

Summary report on the

Ninth meeting of the regional Green Light Committee for the Eastern Mediterranean

WHO-EM/TUB/261/E

Cairo, Egypt
30 July–1 August 2017



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Summary report on the

**Ninth meeting of the regional Green
Light Committee for the Eastern
Mediterranean**

Cairo, Egypt
30 July–1 August 2017

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. [Title]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication 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.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Document WHO-EM/TUB/261/E

Contents

1.	Introduction.....	1
2.	Summary of discussions.....	1
3.	Recommendations.....	3

1. Introduction

The ninth meeting of the regional Green Light Committee (rGLC) for the Eastern Mediterranean was held in Cairo, Egypt, from 30 July to 1 August 2017. The meeting was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean and was attended by eight members of the rGLC, two members of the Regional TB Laboratory Task Force, and WHO staff.

The objectives of the meeting were to:

- brief rGLC members on the new memorandum of understanding between the Global Fund and the Global Drug-resistant TB Initiative;
- identify key areas for improving the rGLC's performance and revise the rGLC's plan for 2017–2018 in light of the new memorandum of understanding;
- review activities of the first half of 2017, including establishment of the Regional TB Laboratory Task Force;
- discuss and agree on modes of operation of the Regional TB Laboratory Task Force and its plan for 2017–2018;
- discuss the proposal to improve case detection in the Eastern Mediterranean Region in 2017–2018.

2. Summary of discussions

The ninth meeting of the rGLC of the Eastern Mediterranean focused on addressing low case detection rates for both tuberculosis and multidrug-resistant tuberculosis (MDR-TB). It also focused on the proposed comprehensive package to improve case detection in the Region, which aims to: strengthen laboratory networks; enhance public-private mix in case detection; and promote utilization of quality and comprehensive e-surveillance.

During the meeting, rGLC members presented the situation in programmatic management of MDR-TB in the Region and selected countries (Egypt, Pakistan and Sudan), and the drug management situation in the Region. Members were briefed on the results of the latest Global Drug-resistant TB Initiative meeting. Further discussions addressed: the new memorandum of understanding between the Global Fund and the Global Drug-resistant TB Initiative, and its standard operating procedures; low case detection rates; the proposed regional stockpile of second-line medicines; actions to enhance the regional TB laboratory network; and systematic uptake of new diagnostics.

It was noted that low case detection is still the main challenge facing tuberculosis care and control in the Region, hindering progress towards the eradication goal set by the End TB Strategy. The rGLC members concluded that the three main pillars of the proposed comprehensive package to address low case detection cover most of the known factors leading to low detection rates. A comprehensive strategy and mechanisms are urgently needed to address the challenge of low case detection and to ensure smooth coordination, with clear roles and responsibilities, between all partners.

Members of the rGLC noted that establishment of the Regional TB Laboratory Task Force was a significant step towards enhancing TB laboratory networking in the Region. They also noted the need for two other such task forces: one to address logistics issues, including medicines procurement and management; and one to address clinical challenges and needed technical support.

A detailed operational plan was developed for the rGLC for 2017–2018.

3. Recommendations

1. rGLC to provide technical support to Pakistan to explore cost-effective models for expanding access to treatment for rifampicin-resistant/MDR-TB while maintaining quality treatment (part of GLC mission).
2. rGLC to provide technical support to advocate for political commitment (to increase allocated domestic funds).
3. rGLC to provide technical support to Sudan to explore the possibility of implementing the short-course regimen, as the country has low quinolone resistance (as shown by the 2017 drug resistance survey).
4. rGLC to promote strengthening of tuberculosis leadership and commitment at the national level in Pakistan and Sudan, within the context of integration.
5. rGLC to support the memorandum of understanding between supranational reference laboratories (SRLs) and countries benefiting from SRL services to get required permissions for specimen transportation under International Air Transport Association regulations.
6. When needed (e.g. delay in medicine supply, high costs) countries should discuss, with the Global Fund/principle recipient, using different procurement channels (e.g. prequalified suppliers, Expert Review Panel, stringent regulatory authorities) in addition to the Global Drug Facility.
7. Low numbers of extensively drug-resistant TB (XDR-TB) patients in some countries do not allow for sufficient in-country stocks of second-line medicines. The rGLC proposes a regional stockpile of such medicines in one of the high-burden countries; the proposed amount of medicines is for 10 XDR-TB cases, funded by the Global Fund or WHO.

8. The Regional TB Laboratory Task Force should conduct a comprehensive situation analysis of laboratory capacities at the regional level, and enhance intercountry collaboration to better utilize human and technical resources within the Region.

The image features a minimalist design with large, solid-colored rectangular blocks. A teal block occupies the top right and bottom right portions. A grey block runs horizontally across the middle. A white block is in the top left. A dark grey block is in the bottom left. The contact information is centered in the bottom grey block.

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int