

Myanmar facing 'urgent' drug-resistant TB threat (Update)

23 August 2013, by Robin Mcdowell



In this Aug 21, 2013 photo, a patient goes through eye-examination at a clinic for HIV and Tuberculosis patients, run by Medecins Sans Frontieres (MSF) in suburbs of Yangon, Myanmar. Tuberculosis is one of the world's most infectious killers affecting 12 million people, with an estimated 9,000 new infections every year in Myanmar, according to WHO, only 800 of which have ever gotten treatment. Experts from across the globe were gathering in Yangon this week for a two-day symposium aimed at finding ways to speed up diagnosis of drug-resistant tuberculosis, improve patient care and take advantage of new shortened and less toxic treatments. (AP Photo/Gemunu Amarasinghe)

Twice a month, Min Naing Oo visits emaciated patients at a Myanmar clinic, urging them through his face-mask to keep taking their medicine no matter how sick it makes them.

Otherwise they will die—and fuel the spread of drug-resistant tuberculosis in a country that is already tallying an estimated 9,000 new infections of the hard-to-treat strain every year.

Only a tiny fraction of those have gotten proper treatment, all in the last few years, creating what health experts say is an "urgent" threat.

"I feel it's important to share my story," says Min Naing Oo, who beat the disease after a 12-year fight, enduring debilitating joint pain, hallucinations, hearing problems, nausea and piercing headaches due to the toxic cocktail of meds.

"I want them to know, if I could do it, why can't they?"

Myanmar's health system was basically buried during a half century of neglect. And while there are signs of improvement, in large part because of donor funding, it remains badly broken even as the new quasi-civilian government moves forward with political reforms.

Before military rulers handed over power two years ago, they were spending as little as \$1 per person on health every year, and there were few sufficiently trained personnel or supplies, resulting in spiraling rates of diseases such as HIV and tuberculosis, infant mortality and deaths linked to malaria.

In the last year, the Ministry of Health quadrupled its budget—though still far from the amount needed—and has worked to strengthen ties with the international health community.

Experts from across the globe were gathering in Yangon this week for a two-day symposium aimed at finding ways to speed up diagnosis of multi-drug-resistant tuberculosis, improve patient care and take advantage of new shortened and less toxic treatments.

"We are still in the early days, but the political willingness is there," said Unni Karunakara, the international president of Doctors Without Borders, which hosted the event with the World Health Organization and the Ministry of Health.



In this Aug 21, 2013 photo, a patient leaves a medical consultation room at a clinic for HIV and Tuberculosis patients, run by Medecins Sans Frontieres (MSF) in suburbs of Yangon, Myanmar. Tuberculosis is one of the world's most infectious killers affecting 12 million people, with an estimated 9,000 new infections every year in Myanmar, according to WHO, only 800 of which have ever gotten treatment. Experts from across the globe were gathering in Yangon this week for a two-day symposium aimed at finding ways to speed up diagnosis of drug-resistant tuberculosis, improve patient care and take advantage of new shortened and less toxic treatments. (AP Photo/Gemunu Amarasinghe)

"And it's coming at just the right time," he said. "There is an urgent need to ramp up treatment."

HIV drugs are also lacking in the nation of 60 million, and UNAIDS estimates 18,000 people die from the disease every year, many of them succumbing—when their immune systems are weak—to TB.

Tuberculosis is an age-old scourge and one of the world's most infectious killers affecting 12 million people, according to WHO. With 506 sufferers per 100,000 people, Myanmar's rate of regular TB is three times the global average.

The normal strain of TB is easy to treat with a simple and cheap drug regimen.

But when those medications are misused or mismanaged—often when patients skip pills—the bacteria can fight back and outsmart the drugs,

creating resistance. The result is a new, much harder to treat multi-drug-resistant strain. Drugs used to treat it are 100 times more expensive, highly toxic and require a longer period of treatment.

For many patients, it's too much. They give up.

Though there are an estimated 9,000 new infections of this drug-resistant TB every year in the country, according to WHO, but as of 2012 only 800 patients have ever received treatment. It's a worrying problem since this dangerous strain also can be spread via coughs and sneezes, usually infecting people in close contact.

Thar Tun Kyaw, director of the ministry's disease control program, worries the real number of infections could be higher, noting the country has only two laboratories capable of testing patients for drug resistant TB—one in Yangon and the other in Mandalay.



In this Aug 21, 2013 photo, patients wait outside a medical consultation room at a clinic for HIV and Tuberculosis patients run by Medecins Sans Frontieres (MSF) in suburbs of Yangon, Myanmar. Tuberculosis is one of the world's most infectious killers affecting 12 million people, with an estimated 9,000 new infections every year in Myanmar, according to WHO, only 800 of which have ever gotten treatment. Experts from across the globe were gathering in Yangon this week for a two-day symposium aimed at finding ways to speed up diagnosis of drug-resistant tuberculosis, improve patient care and take advantage of new shortened and less toxic treatments. (AP Photo/Gemunu Amarasinghe)

"So this is a big gap for us," he said. "We are trying to intensify detection of active cases."

"This is crucial for future suitability," he said. "You can't have a communicable disease program run by NGOs forever."

There may also be countless hidden cases in areas that have been long cut off by civil unrest and rough terrain.

The symposium wraps up Friday.

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Currently, the few patients in Myanmar lucky enough to get treatment for drug-resistant TB receive it free of charge.

But with the numbers increasing, the government still needs to come up with \$41 million for its ambitious five-year \$53 million expansion plan. Most of the money contributed so far, has come from international donors.



In this Aug 21, 2013 photo, Min Naing Oo, who beat drug resistant tuberculosis after a 12 year fight, poses outside a clinic run by Medecins Sans Frontieres (MSF) in suburbs of Yangon, Myanmar. Twice a month, Oo visits emaciated patients at a Myanmar clinic, urging them through his face-mask to keep taking their medicine no matter how sick it makes them. Otherwise they will die - and fuel the spread of drug-resistant tuberculosis in the country that is already tallying an estimated 9,000 new infections of the hard-to-treat strain every year. (AP Photo/Gemunu Amarasinghe)

Eamonn Murphy, UNAIDS country coordinator who works closely on tuberculosis, said while outside help is for the moment key to tackling drug-resistant TB, the ultimate goal should be to get the government to build up its share.

APA citation: Myanmar facing 'urgent' drug-resistant TB threat (Update) (2013, August 23) retrieved 21 May 2022 from <https://medicalxpress.com/news/2013-08-myanmar-urgent-drug-resistant-tb-threat.html>

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