

# First GDI-CG meeting 1-2 May 2014

## rGLC AMRO

Dr. Raimond Armengol



## Activities implemented by rGLC and Secretariat – 2013

- rGLC conformed: 7 members (including a patient representative and one NTP manager as a country representative)
- 5 rGLC meetings (2 face to face, 3 conference calls)
- Monitoring missions: 12 countries with GF grants + 1
- 3 Country Expansion Plans reviewed
- 2 MDR-TB and IC guidelines update reviewed
- 33 SLD requests reviewed
- TA: Permanently by internet, and during M&E missions
- Tutoring program: 6 professionals

## Estimated MDR-TB cases in the Region of the Americas, 2011-2012

Country	N° Incident cases		2011		2012	
	2011	2012	%	Cumulated	%	Cumulated
Peru	2100	2200	35.4	35.4	31.6	31.6
Brazil	1100	1700	18.5	53.9	24.4	56.0
Mexico	470	480	7.9	61.8	6.9	62.9
Haiti	310	390	5.2	67.0	5.6	68.5
Ecuador	350	380	5.9	72.9	5.5	74.0
Argentina	330	340	5.6	78.5	4.9	78.9
Dominican Rep	320	330	5.4	83.9	4.7	83.6
Colombia	190	310	3.2	87.1	4.5	88.1
Bolivia	170	150	2.9	89.9	2.2	90.2
Guatemala	120	140	2.0	92.0	2.0	92.2
Others				100		100
<b>TOTAL</b>	<b>5938</b>	<b>6962</b>				

In 2012, 6,962 MDR-TB cases were estimated among the notified cases in the Region. (2.2% of new cases and 14% among retreated cases), which is a 1,000 more than estimated in the previous year. 92.2% in 10 countries (Total countries in AMR= 35)



OFICINA REGIONAL PARA LAS Américas

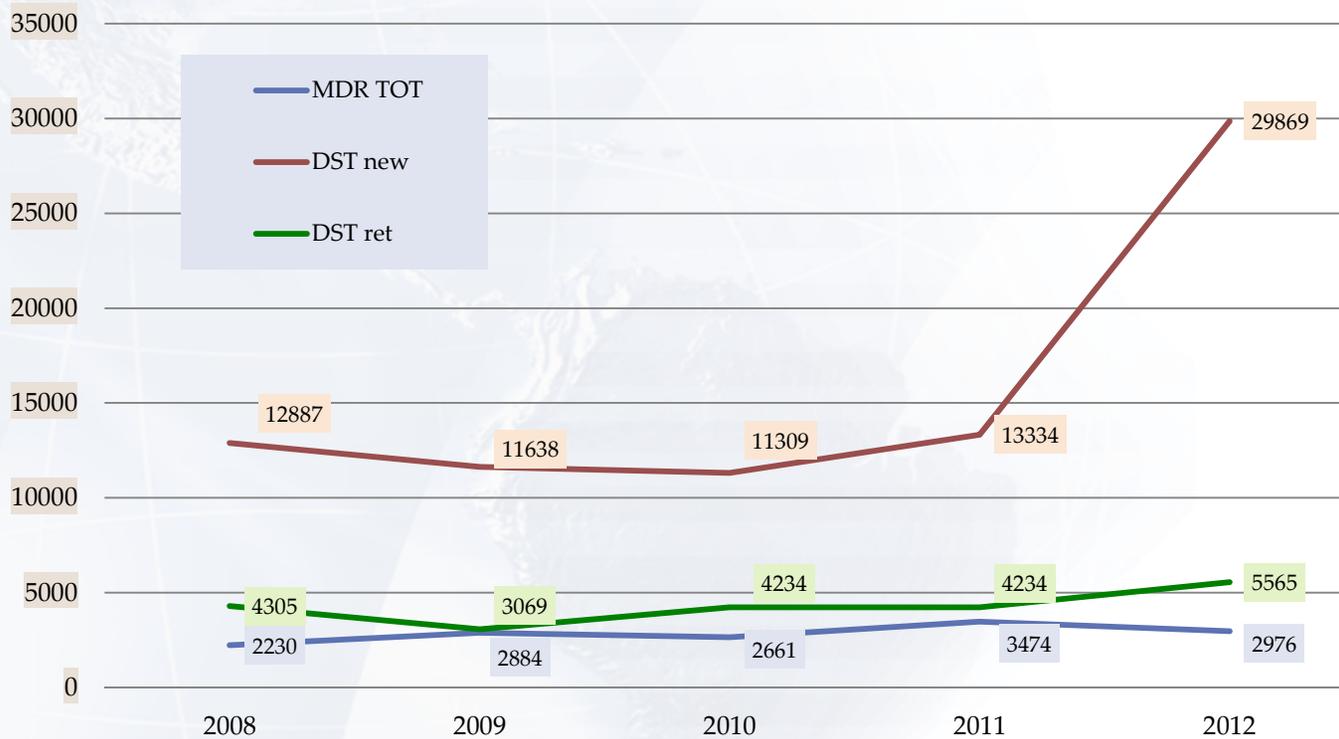
## MDR-TB diagnostic capacity, AMRO

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

- Culture and DST for FLD: 24 countries
- DST for SLD: 15 countries (+ 8 outside de country)
- Xpert\_MTB/Rif : 15 countries with 68 units in 2013
- Line Probe Assay (LPA): 10 countries

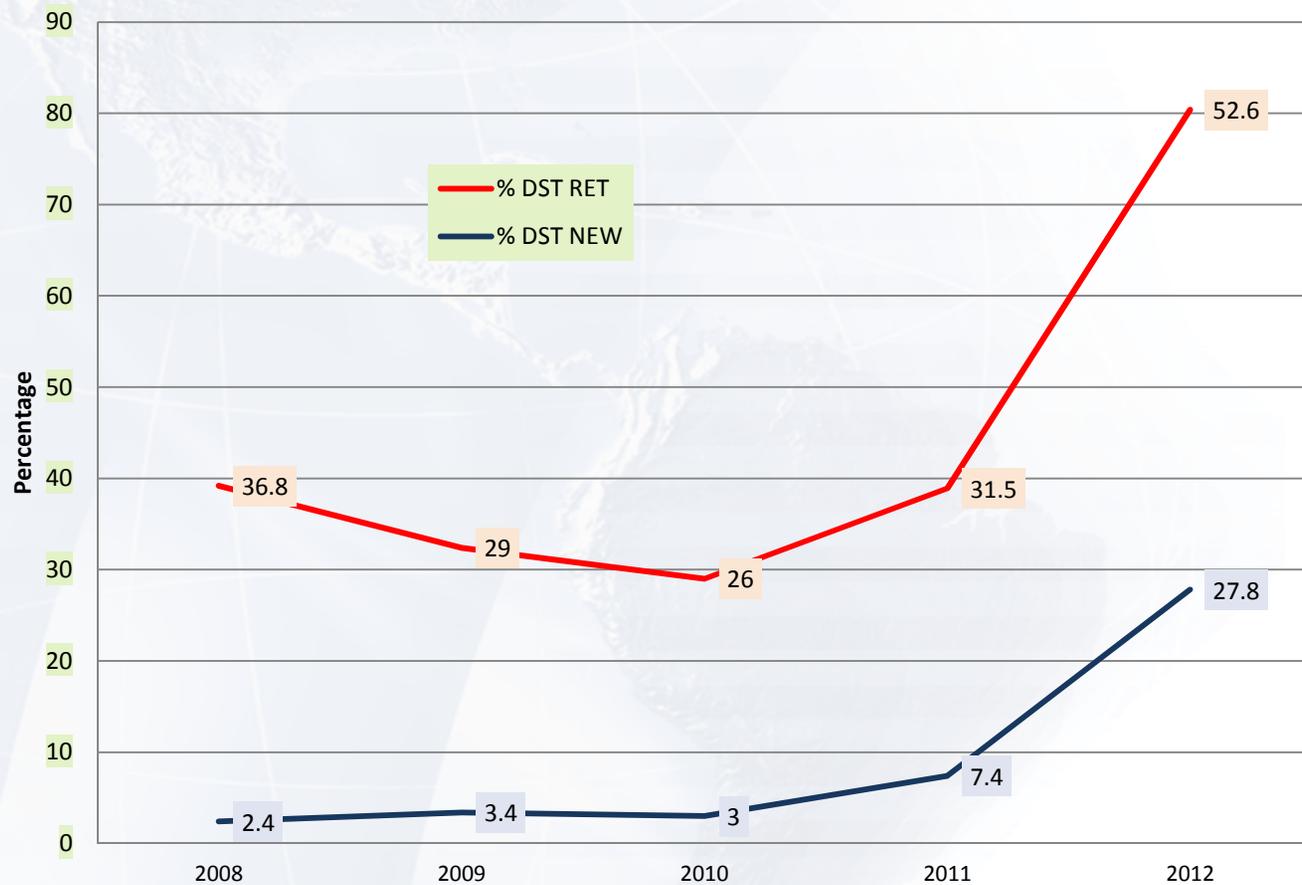
# DST trends in the Region

Number of DST performed in new and retreatment TB cases, and number of MDR-TB cases diagnosed in the Region of the Americas - 2008 to 2012.

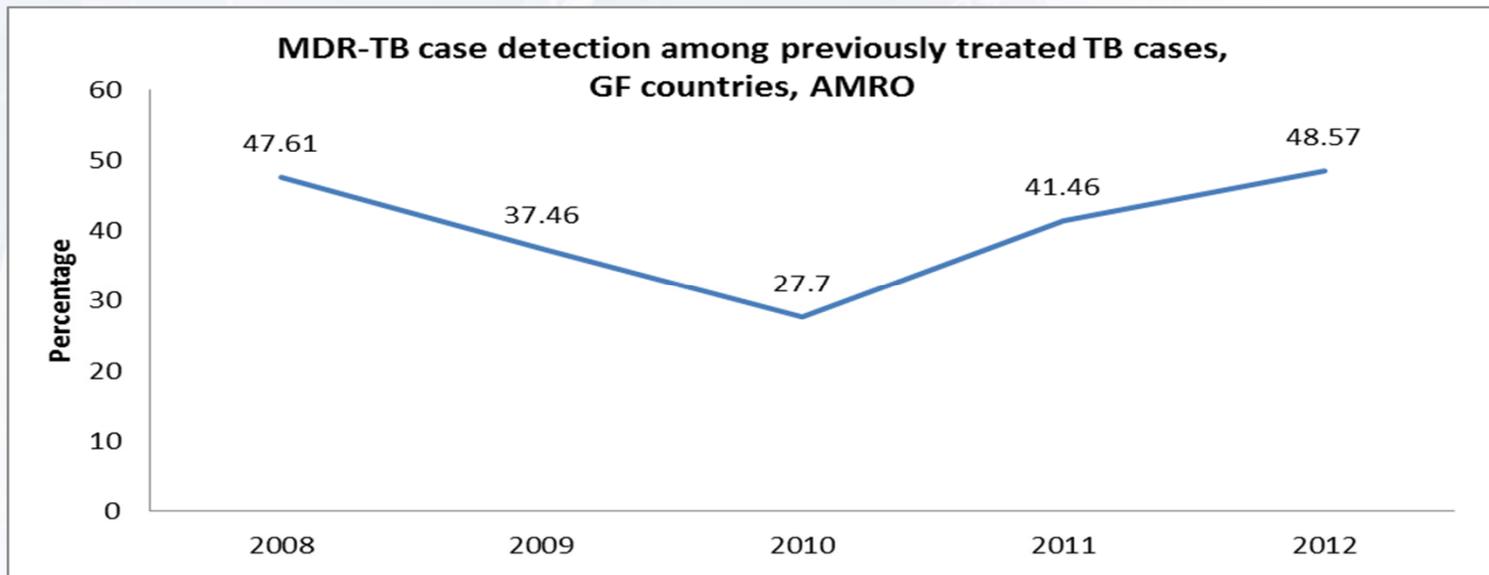
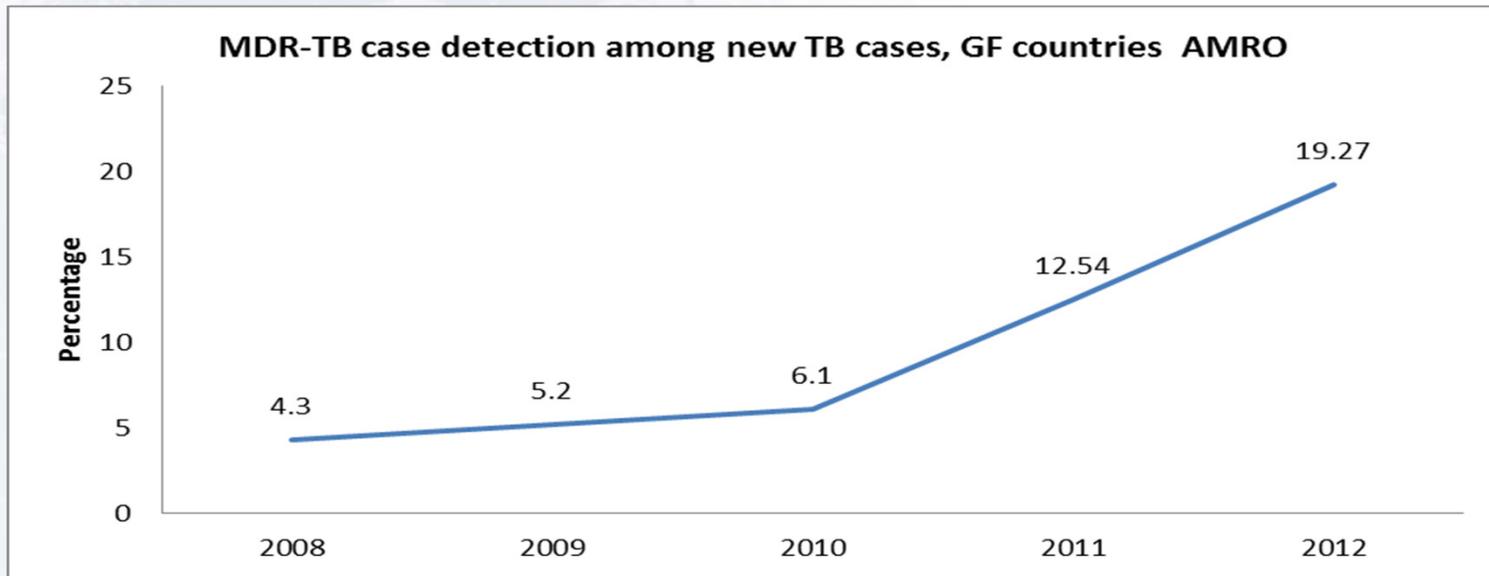


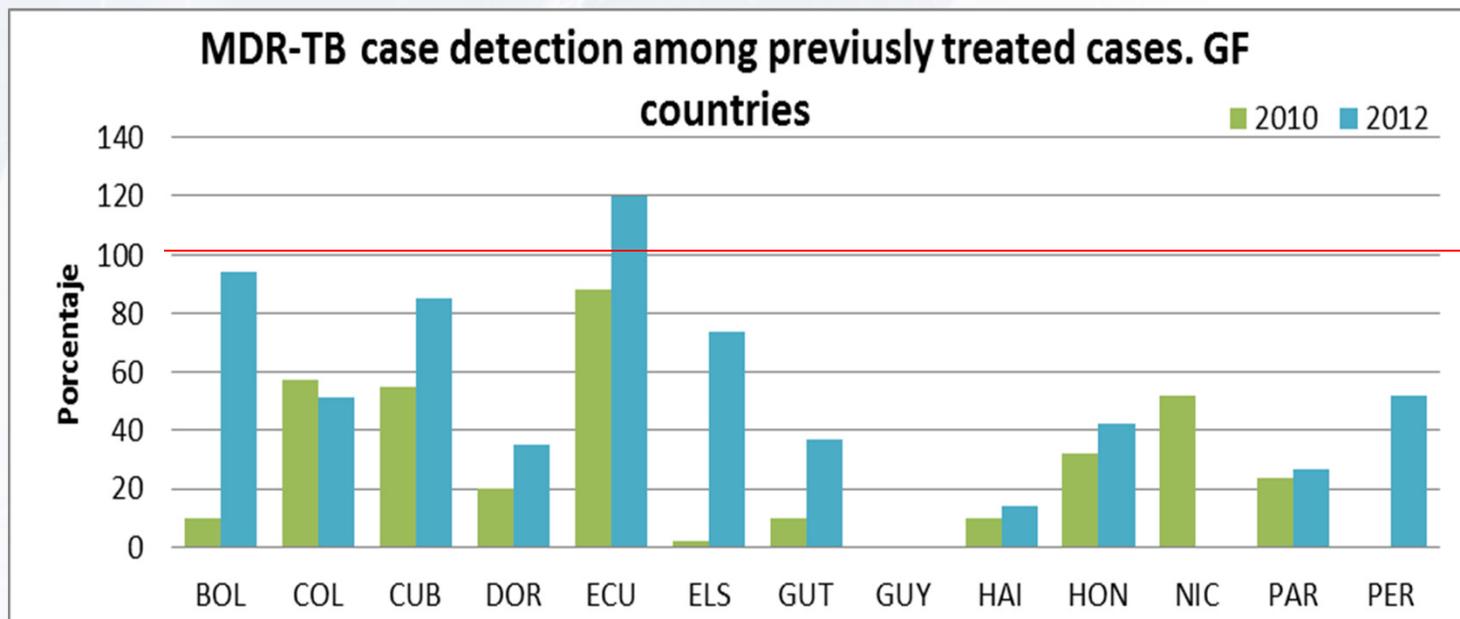
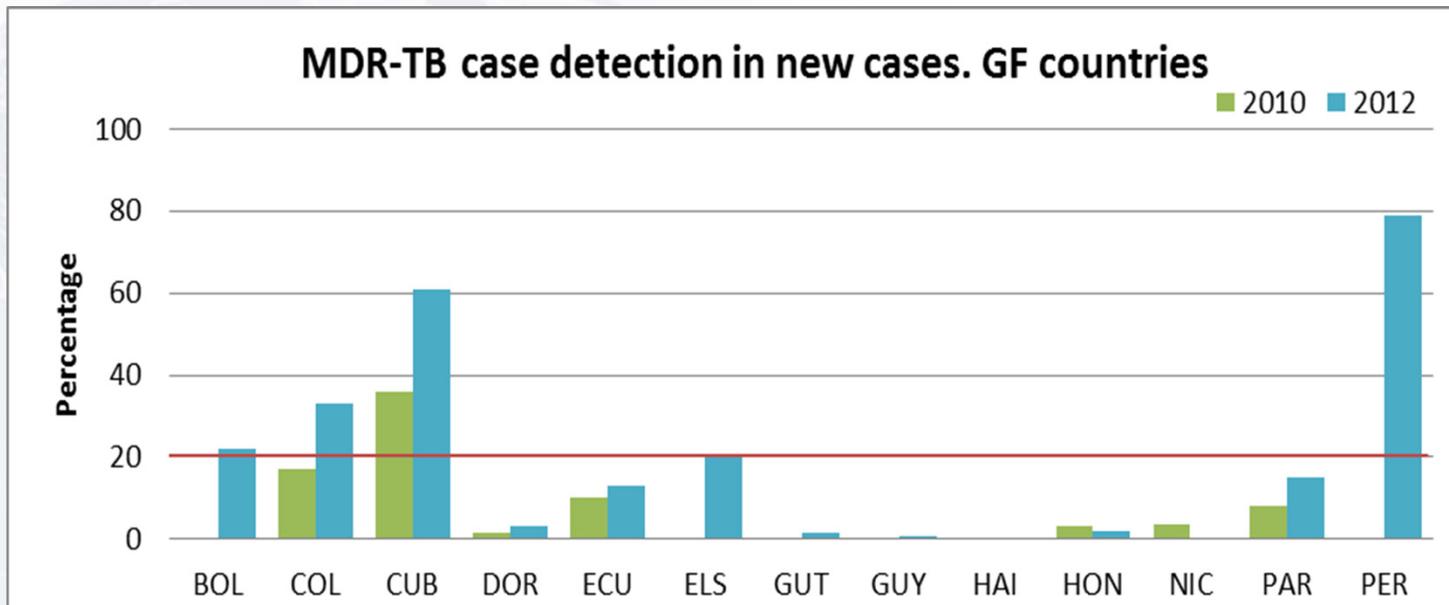
# DST trends in GF countries, AMRO

Percentage of DST performed among new and retreatment TB cases in countries with GF grants, The Americas, 2012

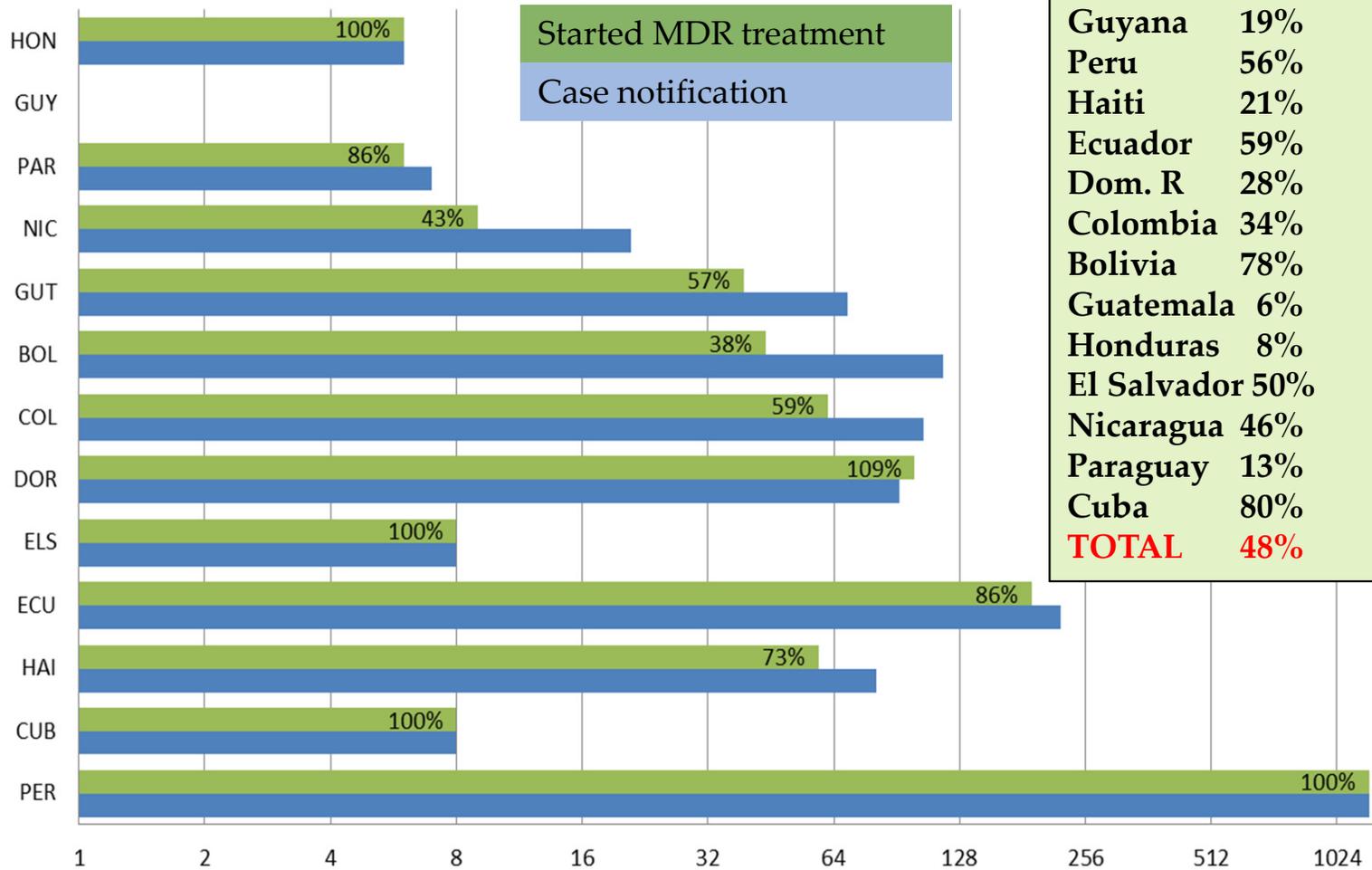


# MDR case detection, GF countries, AMRO





## Percentage and number of cases on treatment, GF countries 2012 AMRO

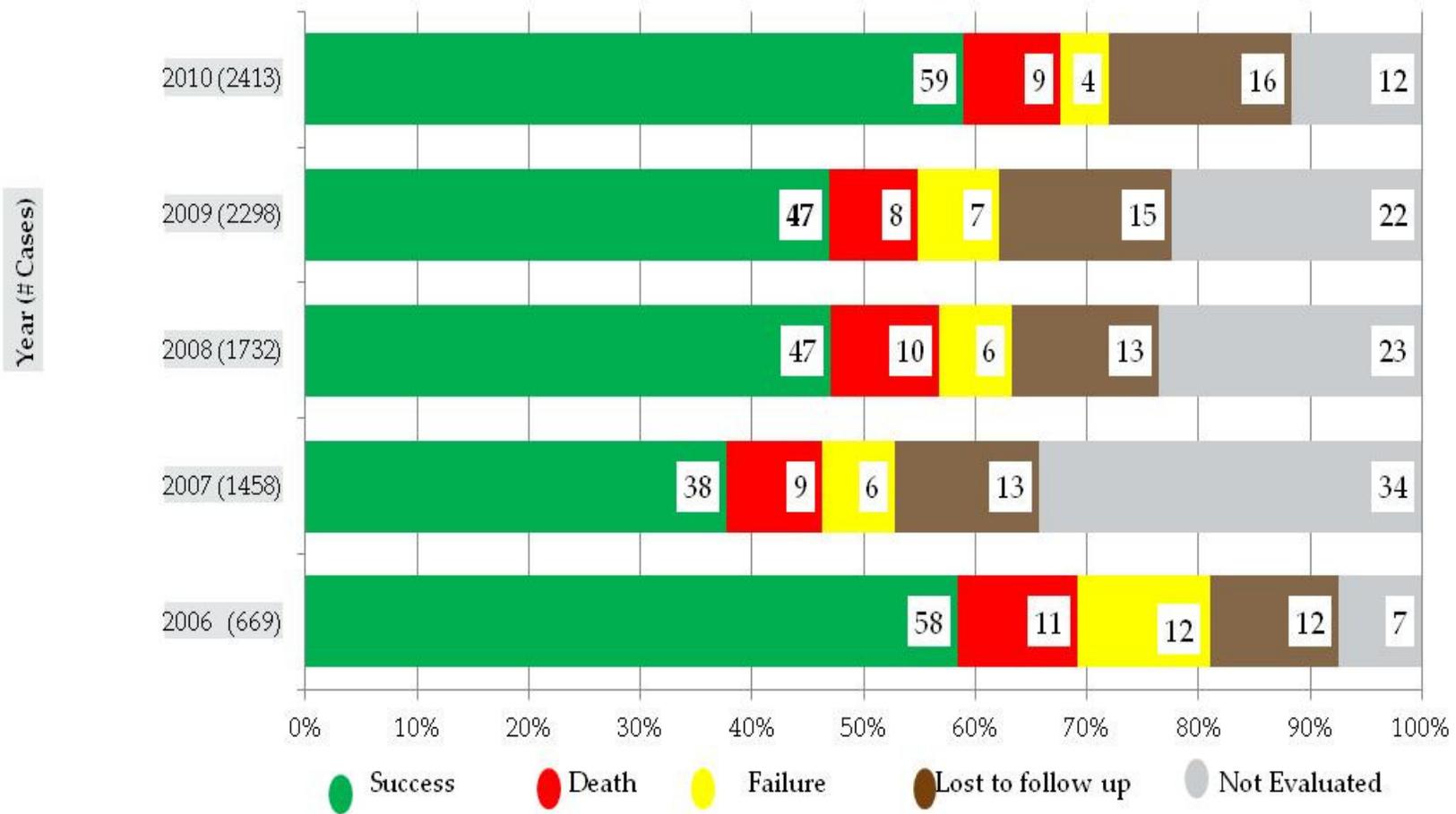


### Notified vs Estimated

Guyana	19%
Peru	56%
Haiti	21%
Ecuador	59%
Dom. R	28%
Colombia	34%
Bolivia	78%
Guatemala	6%
Honduras	8%
El Salvador	50%
Nicaragua	46%
Paraguay	13%
Cuba	80%
<b>TOTAL</b>	<b>48%</b>

	PER	CUB	HAI	ECU	ELS	DOR	COL	BOL	GUT	NIC	PAR	GUY	HON
■ Inicio trat.	1225	8	59	191	8	100	62	44	39	9	6	0	6
■ notif_mdr	1225	8	81	223	8	92	105	117	69	21	7	0	6

# Treatment outcomes, cohort MDR-TB, AMRO 2006-2010



# Challenges

## rGLC and Secretariat

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

# Challenges

## Countries:

- Limited political commitment
- Budgetary limitations to fund all the activities to accelerate the expansion of PMDT.
- Most of the countries depend on funds coming from the Global Fund
- Limitations of trained human resources
- Limited laboratory capacity.
- Slow implementation of new technology (Xpert, LPA..)
- Information system still based on paper, with parallel systems for TB program, MDR-TB and laboratory information

# Opportunities

## rGLC

- The rGLC should have a more active role in advocacy: national health authorities (GF -PR, sub-recipients, CCM) and other technical and financial partners in the country
- Give TA and training at national level during rGLC missions.
- rGLC have a role on TA and monitoring activities in countries without GF. (Brazil, Mexico, Vzla, Argentina, etc)

# Opportunities

## Countries:

- Advocacy at national authorities and policy makers to get more funds to support the expansion plan and implement new technology as Xpert-MTB-Rif.
- TA to countries in the elaboration of New Funding Models of the GF project
- 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
- Training /courses: MDR-TB programmatic management course (Dominican Republic)
- Follow up of drug resistance surveys

Thank you



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