



**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**

ASCENT Community Partners Program

With support from Unitaid, KNCV, and ASCENT partners, TAG is providing small grant funding to 8 civil society organizations in 7 countries: Ethiopia, Indonesia, Mozambique, Nigeria, South Africa, Ukraine, and Vietnam.

Civil society partners are working to build demand for WHO-recommended all-oral regimens for DR-TB. Projects are focused on increasing treatment literacy, reducing stigma, advocating for evidence-based policies, training TB survivors to be peer supporters, documenting barriers to DR-TB diagnosis and treatment via community-led monitoring, and advocating for person-centered DR-TB treatment and care.

*“Through in-depth exploration of perspectives of healthcare workers, social workers, and people affected by TB, **our project seeks to identify systemic barriers within TB care delivery. By addressing these barriers, we aim to enhance treatment adherence and empower individuals** to make informed decisions about their care, ultimately fostering a more person-centred and effective TB response.”*

Lesia Tonkonoh
Olena Semenova

*TB Europe Coalition (TBEC), and
TBPeople Ukraine*



TALKING WITH PEOPLE ABOUT YOUR DIAGNOSIS OF DRUG-RESISTANT TUBERCULOSIS

Written by: Jennifer Furin • Edited by: Lindsay McKenna
March 2025

After a diagnosis of drug-resistant tuberculosis (DR-TB), one important issue to consider is how to tell people you are living with the disease. This is important so that people can provide support to you during your treatment. The process by which you tell others about your diagnosis is called “disclosure.” Disclosure looks different for everyone, and it is up to you who you share your information with. It is important to remember that this is not usually a one-time event, and it can happen over days, weeks, or months after you learn you have DR-TB.

The following strategies may help you in thinking about what you would like disclosure of your DR-TB diagnosis to look like:

 **Talk with your doctor, nurse, or other trusted health care providers** to see if they have advice for you on how to do this. Ask them if they are willing to help practice this with you or even to be there with you when you disclose your DR-TB diagnosis to others (if you would like).

 **Pick someone you trust who you know will be supportive of you as the first person you disclose to.** It is generally easier to do this with a person or people you trust. This person may also help you share information about your diagnosis with others if this is something you need or want support in doing.

SIDE EFFECTS AND CLINICAL AND LABORATORY-BASED MONITORING OF TREATMENT FOR DRUG-RESISTANT TUBERCULOSIS: WHAT TO EXPECT?

Written by: Jennifer Furin • Edited by: Lindsay McKenna
March 2025

Drug-resistant tuberculosis (DR-TB) treatment is highly effective, but the medications used in therapy can cause side effects. In order to identify and respond to these quickly, it is important for providers and people undergoing treatment to be aware of symptoms that may be early indicators of side effects. It is also essential for providers to do certain types of examinations and tests to detect side effects as early as possible. Early detection and monitoring is the best way to minimize the risks of treatment side effects and ensure that people can regain their health as quickly as possible.

Some testing should be done prior to treatment starting. This is often called “baseline” testing. It establishes what is occurring prior to the treatment being started so that changes during treatment can be better understood. “Routine monitoring/testing” refers to tests/evaluations that should be done for everyone during DR-TB treatment, even if they are not reporting any problems. “Symptom-directed testing” refers to tests and evaluations done when a person on treatment reports certain problems or concerns. Each of these will be reviewed here. All three categories of monitoring tests should be made available at no extra cost to people on treatment as part of a comprehensive package of care for drug-resistant TB provided by the national TB program.

OPTIONS FOR TREATING DRUG-RESISTANT TUBERCULOSIS: WHICH REGIMEN IS RIGHT FOR ME?

Written by: Jennifer Furin • Edited by: Lindsay McKenna
March 2025

The World Health Organization (WHO) recommends six shorter regimens for the treatment of drug-resistant tuberculosis (DR-TB). People who are diagnosed with DR-TB and their providers thus have several options to choose from when starting a treatment regimen.

FIGURE 1. SHORTER REGIMENS RECOMMENDED BY THE WHO FOR DRUG-RESISTANT TB

1.	bedaquiline	delamanid	linezolid	clofazimine
2.	bedaquiline	delamanid	linezolid	clofazimine
3.	bedaquiline	delamanid	linezolid	clofazimine
4.	bedaquiline	delamanid	linezolid	clofazimine
5.	bedaquiline	delamanid	linezolid	clofazimine
6.	bedaquiline	delamanid	linezolid	clofazimine

NEW Community Resources on DR-TB

- “An Activist’s Guide to Shorter Treatment for Drug-Resistant Tuberculosis”
- “Options for Treating Drug-Resistant Tuberculosis: Which Regimen is Right for Me?”
- “Side Effects and Clinical and Laboratory-Based Monitoring of Treatment for Drug-Resistant Tuberculosis: What to Expect”
- “Talking with People About Your Diagnosis of Drug-Resistant Tuberculosis”
- “TB Treatment Regimen Cheat Sheet”

AN ACTIVIST'S GUIDE TO SHORTER TREATMENT FOR DRUG-RESISTANT TUBERCULOSIS

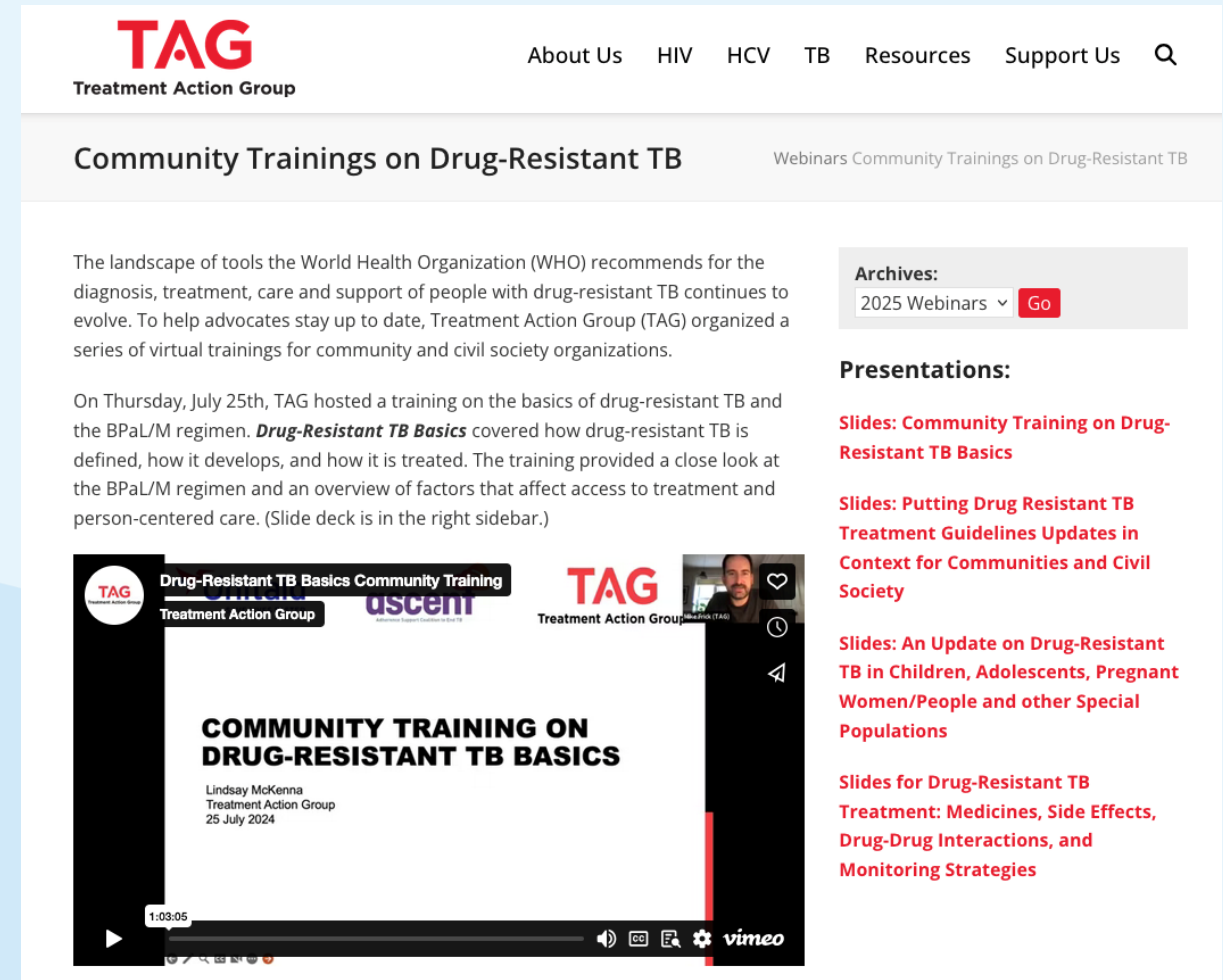
March 2025



Virtual Community Training Series on Drug-Resistant TB Treatment

<https://www.treatmentactiongroup.org/webinar/community-trainings-on-drug-resistant-tb/>

- Drug resistant TB basics
- Putting drug-resistant TB treatment guidelines updates in context for communities and civil society
- An update on drug-resistant TB in children, adolescents, pregnant women, and other special populations
- Drug-resistant TB treatment: medicines, side effects, drug-drug interactions, and monitoring strategies
- Coming soon! *Diagnosing drug-resistant TB and monitoring treatment*



TAG
Treatment Action Group

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Community Trainings on Drug-Resistant TB

Webinars Community Trainings on Drug-Resistant TB

The landscape of tools the World Health Organization (WHO) recommends for the diagnosis, treatment, care and support of people with drug-resistant TB continues to evolve. To help advocates stay up to date, Treatment Action Group (TAG) organized a series of virtual trainings for community and civil society organizations.

On Thursday, July 25th, TAG hosted a training on the basics of drug-resistant TB and the BPaL/M regimen. **Drug-Resistant TB Basics** covered how drug-resistant TB is defined, how it develops, and how it is treated. The training provided a close look at the BPaL/M regimen and an overview of factors that affect access to treatment and person-centered care. (Slide deck is in the right sidebar.)

Archives:
2025 Webinars

Presentations:

- Slides: **Community Training on Drug-Resistant TB Basics**
- Slides: **Putting Drug Resistant TB Treatment Guidelines Updates in Context for Communities and Civil Society**
- Slides: **An Update on Drug-Resistant TB in Children, Adolescents, Pregnant Women/People and other Special Populations**
- Slides for Drug-Resistant TB Treatment: **Medicines, Side Effects, Drug-Drug Interactions, and Monitoring Strategies**

COMMUNITY TRAINING ON DRUG-RESISTANT TB BASICS
Lindsay McKenna
Treatment Action Group
25 July 2024

1:03:05

vimeo

The community and civil society work is about building **infrastructures of trust**. These infrastructures of trust are the foundation on which demand for TB tools and services is built and sustained.

The experiences of our ASCENT community partners, working with the same goal in mind (access to all-oral, shorter DR-TB treatments) in very different contexts, have taught me several things:

- Demand creation starts with **treatment literacy**!
- With multiple regimens now recommended by WHO, patient-centered care = **shared decision making** – not just at the start of treatment, but throughout.
- How you *enter* a community matters: gatekeepers hold the keys and engaging them early makes a difference.
- How you *move through* a community matters: former patients make strong advocates; influences (old and new media); community cadres.
- CLM: community-led monitoring and accountability is where communities shine brightest. CLM is not only about getting feedback from the community, but also about **listening**: side effects, myths, acceptability, the unexpected things central to success.
- Stigma cannot be ignored – treatment is taken (or not) in a social world. Tackling stigma requires **head – hands – heart**

THANK YOU!
СПАСИБО!

