END TB

World Health Organization

Shorter and more effective treatment for all people suffering from drug-resistant TB

CALL TO ACTION

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TB Alliance

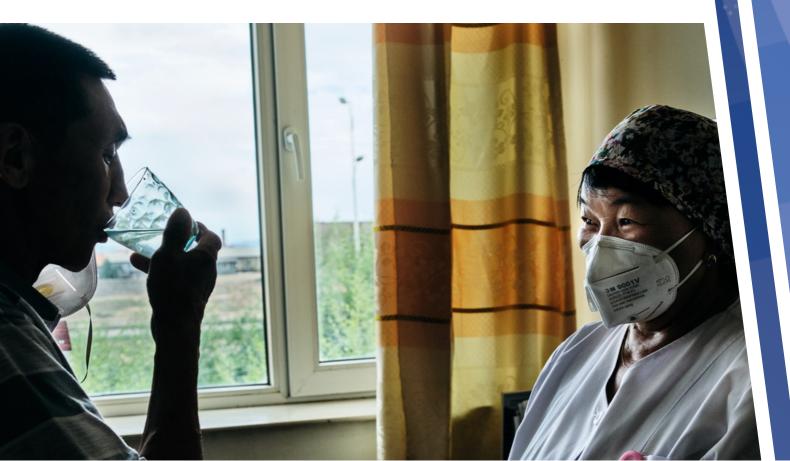Stop TB Partnership

TAG
Treatment Action Group

WHO Civil Society Task Force On TB

Global Drug-resistant TB Initiative

CALL TO ACTION

Shorter and more effective treatment for all people suffering from drug-resistant TB

The World Health Organization (WHO) and its partners are calling on governments and other stakeholders to accelerate the implementation of the novel, 6-month all-oral regimen for the treatment of drug-resistant tuberculosis. WHO's latest guidelines on drug-resistant TB treatment recommend rapid roll-out of the novel BPaLM/BPaL regimen that has the potential to dramatically increase cure rates due to its high efficacy, allow broader access due to its lower cost and improve patient quality of life as this regimen is all-oral and significantly shorter than conventional treatment regimens.

Tuberculosis (TB) remains one of the world's deadliest infectious killers and is a major cause of ill health and suffering for millions. Until the coronavirus disease (COVID-19) pandemic, TB has ranked as the top cause of death due to a single infectious agent. This situation is again reversing, as we see a fall in COVID-19-related deaths. TB is also a leading cause of death related to antimicrobial resistance and among people with HIV.

Drug-resistant tuberculosis (DR-TB) continues to be a public health problem, taking a heavy toll on people affected by TB, communities and healthcare systems. Nearly half a million people fell ill with multidrug- or rifampicin-resistant TB (MDR/RR-TB) in 2021 and there were 191 000 deaths.

The first United Nations High-Level Meeting (UN-HLM) on tuberculosis held in 2018 set bold 5-year targets to drive down deaths and suffering from TB. The MDR/RR-TB treatment coverage target is far from being reached. At the end of 2021, only 43% of the 1.5 million people with MDR/RR-TB targeted to be reached between 2018-2022, accessed treatment. The challenge presented by drug-resistant TB, therefore, remains and requires increased commitment from countries to expand both diagnostic and treatment capacity.

Closing gaps in access to diagnosis and care

Detection of drug resistance requires bacteriological confirmation of TB and testing for drug resistance using rapid molecular tests, culture methods or sequencing technologies. Timely and accurate diagnosis of drug-resistant TB and its different forms is a precursor and an essential enabler for the expansion of effective treatment. Globally in 2021, estimated 10.6 million people fell ill with TB while 6.4 million people with a new episode of TB (new and relapse cases) were diagnosed and notified. Of all people with bacteriologically confirmed pulmonary TB, 71% were tested for rifampicin resistance and of those tested a total of 166 991 patients with MDR/RR-TB were detected. This means that of the estimated global burden of MDR/RR-TB in 2021 less than 40% were notified and only one-third reported to have started second-line treatment. While the COVID-19 pandemic has caused significant reversals in the progress of TB and MDR/RR-TB detection and treatment, these setbacks do not explain the major gaps in diagnosis and treatment that have only changed slightly over the course of recent years [1].

Conventional treatment regimens for MDR/RR-TB used to be lengthy and arduous including painful injectable medicines. Compared with treatments for drug-susceptible forms of TB, these regimens required three times longer courses of treatment, with a much higher pill burden and the use of medicines causing multiple adverse events during and after treatment completion. Globally, although treatment success rates have increased, almost 15% of patients with MDR/RR-TB still die from the disease [1].

In the last 10 years, reinvigorated research into new medicines and regimens to treat TB paved the way for the development and testing of several novel regimens. The evidence generated by the research provided a solid scientific basis for WHO to update its policy that was gradually adopted by countries. The use of new and repurposed medicines like bedaquiline, linezolid and delamanid and the shift away from older injectable-based regimens has led to incremental improvements in the treatment success rate for MDR/RR-TB. Globally in 2019, the treatment success rate was 60%, reflecting a steady improvement from 50% in 2012 [1].

[1] Global tuberculosis report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO (https://www.who.int/tb/publications/global_report/en/).

The recent update of the DR-TB treatment guidelines adds and prioritizes the new 6-month regimen – the BPaLM/BPaL [2], as a treatment of choice for eligible patients. The shorter duration, lower cost and pill burden and high efficacy of this novel regimen can help healthcare systems rapidly recover from the COVID-19 pandemic setbacks and save precious resources to further expand the diagnostic and treatment coverage for all individuals in need.

Investing to end the drug-resistant TB crisis

Collective efforts will be needed through a whole-of-government approach, with additional investments by technical and funding partners according to their various roles to ensure the effective tackling of the drug-resistant TB crisis. These efforts may include investments in antimicrobial resistance stewardship and global health security initiatives, as well as ensuring the inclusion of DR-TB management in the comprehensive package of care in social protection mechanisms and health insurance schemes. The COVID-19 response has demonstrated what can be achieved with political will and funding. There should be a significant surge in funding and resources to build national programme capacity to ensure access to shorter regimens with adequate support and guidance for those ill with drug-resistant TB.

Additional resources should aim to ensure that in the coming months, every person with drug-resistant TB can be reached with a full package of care that includes rapid molecular testing, shorter all-oral regimens and necessary care and support. It will require swift alignment of national policies and strategic plans with global guidance, enrolling adequate staff, expanding access to appropriate screening and diagnostic tests, strengthening the logistics and supply chain for procuring medicines, equipment and consumables, infrastructural development and robust specimen collection and transportation mechanisms, and modernizing monitoring. Investments are also necessary to mobilize communities, strengthen the contribution of community health workers to primary care, implement education and counselling support for affected persons' testing, and provide enablers for transport and other necessities. In many settings, the private and corporate sectors will need to be involved to accomplish all this. Partnering with social services, child welfare agencies, peer groups of affected people, civil society and other community-based organizations will serve to widen healthcare coverage.

[2] BPaLM/BPaL regimen is composed of bedaquiline (B), pretomanid (Pa), linezolid (L) and moxifloxacin (M). Moxifloxacin may be dropped in case of the documented resistance to fluoroquinolones.

WHO, civil society, technical partners assisting countries, the donor community and others are joining forces to make a strong 'Call to Action' for rapid expansion of access to the novel, shorter and more effective treatment regimens as part of a comprehensive care package for people suffering from drug-resistant TB, urging governments to undertake the following actions with the support of partners and civil society in 2023-2024:

Increase access to rapid and conventional TB diagnostics and drug susceptibility testing in order to detect TB, rifampicin resistance and resistance to fluoroquinolones, bedaquiline, pretomanid and linezolid.

Update national policies to incorporate new recommendations for use of the all-oral shorter 6-month treatment regimens for drug-resistant TB in a framework of the national programme that includes antimicrobial stewardship, patient care and support.

Initiate and ensure the continuous and affordable supply of the component medicines of the BPaLM/BPaL regimen and other regimens for the treatment of drug-resistant TB recommended by WHO.

Update national regulatory policies to allow for the importation of new TB medicines and diagnostics without restrictions and without unnecessary price margins.

Seek technical assistance from partners to train national healthcare workers, community health workers, patient support groups, TB activists, nurses and clinicians to familiarize themselves with the implementation of the new regimens, and to support community treatment literacy.

Seek to learn from the experience of early implementing countries to inform national policies and to implement new treatments to speed timely access.

Allocate sufficient domestic resources and seek funding from overseas donors to allow for full coverage and care of all people in need of the treatment.

Ramp up advocacy efforts to help inform the public, decision-makers and multiple sectors of society and ensure the establishment of accountability frameworks to accelerate progress in the implementation of the novel regimens for TB.

Engage in community action to raise awareness and facilitate access to new treatments for all individuals, including the most vulnerable and disenfranchised parts of the society.

Partner with the private sector to ensure wider access to innovation in the diagnosis and treatment of drug-resistant TB.

Coordinate with partners to include digital adherence and monitoring tools with the implementation of the new regimens.

Strengthen national pharmacovigilance systems to ensure prompt identification and management of adverse events.

Invest in continued research and innovation to expand available treatment options for TB infection and disease.

A swift translation of the 'Call to Action' into national programmatic action will be needed to precipitate radical change in the coming months. WHO is engaging with countries and partners to support this process, seeking enablers and synergies to overcome operational barriers.

WHO response: Leading the Call to Action

WHO plans to support the rollout of the new 6-month regimen for the treatment of drug-resistant TB through:

- Coordinating and facilitating a "BPaLM Accelerator Platform" that gathers all the technical and funding partners to support the rollout of the regimens in the countries;
- Organizing a series of regional workshops or meetings to discuss challenges and practical considerations for the implementation of the BPaLM regimen at the country level;
- Working with high-burden countries to facilitate the introduction of shorter regimens for the treatment of drug-resistant tuberculosis
- Collaborating with all the technical partners to provide technical assistance to countries on the implementation of the regimen using the existing technical assistance mechanisms, such as regional Green Light Committees and others;
- Monitoring on an annual basis the uptake of these new regimens and sharing progress on implementation.

Looking forward

2023 presents several high-level opportunities to take this Call to Action forward, including the WHO Director-General Flagship Initiative on ending TB, 2023-2027- that calls for an acceleration in progress to ensure universal access to prevention and care for people with TB. The Call to Action is also well aligned with the 1/4/6×24 campaign launched in 2022, inspired by the legacy of the late Dr Paul Farmer, to rally energy, political will and funding needed to ensure that shorter, effective TB treatment regimens reach all those who need them. The 2023 UN High-Level Meeting on TB in September, which will bring together Heads of State, will also provide a major impetus for this Call to Action to ensure that all people with TB have access to shorter more effective regimens.

Partners, civil society and other stakeholders are invited to join this Call to Action and express support.