



World Health Organization

TUBERCULOSIS

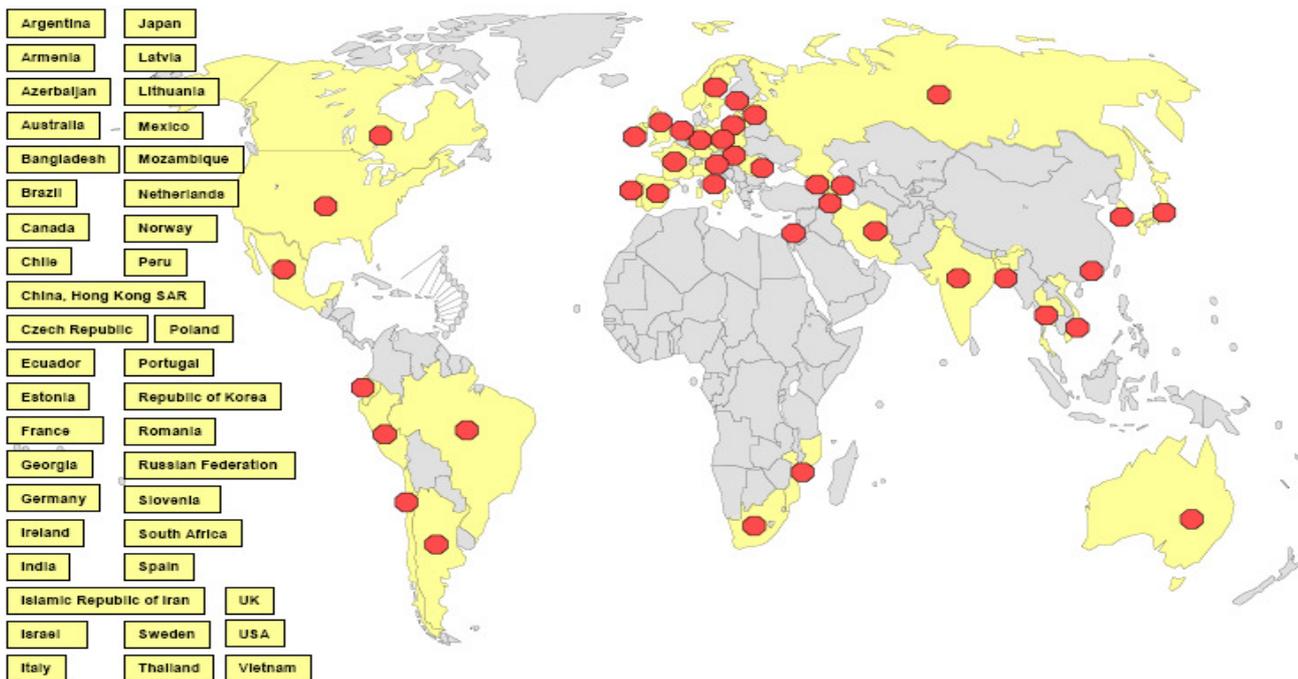
XDR-TB

THE FACTS

DEFINITION OF XDR-TB

- Extensively drug-resistant TB (XDR-TB) is a form of TB caused by germs resistant to all the most effective anti-TB drugs, and emerges through mismanagement of MDR-TB treatment. Once created, XDR-TB can spread from one person to another.
- XDR-TB is resistance to at least Isoniazid and Rifampicin (i.e. multidrug-resistant TB or MDR-TB), plus resistance to any fluoroquinolones, and any one of the second-line anti-TB injectable drugs (Amikacin, Kanamycin or Capreomycin).
- XDR-TB raises concerns of a future TB epidemic with restricted treatment options, and jeopardizes the major gains made in TB control and progress on reducing TB deaths among people living with HIV/AIDS.

41 COUNTRIES WITH XDR-TB TO DATE



WHO GLOBAL TASK FORCE ON XDR-TB

The Task Force met for the first time in October 2006 and issued the following recommendations:

- | | |
|--|---|
| 1 - Strengthen the quality of basic TB and HIV/AIDS control | 5 - Develop and implement infection control measures |
| 2 - Scale up the programmatic management of MDR-TB & XDR-TB | 6 - Strengthen advocacy, communication and social mobilization |
| 3 - Strengthen laboratory services | 7 - Pursue resource mobilization at all levels |
| 4 - Expand MDR-TB & XDR-TB surveillance | 8 - Promote research and development of new tools |



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THE RESPONSE

MDR-TB AND XDR-TB RESPONSE PLAN 2007-2008

The lives of 134,000 MDR-TB and XDR-TB patients will be saved in 2007-2008 if the US\$ 2.1 billion response plan is fully funded and fully implemented.

| Global Response Plan | <u>2007</u> | <u>2008</u> | <u>Total</u> |
|---------------------------|-------------|-------------|--------------|
| MDR-TB Cases on Treatment | 60,000 | 100,000 | 160,000 |
| XDR-TB Cases on Treatment | 6,000 | 10,000 | 16,000 |
| Lives Saved | 49,000 | 85,000 | 134,000 |
| US\$ Total | \$882m | \$1,273m | \$2,155m |

ACTIONS AND PROGRESS SINCE OCTOBER 2006

- WHO to convene second **Global XDR-TB Task Force** meeting in April 2008. XDR-TB country data included in the global TB drug resistance report, to be published February 2008.
- Missions to identify and provide support and technical assistance carried out in **Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa** and **Zambia**. International staff deployed in **Lesotho** and **South Africa**, with funding to support **Swaziland** post, and two regional posts. Rapid surveys completed to assess XDR-TB extent in **Botswana** and **Swaziland**. Generic protocols developed for countries. National training courses planned for **Botswana, Ivory Coast, Mexico** and **South Africa** by end of 2007.
- **Lesotho** National Reference Laboratory restructured with first results generated with support from FIND, Partners In Health and WHO.
- **Green Light Committee** strengthened to review and approve increasing number of applications for second-line anti-TB drugs.
- TB partners engaged in MDR-TB and XDR-TB management expansion activities, e.g. **TBCAP** in infection control, **regional training courses** in Africa, Americas, Middle East and South East Asia.
- The **Global Plan to Stop TB revised** to include a doubling of the numbers of MDR-TB treatments by 2015 and latest XDR-TB costings.
- **Revised guidelines** on programmatic management of drug-resistant TB in preparation and includes guidance on human rights approach and community-based MDR-TB care.
- Revised **infection control** guidelines for health care facilities being finalized. Global consultation at WHO in October 2007 recommended a national level infection control framework is also needed.
- Development of new approach to **recording and reporting** of drug-resistant TB cases.
- WHO TB **laboratory strengthening** responsibilities reorganized and business plan for laboratory expansion drafted.
- WHO/**PEPFAR** consultation recommended PEPFAR make immediately available US\$50m for TB/HIV, including funds to expand infection control, and strengthen laboratories.
- Health ministers endorsed XDR-TB emergency actions in 2007 **World Health Assembly** resolution. European Ministers back XDR-TB actions in 2007 **Berlin TB Declaration**.