Report of the First rGLC WPR Meeting

The rGLC WPR conclusions and recommendations

The meeting was opened by Dr. C. van Weezenbeek, Stop TB and Leprosy Elimination Team Leader – WHO-WPRO, with a welcome to the participants and a brief overview of the role of the rGLC mechanism in the scale-up of programmatic management of drug-resistant TB (PMDT). Dr. Paul Nunn, Coordinator, MDR-TB/GLC Operations - WHO-HQ also gave an introductory message on the pivotal role of the rGLC WPR in contributing significantly to the expansion of MDR-TB control in the Western Pacific and globally. This was followed by an introduction by the eight rGLC WPR members present and the rGLC Secretariat and how they expect to contribute to the committee. The rGLC WPR Chair Dr. Lee Reichman briefly talked about enhancing the process of providing accessible and proper M-/XDR-TB care in the countries. The meeting objectives were discussed (Annex 1).

The succeeding pages provide the conclusions and recommendations offered by the rGLC WPR. As this was its first meeting, most recommendations were process oriented, addressed to the committee itself according to how it perceives to act based on the agreed terms of reference.

A. On the new framework and the rGLC role

The rGLC WPR:
- Recognizes the slow scale-up of MDR-TB management and the limited political commitment and capacity of countries under the previous Green Light Committee (GLC) initiative
- Agrees with stakeholders to support the scale-up of MDR-TB care
- Appreciates the new global framework to support the expansion of MDR-TB services explicitly shifting from a controlling to a supporting mode and focusing on strategic concerns, advocacy, building up national MDR-TB capacity, increasing access to quality and affordable drugs, updating international policy and guidelines, and providing advice to funding agencies through the global GLC (gGLC) and the regional committees (rGLCs)
- Appreciates its advisory role to WHO-Western Pacific and partners, and its role to bring important regional strategic issues to the attention of the gGLC
- Recognizes the rGLC mechanism’s potential as an entity to help catalyze and support PMDT scale-up in countries, and to encourage local ownership and long-term sustainability of programmes

rGLC WPR recommends that this committee:
- Focus on broad strategic issues in the region rather than on minor details in countries
- Help streamline the process of Global Fund application by facilitating technical assistance (TA) to countries as early as possible during the grant application and grant negotiation process
- Guide countries to establish quality MDR-TB care in all framework components
• Utilize the rGLC mechanism to stimulate and advocate towards responsible PMDT scale-up
• Inform NTPs from both high-burden countries (HBCs) and intermediate-burden countries (IBCs), as well as all partners in TB control in the region about the rGLC mechanism and its role in DR-TB control
• In partnership with WHO-WPRO, facilitate regional capacity building to improve regional expertise and ownership

B. PMDT scale up according to framework components

Component 1: Political commitment and sustainability

rGLC WPR:
• Acknowledges the increasing but still inadequate commitment of countries as well as the limited capacity of countries to PMDT scale-up
• Takes note with serious concern of the reported small fraction of MDR cases treated in the region between 2005-2009 (<3,000 out of the estimated 120,000 cases per year) and the proportionally small country targets for enrolment vis-á-vis notification estimates of MDR-TB cases
• Recognizes with increasing concern, the countries' enormous dependence on the Global Fund (GF) for PMDT with 98% of patients approved for treatment in the region depending on GF support

rGLC WPR recommends that this committee:
• Provide a platform for data and information dissemination, e.g., through the Global Annual Report or a website, identifying issues on the framework components such insufficient laboratory capacity, or treatment capacity, drug availability, etc. and promoting interest and commitment at the:
  ▪ country level (through the Ministry of Health during mission debriefings and opportunities to meet with key officials during missions)
  ▪ regional level (through the Regional Management Committee/RCM)
  ▪ global level
• Strongly and urgently advocate for increased government financial outlay for PMDT and aim to slowly reduce GF dependence
• Facilitate the provision of specific technical support to countries in target-setting based on their actual notification data
• Facilitate assistance to countries in developing clear and concrete national action plans for upscaling PMDT including plans for a) national training, b) laboratory capacity, c) treatment delivery, d) drug management and e) recording and reporting. It is suggested that action plans be developed by the NTP (with technical support as required) and endorsed by the Minister of Health, and that current plans be reviewed by the rGLC and recommendations made, as required

rGLC WPR recommends that the gGLC:
• Endorse reduction of donor dependency through advocacy for increased government funding, and promotion and replication of sustainable PMDT models avoiding the risk of service delivery implosion
rGLC WPR recommends that WHO-WPRO:
- Ensure the capacity of the region to provide technical support to countries by initiating capacity building activities, such as providing training to local consultants, conducting training of trainers, etc.

**Component 2: Case finding strategy**

rGLC WPR:
- Appreciates the complexity of estimating TB burden and supports using notification-based estimates for MDR-TB
- Recognizes differences in MDR prevalence within risk groups, the varying proportions of these groups in countries, and the cost implications
- Appreciates the recent advances of rapid laboratory diagnostics and expresses concern on the lack of matching treatment capacity

rGLC WPR recommends that this committee:
- Recommend countries to pursue cost-effective case finding strategies
- Emphasize matching treatment capacity and systems in countries while embarking on new diagnostics

rGLC WPR recommends that WHO-WPRO
- Facilitate a more in-depth analysis of cost implications of case finding strategies in countries including the use of new rapid diagnostics

**Component 3: Treatment strategy**

rGLC WPR:
- Understands the lack of capacity of many countries to provide quality treatment to all diagnosed MDR cases
- Notes the division among GLC/GF and non-GLC/GF cohorts of patients being treated
- Acknowledges the lack of quality evidence supporting the new PMDT recommendations particularly those related to treatment

rGLC WPR recommends that the committee:
- Provide a broadened, comprehensive and supportive approach to MDR treatment to all diagnosed patients regardless of cohort (whether GLC/GF or non-GLC/GF)
- Strongly recommend the availability of quality MDR-TB treatment in countries that appropriately matches the roll-out of rapid diagnostics through the provision of coordinated technical assistance in PMDT and specialized areas in partnership with TB TEAM
- allow flexibility to countries in the implementation of certain recommendations in the 2011 PMDT Guidelines, especially conditional recommendations with low or very low quality of evidence, taking into consideration availability of resources, and the values and preferences of patients, programs and policy-makers
Component 4: Drug management

rGLC WPR:
- Takes note of the bottleneck experienced in the past in the provision of quality assured drugs to countries
- Recognizes the difficulties of second-line drug (SLD) manufacturers in meeting quality standards, and demand
- Understands the difficulties in managing the logistics and supply SLDs in the country

rGLC WPR recommends that the committee:
- Facilitate assistance to countries in determining the number of MDR cases for treatment so as to estimate the market requirements for drug manufacturers

rGLC WPR recommends that gGLC:
- Provide a venue for strategic discussion for quality drug procurement options for countries without significantly fragmenting the market, and upgrading national quality assurance mechanisms

Component 5: Recording and reporting

rGLC WPR:
- Takes note of the need for routine reports on program performance that include all PMDT patients - GLC and non-GLC, GF and non-GF.
- Takes note of the frequent non-inclusion of non-GLC patients in PMDT reporting

rGLC WPR recommends that the committee:
- Collect data on all PMDT patients diagnosed and receiving treatment in the country
- Facilitate annual monitoring and evaluation of country programs especially accomplishments vis-à-vis program and project targets for PMDT scale-up
- Keep track of country performance and utilize available data for strategic action planning

C. rGLC agreements on procedures:
- rGLC modus operandi 2011¹
  - Secretariat to finalize procedures including the standard forms for a) Mission Report (by consultants), b) report review (by rGLC Members/Secretariat) and c) rGLC Report Summary Sheet for the Region
  - rGLC to review procedures after 12 months, and revise accordingly
- Participation in gGLC:
  - the rGLC WPR Chair to represent rGLC WPR in gGLC meetings; Dr. Chen-Yuan Chiang to attend in his capacity as gGLC member
  - the rGLC WPR Chair to give feedback of gGLC meeting to the committee
  - members to contribute to the agenda through the rGLC Secretariat

¹ rGLC WPR Modus operandi, 2011, WHO-Western Pacific Regional Office
o communicate rGLC recommendations, if any, to the gGLC through meeting reports
  o communicate messages to donors and stakeholders through the gGLC Secretariat

• Country mission reports:
  o Consultants’ reports to prominently include the status of country PMDT implementation, government commitment, and to prioritize recommendations
  o rGLC a) to review whether the terms of reference of the mission were met, b) to assess whether the consultant’s recommendations are in line with WHO recommendations, are feasible, and are appropriately prioritized, c) to provide a conclusion on the status of country PMDT implementation in light of program and project targets, and d) to highlight at most three key bottlenecks hindering PMDT scale-up and three recommendations that will facilitate PDMT scale-up

• Agenda items: Items for meeting are to be accepted from:
  o rGLC members
  o Countries, organizations, and partners
  o rGLC Secretariat

• Outcome of meetings: rGLC to formulate a consensus on the following:
  o Regional bottlenecks, challenges and issues of PMDT scale-up identified from country reports, and recommendations on strategies for resolution
  o Agreement on advice to WHO and partners
  o Agreement on items to be brought up to the gGLC for discussion through the gGLC Secretariat, e.g., information to donor(s), etc.

• Advocacy
  o To consider holding the biannual rGLC meeting in a country being assisted to raise political attention

• Next rGLC WPR meetings:
  o Teleconference meeting some time Oct or Nov 2011 to discuss the China mission report (date of mission: Sept 4-11, 2011), and other agenda
  o Face-to-face meeting: Secretariat to fix a tentative date in April 2012
  o Monthly or bimonthly teleconferences to be efficient:
    ▪ two rGLC members to facilitate discussion of reviews and other issues as meeting discussants
    ▪ Secretariat to provide a synopsis or background documents of agenda items to members
ANNEX 1
Meeting objectives

1st rGLC WPR MEETING OBJECTIVES

1. To understand more clearly the rationale of the new MDR-TB framework and the expectations from the regional GLC (rGLC)
2. To finalize the draft *modus operandi* for the rGLC Western Pacific after inputs from members
3. To understand the framework for effective DR-TB control
4. To understand the global fund application process and the expected MDR-TB content of the application
5. To conduct a mock review of mission reports guided by an assessment template
6. To understand the indicators, targets and expected results for PMDT (objective 3 of the Regional Strategy to Stop TB 2011-2015)
7. To review the MDR-TB scale-up plans of certain countries in the region
**ANNEX 2
Meeting agenda**

**WORLD HEALTH ORGANIZATION**

**ORGANISATION MONDIALE DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC**
**BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**rGLC WPRO**

*Scaling up quality MDR-TB care*

**FIRST REGIONAL GREEN LIGHT COMMITTEE (rGLC) MEETING for the WESTERN PACIFIC REGION**
**15-16 September 2011, Conference Room 210-B, Building 3**
**WHO Western Pacific Regional Office, Manila, Philippines**

**DRAFT PROGRAMME OF ACTIVITIES**

**Thu, 15 September 2011**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>13:00 – 13:15</td>
<td>Registration</td>
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| 13:15 – 13:40     | (1) Opening ceremony
|                  | o Welcome and opening remarks                                             | Dr K. van Weezenbeek       |
|                  | o Introduction of participants                                           |                            |
| 13:40 – 13:50     | Acceptance speech of rGLC Chair 2011-2013                                | Dr. L. Reichman            |
| 13:50 – 14:00     | (2) Meeting objectives                                                   | Dr. M. Quelapio            |

**Rationale for the new MDR-TB framework and the rGLC**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>14:00 – 14:30</td>
<td>The New Global Framework to Support the Scale up to Universal Access to Quality Management of MDR-TB</td>
<td>Dr. P Nunn</td>
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14:30 – 14:50 (4) The rGLC WPRO: package of services  
Dr. K. van Weezenbeek

14:50 – 15:30 Group photo/Coffee/tea break (40 minutes)

15:30 – 16:00 (5) rGLC WPRO Modus Operandi (draft)  
Dr. M. Quelapio

16:00 – 16:45 Discussion

18:30 Welcome reception

Friday, 16 September 2011

Effective DR-TB Control

08:30 – 09:00 (6) Framework for effective DR-TB control  
Dr. M Quelapio

Mock review of mission reports

09:00 – 09:30 (7) Break-out groups: (Mock) monitoring mission report review

09:30 – 09:45 Monitoring Mission Report a (Viet Nam)  
Group 1 Rapporteur

09:45 - 10:00 Monitoring Mission Report b (Philippines)  
Group 2 Rapporteur

10:00 – 10:30 Coffee/Tea break (30 minutes)

10:30 – 11:00 (8) Presentation of actual reviews made by GLC, and discussion  
(Mission reports 1 and 2) Dr. M. Quelapio

11:00-11:30 Discussion

GFATM R11 application

11:30-11:50 (9) GFATM Round 11 application process and MDR-TB component  
Mr. B. Tomas

11:50 – 12:00 Discussion

12:00 – 13:30 Lunch (one and a half hours)
## Monitoring MDR-TB scale up plans

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter/Dep.</th>
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<tbody>
<tr>
<td>13:30 – 14:00</td>
<td>(10) WPR indicators for PMDT, targets and expected results (Regional Strategy)</td>
<td><em>Dr N. Nishikiori</em></td>
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<td>14:00– 14:30</td>
<td>(11) Break-out groups (2): Review of MDR scale-up plans</td>
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<td>14:30-14:45</td>
<td><em>Country 1</em></td>
<td><em>Group 1 Rapporteur</em></td>
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<td>14:45-15:00</td>
<td><em>Country 2</em></td>
<td><em>Group 2 Rapporteur</em></td>
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<td>15:00 – 15:30</td>
<td>Coffee/Tea break <em>(30 minutes)</em></td>
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<td>15:30 – 16:00</td>
<td>Discussion</td>
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<td>16:00 – 16:45</td>
<td>(12) Next steps: rGLC WPRO activities and timelines</td>
<td><em>rGLC Chair</em></td>
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<tr>
<td>16:45 – 17:00</td>
<td>Conclusions and Closing</td>
<td><em>rGLC Chair</em></td>
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ANNEX 3
rGLC WPR Members 2011-2013 and Meeting Participants

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