

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

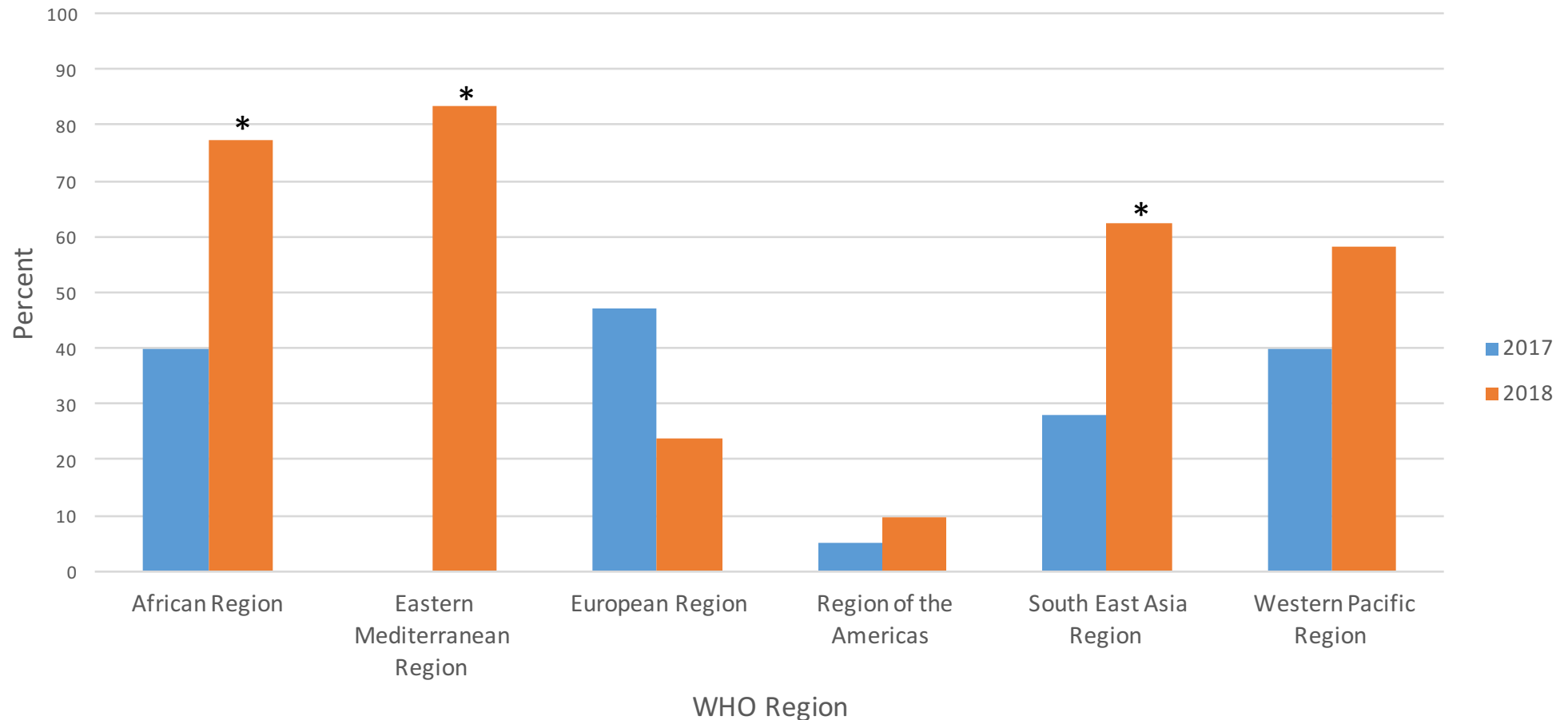
2018:

141 participants

≤10 respondents from Eastern Mediterranean Region

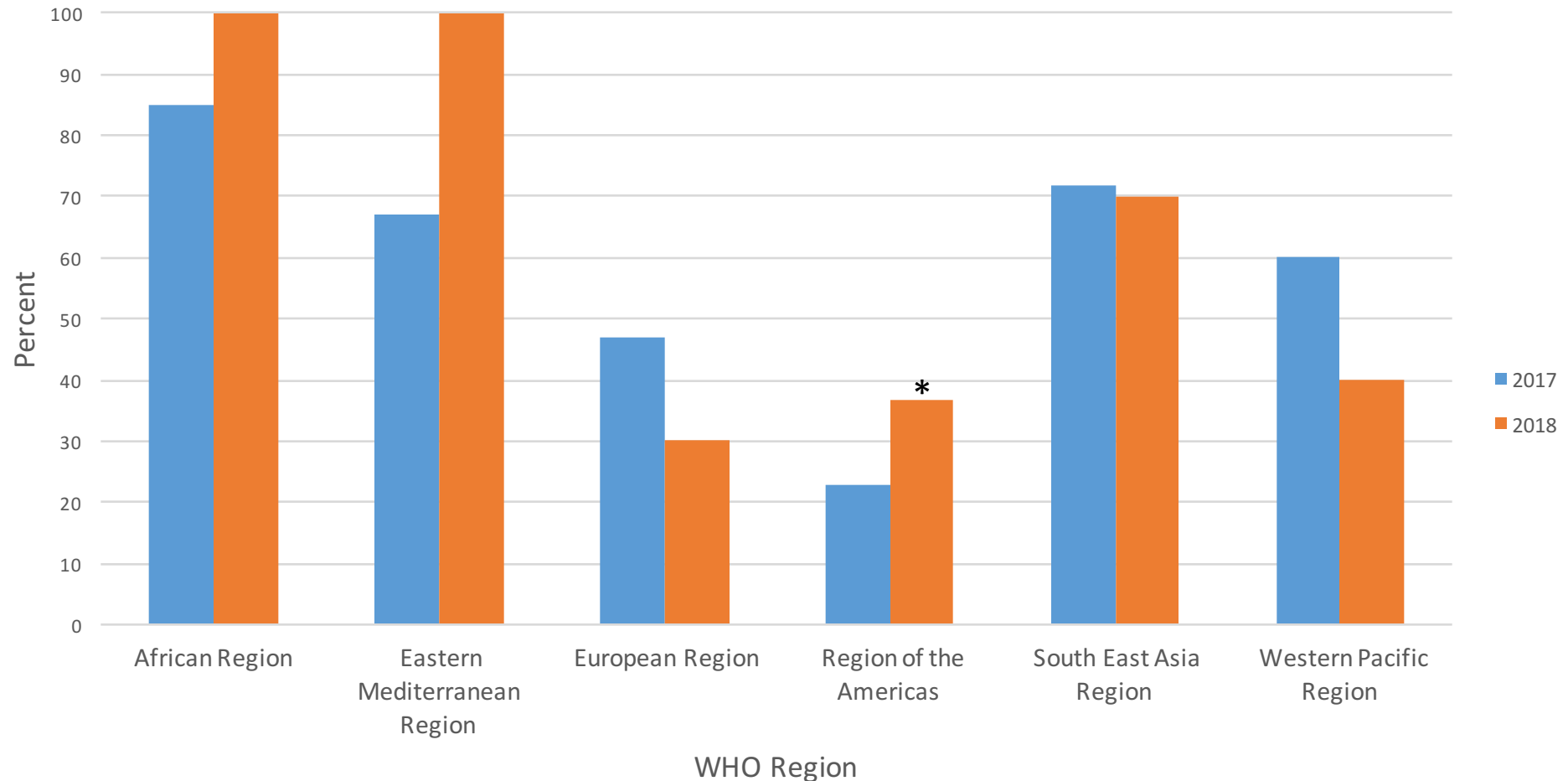
11-20 respondents from Western Pacific, European, Americas Regions

Are shorter MDR-TB regimens (9-12 month) being used in your country under programmatic conditions?



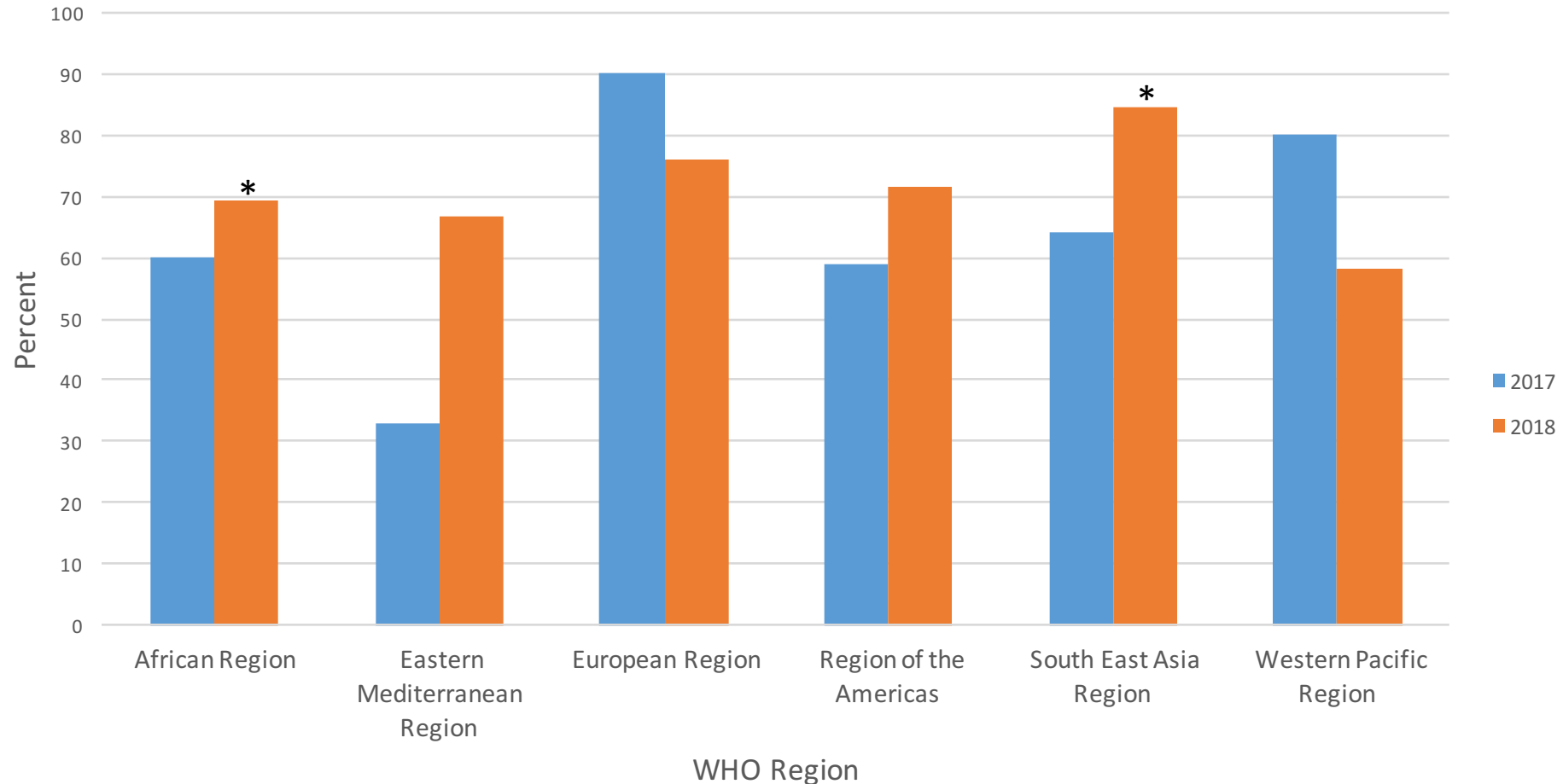
*Represents a statistically significant difference between 2017 and 2018 as determined by a chi square test of independence.

Does your country plan to introduce shorter MDR-TB regimens (9-12 month) under programmatic conditions?



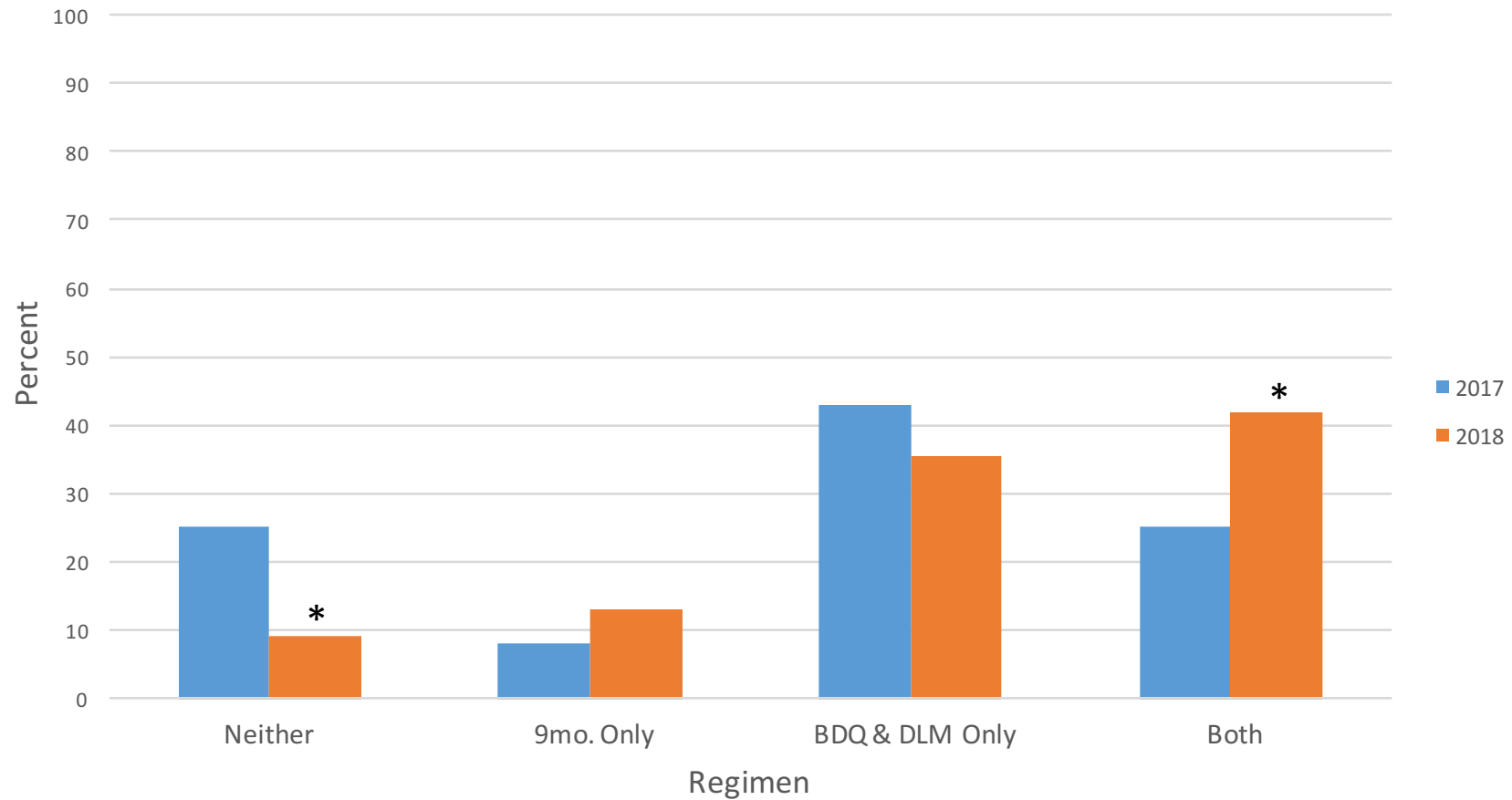
*Represents a statistically significant difference between 2017 and 2018 as determined by a chi square test of independence.

Is your country currently using bedaquiline- or delamanid-based treatment for XDR-TB and pre-XDR TB?



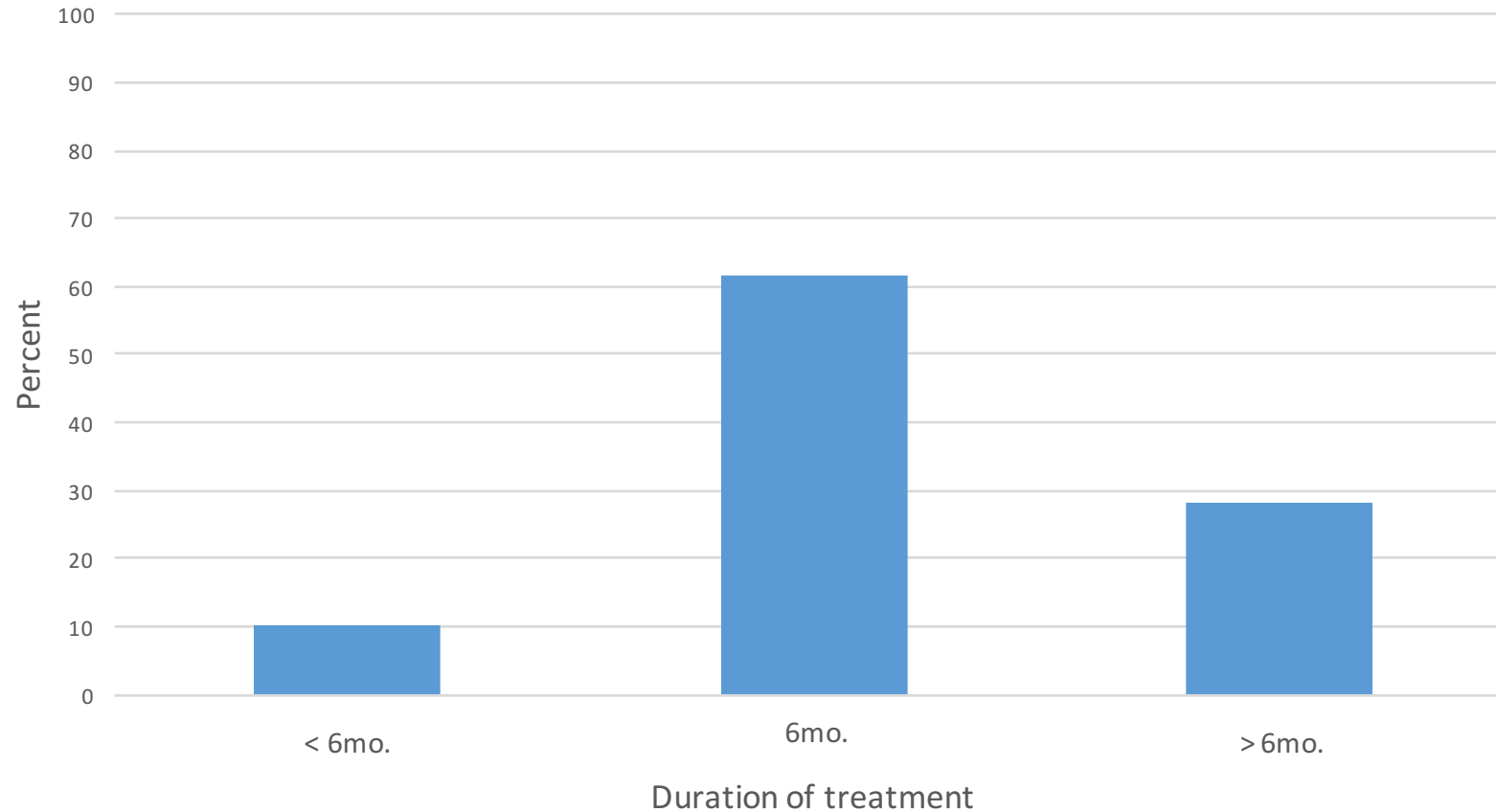
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Relationship between shorter MDR-TB regimens and the use of BDQ and DLM globally

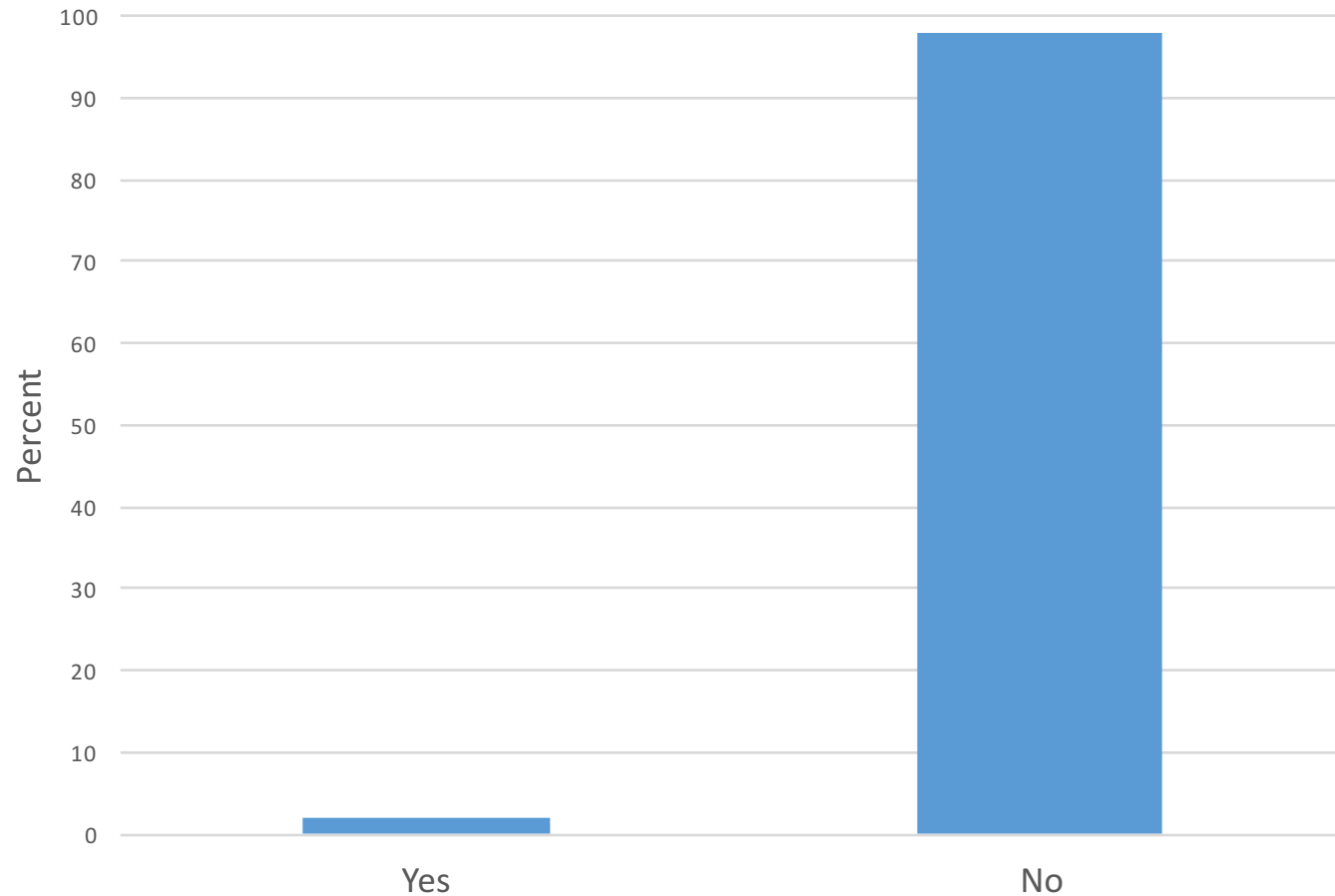


*Represents a statistically significant difference between 2017 and 2018 as determined by a chi squared test of independence.

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?

Answer Choice	Responses n (%)
Rapid diagnosis of fluoroquinolone resistance	78 (53%)
Case management	63 (43%)
Susceptibility testing for rifampicin resistance	50 (34%)
Enrollment on treatment	46 (31%)
Identification of presumptive DR-TB cases	35 (24%)
Recording and reporting system	34 (23%)
Access to Clofazimine	29 (20%)

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?

