

MSF Remarks at WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era

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My name is Nazgul Samieva. I am a medical doctor from MSF Kyrgyzstan, Central Asia.

As a doctor, it is difficult to accept that only half of people treated for multi-drug resistant TB are cured. Every second patient is lost to follow up, experience treatment fail, or die. In extensively drug-resistant TB (XDR-TB) the treatment outcomes are even poorer. And, if not treated well, the resistant strains will continue to be transmitted to adults and children.

But new drugs can be a game changer. Hanif, 25 years old, after having failed treatment for the fourth time, Hanif was referred to the clinic of MSF. After eight months of treatment using a combination of delamanid and bedaquiline together with other drugs, his medical examinations show promising results. He needs to continue taking his TB treatment up to twenty months until he is fully cured.

MSF works with national TB programs to introduce bedaquiline and delamanid according to WHO recommendations, including expanded use (use in paediatric patients, for durations beyond 6 months and use of the two drugs in combination) with very promising results.

As of July 2017, a total of 1,554 patients had been treated with the newer drugs in 13 countries.

What we found: When we have access to the new drugs like bedaquiline and delamanid, including in combination, we give people a real chance at surviving this deadly disease.

Interim outcomes have shown very high Sputum culture conversion (SCC) rates, which is a good indicator for good final outcomes;

—> 68% SCC at 6 months in patients receiving delamanid

—> 74% SCC at 6 months and promising early safety and efficacy of bedaquiline and delamanid combination for drug-resistant TB, which is more evidence for the combined use of the two drugs when necessary.

And it is not just MSF. Working with our endTB partners we found that among nearly 1400 patients receiving delamanid or bedaquiline, 82% of the patients were culture negative within six months, a substantial improvement given that many had already tried and had no success with regimens of older drugs.

We need to reduce the barriers to making newer drugs available in all countries, especially high-burden countries

Despite these drugs being available for 5 years, and despite an increasing body of evidence on their effectiveness, less than 5,000 people received these drugs in 2016. This is less than five per cent of people in need that could have benefitted.

Instead people receiving DR-TB treatment continue to be treated with older, more toxic regimens that cure only 50 per cent of people treated, and cause severe side-effects.

In order to save the lives of people with DR-TB, countries need to scale up by putting in place all the necessary mechanisms to provide optimal patient-centred care with new drugs.