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Drug-Resistant TB: The Hidden Crisis We Must Confront

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Tuberculosis (TB) has long been a global health challenge and the emergence of Drug-Resistant Tuberculosis (DRTB) has made it even more complex.

DRTB refers to TB infection that does not respond to the most used first-line medications like Isoniazid and Rifampicin, making treatment difficult, prolonged and expensive. It is airborne meaning it spreads through the air hence making it a serious public health concern. There are two primary types of DRTB, Multidrug-Resistant TB (MDR-TB), which is resistant to at least Isoniazid and Rifampicin and Extensively Drug-Resistant TB (XDR-TB) which is resistant to additional second-line drugs such as fluoroquinolones and injectable agents.

Approximately 2.6% of all TB cases in Kenya as per the NTLD data are multi-drug resistant (MDR-TB) meaning they are resistant to at least isoniazid and rifampicin, the most potent first-line anti-TB drugs. Data from the 2022 NTLD) shows that 752 cases of DRTB were identified in Kenya and started on treatment that year. This was a 6.6% reduction in notified cases

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compared to 2021. Further, based on the 2022 WHO estimates, this represents a treatment coverage of 69% among MDR/RR TB patients. 30% of reported MDR-TB cases were among refugees residing in Kenya. WHO currently estimates that there are 3,000 cases of DR-TB in Kenya.

Drug resistance mainly develops from incomplete or improper treatment, poor-quality medications and direct transmission-person-to-person transmission. When patients do not complete their TB treatment, the bacteria can mutate hence becoming resistant to standard drugs. Inconsistent supply of quality medications and use of counterfeit drugs also contribute to treatment failure.

The symptoms of DRTB are like those of regular TB and this include persistent cough lasting more than two weeks, night sweats, fever, unexplained weight loss, fatigue and shortness of breath. However, unlike drug-sensitive TB, DRTB treatment is far more complex. It requires longer treatment durations of 18-24 months compared to the six months needed for regular TB. Patients often experience severe side effects like hearing loss, kidney damage and the cost of treatment places a heavy financial burden on healthcare systems and patients. Furthermore, stigma surrounding TB especially DRTB discourages many from seeking timely diagnosis and treatment.

DRTB prevention requires an overarching approach including strict adherence to prescribed TB treatments, implementing proper infection control measures in healthcare facilities and using advanced diagnostic tools like GeneXpert for early detection. Vaccination with the Bacillus Calmette-Guerin (BCG) vaccine also offers some protection particularly for children. Raising awareness and educating communities about the importance of completing treatment is crucial to curbing the spread of DRTB. Key gaps in DRTB prevention and treatment include limited access to rapid molecular diagnostic tools such as GeneXpert, drug susceptibility testing, absence of point-of-care diagnostics, long turnaround times between sample collection, testing and receiving results and stock-outs of diagnostic reagents and lab supplies

Tackling DRTB effectively demands a multisectoral effort from governments, healthcare providers and communities. Strengthening healthcare systems to provide quality TB care, investing in research and development of shorter, more effective treatment regimens and advocating for universal access to affordable medications are all important steps in addressing the DRTB crisis. WHO recommends introduction of the novel 6 months treatment regimens, preventive treatment for contacts, enhanced diagnostic & treatment access and inclusion of pregnant women in treatment protocols. By employing these measures, we can work towards reducing the burden of DRTB and moving closer to achieving a TB-free future.

For over 20 years now, the Kenya Legal and Ethical Issues Network on HIV and AIDs-KELIN has been at forefront in the fight against TB and DRTB. Working closely with key affected communities, we have sought to raise awareness by providing legal literacy training and leading campaigns to educate communities about TB rights, advocating for the inclusion and enforcement of TB-related rights in national health policies and pushing for sustainable government investment in TB programs. KELIN has trained TB champions on Community Led Monitoring on TB response with representatives in all the 47 counties. These TB champions are at the forefront creating awareness, patient support and linkage to care, addressing TB related stigma and social mobilization. Nadia Chepkemoi a TB champion trained by KELIN based in Kericho county is an example that DRTB, which she acquired from a failed TB treatment is still fully treatable.

“I am a living testament that DRTB is curable and no one should be anxious or despair over the diagnosis”

Nadia Chepkemoi- DRTB survivor in Kericho

This year’s World TB Day theme, “Yes! We Can End TB: Commit, Invest, Deliver,” is a bold call for hope, urgency and accountability.

This theme puts emphasis on the need for full political will, sustained investments and strong action to eliminate tuberculosis. However, this comes at a time when funding gap is widening from the US government directive on halting USAID funding for TB and other diseases putting millions at risk of losing access to diagnosis, treatment and prevention services.

More than ever before, governments, global partners, and civil society must step up and mobilize resources to ensure that commitments translate into real impact in the fight against TB. KELIN remains fully committed to the course and are motivated to keep moving forward to realize our key slogan ‘’Mulika TB, Maliza TB.”