Multidrug-resistant strains of tuberculosis have already cost cities like New York and countries like Russia hundreds of lives and more than $1 billion each, and these strains will continue to emerge unless countries act quickly to strengthen their control over the disease, the World Health Organization says.

A new report from WHO and the International Union against TB and Lung Disease indicates that resistance to at least 1 TB drug has increased by 50% in both Denmark and Germany since 1996, and doubled in New Zealand. In all 3 countries, foreign-born TB patients are nearly twice as likely as native-born patients to be harbouring a drug-resistant strain.

“Improved screening of immigrants will not solve this problem,” said Dr. Arata Kochi, director of the Stop TB Initiative. “The only safeguard for wealthy countries is to help countries with poorly functioning TB-control programs to fix the problem immediately by helping them strengthen their programs.”

To this end, 20 countries attending the Ministerial Conference on TB and Sustainable Development, held in Amsterdam Mar. 24, declared that global access to effective TB treatment is a human right and a government’s responsibility. This means that countries must provide anti-TB drugs, unhindered access to TB treatment, effective means of delivering treatment and affordable medicine for peo-
ple who develop drug-resistant TB. They also identified the need for stronger, faster-acting drugs and an effective vaccine.

As an initial step, all 20 countries agreed to use the WHO’s DOTS system (directly observed treatment — short course) with the aim of detecting 70% of all infectious cases by 2005. DOTS combines 5 elements — political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of highly efficacious regimes — with direct observation of the patient while the drug is being taken; direct observation means that problems with patient compliance are all but eliminated. It produces cure rates of up to 95% in even the poorest countries and is ranked as one of the “most cost-effective of all health interventions” by the World Bank. A 6-month supply of drugs for DOTS treatment costs as low as US$11 per patient in some parts of the world.

“I am optimistic about the prospects for success,” said Dr. Donna Shalala, secretary of health and human services in the US. Between 1982 and 1992, the number of TB cases in New York City tripled. Nearly 4000 people developed the disease in 1992, and one-third of them would not respond to one or more of the usual medicines. More than 500 of these patients eventually died. Shalala emphasized the need to “fight epidemics globally to protect people locally.” — Barbara Sibbald, CMAJ