Eleventh meeting of the regional Green Light Committee for the Eastern Mediterranean¹

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Introduction

Tuberculosis (TB) is a highly contagious disease and the leading cause of death from a single infectious agent. Globally, TB affected 10 million people in 2018 and 1.5 million people lost their lives from the disease (1). TB cases from the WHO Eastern Mediterranean Region represent 8% of the global TB burden, with an estimated 810 000 TB cases in 2018, although only 537 761 cases were notified, which corresponds to a treatment coverage rate (notified/ estimated incidence) of 65% (2). In 2018, a total of 38,000 multidrug-resistant TB (MDR-TB) cases were estimated in the Region; out of whom, only 12% (4566) started on treatment (out of total estimated MDR-TB cases) (2). Within the Region, 95% of the DR-TB burden was reported from five countries (Pakistan 72.4%, Somalia 10.3%, Afghanistan 6.5%, Iraq 2.8% and Sudan 2.8%) (2). The Region achieved a 91% treatment success rate among drug-susceptible TB patients in 2017 and a 65% rate among DR-TB treated patients in 2016, the highest among all WHO regions (2).

The regional Green Light Committee (rGLC) for the Eastern Mediterranean Region was established in 2012 in response to the need to scale up the programmatic management of DR-TB (PMDT). The rGLC functions as an advisory committee to Member States of the WHO Eastern Mediterranean Region, as well as partners, including donors. The Secretariat of the rGLC is hosted by the Regional Office. The eleventh annual rGLC meeting was held between 20–22 November 2019 in Karachi, Pakistan (3). The objectives of the meeting were to:

- review the overall DR-TB situation and progress on PMDT in the Region;
- assess progress made on the introduction of new DR-TB policies, treatment regimens and recommendations for universal PMDT coverage;
- review country-specific recommendations and actions proposed by rGLC missions conducted during 2010:
- assess and learn from the experience of public and non-public PMDT models in Karachi, Pakistan, and feedback given for PMDT improvement and universal access; and
- brief new rGLC members on their scope of work, roles and responsibilities.

Summary of discussions

Presentations were initially made on the TB situation in the Region, the UN General Assembly high-level meeting on TB and the resulting Political Declaration on TB, as well as WHO's multisectoral accountability framework. Participants were also updated on the progress made on the recommendations of the 10th annual rGLC meeting in 2018. The new rGLC members were briefed on the rGLC's scope of work, the roles and responsibilities of rGLC members and WHO's memorandum of understanding with the Global Fund. In fact, the rGLC mechanism plays a catalytic role in the uptake of the latest WHO diagnostic and treatment policies.

By the end of the meeting, rGLC members had reviewed the progress made in PMDT and the introduction of new DR-TB policies and treatment regimens in countries of the Region, and had produced recommendations to address the challenge of DR-TB diagnosis and treatment. The rGLC also recommended that WHO continues to provide technical support for the DR-TB component of TB programmes.

Recommendations

To WHO

- Building capacity and preparing a pool of consultants to support PMDT and provide the technical support needed by Member States; and
- providing technical support for countries to develop quantification and forecasting plans (gap analysis) for the new funding cycle (for WHO and partners).

To Member States

- Enhancing laboratory diagnosis capacities through expanding the availability of a quality assured laboratory system, defining and implementing clear screening and diagnostic TB algorithms, and strengthening communication between the laboratory network and PMDT sites;
- ensuring access through PMDT decentralization, patient-centred care and approaches for treatment adherence and follow-up, and scaling up use of recommended all-oral regimens;
- ensuring uninterrupted access to quality TB and DR-TB medicines;

This report is based on the Summary Report on the Eleventh meeting of the regional Green Light Committee for the Eastern Mediterranean, 20–22 November 2019, Karachi, Pakistan (https://applications.emro.who.int/docs/EMTUB264E.pdf?ua=1&ua=1).

- improving data quality, recording and reporting DR-TB; and
- promoting operational research to produce country evidence on successful approaches for improving DR-TB services.

References

- 1. World Health Organization. Tuberculosis: key facts. Geneva: World Health Organization; 2020 (https://www.who.int/news-room/fact-sheets/detail/tuberculosis).
- 2. World Health Organization. Global tuberculosis report 2018. Geneva: World Health Organization; 2018 (https://www.who.int/tb/publications/global_report/gtbr2018_main_text_28Feb2019.pdf?ua=1).
- 3. World Health Organization Regional Office for the Eastern Mediterranean Region (WHO/EMRO). Summary report on the eleventh meeting of the regional Green Light Committee for the Eastern Mediterranean. Cairo: WHO/EMRO; 2019 (https://applications.emro.who.int/docs/EMTUB264E.pdf?ua=1&ua=1).