

Introduction

The emergence of resistance to drugs used to treat tuberculosis (TB), and particularly multidrug-resistant TB (MDR-TB),¹ has become a significant public health problem in a number of countries and an obstacle to effective global TB control. In many other countries, the extent of drug resistance is unknown and the management of patients with MDR-TB is inadequate. In countries where drug resistance has been identified, specific measures need to be taken within TB control programmes to address the problem through appropriate management of patients and adoption of strategies to prevent the propagation and dissemination of drug-resistant TB, including MDR-TB.

These guidelines offer updated recommendations for TB control programmes and medical workers in middle- and low-income countries faced with drug-resistant forms of TB, especially MDR-TB. They replace two previous publications by the World Health Organization (WHO) on drug-resistant TB (1–2). Taking account of important developments in recent years, the new guidelines aim to disseminate consistent, up-to-date recommendations for national TB control programmes and medical practitioners on the diagnosis and management of drug-resistant TB in a variety of geographical, political, economic and social settings. The guidelines can be adapted to suit diverse local circumstances because they are structured around a flexible framework approach (see Chapter 2), combining a consistent core of principles and requirements with various alternatives that can be tailored to the specific local situation.

The new guidelines expand upon the most recent general WHO guidelines on TB, *Treatment of tuberculosis: guidelines for national programmes* (3), which includes specific considerations for chronic and MDR-TB cases, classified together under WHO diagnostic Category IV. Detailed strategies are described for the diagnosis of resistant strains of TB and the management of regimens designed to treat Category IV patients.

The term DOTS-Plus has been used recently to refer to piloting of the management of drug-resistant TB within the context of basic DOTS pro-

¹ MDR-TB is defined as tuberculosis caused by *Mycobacterium tuberculosis* resistant in vitro to the effects of isoniazid and rifampicin, with or without resistance to any other drugs. Resistance is defined by specific laboratory criteria (see Chapter 6).

grammes. The integration of management of drug-resistant TB within DOTS programmes is no longer at the pilot stage and is now being integrated under the recommendations set out in this document.

In addition, the guidelines detail the recommended management protocols to enable national TB control programmes to access concessionally-priced quality-assured second-line antituberculosis drugs through a mechanism known as the Green Light Committee (GLC).¹ Finally, the guidelines introduce new standards for registering, monitoring and reporting the treatment outcomes of patients with drug-resistant TB. This uniform information management system will allow systematic, consistent data collection and analysis, which will play an important role in shaping future policies and recommendations.

References

1. *Guidelines for the management of drug-resistant tuberculosis*. Geneva, World Health Organization, 1996 (WHO/TB/96.210 (Rev. 1)).
2. *Guidelines for establishing DOTS-Plus pilot projects for the management of multidrug-resistant tuberculosis*. Geneva, World Health Organization, 2000 (WHO/CDS/TB/2000.279).
3. *Treatment of tuberculosis: guidelines for national programmes*, 3rd ed. Geneva, World Health Organization, 2003 (WHO/CDS/TB/2003.313).

¹ For more information about the services and how to contact the Green Light Committee for technical support or apply for access to concessionally-priced quality-assured second-line antituberculosis drugs, see the DOTS-Plus and the Green Light Committee web page at <http://www.who.int/tb/dots/dotsplus/management/en/>