

Progress towards achieving global tuberculosis control: so near, yet so far

WORLD TB DAY, 24 March 2016, gives us an opportunity to reflect on the status quo of global tuberculosis (TB) control efforts. TB was first declared a global emergency by the World Health Organization (WHO) 25 years ago.¹ Several political, scientific, advocacy and funder investments followed this announcement, which resulted in slow but steady progress in reducing the global TB case load and mortality rates. The announcement of the United Nations (UN) Millennium Development Goals (MDGs) in the year 2000² spurred the development of new tools for TB in the form of rapid diagnostics, drugs and vaccines, and TB control programmes worldwide gained significantly from the Global Fund to Fight HIV/AIDS, TB and Malaria, which provides a large source of external funding for TB programmes in eligible developing countries. The past 15 years have seen significant developments for TB control:³ 1) global TB mortality rates have fallen by an estimated 47% since 1990; 2) 43 million lives were saved between 2000 and 2014; and 3) there has been an 18% cumulative reduction in TB incidence. These figures adequately fulfil the MDG target for TB.

We have now moved into the new era of the UN Sustainable Development Goals (SDGs), where ‘ending the TB epidemic’ by 2030 is a specific target. Two similar and complementary strategies have been announced to help achieve this ambitious goal: 1) the WHO’s post-2015 ‘End TB Strategy’,⁴ adopted by the World Health Assembly in May 2014, has two main targets: i) a 50% reduction in incidence and a 75% reduction in mortality by 2025, and ii) an overall 90% reduction in incidence and 95% reduction in mortality by 2035; and 2) a ‘Global Plan to End TB 2016–2020’,⁵ launched by the Stop TB Partnership, which aims to: i) have 90% of all TB cases diagnosed and treated, including the most vulnerable populations, such as mining communities, children, people living with the human immunodeficiency virus (HIV), injecting drug users, prisoners, homeless people, indigenous populations, migrants, among others; and ii) have 90% of people diagnosed successfully complete treatment with services to ensure adherence and social support.

Thus two organisations spearheading global TB control efforts, the WHO Global TB Department and the Stop TB Partnership, through their sterling leadership, provide reassurance that achieving global TB control may be within our grasp if adequate resources are made available and bold new approaches are put in place to achieve a paradigm shift in the

current status quo. We appear so near to getting on top of the TB pandemic, but we are in reality far from achieving these bold targets. The latest global TB figures published in the 2015 WHO annual TB report are of major concern.³ In 2014 an estimated 9.6 million people developed active TB—5.4 million men, 3.2 million women and 1.0 million children; 12% of the 9.6 million cases were HIV-positive, and around 3 million were undiagnosed and untreated. An estimated 480 000 cases of multidrug-resistant TB (MDR-TB) occurred in 2014, but only about a quarter of these (123 000) were detected and reported, leaving the large majority to continue spreading the disease in the community. Alarming, TB killed 1.5 million people, now making TB the top global killer due to an infectious disease.

The battle against TB is going to be a long, hard one, and there are major areas of concern. For too long now there have been various calls from the global TB community calling for ‘paradigm shifts’ or ‘step up changes’ or ‘bold steps’ to achieve global TB control. Over the past two decades, numerous frameworks and targets have been suggested for both low and high TB incidence countries. Others, often unduly critical of WHO leadership,⁶ have repeated the same messages without providing realistic, new solutions.⁷ At the recent Union Conference in Cape Town, South Africa, the Rt Hon. Aaron Motsoaledi, Chair of the Stop TB Partnership Coordinating Board and Minister of Health of the Republic of South Africa, supported by parliamentarians from all over the world, presented a vision of an investment plan and a complete overhaul in TB health services and research.⁸ Ban Ki-moon, the UN Secretary General, declared,⁵

We now have the opportunity, by 2035, to end this epidemic that continues to bring suffering to so many families worldwide. Efforts must begin now to ensure the effective global roll-out of the End TB strategy and to stimulate the research that will underpin its success.

This can only happen if the entire TB community, and those organisations leading the global TB control effort, align their common vision and unite to work together, exploring synergies and achieving a multiplier effect. The long-awaited ‘unity of purpose’ between the main lead organisations and stakeholders involved in global TB control is urgently required: holding hands and working together effectively and putting aside our differences is the only way forward to achieve our ambitious targets using existing tools

and available interventions whilst we wait for research and innovation to discover new effective tools to control and prevent TB. This should be our resolution for World TB Day 2016.

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