## WHO International Media Coverage Report

(As of April 10, 2009)

**New clips highlighted in RED**

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WHO Ministerial Meeting Coverage
Media Monitoring

Publication: Associated Press
(Nhttp://www.google.com/hostednews/ap/article/ALeqMSi3gbBbDX2NE5ofujH_RVaopDRMxwD9785ED00)

Circulation: N/A
Nature: Online
Date: 2009-03-29
Page: N/A

**Headline:** Hard-to-cure TB poses new global health threat

**Summary:** The article explores the lives of Chinese migrant workers suffering from tuberculosis then introduces the upcoming meeting for the world’s health ministers, hosted by WHO. It quoted Cornelia Hennig, WHO’s TB program coordinator for China and explores the TB epidemic that is quickly spreading in other countries in addition to China.
Hard-to-cure TB poses new global health threat

By GILLIAN WONG – Mar 29, 2009

BEIJING (AP) — The Beijing Chest Hospital was packed with people on a recent weekday morning. In the waiting area, Wang Chong, a migrant worker who has been fighting tuberculosis for several months, was facing a dilemma: Does he continue treatment that has already cost him more than $5,000 or stop before his savings are wiped out?

It’s not only his health at stake. If Wang stops treatment prematurely, his tuberculosis is likely to morph into one of the new, hardier strains that resist the drugs he has been using and that pose a growing threat to global public health. Countries as diverse as China, Russia and South Africa are vulnerable, and the new strains have also appeared in the United States.

"TB is now taking on a deadly new form — one that will spread further," said Cornelia Hennig, the World Health Organization’s TB program coordinator for China. “We can choose: Either we act now with rational and proven approaches, or we pay later with a worsening epidemic.”

The WHO is trying to bring renewed vigor to the fight with a three-day meeting of health ministers from the worst-affected countries in Beijing starting April 1. Also attending are WHO Director-General Margaret Chan and Bill Gates, co-chair of the Bill & Melinda Gates Foundation, a major contributor to research on global health problems. Countries are expected to draw up five-year plans to prevent and control the spread of drug-resistant TB.

TB is caused by germs that spread when a person with active TB coughs, sneezes or speaks. It’s ancient and treatable but now has evolved into stronger forms: multidrug-resistant TB, which does not respond to two top drugs, and extensively drug-resistant TB, which is virtually untreatable. TB is usually treated in six months with a $20 cocktail of
four antibiotics, but its drug-resistant form takes up to two years to fight.

One of the culprits: health care systems that lose track of patients who do not complete their courses of treatment, allowing the TB bacteria to develop resistance to normally potent medicines.

This is also a problem in India, where rural health care is often poor and there is little control over the sale of anti-TB drugs; Russia, which faces a shortage of qualified medical staff and drugs; and South Africa, where the disease thrives amid an AIDS epidemic that has weakened the immune systems of people with HIV.

An estimated half a million people in the world are already infected with drug-resistant TB, nearly a quarter of them in China. Most are still waiting for help, which only increases the risk.

Less than 5 percent of people suffering from drug-resistant TB worldwide are properly treated, said Mark Harrington, executive director of Treatment Action Group, a U.S.-based health advocacy group.

"So most of the people are going around coughing and spreading multidrug-resistant TB," he said. "But most countries have not yet started to take it seriously."

Though the problem is mainly confined to developing countries, health experts warn the risk is widespread as people and their diseases cross the globe. An intercontinental scare was set off two years ago when an American lawyer with drug-resistant TB flew to several countries and back to attend a wedding.

In the U.S., even as TB rates fall, drug resistant strains are showing up in California and other states with large immigrant communities, because many people come from or travel frequently to countries such as Mexico, India and China where TB is a greater risk.
International experts recommend that TB treatment centers monitor their patients rigorously, supplying them with medication and watching them swallow every dose.

In the past decade, China made marked progress in fighting tuberculosis, which until last year was the most fatal infectious disease. Once a person tests positive for TB at a hospital, an Internet-based reporting system helps health officials channel the infected patients to special TB facilities run by the communicable diseases agency.

The Health Ministry says more than 90 percent of new infections are cured every year. But China still has 112,000 people with drug-resistant TB, according to the WHO. Experts say only a few thousand of them are receiving proper treatment.

An underfunded health care system means many TB facilities can’t closely track every patient, while most of the 130 million highly mobile migrants from rural China don’t qualify for free treatment given to urban residents. Guangdong province, where most of China’s export factories are located and home to many migrants, has more TB infections than any other province.

China is developing an electronic system to track infected migrants, the WHO’s Hennig said. The government has also promised revamping of health care with a $124 billion investment over the next three years.

The Health Ministry says it is working on a national survey of drug-resistant TB patients and plans to roll out treatment to them, but did not say when. It said treating drug-resistant TB is a hundred times more expensive than normal TB.

Aid agency Doctors Without Borders, also known as Medecins Sans Frontieres, said it was trying for two years to start a drug-resistant TB program in Inner Mongolia but gave up because China wanted too much control over the operation’s finances and other issues. The Health Ministry had no immediate comment.
“We are rather frustrated about it ... and the patients continue to go untreated,” said MSF’s operational coordinator in Brussels, Luc van Leemput, who was involved in the negotiations. “I hope that the Chinese government is going to get its act together and provide access to treatment for those patients who need it.”
Headline: News conference for Ministerial Meeting of High M/XDR TB burden countries

Summary: Published WHO Ministerial Meeting press release.
Health ministers and delegations from over 30 countries affected by multidrug-resistant and extensively drug-resistant TB (M/XDR-TB) will meet in Beijing, China, from 1-3 April for a conference organised by WHO, the Ministry of Health of China, and the Bill and Melinda Gates Foundation.

The opening day is expected to conclude with a Call For Action, endorsed by all governments participating in the meeting.

There will be a news conference with:

- Dr Margaret Chan, Director-General, World Health Organization
- Mr Bill Gates, Co-chair of the Bill and Melinda Gates Foundation
- Dr Chen Zhu, Minister of Health, China
- Dr Jorge Sampaio, UN Secretary-General's Special Envoy to Stop TB and former President of Portugal

Venue: Press Conference Room, Kempinski Hotel, Lufthansa Center, Beijing
Date: 10:30am-11:30am, Wednesday 1 April 2009

In addition, a telephone news conference for journalists from all over the world will be held with representatives from:

- World Health Organization's Stop TB Department
- The Bill and Melinda Gates Foundation
- Ministry of Health, China

Time: 10am (New York) 3pm (London) 10pm (Beijing) Wednesday 1 April 2009.
Call in details:
US toll free 1 800 862 9015
International direct dial +1 785 424 1050
China Direct dial: 108001401382
Access code 99050

For more information, including media registration, please email: beijing2009@wpro.who.int or visit the meeting website: http://www.who.int/tb_beijingmeeting/en/index.html

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All WHO information, fact sheet and news releases are available at www.who.int.
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<td>Circulation</td>
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<td>Nature</td>
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<td>2009-03-31</td>
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**Headline:** News Conference For Ministerial Meeting Of High M/XDR TB Burden Countries

**Summary:** A summary of WHO’s Ministerial Meeting press release with the time and venue details. It also mentioned the scheduled telephone conference.
News Conference For Ministerial Meeting Of High M/XDR TB Burden Countries

Main Category: MRSA / Drug Resistance
Also Included In: Conferences; Infectious Diseases / Bacteria / Viruses
Article Date: 31 Mar 2009 - 5:00 PDT

Health ministers and delegations from over 30 countries affected by multidrug-resistant and extensively drug-resistant TB (M/XDR-TB) will meet in Beijing, China, from 1-3 April for a conference organised by WHO, the Ministry of Health of China, and the Bill and Melinda Gates Foundation.

The opening day is expected to conclude with a Call For Action, endorsed by all governments participating in the meeting.

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Access code 99050

For more information, including media registration, please email: beijing2009@wpro.who.int or visit the meeting website: http://www.who.int/tb_beijingmeeting/en/index.html

WHO
**Publication** | MediLexicon
---|---
| (http://www.medilexicon.com/medicalnews.php?newsid=144327)

**Circulation** | N/A
**Nature** | Online
**Date** | 2009-03-31
**Page** | N/A

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WHO

Original article posted on Medical News Today.
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**Headline:** China must fight tuberculosis resistance - WHO

**Summary:** Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation.
China must fight tuberculosis resistance - WHO

Beijing. April 1. INTERFAChina - Countries with high tuberculosis (TB) incidence, like China, must work together to control the spread of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB), Dr. Margaret Chan, the World Health Organization's director general, said on April 1.

This article is only accessible to Interfax subscribers. To gain access to this article, as well similar in-depth articles and industry-specific content, please contact our sales staff by telephone (+852 2537 2262) or via our direct contact form.
Headline: Drug resistant tuberculosis is a "time bomb": WHO

Summary: Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation. This article features statistics from the new WHO Global TB Control Report and quotes from WHO Director-General Margaret Chan, Chinese TB expert Chu Naihui and Stop TB Alliance head Mel Spigelman. It also explains the economic burden of treating drug-resistant TB versus normal TB in depth, as well as the danger drug-resistant TB poses especially for the developing world.
Drug resistant tuberculosis is a "time bomb": WHO

Wed Apr 1, 2009 9:19pm IST

By Lucy Hornby and Ben Blanchard

BEIJING (Reuters) - Health officials gathered in Beijing on Wednesday warned against deadly drug-resistant strains of tuberculosis, which are spreading fastest in developing countries that lack the infrastructure to tackle the disease.

Over half of new cases of tuberculosis that are resistant to multiple drugs are resistant right from the start, and not as a direct result of substandard treatment, the head of the World Health Organization (WHO) warned.

"This is the true alarm bell. This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection," director-general Margaret Chan said.

"Obviously this is a situation set to spiral out of control. Call it what you want, a time bomb or a powder keg, any way you look at it this is a potentially explosive situation."

According to the WHO, of nine million new TB cases annually, about 490,000 are multiple-drug resistant TB (MDR-TB) and about 40,000 are extensively drug resistant (XDR-TB) based on 2006 data.

People with XDR-TB, which has cropped up in 55 countries, have few treatment options and death rates are high.

The spread of those strains could compromise the global fight against tuberculosis, which relies on drugs developed decades ago.

"The situation is already alarming, and is poised to grow much worse very quickly," Chan said.

China announced steps to provide health coverage for people suffering from drug-resistant tuberculosis, helping to close a gap that has allowed the more deadly strain of the disease to take hold.
China's measures, funded by a $33 million grant from the Bill & Melinda Gates foundation, include more affordable treatment at hospitals, quicker tests for the strains of tuberculosis that are resistant to standard treatment, and follow-up for patients to make sure they take their medicine.

China ranks second among countries with high rates of MDR-TB, just after India. If not cured, patients can infect 10 to 15 people a year, according to the WHO.

Health officials from 27 countries with high MDR-TB rates gathered in Beijing to work out new strategies. Their nations account for about 85 percent of all cases.

Many people aren't being detected, and fewer than 3 percent worldwide are being treated according to WHO recommendations.

NOT YET CONQUERED

While tuberculosis is largely under control in developed countries, it still haunts the poor in developing countries.

Experts fear the rise of drug resistant strains will complicate the fight against the contagious lung disease, since the drugs needed to fight the tougher strains are far more expensive and unpleasant.

"China provides free treatment to tuberculosis patients, but to date there has not been free treatment for Chinese patients with MDR," said Chu Naihui, a senior doctor at the Beijing Chest Hospital, at a break between meetings with out-patients.

"This meeting, and the big infusion of funding, is good news for tuberculosis patients and especially for MDR patients."

A two-year round of treatment for MDR could cost about 10,000 yuan, or well over a year's salary for the China's urban poor, who are more vulnerable to tuberculosis.

The side effects and the hassle of taking fifteen to twenty pills a day for six months meant many patients stopped taking medicines as soon as they felt better, contributing to the development of drug resistance.

"Especially in the third world, it is extremely difficult to keep patients on therapy for such a long time," said Mel Spigelman, head of the TB Alliance, which is partnering with the Chinese Academy of Sciences to develop newer, faster drugs from natural sources, including traditional Chinese medicines.
Publication: AP
(http://www.google.com/hostednews/ap/article/ALeqM5hd05Hv8ybrAN-y7t9o7WU4ftLr2QD979G1U00)
Circulation: N/A
Nature: Wire
Date: 2009-04-01
Page: N/A

Headline: WHO: World must fight drug-resistant TB threat

Summary: Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation. This article includes quotes from WHO Director-General Margaret Chan, MSF’s Tido von Schoen-Angerer and Bill Gates, as well as statistics from the latest WHO Global TB Control Report.
WHO: World must fight drug-resistant TB threat

By GILLIAN WONG

BEIJING (AP) — The World Health Organization's chief warned Wednesday that emerging, hard-to-treat strains of tuberculosis are set to spiral out of control and urged countries to fight the growing threat to global public health.

WHO Director-General Margaret Chan told health ministers and senior officials from 27 countries worst-affected by the new drug-resistant strains of TB that they must make dramatic improvements in detecting infections and build stronger health care systems.

"Call it what you may — a time-bomb or a powder keg," Chan said at the opening of a three-day meeting on drug-resistant TB in Beijing. "Any way you look at it, this is a potentially explosive situation."

In a spur to action, software magnate Bill Gates' foundation and the Chinese government announced a $33 million project to test new ways to diagnose drug-resistant TB, new treatments and better ways to track patients.

TB is caused by germs that spread when a person with active TB coughs, sneezes or speaks. It's ancient and treatable but now has evolved into stronger forms: multidrug-resistant TB, which does not respond to two top drugs, and extensively drug-resistant TB, which is virtually untreated.

Left unchecked, people with drug-resistant TB could potentially spread the disease to others, creating an epidemic in the highly mobile global economy. Even when detected, the infected have to switch to more potent and expensive medicines, posing a problem for many countries with underfunded health care systems.
Of the more than 9 million people around the world who contract tuberculosis every year, about 500,000 get multi-drug resistant TB.

Nearly a quarter of them are in China, where legions of rural migrants face an inadequate health care system.

It is also a problem in India, where rural health care is often poor and there is little control over the sale of anti-TB drugs; Russia, which faces a shortage of qualified medical staff and drugs; and South Africa, where the disease thrives amid an AIDS epidemic that has weakened the immune systems of people with HIV.

"I urge you to make the right policy decisions with appropriate urgency," Chan said to the officials. "At a time of economic downturn, the world simply cannot afford to let a threat of this magnitude, complexity and cost spiral out of control."

Chan said less than 5 percent of estimated cases of drug-resistant TB were being detected and fewer than 3 percent were being treated according to WHO standards.

Countries attending the meeting are expected to start drawing up five-year national plans to prevent and control the spread of drug-resistant TB. Many countries have been slow to act, said Medecins Sans Frontieres, also known as Doctors Without Borders, in a statement ahead of the Beijing meeting.

"The slow progress in treating people" was especially striking because many of the at-risk countries have thriving economies, said MSF's Tido von Schoen-Angerer. "They have the capacity to act, and need to make this a priority and put people on treatment."

The Bill & Melinda Gates Foundation chose to fund the TB project in China because, Bill Gates said, the scale of the problem is great and the government has the ability to set an example for the world.

"Because of its skill, its scale, its TB burden, its love of innovation, and its political commitment to public health, China is a perfect laboratory for large-scale testing of new tools and delivery techniques to fight TB," Gates said at a news conference.

The project will initially cover 20 million people and then be expanded to 100 million people over five years, Gates said.

TB is usually treated in six months with a $20 cocktail of four antibiotics, but its drug-resistant form takes up to two years to fight. Chan said the cost of treating drug-resistant TB can be as much as 200 times higher than normal TB.
Detecting drug-resistant TB quickly improves the chances a patient will survive and lowers the risk that the disease mutates further into an even more drug-resistant form of the disease.

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Publication: The Daily Telegraph

Headline: China offers free mobile credit in the battle to fight tuberculosis

Summary: China is using a pioneering text message notification system to keep TB patients on schedule with taking their prescription drugs. This mix of medical treatment and technology is a new way of keeping patients on their medicine regimen even after they start feeling better to prevent drug-resistant TB strains from forming. The Beijing meeting is creating greater awareness of drug-resistant TB as an issue and the Chinese government and Gates Foundation are throwing large amounts of monetary support behind the issue. This article also features quotes from WHO Director-General Margaret Chan, Stop TB Director Mario Raviglione and Bill Gates.
China offers free mobile phone credit in the battle to fight tuberculosis

China is to test out a new weapon in the fight against the rising menace of a deadly, drug-resistant form of tuberculosis - offering free mobile phone credits to patients who take their medicines on time.

By Peter Foster in Beijing
Last Updated: 1:01PM BST 01 Apr 2009

The scheme offers free top-ups to sufferers who send text messages to health care centres with a unique code proving they have taken their drugs Photo: EPA
The scheme, originally developed by students at the US Massachusetts Institute of Technology, offers free top-ups to sufferers who send text messages to health care centres with a unique code proving they have taken their drugs.

TB sufferers are often prescribed a cocktail of 15-20 pills, which they must take every day for six months to overcome tuberculosis, but many fail to complete the course, allowing the disease to build resistance to conventional drugs.

The global threat of drug-resistant TB was highlighted at a 27-nation conference in Beijing, which heard dire warnings from the World Health Organisation (WHO) of the consequences for developing nations if more action was not taken to tackle the disease.

It is estimated that more than 500,000 of the 9 million new cases of TB diagnosed each year are drug-resistant, with 50,000 cases categorised as the virtually untreatable "extensively" drug resistant strain. Nearly 2 million people die annually from TB.

"This is the true alarm bell. This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection," said Margaret Chan director-general of the WHO.

"Obviously this is a situation set to spiral out of control. Call it what you want, a time bomb or a powder keg, any way you look at it this is a potentially explosive situation."

The mobile phone incentive scheme works by patients conducting their own urine tests using test-strips which, if they have taken their medicine properly, reveal a unique code which they SMS to a healthcare centre.

Dr. Mario Raviglione, director of a World Health Organization program to fight TB, said the SMS scheme would compliment face-to-face contact with health workers, enabling them to target those who stop taking their medicines when they start to feel better.

"Not everyone lives across the street from the doctor. In rural China where mobile phones are common this could be an important way of combining the need for compliance with a helpful incentive," he added.

It is one of several initiatives being funded partly by a £23 million grant from the Bill & Melinda Gates Foundation to bring innovative technology and new drug research to bear on the disease.

Other projects include improving diagnosis-time which can currently take weeks, leaving sufferers free to unwittingly infect family members, and new drugs that will see patients take two or three pills per day instead of 15 or 20 as now.
The fact that TB affects mostly poorer developing countries like China, India, South African, Indonesia and Brazil has caused it to be neglected by major pharmaceutical firms who see little prospect of a return on research investment.

However last January China announced a £90 billion initiative to improve its public health system in a plan which has Politburo-level backing in the form Chinese vice-premier Li Keqiang.

In a passionate speech to delegates, Mr Gates said this commitment, coupled with investment by India's growing pharmaceutical industry and research by South African scientists was changing the old dynamic of dependency in the developing world.

"The world has lost so many lives to infectious disease," he said, "because the urgency has often been on one side of the world while the capacity for innovation was on the other. That era is ending."
Headline: Bill Gates joins government in tackling TB

Summary: Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat (referred to as a “timebomb”) of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB.
Bill Gates joins Chinese government in tackling TB 'timebomb'

Computer industry billionaire Bill Gates funds project to combat deadly new TB strains

- **Jonathan Watts**, Asia environment correspondent
- guardian.co.uk, Wednesday 1 April 2009 10.33 BST

Bill Gates addresses the meeting in Beijing about the tuberculosis threat. Photograph: Peter Parks/AFP/Getty Images
The head of the World Health Organisation today warned that the spread of a new drug-resistant form of tuberculosis was a timebomb that could explode with devastating effect on human life and economic activity.

At a meeting to coordinate international counter-measures in Beijing, China, the WHO director-general, Margaret Chan, called on governments to strengthen healthcare and disease monitoring systems to counter the deadly new strains, which now account for 530,000 of the 9m annual cases of TB.

Most go unreported and many result in death because current treatments are increasingly ineffective.

"Call it what you may, a timebomb or a powder keg," Chan said at the opening of the three-day conference of health ministers.

"Any way you look at it, this is a potentially explosive situation."

In a sign of growing alarm, the Bill & Melinda Gates Foundation joined the Chinese government to announce a $33m (£23m) project to pioneer new forms of diagnosis and medication.

TB is a bacterial infection that predominantly attacks the lungs. It spreads through coughing, sneezing, speaking or kissing.

During the 20th century, health authorities made progress in controlling the disease but, in recent years, virulent new strains have emerged in poor countries in which antibiotics are often misused.

The most deadly strain is almost impossible to treat.

Chan said less than 5% of estimated cases of drug-resistant TB were being detected and fewer than 3% of sufferers received treatment that reached WHO standards.

Countries attending the meeting were expected to start drawing up five-year national plans to prevent and control the spread of drug-resistant TB.

"I urge you to make the right policy decisions with appropriate urgency," Chan told health ministers representing countries with more than 80% of the cases.
"At a time of economic downturn, the world simply cannot afford to let a threat of this magnitude, complexity and cost spiral out of control."

After India, China has the highest rate of multi-drug-resistant TB, which sufferers spread to 10 to 15 people per year on average.

Russia is also suffering because of healthcare shortages, while South Africa is vulnerable because the HIV-Aids epidemic has hit immunity systems.

Chinese doctors report that TB is becoming more virulent, although treatment is nominally free.

Earlier this week, Wang Maobo, the vice-director of the disease prevention and control centre of Yantai City, Shandong province, reported a steady increase in TB cases and high death rates, particularly among poor communities.

Computer industry billionaire Bill Gates said the Gates Foundation chose to fund the TB project in China because the scale of the problem was great and the government had the ability to set an example for the world.

"Because of its skill, its scale, its TB burden, its love of innovation and its political commitment to public health, China is a perfect laboratory for large-scale testing of new tools and delivery techniques to fight TB," Gates said at a news conference.

He said the project would initially cover 20 million people and then be expanded to 100 million over five years.
Headline: Gates gives $33 mln to fight tuberculosis in China

Summary: Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB. This article features quotes from Margaret Chan and Bill Gates.
Gates gives $33 mln to fight tuberculosis in China

BEIJING (AFP) — Microsoft founder Bill Gates said Wednesday his charity foundation will donate 33 million dollars to help fight tuberculosis in China.

The Bill and Melinda Gates Foundation will work with China's health ministry over the next five years to develop some of the world's most advanced detection and treatment methods for tuberculosis, he said.

"China is taking the threat of TB very seriously and we're excited to support its efforts," Gates said as he announced the partnership at a global conference on tuberculosis organised by the World Health Organisation.

Gates said he had chosen to make the donation because China's efforts in tackling tuberculosis were pioneering and their partnership would have flow-on benefits for the rest of the world.

Gates also pointed to WHO figures showing China had nearly 1.3 million new cases of tuberculosis each year, accounting for about 15 percent of the world's total.

At Wednesday's meeting, WHO director general Margaret Chan warned of the rising threat of drug-resistant tuberculosis and the need to take quick action.

"I urge you to make the right policy decisions with appropriate urgency," Chan said to health ministers and officials from 32 countries and regions.

"At a time of economic downturn, the world simply cannot afford to let a threat of this magnitude, complexity, and cost spiral out of control."

More than half a million new cases of drug-resistant tuberculosis occurred in 2007, with the almost incurable strains now found in 55 countries, according to the WHO.
Health authorities from around the world warned at a meeting in Brazil last month that tens of billions of dollars were needed to combat the growing spread of tuberculosis.

The three-day WHO meeting in Beijing is set to see participants issue a call for action that urges governments and other parties to invest more in tuberculosis medicines and treatments, according to organisers.

The Bill and Melinda Gates Foundation has made a total of 19.8 billion dollars in grant commitments in various programmes around the world since its inception, according to its website.

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**Headline:** Drug-resistant TB may 'spiral out of control,' U.N. says

**Summary:** Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB and a pilot program to research new anti-TB drug development. In addition to quotes from Margaret Chan and Bill Gates, this article also features a quote from UN TB Ambassador Jorge Sampaio.
Drug-resistant TB may 'spiral out of control,' U.N. says

Tim Johnson | McClatchy Newspapers

last updated: April 01, 2009 07:43:00 PM

BELJING — The world is on the cusp of an explosion of drug-resistant tuberculosis cases that could deluge hospitals and leave physicians fighting a nearly untreatable malady with little help from modern drugs, global experts said Wednesday.

"The situation is already alarming, and poised to grow much worse very quickly," said Dr. Margaret Chan, the director-general of the World Health Organization.

With Bill Gates at her side, Chan urged health officials from 27 countries at a three-day forum in Beijing on drug-resistant TB to recognize the warning signs of what looms ahead, saying that traditional drugs are useless against some strains of tuberculosis and health-care costs for treating those strains can be 100 to 200 times more than for regular tuberculosis.

"This is a situation set to spiral out of control. Call it what you may: a time bomb or a powder keg. Any way you look at it, this is a potentially explosive situation," Chan warned.

Gates, the software magnate turned philanthropist, said scientific overconfidence had led to a lack of innovation and urgency in fighting tuberculosis, which affects 9 million people each year, killing nearly 2 million of them.

"The most commonly used diagnostic test is today more than 125 years old," Gates said. "The vaccine was developed more than 80 years ago, and drugs have not changed in 50 years."

Tuberculosis is a highly contagious bacterial infection that attacks the lungs and can affect other organs as well. Coughing, sneezing and even talking can spread the bacteria. If untreated, a person with TB can infect 10 to 15 other people in a year.

Once thought conquered in developed countries, virulent forms of tuberculosis are again on the march, caused often by improper use of drugs and poorly managed treatment regimes. It remains largely a disease of poverty.

Chan said that traditional treatment often left the patient wishing to end the medicine.
"Instead of taking two to four pills, one has to take 13 pills. Put yourself in the position of the patient. Thirteen pills are not 13 candies," Chan said, noting that courses of treatment can last four to six months and patients don't like the hassle of taking the pills for so long.

Outbreaks of multi-drug-resistant strains of tuberculosis are highest in India, China, Russia, South Africa and Bangladesh. Scientists now see even worse strains, which they label extensively drug-resistant TB, that can be treated neither with the two principal anti-TB drugs nor with more expensive second-line drugs.

In early 2007, 20 countries reported cases of the more fatal TB. By the end of last year, 54 countries reported the malady.

Jorge Sampaio, the U.N. secretary general's special envoy to halt TB, called the extensively drug-resistant strain "a very deadly and devastating epidemic."

Later in the day, Gates offered a grant of $33 million to China's Ministry of Health to finance what he called an innovative pilot program for TB prevention that other nations could use. The program uses new systems to reduce pill intake, offers incentives for doctors to monitor TB and pays for the development of new diagnostic tests.

China has about 1.5 million cases of TB each year.

Under the pilot program, TB patients will get medicine kits with built-in reminder alarms as well as receive cell-phone text messages reminding them to take their medicines.

Gates said that his Bill & Melinda Gates Foundation was financing research on a new TB vaccine and that "it'll be about five to six years from now before we could have a completely new vaccine."
WHO Calls for Quick Action to Stop Spread of Drug-Resistant TB

By Alison Klayman
Beijing
01 April 2009

The director of the World Health Organization says drug-resistant strains of tuberculosis are poised to "spiral out of control."

WHO director Margaret Chan says out of more than nine million people who are infected with tuberculosis every year, more than half a million contract a drug-resistant variety.

"This is the true alarm bell," she said. "This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection."

Last year's rates of drug-resistant tuberculosis were the highest ever recorded. Yet the World Health Organization estimates less than five percent of drug-resistant TB cases are detected, and fewer than three percent are treated.

The disease is particularly widespread in countries such as China, Russia and Brazil, where health-care systems may be stretched too thinly, and in South Africa, where tuberculosis is found among many of the country's AIDS victims.

In addition, 55 countries have reported at least one case of extensively drug-resistant tuberculosis. That strain is virtually untreatable.

China is second only to India in terms of drug-resistant infections, with 112,000 cases in 2007. In China, 4.5 million people have tuberculosis, and more than 200,000 a year die from the illness.

Health officials from 27 countries, most of them nations with high TB case loads, are meeting in Beijing this week to seek ways to fight the disease. Chinese efforts got a boost Wednesday, when philanthropist Bill Gates announced a $33-million partnership between the Bill & Melinda Gates Foundation and China to
diagnose and treat tuberculosis.

Gates says that developing countries are crucial in the fight against tuberculosis.

"As we look ahead to the next decade, the leading indicators in the global fight against TB will be the actions of the world's emerging economies all represented here," he said.

Nearly two million people worldwide die from tuberculosis each year. Infected people can spread the bacteria simply through coughing or sneezing.

Tuberculosis can be treated in half a year, but the drug-resistant form takes up to two years to fight and costs 200 times more to treat.
Headline: Government ministerial meeting to deal with TB takes place in Beijing

Summary: Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation.
政府から顧みられない薬剤耐性結核患者　—WHO結核会議、北京にて開催—
(共同通信PRワイヤー)

2009年4月1日

国境なき医師団

政府から顧みられない薬剤耐性結核患者　—WHO結核会議、北京にて開催—

国境なき医師団(MSF)は、多剤耐性結核(MDR-TB)による多数の犠牲者を生み出していますが、人々の命を救うための治療を提供する取り組みを十分に行っていないと指摘する。4月1日から3日間にわたって薬剤耐性結核の高蔓延国の大臣が出席する世界保健機関(WHO)会議が北京で開催されるのを機に、MSFはこれからの国々に対してMDR-TB患者の治療に対する取り組みと、既存の治療法を改善するために必要な研究を行うように呼びかける。

WHOの報告によると、毎年約50万件のMDR-TBの症例が新たに発生しているが、このうちMDR-TBと診断され患者本人に告知されたのは3万人未満であり、品質の保証された薬を用いて国際的なガイドラインに沿った治療を開始したのはわずか3681人である。

MSF必須医薬品キャンペーンのディレクター、ティド・フォン・シェーン・アンゲラー医師は語る。「MDR-TBの高蔓延国は後開発途上国ではないだけに、MDR-TB患者治療に対する取り組みの遅れは衝撃的です。これらの国々には対応する力があります。MDR-TB治療を優先事項として位置づけ、治療に力を入れる必要があります。」

MSFは、WHOがMDR-TBの高蔓延国と分類する中国、南アフリカ、インドなどの国々で、治療を必要とする患者に対する取り組みが不十分である現状を懸念している。適切な治療の欠如は、薬剤耐性結核の広がりにもつながる。

中国を例に取ると、この国は世界のMDR-TB症例数の4分の1を占めている。中国政府の結核治療プログラムからの当初の要請に応えて、MSFは内モンゴル自治区内のMDR-TB患者に治療を提供するため2年間にわたって中央政府、省政府および地方当局と交渉を行ったが、許可は得られなかった。現在、MSFはこの治療活動の開始に向けた動きを停止している。
MSF のオペレーション・ディレクター、メイニー・ニコライは語る。「命にかかわる治療が必要とする人びとに何もできないというのは非常にもどかしいものです。当局との合意に達しなかったため、私たちは一人の患者も治療できませんでした。そして過去 2 年間私たちが交渉に時間を費やしている間に、他に治療を受けられる場所がないために、多くの人が亡くなっていた可能性があるので。」

さらに、研究への投資も必要である。MDR-TB の治療は複雑かつ長期にわたり、薬が重い副作用を引き起こすこともある上に、十分な効果が得られるとは限らない。このため、より効果的な新たな検査法と治療薬の開発、そして MDR-TB 治療を最適化するための研究が緊急に必要とされている。

シェーン・アンゲラー医師は語る。「高蔓延国が MDR-TB 治療の改善に必要な研究を行うための技術や資源を保有しています。この北京での会議は、高蔓延国にとって MDR-TB の危機に取り組む上で先導的な役割を担う契機といえます。具体的には、より多くの患者を治療する目標の設定や、品質が保証された薬に対する輸入の認可、既存の治療法を改善する共同研究の創設を行うことが求められます。」

2007 年、MSF は南アフリカ、インド、ウズベキスタン、グルジア、アルメニアなどの国における 12 の結核治療プログラムで 574 人の MDR-TB 患者の治療を行った。

MDR-TB の蔓延状況：

WHO の報告では、MDR-TB の蔓延率が最も高い国々は以下の通りである。

インド（13 万 1 千例）、中国（11 万 2 千例）、ロシア（4 万 3 千例）、南アフリカ（1 万 6 千例）、バングラデシュ（1 万 5 千例）

その他の MDR-TB の高蔓延国:

アルメニア、アゼルバイジャン、ベラルーシ、ブルガリア、コンゴ民主共和国、エストニア、エチオピア、グルジア、インドネシア、カザフスタン、キルギスタン
関連 URL: http://prw.kyodonews.jp/open/release.do?r=200904012039

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[2009年4月1日17時6分]
**Headline:** China to spearhead anti-tuberculosis drive

**Summary:** China has launched a new initiative to battle tuberculosis, which is being boosted by a USD33 million grant from the Bill & Melinda Gates Foundation. Chen Zhu announced the deal during the opening ceremony of three-day meeting in Beijing to discuss TB solutions.
China to spearhead anti-tuberculosis drive

Gates Foundation partners health initiative.

David Cyranoski

China’s government has launched an initiative to tackle tuberculosis (TB) in partnership with the Bill & Melinda Gates Foundation, which is providing the scheme with US$33 million over 5 years.

Chen Zhu, the Chinese health minister, and Bill Gates announced the partnership on 1 April at the start of a three-day conference in Beijing, during which health officials from 27 countries will compare notes about their efforts to deal with the disease — particularly in its drug-resistant forms.

To read this story in full you will need to login or make a payment (see right).
**Headline:** Health Buzz: Fighting Tuberculosis and Other Health News

**Summary:** Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation. This brief report about the ministerial meeting includes a link to the AP article about the meeting and a quote from Margaret Chan.
WHO: More Needs to Be Done to Fight Tuberculosis

Stronger healthcare systems and improved medications and tests for tuberculosis infections are needed to fight a "potentially explosive" increase in difficult-to-treat TB strains, World Health Organization Director-General Margaret Chan said today. Speaking to health ministers and senior officials from 27 nations at the start of a three-day meeting in Beijing about drug-resistant TB, Chan said that more must be done to fight the illness, the Associated Press reports. "I urge you to make the right policy decisions with appropriate urgency," Chan said. "At a time of economic downturn, the world simply cannot afford to let a threat of this magnitude, complexity, and cost spiral out of control."

Getting treated for drug-resistant TB infection can be a complex, grueling process. TB is also one of 12 diseases that have altered history.
Headline: In China, 64 get hepatitis from one blood donor

Summary: The world is on the cusp of an explosion of drug-resistant tuberculosis cases that could deluge hospitals and leave physicians fighting a nearly untreatable malady with little help from modern drugs, global experts said Wednesday. Bill Gates said scientific overconfidence had led to a lack of innovation and urgency in fighting tuberculosis, which affects 9 million people each year, killing nearly 2 million of them. "The most commonly used diagnostic test is today more than 125 years old," Gates said. "The vaccine was developed more than 80 years ago, and drugs have not changed in 50 years." Gates' foundation and the Chinese government announced a $33 million project that initially covers 20 million people in six provinces and will be expanded to 100 million people over five years.
In China, 64 get hepatitis from one blood donor

Last update: April 1, 2009 - 9:29 PM

At least 64 people have been infected with hepatitis C after receiving transfusions of tainted blood at a county hospital in southern China, a hospital official said Wednesday.

Authorities at the Guizhou Province hospital traced the infections to contaminated blood from a donor who had sold blood to the facility from 1998 to 2002. The police have detained the hospital’s former chief on suspicion of illegally collecting and using the blood, according to Xinhua, the state-run news agency. Hospital officials also blamed improper screening of the blood supply for the spread of the infection.

The tainted supply was discovered in September, when a former hospital patient developed symptoms of hepatitis C.

Xie Yong, deputy head of the Pingtang County People’s Hospital, said that the former patient had received a blood transfusion during a Caesarean section in March 2001.

He said that the hospital had purchased the blood used in the operation, even though it was not legally allowed to buy blood. "The hospital administrator’s legal awareness might not have been very strong," Xie said. "I heard that the hospital had been punished once before for illegal blood supply."

Xinhua said the donor, a 43-year-old woman whom it described as having traveled from another county to find a willing buyer, had sold the hospital as much as 42 pints of blood.
**MEDICARE PATIENTS' READMIT RATES: 1 IN 5**

One in five Medicare patients ends up back in the hospital within a month of discharge, a large study found, and that practice costs billions of dollars a year.

The findings suggest that patients aren’t told enough about how to take care of themselves and stay healthy before they go home, the researchers said. A few simple things — like making a doctor’s appointment for departing patients — can help, they said.

The study found that a surprising half of the non-surgery patients who returned within a month hadn’t even seen a doctor between hospital stays.

“Hospitals put more effort into the admission process than they do into the discharge process,” said Dr. Eric Coleman, one of the study’s authors from the University of Colorado in Denver.

Coleman, who runs a program to improve “hand-offs” between health care systems, said patients often have a honeymoon notion about how things will be once they’re home. Then when they become confused about how to take their medicine or run into other problems, they head back to the hospital because they don’t know where to turn, he said.

**NEWS SERVICES**

The world is on the cusp of an explosion of drug-resistant tuberculosis cases that could deluge hospitals and leave physicians fighting a nearly untreatable malady with little help from modern drugs, global experts said Wednesday.

With Bill Gates at her side, Dr. Margaret Chan, director-general of the World Health Organization, urged health officials from 27 countries at a three-day forum in Beijing on drug-resistant TB to recognize the warning signs of what looms ahead, saying that traditional drugs are useless against some strains of tuberculosis and health care costs for treating those strains can be 100 to 200 times more than for regular tuberculosis.
"This is a situation set to spiral out of control," Chan warned.

Gates, the software magnate turned philanthropist, said scientific overconfidence had led to a lack of innovation and urgency in fighting tuberculosis, which affects 9 million people each year, killing nearly 2 million of them.

"The most commonly used diagnostic test is today more than 125 years old," Gates said. "The vaccine was developed more than 80 years ago, and drugs have not changed in 50 years."

Tuberculosis is a highly contagious bacterial infection that attacks the lungs and can affect other organs as well.

Coughing, sneezing and even talking can spread the bacteria. If untreated, a person with TB can infect 10 to 15 other people in a year.

Gates' foundation and the Chinese government announced a $33 million project that initially covers 20 million people in six provinces and will be expanded to 100 million people over five years.

New approaches being tried include tests that diagnose drug-resistant TB in hours instead of weeks and drug combinations that at least halve the number of pills patients have to take.

Mobile phone text messages will be used to track patients and their treatments.

Once thought conquered in developed countries, virulent forms of tuberculosis are again on the march, caused often by improper use of drugs and poorly managed treatment regimes. It remains largely a disease of poverty.

New approaches being tried include tests that diagnose drug-resistant TB in hours instead of weeks and drug combinations that at least halve the number of pills patients have to take.
Mobile phone text messages will be used to track patients and their treatments.

Once thought conquered in developed countries, virulent forms of tuberculosis are again on the march, caused often by improper use of drugs and poorly managed treatment regimes. It remains largely a disease of poverty.
Headline: China Finds More Than 200 Deadly Tuberculosis Cases

Summary: The Chinese Ministry of Health takes an active approach in dealing with TB and drug-resistant TB by disclosing recent figures, including new MDR-TB and XDR-TB statistics, revealing for the first time that XDR-TB is present in China. This article features statistics from Chinese Health Minister Chen Zhu’s presentation in the ministerial meeting’s first technical session and quotes from Stop TB Coordinator Paul Nunn.
China Finds More Than 200 Deadly Tuberculosis Cases (Update1)

By Kanoko Matsuyama

April 2 (Bloomberg) -- China’s health ministry found more than 200 cases of extensively drug-resistant tuberculosis, a form of the lung disease that is fatal to half of patients.

The government, which hosts a conference on tuberculosis this week, surveyed 47 million people in 31 provinces in 2007 and 2008 and found that about 30,000 had tuberculosis, Health Minister Chen Zhu said at the meeting in Beijing yesterday.

China has never before acknowledged the presence of the most deadly form of tuberculosis in the country, the World Health Organization said. The WHO, China’s health ministry and the Bill & Melinda Gates Foundation organized the three-day meeting to galvanize action against the new TB strains.

“China is willing to be transparent about the problem,” said Paul Nunn, coordinator of the TB and HIV drug-resistance unit with WHO’s Stop TB Department. “This of course is necessary to mount an effective public health service response.”

About 8.3 percent of the tuberculosis patients had a TB form known as multidrug resistant, which doesn’t respond to the standard six-month treatment and requires a two-year course of medicines that are both toxic and 100 times more expensive.

The government found that 0.68 percent of those cases suffered from the even more serious form called extensively drug-resistant TB, Chen told a panel presentation on the drug- evading bacteria.

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Last Updated: April 2, 2009 09:29 EDT
Headline: Drug-resistant TB spreading fast in poorer countries

Summary: Ministers from countries most affected by M/XDR-TB have gathered in Beijing to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB. This article features quotes from Margaret Chan.
Drug-resistant TB spreading fast in poorer countries

Health officials gathered in Beijing on April 2 warned against deadly strains of drug-resistant tuberculosis (TB), which are spreading fastest in developing countries due to the lack of appropriate facilities to tackle the disease.

More than half of all the new cases of TB are resistant to multiple drug treatment right from the start, and not as a direct result of substandard care, warned General Director of the World Health Organisation (WHO), Margaret Chan.

“The alarm bells are ringing. This tells us that resistant strains are now circulating in the general population and spreading widely in a growing pool of latent infections,” he said.

According to the WHO, of 9 million new TB cases annually, about 490,000 are multiple-drug resistant TB (MDR-TB) and about 40,000 are extensively drug resistance (XDR-TB) based on 2006 data. People with XDR-TB, which has appeared in 55 countries, have few treatment options and death rates are high.

The spread of those strains could compromise the global fight against tuberculosis, which relies on drugs developed decades ago.

Alarming situation

“The situation is already alarming, and is poised to grow much worse very quickly,” Ms Chan said.

China has already announced steps to provide health care for people suffering from drug-resistant tuberculosis, helping to close a gap that has allowed the deadly strain of the disease to take hold.

China’s measures, funded by a US$33 million grant from the Bill & Melinda Gates foundation, include more affordable treatment in hospitals, quicker tests for the strains of tuberculosis that are resistant to standard treatment, and a follow-up service for patients, to make sure they take their medicine.
China ranks second among the countries with high rates of MDR-TB, just after India. If not cured, patients can infect 10 to 15 other people a year, according to the WHO.

Health officials from 27 countries with high rates of MDR-TB gathered in Beijing to work out new strategies as their nations account for about 85 percent of all cases.

Many people are not being detected, and fewer than 3 percent worldwide are being treated according to WHO recommendations.
Publication: Guardian (blog)
( http://www.guardian.co.uk/society/katineblog/2009/apr/02/tb-research)

Circulation: N/A
Nature: Online
Date: 2009-04-02
Page: N/A

Headline: Will new TB research make much of a difference to developing countries?

Summary: Blog report about the Beijing meeting and the WHO work to fight drug-resistant TB, focusing on recent TB statistics and if new research and money dedicated to fighting TB will actually make a difference in the fight against TB, especially in rural areas.
Will new TB research make much of a difference to developing countries?

The Bill & Melinda Gates Foundation and the Chinese government have launched a $33m project to pioneer new forms of TB diagnosis and medication. But will it make a difference to sufferers in rural communities?

Last week we reported on this blog the problems that surround the diagnosis and treatment of tuberculosis.

The World Health Organisation estimates that 9 million cases of TB are diagnosed each year, many of which result in death because of ineffective treatment.

Yesterday, the Guardian reported that the WHO had warned of a new drug-resistant form of TB that is spreading throughout the world, particularly hitting poorer countries, where drugs are often misused. The most deadly strain is believed to be resistant to almost all forms of treatment.

At a meeting to establish a coordinated response to the problem, held in Beijing, the Bill & Melinda Gates Foundation and the Chinese government announced a $33m project to pioneer new forms of diagnosis and medication.
Delegates heard that fewer than 5% of the estimated cases of drug-resistant TB were being detected and fewer than 3% of sufferers actually received treatment that met WHO standards.

China has one of the world's highest rates of drug-resistant TB, and it is becoming increasingly virulent. High rates of HIV in countries like South Africa leave weakened immune systems particularly vulnerable to infection. A similar problem exists in Uganda, where 60% of the 80,000 people diagnosed with TB each year are also HIV-positive.

The countries represented at the meeting are due to draw up five-year plans to prevent and control the spread of drug-resistant TB. China will be conducting large-scale testing of "new tools and delivery techniques to fight TB", said Bill Gates. The project will initially cover 20 million people, but will be expanded to 100 million over the next five years.

These are undoubtedly positive steps, but how much of an impact will five-year plans and new research really have on sufferers on the ground – for example, those living in rural communities in countries like Uganda or South Africa - who don't have access to a ready supply of drugs or even a decent, local, healthcare system? Surely these issues need to be factored into any government plans if real change is ever going to occur.
**Headline:** Tuberculosis Rising, Pistachio Recall and Sleeping Behind the Wheel

**Summary:** Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation.
April 2, 2009
MORNING ROUNDS

Tuberculosis Rising, Pistachio Recall and Sleeping Behind the Wheel

By RONI CARYN RABIN

Psychiatrists' Financial Ties With Drug Companies

Almost all of the psychiatrists who wrote the most recent clinical guidelines for treating depression, bipolar disorder and schizophrenia had financial relationships with drug companies, according to a study to be published online later this month, The Boston Globe reports. Officials with the American Psychiatric Association say guidelines written by its panels are carefully vetted.

Medical School Faculty to Reveal Financial Links

Stanford University School of Medicine will start requiring faculty members to reveal payments of more than $5,000 a year from drug and medical device companies, Bloomberg News reports. Last August, the university said it would stop accepting industry support for doctor training programs.

Drug-Resistant Tuberculosis on the Rise

A surge in drug-resistant tuberculosis around the globe may lead to patients flooding hospitals, and doctors may be unable to help them because none of the traditional drugs work, world health leaders said at a conference in Beijing, according to The Miami Herald. Outbreaks of multi-drug resistant tuberculosis are worst in India, China, Russia, South Africa and Bangladesh; it is largely a disease of poverty.

Pistachio Recall Triggered by Voluntary Testing
A recall of two million pounds of pistachios that may be contaminated with salmonella was triggered by voluntary testing on the part of a manufacturer for Kraft Foods, The Associated Press reports. Neither the F.D.A. nor state laws require food manufacturers to test the safety of their products, the A.P. said.

Falling Asleep Behind the Wheel

Some 250,000 drivers fall asleep behind the wheel each day, experts say, and fatigue is a causal factor in at least 1,500 deaths and 40,000 injuries each year, USA Today reports. A National Sleep Foundation poll found that more than half of adult drivers acknowledged they had driven while drowsy during the past year and 28 percent had actually fallen asleep while they were behind the wheel.
Headline: Countries Pledge To Fight Drug Resistant TB At Beijing Meeting

Summary: Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation. At the event, China's Health Minister Chen Zhu revealed at the press conference that the Chinese government invested RMB 1 billion last year in TB control and has also been financing a national project to find new diagnostic tools and drugs for HIV/AIDS and TB by 2020. Bill Gates was also quoted saying: "Because of its skill, its scale, its TB burden, its love of innovation, and its political commitment to public health, China is a perfect laboratory for large-scale testing of new tools and delivery techniques to fight TB."
Countries Pledge To Fight Drug Resistant TB At Beijing Meeting

02 Apr 2009

On Wednesday, government ministers and senior officials from 27 countries pledged to intensify efforts to control the spread of drug-resistant tuberculosis (TB) following warnings from the World Health Organization (WHO) that the various drug-resistant forms of the disease are emerging as a major global threat.

Ministers from what the WHO describes as "high multidrug-resistant TB (MDR-TB) burden countries," are meeting this week in Beijing from 1 to 3 April to address the alarming threat of MDR-TB. The meeting is being organized by the WHO, the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation.

Also attending are WHO Director-General Margaret Chan and Bill Gates, who co-chairs the Foundation.

At the end of the first day of the meeting, the countries endorsed the Beijing "Call for Action" on TB Control and Patient Care. This requires 2 billion US dollars over the next two years to fund TB and MDR-TB control and care.

TB is a bacterium that spreads when an infected person coughs, sneezes or spits, for example while talking. But as Chan explained at the meeting, the HIV/AIDS epidemic took the spread of TB to another level: global control was largely successful before then.

TB would still be a highly treatable disease, except for one alarming thing: it is evolving into drug resistant forms that are also more deadly. One form is multidrug-resistant TB (MDR-TB) which does not respond to two top first line drugs. The other form is extensively drug-resistant TB (XDR-TB), which is virtually untreatable.

The main reason that these forms are on the rise is because people do not complete their course of treatment. This means the drug is in the body long enough for the TB bacteria to "learn" about it, but not long enough to kill them off, so they mutate into resistant forms and spread.

Countries developed prevention and treatment strategies after the WHO declared TB a global public health emergency in 1993, but, as Chan explained, "substandard treatment of normal TB drives the development of multi-drug resistant strains".

TB can be treated in 6 months with four antibiotics, whereas drug resistant forms need more expensive drugs and treatments can take up to 2 years.

Many experts blame poor healthcare systems for the spread of drug-resistant TB, because they fail to monitor or educate their patients on the importance of completing their treatment. Others say it is very difficult to do this in conditions where people move from town to town to escape their conditions, to find work, or because it is part of their culture to move around a lot.

However, at the meeting, health ministers agreed that a large part of the problem for them in dealing with emerging M/XDR-TB cases is lack of trained health care workers, unregulated sale and use of anti-TB drugs, and not enough use of fixed-dose combination medicines, reported Xinhua, China's state run news agency.

Under the Call for Action plan, the countries with the highest drug-resistant TB burden will get help to provide universal access to diagnosis and treatment by 2015. If fully implemented on time, this will meet the global target of treating 1.6 million people with MDR-TB and XDR-TB by 2015.

Chan said the action needs a new kind of urgency because "because national TB programs cannot, by themselves, manage these new threats."

Existing TB programs only detect less than 5 per cent of estimated MDR-TB cases, she said, and less than 3 per cent of them are getting treatment in line with standards recommended by the WHO.

She also warned that the cost of treating MDR-TB can be up to 200 times that of treating normal TB.

China's Health Ministry and Bill Gates also announced a joint initiative to improve detection and treatment of TB in China, which according to the WHO has 15 per cent of the world's TB cases. This is 1.3 million new cases and more than 200,000 deaths a year.

Also, China has more than 20 per cent of the world's drug resistant cases, the second highest rate in the world.

Under the new project, to which the Bill & Melinda Gates Foundation will donate 33 million US dollars, China will bring in new diagnostic tools, drugs and patient monitoring, with new ways to help patients complete their treatment.

Health Minister Chen Zhu told a press conference that the Chinese government invested 1 billion yuan (146 million US dollars)
last year in TB control, and has also been financing a national project to find new diagnostic tools and drugs for HIV/AIDS and TB by 2020.

Bill Gates said:

"Because of its skill, its scale, its TB burden, its love of innovation, and its political commitment to public health, China is a perfect laboratory for large-scale testing of new tools and delivery techniques to fight TB."

The aim of the 3-day meeting is to:

- Build consensus and political commitment globally and in high M/XDR-TB burden countries.
- Rapidly scale up the prevention and management of MDR-TB.
- Initiate 5-year national strategic plans for MDR-TB, as part of national TB and health sector plans.

Sources: Xinhua, Associated Press, Bill and Melinda Gates Foundation, WHO.
Publication: TropiKA.net

Circulation: N/A
Nature: Online
Date: 2009-04-02
Page: N/A

Headline: Tuberculosis: neglected aspects of the disease under the spotlight in Rio

Summary: This article explained the severity of the TB epidemic in Africa, well-supported with various statistics and current meager efforts to treat the African patients. It then mentioned the ministerial meeting taking place in Beijing to increase awareness for this issue and the various participating organizations’ dedication and commitment to address tuberculosis.
Tuberculosis: neglected aspects of the disease under the spotlight in Rio

2 Apr 2009
Bobby Ramakant

Source: TropIKA.net

The third annual forum of the Stop TB Partnership took place in Rio de Janeiro 23-25 March. (24th March also saw the latest World TB Day and the publication of WHO’s Global TB Report for 2009.) The meeting provided an opportunity to highlight aspects of tuberculosis that usually receive inadequate attention.

Africa’s TB gap

Africa faces the largest funding gap to implement the Global Plan to Stop TB by 2015.

During the Rio meeting, the Africa Public Health Alliance launched a campaign - “African TB Partners Call on African Heads of State, Health and Finance Ministers to fund the gap in the fight against TB”. A Kenyan activist Lucy Cheshire said that African health ministers recognized TB as an emergency but, nevertheless, were failing to mobilize the resources required to control TB and fully implement the Global Plan.

“The current global economic crisis is all the more reason why high-burden TB countries in Africa should invest in TB control. As per a report of World Bank and Stop TB
Partnership, high-burden TB countries are likely to recover 9-15 times of their investment in TB control”, said Mayowa Joel of Nigeria. The report indicated that the economic cost to Africa of not treating TB between 2006 and 2015 would be $519bn, while TB could be controlled for $20bn in the same period.

Many organizations signed up to the Alliance’s call during the meeting. Further information can be obtained from Lucy Cheshire at lucy_chesire@yahoo.com or Mayowa Joel at mayowajoel@yahoo.com.

Over 4.2 million Africans are currently living with TB and of these 2.8 million are new TB cases. An estimated 639,089 African lives are lost to TB annually. Even though Africa makes up only 11.7% of the global population, nine of the world’s 22 “high-burden” TB countries are in Africa: Democratic Republic of Congo (DRC), Ethiopia, Mozambique, Nigeria, South Africa, Uganda, Kenya, Tanzania and Zimbabwe. The high prevalence of HIV and recent outbreaks of multi-drug resistant tuberculosis (MDR-TB) add further to the seriousness of the African TB situation.

Indigenous peoples

There are approximately 370 million indigenous peoples globally, living in more than 70 countries. They have often been neglected by TB programmes as a result of cultural barriers, language differences, geographic remoteness, and economic disadvantage. TB rates among indigenous people are consistently higher than they are in other people living in the same countries. For example, in Canada during the five-year period 2002-2006, the first-nations TB rate was 29 times higher than other Canadians; for the Inuit people, it was 90 times higher.

Speaking in Rio, Wilton Littlechild, Regional Chief, Assembly of First Nations, said: “Due to a broad range of reasons, indigenous people aren’t able to access TB-related treatment and care services and if they are, then they are more likely to default, increasing the risk to develop drug resistance ... We demand inclusion of indigenous peoples in the Global Plan to Stop TB strategy and have launched a strategic framework aimed at addressing tuberculosis among indigenous peoples .... We wish to establish a secretariat to collect data of TB programmes in indigenous communities.”

Chief Littlechild said the strategic framework had been developed through consultations with indigenous leaders, TB experts and health advocates from over 60 countries. It was designed to take an indigenous approach, linking the right to health, education, housing, employment and dignity. It was based on equality of opportunity to the highest level of health attainable worldwide. The framework would serve as a tool to build a social movement to raise awareness of indigenous TB, to develop targets and messages, to pilot interventions, and to monitor TB trends among indigenous peoples. The framework also called upon indigenous peoples to demand access to TB prevention and treatment measures in their communities.
Neglect of people with MDR-TB

Médecins Sans Frontières (MSF) says that less than 1% of people with multi-drug resistant TB (MDR-TB) get access to proper treatment, as defined in international guidelines.

WHO puts the figure a little higher. Dr Ernesto Jaramillo, Medical Officer of WHO’s Stop TB department told the Rio meeting that: “Only 3% of people who have MDR-TB have access to effective treatment. We have compelling evidence that we know how to prevent and treat MDR-TB and treatment success rate is 80% in low-resource setting. Its intervention is complex but is effective, feasible and is cost-effective”. Dr Mario Raviglione, Director of Stop TB, said that that there could be more than half a million MDR-TB cases every year and that 54 countries had now reported the presence of extensively drug-resistant TB (XDR-TB).

In 2007, MSF treated 574 patients for MDR-TB in 12 projects including in South Africa, India, Uzbekistan, Georgia and Armenia. The organization is concerned that many countries, particularly those classified by WHO as “high-burden” – such as China, South Africa or India – are not doing enough to provide treatment to patients in need. In addition, not providing appropriate treatment further contributes to the spread of drug-resistant TB.

China, for example, has a quarter of the world’s MDR-TB cases. Answering an initial request made by the Chinese National TB Programme, MSF has since failed to obtain the authorisation to provide care for MDR-TB patients in Inner Mongolia, despite two years of negotiations with national, provincial and regional authorities. MSF has now abandoned its attempts to open the project. “Not being able to act when there are people that need life-saving treatment is extremely frustrating,” said Meinie Nicolai, MSF Director of Operations.

“The slow progress in treating people with MDR-TB is particularly striking because high-burden MDR-TB countries are definitely not the least developed in the world,” said Dr Tido von Schoen-Angerer, Director of MSF’s Access to Essential Medicines Campaign. “They have the capacity to act, and need to make this a priority and put people on treatment.”

Dr Jaramillo said that progress was also possible in low-resource countries; Lesotho was able to create a state-of-the-art laboratory for diagnosis of MDR-TB in only six months. “We have countries like Nepal, Philippines, Peru that despite weakness in health systems are providing universal access to MDR-TB diagnosis and treatment”, said Dr Jaramillo.

A high-level ministerial meeting on M/XDR-TB is now about to begin in Beijing, China, for. MSF says it will seek commitment to treating more people with MDR-TB, and to conducting the research necessary to improve current treatment options.

Summary: Examining the spread of tuberculosis from Nigeria’s point of view, this epidemic remains a serious concern due to the country’s huge population, poverty, poor waste disposal and decaying health infrastructure. The article included a quote from Dr. Margaret Chan.
Nigeria: New TB Strain Poses Threat to Citizens, Says WHO

Chinedu Offor and Baba Negedu in Kaduna

2 April 2009

Washington DC — Health warnings have come for Nigeria from home and abroad, with World Health Organisation (WHO) Director General, Margaret Chan, expressing concern that the country is on the verge of an epidemic posed by a new drug-resistant form of tuberculosis (TB).

In Kaduna, the National Emergency Management Agency (NEMA) renewed concern over the likely spread of cholera and measles nationwide if there is no public awareness and timely provision of drugs.

The deadly TB super-bug is also spreading across the globe at an alarming rate, in what Chan described as "a potentially explosive situation."

She issued the warning on Wednesday at the start of a three-day conference in Beijing of health officials from at least 27 nations with high rates of drug-resistant TB.

Of the nine million cases reported each year, the WHO said around 500,000 are multiple drug resistant strains, many of them in developing countries.

Nigeria, with its huge population, plus poverty, poor waste disposal, and decaying health infrastructure, is a fertile ground for the spread of the highly infectious disease.

Several thousand more people suffer from extensively drug-resistant TB, which is untreatable, said the WHO.

Health experts conclude the spread of these forms of TB will force doctors to use much stronger and more expensive medicines to fight the disease.
The drug-resistant form takes up to two years to fight and costs 200 times more to treat.

But the WHO explained that less than five per cent of estimated cases of drug-resistant TB is being detected, and fewer than three per cent treated according to WHO standards.

China is second only to India in the number of cases of drug-resistant TB each year.

The Chinese government has announced a new programme to combat the disease, which is funded by a $33 million grant from the Bill and Melinda Gates Foundation.

The scheme includes new and better tests to detect drug-resistant TB, as well as new treatments and better methods of tracking patients.

Chan said despite the global economic downturn, the world cannot allow "a threat of this magnitude, complexity and cost" to spiral out of control.

She urged Abuja to improve facilities nationwide to head off a health crisis.

Back in Kaduna, NEMA Director General, Mohammed Audu-Bida, said at a workshop that cholera, measles, lassa fever, and other epidemics account for more deaths than any other disaster in Nigeria.

He warned that the rates of infection and fatality have assumed alarming proportions, recalling the outbreak of measles last year which led to the death of several children.

Besides, he noted, "cerebrum spinal meningitis (CSM) has brought agonies and pains this year by currently ravaging almost the entire states in the North and some parts of the South."

Audu-Bida, represented by NEMA Director of Administration, Clementine Aisueni, said the agency had alerted earlier this year on the threat of meningitis and lassa fever.

"Evidence from the current CSM, measles, and cholera has shown that the high rate of infection and fatality arises due to illiteracy, ignorance, poor personal and environmental hygiene, over congestion and absence of community based early detection, reporting and surveillance systems."

He disclosed that arrangements have been concluded to begin a Master's degree programme in disaster management at six federal universities from the 2009/2010 session.

They are Ahmadu Bello University, Zaria; University of Maiduguri; Federal University of Technology, Minna; University of Port Harcourt; University of Nigeria, Nsukka; and University of Ibadan.
Kaduna State Health Commissioner, Yari Everton Peter, commended the NEMA for raising alarm on meningitis and lassa fever, which prompted the state to take a proactive step that controlled the scourge in most council areas.

State National Orientation Agency (NOA) Director, Galadima Zubairu Soba, also applauded the NEMA's proactivity.

NEMA Co-ordinator (North West), Nuhu Alhassan said the workshop was organised in collaboration with the Kaduna State Emergency Management Agency (SEMA) to build capacity against threats of CSM, measles, cholera, and lassa fever.

The workshop provided, among others, basic facts on the two diseases, causative organism, signs and symptoms, prevention and control measures.

The participants included teachers, district heads, and health workers.
Headline: Multidrug Resistant-TB on the Rise Globally

Summary: China’s health ministry and the world’s riches man Bill Gates are teaming up to improve detection and treatment of tuberculosis, or TB, in the country. Chinese Vice President Li Keqiang spoke at a meeting on drug-resistant TB in Beijing."Tuberculosis is currently one of the three most deadly diseases in China. Prevention presents a difficult challenge, especially drug resistant strains of tuberculosis. These are particularly dangerous in the Chinese population."Chinese authorities and the Bill & Melinda Gates Foundation have launched a project to test new drugs, tools to diagnose drug-resistant TB. Gates said his foundation will provide the five-year project with more than 30 million dollars grant. The project will be carried out in 20 cities. It aims to treat 50,000 TB patients each year.
**Headline:** Gates y China, contra la tuberculosis

**Summary:** Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation.
Gates y China, contra la tuberculosis

La Fundación Bill & Melinda Gates, anunció la donación de 25 millones de euros en un plan Gobierno chino para combatir la enfermedad

La Organización Mundial de la Salud (OMS) alertó ayer en Pekín de la necesidad urgente de combatir la tuberculosis en el mundo. “Escurrimar atención y esfuerzos hoy puede costarnos una factura mucho más grande muy pronto”, dijo la directora general de la OMS, Margaret Chan, en la inauguración de un encuentro sobre prevención de la enfermedad en el
que participan los ministros de Sanidad de los 27 países más afectados por esta epidemia, entre ellos China.

Cada año se registran en este país alrededor de 1,5 millones de nuevos casos de tuberculosis, el equivalente al 14% de los afectados de todo el mundo, y más de 200.000 muertes por esta dolencia, según un informe de la Fundación Bill & Melinda Gates, que ayer anunció la donación de 25 millones de euros en un plan a cinco años con el Gobierno chino para combatir la enfermedad. Una de las mayores preocupaciones de la OMS es la rápida expansión de la tuberculosis multirresistente (MDR-TB), que afecta sobre todo a los países subdesarrollados que no aplican correctamente los tratamientos. Según la OMS, sólo un 5% de los casos de MDR-TB es detectado por programas de sanidad nacionales y menos de un 3% es tratado según los estándares de la OMS. Además, tratar la MDR-TB puede llegar a ser hasta 200 veces más caro que en el caso de la tuberculosis normal. Según Chan, el coste por paciente es muy superior a los ingresos medios anuales per cápita en cualquiera de los 27 países más afectados por la dolencia.

La Fundación Gates dona 25 millones para combatir la dolencia en China

El objetivo principal del plan de cooperación financiado por Bill Gates y China es adquirir e implementar sistemas que permitan reducir el número de fármacos que debe tomar los pacientes. "Pero para que el plan tenga efecto debe existir un sistema de sanidad pública accesible a todos", dijo a Público Jorge Sampaio, enviado de la OMS en la lucha contra la tuberculosis. De hecho, la donación de la Fundación de Bill Gates se suma al plan anunciado por Pekín para garantizar la asistencia médica universal en 2011. La sanidad pública es prácticamente inexistente para la población rural de China.
WHO earmarks 15 billion dollars to curb drug-resistant TB by 2015

Summary: Ministers from countries most affected by M/XDR-TB have gathered in Beijing to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB. This article features quotes from Margaret Chan.
WHO earmarks 15 billion dollars to curb drug-resistant TB by 2015

By John Wolper
14:23, April 3rd 2009

Beijing - Ministers from 27 nations have backed a 15-billion-dollar plan to provide universal access to diagnosis and treatment of multi-drug-resistant tuberculosis (MDR-TB) by 2015, the World Health Organization (WHO) said Friday.

The ministers agreed to remove barriers to TB care, guarantee supplies of medicines, and develop full management and training systems for treatment of MDR-TB and extremely drug-resistant TB (XDR-TB), the WHO said in a statement.

The ministers called for urgent action to halt an "alarming" rise in the spread of MDR-TB at the end of a three-day, WHO-led ministerial meeting of nations with high levels of MDR-TB and XDR-TB.

"We need high-level political attention because national TB programmes cannot by themselves manage these new threats," WHO Director General Dr Margaret Chan said in the statement.

Chan said earlier that the world already faced a "precarious situation" in slowing the spread of drug-resistant TB, warning that it could cost up to 200 times more to treat than drug-responsive TB.

The ministers on Friday committed their governments to help mobilize the estimated 15 billion dollars needed to finance the response to drug-resistant TB from national and international resources by 2015, the WHO said.

They also called for increased investment in the research and development of new TB diagnostics, drugs and vaccines, it said.

More than 50 nations, mainly in Asia, Africa and Europe, have reported cases of XDR-TB, according to the WHO, which estimated that there were some 500,000 drug-resistant tuberculosis cases worldwide in 2007.

Improper use of drugs and poorly managed treatment regimes are the main causes of drug resistance in TB, which kills some 1.7 million people each year, the WHO said.

The WHO last week said the percentage of people contracting tuberculosis globally was declining, but it warned that the world was failing to cut the death rates fast enough.

It said the Americas, the Eastern Mediterranean and South-East Asia regions will meet the goal of halving mortality rates of 1990 by 2015, but other areas, including Europe and Africa, will fail to meet the targets.
**Publication**: Baltimore Sun

([http://www.baltimoresun.com/news/opinion/oped/bal-op.tb03apr03,0,1591373.story](http://www.baltimoresun.com/news/opinion/oped/bal-op.tb03apr03,0,1591373.story))

**Circulation**: N/A  
**Nature**: Print  
**Date**: 2009-04-03  
**Page**: N/A

**Headline**: Stopping a killer

**Summary**: An editorial by Harvard Medical School assistant professor and Paul G. Rogers Society for Global Health Research Ambassador Carole Mitnick about drug-resistant TB awareness talking about the significance of the Beijing ministerial meeting and the money needed to fight the disease. Ministers from countries most affected by M/XDR-TB have gathered in Beijing to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB).
Stopping a killer

By Carole Mitnick

April 3, 2009

China has called an urgent meeting that could affect your life, and it's not about the global economic crisis - or global warming.

Instead, it's about a quiet global health threat that is more disturbing than you probably assume: the silent spread of multidrug-resistant tuberculosis (MDR-TB) around the world. Many global health leaders are in Beijing this week trying to draw attention to the danger, including Bill Gates, whose foundation has given billions of dollars to fight diseases; Margaret Chan, the director-general of the World Health Organization; and senior representatives from more than two dozen nations, including the United States.

MDR-TB - an acronym to burn into your brain - is a killer of unknown dimensions, moving in unknown directions. It passes in the air, through a cough or a sneeze. You thought SARS (severe acute respiratory syndrome) was dangerous? SARS killed 800 people overall; MDR-TB kills 800 every two days, maybe many more. And in our attempts to protect people around the world, including the American public, those of us in public health stand in the path of this deadly infectious bug holding just crude, cruel and scarce tools.

Crude, because the main diagnostic test for TB is 127 years old and can't detect resistance; the only vaccine is 85 years old and doesn't prevent the most common form of TB; and the last antibiotic, anti-TB medicine was discovered more than 40 years ago and is useless in the treatment of MDR-TB.

Cruel, because the drugs we give to people with MDR-TB can make them anxious, nervous, psychotic and physically ill for hours and makes their skin burn. And this must go on for up to two years of daily doses of the toxic medicines, with a 50 percent to 80 percent hope that they will be cured.

Scarce, because of the 1 million to 2 million cases of MDR-TB that occur each year, the World Health Organization reports that less than 1 percent will receive high-quality treatment.

All this means that Mycobacterium tuberculosis, the bug that causes TB, has room to run because we don't have new ammunition needed to stop it.

Those gathering in Beijing will call for a major global response to halt the spread of MDR-TB and even worse strains of TB bacterium, such as extensively drug-resistant TB, known as XDR-TB. They will call for more funding, tailored national responses to fight the disease, and a renewed commitment to treat TB well the first time so that resistance to the drugs does not develop.

All of that is urgently necessary. But one message rarely highlighted is just as critical: More funding is needed for tuberculosis research specifically and global health research in general.
But that's not happening. The world's 40 largest donors invested $482 million in TB research and development in 2007, according to a report released last month. That is less than one-fourth the amount recommended by the WHO and the Stop TB Partnership, and only one-tenth the amount recommended by Treatment Action Group, which released the report.

We desperately need an infusion of global health research funding so that in the TB fight we will have better diagnostic tools, but that research in 2007 received just $42 million globally. We need a new TB vaccine (just $71 million spent in 2007) and new TB drugs (just $170 million). And we need improved delivery systems to get these tools to those who need them most (just $37 million spent in 2007).

Despite all of this, we have a strong, committed group of practitioners and researchers who, given better tools and drugs, can get on the right track to halt the devastation of drug-resistant TB.

Those in Beijing are trying hard to make you aware of MDR-TB. But the disease itself is emerging, and in more dangerous forms, both here and abroad. We should put our best scientists on this problem - fast.

Carole Mitnick is an assistant professor in global health and social medicine at Harvard Medical School and a Paul G. Rogers Society for Global Health Research Ambassador. Her e-mail is carole_mitnick@hms.harvard.edu
Headline: Countries pledge to fight drug-resistant TB

Summary: Ministers from countries most affected by M/XDR-TB have gathered in Beijing to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). VIP delegates from the health world and the Chinese government were in attendance, including Chinese Vice-Premier Li Keqiang. WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained.
International
Countries pledge to fight drug-resistant TB

New York (PTI): Health ministers from countries suffering the highest burden of drug-resistant tuberculosis cases, including India, have agreed to a series of measures aimed at accelerating efforts to stop and reverse the global epidemic at a UN-backed meeting in China.

Representatives of 27 countries with a high incidence of multi-drug resistant TB (MDR-TB) are meeting in Beijing for a three-day conference organised by the UN World Health Organisation (WHO), China's Ministry of Health and the Bill and Melinda Gates Foundation to secure funding and action to combat the spread of MDR-TB and extensively drug-resistant TB (XDR-TB).

Delegates, including Chinese Vice-Premier Li Keqiang and Bill Gates, kicked off the gathering on Wednesday, with WHO Director General Margaret Chan stressing that preventing and managing drug-resistant strains of TB is a health imperative for the whole world.

"We need high-level political attention because national TB programmes cannot by themselves manage these new threats. The problem has become too great," said Ms. Chan.

Only three per cent of the estimated new 500,000 multi-drug resistant TB (MDR-TB) cases each year are known to be receiving treatment. Four countries represented at the meeting – India, China, Russia and South Africa, who account for 60 per cent of the world's MDR-TB – have increased their financing to back measures controlling the disease.
**Publication**  UNAIDS


**Circulation**: N/A  
**Nature**: Online  
**Date**: 2009-04-03  
**Page**: N/A

**Headline**: Call for global action on the threat of drug-resistant tuberculosis

**Summary**: Ministers from countries most affected by M/XDR-TB gathered in Beijing April 1-3 to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). During the ministerial meeting, UNAIDS China Director Dr. Bernhard Schwartländer called for more collaboration between efforts to stop TB and HIV, as drug-resistant TB poses such a serious health risk to people infected with HIV. The article also mentions Dr. Brad Hersh of the WHO China HIV/AIDS department, Cindy Kelemi from the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) and South African Health Minister Barbara Hogan’s participation in the session.
Call for global action on the threat of drug-resistant tuberculosis

3 April 2009

Ministers from the 27 countries with the highest burden of multi-drug resistant and extensively drug-resistant tuberculosis (M/XDR-TB) have jointly endorsed a Call for Action on TB control and care to urgently address this alarming threat. The meeting in Beijing, China, on 1-3 April 2009, was organized by the World Health Organization (WHO), the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation.

The two main aims of the meeting were to build consensus and political commitment globally and in countries with high levels of M/XDR-TB, and to act immediately to scale up the prevention and management of drug resistant tuberculosis. This will include developing five year national strategic plans, embedded within national TB and health sector plans.

The Call for Action, endorsed on the first day, recognizes the serious threat that this type of TB poses to people living with HIV and draws attention to the actions required to scale-up M/XDR-TB prevention, control and care. Countries are asked to identify the groups most vulnerable to, and at risk of, drug resistant TB and its impact, including people living with the virus, drug users, prisoners, migrant populations and other marginalized groups and to ensure that services to prevent and treat M/XDR-TB are targeted to meet their needs.

Among the recommendations was a call for governments and partners to strengthen efforts to mobilize more funding to finance care and control of the diseases and increase investments in the research and development of new TB diagnostics, medicines and vaccines effective in people living with HIV.

Drug resistant TB and HIV
The 33 million people living with HIV around the world are especially vulnerable to the impact of M/XDR-TB, a drug-resistant form of tuberculosis. They are at increased risk of contracting such types of TB and experiencing serious side effects and drug interactions when second-line drugs are taken with antiretroviral therapy. They are also at much higher risk of dying if affected by M/XDR-TB.

During a session chaired by UNAIDS Country Director for China, Dr Bernhard Schwartländer, the meeting discussed in detail how to strengthen TB/HIV collaboration. Participants agreed that the HIV community has to take greater responsibility for preventing, diagnosing and treating TB among people living with HIV. Michel Sidibe, Executive Director of UNAIDS, has recently stressed UNAIDS commitment and has made ‘stopping people living with HIV from dying of TB’ an organizational priority.

In line with this, Dr Brad Hersh of the WHO HIV/AIDS department stressed the need for TB and HIV programmes to work more closely together to gain efficiencies in these times of economic crisis. Better TB/HIV collaboration has the additional advantage of helping to overcome common health system barriers to successful programme implementation such as laboratory strengthening, quality assured drug supplies, and monitoring and evaluation.

Cindy Kelemi from the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) urged participants to ensure that investment in HIV prevention, treatment and care was not cut as a result of the economic downturn as this would worsen the epidemic of drug resistant TB.

Affected communities are a highly valuable resource in the response and should be engaged in the planning, implementation and monitoring of activities to control and treat M/XDR-TB. Such a participatory approach is also critical in addressing the rising stigma and discrimination around TB, and to further protect the human rights of individuals affected by the disease. This need for community involvement and inclusion of people affected by TB was highlighted by South Africa’s Minister of Health, Ms Barbara Hogan.

More information about the meeting and the Call for Action can be accessed at http://www.who.int/tb_beijingmeeting/en/index.html

Note: Multi-drug resistant TB (MDR-TB) is tuberculosis that is resistant to at least Rifampicin and Isoniazid, the two most powerful anti-tuberculosis drugs. Extensively drug-resistant TB (XDR-TB) is MDR-TB that is also resistant to at least two out of the three classes of second line TB medicines.
**Headline:** SD has killer TB but situation not so bad

**Summary:** Although Swaziland is affected by TB, its situation is not nearly as dire as many other countries around the world. It is then one of the countries doing all possible to eradicate it. In the meeting the ministers the diseas resolved to continue to wipe it out. This information was provided by the World Health Organisation in a report about the ministers' meeting in Beijing. Dr. Margaret Chan, WHO Director General said "We need high-level political attention because national TB programmes cannot by themselves manage these new threats. The problem has become too great." Bill Gates, Co-Chair of the Bill and Melinda Gates Foundation urged all countries to treat the epidemic with urgency.
SD has killer TB but situation not so bad

03 April, 2009 10:55:00 By Nelsiwe Ndlangamandla

SWAZILAND is not one of the countries that is highly affected by the Multi Drug Resistant and Extensive Drug Resistant tuberculosis (TB) when compared to other countries of the world. This is why there were no representatives from Swaziland during the health ministers' three-day meeting in Beijing.

The meeting which ended yesterday was organised by the World Health Organisation (WHO) for countries with the greatest burdens of drug-resistant tuberculosis.

Though Swaziland is not highly affected by the disease there are people who have it. Swaziland is then one of the countries doing all possible to eradicate it. In the meeting the ministers resolved to continue to wipe it out.

This information was provided by the World Health Organisation in a report about the ministers' meeting in Beijing.

It was stated that there was a great need for political leaders to take the initiative and fight the epidemic.

Dr. Margaret Chan, WHO Director General said "We need high-level political attention because national TB programmes cannot by themselves manage these new threats. The problem has become too great." Bill Gates, Co-Chair of the Bill and Melinda Gates Foundation urged all countries to treat the epidemic with urgency.

Gates said every country was capable of making sure that the disease is eradicated despite the technology it has. Countries that had representatives during the meeting were China, India, the Federation of Russia and South Africa.

They account for 60% of the global number of MDR-TB cases. These are the countries that have increased their financing for TB control.

Some of the recommendations include that all countries should move towards:
* universal access to MDR and XDR-TB diagnosis and treatment by 2015.
* ensuring removal of financial barriers to TB care.
* ensuring development of a comprehensive MDR and XDR-TB management and care framework.
* ensuring sufficient staffs are trained and deployed and
* strengthen laboratory systems.
WHO calls for five year plan to tackle multidrug resistant tuberculosis

Health ministers and delegations from more than 30 countries have issued a call to action to fight multidrug resistant tuberculosis (MDRTB) and extensively drug resistant tuberculosis (XDRTB). Unless drug resistant cases are more effectively diagnosed, controlled, and treated, they will impose a huge economic burden and eventually replace drug susceptible strains of the disease, warned delegates at the ministerial meeting of high M/XDR TB burden countries in Beijing, China, from 1 to 3 April.
**Headline:** Drug-resistant tuberculosis is a 'time bomb' warns WHO

**Summary:** Ministers from countries most affected by M/XDR-TB gathered in Beijing April 1-3 to urgently address the threat of MDR-TB to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan, Chinese TB expert Chu Naihai, Stop TB Director Mario Raviglione and Stop TB Alliance representative Mel Spigelman outline the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained. Bill Gates has donated USD33 million to China’s effort to fight TB.
Drug-resistant tuberculosis is a 'time bomb' warns WHO
Published Apr 4, 2009 by ■ Adriana Stuijt

International health officials gathered in Beijing this week to warn against the deadly drug-resistant strains of tuberculosis. It’s a time-bomb, warned the World Health Organisation: spreading fastest in developing countries.

The Bill & Melinda Gates Foundation has already provided a $33-million grant to help China cope with the growing threat of multiple-drug resistant tuberculosis.

And after the meeting in Beijing, the member states of WHO issued a call for worldwide action, noting 'with grave concern' that multiple- and extremely-drug-resistant Tuberculosis is posing a threat to global public health security.

At the moment, a mere 3 percent of all the new multiple-drug-resistant TB cases are being treated according to WHO standards, their statement has warned.

see Listen to Podcast here:

This is the true alarm bell...

And ominously, some half of all the new cases of tuberculosis that are resistant to multiple drugs are resistant right from the start -- not because of substandard treatment, the head of the World Health Organisation (WHO) warned.

"This is the true alarm bell. This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection," director-general Margaret Chan said.

"Obviously this is a situation set to spiral out of control," said Mario Raviglione of WHO.

"Call it what you want, a time bomb or a powder keg, any way you look at it this is a potentially explosive situation."

According to WHO, of the nine million new TB cases annually, about 490,000 are multiple-drug resistant TB (MDR-TB) and about 40,000 are extensively drug resistant (XDR-TB) based on 2006 data.

People with XDR-TB, which has cropped up in 55 countries, have few treatment options and death rates are high. In South Africa it has already led to a socio-economic crisis, in which the laws have to be rewritten to allow some 3,4-million AIDS-TB orphans access to the social-welfare system and free government housing. see
The spread of those strains could compromise the global fight against tuberculosis, which relies on drugs developed decades ago, WHO warns.

China announced steps to provide health coverage for people suffering from drug-resistant tuberculosis, helping to close a gap that has allowed the more deadly strain of the disease to take hold.

China's measures, funded by a $33 million grant from the Bill & Melinda Gates Foundation, include more affordable treatment at hospitals, quicker tests for the strains of tuberculosis that are resistant to standard treatment, and follow-up for patients to make sure they take their medicine.

China ranks second among countries with high rates of MDR-TB, just after India and South Africa. If not cured, patients can infect 10 to 15 people a year, according to the WHO.

Health officials from 27 countries with high MDR-TB rates gathered in Beijing to work out new strategies. Their nations account for about 85 percent of all cases.

Many people aren't being detected, and fewer than 3 percent world-wide are being treated according to WHO recommendations.

Experts fear the rise of drug resistant strains will complicate the fight against the ancient, contagious lung disease, since the drugs needed to fight the tougher strains are far more expensive and unpleasant.

"China provides free treatment to tuberculosis patients, but to date there has not been free treatment for Chinese patients with multiple drug resistance," said Chu Naihui, a senior doctor at the Beijing Chest Hospital. "This meeting, and the big infusion of funding, is good news for tuberculosis patients and especially for MDR patients."

A two-year round of treatment for MDR-TB could cost about 10,000 yuan, or well over a year's salary for the China's urban poor, who are more vulnerable to tuberculosis.

The side effects and the hassle of taking fifteen to twenty pills a day for six months meant many patients stopped taking medicines as soon as they felt better, contributing to the development of drug resistance.

"Especially in the third world, it is extremely difficult to keep patients on therapy for such a long time," said Mel Spigelman, head of the TB Alliance, which is partnering with the Chinese Academy of Sciences to develop newer, faster drugs from natural sources, including traditional Chinese medicines.
Headline: Health ministers agree to accelerate efforts to counter the global threat of drug-resistant tuberculosis

Summary: Health ministers from countries with the greatest burdens of drug-resistant tuberculosis (TB) have agreed on April 2nd to a series of actions to accelerate efforts to halt and reverse the global epidemic of the disease. Global leaders, including WHO Director-General Dr Margaret Chan and Co-Chair of the Bill and Melinda Gates Foundation Mr Bill Gates were joined by the Vice Premier of the People’s Republic of China, Mr Li Keqiang, and Ministers and high level representatives of 27 countries, at a three day meeting organised by the World Health Organization. The governments present issued a Call for Action at the conclusion of the opening day of the meeting.
Health ministers agree to accelerate efforts to counter the global threat of drug-resistant tuberculosis

Apr 4, 2009 - 05:26 –

WAM BEIJING, Apr. 4th, 2009: Health ministers from countries with the greatest burdens of drug-resistant tuberculosis (TB) have agreed on April 2nd to a series of actions to accelerate efforts to halt and reverse the global epidemic of the disease.

Global leaders, including WHO Director-General Dr Margaret Chan and Co-Chair of the Bill and Melinda Gates Foundation Mr Bill Gates were joined by the Vice Premier of the People's Republic of China, Mr Li Keqiang, and Ministers and high level representatives of 27 countries**, at a three day meeting organised by the World Health Organization.

The governments present issued a Call for Action at the conclusion of the opening day of the meeting.

The Call for Action, which was supported by senior representatives from international health and aid agencies and non-governmental organizations, asserts that all countries would move: towards universal access to M/XDR-TB diagnosis and treatment by 2015; to ensure removal of financial barriers to TB care; to ensure development of a comprehensive M/XDR-TB management and care framework; to ensure sufficient staff are trained and deployed; to strengthen laboratory systems; to ensure collaboration with all partners; to ensure development and implementation of airborne infection control policies; to ensure a sufficient supply of high-quality anti-TB drugs; strengthen mechanisms to ensure availability of TB medicines is regulated; ensure advocacy and communication and social mobilization are included in policies and plans; develop the new tools needed to combat M/XDR-TB.

Chinese Vice Premier Li Keqiang, said China will work with the world to improve TB control. In facing drug-resistant TB, he said "the Chinese government will strengthen prevention and treatment work".

WHO Director General Dr Margaret Chan said preventing and managing drug resistant TB was a global health imperative. "We need high-level political attention because national TB programmes cannot by themselves manage these new threats. The problem has become too great," she said.

Mr Bill Gates urged all countries to invest in innovative methods to fight TB. "Every country should feel the urgency, whether it is suffering from TB or not. Every country is capable of innovation, whether it is has a high-tech economy or not. And every country can adapt its systems to use the best innovations of others." The Call for Action signals a major step forward in coordinated planning for M/XDR-TB prevention, treatment and care and a commitment to achieve universal access to diagnosis and treatment for MDR-TB patients by 2015.

The final two days of the meeting will be spent outlining the technical implications of the Call for Action for governments and stakeholders.
Four of the countries represented at the three day meeting - China, India, the Federation of Russia and South Africa account for 60% of the global number of MDR-TB cases and have increased their financing for TB control. Still, only 3% of the half million MDR-TB cases estimated to emerge each year worldwide are known to be receiving treatment according to WHO guidelines.

Participants committed to help mobilize the estimated US$ 15 billion needed to finance the TB and M/XDR-TB response from both domestic and international resources through to 2015, and called for increased investment in the research and development of new TB diagnostics, drugs and vaccines. They asked for WHO and the Stop TB Partnership to ensure there is the necessary technical support needed to implement the M/XDR-TB response plans.

These further commitments are expected to have a significant impact in these and other countries in saving lives, enabling care for those in need, and 'turning off the tap' that produces M/XDR-TB.

Note to editors: * Multidrug-resistant tuberculosis (MDR-TB) is defined as resistance to the two most powerful first-line anti-TB drugs (isoniazid and rifampicin). Extensively drug-resistant tuberculosis (XDR-TB) is defined as MDR-TB plus resistance to the most powerful second-line anti-TB drugs (any fluoroquinolone and any of the three injectable drugs: amikacin, capreomycin and kanamycin) MDR-TB and XDR-TB is defined as M/XDR-TB.

** There are 27 countries with a high burden of M/XDR-TB: Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, DR Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Rep of Moldova, Myanmar, Nigeria, Philippines, Russian Federation, Pakistan, South Africa, Tajikistan, Ukraine, Uzbekistan, Viet Nam. A high burden country is defined as one where there 4,000 or more new cases of drug resistant TB per year, or where 10% of new TB cases are drug resistant.

WAM/MMYS
Headline: New Antibiotic Moxifloxacin Could Shorten Tuberculosis Treatment

Summary: New research shows that a new antibiotic moxifloxacin with a combination of other drugs can significantly shorten TB treatment, according to Center for Tuberculosis Research at Johns Hopkins University School of Medicine. The lead Editorial of the week's Lancet, where this finding was published, also mentioned the Stop TB Partners Forum happening in Beijing. It said: "To succeed they will need to build consensus, establish political will, and secure sustainable funding... At a time when many US$ billions are spent on failing institutions, the underfunding by USD 1.6 billion a year for tuberculosis is shameful, particularly when each dollar spent on care generates USD 15 in productivity."
New Antibiotic Moxifloxacin Could Shorten Tuberculosis Treatment
05 Apr 2009

A phase II study has shown that the new antibiotic moxifloxacin, in combination with other drugs, could shorten the time needed to cure tuberculosis by several months. The findings are reported in Article in this week's edition of The Lancet, written by Professor Richard E Chaisson, Center for Tuberculosis Research, Johns Hopkins University School of Medicine, Baltimore, MD, USA, and colleagues.

The development of new drug regimens for tuberculosis is an urgent global health priority. Although so-called short-course treatment can effectively cure drug-susceptible tuberculosis in 6 months, a large proportion of patients in whom tuberculosis is diagnosed do not complete a course of treatment. New drugs that shorten the duration of tuberculosis treatment would substantially reduce the likelihood of disease recurrence and death caused by inadequate therapy. Additionally, since every year there are 500,000 reported cases of tuberculosis caused by strains of Mycobacterium tuberculosis that are resistant to the key first-line drugs isoniazid and rifampicin, agents that are active in multidrug-resistant tuberculosis are also needed. Moxifloxacin is a promising new antibiotic that could add to the effects of existing antituberculosis drugs.

In this randomised controlled trial assessed 170 tuberculosis-positive patients at one hospital in Rio de Janeiro, Brazil. All were receiving a standard of combination of first line tuberculosis drugs, and were then randomised to receive as the fourth drug in their regimen either moxifloxacin 400mg with an ethambutol placebo (85 patients), or ethambutol (15-20 mg/kg) plus moxifloxacin placebo (85 patients) five days per week for eight weeks. Ethambutol is widely used in tuberculosis treatment but has very little activity, and was used as a control. The endpoint of the study was the proportion of patients whose sputum culture tested negative by week eight. The researchers found that, at week eight, 80% of moxifloxacin patients tested negative, compared with 63% in the ethambutol group. A total of 16 adverse events (eight in each group) were reported in 12 patients, with only one being deemed as related to the study drug.

The authors say: "The results of our trial have substantial implications for future trials. First, the improved culture conversion rates found after 8 weeks in the experimental group suggest that moxifloxacin, in combination with other first-line antituberculosis drugs, could shorten the time needed to cure tuberculosis by several months. Because treatment default is directly related to the duration of treatment, a reduction in the duration of tuberculosis therapy would substantially improve outcomes. Additionally, shorter regimens for tuberculosis treatment would reduce workloads for overburdened tuberculosis control programmes, especially in high-incidence countries. Second, the demonstration of moxifloxacin's antimycobacterial activity shows that this agent can be used to treat tuberculosis caused by organisms with resistance to first-line antituberculosis agents, such as isoniazid and rifampicin."

They conclude that clinical trials are now underway to assess whether shorter courses of moxifloxacin-containing regimens can cure tuberculosis as well or better than the current 6-month regimen.

In an accompanying Comment, Dr Hans L Rieder, International Union Against Tuberculosis and Lung Disease, Switzerland, says: "What is needed, and is perhaps in reach, is a regimen [for
uncomplicated multidrug-resistant tuberculosis] that is well tolerated, of reasonably short duration, without an unacceptably high frequency of adverse drug effects, and thus an effective treatment. Such a regimen will be deliverable at intermediate rather than specialised central levels in low-income countries."

The lead Editorial in this week's *Lancet* says discusses the Stop TB Partners Forum happening now in Beijing (April 1-3), at which ministers from the countries most affected by MDR/XDR-TB* are meeting to discuss strategies for drug-resistant infection. The Editorial says: "To succeed they will need to build consensus, establish political will, and secure sustainable funding... At a time when many US$ billions are spent on failing institutions, the underfunding by $1.6 billion a year for tuberculosis is shameful, particularly when each dollar spent on care generates $15 in productivity."

It concludes: "Attitudes to tuberculosis must change among health professionals and the public. Laboratories and clinicians need to follow best practice in diagnosing, reporting, and managing the disease-and they need to have the tools to do so. Additionally, efforts to control tuberculosis should engage communities to reduce stigma, support care, and develop local solutions. The meeting being held in China this week must be an inflexion point in our collective response to tuberculosis."

Source
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Headline: Health Ministers to Accelerate Efforts Against Drug-Resistant TB

Summary: Call for Action press release
Health Ministers to Accelerate Efforts Against Drug-Resistant TB

BEIJING -- Health ministers from countries with the greatest burdens of drug-resistant tuberculosis (TB) have agreed to a series of actions to accelerate efforts to halt and reverse the global epidemic of the disease.

Global leaders, including WHO director-general Dr. Margaret Chan and the co-chair of the Bill and Melinda Gates Foundation, Bill Gates, were joined by the vice premier of the People's Republic of China, Li Keqiang, and ministers and high-level representatives of 27 countries with high burden, at a three-day meeting organized by WHO.

The governments present issued a Call for Action at the conclusion of the opening day of the meeting. The Call for Action, which was supported by senior representatives from international health and aid agencies and non-governmental organizations, asserts that all countries would move:

-- toward universal access to M/XDR-TB diagnosis and treatment by 2015;
-- to ensure removal of financial barriers to TB care;
-- to ensure development of a comprehensive M/XDR-TB management and care framework;
-- to ensure sufficient staff are trained and deployed;
-- to strengthen laboratory systems;
-- to ensure collaboration with all partners;
-- to ensure development and implementation of airborne infection control policies;
-- to ensure a sufficient supply of high-quality anti-TB drugs;

-- strengthen mechanisms to ensure availability of TB medicines is regulated;

to ensure advocacy and communication and social mobilization are included in policies and plans; and

-- to develop the new tools needed to combat M/XDR-TB.

Keqiang said China will work with the world to improve TB control. In facing drug-resistant TB, he said "the Chinese government will strengthen prevention and treatment work."

Chan said preventing and managing drug-resistant TB was a global health imperative. "We need high-level political attention because national TB programmes cannot by themselves manage these new threats. The problem has become too great," she said.

Gates urged all countries to invest in innovative methods to fight TB. "Every country should feel the urgency, whether it is suffering from TB or not. Every country is capable of innovation, whether it is has a high-tech economy or not. And every country can adapt its systems to use the best innovations of others."

The Call for Action signals a major step forward in coordinated planning for M/XDR-TB prevention, treatment and care and a commitment to achieve universal access to diagnosis and treatment for MDR-TB patients by 2015.

The final two days of the meeting will be spent outlining the technical implications of the Call for Action for governments and stakeholders.

Four of the countries represented at the three-day meeting - China, India, the Russian Federation and South Africa -- account for 60 percent of the global number of MDR-TB cases and have increased their financing for TB control. Still, only 3 percent of the half million MDR-TB cases estimated to emerge each year worldwide are known to be receiving treatment according to WHO guidelines.

Participants committed to help mobilize the estimated US$ 15 billion needed to finance the TB and M/XDR-TB response from both domestic and international resources through to 2015, and called for increased investment in the research and development of new TB diagnostics, drugs and vaccines. They asked for WHO and the Stop TB Partnership to ensure there is the necessary technical support needed to implement the M/XDR-TB
These further commitments are expected to have a significant impact in these and other countries in saving lives, enabling care for those in need, and 'turning off the tap' that produces M/XDR-TB.

M/XDR-TB in high-burden countries

Multidrug-resistant tuberculosis (MDR-TB) is defined as resistance to the two most powerful first-line anti-TB drugs (isoniazid and rifampicin). Extensively drug-resistant tuberculosis (XDR-TB) is defined as MDR-TB plus resistance to the most powerful second-line anti-TB drugs (any fluoroquinolone and any of the three injectable drugs: amikacin, capreomycin and kanamycin). MDR-TB and XDR-TB together are defined as M/XDR-TB.

There are 27 countries with a high burden of M/XDR-TB: Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, DR Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Rep of Moldova, Myanmar, Nigeria, Philippines, Russian Federation, Pakistan, South Africa, Tajikistan, Ukraine, Uzbekistan, Viet Nam. A high burden country is defined as one where there 4000 or more new cases of drug-resistant TB per year, or where 10 percent of new TB cases are drug resistant.
Epidemien: Neue Tuberkulose breitet sich rasant aus

Summary: Über das Grübeln nach Lösungen für die übermächtige Finanz- und Wirtschaftskrise darf der Kampf gegen Epidemien nicht vergessen werden. Die WHO sorgt sich besonders um die weltweite Massenkrankheit Tuberkulose: Daran sterben jedes Jahr zwei Millionen Menschen.
Epidemien:
Neue Tuberkulose breitet sich rasant aus

Von Johnny Erling 6. April 2009, 09:55 Uhr

Über das Grübeln nach Lösungen für die übermächtige Finanz- und Wirtschaftskrise darf der Kampf gegen Epidemien nicht vergessen werden. Die WHO sorgt sich besonders um die weltweite Massenkrankheit Tuberkulose: Daran sterben jedes Jahr zwei Millionen Menschen.

Foto: AFP
Ausbreitung von Tuberkulose

Die weltweite Suche nach Lösungen für die übermächtige Finanz- und Wirtschaftskrise darf nicht dazu führen, die Bekämpfung anderer Geißeln der Menschheit zu vernachlässigen.
Nachdem Umweltpolitiker davor warnnten, Maßnahmen gegen Klimawandel aus Konjunktur- oder Finanzgründen auf die lange Bank zu schieben, appelliert nun auch die Weltgesundheitsorganisation (WHO), dem Kampf gegen Epidemien auch in Zeiten der Wirtschaftskrise weiter Priorität einzuräumen, „Die Menschheit würde sonst eine hohe Rechnung zahlen.“

Anlass zur Sorge der WHO gibt besonders die weltweite Massenkrankheit Tuberkulose, an der statistisch jeder zehnte Angesteckte Zeit seines Lebens erkrankt und fast zwei Millionen Menschen pro Jahr sterben. Die seit 2004 medikamentös als kontrolliert geltende, von der Zahl der Neuansteckungen zurückgehende und einfach behandelbare Infektion, ist in neuen Varianten wieder weltweit auf dem Vermarsch. WHO-Generaldirektorin Margaret Chan nannte zur Eröffnung einer international hochrangig besetzten Weltgesundheits-Konferenz in Peking die „Lage derzeit alarmierend. Sie droht, sehr schnell noch viel schlimmer zu werden."

Mit ihrer „Frühwarnung für 2009“ sprach die WHO-Chefin zwei neue Formen der Tuberkulose an, die sich vor allem in ländlichen Armutsgebieten und in Entwicklungsländer ausbreiten. Unter den 9,27 Millionen weltweiten Tuberkulose-Neufällen pro Jahr machten sie 2007 bereits fünf Prozent oder eine halbe Millionen Fälle aus.


„Wenn wir gegeendas neue Problem nicht mit aller Kraft angehen, wird es an Stelle der bisher noch 95 Prozent auf Arzneimittel ansprechenden Tuberkulosefälle treten.“ Alarmierend sei die neben MDR-TB noch die heimtückischere zweite Varianteiner „extensiv resistenten“ (XDR-TB) Tuberkulose, die gar nicht mehr auf Antibiotika anspricht. Fälle davon wurden bereits aus55 Ländern gemeldet. Solche Tuberkulose könnte bei Nichtstun die medizinische Behandlung in eine Ära zurückwerfen, bevor die Antibiotika entwickelt wurden, sagte Frau Chan.


Das Projekt ist auf fünf Jahre angelegt und soll in den ersten beiden Jahren in den Städten 20 Millionen Chinesen erreichen und später auf 100 Millionen Menschen ausgedehnt werden. Nach WHO-Zahlen fallen auf China 15 Prozent aller weltweiten TB-Fälle mit 1,3 Millionen


Margaret Chan warnt davor, das Problem auf die leichte Schulter zu nehmen: „Sie können das so nennen, wie Sie wollen – eine Zeitbombe oder eine Zündschnur. Es ist eine potenziell explosive Lage.”
Headline: Universal anti-TB drug manufacturing standards may not work for China - expert

Summary: It may be impractical to require Chinese drug manufacturers to adopt international standards in the production of anti-tuberculosis (TB) drugs despite suggestions to the contrary, according to an expert at the Ministerial Meeting on Global Tuberculosis Control & Patient Care held in Beijing from April 1 to April 3 this year.
Universal anti-TB drug manufacturing standards may not work for China – expert

Shanghai. April 7. INTERFAX-CHINA - It may be impractical to require Chinese drug manufacturers to adopt international standards in the production of anti-tuberculosis (TB) drugs despite suggestions to the contrary, according to an expert at the Ministerial Meeting on Global Tuberculosis Control & Patient Care held in Beijing from April 1 to April 3 this year.

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Headline: Countries Commit to Tackling Tuberculosis

Summary: Health ministers from countries with the greatest burdens of drug-resistant tuberculosis (TB) have agreed to a series of actions to accelerate efforts to halt and reverse the global epidemic of the disease. Global leaders, including WHO Director-General Dr Margaret Chan and the Co-Chair of the Bill and Melinda Gates Foundation, Mr Bill Gates, were joined by the Vice Premier of the People's Republic of China, Mr Li Keqiang, and ministers and high-level representatives of 27 countries with high burden, at a three-day meeting organized by WHO. The governments present issued a Call for Action at the conclusion of the opening day of the meeting.
Countries Commit to Tackling Tuberculosis

WASHINGTON, Apr 7 (OneWorld.net) - Health ministers from 27 countries with the highest rates of drug-resistant tuberculosis (TB) have committed to an action plan to stop and reverse the global epidemic of the disease.

- "The Call for Action signals a major step forward in coordinated planning for M/XDR-TB [multidrug-resistant and extensively drug-resistant tuberculosis] prevention, treatment, and care and a commitment to achieve universal access to diagnosis and treatment for MDR-TB patients by 2015," says the World Health Organization (WHO).
- Days before health ministers and global leaders met last week in Beijing to discuss international anti-tuberculosis efforts, the medical humanitarian organization Medecins Sans Frontieres (MSF) warned that WHO-classified "high burden" countries such as China, India, and South Africa are not doing enough to make treatment available to patients in need. Moreover, said MSF, the highly complex nature of MDR-TB treatment means that more time and money must be invested in research and the development of newer and better drugs.
- There are roughly 500,000 new MDR-TB cases every year, but less than 30,000 infected people were identified last year (it is possible to be infected without experiencing symptoms) and only 3,681 are known to have started appropriate treatment, according to WHO.
- In honor of World Health Day, celebrated around the globe today, WHO and its international partners are stressing the importance of making hospitals safe during emergencies and ensuring the preparedness of healthcare workers to treat people affected by disaster situations. To read more about World Health Day 2009, click here.
**Headline:** WHO Calls for Quick Action to Stop Spread of Drug-Resistant TB

**Summary:** Ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). WHO Director-General Margaret Chan outlines the danger of drug-resistant TB worldwide, and the BRICS and specifically China drug-resistant TB situation is explained with latest WHO statistics. Bill Gates has donated USD33 million to China’s effort to fight TB. This article features quotes from Margaret Chan and Bill Gates.
Headline: Li Keqiang Talks about the Troubles China is Facing with TB

Summary: In Beijing, State Council Vice-Premier Li Keqiang speaks about the pressing challenge China and its 1.3 billion people face with fighting TB. At the ministerial meeting focusing on drug-resistant TB, Li talked about the new medical care reform plan, including insurance. This plan is central to China retaining economic stability and fast growth.

**Publication:** UN Radio
(http://www.unmultimedia.org/radio/chinese/detail/124277.html)

**Circulation:** N/A
**Nature:** Radio
**Date:** 2009-04-01
**Page:** N/A

**Headline:** 世卫组织和盖茨基金会支持中国应对耐药结核

**Summary:** Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People’s Republic of China and the Bill & Melinda Gates Foundation.
结核病原本是一种通过价格低廉的药品便能够治愈的传染疾病，然而由于种种原因，世界上目前有 55 个国家出现了耐药结核病。耐药结核不仅难以诊断，治疗价格极其高昂，还有取代普通结核病对全球公共健康造成极大威胁的趋势。为应对这一挑战，世界卫生组织、中国卫生部、比尔和梅琳达·盖茨基金会 4 月 1 日开始在北京联合举办了“耐多药/广泛耐药结核病高负担国家部长级会议”。请听联合国电台记者黄莉玲的报道。

据世界卫生组织估计，全球目前有近 1400 万结核病患者，每年新增病例约 900 万，每年有近 200 万人死于结核病。对于标准治疗的一线药物不做出反应的耐多药结核病例 2007 年新增 50 多万例，还有一些结核病甚至对昂贵的二线药物也不做出反应，形成广泛耐药结核病。世界 55 个都国家发现了广泛耐药结核病例。更令人担忧的是，有些病例从一开始便是耐药性的，这说明耐药的结核杆菌已经在普通人群中传播。

世界卫生组织总干事陈冯富珍在出席 4 月 1 日开始在北京举行的“耐多药/广泛耐药结核病高负担国家部长级会议”时指出，如果不进行有效遏制，耐多药结核病有可能取代目前仍占全球结核病例总数 95%的普通结核病，对全球公共健康构成极大威胁；同时，广泛耐药结核病极端难以诊断，如果得不到控制，这种疾病将会使人类的应对能力回复到抗菌素发明以前的时代。

陈冯富珍：“（英文）世界卫生组织在 93 年宣布结核病为全球公共健康紧急状况，因为结核病伤害了许多人，夺走了许多人的生命。我应当说，此后取得了许多进展，我对各国的决心和努力表示祝贺。但是在 2009 年，基于在各国的支持下收集的证据，我要发出一个早期警报，由于耐药性，结核病再次使世界面临严重风险。”
结核病原本通过价格便宜的异烟肼和利福平等药品在“短期直接观察治疗”方法
下，能够治愈。但由于对一些病例缺乏诊断、及时和严格地进行标准治疗，产生了
耐药性，这显示出了医疗体系的薄弱。

与此同时，结核病的诊断和治疗方法长期缺乏研发创新。现在仍普遍使用的涂
片诊断检查已经有 125 年的历史，目前使用的疫苗早在 80 年前就发明了，而一线
治疗药物 50 年来都没有变过。

会议的主办方之一、比尔和梅琳达•盖茨基金会主席比尔•盖茨形象地比喻说，
人类好比一个一只手被反绑在背后的人在用另一只手应付耐多药结核和广泛耐药结
核病。

盖茨：“（英文）通过使用控制结核病的新的创新方法，我们能够在源头阻断
耐多药结核。耐药结核的上升部分是由于我们使用的诊断和治疗工具不足。现在，
仅有 1/4 的耐药结核病例被恰当地诊断出来，而被确诊的耐药结核还不到实际情况
的 5%。”

全球 45%的结核病例和 60%的耐多药结核病例集中在五个国家：印度、中国、
印度尼西亚、巴西和俄罗斯。中国的结核病负担居全球第二位，2000 年中国有活
动性结核患者约 450 万，目前每年新增活动性结核患者约 150 万例，每年还有约
13 万人死于结核病。中国的结核病人中耐多药患者的比为 8.32%，广泛耐药患者
的比例为 0.68%，据此估算，中国每年新发耐多药结核患者 12 万例，其中 80%为
农村患者，而且青壮年患者比例较高。

会议上，比尔•盖茨宣布向中国提供 3300 万美元资金，协助中国加强耐药结核
病的防治。

盖茨：“（英文）公共健康领域的创新常常需要数十年的时间才能惠及最贫穷
的人群。盖茨基金会与中国政府的这一努力将缩短这个过程。用盖茨基金会提供的
3300 万美元，中国将尝试多种新的结核防治手段，包括新的诊断测试，这种测试
不像以前那样需要好几个星期而能够在数小时内确诊一个人是否患有结核病和耐多
药结核病；还有简化治疗药物，将药物从现在的每天 13 片降至每天 3 到 4 片，这
叫作固定剂量复合剂，中国正致力于此，目标是保障固定剂量复合剂在全世界供应
充足并价格低廉；中国还将试点通过包括手机短信在内的新方法提醒病人按规定服
药。在开始的两年半内，这些方法将通过结核病控制办公室在 20 个城市试验，覆
盖 2000 万人口，两年半以后，试验中成功的方法将扩大规模推广，覆盖 1 亿人
口。我们希望通过这些新方法在五年内挽救众多人的生命。”
针对耐多药结核的二线治疗方法非常复杂、疗程长、对不良反应需要密切观察。与普通结核病相比，目前耐多药结核病的治疗费用是普通结核病治疗费用的200倍，而且还是在享受了一个名为“绿灯委员会”的倡议所提供的优惠价格的情况下。

尽管困难重重，陈冯富珍对中国能够有效应对耐药结核病问题表示具有信心。

陈冯富珍：“(英文)中国作为一个拥有13亿人口的大国已经成功地实现了全球控制结核目标，这是事实。但这并非是说这个例子适用于耐多药结核病。在我看来，中国控制耐药结核有几个有利因素，首先，中国在实现高治疗率和治愈率方面有良好的记录；中国的政治决心很强，伴随以国内投资，并辅以像比尔和梅琳达·盖茨基金会这样的发展合作伙伴提供的资源；更重要的是，众所周知，在中国，一旦高层领导做出了承诺，事情就能做成，但这并不意味着不需要监督和评估。当所有这些因素都具备时，我们自然很有信心。”

黄莉玲，联合国纽约总部报道。

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Headline: Bill Gates Joins China's TB Control Efforts with 33 Mln US Dollars Grant

Summary: Drug resistant TB is an increasingly serious world health issue. As a result, ministers from countries most affected by M/XDR-TB gather in Beijing to urgently address the threat of MDR-TB today to call for global action on Multi- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB). This event is organized by the World Health Organization, together with the Ministry of Health of the People's Republic of China and the Bill & Melinda Gates Foundation.
Bill Gates Joins China's TB Control Efforts with 33 Mln US Dollars Grant

China’s health ministry and the world’s riches man Bill Gates are teaming up to improve detection and treatment of tuberculosis, or TB, in the country.

Chinese Vice President Li Keqiang spoke at a meeting on drug-resistant TB in Beijing.

"Tuberculosis is currently one of the three most deadly diseases in China. Prevention presents a difficult challenge, especially drug resistant strains of tuberculosis. These are particularly dangerous in the Chinese population."

Chinese authorities and the Bill & Melinda Gates Foundation have launched a project to test new drugs, tools to diagnose drug-resistant TB.

Gates said his foundation will provide the five-year project with more than 30 million dollars grant.

"We thought China would be a great place to do this because of their commitment and the scale at which it could be done."

The project will be carried out in 20 cities. It aims to treat 50,000 TB patients each year.

The disease is preventable and treatable.

But the bacterium may also become resistant to anti-TB drugs.

China reported more than one million new TB cases, including over 100,000 multi drug-resistant ones in 2007.
Headline: WHO 災害に強い病院建設を

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