





The future of drug-resistant tuberculosis treatment: learning from the past and the 2019 World Health Organization consolidated guidelines

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The World Health Organization (WHO) recently launched the consolidated guidelines on drug-resistant tuberculosis (DR-TB) treatment [1]. They include a new drug classification to manage rifampicin-resistant (RR) and multidrug-resistant (MDR)-TB, while proposing either a shorter regimen (including injectable drugs) or a longer all-oral one as the recommended treatment options. Efficient diagnostic tools are presently available to diagnose resistance to second-line drugs within a few hours (instead of the weeks previously needed) [2]. Therefore, the challenge for National TB Programmes is now to capture these new recommendations in their national guidelines. The aim of this article is to contribute to the ongoing discussion on RR-/MDR-TB treatment considering the lessons learnt over the past 70 years of anti-TB chemotherapy. Other important topics raised in the 2019 WHO drug-resistant treatment guidelines, such as the treatment of isoniazid-resistant TB or the comparison between the two WHO-approved regimens for MDR-TB, have not been addressed within the constraints of this short editorial.