

## Coverage from the 39<sup>th</sup> Union World Conference on Lung Health

### Mixing clinical and home-based care approaches in Cambodian TB response

**HDN Key Correspondent Team**  
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In Cambodia, mixing of the clinical and home-based care approaches have improved TB responses, said Dr Sok Thim from Cambodian Health Committee (CHC) which partners with National tuberculosis programme of Cambodian government.

The patients who were treated at home for TB, had much better prognosis (treatment outcome) than those treated in hospital-settings, said Dr Thim. TB patients receiving home-based care treatment had a faster recovery, said Dr Thim. Also those being treated at home, had no supra-bacterial or secondary infections, however a significant proportion of those receiving TB treatment in the clinics did contract supra-bacterial or secondary infections, informed Dr Thim.

Cambodia ranks 21st in the list of 22 high burden TB countries (for more information, go to: <http://www.stopTB.org/countries/GlobalReport2008/khm.pdf>). Thankfully, Cambodia doesn't come up in the list of 22 high burden MDR-TB countries globally. Cambodia has a TB case detection rate of 65.4% and successfully cures 85% of these detected with TB. However at CHC, the new TB case detection rate is 75% and it successfully treats 95% of these detected cases with TB.

In Cambodia, there are more than 100 suspected cases of multi drug-resistant TB (MDR-TB), but the true number of cases could be three times higher. 1.6% of new TB cases in Cambodia were of MDR-TB. Cases of extensively drug-resistant TB (XDR-TB) have also been reported in Cambodia.

"It is quite possible that among relapsed TB cases or those who failed TB treatment, the percentage of MDR-TB is 2-3 times higher" said Dr Thim.

MDR-TB is TB that is resistant to at least two of the best anti-TB drugs, isoniazid and rifampicin. XDR-TB is defined as TB which is resistant to isoniazid and rifampicin, plus resistant to any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin). Curing MDR-TB requires treatment with more toxic antibiotics for longer times than conventional TB. Because XDR TB is resistant to first-line and second-line drugs, patients are left with treatment options that are much less effective.

With the support of private donors, the CHC and National TB programme of Cambodian government are treating the confirmed MDR-TB cases. However about 8 out of 79 MDR-TB cases died even before the reports of drug-susceptibility testing (DST) came. Recently, the World Health Organization (WHO)'s Green Light Committee (GLC) approved CHC's application on behalf of Cambodia to receive low-cost high-quality drugs to treat 100 additional patients with MDR-TB.

Management of MDR-TB treatment is particularly difficult in resource-poor settings, and Cambodia is a prime example.

CHC also is working on adequate infection control measures, and training of physicians, nurses and community health workers in MDR-TB diagnosis, treatment and prevention.

An equally important goal is to build the capacity of the Cambodian National TB Programme (NTP), to run this program independently in the future.