

PROJECT FEEDBACK



WHO MDR-TB Consultant Training Course Report, University of Sydney, Australia 2019



Background

Emergent drug resistant (DR), especially multi-drug and rifampicin resistant (MDR/RR), tuberculosis (TB) threatens the health security of the Western Pacific region. In 2017, there were an estimated 114 000 incident cases of MDR/RR-TB in the region of whom less than 25% received adequate treatment. A dramatic increase in the number of patients accessing adequate MDR/RR-TB treatment is necessary to meet the END TB targets and prevent ongoing transmission of DR-TB strains. The End TB unit within WHO Regional Office hosts the regional Green Light Committee (rGLC) Secretariat, which provides support and guidance to high-burden countries within the Region by organizing technical assistance missions. These missions are critical to improve Programmatic Management of Drug-Resistant TB (PMDT) performance within countries.

Recently, the WHO Guideline Development Group reviewed the latest evidence on the effectiveness and safety of MDR/RR-TB treatment regimens and advised important changes to the guidelines. Revised policy guidelines were released in December 2018, replacing all previous WHO evidence-based recommendations on the treatment of MDR/RR-TB. WHO and FIND also published a "Technical guide: The use of next-generation sequencing technologies for the detection of mutations associated with drug resistance in *Mycobacterium tuberculosis* complex", while WHO and GII published a detailed guide on the interpretation of line probe assay (LPA) results and WHO will update existing TB infection control guidelines.

Rationale

To date, only a limited number of DR-TB experts have provided technical assistance to countries in the WHO Western Pacific Region. Developing a regional consultant pool will increase efficiency, reduce cost and more importantly serve to build critical regional capacity. Intra-regional consultancies should be beneficial for both consultants and receiving countries as the regional context will be similar and it should encourage horizontal collaboration among NTPs and institutions in the Region.

Taking into account all the new developments described, which will completely alter the way DR-TB patients are managed, it is imperative to train a larger group of DR-TB consultants that also involves a new generation. It is expected that country needs for technical assistance will increase dramatically given the major changes to existing guidelines and likely ongoing refinements in coming years. High quality technical assistance will be essential to improve service delivery and facilitate rapid adoption and implementation of new guidelines.

Objectives

1. To develop an adequate and competent pool of regional consultants to provide technical assistance for the programmatic management of MDR/RR-TB (PMDT) in the Western Pacific Region
2. To equip participants with the necessary knowledge and skills, including the practical problem-solving, diplomacy and cultural competency skills necessary to ensure constructive communication at all levels within the TB/PMDT program and government



Course facilitators

3. Summary

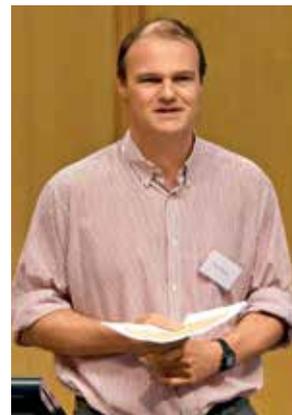
The highly successful WHO MDR-TB Consultant Training Course was co-hosted by the Western Pacific rGLC and the Centre for Research Excellence in TB (TB-CRE) based at the University of Sydney, with support from The UNION, KNCV, The Burnet Institute and Australian Respiratory Council (ARC). A total of 25 highly experienced clinicians (as well as 5 observers) from China, Japan, Korea, Vietnam, The Philippines, New Zealand and Australia attended the course, which equipped them with the necessary knowledge and skills (including practical problem-solving, diplomacy and cultural competency) to ensure delivery of high-quality support and constructive communication with TB programme and all levels government, in line with WHO standards.

Highlights included:

- Detailed presentations on recent technical updates related to programmatic management of drug resistant TB (with lively discussion)
- Specific focus on transition planning
- In-depth coverage of active drug safety monitoring and management
- Special consideration of MDR-TB treatment in children and management of co-morbidities
- Updates on “cutting edge” new developments and the need for more resilient health systems to cope with new advances and an ever changing landscape
- Many engaging discussions, including critical evaluations of country reports and consideration of key priorities in country scenario’s
- Congratulations from Dr. Kefas Samson to the Western Pacific Region for “leading the way” and providing a highly successful template for other regions to copy
- Universally positive feedback from participants
- Excellent collaboration between the TB-CRE, the rGLC and the WPRO TB Program.



Dr Rick Stapledon



Associate Professor Ben Marais



Course participants and facilitators group photo