

## SUMMARY SHEET

Agenda Nr. 2.04/11	Subject	GLC mechanism operations	
<b>For Information</b> <input type="checkbox"/>	<b>For Discussion</b> <input type="checkbox"/>	<b>For Decision</b> <input checked="" type="checkbox"/>	
<p><b>Introduction</b></p> <p>Multi-Drug Resistant Tuberculosis (MDR-TB) forms a major threat to TB control and to DOTS expansion. Large high burden countries, like China, the FSU countries, Russia, South Africa and India are confronted with a high proportion of retreatment cases among all cases (20-50%) and high levels of MDR-TB in all or specific (re)treatment categories. In 2000, the Green Light Committee (GLC) mechanism was established under the umbrella of TBP DOTS-Plus Working Group. The comprehensive package of the GLC mechanism supports countries to integrate the diagnosis and treatment of MDR-TB within regular TB control programs. It combines:</p> <p>1) increasing access to preferentially priced quality assured second-line drugs; 2) a review mechanism (the GLC) to ensure rational use of these drugs; 3) technical 'pre-approval assistance' and program monitoring; and 4) policy development (guidelines and research). There is evidence that the GLC mechanism has also strengthened and protected the DOTS programs involved.</p> <p>Médecins sans Frontières (MSF), Partners in Health (PIH), Centers for Disease Control (CDC), International Union Against TB and Lung Disease (IUATLD), KNCV, the national program of Estonia and Latvia and WHO actively collaborate(d) in this innovative Stop TB Partnership initiative. All operations are coordinated by the GLC secretariat.</p>			
<p><b>Summary</b></p> <p>To date 25 GLC projects have been approved in 5 different WHO regions, 11 are under review and many more in the pipeline. The recognition of the GLC mechanism by the GFATM, the recognition of DOTS-Plus as the standard of care for MDR-TB (Strategic and Technical Advisory Group, June 2004) and the evidence of widespread global (mis)use of expensive non quality assured drugs, result in increased political and professional momentum to integrate DOTS-Plus components within regular DOTS programs. Major challenges include the increasing demand for technical assistance, the lack of consultant - and laboratory capacity and sustainable funding for the GLC mechanism. Strengthening of the collaboration between the DOTS expansion Working Group (DEWG), the Lab Strengthening subgroup, the New TB Diagnostics Working Group and the DOTS-Plus Working Group is required to ensure and facilitate a rational and effective approach to mainstreaming DOTS-Plus into DOTS. The potential for inter WG collaboration is described in the background paper. In order to ensure the sustainability of the GLC, a GLC business plan is being developed which will be incorporated in the Stop TB Partnership resource mobilization action plan.</p>			
<p><b>Decisions requested from the Stop TB Coordinating Board</b></p> <ul style="list-style-type: none"> <li>• To endorse the GLC component of the TBP resource mobilization action plan;</li> <li>• To increase financial support to the GLC secretariat through the Stop TB Partnership Secretariat;</li> <li>• To endorse and support intensified coordination and collaboration between the DOTS-Plus WG, the DEWG and the New Diagnostics WG and relevant subgroups.</li> </ul>			
<b>Next steps and time frame</b>			
<b>WHAT</b>	<b>WHO</b>	<b>WHEN</b>	<b>FOCAL POINT</b>