing “Call for Action” on Tuberculosis Control and Patient Care](#).

To ensure that these outcomes have the global impact that is necessary and are not just limited to the participant countries, the Government of China announced that it will submit a draft resolution on M/XDR-TB for discussion at the earliest possible World Health Assembly, which will draw on the [Beijing “Call for Action” on Tuberculosis Control and Patient Care](#).



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Ministry of Health
People's Republic of China

1-3 April 2009 – Beijing, China

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MEETING REPORT



For a World Free
of TB – we can
prevent and treat
drug-resistant TB