The Global MDR-TB & XDR-TB Response Plan
2007–2008

World Health Organization

Stop TB Partnership

WHO/HTM/TB/2007.387

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Abbreviations

ACSM
advocacy, communication and social mobilization

ARV
antiretroviral (drugs)

CDC
United States Centers for Disease Control and Prevention

DRS
drug resistance surveillance

DST
drug susceptibility testing

FIND
Foundation for Innovative New Diagnostics

GDF
Global Drug Facility

GLC
Green Light Committee

Global Fund
Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV
human immunodeficiency virus

KNCV
KNCV Tuberculosis Foundation

MDR-TB
multidrug-resistant tuberculosis

NACP
national AIDS control programme

NRL
national TB reference laboratory

NTP
national TB control programme

PIH
Partners In Health

SADC
Southern African Development Community

SRL
supranational TB reference laboratory

TB
tuberculosis

Union
International Union Against Tuberculosis and Lung Disease

USAID
United States Agency for International Development

WHO
World Health Organization

XDR-TB
extensively drug-resistant tuberculosis

1. Executive summary

This document details the activities required between 2007 and 2008 at the global, regional and national levels by the World Health Organization (WHO), members of the Stop TB Partnership and countries/areas to address the growing problem of drug-resistant tuberculosis (TB).

More than 400 000 cases of multidrug-resistant TB (MDR-TB[1]) emerge every year as a result of under investments in basic activities to control TB, poor management of anti-TB drugs and transmission of drug-resistant strains. MDR-TB is much more difficult and costly to treat than drug-susceptible TB, but recent work has shown that treatment is feasible and cost-effective even in settings of limited resources.

In 2006, extensively drug-resistant TB (XDR-TB[2]) was reported in all regions of the world and was rapidly classified by WHO as a serious emerging threat to global public health, especially, in countries with a high prevalence of the human immunodeficiency virus (HIV). XDR-TB raises the possibility that the current TB epidemic of mostly drug-susceptible TB will be replaced with a form of TB with severely restricted treatment options. This phenomenon would jeopardize the progress made in recent years to control TB globally and would also put at risk the plans to progress towards universal access to HIV prevention and treatment. Patients with XDR-TB would have to be managed in the same way as TB patients before the antibiotic era. The economic, social and health security of countries and communities with a high prevalence of TB would be threatened by virtually untreatable TB among the breadwinners, parents and economically productive age groups.

To combat this threat, WHO convened a Global Task Force on XDR-TB on 17 October 2006 in Geneva, Switzerland. Its members urged the implementation of additional measures to scale-up control of TB to prevent the emergence of new MDR-TB and XDR-TB cases as well as the acceleration of treatment for patients with drug-resistant forms of the disease. WHO was asked to update its *Guidelines for the programmatic management of drug-resistant tuberculosis* to incorporate the diagnosis and treatment of XDR-TB. Because *The Global Plan to Stop TB, 2006–2015* (the Global Plan),[3] had been launched in January 2006, immediate revision of the component on MDR-TB was strongly recommended in order to reach universal access[4] to sound management of MDR-TB and XDR-TB by 2015 in all countries; and near-to universal access in the 25 countries with high burdens of MDR-TB and XDR-TB by 2010. The revised plan will include the treatment of 1.6 million MDR-TB and XDR-TB patients by 2015, instead of 800 000 MDR-TB patients as stated in the original Global Plan.

The successful implementation of this plan demands accelerated diagnosis of and treatment for drug-susceptible TB. Strengthening the coverage and quality of basic TB control services is the first and most important measure to prevent MDR-TB and is the fundamental platform for deploying management of drug-resistant TB.

This document does not discuss the rationale or technical aspects of the global response to drug-resistant TB; rather, it details the main activities to be conducted at global, regional and country levels in 2007 and 2008 to operationalize the drug-resistance component of the Global Plan. It also marks the beginning of the integration of MDR-TB

1 MDR-TB is defined as TB resistant to the two main first-line drugs (isoniazid and rifampicin).

2 XDR-TB is defined as TB resistant to multiple drugs as well as to any one of the fluoroquinolone drugs and to at least one of the three injectable second-line drugs (amikacin, capreomycin or kanamycin).

3 *The Global Plan to Stop TB, 2006–2015.* Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

4 Universal access is defined as access to diagnosis and treatment for 80% of the population.

and XDR-TB activities into general TB control activities. Urgent priorities include the gathering of information on the magnitude, distribution, trends, treatment practices and outcomes of XDR-TB; a significant expansion of TB laboratory services; development of sound TB infection control policies and their implementation; advocacy, communication and social mobilization (ACSM) to sustain political commitment; resource mobilization; and the promotion of research and development for new tools.

Full implementation of this Response Plan will save the lives of 134 000 people affected by MDR-TB and XDR-TB by the end of 2008. The global budget necessary to respond to MDR-TB and XDR-TB in 2007–2008 is estimated at US$ 2.15 billion.

This plan has been reviewed and endorsed by the Working Group on MDR-TB of the Stop TB Partnership, and will be the blueprint for the Working Group to operationalize the drug-resistant TB component of the Global Plan. It has also been reviewed and endorsed by the WHO Strategic and Technical Advisory Group for TB at its meeting in 2007.