

Progress on PMDT scale up in WHO SEAR Through Regional GLC Mechanism

**2nd Meeting of the Core Group of the Global Drug-resistant TB Initiative,
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MDR-TB burden in SEAR



- **High MDR-TB burden in SEAR:**
Bangladesh, India, Indonesia, Myanmar
- **Estimated MDR-TB burden 2013 :**
 - % of TB cases with MDR-TB:
2.2 % (1.8-2.7) among New
16% (12- 20) among Previously Treated
 - MDR-TB among Notified pulmonary TB cases: 89,000
(70,000- 110,000)
- **Reported cases of MDR-TB 2013**
 - cases tested for RR-/MDR-TB : 286,323 (66,757 in 2012)
 - lab confirmed RR-/MDR-TB cases : 40,335 (19,202 in 2012)
 - patient started on MDR-TB : 23,766 (15,845 in 2012)

SEAR MDR Estimates-2012

Country	Source of estimate	Rate amongst New Cases	Rate amongst Previously Treated	Est MDR TB amongst all notified TB
Bangladesh	DRS, 2012	1.4 (0.7–2.5)	29 (24–34)	4 200 (3 100–5 200)
Bhutan	model	2.2 (1.6–2.8)	16 (11–21)	25 (20–30)
DPR Korea	model	2.2 (1.6–2.8)	16 (11–21)	3 800 (3 000–4 600)
India	model ^a	2.2 (1.9–2.6)	15 (11–19)	64 000 (49 000–79 000)
Indonesia	model ^b	1.9 (1.4–2.5)	12 (8.1–17)	6 900 (5 200–8 500)
Maldives	model	2.2 (1.6–2.8)	16 (11–21)	2 (1–2)
Myanmar	DRS, 2008	4.2 (3.1–5.6)	10 (6.9–14)	6 000 (4 600–7 500)
Nepal	DRS, 2011	2.2 (1.3–3.8)	15 (10–23)	990 (660–1 300)
Sri Lanka	DRS, 2006	0.18 (0–0.99)	2.2 (1–4.1)	21 (0–43)
Thailand	DRS, 2006 DRS, 2012 ^c	1.7 (1.0–2.6) 2.0	35 (28–42) 18.9	1 800 (1 400–2 200) 1 700
Timor-Leste	model	2.2 (1.6–2.8)	16 (11–21)	82 (62–100)
SEAR	model	2.2 (1.6–2.8)	16 (11–21)	90 000 (63 000–116 000)

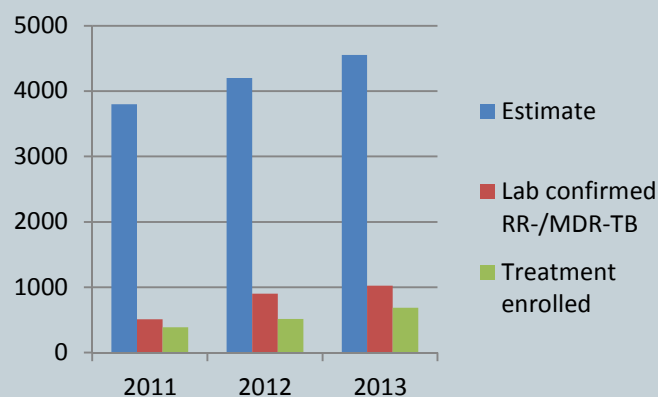
r-GLC SEAR establishment



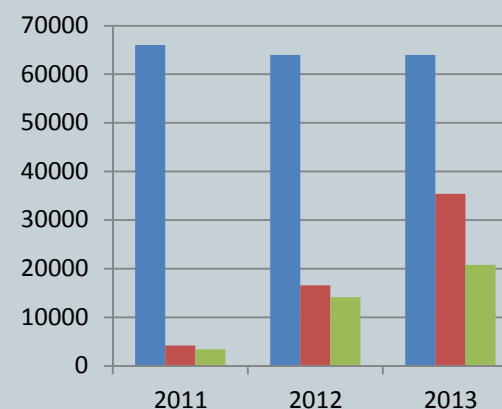
- r-GLC SEAR establishment in May 2012 with 9 members and 2 alternates
- Technical guidance on country PMDT through r-GLC committee meetings in every 6 months
 - Country PMDT mission report reviews
 - Extensive deliberations on issues and challenges faced in the countries in scaling up PMDT
 - Follow up of the recommendations through r-GLC secretariat
- Support and Coordination of country PMDT missions and capacity building activities



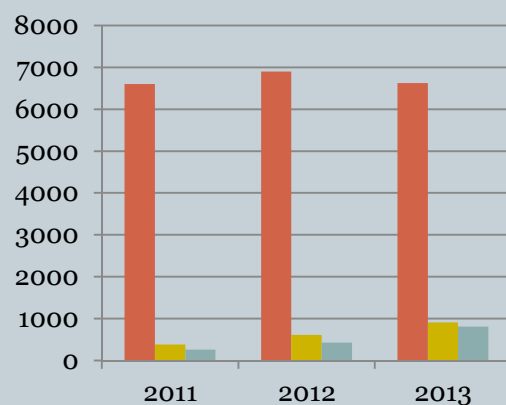
RR-/MDR-TB Situations in High MDR-TB countries in SEAR



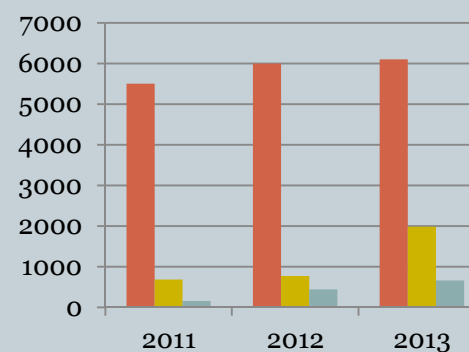
Bangladesh



India



Indonesia



Myanmar

Achievement on PMDT scale up in the countries



- Steady increase in diagnosis and enrollment of MDR-TB cases in all (10 except Maldives) member countries especially in 4 high MDR-TB burden countries (Bangladesh, India, Indonesia and Myanmar)
- Improved training skills and enhanced training activities in the countries after ToT workshop on PMDT in March 2014 (WHO and CDC collaboration)
- Improved monitoring of PMDT in the countries through regular PMDT missions
- Establishment of regional PMDT center almost finalized
- Increased advocacy and innovative engagement- PPM on PMDT



5th r-GLC committee meeting conducted in 2014

(29-31May 2013, Mumbai, India)



Major country issues and challenges

- Donor-driven targets, availability of funds and SLDs;
- Sub-optimal laboratory capacity, especially in Bangladesh, Bhutan, Democratic People's Republic of Korea, Indonesia, Myanmar, Nepal, Sri Lanka, and Timor-Leste;
- Need for additional human resources and funds for capacity-building;
- Delay in drug supply by the Global Drug Facility (GDF); and expiry of drugs/surplus drugs



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GLC meeting, SEARO, Delhi, India, May

2014

5th r-GLC meeting, 29-31May 2013, Mumbai, India



Major recommendations to overcome country challenges

- Technical support to be provided to the Member countries for development of the PMDT expansion plan.
- Capacity-building of human resources on clinical management of DR-TB and laboratory quality management to be facilitated.
- Member countries to review the human resource requirement based on actual workload and prepare human resource succession plans.
- r-GLC Secretariat to provide need-based support for development and review of the GF NFM concept note pertaining to PMDT.
- Additional support beyond missions to be provided to the countries, such as for stakeholder coordination, capacity-building, research, and advocacy.



Activities under r-GLC support in 2014



Title of activities	Venue	Dates	Status
Advisory Committee meetings			
5 th MDR-TB Advisory Committee Meeting	Mumbai, India	29-31 May	Completed
6 th MDR-TB Advisory Committee Meeting	Dhaka, Bangladesh	7-9 December	Planned
In-country training			
ToT on PMDT Bangladesh, India, Indonesia, Myanmar	Respective Countries	TBD	Planned
Clinical Training on MDR-TB Myanmar, Nepal, Sri Lanka, Thailand	Respective Countries	Nepal (21-25 July)	Completed for Nepal
r-GLC missions			
PMDT Mission to Bangladesh	Dhaka, Bangladesh	23-27 Nov	Planned
PMDT Mission to Bhutan	Thimpu, Bhutan	24-28 Nov	Planned
PMDT Mission to DPRK	Pyongyang, DPR Korea	9-19 May	Completed with JMM
PMDT Mission to India	New Delhi and other States, India	3-12 September	Completed
PMDT Mission to Indonesia	Jakarta, Indonesia	27 April-10 May	Completed
PMDT Mission to Myanmar	Yangon, Myanmar	24-28 March	Completed
PMDT Mission to Nepal	Kathmandu, Nepal	7-12 July	Completed
PMDT Mission to Sri Lanka	Colombo, Sri Lanka	2-13 June	Completed with JMM
PMDT Mission to Thailand	Bangkok, Thailand	25 Jan-3 Feb 2015	Planned
PMDT Mission to Timor Leste	Dili, Timor Leste	17-21 November	Planned



r-GLC roles and functions

- Continued strong advocacy to enhance the political commitment for ensuring availability of funds for rapid scale-up and Universal coverage of PMDT
- Improved communication with country PMDT through strengthened r-GLC support, enhanced monitoring and evaluation and effectively addressing the identified gaps in PMDT
- Capacity building of country PMDT in program and clinical management ; propose to establish CoE in the Region for the same.
- Health system strengthening in countries and coordinating with drug regulatory authorities for rational use and availability of anti TB drugs
- Strengthen research for newer drugs and diagnostics by providing TA
- Enhance community and civil society involvement in PMDT services in addition to strengthening Private sector and NGOs participation.



Thank you



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