

Editorial

SAARC Member States are implementing effective National TB Control Programmes focusing on DOTS strategy. DOTS Strategy is being implemented by all the SAARC Member States. All the SAARC Member States have adopted the Stop TB Strategy, "Address TB/HIV, MDR-TB, and the other challenges" being a major component. However, MDR-TB and the TB/HIV co-infection are the two areas which can very easily negate the gains made by the National TB Control Programmes.

WHO estimates that worldwide 500,000 cases of multi-drug resistant tuberculosis (MDR-TB) emerge every year, including 50,000 XDR-TB (Extensively Drug-Resistant TB). XDR-TB is defined as Mycobacterium tuberculosis isolates resistant to at least Isoniazid, Rifampicin, any Fluoroquinolone and at least one of the three Injectable drugs (Amikacin, Kanamycin or Capreomycin). In the SAARC Region, about 125,000 cases of MDR-TB emerge every year, meaning thereby that the SAARC Region bears about 25% of the total burden of TB worldwide. The emergence of MDR-TB is a man made phenomenon. Inappropriate treatment regimen, inadequate treatment adherence, unregulated private sector, weak National TB Programmes, affordability issues, irrational use of 2nd Line Anti TB drugs, weak laboratory infrastructure and free availability of Anti TB drugs in the open market have been the causes of emergence of MDR-TB in the past. Inadequate response from the private sector for completion of treatment course for TB Patients, weakly implemented National Programme, weak laboratory infrastructure, irrational use of 2nd Line Anti TB drugs and inadequate capacity of the National Programmes to manage MDR-TB patients are the causes of further emergence of MDR-TB.

All the SAARC Member States have initiated Management of MDR-TB patients with a functional Culture & DST Laboratory or plans to have it. Expansion of the network of quality assured laboratories is an enormous challenge which all the Member States are facing. Management of the MDR-TB patients with 18 to 24 months or more of expensive and potentially toxic 2nd line Anti-TB drugs following DOT principle is also a big challenge.

First and foremost requirement for management of MDR-TB management is development of quality assured infrastructure for diagnosis of MDR-TB. Establishment of the infrastructure for diagnosis, engagement and retention of trained human resources, procurement and ensuring continuous supply of 2nd line Anti TB drugs, adherence to treatment regimen of 18 months to 24 months or more duration, direct observation of treatment for such a long duration, comparatively much more expensive drugs and mobilization of resources for providing expensive drugs to patients free of cost, intake of comparatively more toxic drugs and management of their side effects, tailoring the regimen for special situations and management of co-morbidities are some of the challenges that the National TB Control Programmes have to face while rolling out and scaling up services for management of MDR-TB Patients.

SAARC Tuberculosis and HIV/AIDS Centre (STAC) has established a Regional TB Reference Laboratory which already has a networking with ten National level TB laboratories of the SAARC Member States. SAARC Regional TB Reference Laboratory is already supporting these laboratories for quality assurance of sputum microscopy through Proficiency Testing. SAARC Regional TB Reference Laboratory is also conducting Culture & DST jointly with the National TB Laboratory of Nepal. The Culture & DST conducted in this Laboratory has been accredited by the Gauting Laboratory, Germany which is a member of the Supranational TB Laboratory Network established by WHO. Currently, there is only one Supranational TB Laboratory in the SAARC Region, i.e. Tuberculosis Research Centre Laboratory, Chennai, India which is overburdened for fulfilling the responsibility of a Supranational TB Laboratory. STAC is scaling up its infrastructure and human resources requirements and has planned to take up the responsibility through supporting quality assurance of Culture & DST procedures in the SAARC countries National level laboratories in addition to sputum microscopy, as second Supranational TB Reference Laboratory for the SAARC region.