

The framework for effective MDR-TB control

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Causes of drug resistance

- **Failure of TB control programme to**
 - **Design and deliver the right treatment regimen**
 - **Ensure patient adherence**
 - **Use quality assured drugs**

THE new DR-TB Guidelines

- **Built around a flexible framework approach**
- **Written with the understanding that countries should tailor their approach to the local situation**
- **A road map for access to reduced-cost quality-assured second-line anti-TB drugs (SLDs) through the GLC mechanism.**
- **Introduce standards for registering, monitoring and reporting outcomes of DR TB cases.**

MDR-TB FRAMEWORK APPROACH

CORRESPONDING CHAPTER

1. Sustained Political commitment

**CHAPTER 3: POLITICAL
COMMITMENT AND
COORDINATION**

**2. Rational case-finding strategies using
quality-assured culture and drug
susceptibility testing (DST).**

**CHAPTER 4: CASE
FINDING AND DEFINITIONS**

CHAPTER 5: LABORATORY

**3. Appropriate treatment strategies that
utilize second line drugs under proper
management conditions.**

**CHAPTER 6: TREATMENT
STRATEGIES**

**CHAPTER 7: MONITORING
AND SIDE-EFFECT MANAGEMENT**

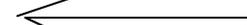
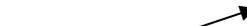
**CHAPTER 8: ADHERENCE
TO TREATMENT**

**4. Uninterrupted supply of quality assured
anti-tuberculosis drugs.**

**CHAPTER 9: MANAGEMENT
OF DRUGS AND CONSUMABLES**

**5. Recording and reporting system
designed for MDR-TB programmes.**

**CHAPTER 10: INFORMATION
SYSTEM AND DATA
MANAGEMENT**



Sustained Political commitment

- Long term investment of resources (human and financial)
- Addressing the factors leading to the emergence of MDR-TB
- A well functioning DOTS program and progress in the new Stop TB strategy !!
- Procurement of quality-assured drugs and legislation to assure rational use
- Effective coordination between community, local governments, and international agencies

Diagnosis of MDR-TB through quality-assured culture and drug susceptibility testing (DST)

- Some programs can do drug susceptibility testing for all patients
- Most programs will use DST strategies that target MDR risk groups (failures, chronics)
- Some enrol patients based on representative DRS data
- But, all programs need access to quality assured drug smear microscopy, culture and susceptibility testing

Appropriate treatment strategies that utilize second-line drugs under proper management conditions

- Appropriate regimens
- Directly observed therapy (DOT) throughout
- Early detection and management of side effects; ancillary medicines at no cost to patient
- Adequate human resources (both quantity and quality)

Appropriate treatment strategies that utilize second-line drugs under proper management conditions

- Appropriate regimens
 - Use of standardized or individualized regimens that will place the patient on at least 4 effective drugs in the 'intensive phase'
 - Adequate use of injectable agent (no less than 6 months and usually 6 months past conversion)
 - Adequate length of treatment (no less than 18 months and usually 18 to 24 months past conversion)

Uninterrupted supply of quality assured second-line anti-tuberculosis drugs

- Individualized regimens are frequently being adjusted
- Short shelf life (18 – 36 months) and refrigeration for some products
- Global production of quality-assured drugs is limited; need for correct estimates and timely ordering of drugs.
- Drug registration may be lengthy and costly

Recording and reporting system designed for MDR-TB programmes

- Enables
 - patient registration
 - monitoring (including culture, DST, laboratory tests...etc)
 - interim indicators
 - final outcome analysis
 - comparison of different cohorts
 - Facilitates assessment of epidemiological impact