

Second GDI-CG meeting  
27 October 2014  
Barcelona  
**rGLC AMR**

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## Activities implemented by rGLC and Secretariat – 2014

Missions	10 (will be 14 at the end of 2014)
TA in country	5 (Emphasis on Laboratory, Programmatic Management of TB and New Definitions)
TA in clinical management	Permanent by internet and in country
rGLC meetings	1 face to face + 1 conference call
SLD requests reviewed	For 13 countries
MDR-TB and NTP Guidelines reviewed	2 countries
Follow up on TB and PMDT information	All AMR countries with MDR-TB cases

# Activities implemented by rGLC and Secretariat – 2014

## Capacity building

XIII International Course “Epidemiology an TB Control”	15 attendant from 7 countries. ( <i>Brazil, El Salvador, Honduras, Nicaragua, Panama, Mexico and Spain</i> )
XI International Course “Clinical and operative management of Resistant TB”	16 attendant from 11 <i>countries</i> ( <i>Brazil, Peru, El Salvador, Colombia, Ecuador, Honduras, Mexico, Niger, Spain, Panama and USA</i> )
II Workshop on Drug management with rGLC and GDF	27 attendant from 11 countries
During the NTPs Regional meeting	28 NTPs manager and NRLs and AMR Supra National Reference Laboratories
Tutoring program.	3 on lab and 2 on PMDT

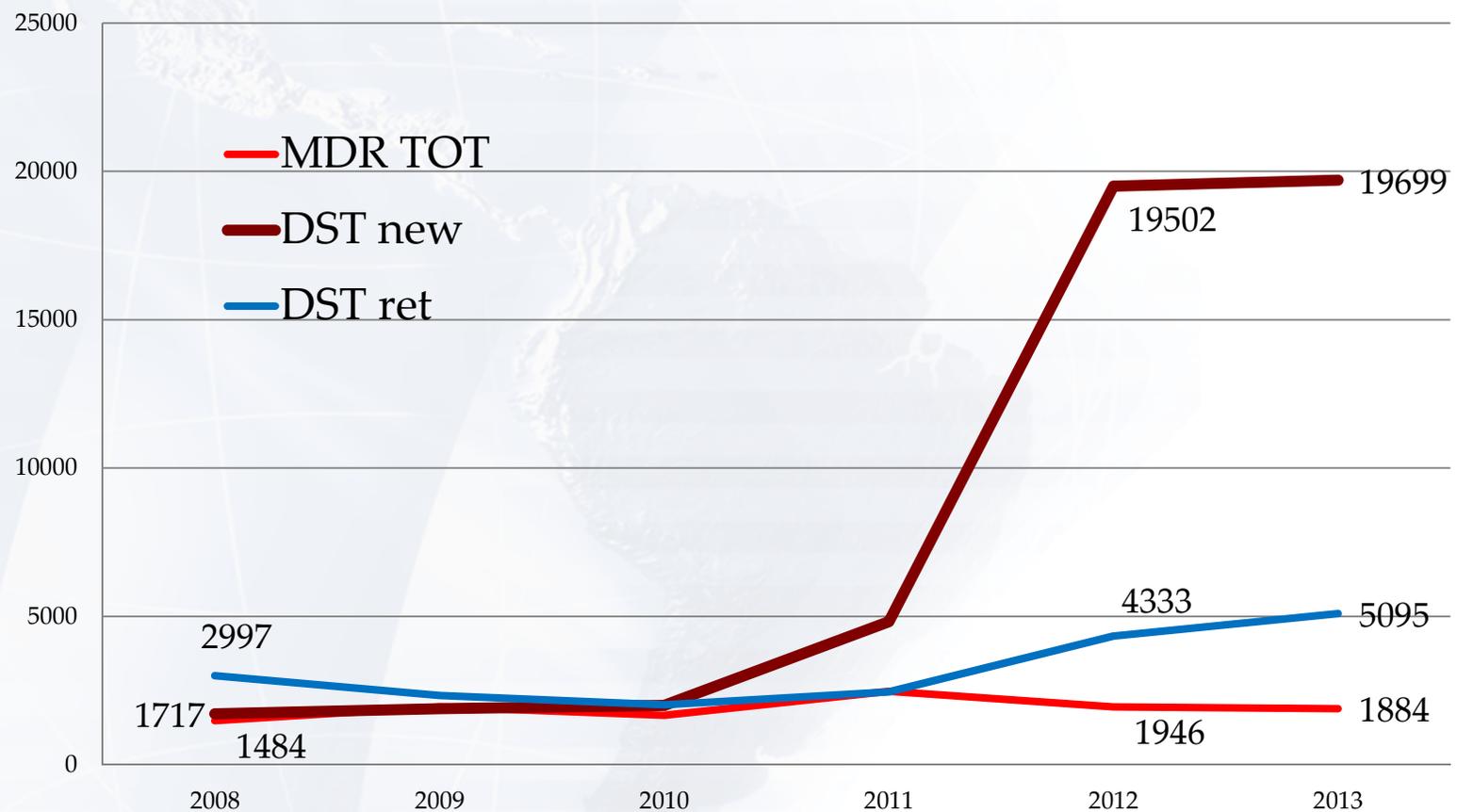
# MDR-TB diagnostic capacity, AMRO

The implementation of DST diagnostic capacity has been increasing slowly in the last five years, for 2014:

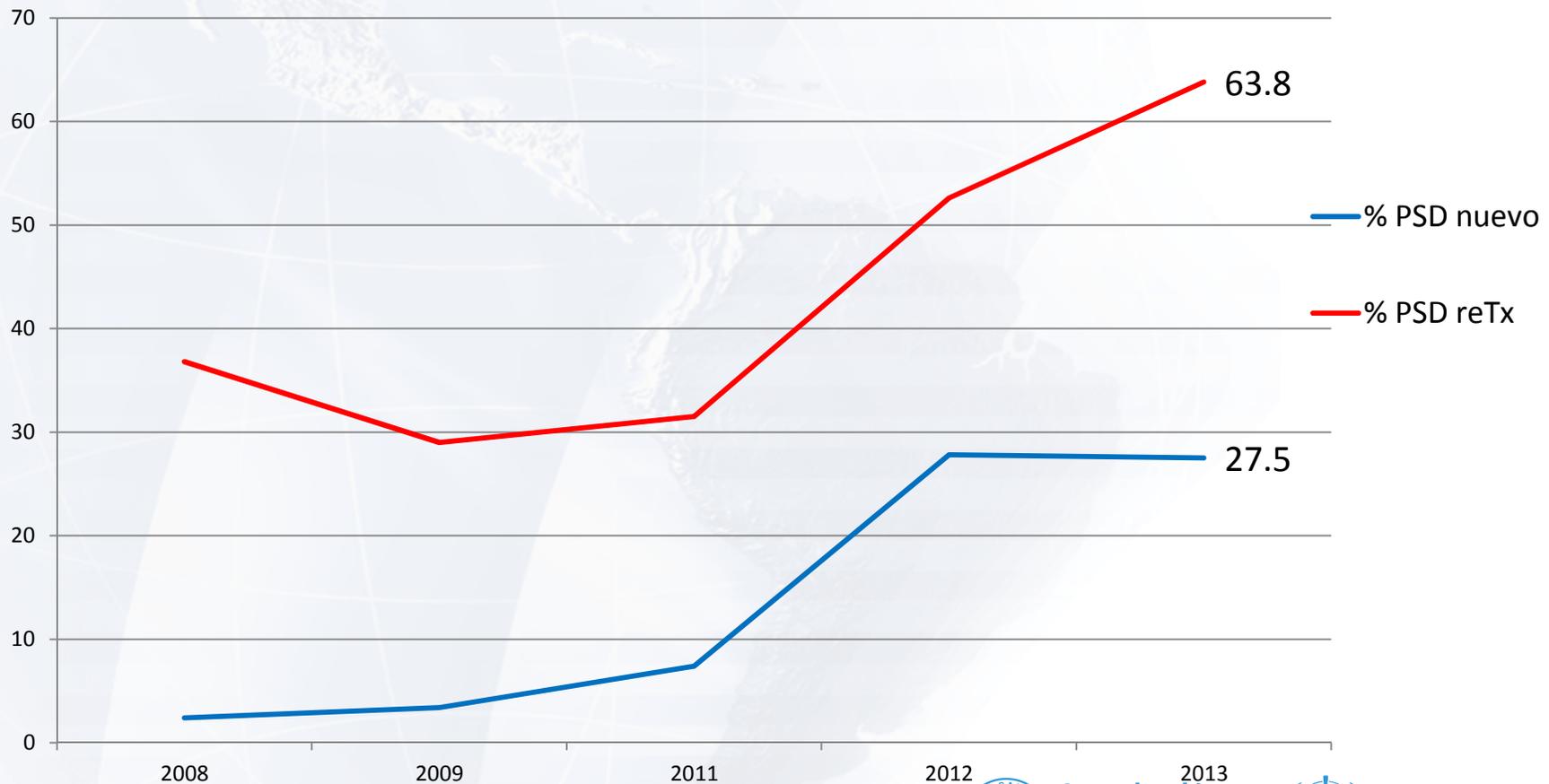
- Culture 24 countries
- DST FLD: 22 countries
- DST for SLD: 16 countries (+ 8 outside de country)
- Xpert MTB/Rif: 17 countries with 101 units in 2014
- Line Probe Assay (LPA): 11 countries

# DST trends in the Region. GF countries

Number of DST performed in new and retreatment TB cases, and number of MDR-TB cases diagnosed. 2008 to 2013



# Percentage of TB cases (new and previously treated) with DST, trends in GF countries AMR 2008 - 2013

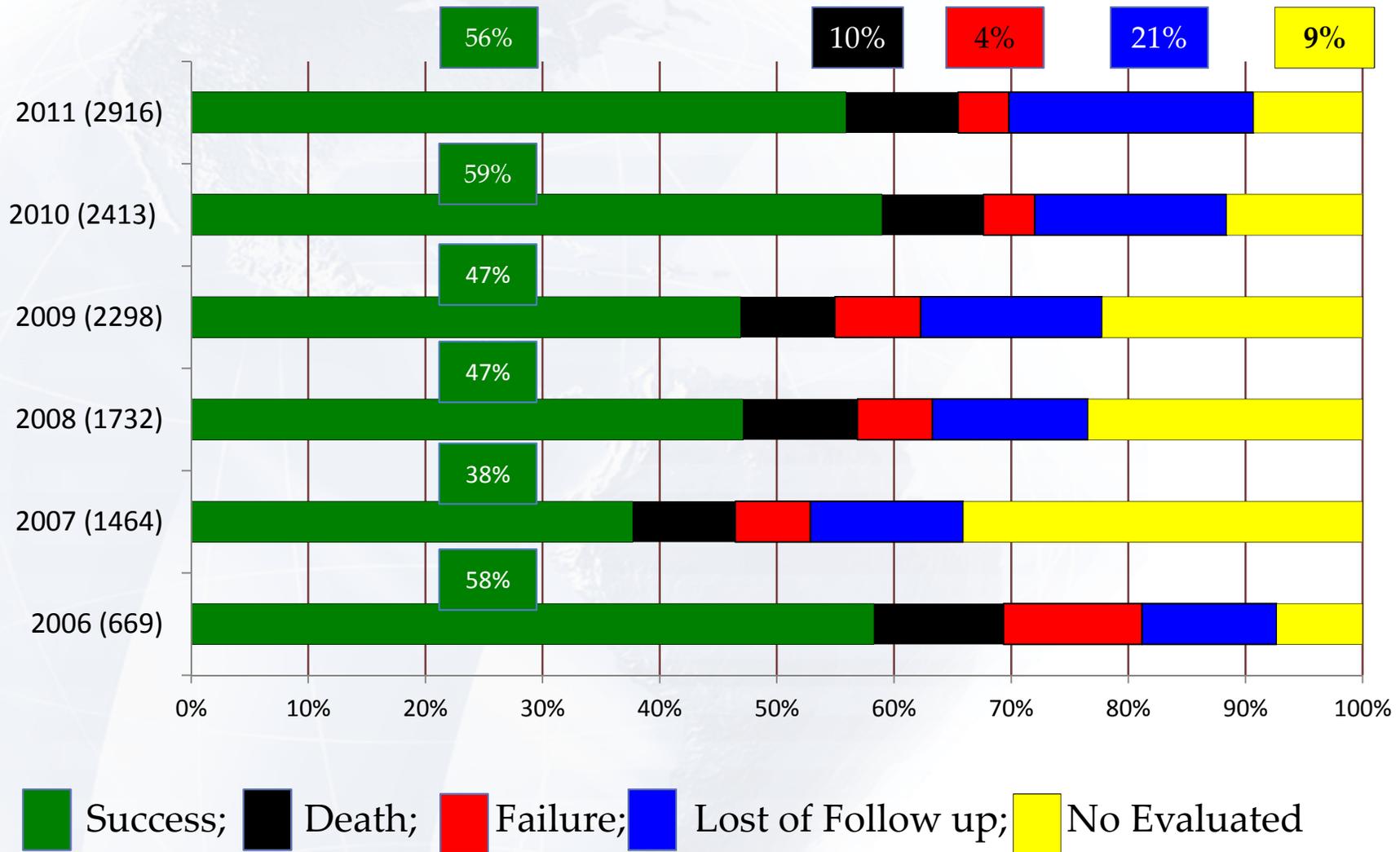


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# Treatment outcomes, MDR-TB cohort, AMR 2006-2011

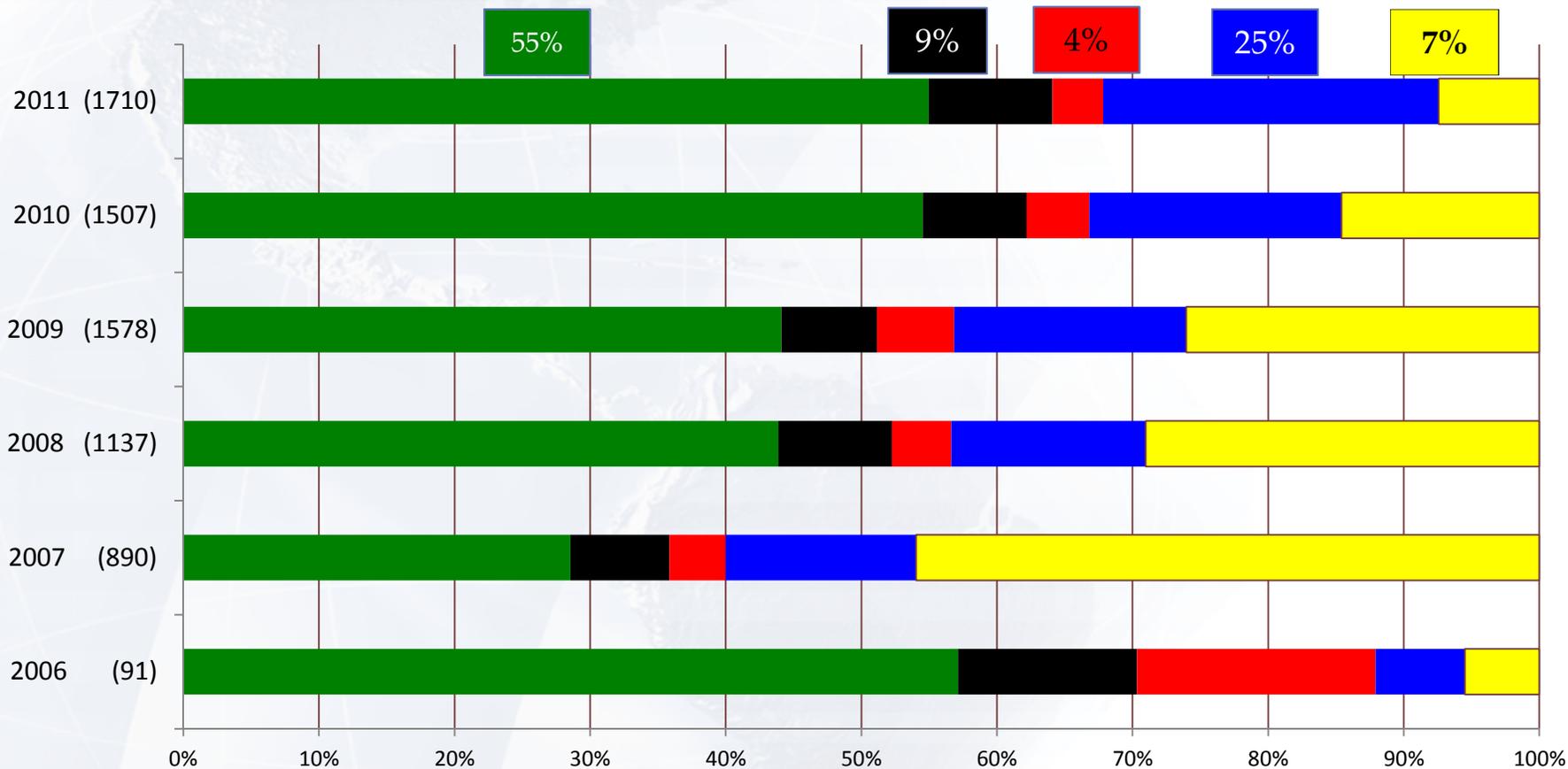


# Treatment outcomes, MDR-TB cohort, AMR 2006-2011

Year	Nº Cases	Success		Death		Failure		Lost of follow up*	
		Nº	%	Nº	%	Nº	%	Nº	%
2006	669	390	<b>58,3</b>	74	<b>11,1</b>	79	<b>11,8</b>	126	<b>18,8</b>
2007	1.464	552	<b>37,7</b>	128	<b>8,7</b>	94	<b>6,4</b>	690	<b>47,1</b>
2008	1.732	816	<b>47,1</b>	169	<b>9,8</b>	111	<b>6,4</b>	636	<b>36,7</b>
2009	2.298	1.078	<b>46,9</b>	185	<b>8,1</b>	168	<b>7,3</b>	867	<b>37,7</b>
2010	2.413	1.423	<b>59,0</b>	209	<b>8,7</b>	106	<b>4,4</b>	675	<b>28,0</b>
2011	2.916	1.630	<b>55,9</b>	279	<b>9,6</b>	127	<b>4,4</b>	880	<b>30,2</b>
<b>TOTAL</b>	<b>11.492</b>	<b>5.889</b>	<b>51,2</b>	<b>1.044</b>	<b>9,1</b>	<b>685</b>	<b>6,0</b>	<b>3.874</b>	<b>33,7</b>

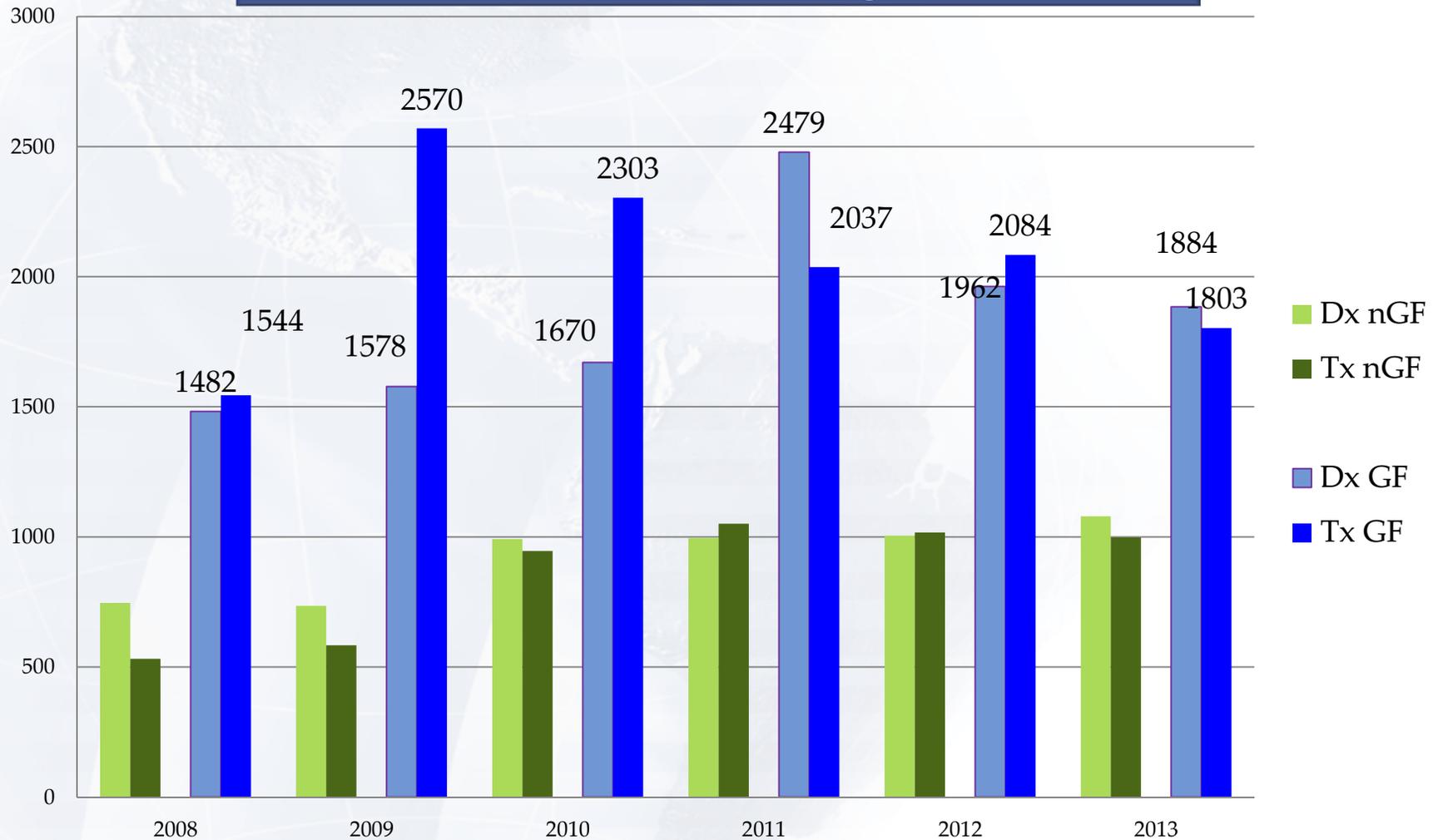
\*Include No Evaluated

# Treatment outcomes, MDR-TB cohort, GF Countries, AMR 2006-2011



Success; 
  Death; 
  Failure; 
  Lost of Follow up; 
  No Evaluated

## Number of MDR-TB cases diagnosed and Treatment Countries with and without GF grant 2008 - 2013



# Number of XDR-TB cases by countries, AMR 2008 - 2013

Pais	2007	2008	2009	2010	2011	2012	2013/Tx
Colombia	3	2	13		1	1	4/4
Ecuador	2	3			1	2	
Peru	52	71	75		33	67	77/68
USA	2	3		1	2	2	4/4
Argentina		6	6	12	7	3	5/0
Brazil		10	6	7	23	16	5/18
Mexico		2		9	1	2	0/4
Chile			1				
Canada				1	1	1	1/1
Dominican Rep.				3	3	1	2/4
Cuba					2	2	
Venezuela					4	1	4/4
GUYANA							1/1
<b>TOTAL</b>	<b>59</b>	<b>97</b>	<b>101</b>	<b>33</b>	<b>78</b>	<b>98</b>	<b>103/108</b>



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# Challenges

## rGLC and Secretariat

- Limited budget for carrying out the activities
- Decreasing number of countries eligible for GF support under the NFM mechanism
- Slow implementation of the recommendations provided during the rGLC monitoring missions

# Challenges

## Countries:

- Limited political commitment
- Budgetary limitations.
- Most of the countries supported by the GF depend almost exclusively on this grant for PMDT
- Limitations of trained human resources
- Limited access to the TB laboratories (Weak laboratory network)
- Slow implementation of new technology (Xpert, LPA..)
- Slow/hard implementation of web-based electronic surveillance systems

# Opportunities

## rGLC

- The rGLC could have a more active role in advocacy

*(National health authorities, GF -PR, sub-recipients, Country Coordination Mechanism and other technical and financial partners in the country)*

# Opportunities

## Countries:

- Advocacy to national health authorities, policy makers and donors in order to raise more funds to support the expansion plan and implementation of new technology as Xpert MTB-Rif.
- Regional integration (Caricom, Mercosur, Andean Community of Nations) might facilitate supranational advocacy and decision making to support and accelerate PMDT
- Advocacy and implementation of news initiatives like TB control in big cities.



# rGLC ACTION PLAN - 2014

- rGLC meetings: 5 meetings (2 face to face, 3 conference calls)
- Monitoring missions: 16 countries
- Coordination: International transference patients
- Review:
  - MDR-TB and IC Guidelines update
  - SLD request
  - MDR data for GDI
- TA: Permanently by internet and during monitoring missions
- Tutoring program: 16 professionals/year
- Training /courses: one international MDR-TB programmatic management course and national courses
- Follow up of drug resistance surveys

Thank you



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