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Internationale Nachrichten

1. Stop TB Partnership and the Global Fund commit to support countries and TB communities

The Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria renewed their joint commitment to countries and TB communities this week through the recently signed agreement on technical assistance between WHO and the Global Fund this week. The Stop TB Partnership which is hosted by WHO and whose collaboration was therefore included under WHO's agreement with the Global Fund, focuses mainly on engaging TB communities early in the Global Fund's grant process. The Partnership's assistance aims at helping countries to submit a much more robust application which will in turn increase their chances of receiving funding and ensuring that people suffering from TB are at the core of the work.

Source: Stop TB Partnership, <http://ow.ly/yfGwD> (23. Mai 2014)

2. Ministers of Health Agree to the Goal of Zero New Deaths from TB at 67th World Health Assembly

The 67th World Health Assembly (WHA) took place in Geneva from 19-25th May, bringing together government delegations at the World Health Organization's annual meeting. The WHA is the organization's highest decision-making authority.

The meeting marked a milestone in the global fight against tuberculosis, led by governments endorsement of a new Post-2015 Global Strategy for Tuberculosis that has an overarching goal to end the tuberculosis epidemic and achieve a 95% reduction in TB deaths by 2035.

Source: Stop TB Partnership, <http://ow.ly/yfH3F> (27. Mai 2014)

3. Kenyan concerns about rising MDR-TB reflect regional public health challenge

As regional leader in TB treatment, Kenya is the top destination for those escaping violence, or a lack of diagnostic ability and drugs.

Kenya has made enormous strides in its efforts to tackle tuberculosis amongst its population, improving diagnosis and treatment to such an extent that prevalence has dropped from 335 to 299 cases per 100,000 people between 2006 and 2012. But the continuing insecurity in the region backed by the weakness of the health infrastructure in neighboring countries have maintained the flow of refugees into Kenya, and into the national health system in search of treatment and care.

Source: Aidsplan, <http://ow.ly/yfI3Q> (28. Mai 2014)

4. Government of India and World Bank sign \$100 million agreement for accelerating universal access to early and effective tuberculosis care in India

The government of India and the World Bank today signed a \$100 million credit agreement to support India's efforts at achieving universal access to quality diagnosis and treatment for people suffering from tuberculosis (TB). The project was approved by the World Bank Board on April 8,



2014. The project is the third in a series of projects supporting the Government of India's Revised National Tuberculosis Control Program (RNTCP). It will support India's National Strategic Plan for TB Control by reaching more TB patients with earlier and more effective care in the public and private sectors; scaling-up and improving diagnosis and treatment for multi-drug resistant (MDR) TB; and helping integrate public sector TB services with the government's primary health care system.

Source: TB Online, <http://ow.ly/yflp7> (01. Juni 2014)

5. Global Drug Facility reaches a 58% price reduction for Rifabutin by adding a new supplier to its product catalogue

The Stop TB Partnership Global Drug Facility (GDF) has achieved a near 60% reduction in the price of Rifabutin, by including a new supplier into its product catalogue.

Rifabutin is from the rifamycin class and is used in treatment for drug sensitive TB. It was recently included in the HIV treatment guidelines in which it is recommended that all people with HIV and active TB start immediate treatment including a rifamycin, preferably rifabutin.

The price reduction follows a competitive tendering process among eligible anti-TB drug manufacturers and ongoing efforts by GDF to broaden the supplier base for quality-assured anti-TB drugs.

Source: Stop TB Partnership, <http://ow.ly/yfFet> (06. Juni 2014)

6. Global Drug Facility offers PASER without the need for cold chain storage

GDF supplier Jacobus can now offer PASER that has been permitted storage below +25°C with a shelf life of 24 months. Based on recently submitted stability data - information proving the stability of the product under room temperature conditions - it was accepted by GDF/GFATM.

Earlier PASER had to be kept under +15C degrees, requiring cold chain maintenance. Now this programmatic barrier has been released. This product can now be stored between below +25C.

PASER is used to treat drug resistant TB. All countries that had used PASER before, but encountered the storage complications, will now be benefiting from this change, in addition to any other country willing to obtain this product through GDF.

Source: Stop TB Partnership, <http://ow.ly/yfNJV> (10. Juni 2014)

7. South Africa: GeneXpert's benefits still not reaching patients

Despite the widespread rollout of the GeneXpert, a molecular diagnostic test that detects TB and drug-resistant TB within 90 minutes, benefits have not fully trickled down to patients.

The GeneXpert was rolled out nationally in 2011 to replace traditional TB tests that were slower and less accurate than the GeneXpert but also much cheaper.

The country is currently the largest consumer of GeneXpert testing cartridges in the world.

Since the roll out, the average time between testing and treatment initiation for regular TB patients has dropped from six to four days. Patients with multidrug-resistant (MDR) TB now start treatment 26 days sooner, according to research from the Desmond Tutu TB Centre.

Meanwhile, preliminary data show laboratory costs have more than doubled with the GeneXpert's introduction. In some parts of the country these costs may be offset by increased TB diagnosis but not so in Cape Town where this additional expenditure is drawing limited public health resources away from other health priorities, said Naidoo.

Source: e-health, <http://ow.ly/yfMur> (09. Juni 2014)

8. Government to introduce new drug-resistant TB drugs

In March 2014, the South African Department of Health in partnership with nongovernmental organisations like Right to Care and Medicines Sans Frontières (MSF) began a programme to treat a small number of extensively drug-resistant (XDR-TB) patients with the first new TB drug in 40 years, bedaquiline.



XDR-TB is resistant to both of the most common anti-TB drugs as well as at least half of the mostly commonly used second-line drugs. It is also deadly. Only about 20 percent of South Africa's XDR-TB patients are ever cured.

Initially launched at four sites in Klerksdorp, Edenvale, Khayelitsha and Durban, the programme is collecting safety and efficacy data to motivate for Medicines Control Council (MCC) registration of the drug for use in South Africa.

Source: e-drug, <http://ow.ly/yfNmV> (12. Juni 2014)

9. Antiretrovirals credited for TB decline in South Africa

South Africa is seeing about 18 percent fewer new TB cases annually due to the increasing numbers of people living with HIV who are on antiretrovirals (ARVs), according to research presented [...] at the South African TB Conference by NCID 's head of TB Dr Nazir Ismail. However, he cautioned that not all areas of the country were reaping the benefits. While the Northern and Western Capes have charted early declines in TB cases, some provinces like KwaZulu-Natal are just starting to see these numbers fall. Worse yet, some parts of the country like the Central Karoo region and KwaZulu-Natal's eThekweni Municipality have actually seen a rise in TB cases.

Ismail is also leading the country's first study into rates of drug-resistant TB in 15 years. The study is the largest such study ever conducted in the world.

Source: e-drug, <http://ow.ly/yfP2L> (12. Juni 2014)

10. New TB drug gets 'fast-track status' in South Africa

Patients with multidrug-resistant (MDR) tuberculosis could soon have access to a promising new drug – Bedaquiline – as the Medicines Control Council (MCC) is “fast-tracking” its authorisation processes to have the drug licensed.

However, the regulatory body's registrar, Mandisa Hela could not give exact timelines of its approval.

Source: iol, <http://ow.ly/yfR84> (18. Juni 2014)

11. The Dangerous Resurgence of TB in China

China now has the second largest tuberculosis epidemic -second only to India- with more than 1.3 million new cases of tuberculosis every year. What makes the situation particularly serious, however, is that, according to the Chinese Center for Disease Control, China has the largest number of patients with Multiple Drug Resistant Tuberculosis (MDR-TB), and that Extremely Resistant Drug Tuberculosis (XDR-TB) is also widespread. These facts show the need to step up efforts to combat the disease.

Source: The Wip, <http://ow.ly/yfRuv> (17. Juni 2014)

Forschung & Entwicklung

1. Two rapid TB diagnostic tests are better than one in HIV+ Ugandans

Xpert MTB/RIF and urinary lipoarabinomannan (LAM) assays offer rapid diagnosis of TB. But their sensitivity—the ability to confirm positive cases as positive—is low compared with sputum liquid culture testing. Because the combined sensitivity of Xpert and LAM were unknown, researchers conducted this comparative analysis in HIV-positive Ugandans with signs or symptoms of TB.

The researchers conclude that “sputum Xpert and urinary LAM assays were complementary for the diagnosis of active TB in HIV-infected patients, and sensitivity of the combination of these tests was superior to that of either test alone.”

Source: International Aids Society, <http://ow.ly/yfJ0w> (30. Mai 2014)



2. Targeting a chink in TB bacteria's armour

A novel approach adopted by a team of researchers based in Bangalore has opened a window of opportunities to design new antimicrobials that could potentially be used to kill the tuberculosis-causing bacteria.

The nine-member team comprised of Ph.D students and faculty/professors. The new antimicrobials have been tested only in drug-sensitive TB. But in principle, drug-resistant TB bacteria should be equally vulnerable.

The results of the study were published recently in the journal *Nature Communications*. The team was led by Prof. Valakunja Nagaraja, Department of Microbiology and Cell Biology, Indian Institute of Science (IISc), Bangalore.

Source: The Hindu, <http://ow.ly/yfG67> (18. Juni 2014)

3. Shorter TB treatment regimens will reduce cost for patients and their families

Study examines the cost of TB treatment on patients and their families:

Shorter TB treatment regimens will reduce the out-of-pocket expenses incurred by both patients and their family members, who often act as the patients' guardians. In addition, shorter TB regimens may allow an earlier return to productive activities for patients and their families.

These conclusions come from an international alliance of researchers, led by the Liverpool School of Tropical Medicine (LSTM), who carried out a comparative study in Tanzania and Bangladesh looking at the out-of-pocket costs incurred by TB patients in both countries. These patients were taking the currently recommended six month TB treatment regimen. The outcomes of this study have been published in this month's *International Journal of Tuberculosis and Lung Disease*.

The main objective of the study was to quantify the potential savings of a 4 month regimen to patients.

Source: Daily News Tanzania, <http://ow.ly/yfJIS> (04. Juni 2014)

Publikationen

1. Strategic U.S. Leadership—Essential to Address the Global Tuberculosis Pandemic

A new report released by the Global Health Policy Center of the Washington-based Center for Strategic and International Studies, suggests a slew of recommendations for the U.S. government to beef up the fight against tuberculosis - including appointing a U.S. Global coordinator on TB, increasing resources for programs, and forging a high level diplomatic annual meet for TB.

Source: Center for Strategic and International Studies <http://ow.ly/yfECj> (Juni 2014)

2. Progress Report: Clinical Trials for DR-TB

Veröffentlicht von Resist-TB, online unter: <http://ow.ly/yfEJ8>

3. An activist's guide to TB drugs: Treatment Action Group

Aktuelle Informationen über TB-Medikamente

Online unter: <http://ow.ly/yfFBK>

4. TB in the developed world: TB Voices Project of Snohomish and King County, United States

28 people from across King and Snohomish County shared their tuberculosis (TB) experiences through the TB Voices Project in 2013. The TB Voices Project documented individuals' TB experience using photos, video/voice recordings, and/or their written story. The goal of the Project is to bridge



the gap of understanding between past and present tuberculosis experiences in Washington state and current TB realities locally and around the world.

Source: Stop TB Partnership, <http://ow.ly/yfHFu> (26. Mai 2014)

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