

TB programs be given special place in health sector: WHO

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The South-East Asia Region has achieved the 2015 Millennium Development Goal of halting and reversing TB incidence, said WHO Regional Director for South-East Asia, Dr Poonam Khetrpal.

The Region has also achieved the Stop TB Partnership's target of halving the TB mortality and prevalence rates compared to 1990 levels.

"Access to TB care has expanded substantially. Almost 22 million TB patients have been treated in the past 10 years. Treatment success rates among new smear positive pulmonary TB cases have remained above 85% since 2005, and were at a high of 88% in 2013," she added.

However, Dr Poonam stresses that this is not enough.

"Recognizing that these gains are inadequate is essential to pursuing bold new policies to accelerate progress. Current trends clearly show that without such policies and approaches, the SEA region, including India, will fail to meet the SDG targets to End TB by 2030. In a Region with a high TB burden and high at-risk populations, we must think out of the box to find innovative ways to tackle the problem of TB," she explains.

Bold policies come in many shapes and forms. She points, "I suggest the following four ways to move ahead.

"First, alongside providing integrated, patient-centered care and prevention, achieving Universal Health Coverage is a priority. Universal Health Coverage also allows the opportunity to implement more robust regulatory frameworks for case notification, vital registration, and rational use of medicines.

"Second, we must address the social determinants of TB. Addressing poverty and other determinants will have a dramatic effect on the disease's burden. Policies in this regard could include increasing access to safe housing and providing viable social security among other options.

"Third, to End TB we must reach out to and engage with communities directly. Overcoming stigma, increasing awareness, and obtaining community buy-in at the grassroots is as valuable as any assemblage of experts and policymakers. Forging partnerships with civil society groups and between public and private care providers will likewise ensure that present gaps are closed, and that a society-wide movement to End TB develops.

"And fourth, political commitment at the highest level, which is already strong, must be reinforced. The mission-like zeal with which polio and HIV/AIDS have been fought must be reproduced in the battle against TB, and must lead to organizational and programming shifts. TB programs must be given a special place within the health sector; structural and operational efficiencies maximized so that a strong, efficient and effective control programme exist in every country.

"Finally, we must not forget that along with political commitment and a strong programme, effective resource mobilization is essential to accelerate and sustain TB control activities."

The funding required for a full response to the global TB epidemic in low- and middle-income countries was estimated at USD 8 billion per year in 2015.

This figure excludes research and development. Based on reporting by countries, in 2015 USD 6.6 billion was available for TB prevention, diagnosis and treatment, leaving a funding gap of USD 1.4 billion.

International donor funding dominates in low-income countries. To bridge the funding gap, both domestic and international funding needs to be enhanced.