



PRESS RELEASE

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Short-course treatment for multidrug-resistant TB: What are the hopes?

Thursday, 1 March 2012 in Yaounde, Cameroon

27 February 2012, Paris – The capacity to diagnose multidrug-resistant tuberculosis (MDR-TB) has improved with new molecular techniques, but the treatment regimen for the more than 500,000 MDR-TB patients diagnosed each year has not. The internationally recommended regimen is long, expensive, toxic and usually has a success rate of only 55%.

Clearly more appropriate and affordable treatment regimens are critically needed, but opinion on the best approach remains divided. A nine-month “short-course” treatment regimen has demonstrated a more than 90% success rate in several pilots, but policy-makers and donors are reluctant to endorse it. Those working in the field are increasingly impatient with this stalemate, which is costing lives and enabling ever-deadlier strains of TB to evolve.

On Thursday, 1 March 2012, international TB experts and representatives from the TB programmes of 10 francophone African countries will gather for a daylong workshop “Short-course treatment for multidrug-resistant TB: what are the hopes?” at the Hilton Yaounde Hotel, in Yaounde, Cameroon. Hosted by the **International Union Against Tuberculosis and Lung Disease (The Union)** and the **Cameroon Ministry of Health**, the event will provide a forum for comparing and discussing the results of the WHO-recommended MDR-TB regimen, which lasts more than 20 months, versus the nine-month regimen and clarify steps forward.

“The purpose of the workshop is to air the issues and give national tuberculosis programmes the information they need to make the best decision for their patients about MDR-TB treatment”, says Dr Nils E Billo, Executive Director of The Union. “When international advisory bodies are slow to change, people in the field have to push, because they are the ones who are entrusted with patient care. They are drivers of knowledge, not just the recipients of wisdom and experience in public health”.

Cameroon is one of the countries that has tested the short-course MDR-TB treatment regimen with great success. In addition to a better than 90% cure rate, there were no treatment failures and no relapses. One factor contributing to this success is that this treatment is easier on both patients and health care systems. The cost is also dramatically less. Other countries that will present similar results at the workshop are Bangladesh, Benin and Niger. To date, more than 500 patients have benefited from this short-course treatment.

One of the WHO's concerns about the new regimen is that it has not been tested through a randomised clinical trial; however, no MDR regimen has ever been tested this way, and recommendations rely only on experience from the field.

“This new data about the short-course regimen allows us to question several dogmas that have been well established,” says Billo, “and that is the goal of this workshop.”

Broader issues about MDR-TB will also be discussed including the continuing need for new TB drugs and the ethical problems created when patients are diagnosed with a disease and treatments exist but are not available to them.

The schedule of speakers and activities follows:



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Welcome	<i>Cameroon Ministry of Public Health</i>
Objectives of the workshop	<i>Nils E Billo</i>
Limitations of current WHO recommendations for MDR TB treatment	<i>Ernesto Jaramillo</i>
Treatment results with short-course regimens for MDR-TB	
<ul style="list-style-type: none">• Bangladesh• Cameroon• Benin• Niger	<i>Armand Van Deun Christopher Kuaban Séverin Anagonou Souleymane Hassane</i>
Looking at the evidence for (short-course) MDR-TB treatment	<i>Marcel Zwahlen</i>
Replacing gatifloxacin by moxifloxacin	<i>Jacques Grosset</i>
Cost of MDR-TB treatment regimens	<i>Jürgen Noeske</i>
Actions to make progress on MDR-TB short-course treatments	<i>Debate directed by Nils Billo and Christopher Kuaban</i>
<ul style="list-style-type: none">• Countries' points of view• Research versus routine, which framework?• Ethical questions• Use of the results• Global Fund implications	

Summary and conclusions

Simultaneous French-English-French translation will be provided for all sessions.

For press credentials and/or interviews:

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About The Union

The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With nearly 10,000 members and subscribers from 150 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis and HIV, lung health and non-communicable diseases, tobacco control and research. Learn more at www.theunion.org