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C.5 Medicines for tuberculosis - S 6.2.5

MSF welcomes the review undertaken by the WHO Global Tuberculosis Programme on the 2023 WHO Model List of Essential Medicines (EML) and the WHO Model list of Essential Medicines for Children (EMLc) to examine the availability and appropriateness of the antituberculosis medicines and formulations included in both EML and EMLc, in the context of the latest available WHO recommendations on Tuberculosis and procurement patterns.

MSF strongly supports the removal of the footnote regarding the indication for use of rifabutin: "For use only in patients with HIV receiving protease inhibitors" in the EML.

According to the 2024 "WHO operational handbook on tuberculosis. Module 6: tuberculosis and comorbidities" (1), the interactions between rifampicin and antiretroviral therapy (ART) are a concern in HIV-associated tuberculosis (TB). When the standard 6-month rifampicin-containing regimen is used, these interactions can lead to reduced concentrations of antiretroviral drugs. Traditionally, rifampicin-based anti-TB treatment was recommended with efavirenz-based ART, and more recently, dolutegravir-based ART. However, certain drug combinations are contraindicated, such as rifampicin with nevirapine and protease inhibitors.

According to the 2022 "WHO operational handbook on tuberculosis. Module 4: Treatment – drug-susceptible tuberculosis treatment" (2), rifabutin, which is a weaker inducer of the cytochrome P450 system, may be considered for patients on ART regimens that include nevirapine or a protease inhibitor, with careful monitoring for safety and tolerability.

According to the 2016 "Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs: consolidated guidelines" (3), rifabutin is also the preferred rifamycin for use alongside opioid agonist maintenance therapy (OAMT). Given that the EML does not include all potential uses of rifabutin (such as its use with OAMT) and recognizing that the WHO TB guidelines and operational handbook are the authoritative sources for current clinical guidance on TB treatments, the footnote "For use only in patients with HIV receiving protease inhibitors" should be removed from the EML.

MSF strongly supports the proposal to group all antituberculosis medicines under the WHO EML and EMLc Core List in alphabetical order in section 6.2.5 "Antituberculosis medicines".

The Complementary List of section 6.2.5 of the WHO Model Lists of Essentials Medicines (EMLs) has traditionally included medicines for multidrug-resistant tuberculosis (MDR-TB). The Complementary list is published with a note stating that "Medicines for the treatment of multidrug-resistant tuberculosis (MDR-TB) should be used in specialized centres adhering to WHO standards for TB control", note in line with the general definition of the "Complementary List" within the WHO EMLs.

Historically, MDR-TB care was centralized and provided by specialized centers in larger cities, creating logistical and financial barriers for people with limited access to such facilities. According to 2022 "WHO consolidated guidelines on tuberculosis. Module 4: treatment. Tuberculosis care and support" (4) and "WHO operational handbook on tuberculosis. Module 4: treatment - tuberculosis

care and support" (5), since 2017, WHO recommended a decentralized model of care over the centralized approach for patients undergoing MDR-TB treatment. Decentralized care refers to treatment provided in smaller, ambulatory, non-specialized health-care centers closer to the patient's home, often administered by community health workers, nurses, non-specialized doctors, or volunteers. Care may take place at community health centers, or even at the patient's home or workplace. Decentralized care improves access, enabling more people with TB to receive regular treatment and support, reducing disruption to their lives, lowering treatment costs, and allowing them to continue working and stay with their families, thereby easing the financial burden of the disease.

Additionally, some TB medicines are now used for both first- and second-line treatments and are therefore listed in both the Core and the Complementary Lists. For example, moxifloxacin, which is, according to the 2022 "WHO consolidated guidelines on tuberculosis. Module 4: Treatment - drug-susceptible tuberculosis treatment" (6), a core component of the 4-month regimen for drug-susceptible TB, combined with isoniazid, rifapentine and pyrazinamide. And according to the 2022 update of the "WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment", moxifloxacin is a core component of key MDR-TB regimens such as the 6-month BPaLM regimen with bedaquiline, pretomanid, and linezolid.

Ethionamide is also listed on both lists as it is used for both MDR-TB and for the treatment of drug-susceptible TB meningitis in children and adolescents as part of a 6-month intensive regimen with daily isoniazid, rifampicin, and pyrazinamide, according to the 2022 "WHO consolidated guidelines on tuberculosis. Module 5: Management of tuberculosis in children and adolescents" (7). Given WHO's promotion of decentralized ambulatory care for MDR-TB and the ongoing investigation of several TB medicines for both drug-susceptible and drug-resistant TB, listing all TB medicines in alphabetical order in section 6.2.5 of the EMLs is relevant and important.

At the end of 2023, in collaboration with Health Authorities in 40 countries, MSF treated more than 25400 people living with tuberculosis, including 2700 patients with MDR-TB.

Considering all these elements, MSF urges the 25th Expert Committee on the Selection and Use of Essential Medicines to remove the footnote regarding the indication of rifabutin in section 6.2.5 in the WHO Model List of Essential Medicines and to group all antituberculosis medicines under the Core List in alphabetical order in section 6.2.5 in both the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children.

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