KELIN
Reclaiming Rights, Rebuilding Lives

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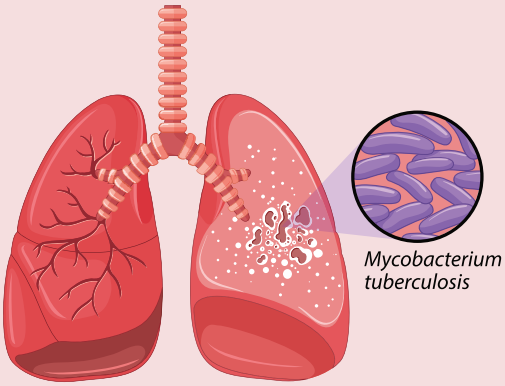
Understanding Drug-Resistant Tuberculosis (DRTB)

Tuberculosis (TB) remains a threat to global public health. It is one of the topmost infectious causes of death in the world as per the Reuters report in October 2024.

10.8 million
people fell ill with TB (incident cases) in 2023.

1.25 million
estimated deaths caused by TB in 2023, including **1.09 million** among HIV-negative people and 161 000 among people with HIV

175 923
people were diagnosed and treated for multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) in 2023.

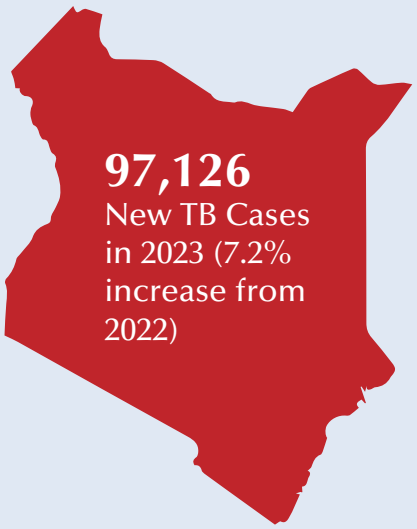


Lungs infected with tuberculosis (TB)

In Kenya, data from the National Leprosy Tuberculosis and Lung Disease Program has it that;

Kenya notified a total of

97,126 cases of all forms of Tuberculosis in the year 2023 out of the estimated number of 124000 translating to 78% treatment coverage



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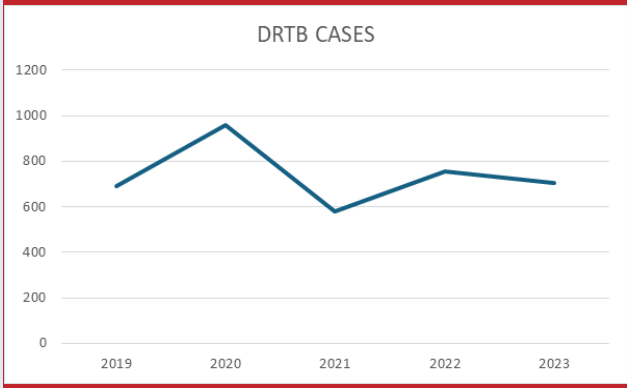
Drug-Resistant TB (DR-TB) Cases in 2023 (*Low numbers attributed to among other factors - suboptimal contact management, including inadequate contact listing, screening, and uptake of chest X-rays for all DR-TB contacts, along with insufficient patient follow-up)

The National Leprosy Tuberculosis and Lung Disease Program pointed out that while Kenya transitioned from the list of high-burden DRTB countries, DRTB remains a threat that could undermine the gains so far realized especially with the positive trajectory of DRTB patients.



What is Drug Resistant TB (DRTB)?

Tuberculosis (TB) is caused by a bacterium that responds to treatment by antibiotics. When the TB bacteria stop responding to standard medication of treatment, we call it Drug-Resistant TB (DR-TB).

How does TB become drug-resistant?

Drug-resistant TB can develop due to inadequate treatment because of underdosing, malabsorption, interrupted or incomplete TB treatment, referred to as acquired resistance.

Drug-resistant TB can also be transmitted from person to person, referred to as primary or transmitted resistance.

What are the types of Drug-Resistant TB?

- **Multidrug Resistant TB (MDR-TB)** - Resistant to two main and standard TB drugs (Isoniazid & Rifampicin).
- **Extensively Drug-Resistant TB (XDR-TB)** - Resistant to even more drugs, making it harder to treat. Levofloxacin/Moxifloxacin and Bedaquiline and Linezolid

The treatment success rate for DRTB has greatly improved from 73% in 2015 to over 80% in 2023.

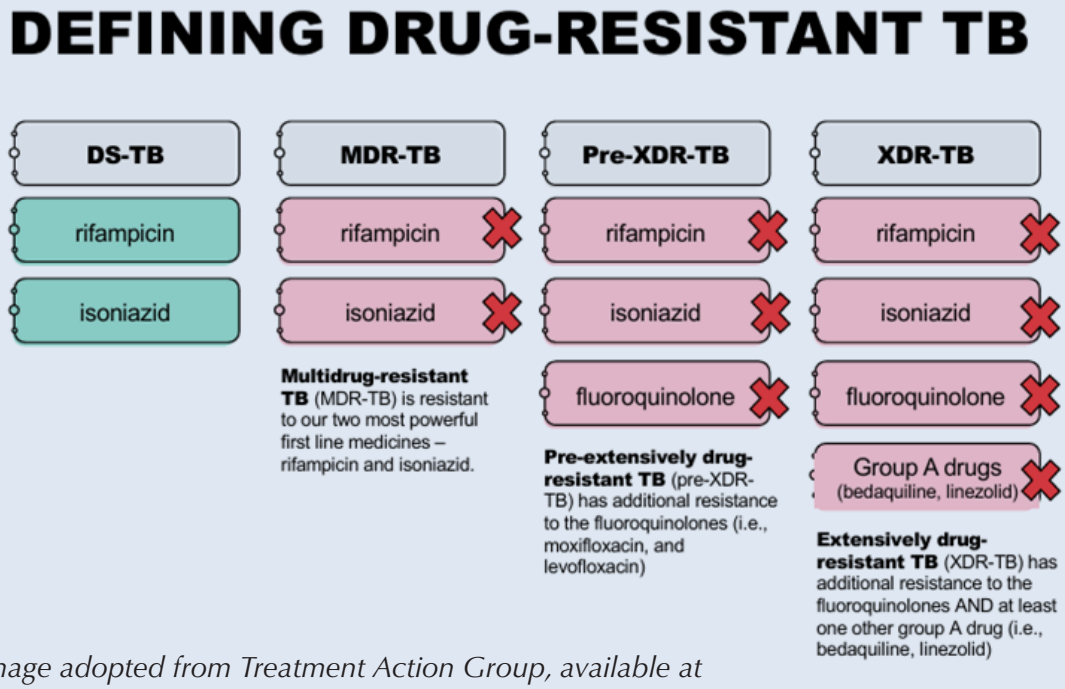


Image adopted from Treatment Action Group, available at [slides_dr_tb_basics_community-training_25_July-2024.pdf]

TAG
Treatment Action Group

What are the Signs & Symptoms of DR-TB

Same as regular TB!

Persistent cough (more than 2 weeks)

Fever & night sweats

Unexplained weight loss

Chest pain & difficulty breathing

What are the treatment options of DR-TB?

The long treatment regimen guidelines that Kenya is moving from included injectables like Kanamycin and Amikacin, oral tablets like cycloserine and pyrazinamide, which were of longer duration, more toxic and complex regimens.

The new shorter treatment regimen includes the newer oral drugs like Bedaquiline, Pretomanid and Delamanid which were introduced especially for DR-TB and cases of severe intolerance to older drugs. This transition towards all oral and less toxic regimens have paved way for shorter MDR-TB treatments. The newer and shorter treatment regimen are currently available in the public health facilities although programs working on increasing its adoption are underway.

Why should it be an area of concern?

- DR-TB is harder and more expensive to treat.
- It requires longer treatment with stronger drugs (some with severe side effects).
- If left untreated, it can spread to others, making TB control even harder.

Prevention, Treatment and Response

- Complete your TB medication as prescribed.
- Avoid self-medicating or stopping treatment early.
- Improve TB testing & diagnosis to catch it early.
- Governments must invest in access to newer, better TB drugs. *WHO suggests the use of a 6-month treatment regimen composed of bedaquiline, delamanid, linezolid (600 mg), levofloxacin, and clofazimine (BDLLfxC) in MDR/RR-TB patients with or without fluoroquinolone resistance (conditional recommendation, very low certainty of evidence).*[1]
- Timely availability and initiation on second-line drugs (SLD) medicines for DR-TB patients are crucial to improving treatment outcomes and controlling the spread of DR TB.

[1]Rapid Communication: Key changes to treatment of multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB)

The Fight Against DR-TB

This year's world TB Day theme puts emphasis on investment and increased funding on TB programs, coming from the current funding gap caused by US government directive on halting USAID funding of among them TB programs.

• We need affordable, accessible and high-quality TB drugs. We also need to invest in research, testing and treatment, which are key to stopping DR-TB before it spreads further.

Addressing DRTB - What are roles and Advocacy areas?

- Policymakers- Strengthening Policies around integration of TB services in SHA packages and increased resource allocation.
- Civil Society- Strengthening accountability and awareness around DRTB, advocating for patients' rights and mobilizing global and regional support.
- Communities- Advocating for early testing, detection, treatment adherence and addressing stigma related issues.

Key Initiatives by KELIN

The Kenya Legal and Ethical Issues Network on HIV and AIDs (KELIN) has since 2001, been at the forefront of advancing health related rights, including leading key interventions on TB prevention, response and treatment. These initiatives include advocating for the inclusion and enforcement of TB-related rights in national health policies, leading and supporting court cases that hold the government accountable for ensuring equitable access to TB prevention and treatment services, providing legal literacy training and leading campaigns to educate communities about TB rights

What can you do?

- Raise awareness.
- Encourage testing & treatment.
- Advocate for policies that improve TB care.