

April 8, 2016

Sent on behalf of WHO, The Global Fund and USAID

Dear Ms Lessem,

RE: OPEN LETTER RE URGENT NEED FOR IMPROVEMENT OF GLOBAL RESPONSE TO MDR-TB IN PAPUA NEW GUINEA, AND FOR TRANSPARENCY AND REFORMS OF rGLCS

Thank you for the letter received on 23 March outlining the concerns of TAG and CAB on the global response to MDR-TB in Papua New Guinea and the need for transparency and reform of the rGLCs (attached).

As multilateral and bilateral agencies supporting the government of Papua New Guinea (PNG) on tuberculosis care and control, including the response to multidrug-resistant TB (MDR-TB), we fully share the concerns about the crisis of MDR-TB in the country.

A letter co-signed by the Director-General of the World Health Organization and the Executive Director of the Global Fund was sent to the Prime Minister of PNG in October 2015, acknowledging their commitment to fight TB and requesting the release of much-needed government funding. \$2.6 million of this funding was released in January 2016, following the high-level meeting called by the National Department of Health (NDOH) of PNG and WHO country office in PNG in November 2015 (report from this meeting attached). Australia has committed \$60 million between 2011 and 2017 to address TB in PNG. Of this amount, \$44.7 million has been targeted for addressing drug-resistant TB in Daru, providing support for human resources, laboratory capacity building, infrastructure, and technical assistance. The Global Fund, in close collaboration with the NDOH and the TB partnership in PNG, funds and supports current efforts to fight TB and MDR-TB in line with the priorities detailed in the well-defined PNG national strategic plan for TB. The priority areas funded through the Global Fund TB grant include improving the quality of TB diagnostic and treatment services, increasing the MDR-TB treatment success rate, increasing the coverage of HIV testing for TB patients, and ensuring adequate monitoring and evaluation for programme implementation.

In addition, support from external partners and intensified efforts made by local and central governments have enabled significant progress of the programmatic response to TB and MDR-TB in PNG over the last year. The situation has been regularly assessed through joint monitoring missions by NDOH, WHO and partners. A synopsis of programmatic improvements in the last several months is attached and may also be accessed at http://www.wpro.who.int/papuanewguinea/areas/tb_leprosy/daru_update/en. These included the new policies released by the National TB Programme of PNG for MDR-TB care delivery (attached) which are not reflected in your letter. The new policies include expanded use of the Xpert MTB/RIF test as per current WHO policy guidance, decentralised ambulatory care, use of treatment supporters in MDR-TB care delivery, active case finding and expanded use of new drugs. The attached WHO statement also outlines the advice and encouragement provided to the NDOH of PNG to ensure that the expanded use of new drugs are fully aligned with the current WHO recommendations.

These new policies superseded the recommendations of the 2015 rGLC mission, made within the local context at the time. In view of these developments, we therefore believe that it would be more constructive to take note of the developments since May 2015 and to continue implementing in an accelerated fashion the coordinated plan agreed by partners. We also realise that the fragile health system in PNG needs accelerated strengthening and that current domestic and donor funding is not sufficient to address the scale of the problem, which can only be ameliorated by additional financial support from both domestic sources and the international community, for a significant period of time.

That having been said, as signatories to this letter, we agree that the response to the crisis of MDR-TB in PNG needs to be intensified and accelerated. The roles of our respective organizations are to provide coordinated advice, support and funding to countries while respecting their sovereignty and independence, and acknowledging their executive role and mandate in adopting and implementing healthcare policies and services.

Considerable needs remain in PNG despite the accelerated efforts of the last 12 months, especially with regard to sustainability of current activities and strengthening of a fragile health system which is expected to provide a complex and costly public health intervention. We therefore remain committed to continue working together in the constructive and closely coordinated way that has marked the mutual collaboration with the NDOH in PNG up to now.

We are hoping that TAG and TBCAB will join us in providing support and advice to strengthening of the rGLCs by attracting interest from civil society as one of the key rGLC constituencies. As you may know, members of the rGLCs serve in an advisory role in their personal capacity and the composition of the rGLCs aims to involve all relevant constituencies. WHO will continue to support and assist the NDOH of PNG and all stakeholders (including the rGLC) on the TB and MDR-TB emergency response, including the promotion of WHO policies and facilitating ongoing collaboration and intensified coordination to accelerate the country-wide scale-up of programmatic management of MDR-TB in PNG.

In conclusion, we do believe that, like you, every one of us has the interest of vulnerable groups of patients in PNG at heart and we look forward to the civil society constituency joining collaborative efforts to support and assist the NDOH in the immense task of delivering appropriate care and services.

Sincerely

Mario Raviglione, WHO Global TB Programme

Mark Edington, The Global Fund

Cheri Vincent, USAID