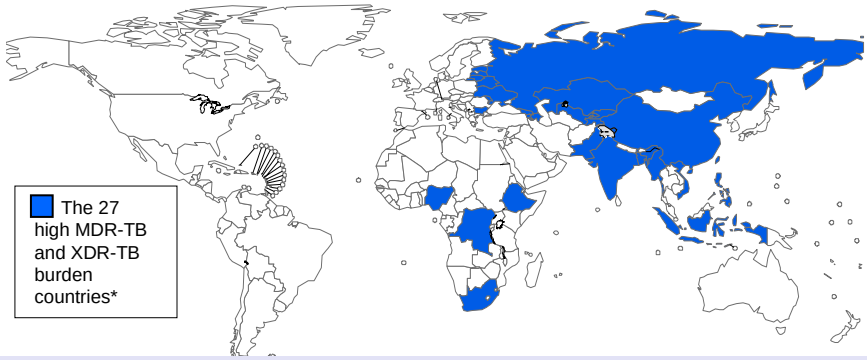
World Health Organization

TUBERCULOSIS
MDR-TB & XDR-TB
2011 PROGRESS REPORT

WHO REPORT: *TOWARDS UNIVERSAL ACCESS TO DIAGNOSIS AND TREATMENT OF MDR-TB & XDR-TB BY 2015*

- Globally, it is estimated that 3.3% of all new TB cases had MDR-TB in 2009
- Each year, about 440,000 MDR-TB cases are estimated to emerge, and 150,000 persons with MDR-TB die



"Progress is being made, but the response is far from sufficient and too slow given the MDR-TB threat facing the world. This WHO report underlines the need for countries to implement all necessary measures to address MDR-TB, otherwise the universal access target, set by the World Health Assembly, will not be achieved by 2015, with the loss of hundreds of thousands of lives,"

Dr Mario Raviglione, Director, Stop TB Department, WHO

KEY FINDINGS from the 27 countries* with a high burden of MDR-TB and XDR-TB

Action Plans:

- 26 countries have updated the MDR-TB component of their National TB Control plans.

Funding:

- In 23 countries, funding for MDR-TB care and treatment has increased from US$ 0.1b in 2009 to US$ 0.5b in 2011. The Global Plan to Stop TB estimates that US$ 0.9b is needed in 2011 to address MDR-TB worldwide.
- Only Estonia, Latvia, the Russian Fed. and South Africa, are using domestic sources to provide most if not all of the MDR-TB control funding. If domestic funding is not mobilized, the Global Fund may be the sole source of funding for second-line drugs and MDR-TB management in Armenia, Bangladesh, Bulgaria, Georgia, Tajikistan, Kyrgyzstan and Uzbekistan.

Laboratories:

- 16 countries achieved by the end of 2009, the recommended target of having at least one laboratory with capacity to perform culture per 5 million population, and one laboratory with capacity to perform drug susceptibility testing per 10 million population.
- 11 countries are introducing the rapid MDR-TB Xpert diagnostic test.

Treatment:

- Of the estimated 250,000 MDR-TB cases expected to occur among all TB patients notified in 2009 in the high MDR-TB/XDR-TB burden countries, 24,511 were reported to have been enrolled on treatment.
- 13 countries with data on treatment outcomes for MDR-TB cases reported a success of 25%-82% among patients that started on treatment in 2007.

Drugs:

- Since 2008, the Global Drug Facility has more than doubled the number of finished pharmaceutical products (FPP) for MDR-TB treatment from 11 to 25, and also increased the number of eligible suppliers.

Infection Control:

- 14 countries have conducted a national situation assessment of TB infection control and 11 have developed national action plans.

Surveillance Data:

- The number of new drug resistance surveys under way or planned increased from 1 in 2008, to 10 in 2011, while the number of countries with representative drug resistance data increased from 19 to 22.
- The number of high MDR-TB burden countries able to report high-quality continuous surveillance data has increased from 4 in 2008, to 8 in 2010.
- Recent drug resistance surveys have identified high rates of MDR-TB in southern Africa. The proportion of MDR-TB among new TB cases has increased in Swaziland from 0.9% to 7.7% between 1995 and 2009, while in Botswana the point estimates were 0.3% in 1996 and 2.5% in 2008.

* representing approximately over 85% of the world's estimated number of incident MDR-TB and XDR-TB cases: *Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, DR Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Myanmar, Nigeria, Pakistan, Philippines, Rep of Moldova, Russian Fed, South Africa, Tajikistan, Ukraine, Uzbekistan and Viet Nam*

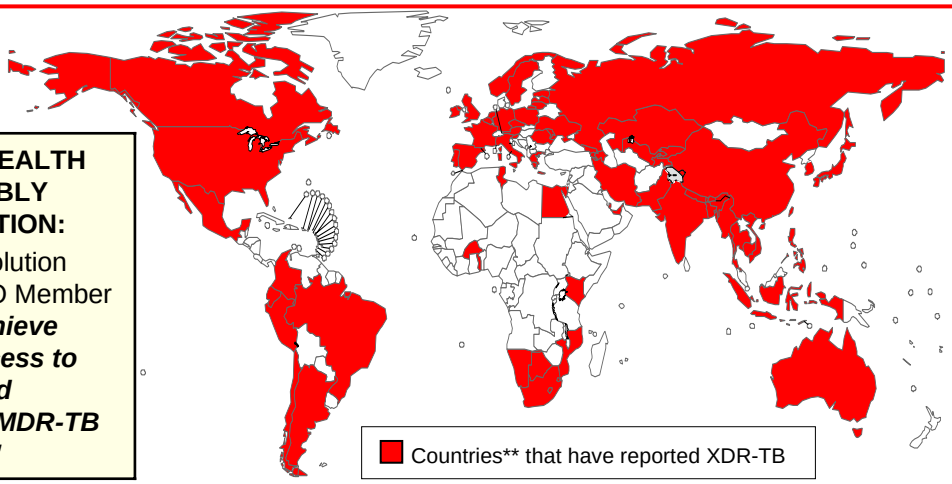
MDR-TB PROGRAMME MANAGEMENT CAPACITY

see Table 5 in the report	Est. MDR-TB among notified TB cases	Notified MDR-TB cases	MDR-TB enrolled on treatment	MDR-TB treatment success	MDR-TB surveillance / survey	DST labs per 10m pop.	Nat Ref Lab	Second line drug stock out	National Guidelines	Approved expansion plan	Infection control plan
Armenia	180	156	134	53%	YES	3.2	YES	NO	YES	YES	YES
Azerbaijan	2400	-	-	-	NO	2.3	YES	YES	-	YES	NO
Bangladesh	3600	-	352	82%	NO	<0.1	YES	NO	YES	YES	YES
Belarus	900	1342	-	-	YES	22.8	YES	-	-	YES	YES
Bulgaria	420	43	43	25%	YES	29.2	YES	NO	YES	YES	NO
China	66000	474	458	-	YES	1.0	YES	NO	YES	NO	YES
DR Congo	2200	91	176	61%	NO	0.2	YES	NO	YES	-	NO
Estonia	80	86	86	57%	YES	14.9	YES	NO	YES	YES	NO
Ethiopia	2000	233	88	-	YES	0.2	YES	NO	YES	YES	YES
Georgia	370	369	266	38%	YES	2.3	YES	NO	YES	YES	NO
India	73000	1660	1136	-	NO	0.1	YES	YES	YES	YES	NO
Indonesia	6400	-	20	-	NO	0.2	NO	NO	YES	YES	YES
Kazakhstan	7300	3644	3209	77%	YES	14.1	YES	NO	-	YES	NO
Kyrgyzstan	800	785	545	50%	NO	5.5	YES	NO	YES	YES	NO
Latvia	140	131	124	64%	YES	4.4	YES	NO	YES	YES	YES
Lithuania	330	322	322	-	YES	12.2	YES	NO	YES	YES	NO
Myanmar	4800	815	64	-	YES	0.4	YES	NO	YES	YES	NO
Nigeria	2100	28	-	-	NO	0.2	YES	NO	YES	YES	-
Pakistan	9300	49	368	-	NO	0.6	YES	-	YES	YES	NO
Philippines	7600	1073	491	63%	YES	0.3	YES	NO	YES	YES	YES
Rep of Moldova	1500	1069	334	52%	YES	11.1	YES	NO	YES	YES	YES
Russian Fed	31000	14686	8143	-	YES	19.3	NO	NO	-	YES	-
South Africa	9600	9070	4143	42%	YES	3.2	YES	YES	YES	YES	YES
Tajikistan	1000	319	52	-	NO	1.4	YES	NO	YES	YES	NO
Ukraine	7200	3482	3186	-	YES	10.1	YES	YES	YES	YES	NO
Uzbekistan	2900	654	464	55%	NO	0.7	YES	NO	YES	YES	-
Viet Nam	3500	217	307	-	YES	0.2	YES	NO	YES	YES	YES

GLOBAL XDR-TB

WORLD HEALTH ASSEMBLY RESOLUTION:

The 2009 resolution urged all WHO Member States ***"to achieve universal access to diagnosis and treatment of MDR-TB and XDR-TB"***



XDR-TB

- 69 countries** have reported at least one case of XDR-TB (by the end of 2010)
- There are an estimated 25,000 cases of XDR-TB emerging every year

WHAT ARE MDR-TB & XDR-TB?

- Drug-resistant TB is widespread and found in all countries surveyed. It emerges as a result of treatment mismanagement, and is passed from person to person in the same way as drug-sensitive TB.
- **Multidrug-resistant TB (MDR-TB)** is caused by bacteria that are resistant to the most effective anti-TB drugs (isoniazid and rifampicin). MDR-TB results from either primary infection or may develop in the course of a patient's treatment.
- **Extensively drug-resistant TB (XDR-TB)** is a form of TB caused by bacteria that are resistant to isoniazid and rifampicin (i.e. MDR-TB) as well as any fluoroquinolone and any of the second-line anti-TB injectable drugs (amikacin, kanamycin or capreomycin).
- These forms of TB do not respond to the standard six month treatment with first-line anti-TB drugs and can take two years or more to treat with drugs that are less potent, more toxic and much more expensive.

***Argentina, Armenia, Australia, Austria, Azerbaijan, Bangladesh, Belgium, Botswana, Brazil, Burkina Faso, Bhutan, Cambodia, Canada, Chile, China, Colombia, Czech Rep, Ecuador, Egypt, Estonia, France, Georgia, Germany, Greece, India, Indonesia, Islamic Rep of Iran, Ireland, Israel, Italy, Japan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lesotho, Lithuania, Mexico, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Qatar, Rep of Korea, Rep of Moldova, Romania, Russian Fed, Slovenia, South Africa, Spain, Swaziland, Sweden, Tajikistan, Thailand, Togo, Tunisia, Ukraine, UAE, UK, USA, Uzbekistan, Viet Nam*