

Implications of the 2009 World Health Assembly resolution* on the Prevention and control of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB)

Drug-resistant tuberculosis has been described as one of the greatest global public health threats. The World Health Organization estimates that half a million people fell ill with MDR-TB in 2007 and that number will continue to grow without an effective response. Furthermore, some 55 countries have already notified at least one case of XDR-TB.

In May 2009, the 193 Member States of the World Health Organization adopted a resolution to strengthen the prevention and control of drug-resistant tuberculosis at the 62nd World Health Assembly. This resolution was inspired by a Call for Action, endorsed at a Ministerial Meeting in Beijing in April 2009, on planning the response to MDR-TB and XDR-TB by 27 worst affected countries.

Why is the resolution significant? What should governments do?

This resolution is significant because it underlines, first, that through much more effective and fully-resourced national TB programmes we will see:

- prevention of new cases of MDR-TB i.e. "turning off the tap", through quality DOTS programmes applying the Stop TB Strategy. In fact, drug-resistant TB emerges as a result of weak or poorly managed TB care and control.
- adequate care of, and support to, MDR-TB patients, i.e. patients being diagnosed as early as possible and treated until they are cured. Drug-resistant TB is often referred to as virtually untreatable when in fact effective treatment can be provided to most, though costly and more complicated than for drug-sensitive TB.

This new resolution, however, is crucial because it makes it clear that action by programmes alone will be insufficient. It

strongly identifies that it is only through **bold and radical policy changes**, going well beyond the remit of national TB control programmes, that MDR-TB can be halted. These changes are integral to the strengthening of health systems and services, and a primary responsibility of all governments. Specifically governments must recognize that:

- 1 Universal health coverage ensured through social health protection is essential for universal access to TB and MDR-TB prevention, care and control. Patients have a right to access treatment without risking economic catastrophe for themselves and their families.
- 2 The manufacture, sale and distribution of low-quality anti-TB drugs must stop, and every effort must be made to support high-quality production worldwide.
- 3 The over-the-counter sale of anti-TB drugs without prescription or by non-accredited providers must be prohibited and strict regulations enforced.
- 4 Airborne infection control must be improved especially in high-risk settings. Patients, health workers and communities must be guaranteed protection from transmission of TB and other airborne threats.
- 5 Rapid diagnosis of MDR-TB - in one day - is now possible. Modernized and integrated laboratory networks must be established in every country to enable access to new tools to combat various high-burden diseases.
- 6 Without new TB diagnostics, drugs and vaccines, TB control and elimination will never be achieved. Political commitment to increase investments in research is necessary. Rapid innovation and access to new tools for those most in need is a top priority.

*WHA62.15: Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis

How can the corporate sector and other stakeholders support bold and radical changes?

Corporate sector partners need to be engaged in greater numbers, bringing their creativity and drive; profit and corporate social responsibility can be complementary. The corporate sector could:

- 1 Invest much more on research to develop new TB tools
- 2 Provide internationally-approved high-quality standards of care in its medical services for TB and MDR-TB affected employees
- 3 Help ensure full compliance of regulations to guarantee proper use of drugs and diagnostics
- 4 Help enforce quality-assurance of drugs and diagnostics
- 5 Advocate for high-quality TB and MDR-TB care and control

How can research support bold and radical changes?

Researchers and research institutions are needed across the full spectrum from basic science and product development to clinical, operational and epidemiological research. They can make bold decisions to invest more on TB research and therefore attract a new generation of talented researchers to TB.

How can activists support bold and radical changes?

Activists and affected communities have dramatically expanded engagement and demand for TB, TB/HIV, and MDR-TB prevention, rapid diagnosis, adequate treatment, rights-based care and new tools. Their efforts to denounce dangerous practices in drug production, sale and provision can be equally powerful.

What is the commitment and role of WHO?

WHO is committed to guide policy changes; support introduction of innovative technologies; coordinate technical assistance for countries in need; and intensify MDR-TB surveillance, monitoring and evaluation.

WHO will prioritize actions identified in the new resolution relating to country response plans, drug regulations, new diagnostic technology, access to second-line drugs and implementation of measures to combat MDR-TB and XDR-TB.

WHO Stop TB Department

www.who.int/tb

World Health Assembly resolution on MDR-TB and XDR-TB

http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R15-en.pdf

WHO MDR-TB surveillance reports

http://www.who.int/tb/publications/mdr_surveillance/en/index.html

The Beijing Call for Action and Ministerial Meeting on MDR-TB and XDR-TB

http://www.who.int/tb_beijingmeeting/en/index.html

The WHO Stop TB Strategy

<http://www.who.int/tb/strategy/en/index.html>