The Union

International Union Against Tuberculosis and Lung Disease

Update on the introduction of shorter treatment regimens in West and Central Africa

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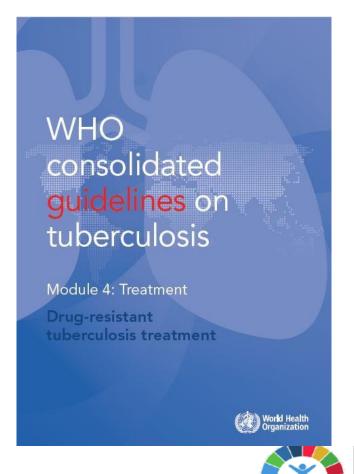
Dr Kobto Ghislain KOURA (The Union TB department Director)



Context

December 2022: , the World Health Organisation (WHO) published updated guidelines for the treatment of drug-resistant tuberculosis,

- Significant improvements in treatment options for people with multidrug-resistant or rifampicin-resistant tuberculosis (MDR/RR-TB).
- **♦ Game-changing** shorter, safer, all-oral and more effective for DR-TB treatment









Context

New Regimen: The Union endorsement





The Union endorsed the New shorter regimen and support the WHO Call to action !!

The Union joined the WHO's call to action for shorter and more effective treatment for all people suffering from drugresistant TB. Dr Koura declared: "We are here to support the national TB programmes accelerate the transition to this regimen.

Let's work together to hashtag#endTB."



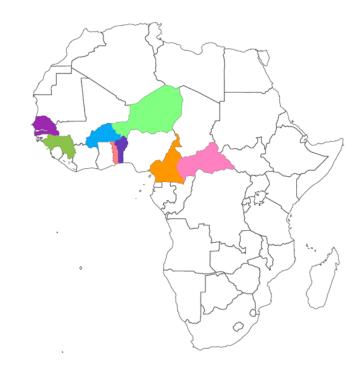
- However, the rate of adoption of these news regimens is quite low specially in Africa...
 - What are the constraints, the apprehensions for uptaking these new MDR TB regimens in the African region?
 - To answer these questions, the Union, through its technical assistance activities, tried to ask those in charge of the NTPs?
- Prior to this meeting, we launched a survey of NTP coordinators in Frenchspeaking African countries, particularly those involved in CETA project and others located in sub-Saharan Africa



CETA Project

- Objectives: Contribute to the Elimination of Tuberculosis in Africa
- Implemented in 8 countries: Benin, Burkina Faso, Guinea (Conakry), Niger, Senegal, Togo, Cameroon and CAR
- Donor: the Agence Française de Développement
- Three components
 - Improve TB screening and prevention
 - Improve healthcare delivery
 - Strengthen the governance of the National Tuberculosis
 Programme







Context

- Introduction and programmatic uptaking of new TB MDR regimen in sub-Saharan Africa, particularly in Francophones countries:
 - where are we stand?
 - What are the constraints?
 - What are the countries' perpectives?

The results of a survey conducted by the Union through the NTPs of the CETA project will enable us to answer these questions ...

The Union

Methodology

 February 21-23 in Cotonou: the Union workshop on DR-TB management in the framework of CETA project (discussion on MDR TB management and difficulties of New regimen uptaking,,,)



 15 -27 june 2024: launching of online survey (a kobo collect tool link to TB programme coordinators in sub-Saharan francophone countries





Results and Findings



14/16 countries' responses received: 88% of sub-saharan francophone countries

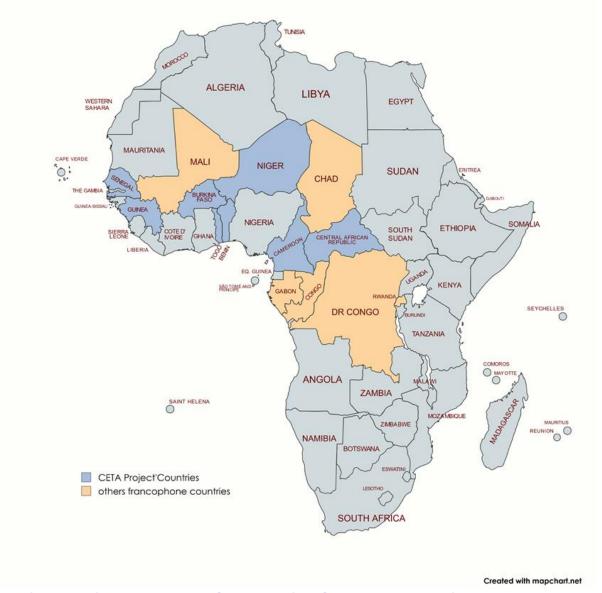


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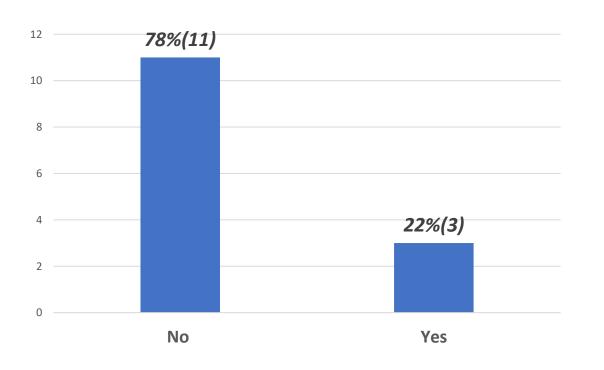
MDR TB News regimen: **BPaL/BPaLM**

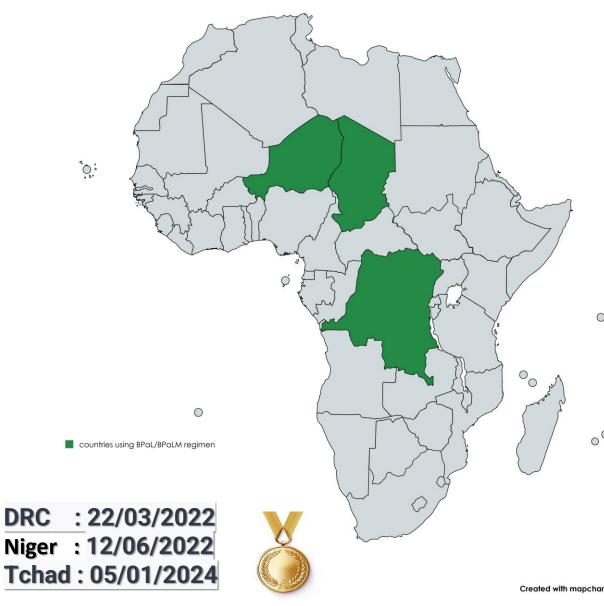
Where are we for implementation?





Uptaking and utilization of MDR TB news regimens (BPaL, BPaLM)?

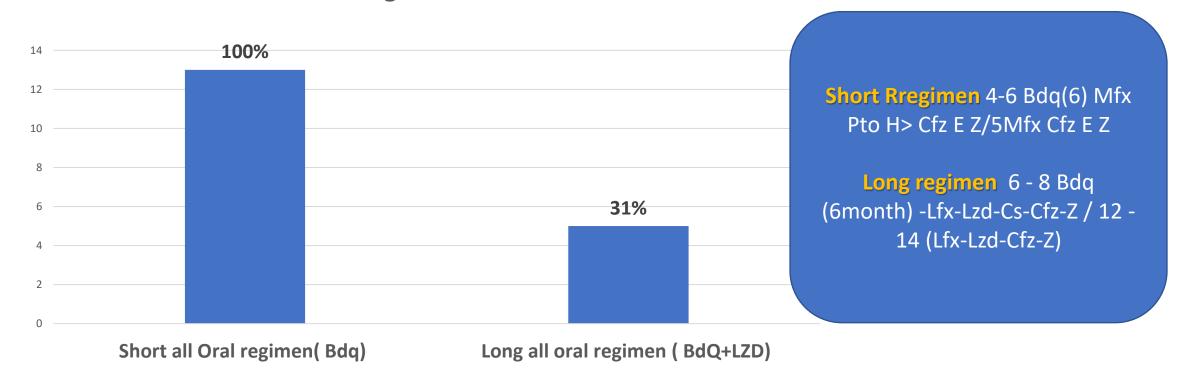






Currently used regimen in these Countries

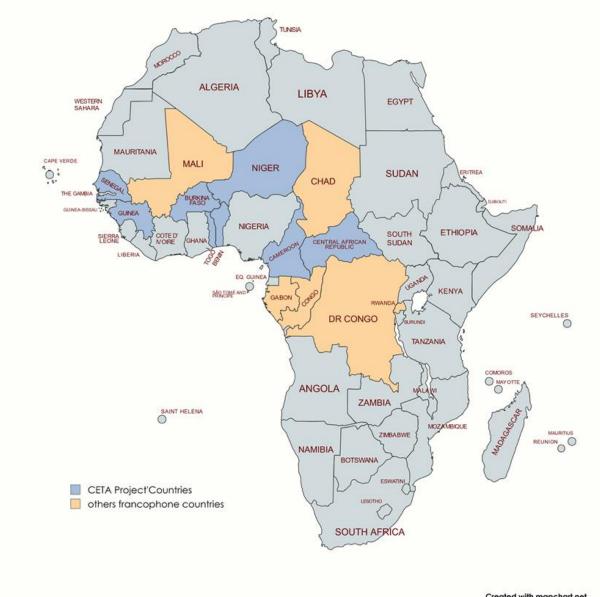






MDR TB News regimen: **BPaL/BPaLM**

Countries' agenda for transition plan and Perspectives ?





Dates and transition plan for this new regimen

	Yes	No
date for starting	9(82%)	2(18%)
Transition plan	10(90%)	1(10%)

Proposed periods for this regimen adoption programmatically

Years		2	024			202	25			20	26	
Quater	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of countries			3	2	2	1			1			

80% over 12 months?





Constraints and doubts...

"The transition to BPaL poses a problem in terms of managing side-effects"

"DR-TB treatment regimens change frequently and TB programmes do not have sufficient time or resources to prepare for these rapid changes".

"We have a large stock for the 9-month plan"

« We need a strong aDSM support for more efficiency with the new regimen »

"We have some concerns about the management of LZd side effects, especially in the decentralised model of patient management".

"some concerns about the management of possible adverse reactions"



Key Constraint: the fears?

 Shorter regimen with LZD == sum of the all fears??

 Managing Lzd Adverse events, and improving aDSM: the solution??





Need of technical support

Specifics needs and technical support for Countries

	n	%
YES	13	93
NO	1	7

Fields for technical support (training Human ressources lab, PSM, Financial support)

	n	%
Training	12	92,86
PSM	9	64,29
Financial support	8	57,14
Laboratory support	7	50,00
Human ressources	6	42,86



Key role of the Union in uptaking New regimen through Africa countries



Training and Technical assistance

- Training of Programme staff and experience sharing throught Workshop and scientific meetings around the new guideline on DR TB
- Support for guidelines updating and operational research for contextualization the new recommandations...



Sientific meeting and Experience Sharing

- Bulding of the Union DR-TB Platform (on progress...)
 - For clinicians and others stakeholders...
 - To set up a platform for collaboration/exchange between clinicians and public health doctors in French-speaking Africa
 - Ongoing training, updating of new data and information on TB in general and MDR-TB in particular

The Union CONCLUSION

- All countries have switched to a short, all-oral regimen in line with WHO recommendations
- But few sub-Saharan Africa countries start the DR-TB New regimen (BPaL/BPaLM)
- For most of them the uptaking of theses regimen need financial and technical support (training for Side effects management.., improving : aDSM)
- The union: key role with technical support and training for NTPs Staff



















