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# New U.N. Plan Commits \$2.15 Billion to Fight Drug-Resistant Tuberculosis

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The [World Health Organization](#) yesterday released a plan intended to prevent hundreds of thousands of cases of drug-resistant [tuberculosis](#) and save up to 134,000 lives by 2008.

The plan, which will cost \$2.15 billion over the next two years, calls for the creation and improvement of laboratories to detect and monitor drug-resistant cases throughout the world.

Another goal is to increase treatment of drug-resistant cases to 110,000 from about 15,000 in 2005. Such cases occur most commonly in Africa, Eastern Europe, China and India.

If countries carry out the plan's eight main objectives, the lives of up to 1.2 million people could be saved by 2015, the W.H.O. said.

Such cases are classified in two ways.

Multi-drug resistant (MDR-TB) cases occur when the tuberculosis bacterium does not respond to standard treatment, which includes the first-line drugs isoniazid and rifampicin. It cost at least \$1 billion to control and manage such an outbreak in New York City in the early 1990s.

An even more serious form, known as XDR-TB for extremely drug-resistant tuberculosis, does not respond to any of the fluoroquinolone class and to at least one of three second-line drugs (amikacin, capreomycin and kanamycin) that are given by injection.

In a recent outbreak in South Africa, XDR-TB killed 52 of its 53 victims, all of whom were also infected with [H.I.V.](#)

The W.H.O. plan calls for the creation of 21 new national reference laboratories in 2007 and an additional 22 in the countries that face the highest burden from tuberculosis.

There are about 450 laboratories in the world now that can detect drug-resistant tuberculosis, although many are not performing to capacity, Dr. Mario C. Raviglione, who directs the health agency's tuberculosis department in Geneva, said in a telephone interview.

In many countries, creating the laboratories will mean constructing buildings, supplying equipment like incubators and training technicians, Dr. Raviglione said.

Precisely how training will be done depends on needs in each country. Teams of experts will spend up to a

year training workers in some countries.

Other countries may send teams to well-run laboratories elsewhere to learn how to determine the sensitivity and susceptibility of the bacteria isolated from each case to various drugs.

Under the plan, all laboratories would perform 1.8 million cultures for tuberculosis in 2007 and 2.2 million in 2008, up from the estimated 200,000 in 2006. The laboratories would perform 750,000 drug susceptibility tests in 2007 and 900,000 in 2008, up from 75,000 in 2005.

Researchers are developing algorithms of ways to care for tuberculosis patients with different clinical and laboratory findings. The plan calls for the W.H.O. to field test the effectiveness of the algorithms.

Andrew Speaker, the Atlanta man with XDR-TB who took commercial flights for his wedding in Greece and honeymoon in Europe and set off an international health scare, recently drew worldwide attention to the drug-resistance problem.

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