

**2<sup>nd</sup> Meeting of the Core Group of the Global  
Drug-resistant TB Initiative  
27 October 2014, Barcelona, Spain**

---

**Update on WHO policy development  
for MDR-TB response**

---

Ernesto Jaramillo  
Global TB Programme



**World Health  
Organization**

## Guidelines for the programmatic

## The use of bedaquiline in

## The use of delamanid in the treatment of multidrug-resistant tuberculosis

Interim policy guidance



World Health  
Organization

## Guidelines for the programmatic management of drug-resistant tuberculosis

EXECUTIVE SUMMARY

Emergency Update 2008

## Companion Handbook

to the WHO guidelines for  
the programmatic management of  
drug-resistant tuberculosis

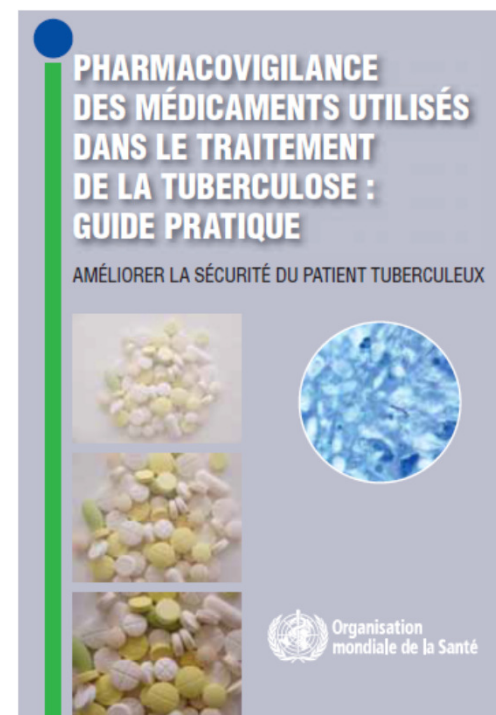
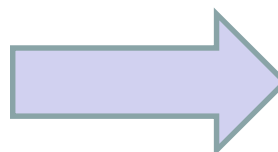
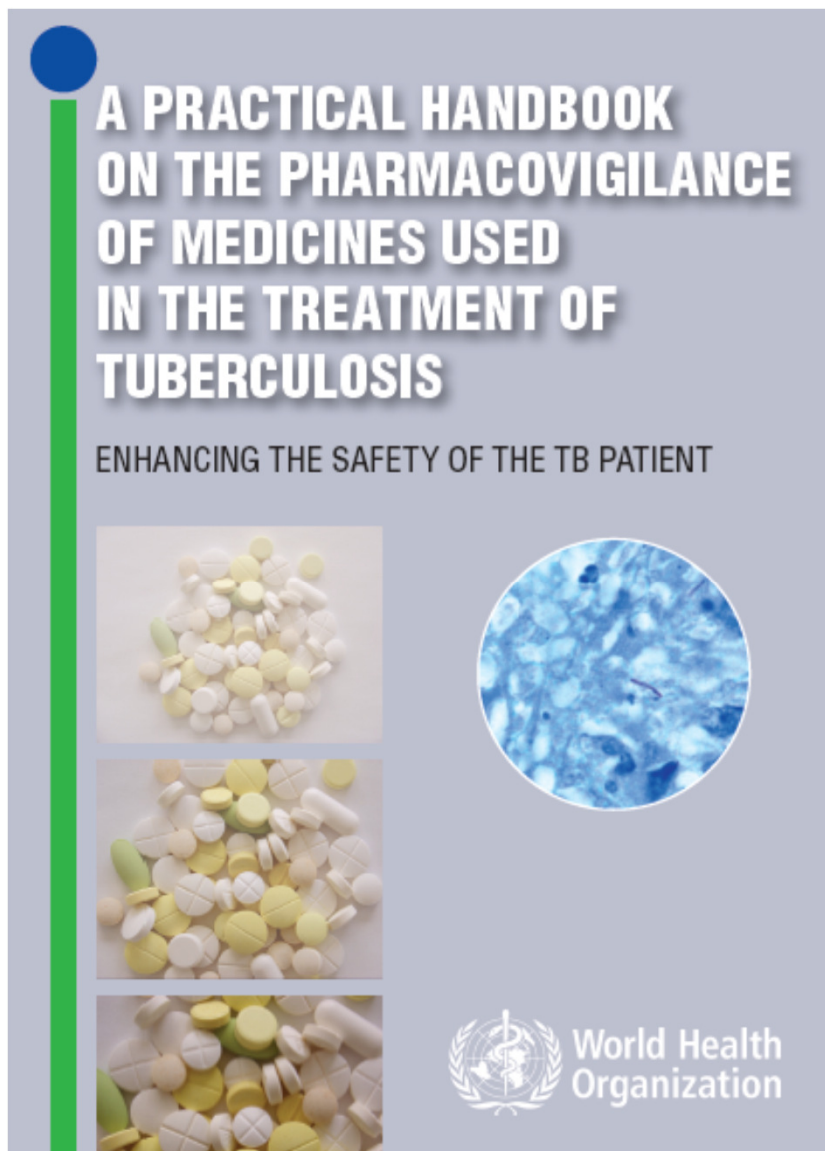


World Health  
Organization



**Framework for Engagement of All Health Care Providers  
in Management of Drug Resistant Tuberculosis**

THE  
**END TB**  
STRATEGY





# **Management of drug-resistant tuberculosis**

**Training for staff working at  
DR-TB management centres**

Facilitator's guide



**World Health  
Organization**

[Health topics](#)[Data and statistics](#)[Media centre](#)[Publications](#)[Countries](#)[Programmes and projects](#)[About WHO](#)[Search](#)[Advanced search](#)

## Tuberculosis (TB)

[Tuberculosis](#)[TB Topics index](#)[Stop TB Strategy](#)[DOTS expansion](#)[TB diagnostics and laboratories](#)[TB/HIV  
MDR/XDR-TB](#)[Health systems](#)[Public-Private Mix](#)[Affected people](#)[TB research](#)[TB data](#)[TB publications](#)[About us](#)

### The use of short regimens for treatment of multidrug-resistant tuberculosis

10 August 2012 | The current WHO guidelines on treatment regimens for MDR-TB recommend an intensive phase of treatment of 8 months and a total duration of treatment of 20 months for most patients(1). The guidelines were developed following the GRADE process for guideline development that has been adopted by WHO, and recommendations were based on an analysis of more than 9,000 cases treated in observational studies. The results from an observational study in Bangladesh showed much better rates of treatment success using regimens having a duration of 12 months or less compared with those usually achieved when the longer regimens are used (2). However, there is much less evidence on the effectiveness and safety of these so-called "short-regimens" compared with regimens lasting 20 months.

WHO's position is that regimens which are markedly different from the ones which represent the current norm and have undergone GRADE review should only be used within the context of research and under close monitoring for a period of at least 12 months beyond the end of treatment. This follow-up after treatment completion is aimed at early identification of those patients who may have a high risk of relapse and acquired resistance. Proper attention to drug regulatory and ethical issues will be needed to facilitate the gathering of additional evidence that can be used for future updates of current WHO guidelines on the treatment of MDR-TB. Until sufficient evidence is available to inform a policy update, WHO is advising countries to introduce short MDR-TB treatment regimens only in projects that adhere to the following criteria:

[Share](#)[Print](#)

#### Related links

[Multidrug-resistant tuberculosis - home](#)

[http://www.who.int/tb/challenges/mdr/short\\_regimen\\_use/en/index.html](http://www.who.int/tb/challenges/mdr/short_regimen_use/en/index.html)



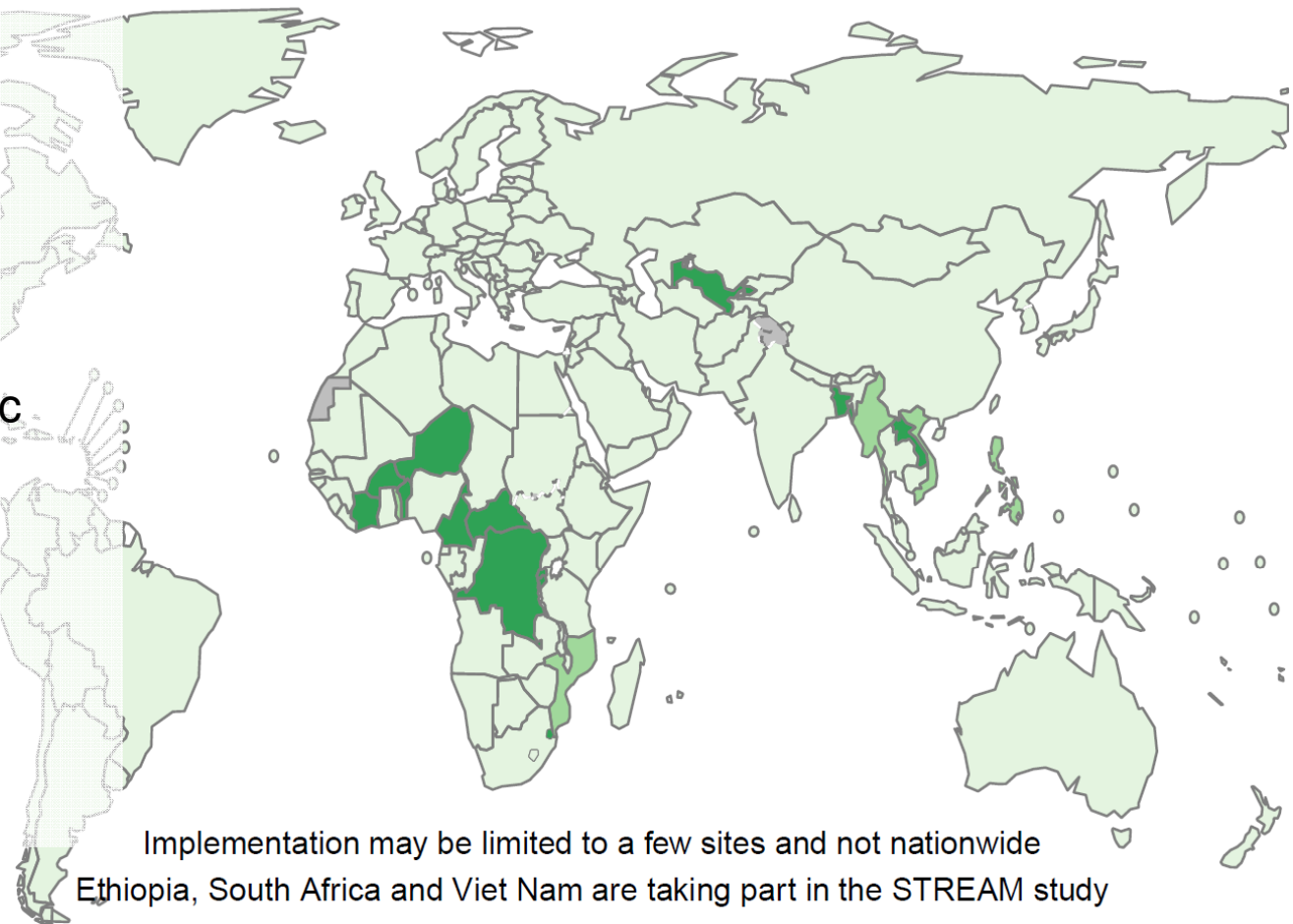
# Use of shorter regimens for MDR-TB

Countries using shorter MDR-TB regimens under observational study conditions, by October 2014

■ No ■ Planning to start ■ Started

## Study protocols compliant with WHO position

Benin  
Burkina Faso  
Burundi  
Cameroon  
Central African Republic  
Côte d'Ivoire  
DR Congo  
Lao PDR  
Niger  
Rwanda  
Swaziland  
Uzbekistan

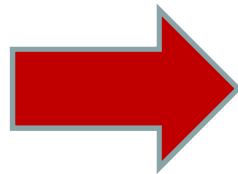
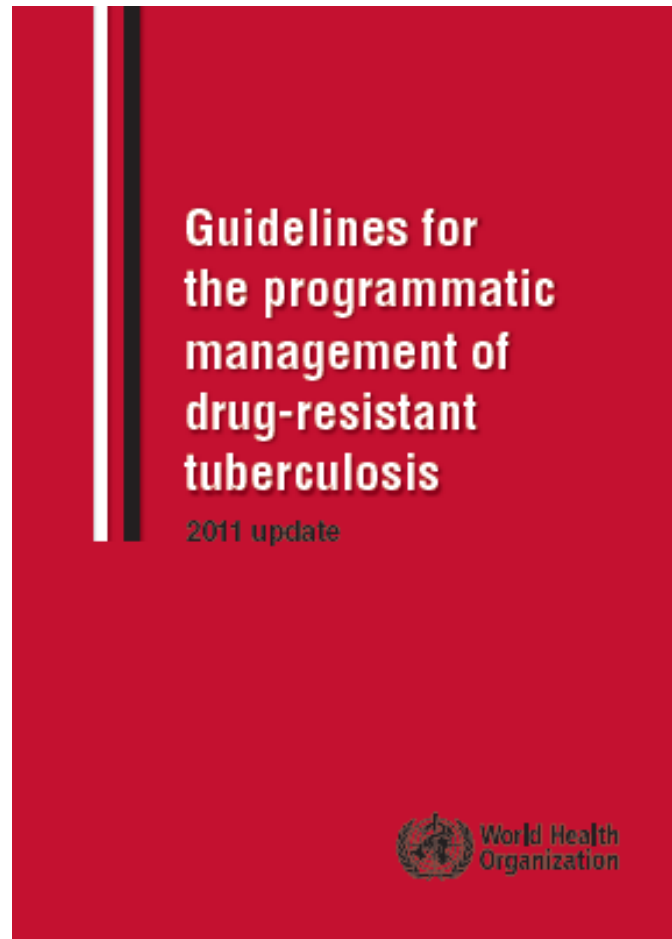


# Promoting access to quality-assured drugs for MDR-TB management

- WHO Essential Medicines List (April 2015)
- WHO Expression of Interest (ongoing)



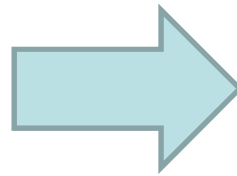
# Next steps: updating of policies in 2015



- Safety and efficacy of group 5 second-line drugs (SLDs)
- Re-grouping of SLDs
- Treatment of XDR-TB
- Treatment of mono/polyresistance
- Models of care for patients without treatment options
- Social support to enhance treatment adherence and improve quality of life

# Emerging ethical issues in MDR-TB management: updating the guidance in 2015

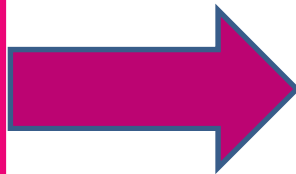
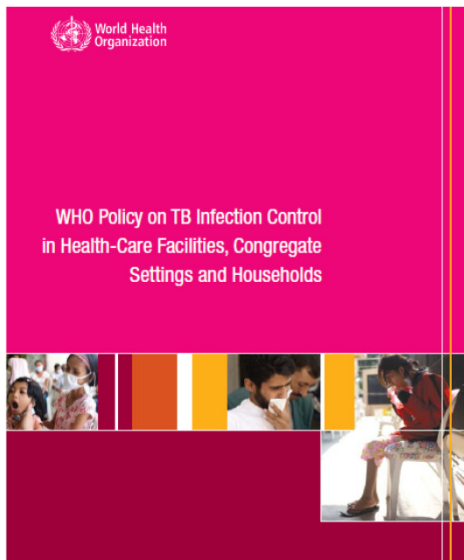
Guidance on ethics  
of tuberculosis prevention,  
care and control



- Caring for patients who are a source of infection but have no effective treatment alternatives
- Forced repatriation of legal and illegal migrant TB patients
- TB management in prisons
- Advocacy for TB in the era of DR
- Ethics of preventive therapy in the context of the TB elimination
- Management of MDR-TB in children

## LET'S NOT FORGET TB INFECTION CONTROL! (the vice-chair of that group is around!)

- Infection control through means other than early diagnosis and effective treatment is also paramount when:
  - diagnosis is made in the absence of effective treatment
  - treatment fails in patients with XDR-TB
  - health care workforce faces avoidable infection risks



- Updating of WHO policy on TB infection will start in 2015 following well established process

# Acknowledgement

- Vineet Bhatia
- Dennis Falzon
- Chris Gilpin
- Jean de Iragena
- Christian Lienhardt
- Fuad Mirzayev
- Linh Nguyen
- Mario Raviglione
- Andreas Reis
- Wayne van Gemert
- Fraser Wares
- Diana Weil
- Karin Weyer