



Unite to end TB

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Editorial

Tuberculosis has been present in humans since ancient times and remains a major global health problem. One-third of the world's population is thought to be infected with *Mycobacterium tuberculosis* [1]. New infections occur in about 1% of the population each year. In 2016, there were an estimated 10.4 million new TB cases worldwide, of which 6.2 million were men, 3.2 million were women and 1 million were children. People living with HIV accounted for 10% of the total [2]. There are many highly sensitive diagnostic tests and very effective tuberculosis chemotherapy agents. TB patients can be cured with a timely diagnosis and treatment. Despite these facts TB has been the leading cause of death from a single infectious agent and ranks above HIV/AIDS [1]. In 2016, there were an estimated 1.3 mil-

Abstract

Tuberculosis is one of the world's deadliest diseases and is a major global health problem. In 2016, there were an estimated 10.4 million new TB cases and an estimated 1.7 million TB deaths worldwide. The situation is further aggravated by emergence of MDR-TB and XDR-TB. In 2016, United Nations adopted a new set of goals, known as the Sustainable Development Goals (SDGs) to end TB. Ending TB by 2030 is a target of the SDGs and the goal of the End TB Strategy. WHO has set a target of 95% reduction in deaths and a 90% decline in TB incidence by 2035. WHO calls on all governments, communities, civil society, and the private sector to "Unite to End TB. Ending TB can be achieved with greater collaboration within and across governments.

lion TB deaths among HIV negative people and an additional 374,000 deaths among HIV-positive people [2]. TB preys on those with weakened immune systems, so it is no surprise that it is the biggest killer of HIV-positive people. The most common cause of death in HIV/AIDS people is tuberculosis. In 2015, TB was responsible for 35% of HIV-related deaths [3].

Multidrug-resistant TB (MDR TB) is a major and growing global threat with 490,000 million cases of multidrug-resistant TB (MDR-TB) emerging in 2016. Additional 110,000 cases that were sensitive to isoniazid but resistant to rifampicin (RR-TB), the most effective first-line anti-TB drug, were also reported in 2016. The countries with the largest numbers of MDR/RR-TB cases (47% of the global total) were China, India and the Russian Federation. There were about 240,000 deaths from MDR/



RR-TB in 2016. Extensively drug-resistant TB (XDR-TB) is a more serious form of MDR-TB caused by bacteria that do not respond to the most effective second-line anti-TB drugs, often leaving patients without any further treatment options. About 6.2% of MDR-TB cases had XDR-TB in 2016.

Tuberculosis affects people mainly in their productive age group [4] and is associated with poverty and poor living conditions. The populations most at risk of TB are communities which already face socio-economic challenges: slum dwellers, migrants, refugees, prisoners, ethnic minorities, marginalized women and children and people living with HIV/AIDS. Poor infrastructure of health services in many underdeveloped countries, which combined with difficulties to access to health services, represents a problem in controlling tuberculosis.

In the late 1990s there was rising concern worldwide about an upsurge of the global TB pandemic. In response to those concerns, the Stop TB Initiative was established in 1998. In year 2000 the World Health Assembly of the World Health Organization endorsed the establishment of a Global Partnership to Stop TB and two targets for 2005: to diagnose 70% of all people with infectious TB, and to cure 85% of those diagnosed. The Stop TB Partnership is a global partnership which involves nearly 1000 organizations who are committed to eliminating TB as a global public health problem. Partners have formed working groups to accelerate progress in seven specific areas: DOTS Expansion, TB/HIV, MDR-TB, New TB Drugs, New TB Vaccines, New TB Diagnostics, and a Global Laboratory Initiative [5].

In past one and half decade, efforts to reduce the burden of tuberculosis were focused on achieving set targets which were to “halt and reverse” TB incidence and to halve TB prevalence and TB mortality rates by 2015 compared with their levels in 1990 [6]. These targets were established by the United Nations (UN) in 2000 as Millennium Development Goals (MDGs). The Stop TB Partnership, established in 2001, to eliminate tuberculosis as a public health problem, adopted these targets. The global TB strategy developed by WHO for the decade 2006–2015, the Stop TB Strategy, had the overall goal of reaching all these targets.

In 2016, the MDGs were succeeded by a new set of goals, known as the Sustainable Development Goals (SDGs). United Nations also adopted SDGs in September 2015. The SDG framework of goals, targets and indicators is for the period 2016–2030 [2]. Ending TB by 2030 is a target of the SDGs and the goal of the End TB Strategy. WHO has gone one step further and set a target of 95% reduction in deaths and a 90% decline in TB incidence by 2035 – similar to current levels in low TB incidence countries today. The most immediate milestones, set for 2020, are a 35% reduction in TB deaths and a 20% reduction in the TB incidence rate, compared with levels in 2015. The Stop TB Partnership has developed a Global Plan to End TB, 2016–2020, which focuses on the actions and funding needed to reach the 2020 milestones of the End TB Strategy [7]. The End TB Strategy was unanimously endorsed by all WHO Member States and is for the period 2016–2035 [5].

The Sustainable Development agenda embraces the principle of ensuring no one is left behind in an effort to transform the world and improve people’s lives for the better [8]. Addressing the health needs of the disadvantaged, the marginalized, those out of reach of the health system will mean improving access to health services for everyone. This is essential in order to reach the target of ending TB by 2030 as part of the UN Sustainable Development Goals and the WHO End TB Strategy. This year, WHO has placed a special focus on uniting efforts to “Leave No One Behind”, including actions to address stigma, discrimination, marginalization and overcome barriers to access care [3].

WHO calls on all governments, communities, civil society, and the private sector to “Unite to End TB. Ending TB can be achieved with greater collaboration within and across governments, with partners from civil society, communities, and researchers. WHO and partners are promoting dialogue and collaboration that unites individuals and communities in new ways to end the tuberculosis epidemic.

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