Progress, challenges and Opportunities to fulfill the Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region

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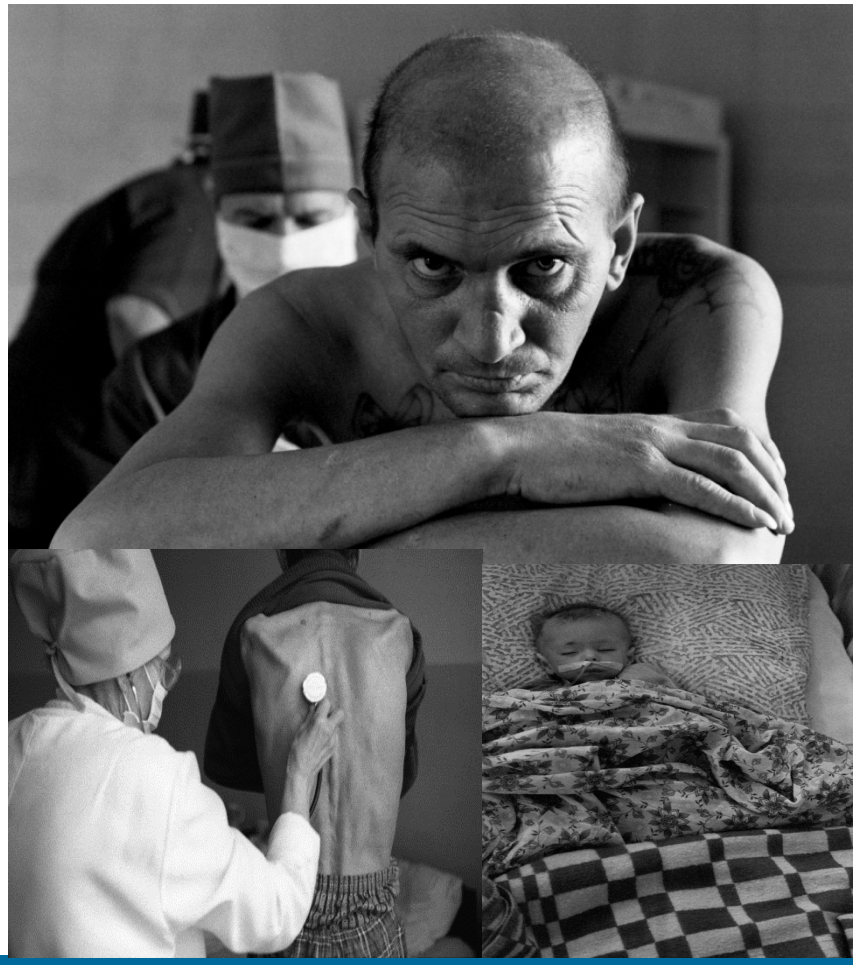
Outline of presentation

- An overview of TB relevant epidemiology
- Consolidated Action Plan to Prevent and Combat M/XDR-TB in a nutshell
- Progress and challenges under each area of intervention
- Opportunities/next steps

An overview of TB situation in the WHO European Region

- Up to 510 000 overall estimated TB patients in the Region
- About 360 000 new TB and relapses cases estimated to occur in a year
- About 40 000 deaths, mostly in the East



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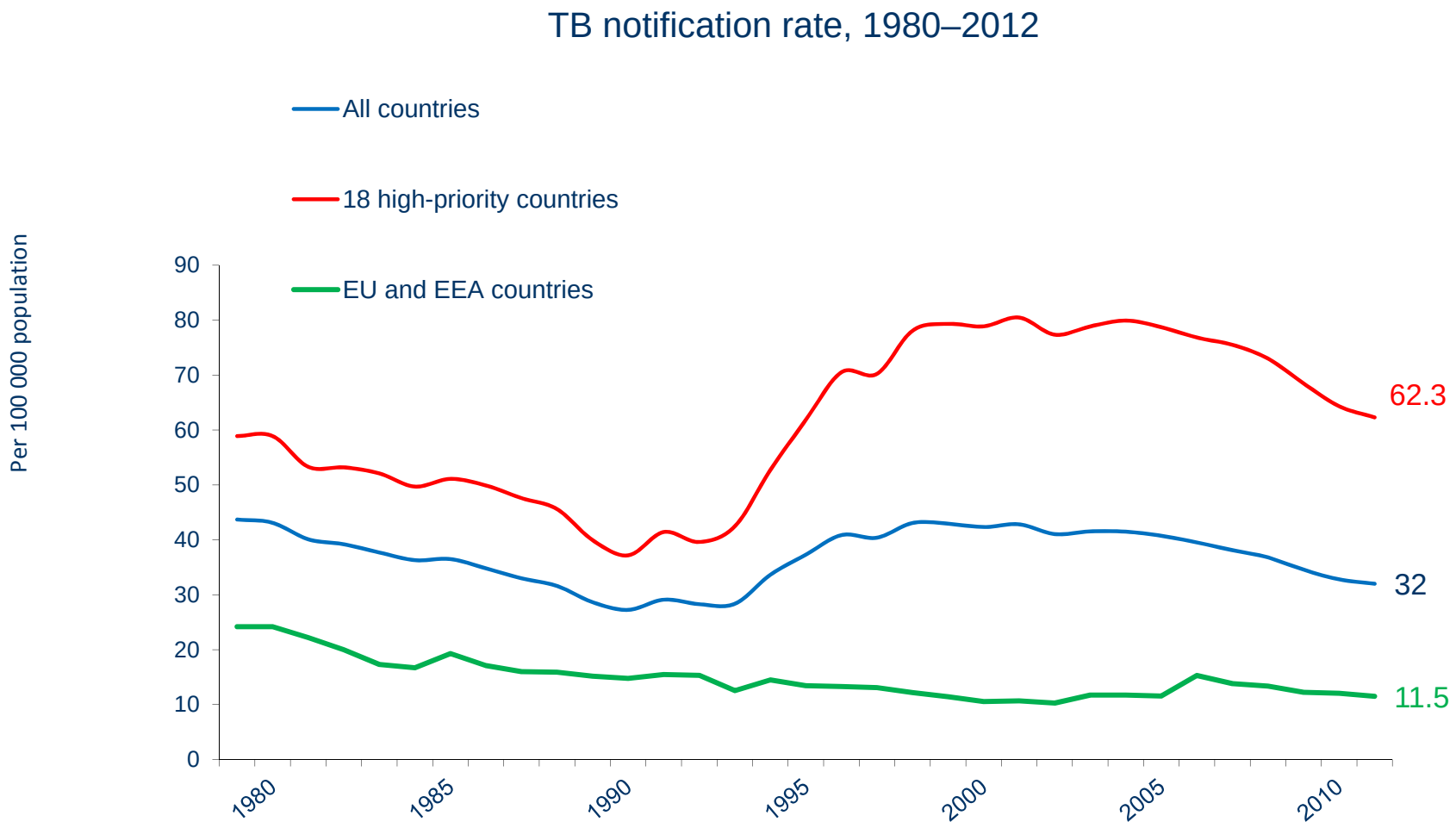
TB burden unequally distributed among countries



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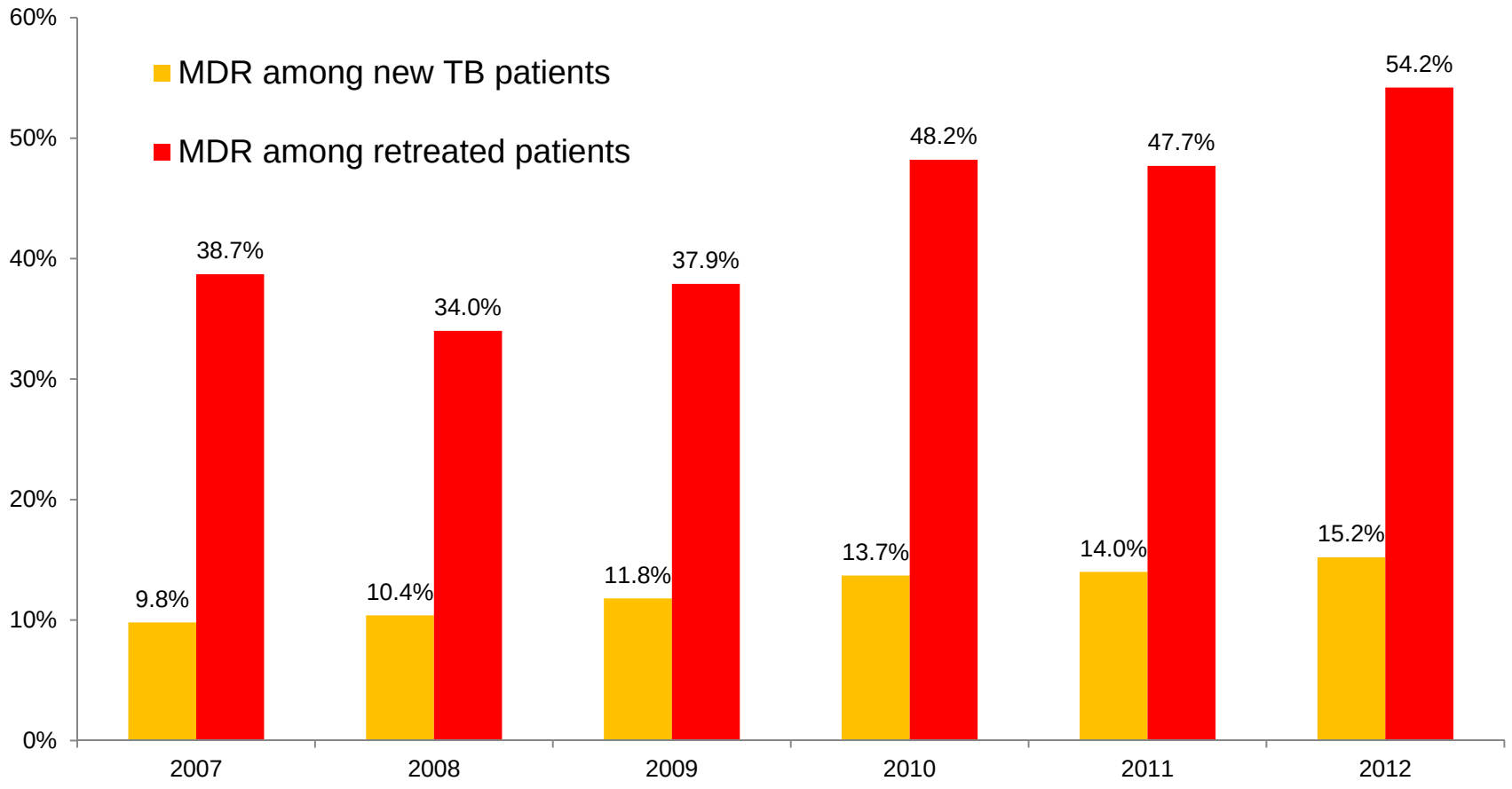
Percentages of notified MDR among TB cases, WHO European Region, 2005-2012



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120 000 lives and US$ 12 billion saved by implementing the Consolidated Action Plan

The goal is to contain the spread of drug-resistant TB by:

- decreasing M/XDR-TB cases among previously treated cases by **20** percentage points;
- detecting **85%** (or **225 000**) M/XDR-TB patients;
- successfully treating at least **75%** (**127 000**) of them.

Areas of intervention

- Prevent the development of M/XDR-TB
- Scale up access to early diagnosis
- Scale up access to effective treatment
- Infection control
- Strengthen surveillance
- Expand management capacity of the programmes
- Address the needs of special populations

How far we are from what we want to achieve ?

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1. Prevent the development of M/XDR-TB cases

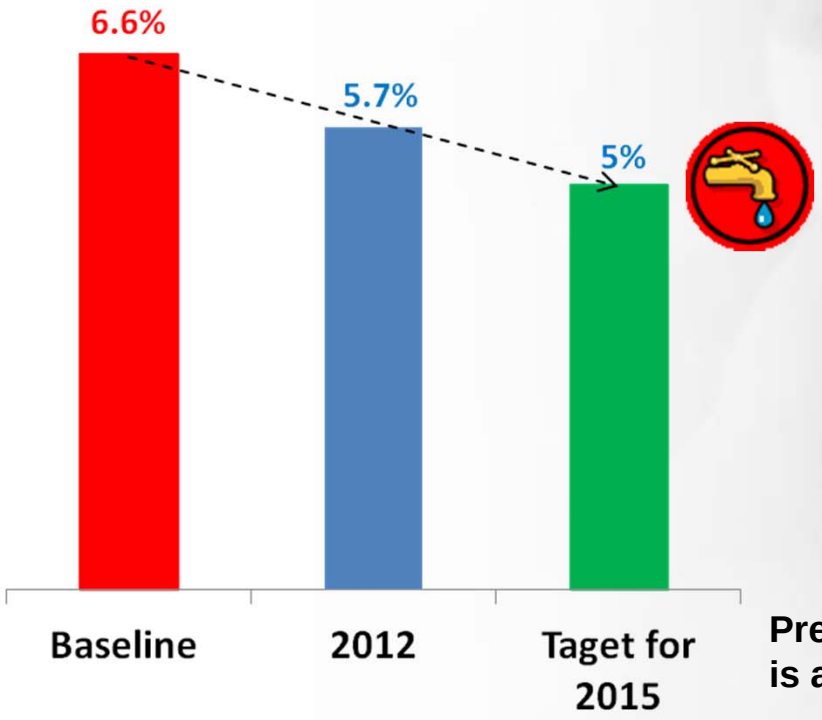
Accomplishments

- Social determinants in the drug resistance surveillance system
- TB/MDR-TB health system assessment tool developed
- In 24 MSs the MDR-TB rates declined or are stabilized

Challenges

- Still some unnecessary hospitalization
- Poor infection control
- Lack of evidence on prophylactic treatment for M/XDR-TB contacts

Default rate among new laboratory confirmed TB patients



Prevention of treatment interruption is a key to close the MDR tap

Patient-centered care approach

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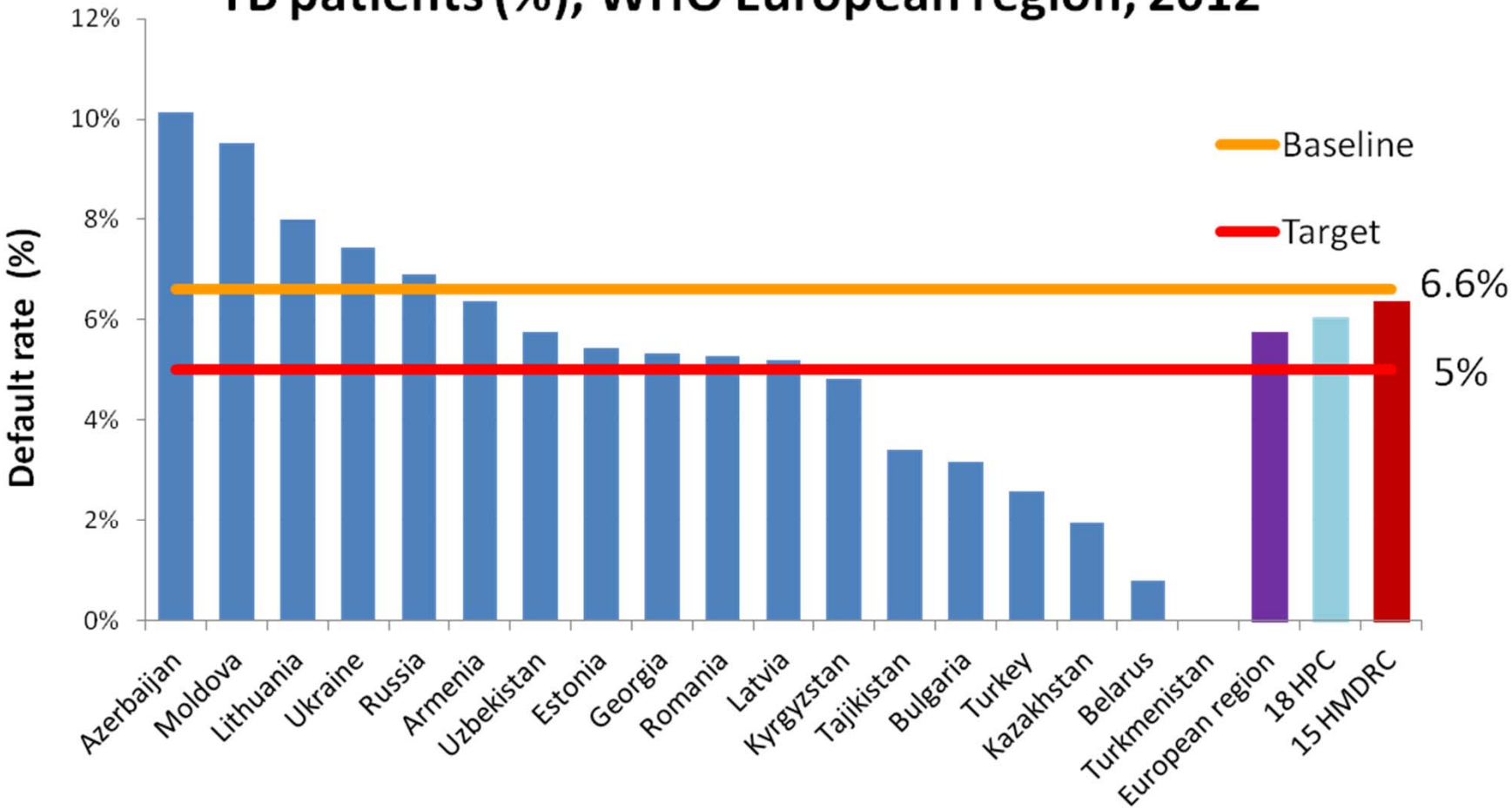
Default rate among new laboratory confirmed TB patients (%), WHO European region, 2012



Member states among 18 HPCs with no stock out of first line TB drugs at any level

Only 1 country among 16 HPCs

had stock out of first line TB drugs

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2. Access to drug resistance and HIV testing

Accomplishments

- European TB **Laboratory Initiative**
- Scaling up diagnostic capacities and embark on the **rapid molecular diagnosis** of TB and MDR-TB

Challenges

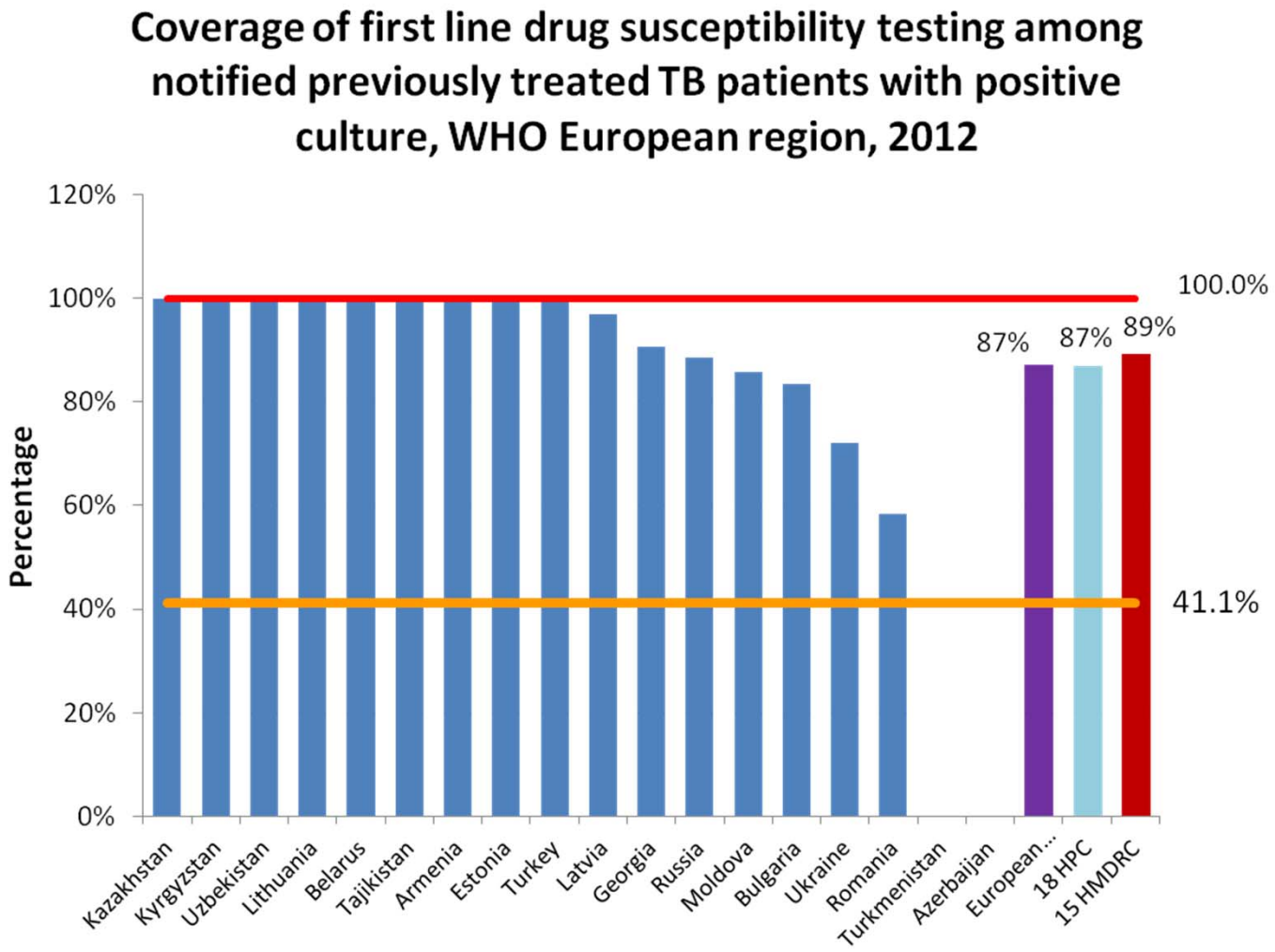
- Lack of rational diagnostic algorithm in many settings
- Inadequate active TB case finding among PLWH

11 HPCs

have over

90%

c o v e r a g e



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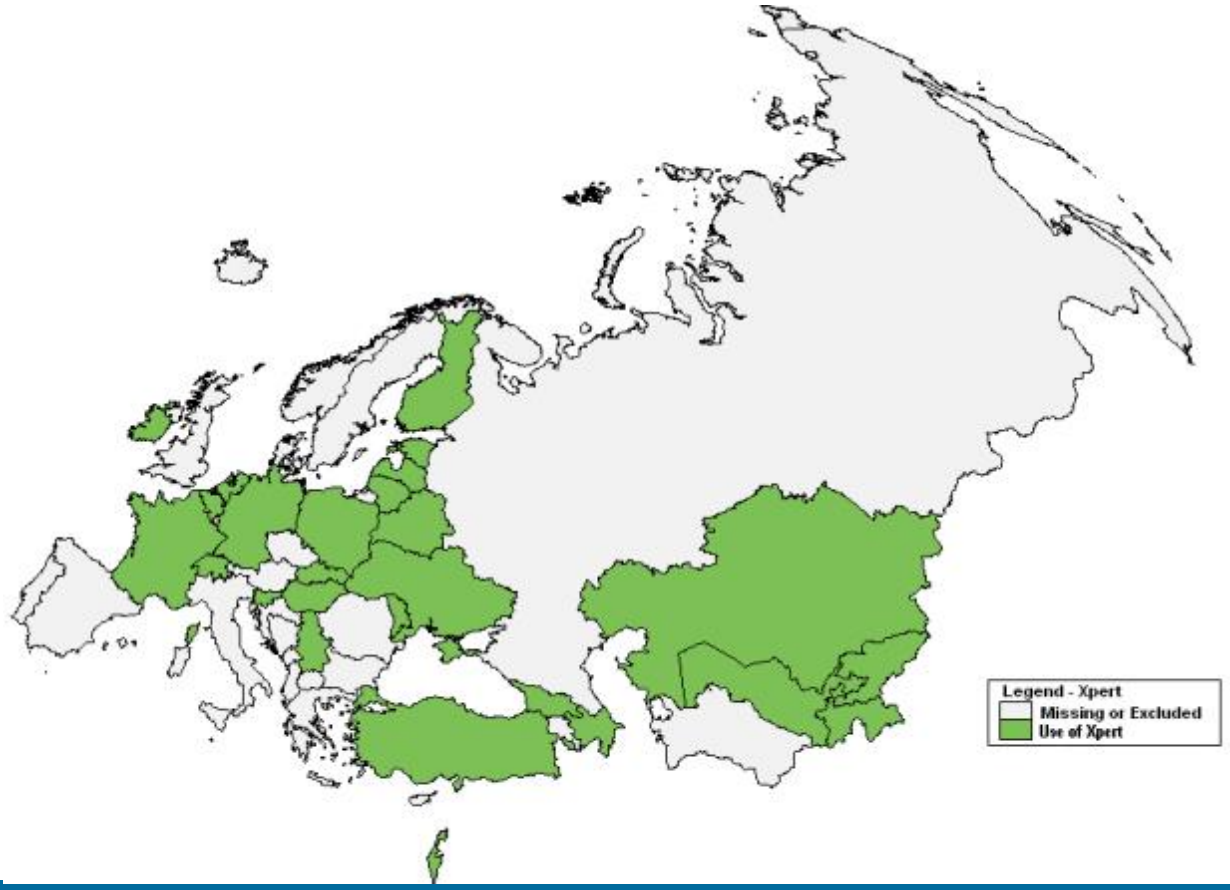
Countries using X-pert MTB/RIF in 2012

In total 35 countries around the Region are using X-pert MRB/RIF



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3. Access to MDR-TB treatment

Accomplishments

- National Action Plans adapted in line with the Regional Action Plan
- Regional Green Light Committee established and operating
- Increased access to second line anti-TB drugs
- Electronic consilium launched in collaboration with ERS

Challenges

- Treatment success rate of MDR-TB patients is low
- Some countries with low incidence of TB face challenges in clinical management due to lost expertise
- Lack of availability of third line drugs in many settings

Progress in MDR-TB detection and treatment, 2009-2012

4 fold

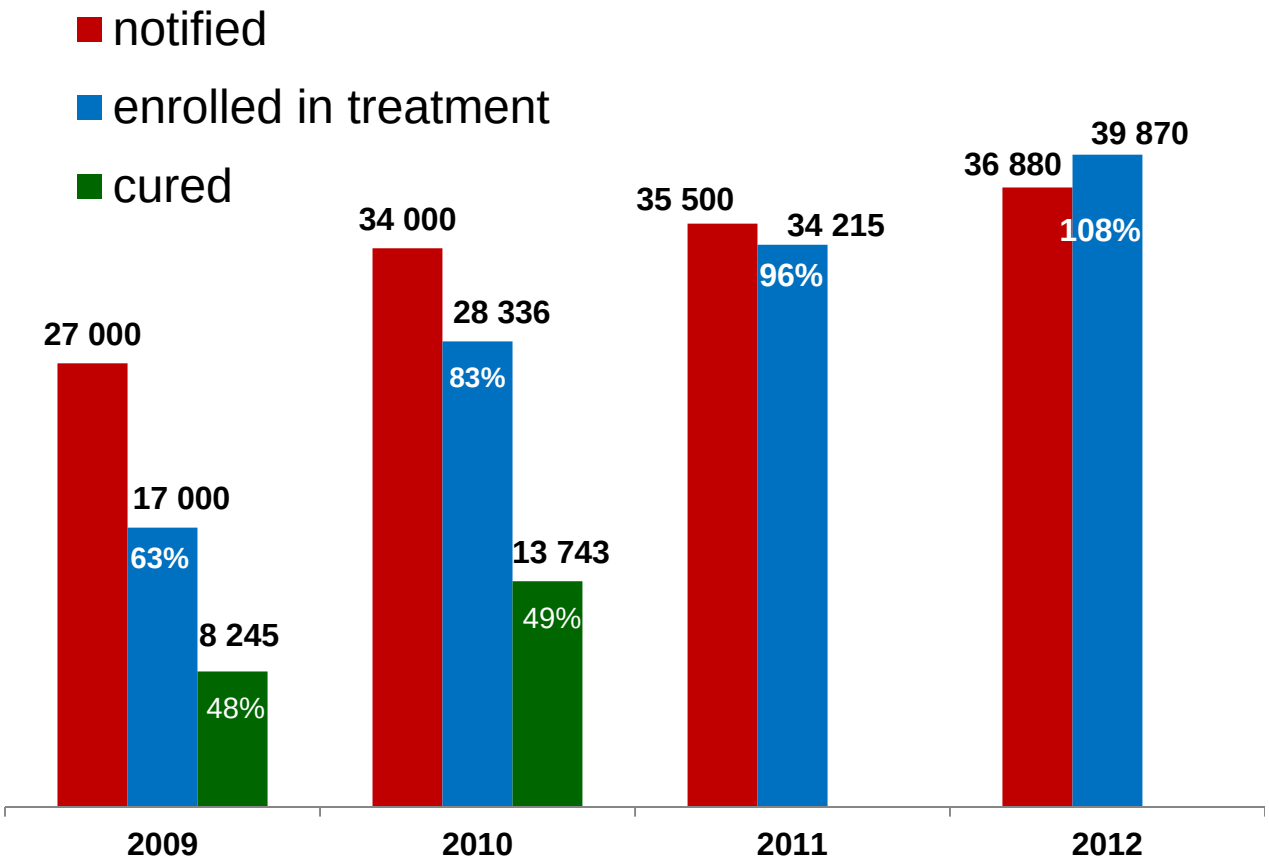
increase

in SLD treatment

37%

increase

in MDR-TB detection



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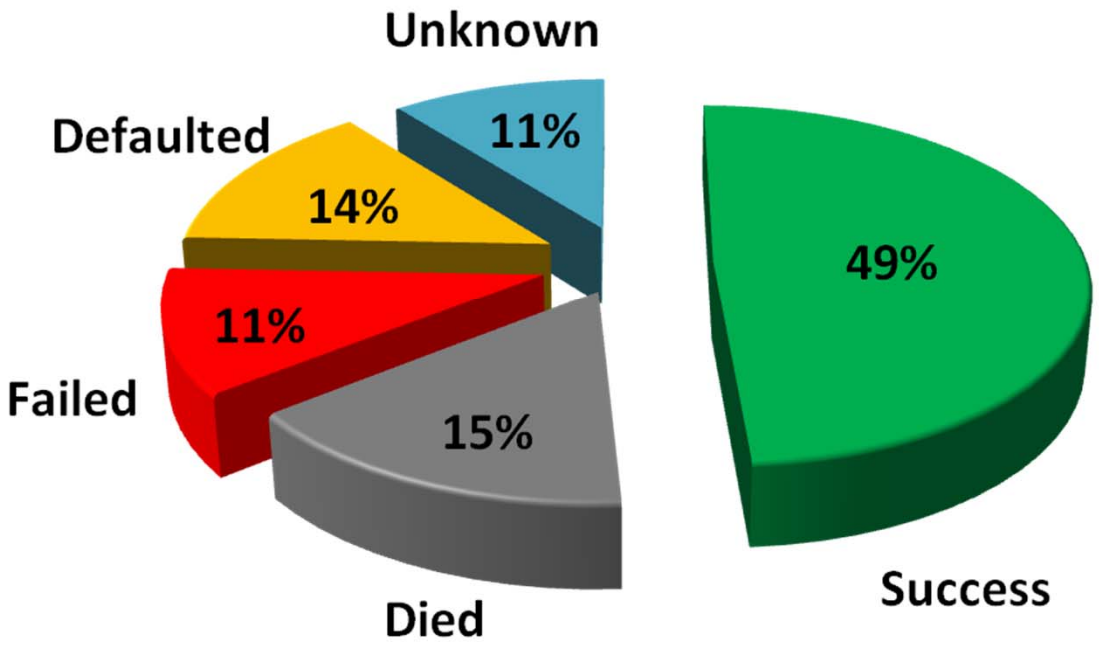
MDR treatment outcome in the WHO European Region, 2010 cohort

38 **member states reported relevant data**



Cohort size

20,581

MDR patients

2010:
•About 80% reported as enrolled in MDR tx

•29 000 MDR detected (36%) out of
•81 000 MDR estimated

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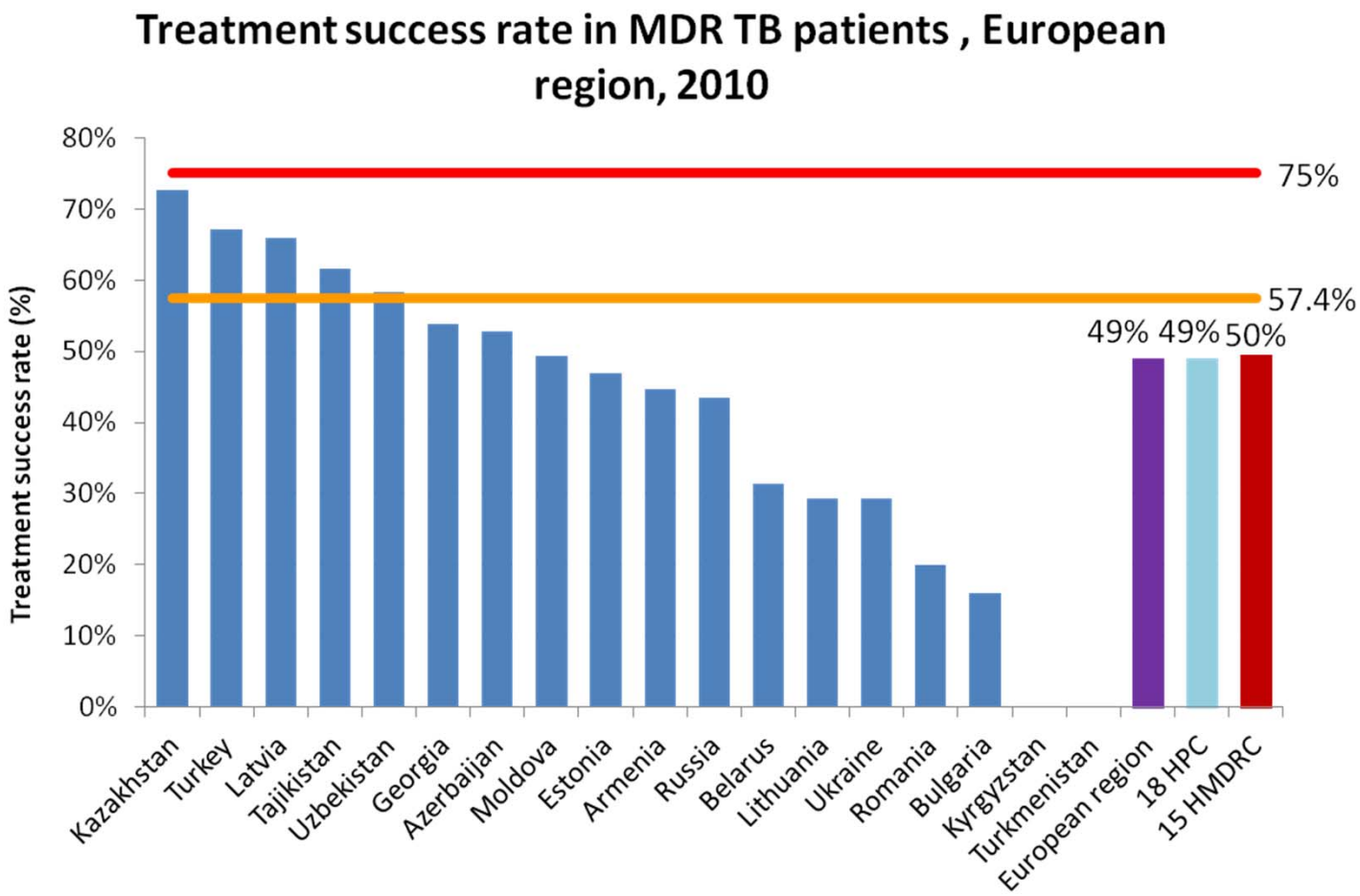

8 HPCs report below 50% treatment success rate

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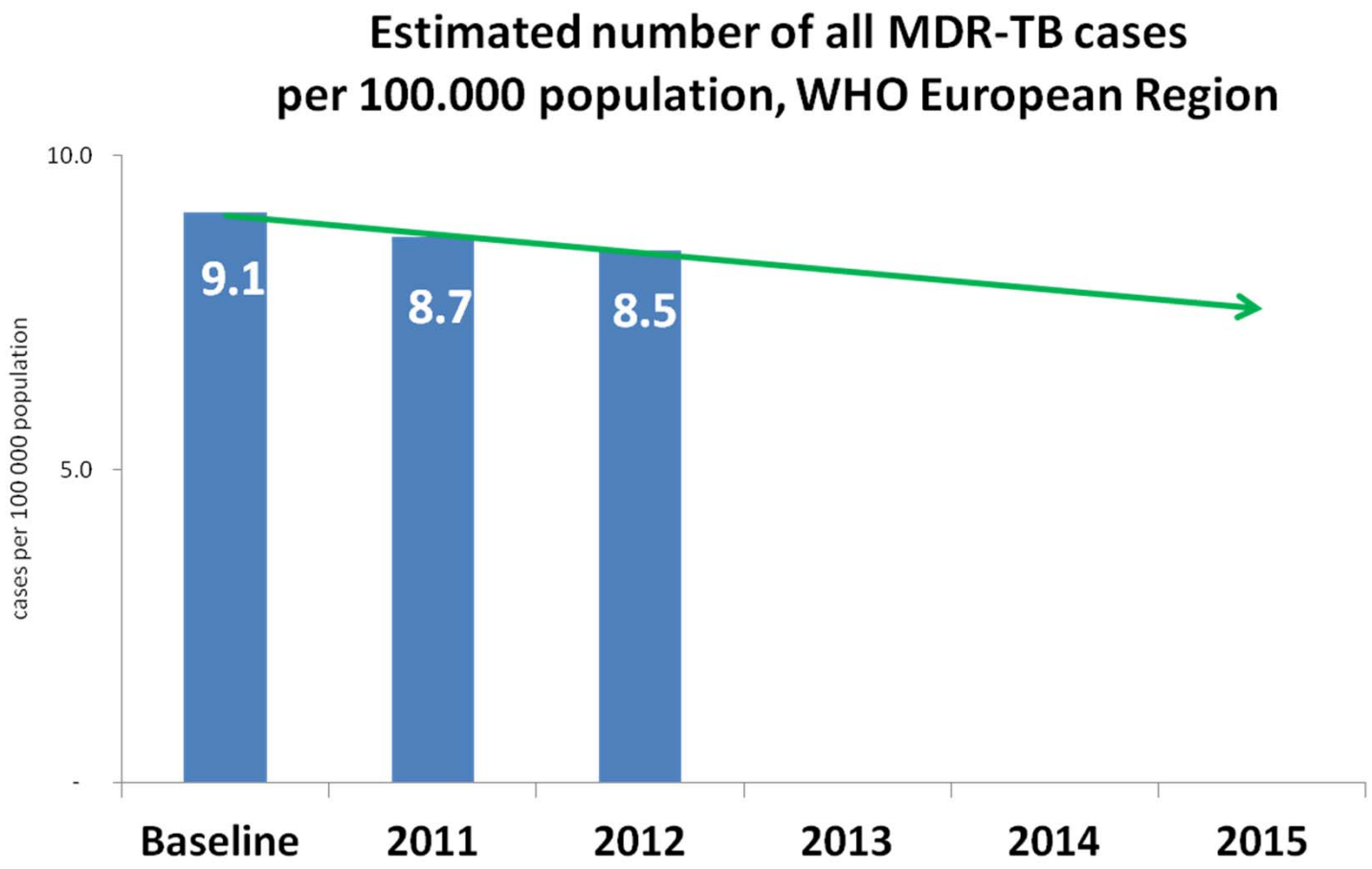
Estimated number of all MDR-TB cases
per 100.000 population, WHO European Region
10.0
5.0
-
cases per 100 000 population
9.1
8.7
8.5
Baseline
2011
2012
2013
2014
2015

HPCs with no-stock out of second line TB drugs in 2012 vs. 2011

In 2011 SLD stock out reported in Armenia, Georgia, Belarus, Kazakhstan, Kyrgyzstan, Romania, Russia, Ukraine

In 2012 SLD stock out reported in Azerbaijan, Romania, Tajikistan Ukraine

4.TB infection control

Accomplishments

- **Finalization of the national TB infection control action plans integrated in national TB plans;**
- **Procurement specification for TB infection control developed;**

Challenges

- **Airborne infection control measures are not yet scaled-up in some MS**
- **Health care facilities and congregate settings continue to contribute to further spread of TB and drug resistant TB.**
- **Some MS deport migrants with TB without considering human and public health right issues and infection control measures.**

Member states with TB infection control plan endorsed

8 HPCs already

endorsed

TB-IC plan

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5. Strengthen surveillance

Accomplishments

- **Monitoring framework for follow-up the Berlin Declaration developed and assistance in improving monitoring and evaluation provided;**
- **Nation wide drug resistance surveys**
- **Annual meetings of TB surveillance focal points held**

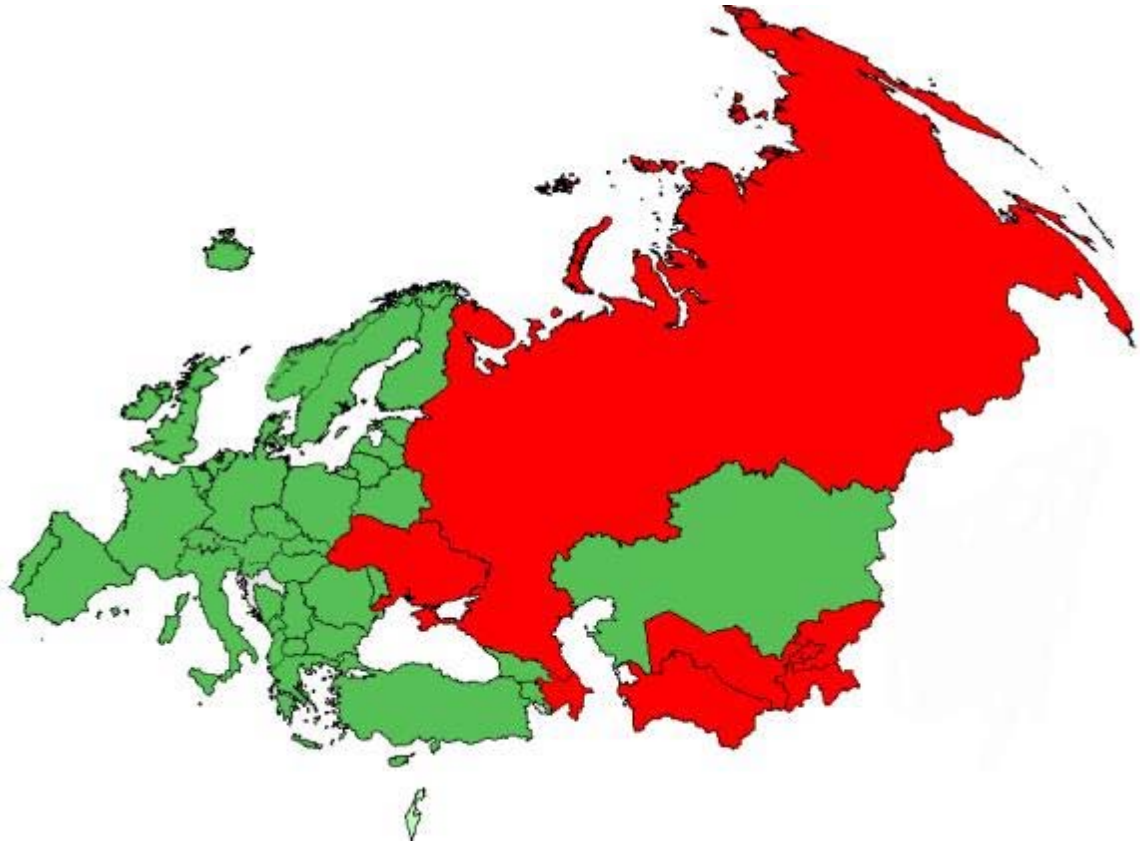
Challenges

- **Data on second line drug susceptibility testing is limited**
- **Some countries in Western Europe don’t monitor treatment outcome**

Member states with electronic case-based data management at least for MDR TB

47 **Member states maintain electronic case-based data management system at least for MDR TB patients at national level.**

4 are about the achieve universal coverage in 2013-2014 (UKR, AZE, TAJ, UZB)



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6.Advocacy, partnership and policy guidance

Accomplishments

- **TB Governance assessment tool developed and assistance to improve the structure of the national programmes ongoing**
- **External programme reviews (**Armenia, Azerbaijan, Belarus, Hungary, Norway, Ukraine, Kazakhstan, Moldova, Netherlands, Slovakia and Tajikistan)
- **Launch of the Regional Collaborating Committee on TB Control and Care**
- **Compendium of Best Practices published**

Challenges

- **Competing priorities at national level**
- **Limited civil society organizations involved in TB control**
- **Efficient management of national programmes in some settings**
- **Palliative care not available in many countries**
- **Roles and responsibilities of national programme managers not clear in some settings**

7. Address the needs of special populations

Accomplishments

- Revision of national TB/HIV policies
- Health in prison guidelines updated including TB control in prisons
- Task Force on Childhood TB established (document the current practices and adapt international recommendations to the Regional context)
- Regional consensus document on Minimum Package of Cross Border TB Control and Care published
- Inputs on guidelines on TB, HIV control and care among drug users
- Consensus paper on the role of surgery in TB and M/XDR-TB
- Inadequate capacity for operation research

7. Address the needs of special populations (cont.)

Challenges

- **Lack of functioning TB/HIV coordinating mechanism and inadequate collaboration of prison and civilian health services in some settings**
- **Lack of qualified human resources for Childhood TB in most Member States**
- **Except few settings, cross border TB remains a challenge**
- **Inadequate research and development for new medicines and vaccine for TB and M/XDR-TB**

Financing TB and MDR-TB interventions

Accomplishments

- Analysis of and technical assistance to revise TB financing in several countries and providing support on budgeting their TB prevention and control interventions to improve programme efficiency
- Assisting the countries to apply to GFTAM and other donors
- Working group on TB finance established

Challenges

- Financial crisis and budget cuts
- Cancellation of round 11 of GFATM
- TB not included in most health sector reforms

Opportunities/next steps

- New Funding Model including policy dialogue, catalyzing policy reform
- Supporting the countries develop National Strategic Plan based on the recent programme reviews
- Joint TB and HIV proposals to GFATM
- Strengthen country capacity in surveillance for producing reliable of MDR-TB figures
- Expanding the Regional Collaborating Committee on TB
- Intersectoral collaboration including penitentiary sector and other Ministries
- Diagnostic algorithms and coordinated approach to strengthening TB laboratory diagnosis;
- Introduction and scale up of rational use of new TB drugs
- Childhood TB and operational research capacity building

Opportunities /continued

- Scale up the best practices and patient-centred models of care
- Continuous support to achieve Universal Access by end 2015
- Through “Health2020”, address the social determinants of TB and M/XDR-TB
- Strengthen surveillance and response to reach out to risk groups and vulnerable population
- Intensify effective contact tracing for active TB and latent TB infection and provide prophylatic treatment

Acknowledgements

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Thank you very much for your attention

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