



arcTB: Accelerating Regimens and Care for DR-TB

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**РЕГИОНАЛЬНЫЙ СЕМИНАР ПО ВОПРОСУ УСКОРЕННОГО ВНЕДРЕНИЯ
РУКОВОДСТВА ВОЗ ПО ПРОФИЛАКТИКЕ И ДИАГНОСТИКЕ ТУБЕРКУЛЕЗА И ЛЕЧЕНИЮ
ТУБЕРКУЛЕЗА С ЛЕКАРСТВЕННОЙ УСТОЙЧИВОСТЬЮ (ЛУ-ТБ)**

**REGIONAL WORKSHOP ON ACCELERATED IMPLEMENTATION OF WHO GUIDELINES
ON TB PREVENTION, DIAGNOSIS, AND DRUG-RESISTANT TB (DR-TB) TREATMENT**



Global Leadership, Community
Advocacy, and Oversight



DR-TB
Portfolio

Tool
Exchange

Learning
Exchange &
Collaboration

arcTB
Project

arcTB Consortium

Country Model
Demonstration Sites

Kazakhstan

Liberia

Peru

Belarus

DRC

South Africa

Pakistan

Pathway to Global Impact & Scale

arcTB: Driving Impact Across the Full DR-TB Care Cascade

Search

- Active case-finding
- Contact investigation
- Test properly using latest WHO recommendations

Treat

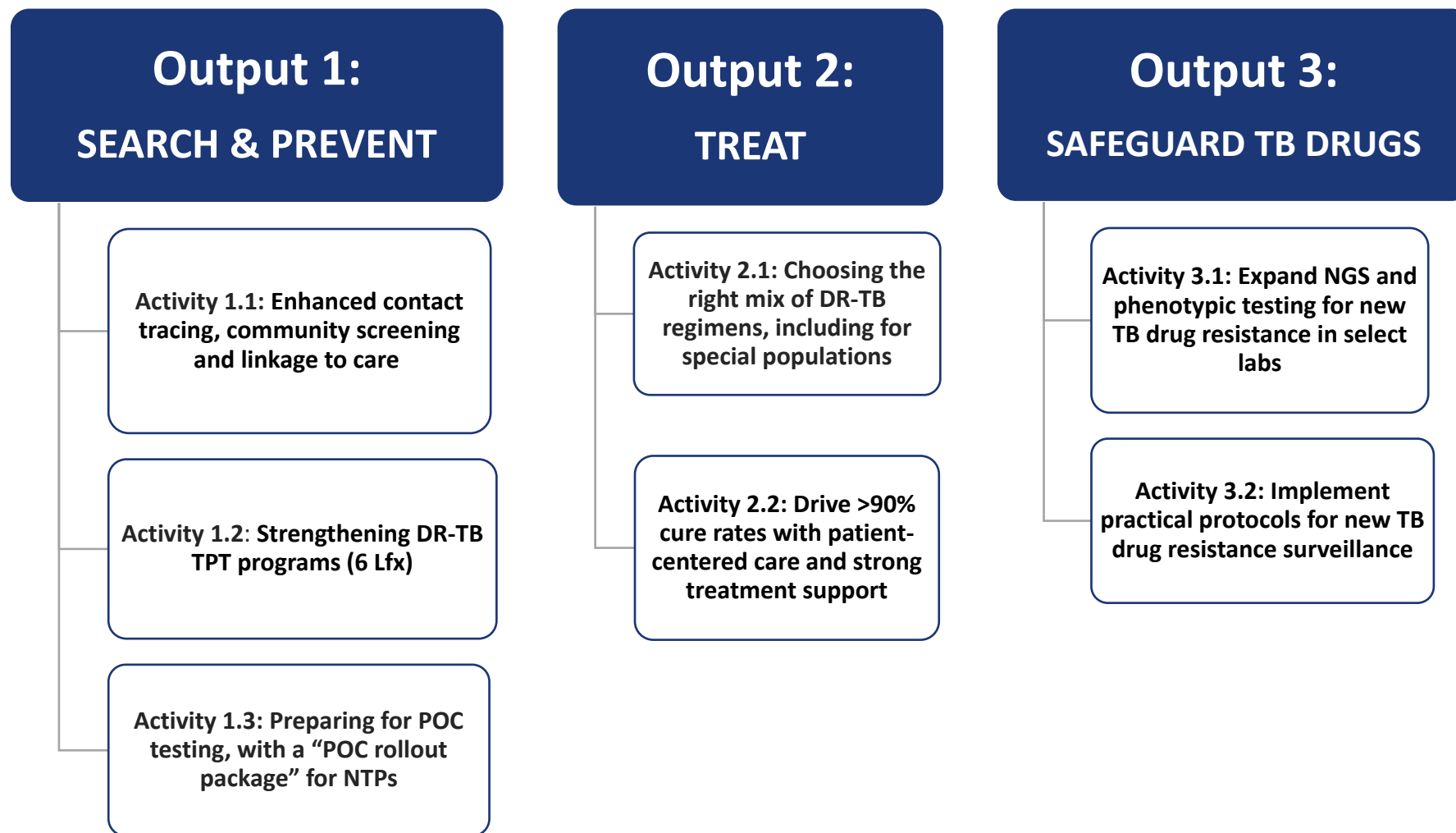
- Effectively with new DR-TB regimens, including the newly recommended endTB and BEAT TB regimens
- Support through treatment and after

Prevent

- Treat exposure to DR-TB with 6Lfx
- Protect people from exposure

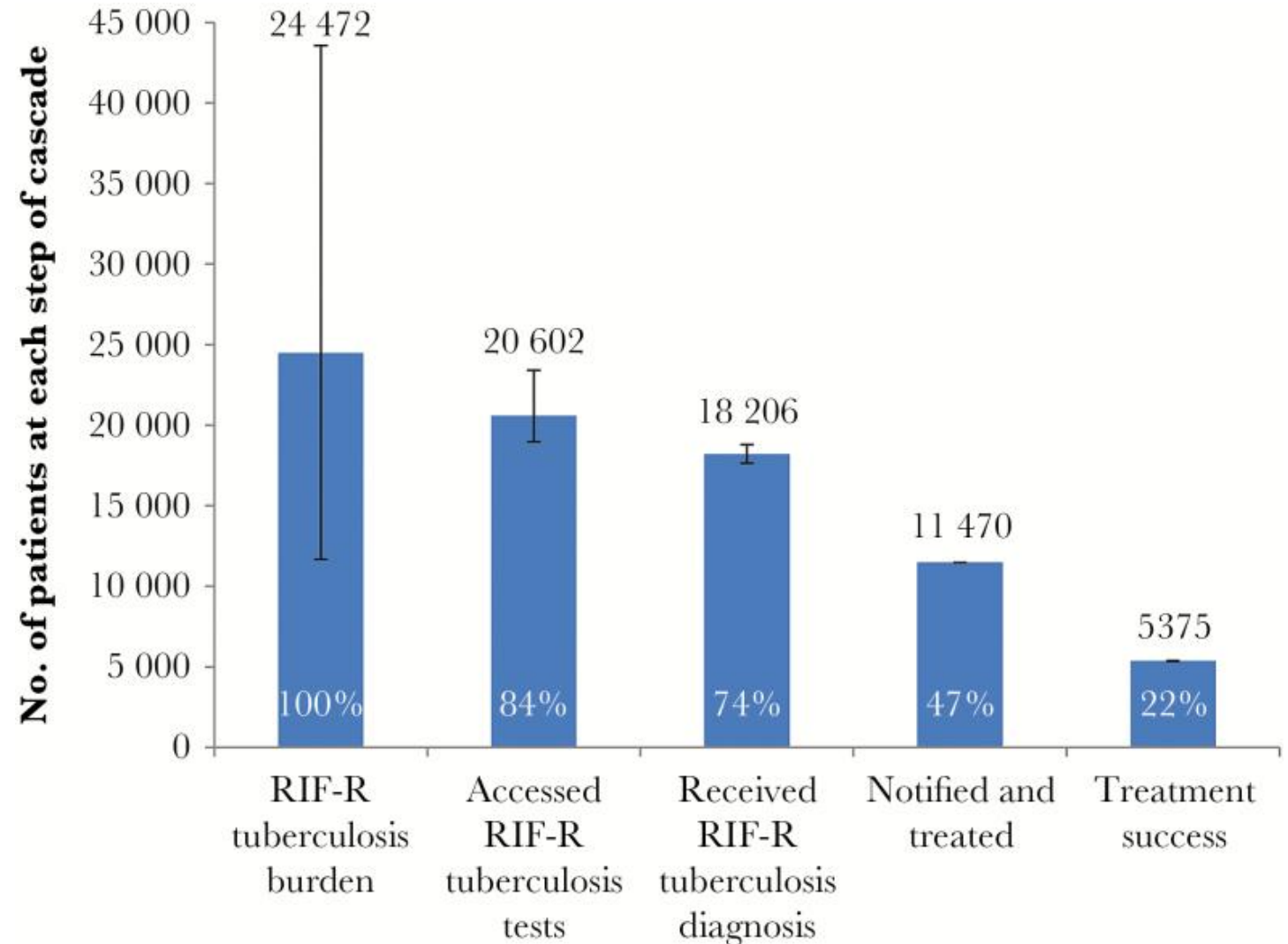


arcTB Project Overall Activities



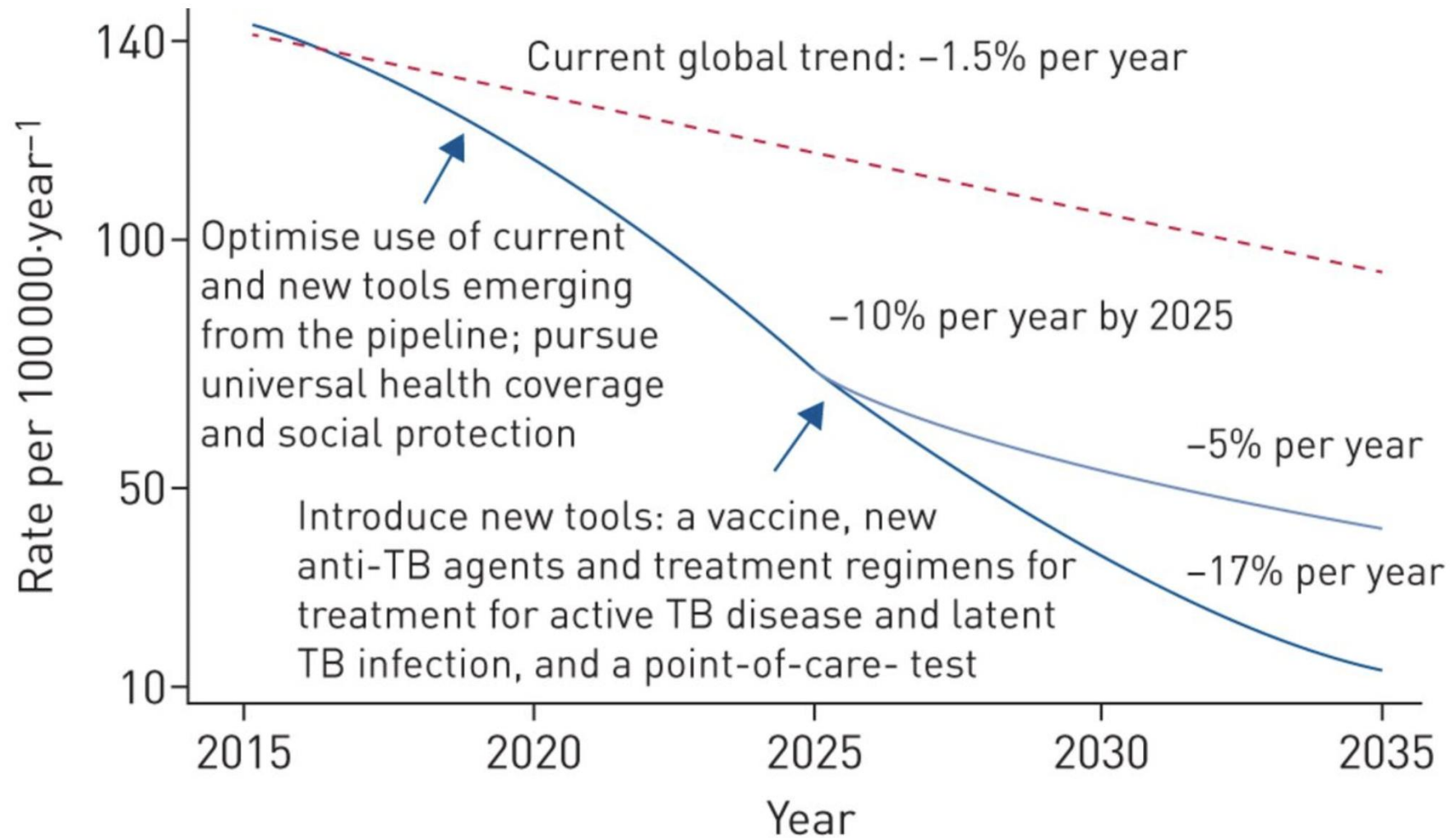
Challenges in the DR-TB Care Cascade

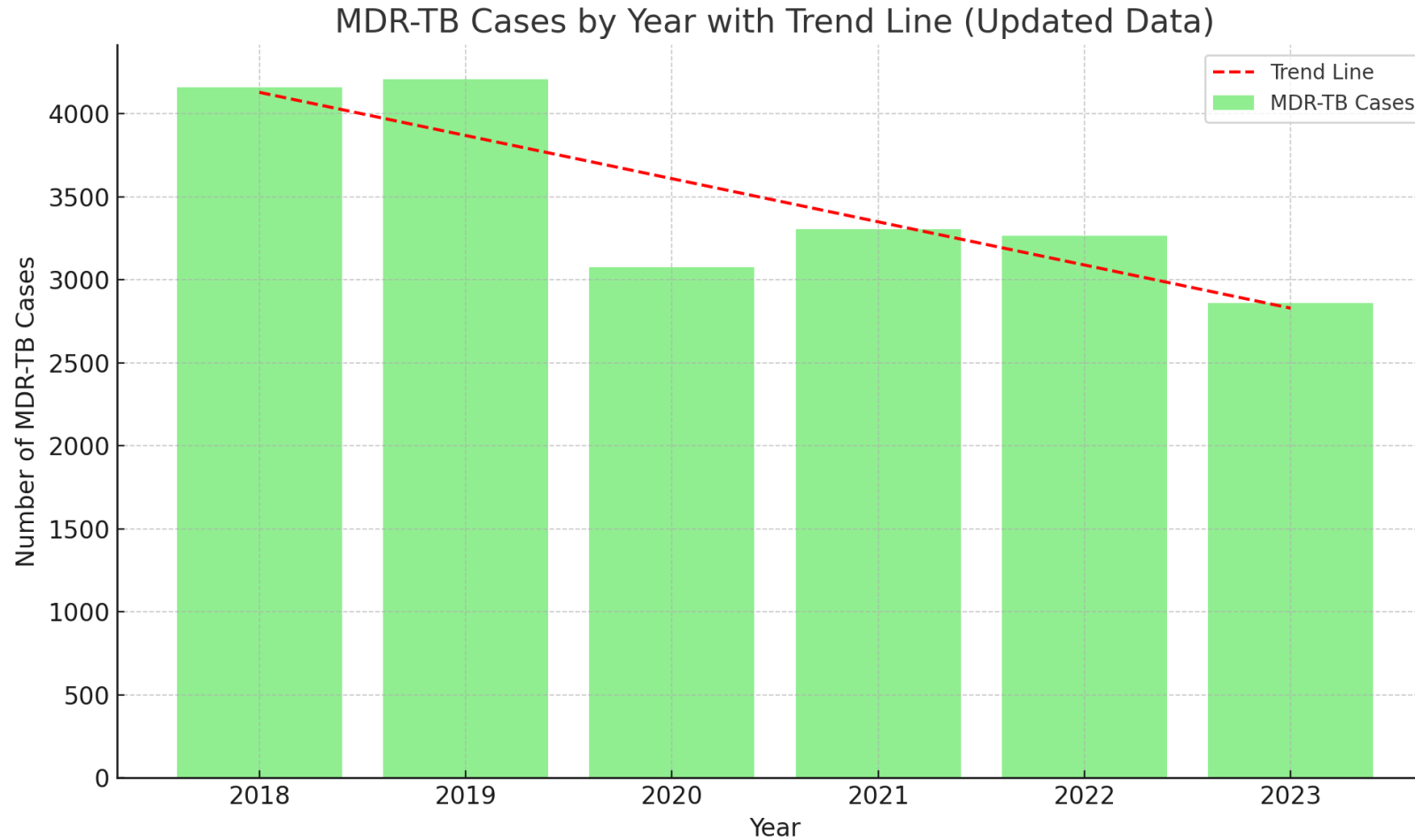
- Significant attrition across the DR-TB care pathway
- Example (South Africa, 2017): Only **22%** of RR-TB patients complete the full cascade
- **arcTB** strengthens every stage of the cascade
- Countries should **analyze and track** losses at each stage



New Tools Status for DR-TB

- A vaccine – **Not yet (2028 to 2030)**
- New TB drugs – **Yes**
- New DR-TB regimens for active disease – **Yes**
- New regimens for latent DR-TB infection – **Yes**
- Point of care testing – **1 to 2 years** (maybe longer for POC resistance testing)



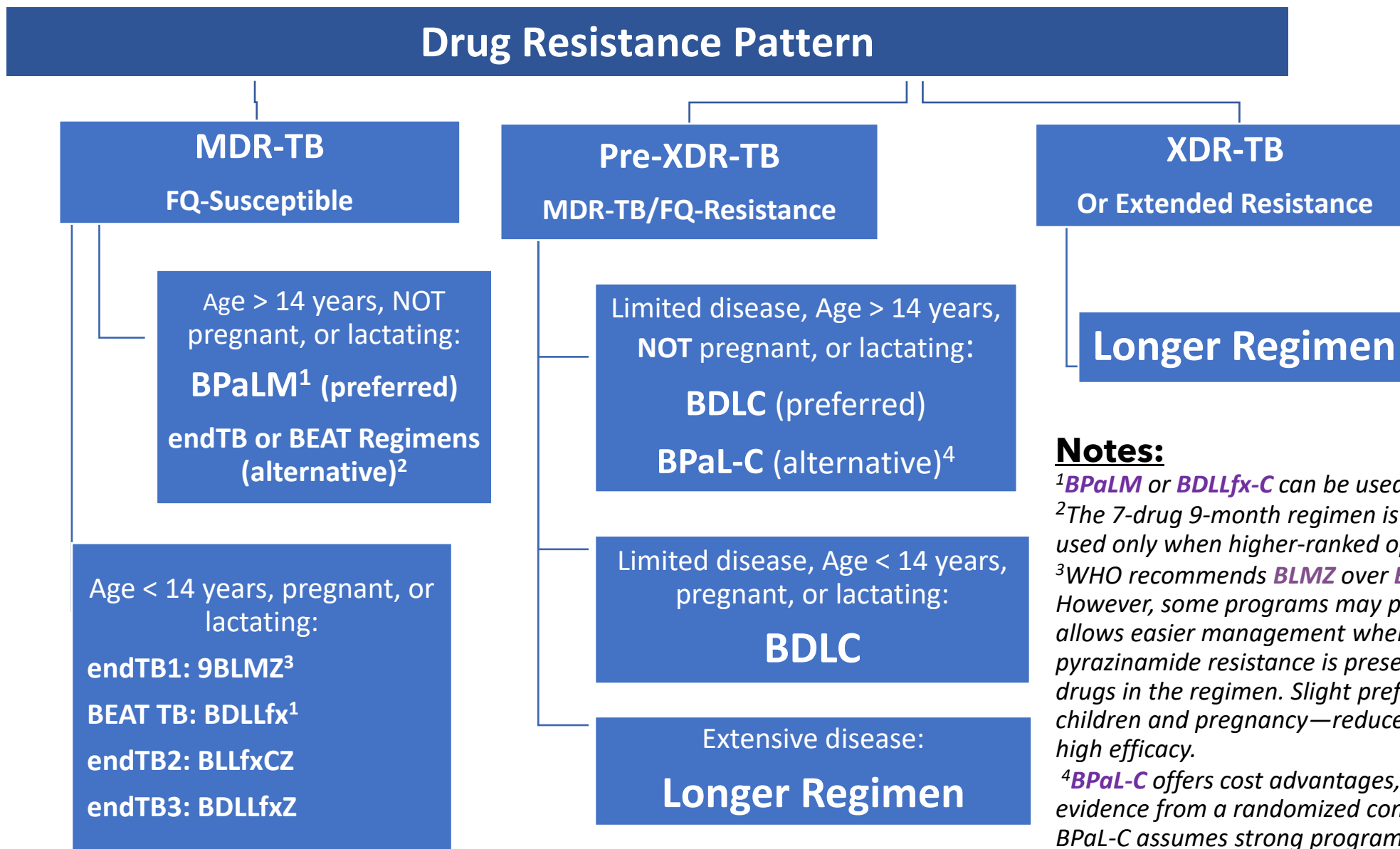


Average percentage decline over the six years = 31.2%

Annual percentage of decline = 5.2%

arcTB: Helping Countries Find the Right Mix of DR-TB Regimens

Illustrative Decision-Making Framework



Note on HIV and FQ-S/MDR-TB:

WHO-reviewed studies to date have not been powered to determine optimal regimens for PLHIV. Subgroup analyses from PRACTECAL (Fig. 2) and endTB (Figs. S6a-c) offer some insight with endTB1 and endTB2 having a non-statistical higher success rate than BPaLM. BEAT-TB data stratified on PLHIV is not yet published. More research is needed to inform tailored short regimens for PLHIV.

Note on liver disease: BPaLM preferred (lower cost, lower hepatotoxicity) over BDLLfx; avoid endTB regimens due to PZA. If needed, endTB3 had lower, but not statistically significant, hepatotoxicity compared to endTB1 and endTB2.

Notes:

¹BPaLM or BDLLfx-C can be used for FQ-unknown

²The 7-drug 9-month regimen is a WHO-recommended alternative, used only when higher-ranked options are unavailable.

³WHO recommends BLMZ over BLLfxCZ, and BLLfxCZ over BDLLfxZ. However, some programs may prefer BLLfxCZ over BLMZ because it allows easier management when both linezolid toxicity and pyrazinamide resistance is present to maintain at least three active drugs in the regimen. Slight preference for 4-drug regimens in children and pregnancy—reduced drug exposure with maintained high efficacy.

⁴BPaL-C offers cost advantages, while BDLC regimen has stronger evidence from a randomized controlled trial in pre-XDR-TB. (Use of BPaL-C assumes strong programmatic M&E systems and NTP approval of the alternative regimen for pre-XDR-TB).



arcTB Summary

arcTB is a dynamic multi-country initiative that drives the rollout of shorter DR-TB regimens under the latest WHO guidelines, as part of Unitaid's TB portfolio. Through innovative tools and a strong quality-of-care package, arcTB aims to spark demand, expand access, and reach the maximum number of people living with DR-TB.

arcTB consortium:



Dr. Lawrence Oyewusi, an MDR-TB program manager, reviews a scan of a patient's lungs at Botsabelo Hospital in Maseru, Lesotho. Photo by Karin Schermbrucker for Partners In Health



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THANK YOU!
СПАСИБО!