

Regional Green Light Committee

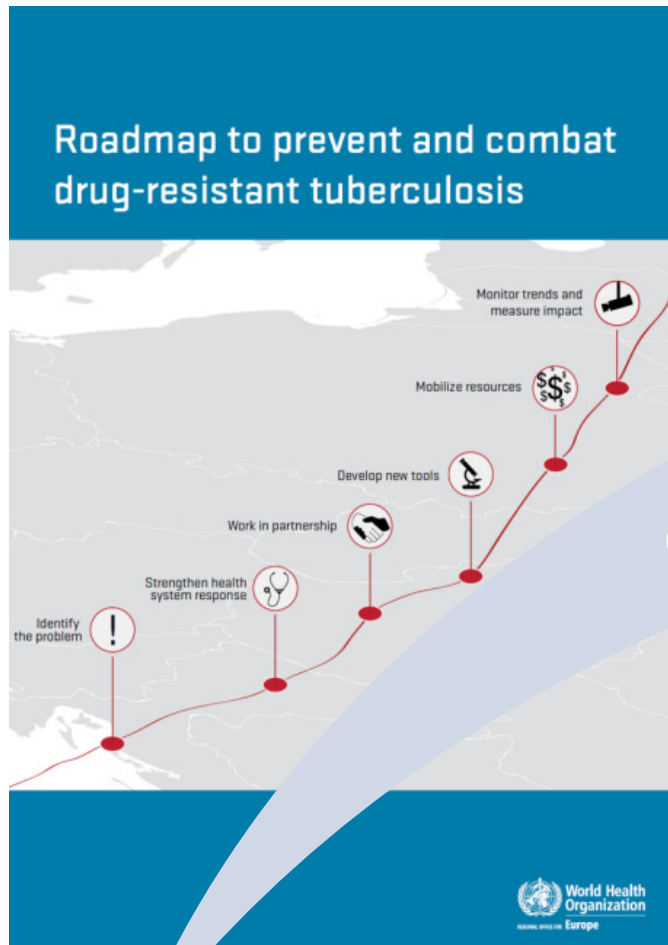
Europe

- **2nd Meeting of the Core Group of the Global Drug-resistant Initiative**
- **Date: 27 October 2014**
- **Barcelona, Spain**

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European rGLC

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Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region, 2011–2015 (follow-up plan under development, in line with global post 2015 End TB Strategy)



Why an Action Plan & process of development

Endorsement by RC in Baku, Azerbaijan, 2011

Progress since 2011

Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region



Prevent the development of M/XDR-TB



Scale up access to effective treatment



Scale up access to early diagnosis



Improve infection control



Strengthen surveillance

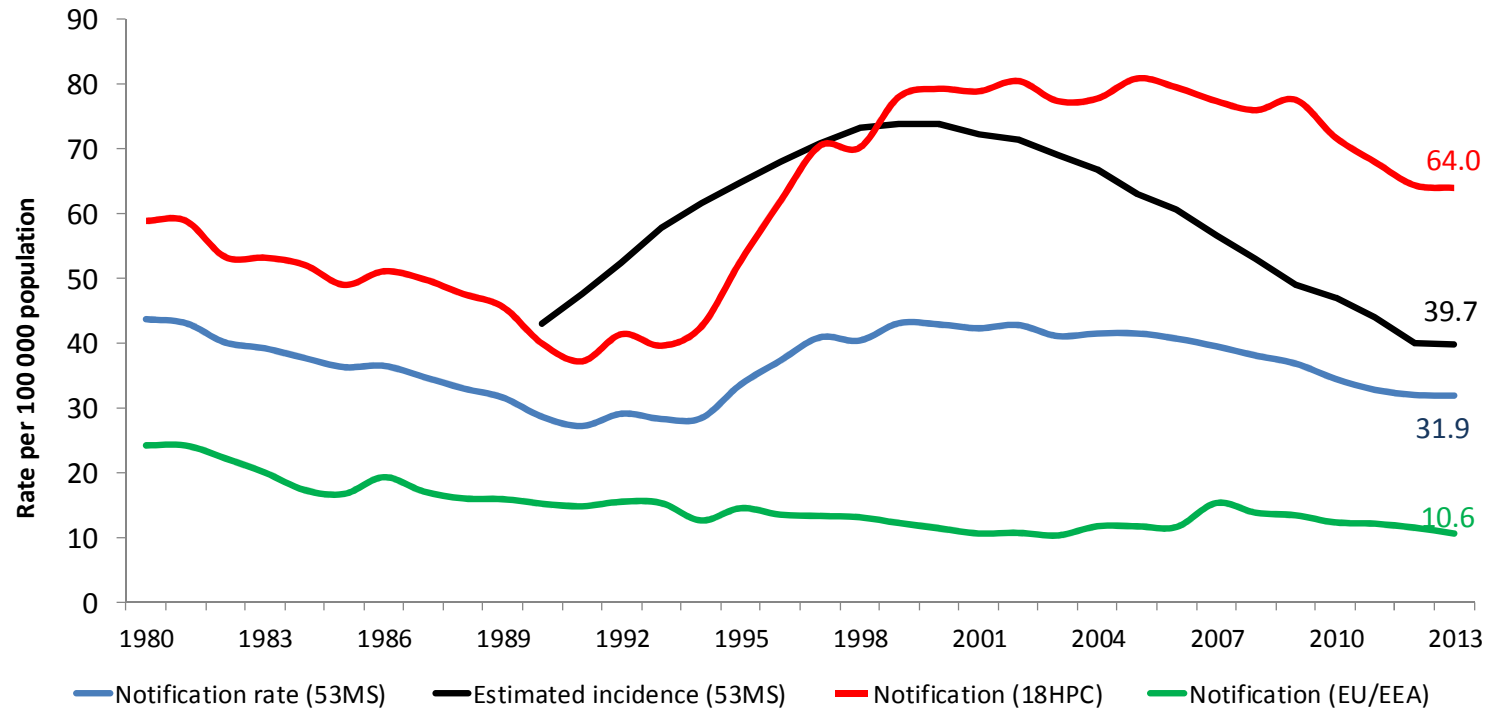


Expand management capacity of the programmes



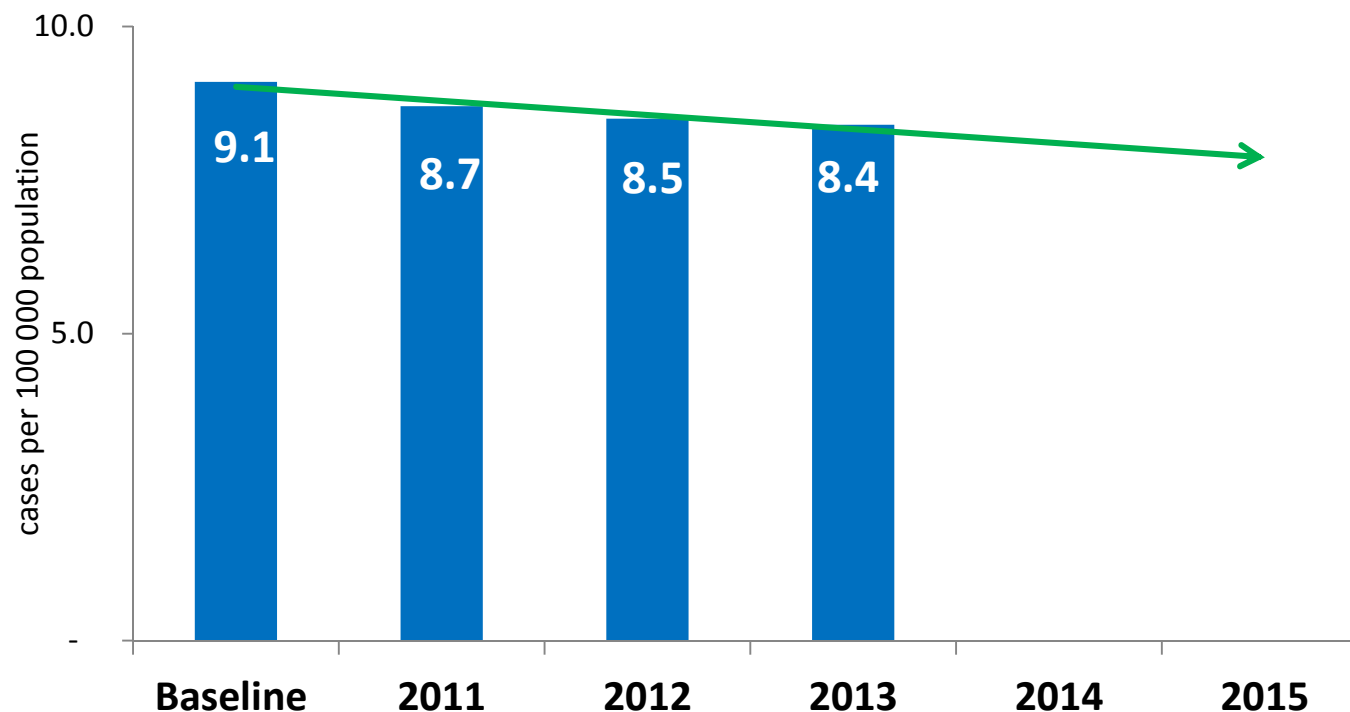
Address the needs of special populations

TB burden unequally distributed among countries (TB notification rate)



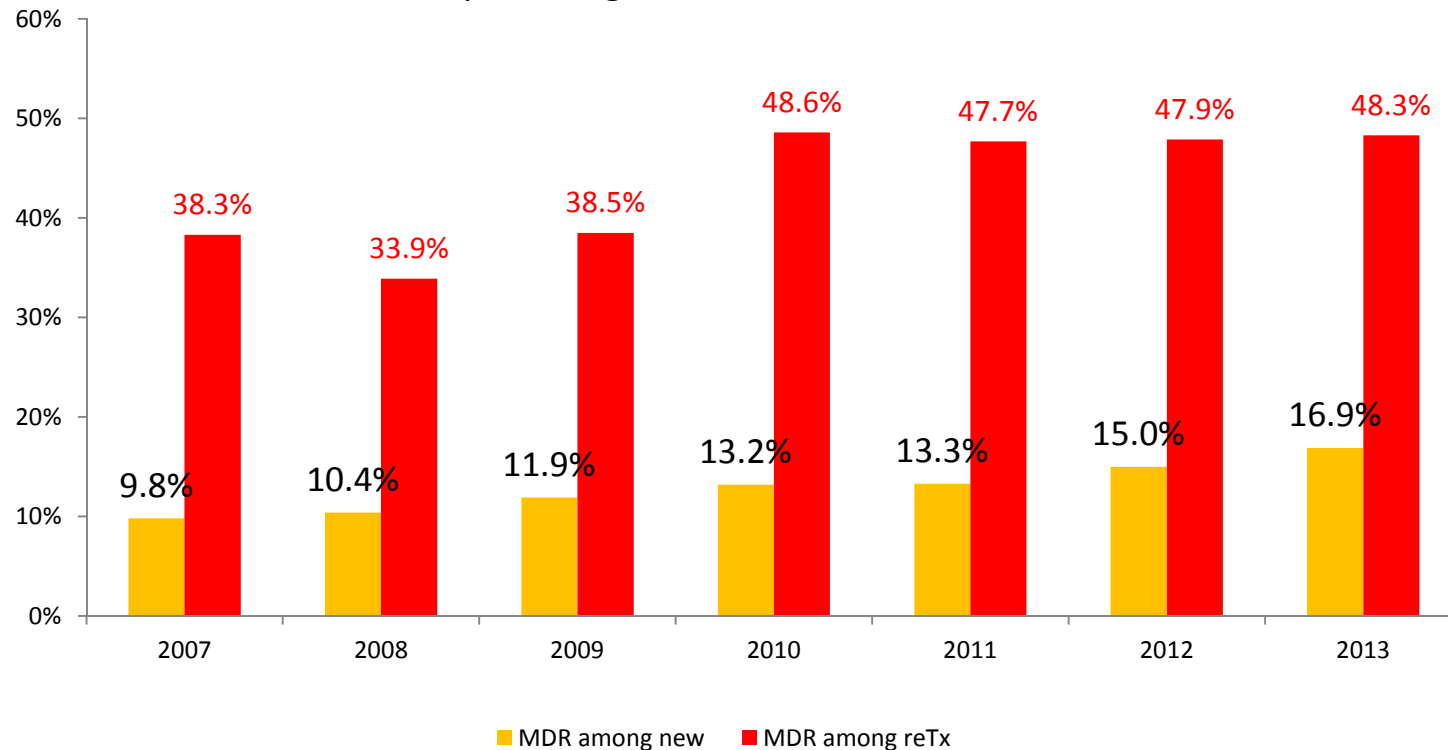
Absolute number of cases appears to be decreasing

Estimated number of all MDR-TB cases
per 100.000 population, WHO European Region



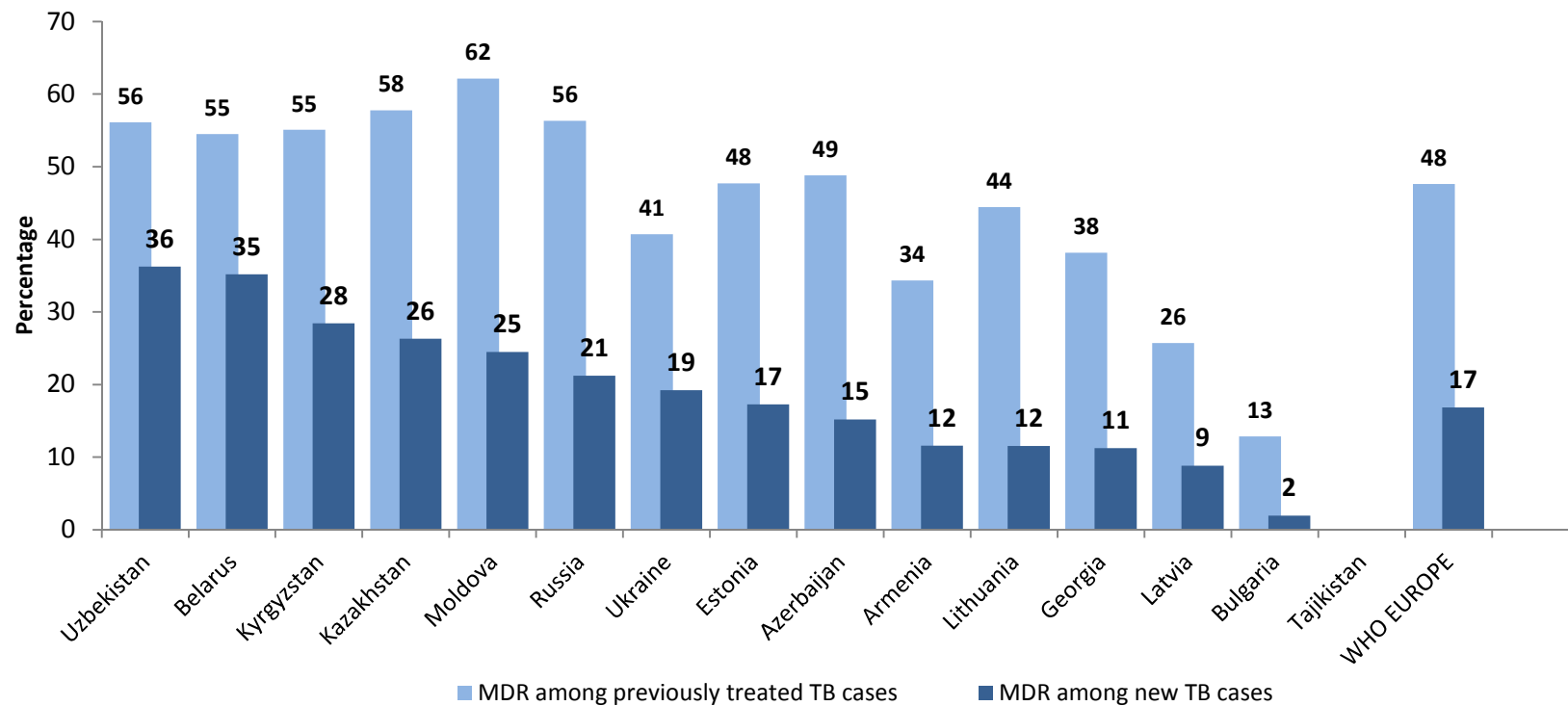
However, % of MDR-TB is still on the rise

Percentages of notified MDR among TB cases,
WHO European Region, 2005-2013



Source: European Centre for Disease Prevention and Control / WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2014.
2013 data is preliminary and is extracted from Global TB database

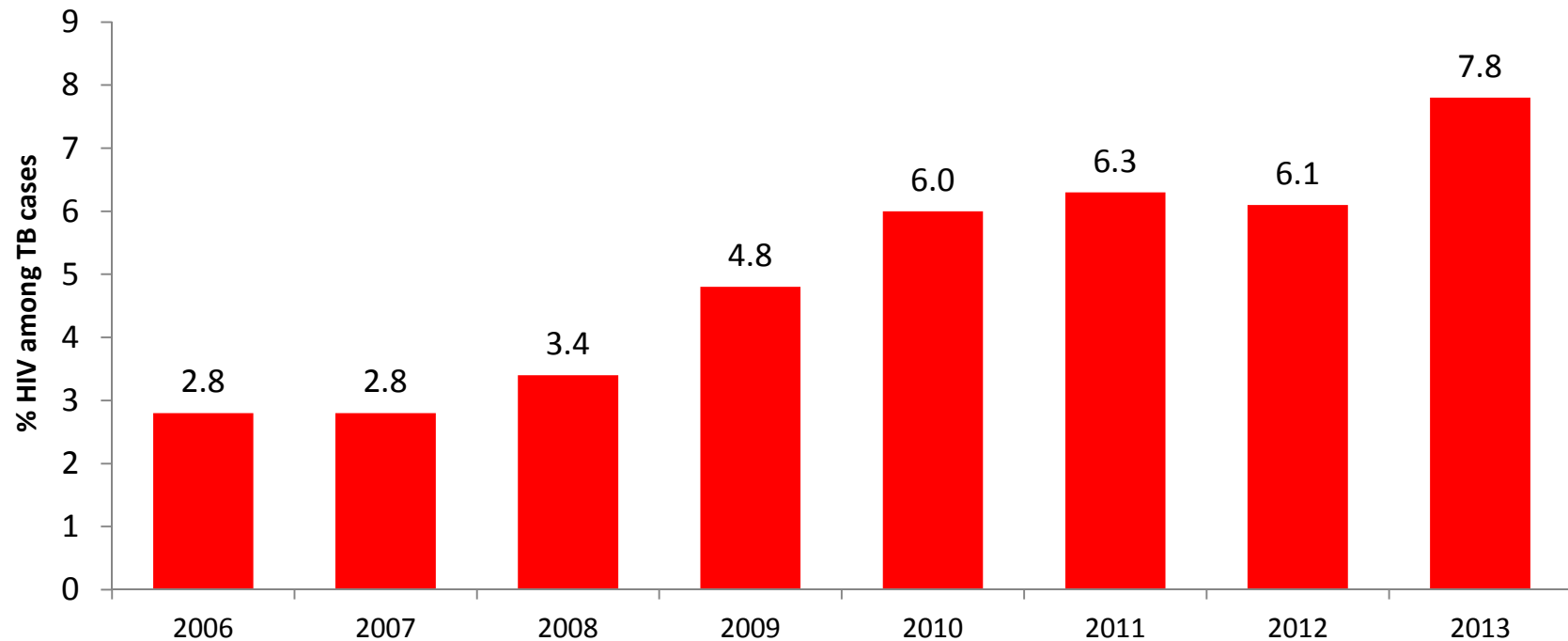
High MDR-TB countries; WHO Europe 2013



Source: Global TB database: Preliminary data

Leading killer among people living with HIV

- About **17,000** (81%) TB cases with HIV co-infection were detected out of about 21 000 estimated.
- Only **53.8%** of them were offered antiretroviral treatment.



Source: European Centre for Disease Prevention and Control / WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2014.

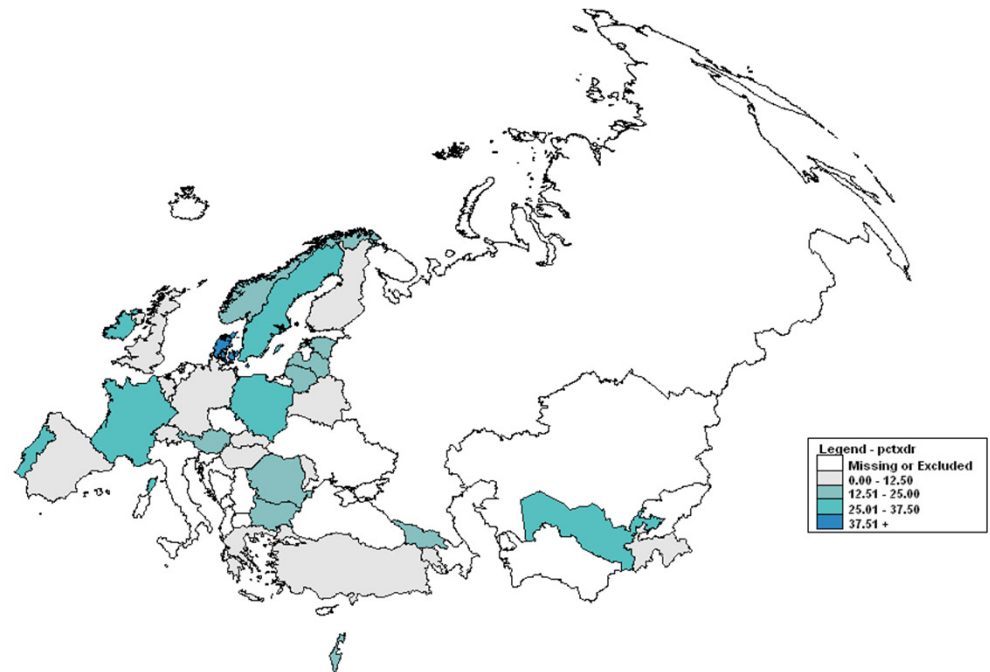
Data source for 2013 is Global TB database: 2013 results are preliminary

Burden of XDR TB is largely uncertain

Percentage of notified TB cases with XDR-TB
among MDR-TB patients with SLD results,
WHO European region, 2013

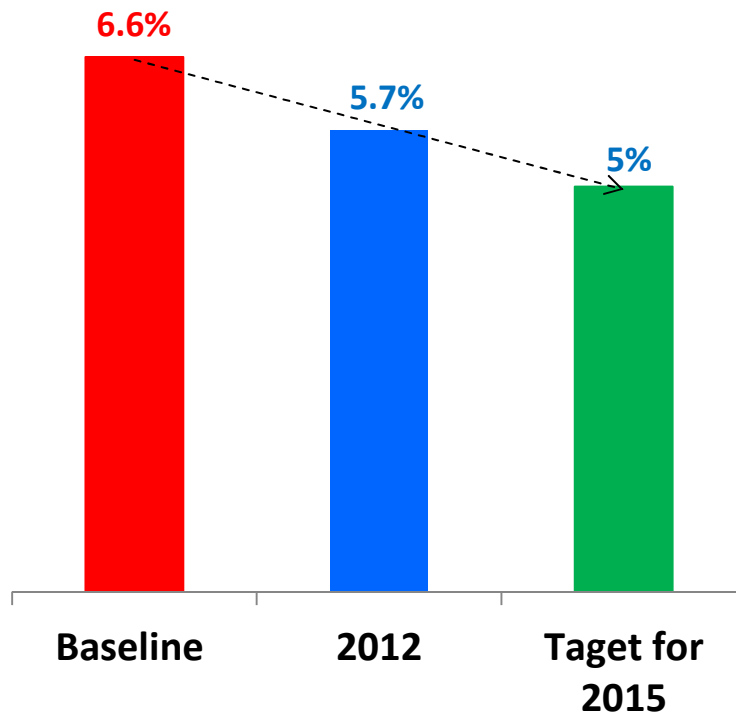
52% of notified MDR
have SLD DST results (out of
reporting countries)

In total **525** (12.8%) XDR
patients notified in 2013



Source: Global TB database –preliminary data

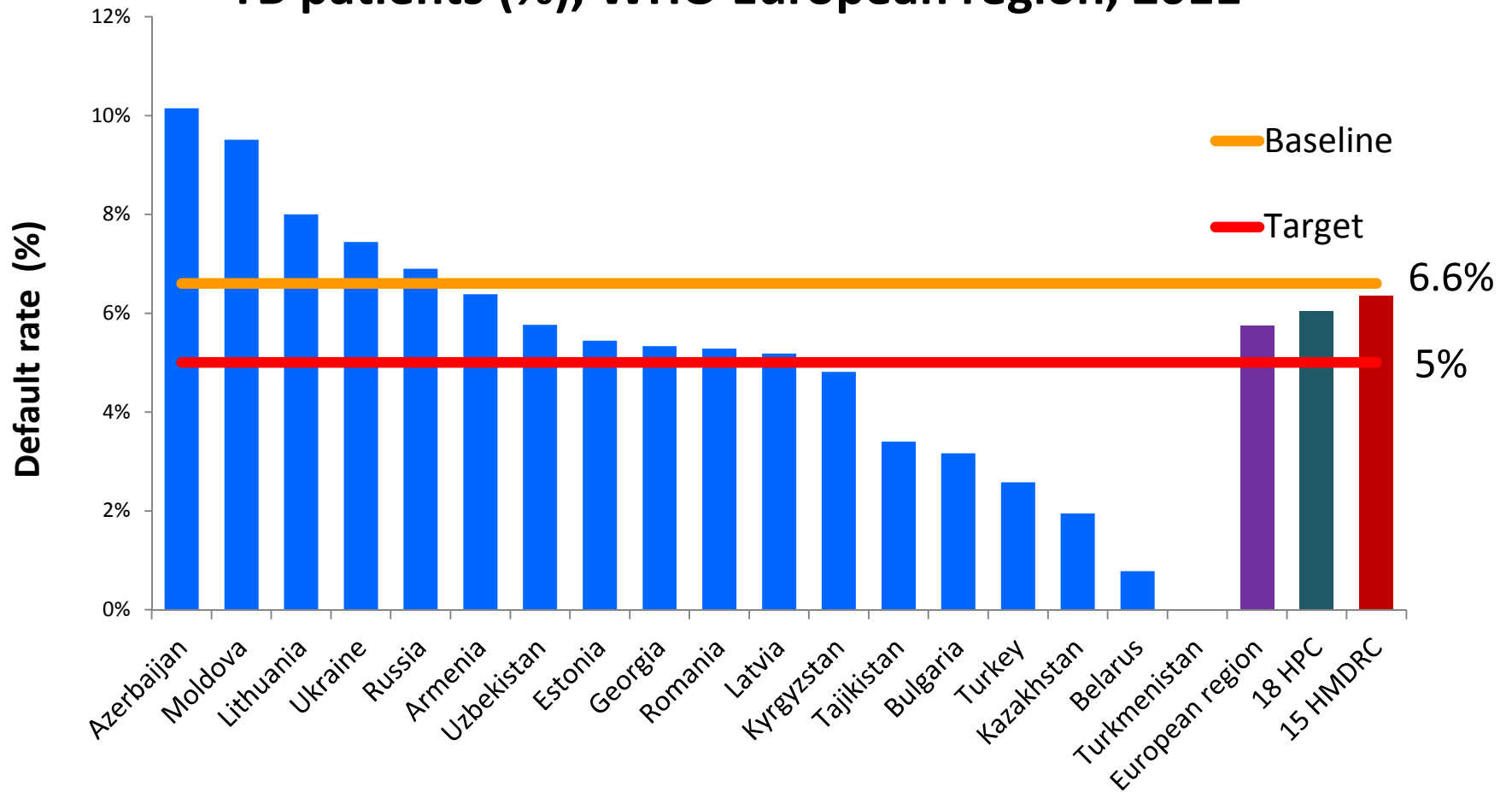
Default rate among new laboratory confirmed TB patients



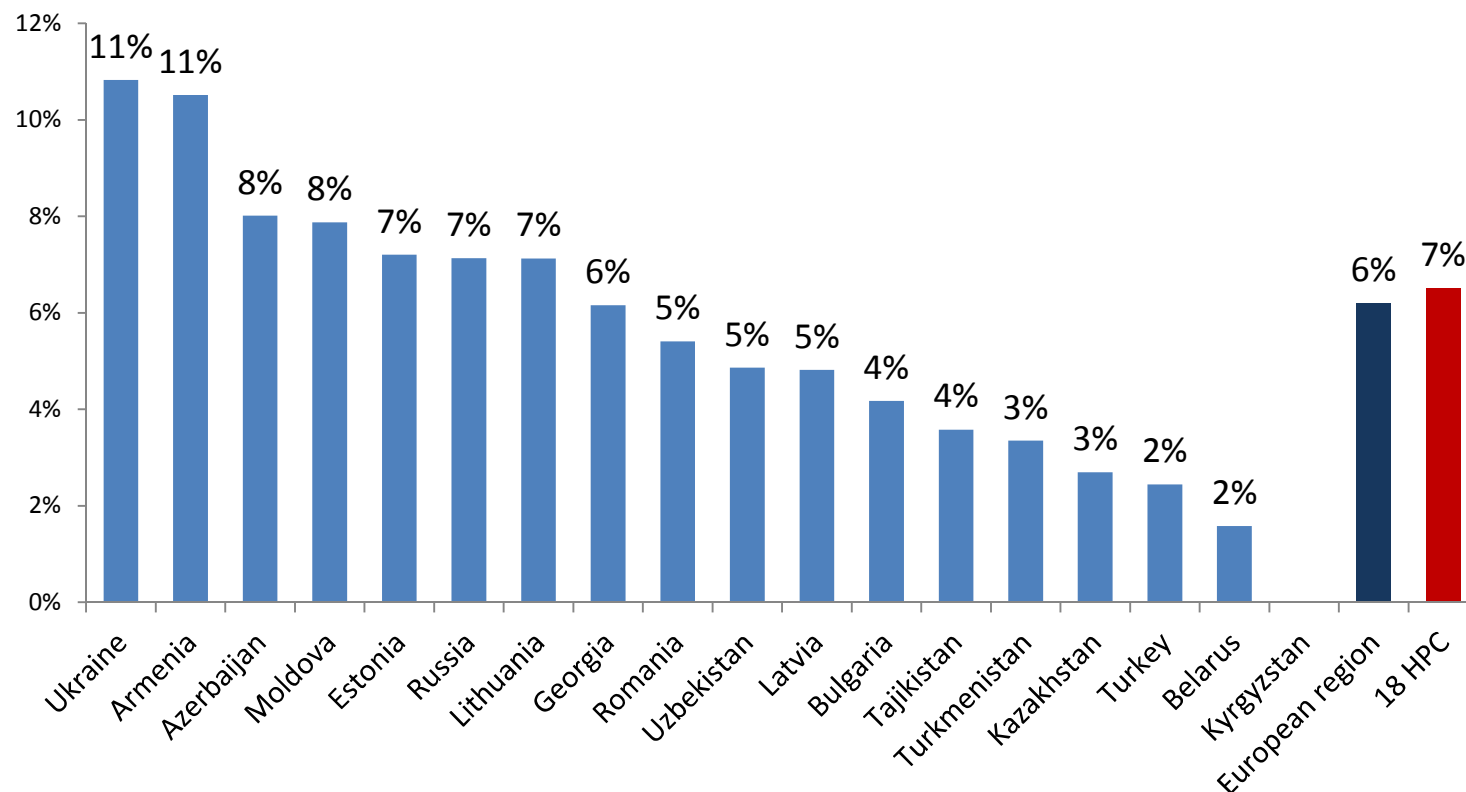
**Prevention of treatment interruption
is a key to close the MDR tap**

Patient-centered care approach

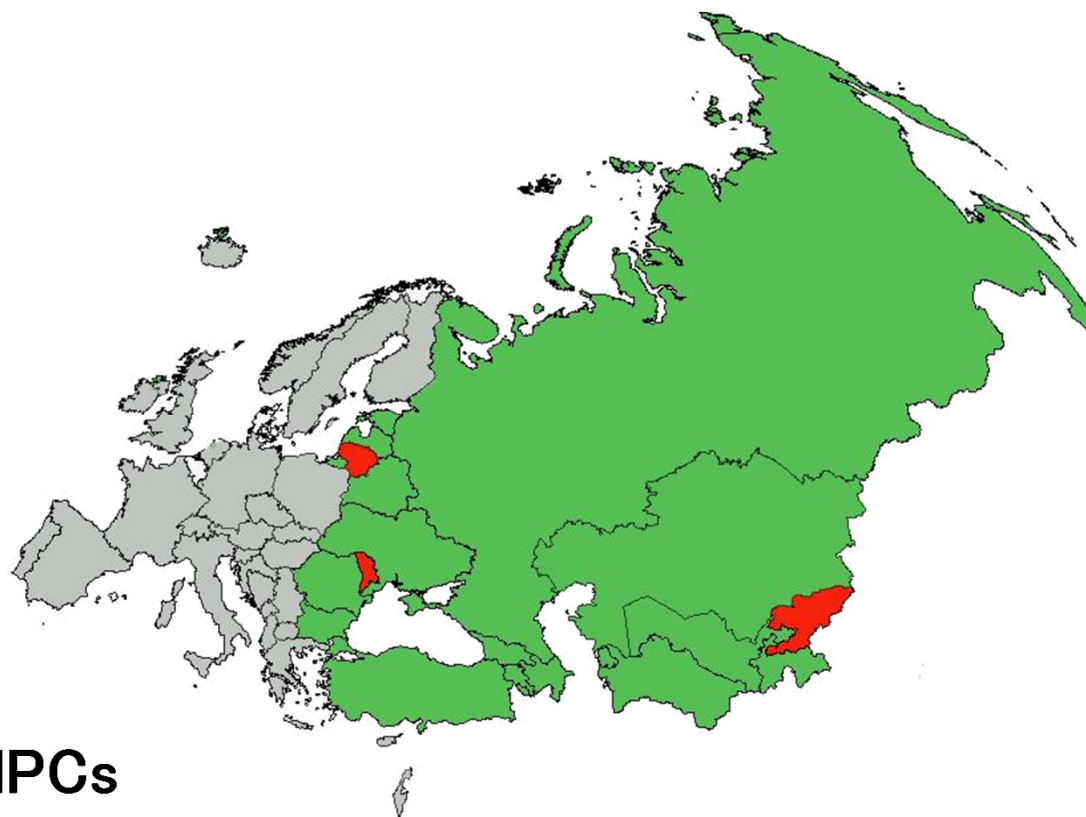
Default rate among new laboratory confirmed TB patients (%), WHO European region, 2011



Lost-to-follow up rate among new and relapse TB patients in 18 HPCs, WHO European Region, 2012



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

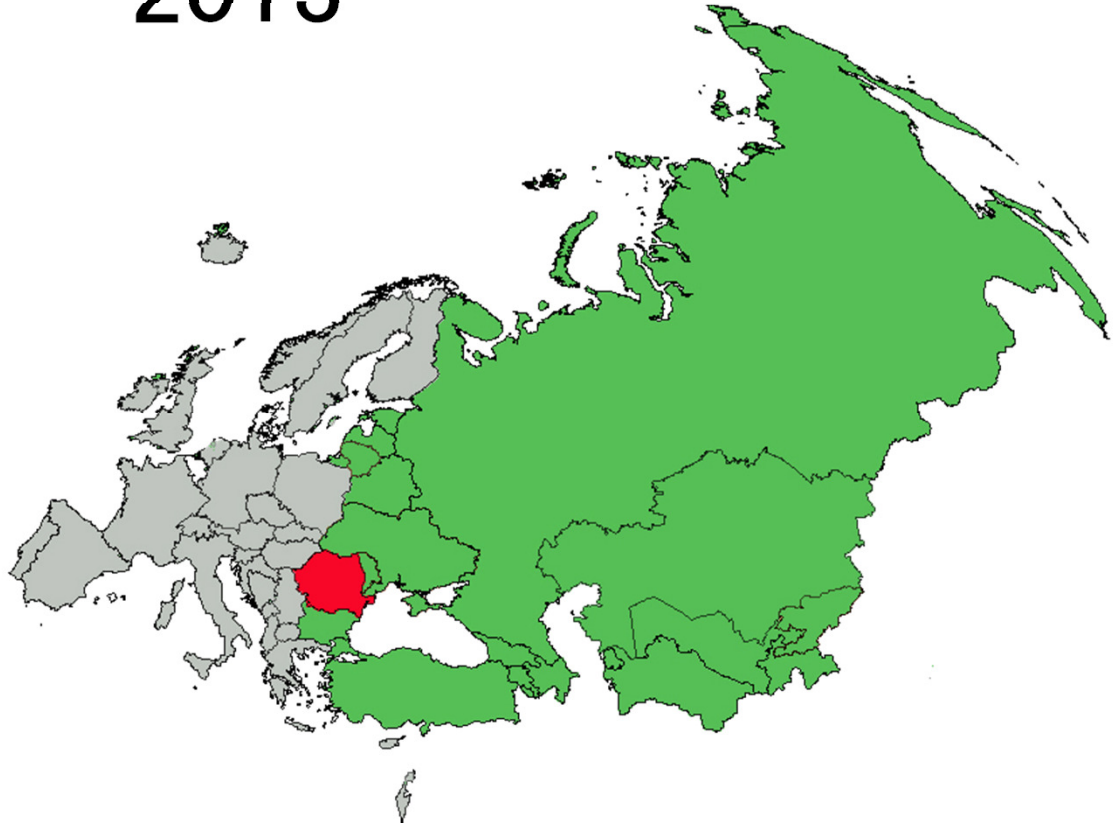


In 3 countries among 18 HPCs

There was stock out of first line TB drugs

Countries using X-pert MTB/RIF in 2013

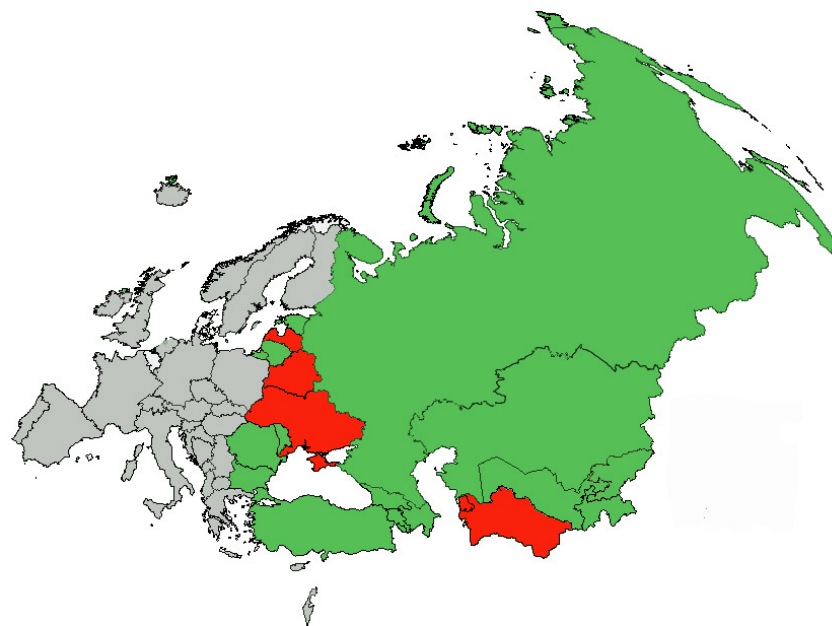
All high priority countries in the Region except Romania, reported use of X-pert MTB/RIF in 2013



Member states with TB infection control plan endorsed



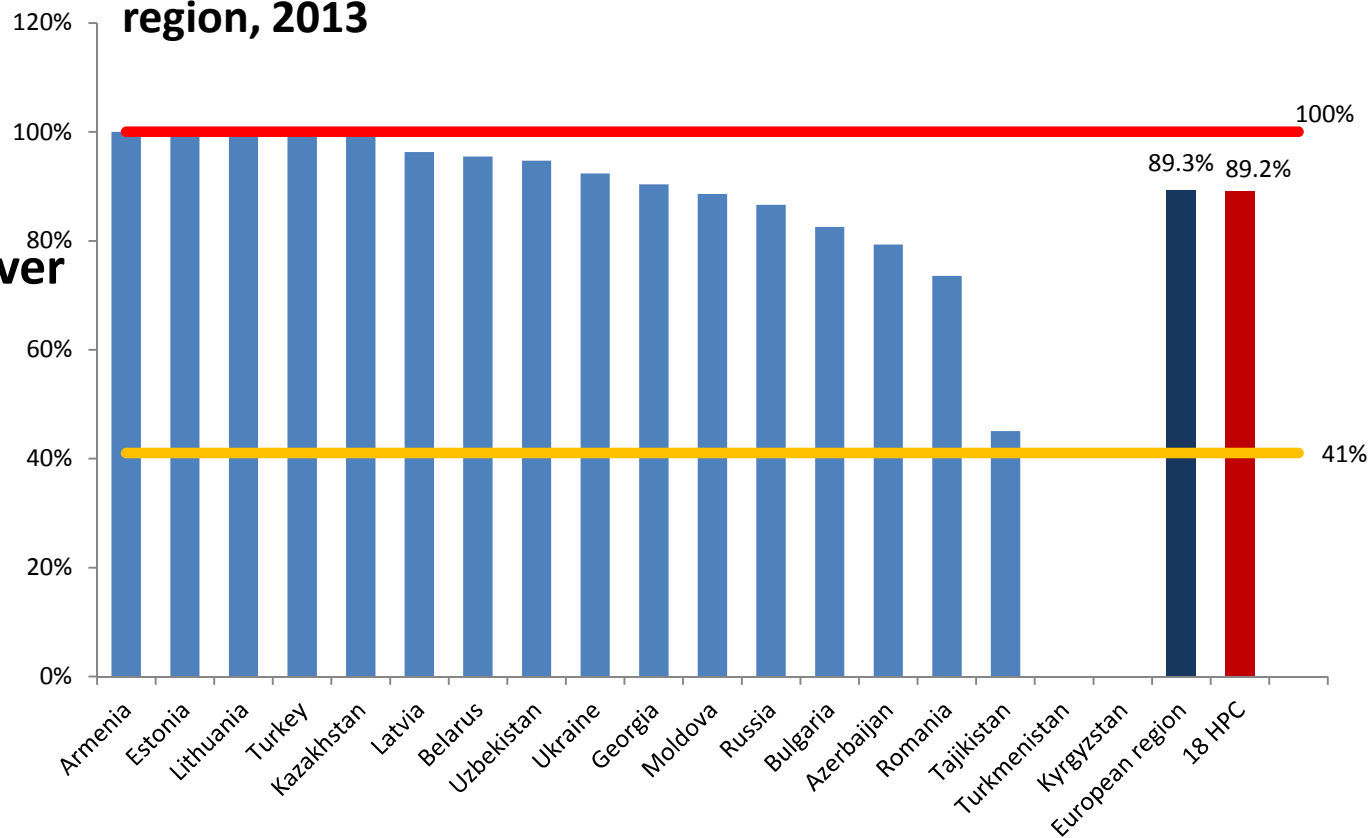
**In 2012 8 HPCs only
endorsed TB-IC plan**



**By end of 2013 all HPCs endorsed TB-IC plan,
except Latvia, Belarus, Ukraine and Turkmenistan.**

10 HPCs have over
90% DST
coverage

**Coverage of first line DST among notified previously
treated TB patients with positive culture, WHO European
region, 2013**

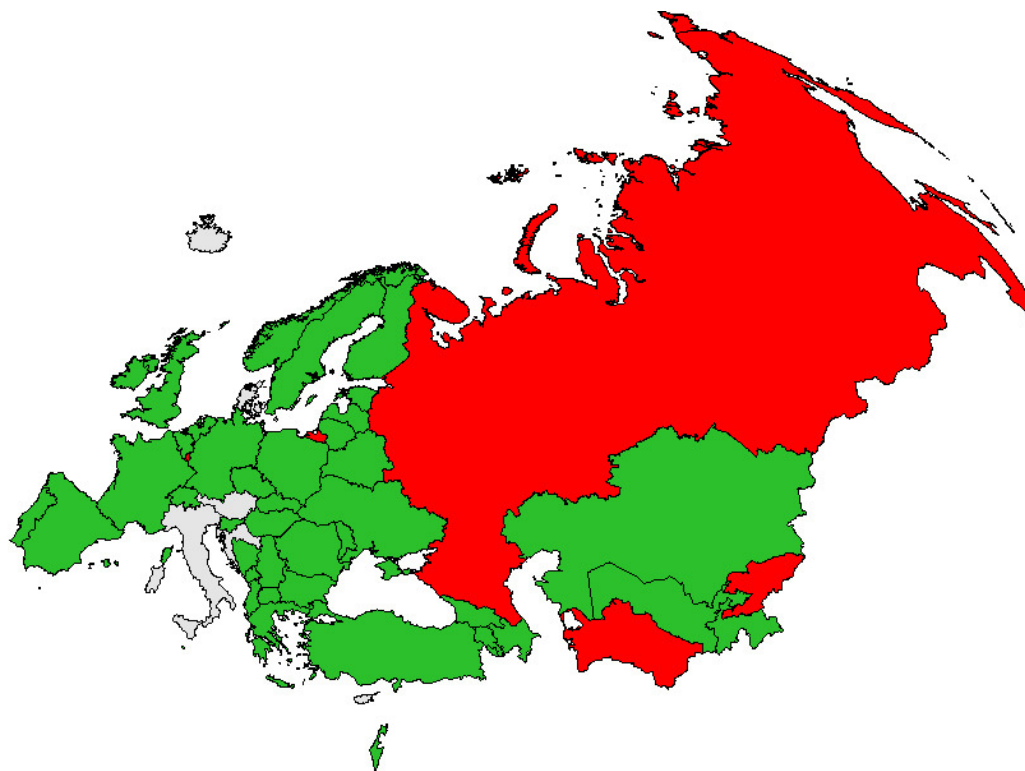


Member states with electronic case-based data management at least for MDR TB

41

Member states

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



Key contributions by rGLC Europe

- All HPC have country adapted M/XDR-TB plans
- Input to workshop on efficient management tools in TB prevention and care
- Assessing possible causes of loss-to-follow up within ongoing health care reforms
- Input to country adapted infection control plans
- Assessing underlying causes of lack to access of second line drugs
- Contribution to rational introduction of Bedaquiline at country level through consilium approach
- Continue regional and country PMDT mentorship programme
- Close linkage and collaboration with other regional and global initiatives, such as GDI, GDF, ELI, childhood TB taskforce, GFATM and TBTEAM, thus strengthening synergies and effectiveness

Way forward

- Support member states and regional initiative in adapting the post 2015 End TB Strategy (national PMDT relevant plans, protocols and guidelines);
- Continue to share best practices for models of care and scaling up patient-centred ambulatory care;
- Contribute to a Plan in strengthening TB laboratory diagnosis;
- Continue introduction and rational use of new TB drugs and heightening Pharmacovigilance capacity
- Continue regional mentorship program
- Contribute to improve country-suitable PMDT relevant models of care
- Contribute to improved results-based management strategies for PMDT, including enhanced approaches to surveillance (i.e. better incorporating pharmacovigilance)
- Continue to link to novel diagnostic tools and approaches and advocate for them (in line with WHO recommendations)

Acknowledgements

- rGLC secretariat, Drs Masoud Dara and Martin van den Boom

Thank you for your attention