

*Progress on PMDT scale up in WHO South East Asia Region
Through Regional GLC Mechanism*



First meeting of the Global Drug resistant Initiative (GDI) Geneva

1st May 2014

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MDR-TB burden in SEAR

- **High MDR-TB burden in SEAR:**

Bangladesh, India, Indonesia, Myanmar

- **Estimated MDR-TB burden 2012 :**

- % of TB cases with MDR-TB:

- 2.2 % (1.6-2.8) among New

- 16% (11- 21) among Previously Treated

- MDR-TB among Notified pulmonary TB cases: 90,000

- (63,000- 116,000)

- **Reported cases of MDR-TB 2012**

- cases tested for MDR-TB : 66,757

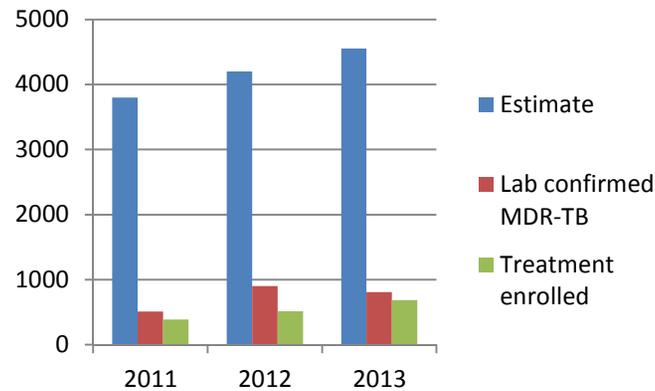
- lab confirmed MDR-TB cases : 19,202

- patient started on MDR-TB : 15,845

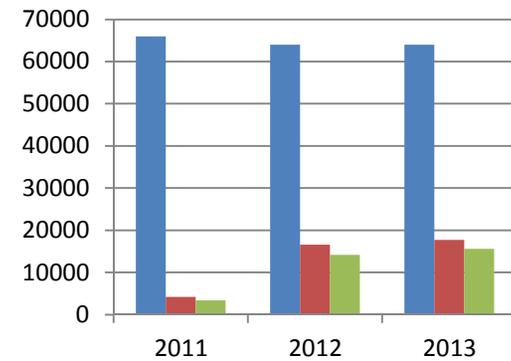
SEAR MDR Estimates

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)

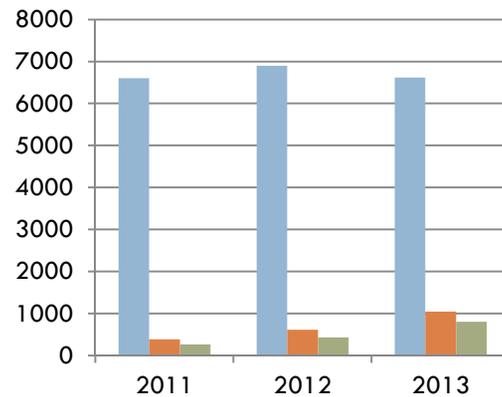
Country Situations



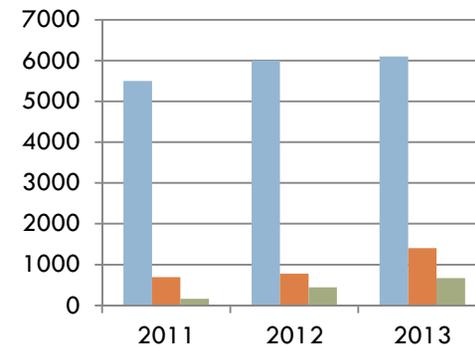
Bangladesh



India



Indonesia



Myanmar

SEAR regional GLC

	Members	Alternate member
1	Dr K S Sachdeva, India	Dr D Behera, India
2	Dr Dyah E Mustikawati, Indonesia	Dr Erlina Burhan, Indonesia
3	Dr A M Mahmud, Bangladesh	
4	Dr Rohit Sarin, India	
5	Mr Somsak Rienthong, Thailand	
6	Ms Belssina Kumar, India	
7	Dr Sharon Perry, USA (Resigned)	
8	Dr Sarabjit S Chadha, India	
9	Dr Camilla Rodrigues, India	
10	Dr. Thandar Lwin, Myanmar	

1st r-GLC meeting: New Delhi, India 21-22 May 2012

- Election of chair of MDR-TB Advisory Committee (rGLC)
- Role and responsibility of r-GLC SEAR: package of services, Modus Operandi
- Technical matters:
 - i. Overview of MDR-TB in the region
 - ii. New Global Framework on MDR-TB
 - iii. New diagnostic tools
 - iv. Use of quality assured anti-TB drugs
 - v. SEAR indicators for PMDT
 - vi. Targets and expected results

2nd r-GLC meeting, New Delhi, 5-6 Dec. 2012

- Review of progress after 1st r-GLC meeting in May 2012
- Review of r-GLC country mission reports conducted between 1st and 2nd r-GLC meeting (Thailand, DPRK and Bhutan)
- Guidance on roll out of newer diagnostics including Gene Xpert
- Review of country PMDT plans (10 member countries of WHO SEAR)
- Next steps for r-GLC activities

3rd r-GLC meeting, 29-30 April 2013, Bhutan,

- Progress review on recommendations of the 2nd meeting
- Review of activities including country r-GLC missions (Bangladesh, Indonesia and Timor Leste) carried out since 2rd meeting
- Guidance on country PMDT mission report format
- Guidance on scaling up diagnostics and rational introduction of new drugs
- Report on global level MDR-TB related meetings discussed
- New GF funding Model discussed
- Guidance on enhanced role of r-GLC especially for country capacity building

4th r-GLC meeting, 21st-22nd November 2013, Jakarta

- Reviewed the activities planned and progress made based on recommendations of the 3rd MDR-TB advisory committee meeting;
- Discussed new technical updates on programmatic Management of Drug Resistant TB(PMDT);
- Reviewed country r-GLC missions carried out since 3rd meeting
- Recommended
 - ▣ Improved communication with countries and frequent monitoring to solve bottlenecks.
 - ▣ Establish Regional CoE for MDR TB management and capacity building.
 - ▣ Follow up with countries with previous mission recommendations.
 - ▣ Enhance PMDT scale up and all sector involvement

R-GLC missions to countries in 2013

No.	r GLC missions to countries	Venue	Dates	Mission Status
1	Indonesia	Jakarta, Indonesia	11-22 Feb	Completed with JMM
2	Bhutan	Thimphu, Bhutan	2-6 Dec	Confirmed
3	Myanmar	Yangon, Myanmar	25 Apr-2 May	Completed
4	Nepal	Kathmandu, Nepal	23-30 June	Completed with JMM
5	Thailand	Bangkok, Thailand	13-26 Aug	Completed with JMM
6	DPR Korea	Pyongyang, DPRK	5-10 Oct	Completed
7	Sri Lanka	Colombo, Sri Lanka	30 Sep-4 Oct	Completed
8	Bangladesh	Dhaka, Bangladesh	10-14 Nov	Completed
9	Timor Leste	Dilli, Timor Leste	18-29 Nov	Completed with JMM
10	Bhutan	Thimpu	9-13 Dec	Completed

Other activities supported through r GLC

- Continuous support to countries by WCO Focal Persons on PMDT scale up
- Development of PMDT Expansion Plan Bangladesh
- PMDT Training : Timor Leste , Thailand
- ToT on PMDT in collaboration with WHO and CDC Atlanta –March 2014 in SEARO

Common issues and challenges

- Limited lab capacity and networking
- Limited national and sub national capacity to improve and maintain quality services for DR-TB cases
- Low case detection due to weak networking and referral between PMDT services and other TB service providers
- Lack of clinical management skill
- Inadequate implementation of TB-IC measures
- Inadequate supervision of and support to PMDT sites due to lack of sufficient human resources
- Limited implementation of PPM and community involvement
- Limited capacity of drug regulatory authority for ensuring adequate quantities of quality assured FLD and SLD

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.

Laboratory and PMDT plans as per NSP

- NSP of all countries need revision in the context of NFM of the GF
- Extensive discussion on NSP update during regional NTP and partners meeting from 23-27 Sep 2013 and roadmap developed for all countries for necessary action required for update/revision of NSP incorporating all components including lab strengthening and PMDT scale up plans
- Continuous support from WHO SEAR engaging all stakeholder and partners to ensure timely and quality assured TS for updating NSPs

R-GLC SEAR Plan for 2014

SEAR PMDT Meetings Planned in 2014

No.	Title of meeting	Venue	Dates	Status
Advisory Committee meetings				
1.1	5th MDR-TB Advisory Committee Meeting	TBD	TBD	Planned
1.2	6th MDR-TB Advisory Committee Meeting	TBD	TBD	Planned
1.3	7th MDR-TB Advisory Committee Meeting	TBD	TBD	Planned
In-country training				
2.1	Clinical Training on MDR-TB Myanmar, Nepal, Sri Lanka, Thailand	Respective Countries (Funding: CSE)	TBD	Planned

R-GLC SEAR Plan for 2014

SEAR PMDT r GLC Missions Planned in 2014

No.	Country for PMDT Mission	Venue	Dates	Status	Proposed Consultant
3.1	Bangladesh	Dhaka, Bangladesh	TBD	Planned	TBD
3.2	Bhutan	Thimphu, Bhutan	TBD	Planned	TBD
3.3	DPRK	Pyongyang, DPR Korea	9–16 May	Planned with JMM	Dr Fraser Wares
3.4	India	New Delhi and other States, India	TBD	Planned	TBD
3.5	Indonesia	Jakarta, Indonesia	March/April	Planned	Dr Michael Rich
3.6	Myanmar	Yangon, Myanmar	17-26 March	Completed	Dr Fraser Wares, Dr Michael Rich
3.7	Nepal	Kathmandu, Nepal	TBD	Planned	TBD
3.8	Sri Lanka	Colombo, Sri Lanka	TBD	Planned	TBD
3.9	Thailand	Bangkok, Thailand	TBD	Planned	TBD
3.10	Timor-Leste	Dili, Timor-Leste	TBD	Planned	TBD

THANX



Community DOT Provider and MDR-TB patient in Gujarat, India