



Stop TB Partnership

SUMMARY SHEET		
Agenda Nr. 1.08- 12.0	Subject	SECOND WHO TASK FORCE ON XDR-TB
For Information <input type="checkbox"/>	For Discussion <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>
<p>Rationale</p> <p>To inform the Coordinating Board of the outcome of the Second WHO Task Force on XDR-TB meeting, held in Geneva, 9-10 April, 2008.</p>		
<p>Summary</p> <p>Important progress in the global response to MDR-TB and XDR-TB has been made:</p> <ul style="list-style-type: none"> • Peru became the first low resource setting to achieve universal access to MDR-TB diagnosis and treatment; • Successful evaluation of line probe assays for MDR-TB; • GDF made progress in addressing drug procurement crisis; • Evidence that MDR-TB can be managed in very low resource settings with high HIV and TB burden; and • Global Laboratory initiative addressed diagnostic needs for MDR-TB, one of the major bottlenecks. <p>In 2007 there was an increase of 36% in GLC-approved program sites and 18% in the number of patients approved for treatment in 2007 compared to 2006 (51 countries and 95 program sites are now benefiting from GLC services). This important increase is mostly a result of funding to countries by The Global Fund to fight AIDS, Tuberculosis and Malaria and UNITAID, and technical assistance given by partners (supported by donors such as PEPFAR, USAID, Eli Lilly, DfID, Italian Cooperation, and BMGF), under the coordination and leadership of the MDR-TB Working Group and WHO.</p> <p>However, an overview of the progress in the 27 high priority MDR-TB countries shows enormous gaps, with patients on treatment well below global targets (in 2007 only 47,000 cases out of the half million MDR-TB global burden estimated are being treated). This is, to a very large extent, a reflection of little progress in China and India, where 240,000 MDR-TB are estimated to occur every year (50% of the estimated global burden) and in key countries such as Russia, Azerbaijan and Ukraine.</p> <p>The XDR-TB Task Force has strongly recommended that countries should produce comprehensive national plans to address MDR-TB and XDR-TB and the WHO and the Stop TB Partnership to hold a high level meeting of these 27 countries early next year.</p>		



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Decisions requested (from the Stop TB Coordinating Board)

- To take note of the recommendations of Second WHO Task Force on XDR-TB meeting and integrate the recommendations into political advocacy;
- To conduct high level missions to key countries (CB & MDR WG);
- To mandate the MDR WG to plan and hold a meeting of the 27 high MDR-TB burden countries by mid 2009.

Implications (political/financial/staffing etc):

- Political commitment from all partners to implement the recommendations of the WHO Task Force on XDR-TB.

NEXT STEPS

Action Required:

Mobilization of partners for implementation of the recommendations of the WHO Task Force on XDR-TB.

Focal Point: Ernesto Jaramillo

Timeframe: As soon as approved until mid 2009