Treating MDR-TB

Why in news?

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- The Delhi High Court acceded to the plea of a girl that she must be given access to **Bedaquiline, an anti-TB drug** to treat multi-drug resistant disease (MDR-TB).
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- Bedaquiline's availability is restricted to just five cities. Since the girl was not residing in the five cities, her domicile status was held against her from being treated with Bedaquiline.
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Why the goverment restricted Bedaquiline's use?

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- Since Bedaquiline was the first major anti-TB drug discovered in the last 40 yearss, the govt restricted its use because of the fear that **mycobacterium might develop resistance to the medicine.**
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- In India, around 99,000 new cases of MDR-TB are notified. But, only 164 patients are enrolled for Bedaquiline therapy.
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- The rationing of Bedaquiline by the government on the fears of drug resistance is understandable, since, the rampant use of anti-TB medicines had resulted in 4.80 lakh new cases of MDR TB in 2015.
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What are the lacunae in managing MDR-TB?

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- Joint TB Monitoring Mission in its report had pointed out the lacunae

within the Revised National Tuberculosis Control Program (RNTCP) in the management of MDR-TB cases.
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- The high power committee suggested that the rise in drug-resistant TB is because of the **inherent weakness of state-run TB control programmes and the lack of awareness among patients,** who do not complete the six-month medication.
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- Also, slashing the five-year budget of RNTC from Rs 6,500 crore to Rs 4,500 crore has only added to the problem of TB control in the country.
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- Scientific evidence also suggests that a delay in the treatment of MDR cases only makes the community more susceptible to the spread of infection.
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What can be done to prevent MDR-TB cases?

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- Preventing resistance against Bedaquiline is a must, but the manner in which it is being done is impractical and undemocratic.
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- If the priority is prevention of drug resistance, then \n
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  - Strict surveillance of MDR cases;
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  - Better community outreach programmes to educate the patient & the healthcare provider against treatment dropout;
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  - Quality assurance on available anti-TB drugs;
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  - Educating physicians against the injudicious use of Anti-TB therapy are far better means of preventing MDR-TB cases.
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What is the way ahead?

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- TB is a disease of the poor. A compassionate approach supplemented by scientific rationality is a must in promoting Bedaquiline therapy.
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- The Delhi HC order should be an eye opener to **rethink the means of rolling out Bedaquiline theraphy more effectively** and to introduce other drug treamtments (like Delaminate) in India.
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Source: The Indian Express

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