



Independent observer
of the Global Fund

NEW WHO RECOMMENDATIONS FOR MDR-TB WILL LOWER THE COST OF TREATMENT AND IMPROVE OUTCOMES

The World Health Organization has issued new recommendations for the treatment of multi-drug-resistant TB, involving the use of a regimen that is shorter and cheaper compared to what is currently being used.

The new regimen costs less than \$1,000 per patient and can be completed in 9-12 months. In a [news release](#), the WHO said, “Not only is it less expensive than current regimens, but it is also expected to improve outcomes and potentially decrease deaths due to better adherence to treatment and reduced loss to follow-up.”

Current treatment regimens, which take 18–24 months to complete, are about twice as expensive, and yield low cure rates: just 50% on average globally, the WHO said. This is largely because patients find it very hard to keep taking second-line drugs, which can be quite toxic, for prolonged periods of time.

The shorter regimen is recommended for patients diagnosed with uncomplicated MDR-TB. The WHO also recommended the use of a new rapid diagnostic test to determine which patients are eligible for the shorter regimen.

This is good news for The Global Fund because it will reduce the per patient cost of treating MDR-TB and allow programs supported by the Fund to treat more people.

“More effective diagnoses and treatment are an essential tool to end TB as epidemic,” said Mark Dybul, Executive Director of The Global Fund, in a [news release](#). “We need to put human beings at the center of our response and focus our efforts on the most vulnerable.” The Global Fund provides more than three-quarters of all international financing for TB.

Médecins Sans Frontières also welcomed the new recommendations. In a [news release](#), Dr Philipp du Cros, Head of MSF’s Manson Unit and an infectious disease specialist, said:

“WHO’s recommendation to move toward shorter treatment regimens for some people with drug-resistant tuberculosis (DR-TB) is a positive step and countries should waste no time in putting these recommendations into practice, where feasible and appropriate. Although this treatment isn’t suitable for all patients, MSF has seen positive outcomes using a nine-month regimen in Swaziland and Uzbekistan. Shorter regimens are easier for people to tolerate and more effective for some people with DR-TB, and significantly lower costs could enable TB programmes to scale up treatment for many more people.”

Meanwhile, the Stop TB Partnership’s Global Drug Facility [announced](#) that the price of linezolid, a key medicine used to treat multidrug-resistant tuberculosis (MDR-TB), will be cut by approximately 70% in 2016. This is projected to save up to \$30 million globally over the next three years.

Linezolid is a key companion drug that is often used alongside two new life-saving medicines, bedaquiline and delamanid; but until now, the high price of linezolid made it difficult to access for many TB programs, Stop TB said.

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