Results of The Union DR-TB Working Group Surveys, 2017 and 2018

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Background

- To assess the global roll-out of shorter MDR-TB regimens
- To assess the global roll-out of new drugs for MDR-TB treatment
- To identify barriers to global roll-out
- Used online survey tool SurveyMonkey.com
- First survey in the field January to March, 2017
- Second survey in the field January to March, 2018
Results
Respondents

2017:
150 participants
≤10 respondents from Eastern Mediterranean Region
11-20 respondents from Western Pacific Region

2018:
141 participants
≤10 respondents from Eastern Mediterranean Region
11-20 respondents from Western Pacific, European, Americas Regions
Are shorter MDR-TB regimens (9-12 month) being used in your country under programmatic conditions?

*Represents a statistically significant difference between 2017 and 2018 as determined by a chi square test of independence.
Does your country plan to introduce shorter MDR-TB regimens (9-12 month) under programmatic conditions?

*Represents a statistically significant difference between 2017 and 2018 as determined by a chi square test of independence.
Is your country currently using bedaquiline- or delamanid-based treatment for XDR-TB and pre-XDR TB?

*Represents a statistically significant difference between 2017 and 2018 as determined by a chi square test of independence.
Relationship between shorter MDR-TB regimens and the use of BDQ and DLM globally

*Represents a statistically significant difference between 2017 and 2018 as determined by a chi squared test of independence.
If your country is currently using bedaquiline- or delamanid-based treatment, what is the usual duration of their administration?
Have you experienced any drug shortage for MDR/XDR-TB since the Union Congress in Guadalajara, Mexico in October 2017?
Is there any specific aspect or challenge in the introduction/management of shorter MDR-TB regimens that you would like to share with the Working Group?

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Responses n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid diagnosis of fluoroquinolone resistance</td>
<td>78 (53%)</td>
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<tr>
<td>Case management</td>
<td>63 (43%)</td>
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<tr>
<td>Susceptibility testing for rifampicin resistance</td>
<td>50 (34%)</td>
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<tr>
<td>Enrollment on treatment</td>
<td>46 (31%)</td>
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<tr>
<td>Identification of presumptive DR-TB cases</td>
<td>35 (24%)</td>
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<tr>
<td>Recording and reporting system</td>
<td>34 (23%)</td>
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<tr>
<td>Access to Clofazimine</td>
<td>29 (20%)</td>
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</tbody>
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Additional challenges mentioned less frequently

• Management of pediatric cases
• Access to non-injectable treatment
• Lack of standard treatment due to low MDR setting
• Lack of patient and family support
• Lack of multi-sectoral collaboration
• Management of cases in vulnerable populations
QUESTIONS?