Background and challenges to implementation:

Delamanid (DLM) was recommended by the World Health Organization (WHO) for treatment of multidrug-resistant tuberculosis (MDR-TB) in 2014 after clinical trials demonstrated safety and efficacy. Delamanid is associated with mild QTc prolongation but, unlike bedaquiline, can be used with efavirenz within antiretroviral therapy (ART). Delamanid is not yet registered in South Africa; access is restricted through Otsuka’s international compassionate use programme or the new national Clinical Access Programme. (68)

Intervention or response:

Médecins Sans Frontières (MSF) imported DLM under the pre-registration mechanism in South Africa (Section 21) for use in a primary care setting with high MDR-TB/HIV co-infection rates. Delamanid was offered to individuals approved by the endTB medical committee and following latest WHO guidelines. MSF collaborated closely with local clinicians to identify, initiate and monitor ambulatory patients on DLM-containing treatment regimens in primary care. Delamanid supply was controlled through the specialist TB hospital pharmacy. One-on-one counselling, as well as active pharmacovigilance reporting, was conducted for all patients receiving DLM until treatment outcomes were assigned. (93)

Results and lessons learnt:

Seventy-three (5 [7%] <18 years; 39 [53%] HIV-co-infected and on ART) patients initiated DLM across 11 facilities over 16 months. The most common indication (n=48, 66%) was second-line drug intolerance in patients <18yrs, QTc interval 450-500ms, stable on efavirenz. Three (4%) patients received DLM following failure of standard second-line treatment, one had XDR contact and 21 (29%) patients had an inadequate number of effective drugs due to second-line drug resistance. Introduction of DLM was facilitated through systems set up in 2013 for expanded access to bedaquiline. (88)

Conclusions:

Facilitated access to DLM at primary care level provided additional therapeutic options for RR-TB patients, especially those not eligible for bedaquiline, within structures and systems already in place for
provision of bedaquiline in Khayelitsha. Individual drug importation applications required additional resources; urgent registration of DLM would rapidly improve access nationwide. (50)