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New, shorter treatments for drug resistant TB are a lifeline for people living through conflict

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On a recent visit to a camp for internally displaced people in South Sudan, I was asked to help treat a patient with drug resistant tuberculosis (DR-TB). Their life since they had been diagnosed with TB had been far from straightforward. When we asked them how we could help, it became clear that having TB was only one of the many challenges they faced.

After violent clashes forced them to flee their home without any warning, they'd been forced to travel without the medications they needed and had to miss treatment.

They were now living in one of the camp's temporary shelters (tents, improvised with plastic sheets and a wooden pole), where the scarcity of food meant they often went hungry.

Maintaining treatment amid conflict

Their experiences highlight how violence disrupts access to health systems and makes continuity of care especially challenging. It means resources are interrupted and focus is diverted away from TB, but the disease doesn't just disappear. Time and time again, we see how already vulnerable individuals and systems are the worst hit in the immediate and long term aftermath of conflict and other crises.

We were able to help this patient with their medicines but how could we encourage them to stay in hospital to receive the care they needed when their priorities were safety, food, and shelter for their family? It is clear that part of the solution lies in creating treatment regimens that are robust and manageable given the complex challenges individuals face, rather than becoming another burden.

DR-TB has historically required long and painful treatments. Six months is the standard length of treatment for fully sensitive TB, but for the drug resistant type, treatment has for decades taken up to two years, often incorporating medicines that can only be given via injection and with many unpleasant side effects.

Currently in South Sudan, newer medications have become available that mean shorter and more tolerable treatment plans are a possibility. Our MSF teams work in collaboration with the Ministry of Health who provide the treatment and have been able to roll out nine month regimens for patients.

Hope on the horizon

We are living in hopeful times, where better outcomes are possible with even shorter treatment regimens, as shown by my MSF colleagues who have been working on TB-PRACTECAL,¹ a clinical trial that found patients have safer and more effective outcomes on an oral six month course of treatment.

It provides a much more convenient and tolerable treatment option for those living with DR-TB. These treatments could have a life changing impact in other unstable and insecure settings, but we could take other steps to improve people's continued access to medication.

MSF has also been involved in initiatives to support patients on the move, including the development of "run away" packs that contain essential medications to prevent interruptions to patients' treatment. These developments recognise the difficulties that patients with DR-TB face in continuing their treatment amid violence and insecurity.

In such settings, those who struggle to access medications and to stay on treatment become at risk of transmitting the illness again and will be more likely to get sick themselves. Those not yet diagnosed are more vulnerable to illness and can also pass the infection on. Yet it's important to remember that this cycle can be broken: once established on treatment, these patients cannot pass on the infection and can do well.

Maintaining people's supplies of medication is vital for them to remain well and recover. Having shorter regimens containing medications with fewer unpleasant side effects will undoubtedly make this an easier task. Now we must engage globally both with governments and funders to ensure that these positive changes are adapted into guidelines and that the necessary drugs are made accessible and available to all to make this a realistic treatment option for those living with DR-TB.

The work of teams to make shorter regimens a reality has forged changes that were long overdue and will mean that access to better care is still possible, even in the hardest of times.

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¹ Médecins sans Frontières. TB PRACTECAL. <https://msf.org.uk/tb-practecal>