Multidrug-resistant tuberculosis and quality-assured medicines

In their recommendations to reduce the health threat of multidrug-resistant tuberculosis, Abigail Wright and colleagues (May 30, p 1861) do not mention the role of substandard medicines in drug resistance.

Several studies have reported anti-tuberculosis drugs with insufficient, excess, or incorrect active ingredients; contamination; or poor bioavailability.\(^1\) Medicines of substandard quality have serious clinical and public health consequences, including prolonged illness and excess mortality. Underdosing or lower availability of active ingredients, particularly for combination therapies, contributes to drug resistance or to treatment failure despite full patient adherence.

Strong regulatory capacity to implement standards and best practices, including good manufacturing practices, properly documented product development reviewed by qualified assessors, and quality-control surveillance can prevent poor quality medicines from reaching patients. Such comprehensive strategies were endorsed in WHO’s 2009 Beijing Call for Action—including the commitment to buy quality-assured medicines and to enforce stringent regulatory standards.\(^3\)

We declare that we have no conflicts of interest.

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5 Cheng MH. Ministerial meeting agrees plan for tuberculosis control. Lancet 2009; 373: 1328.

Flat-line funding for PEPFAR: a recipe for chaos

I was euphoric when I arrived home in July, 2008, after watching President Bush sign PEPFAR reauthorisation into law, which promised much-needed new resources to help countries such as Uganda transition our emergency HIV response into sustainable programmes under our leadership.

1 year on, there are no additional funds and my euphoria has been replaced by deep concern, especially after a recent trip to Washington, DC, on which I heard many of the same concerns as those voiced in Todd Zwillich’s World Report (April 18, p 1325).\(^1\)

The global financial crisis cannot justify a return to the bleak pre-PEPFAR days when limited drug supplies forced us into the agonising position of having to make a choice that only God should make: to choose which desperately ill patients live and which ones die. Already, funding constraints are forcing health clinics to stop enrolling new patients in antiretroviral treatment. After urging people to get tested and enter care, we now have to tell them treatment is not available. We created hope and now have to tell them treatment is not available. We cannot risk reversing our progress to date. It is urgent that the US Congress and President Obama deliver on their promise to fully fund the programme in 2010 and beyond.

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1 Zwillich T. Obama administration may flat-line funding for PEPFAR. Lancet 2009; 373: 1325.