The Global Crisis of Drug-Resistant Tuberculosis and the Leadership of the BRICS Countries: Challenges and Opportunities,

January 16-18, 2013
Beijing, China
• There were an estimated 310,000 (range, 220,000–400,000) MDR-TB cases among notified TB patients with pulmonary TB in 2011.

• Almost 60% of these cases were in India, China and the Russian Federation.
Proportion of MDR among *new* TB cases
Latest available data, 1994-2011

*Figures are based on the most recent year for which data have been reported, which varies among countries.*

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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Proportion of MDR among previously treated TB cases

Latest available data, 1994-2011

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First BRICS Health Ministers’ Meeting

- Beijing, China
Second BRICS Health Ministers’ Meeting

A Watershed for TB Control?

11 January 2013
New Delhi, India
Delhi Communiqué (1)

Clause 7

The Ministers recognized that multi-drug resistant tuberculosis is a major public health problem for the BRICS countries due to its high prevalence and incidence mostly on the marginalized and vulnerable sections of society.
Resolved to:

• collaborate and cooperate for development of capacity and infrastructure
• reduce the prevalence and incidence of tuberculosis through innovation for new drugs/vaccines, diagnostics and promotion of consortia of tuberculosis researchers
• collaborate on clinical trials of drugs and vaccines, strengthening access to affordable medicines and delivery of quality care.
The Ministers also recognized the need to cooperate for adopting and improving systems for

- notification of tuberculosis patients,
- availability of anti-tuberculosis drugs at facilities by improving supplier performance,
- procurement systems and logistics and management of HIV-associated tuberculosis in the primary health care system.
BRICS Country Leadership for Tuberculosis Treatment and Control

The Ministers agreed to establish platforms for collaboration within BRICS framework and with other countries with a view to realizing the goals and objectives outlined in the Delhi Communiqué
Funding for TB Control in 104 Countries accounting for 94% of Global Cases, by Country Group, 2006-13

Source: WHO Global TB Report 2012
Funding for DSTB and MDR-TB 2006-13

Source: WHO, Global TB Control Report 2012
Trends in Funding for TB Control from Domestic and International Sources

Source: WHO, Global TB Control Report 2012
Funding required for DOTS and MDRTB in the Global Fund 2011-15, with Projection of Potential Funding from Domestic and other Sources
Brazil Case Study (1)

• Rapid economic growth
  – Poverty alleviation
  – Bolsa Familia

• Universal health coverage
  – Free access to high quality health care
  – Unified health system – SUS
  – Comprehensive response to health

• Strong focus on innovation
  – Local manufacturing capability
Brazil case study (2)

• Family Health Programme
  – Proactive
  – Outreach to communities
  – Household focus
  – Comprehensive (TB & NCDs)

• Functioning systems
  – Information systems
  – Supply chains
  – Community and Civil Society Movement
Can BRICS Rise to the Challenge of MDRTB Treatment and Control?

- Rapid economic growth
- Innovation
- Critical Mass
- Leadership in G20
- Leadership in HIV Response
- Strong scale up for TB control
- Universal Health Coverage
- Capability to transform global health