



# UPDATES ON THE IMPLEMENTATION OF REGIONAL GLC PLANS

## REPORT ON ACTIVITIES AND PROGRESS OF EMR-GLC 2013

---

Dr Essam Elmoghazy

Chair of EMR-GLC

1<sup>st</sup> GDI meeting

Geneva - May 2014

# EMR-GLC Members



Dr. Essam Elmoghazy

Dr. Sabira Tahseen

Dr. Rumina Hassan

Dr. Aamir Khan

Dr. Dhikrayet Gamara

Dr. Samia Aly

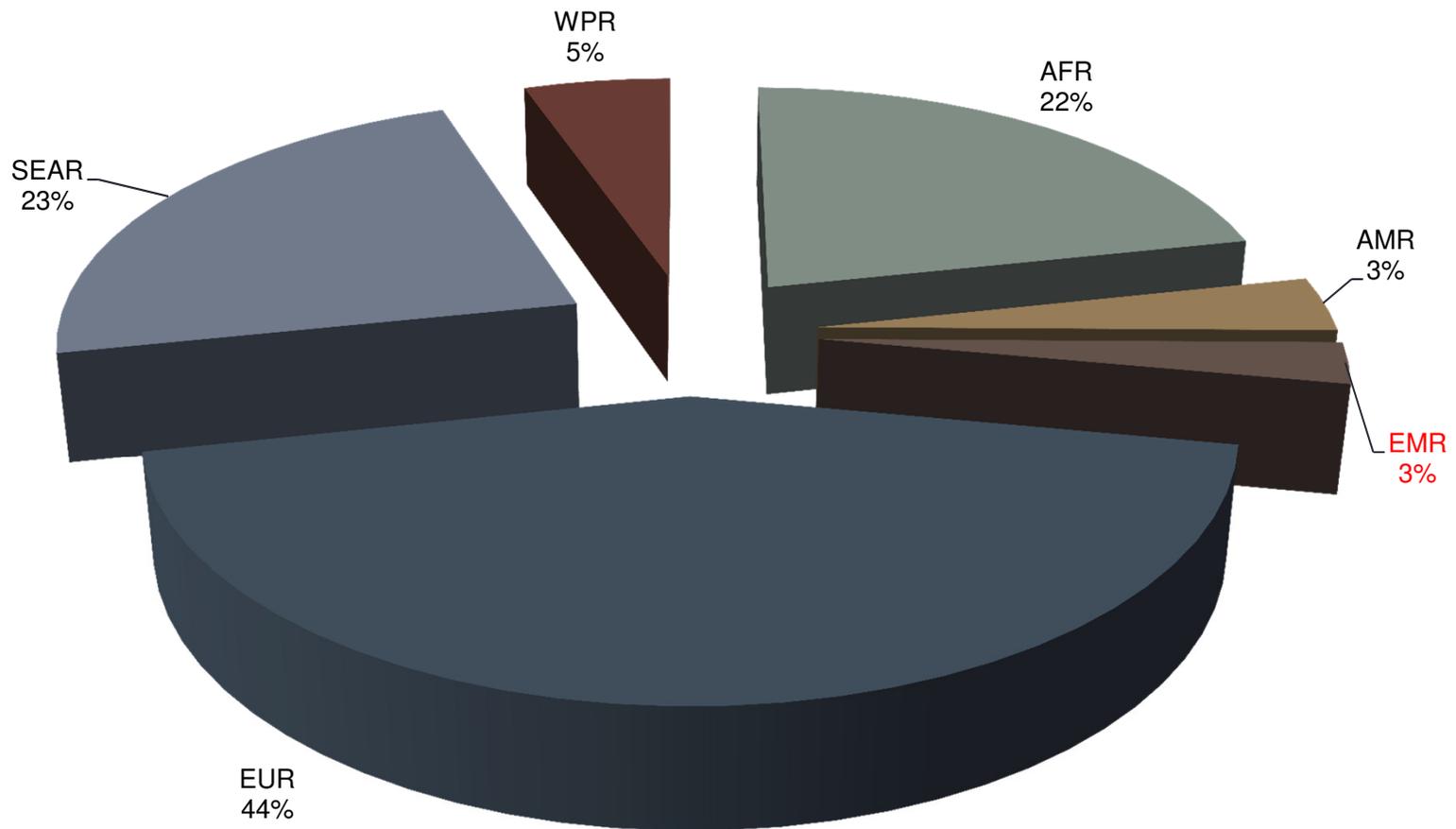
Dr. Dhafer Hashim

Dr. Ismail Adam

Dr. Mohammed Gouya

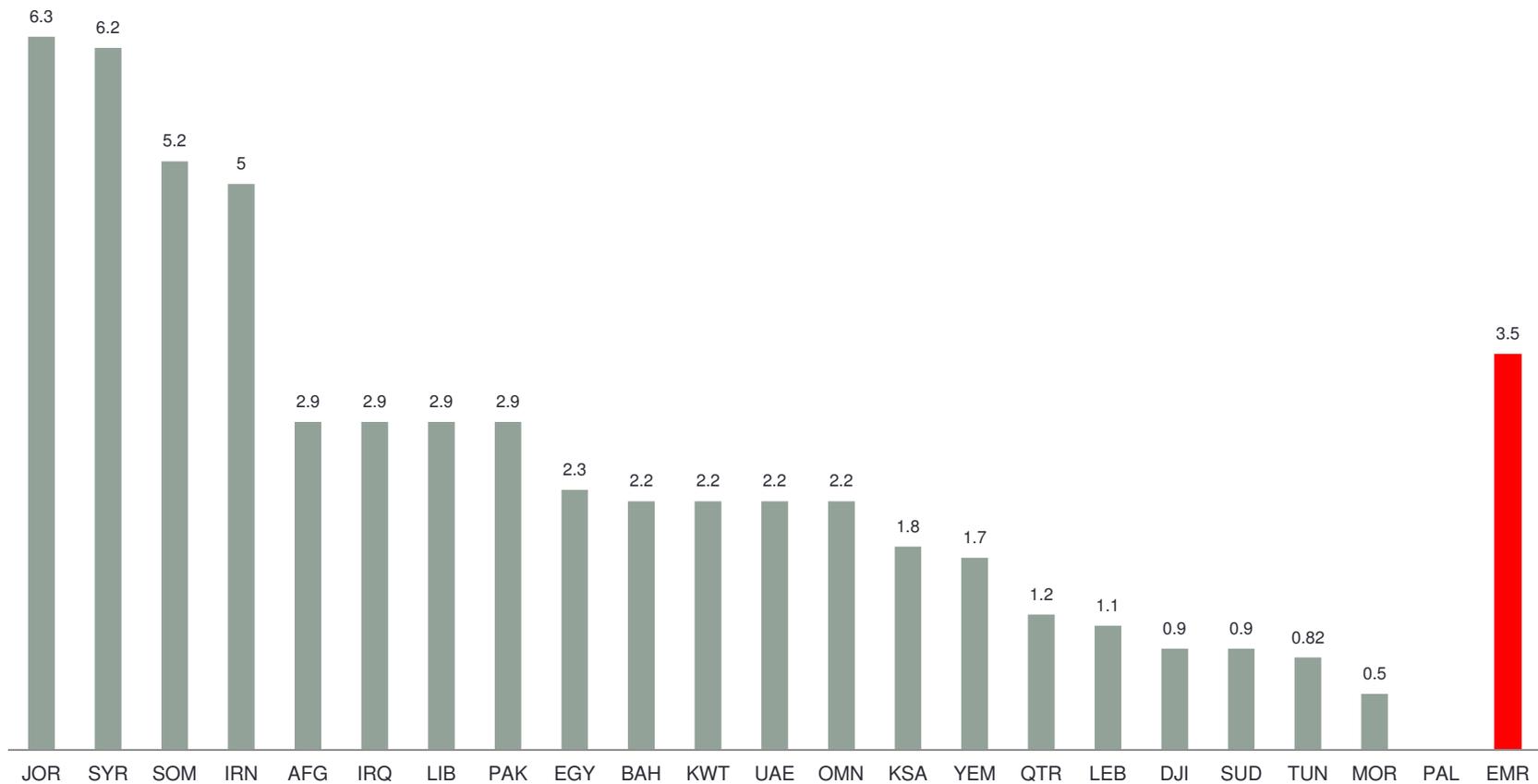
Dr. Samiha Baghdadi

# Contribution to MDR-TB notification by region 2012



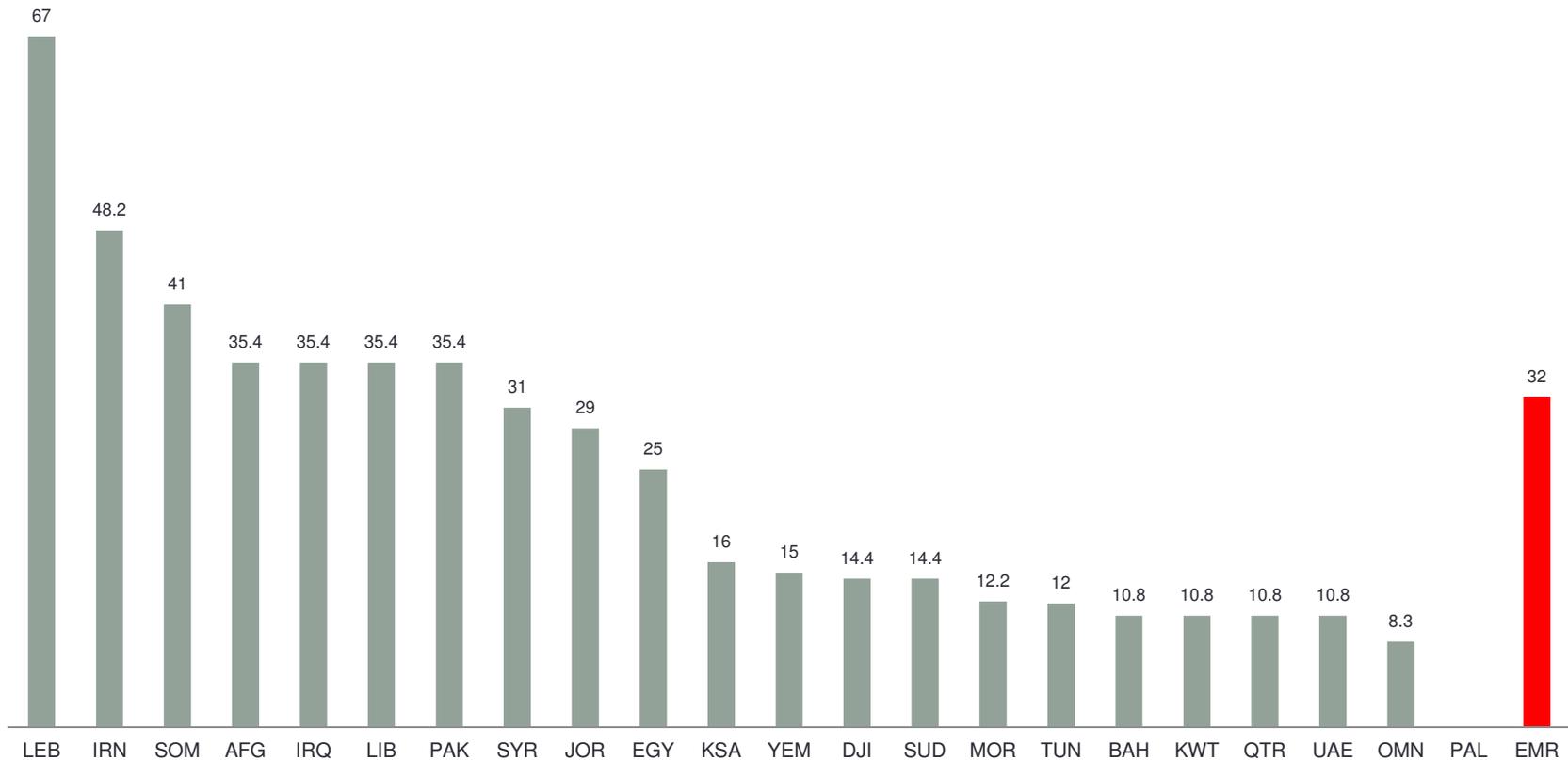
# MDR-TB rate among New TB cases

Graph 2: MDR rate among new **pulmonary** TB cases



# MDR-TB rate among previously treated TB cases

Graph3: MDR rate among previously treated **pulmonary TB cases**



# Regional challenges/risks foreseen

- **Unstable situation in many countries in the region, namely Afghanistan, Egypt, Lebanon, Iraq, Pakistan, Somalia, Syria, Tunisia and Yemen.**
  - Huge population movement across the region
  - Huge staff turn over
  - Destruction of infrastructure
  - Limited movement in the field
  - Sever loss of drugs and equipment
- **Limited lab capacity**
  - Culture and DST are not available in Somalia and South Sudan. DST is not available in Afghanistan.
  - Most of the countries in the region did not widely apply the new diagnostics.
- **DR survey and surveillance:**
  - Updated survey is ongoing in Iraq, Iran, Pakistan, Sudan, and needed in Syria.
  - There is a need to document/report results of DR surveillance that is ongoing in GCC countries, and expand the continuous surveillance in the remaining 15 countries.
  - Libya is still the only country in the region without proper management of MDR-TB management.

<b>Laboratories 2012</b>	<b>NUMBER OF MEMBER STATES<sup>b</sup></b>
Smear (per 100 000 population) $\geq$ 1	7 out of 22
Culture (per 5 million population) $\geq$ 1	13 out of 22
Drug susceptibility testing (per 5 million population) $\geq$ 1	9 out of 22

## Regional challenges/risks foreseen

- Expected financial gap to support scaling up MDR-TB activities in most countries- Djibouti, Egypt, Lebanon, Jordan, Iran, Pakistan and Syria.
- Limited human resources at country level - MDR local support on continuous basis is needed in Afghanistan, Iraq, Pakistan and Sudan.
- Limited consultancy capacity in the region in general - a team of 5 consultants was established last year to support countries.

# Review of implementation of RGLC plan 2013

## **SD1: Filling funding gap**

- Revise the regional strategic plan: first draft was discussed in the third rGLC meeting March 2014
- Develop PMDT regional fact sheet, contribute to RC not done
- Develop proposal for regional funding mechanism first discussion took place in the third rGLC meeting March 2014
- Provide TA & follow up to countries to update their NSP and MDR-TB component Done for 14 countries

## **SD2: Scale up diagnostic services**

- Laboratory training on Quality management
- Under preparation May 2014
- Finalize regional frame work for implementation of new diagnostics
- Done. Needs publication

# Review of implementation of RGLC plan 2013

## **SD3: Scale up patient enrollment**

- Country adaptation of global MDR planning toolkit (WS) Done with 10 countries
- Conduct missions to Djibouti, Egypt, Yemen, Pakistan, Iran, Sudan
- DM missions to Afghanistan, Pakistan, Egypt, Jordan, Iraq, Tunisia, Somalia, South Sudan

## **SD4: Improve PMDT national management**

- Data analysis of ambulatory vs facility based MDR-TB outcomes (OR): Not completed
- Provide TA and follow up to countries to improve their R&R and M&E framework: Done on limited scale
- Local training on Drug management, Ambulatory MDR-TB model, and IC: Done



Brain storming a  
Regional Mechanism for  
Sustaining MDR-TB Scale-Up

# Main points for discussions

- What we are looking for?

Entity to be built through regional resources to support universal access for MDR-TB care in the region.

## **Questions:**

- Start national or regional?
- Work within WHO/GLC or independent
- Hosted in WHO or outside
- Has its own fund generating activities or rely on donors inside and outside the region, or both?
- Start gradually or at once?

# Fields of work

## Fields of work

- Fund raising for care and social support of MDR-TB patients.
- Promote community ambulatory model
- Increase awareness about MDR-TB

## National Members representing:

- Business
- Charitable Foundations
- Media
- Public health organizations
- UN agencies for relief/children

# Results of discussions

- EMR-GLC members will work to assemble a core group of nationals for planning and fund raising
  - Egypt: Essam Elmoghazy (CASTLE)
  - Pakistan: Aamir Khan (Indus Hospital)
  - Sudan: Friends patient association

# Way Forward

## **Conclusion and main results:**

- EMRO strategic plan 2014-2015 to scale up regional response to MDR-TB discussed and finalized.
- Work plan developed for 2014-2015, including monitoring and evaluation plan.
- Framework for proposal for regional/national MDR-TB supporting mechanism to be prepared by EMR-GLC secretariat.
- The proposed R/NSM aim to target national/regional resources both financial and technical to support country plans for PMDT scale-up (drugs, diagnostic and social care).

# Recommendations: 3<sup>rd</sup> EMR-GLC meeting

- EMR\_GLC to write to countries for issues identified during discussions including information on waiting list, potential drug stock out and lack of national PMDT hospitals.
- EMR\_GLC is recommending a regional quick consultation on how to manage MDR cases among Syrian refugees (July 2014).
- EMR\_GLC is looking for the results of the coming consultation on management of TB and MDR-TB among cross borders that will be held in Tehran end of April 2014
- EMR\_GLC emphasizes the need to accelerate the scale up of TB laboratory network. The committee planned for regional situation analysis, developing planning manual, and mentoring of junior laboratory consultants (work plan 2014-2015).
- EMR\_GLC in anticipation of future decline in the GF the EMR\_GLC is actively seeking to engage WFP and large national partnerships and NGOs/Charities in tapping local and regional resources for MDR-TB patient social support and second line medicines at least (Egypt and Iraq).
- EMR\_GLC strongly support updating of public health law with regards to TB notification to be obligatory upon diagnosis.
- EMR\_GLC emphasizes the need to expand the pool of MDR consultants in the region. A regional consultancy training is proposed for 2015

Thank



You

