

Special Guest Lecture: “Old disease, new ambitions: Zero TB Deaths in our Lifetime”
Inaugural Session
45th Union World Conference on Lung Health
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Drs E Jane Carter and Rajita Bhavaraju, Honourable Chairs of the Inaugural Session of the Union World Conference on Lung Health;

Dear colleague and Your Excellency, Dr Harsh Vardhan, the Minister of Health and Family Welfare of India;

Honourable Nick Herbert, Member of the UK Parliament and co-chairman of the All Party Parliamentary Group on Global TB in the United Kingdom;

Fellow Parliamentarians;

Ms Ria Grant, Member of the Developing Country NGO Delegation to the Global Fund;
Ladies and Gentlemen;

Dear Friends.

It is a great honour and privilege for me to participate in this, the 45th Union World Conference on Lung Health, in this beautiful Spanish city, Barcelona.

The theme of the conference, “Community-driven solutions for the next generation” could not have been more apt, because, the disease that made us to gather here today can only be defeated with the central involvement and participation of all stakeholders working together, driven by a common vision, mission and set of targets.

I am therefore very pleased that I am sharing this platform with the Honourable Nick Herbert, a fellow parliamentarian who is mobilising elected leaders to stand up and be counted in the fight against TB!

In 1848 Rudolf Virchow said, and I quote:

“Medical statistics will be our standard of measurement; we will weigh life
for life and see where the dead lie thicker, among the workers or among
the privileged”.

What Virchow said 166 years ago, is still true today as it was then in 1848!
Virchow pointed to the importance of the social determinants of health and the need for scientific rigor and measurement.

As we focus on TB at this conference we cannot be silent on the social determinants of health, including the widening disparities in many parts of the world.

We know who are vulnerable and what needs to be done. It is our generation that bears the responsibility to do what is required, in order to ensure that we are able to eliminate this pandemic in our lifetime.

TB has been a deadly companion of human society through many millennia and appears to be able to resist everything that we have tried in the past!

In his book, "Infections and Inequalities", Professor Paul Farmer, the Presley Professor at Harvard Medical School made the following astute observation:

"In 1995, more people died of TB than any other year in history. At least, thirty million people will die from Tuberculosis in the next ten years if current trends continue. Millions more will watch helplessly as friends and family members waste away, racked with coughing and sweating with fever. They may wish that medical science could cure this terrible disease. The truth is, medical science can. Since 1952, the world has had effective and powerful drugs that could make every single TB patient well again".

Exactly 14 years ago, Professor Farmer himself again lamented the state of TB in the world:

"The doctor in me insists that no one should die of tuberculosis today; it's completely curable. Yet it is at the same time, the world's leading infectious cause of death among young adults. An estimated three million people are dying each year from Tuberculosis.

This figure comes as a surprise to many, who read more frequently in their newspapers about Ebola or "flesh-eating bacteria" than about Tuberculosis. Exacting its toll among the world's poor, tuberculosis has ceased to occasion much interest, either in scientific circles or in the popular press....Tuberculosis has been virtually ignored for 20 years and more.

Exactly a decade ago, our departed world icon, Nelson Mandela, himself a former sufferer of TB said the following during the International AIDS Conference held in Bangkok, Thailand in 2004, and I quote:

"The world has made defeating AIDS a top priority. This is a blessing. But TB remains ignored. Today we are calling on the world to recognize that we can't fight AIDS unless we do much more to fight TB as well".

Bar some progress as reported in the recently released World TB report by the World Health Organisation, the world today is still confronted with the challenges of combating TB! The Global TB Report 2014 estimates that 9 million people were infected with TB, and 1.5 million, succumbed to its devastation in 2013. The situation is worsened by our inability to find 3 million of those infected in order to provide them with life-saving drugs.

It is interesting that Prof Farmer made reference to Ebola, which coincidentally, 14 years later has reared its head with the outbreak currently sweeping through three countries in West Africa. This disease, with a case fatality rate of about 50% has grasped the attention of the world, maybe even much more than HIV and AIDS, the twin epidemic to TB. As at the 25th of October 2014, there had been 10,141 cases notified, and 4,922 deaths reported.

The global response to Ebola has revealed two contradictory, and yet understandable sets of situations: That the world can respond fairly rapidly to a health crisis; but also, that our health systems, particularly in developing countries, are weak, especially, with regard to community engagement, social mobilisation, laboratory services, case management, surveillance and contact

tracing. I don't need to tell this audience that these would be the very same health system requirements needed for the successful management of TB.

Of course, the exception is the historic lack of global urgency and resolve to fight TB, a disease that, as I have already said, infected and killed 9 million and 1.5 million people respectively in 2013 alone. It seems as if, we have grown accustomed to the presence of TB and also have come to accept the inevitability of the human suffering it causes. With familiarity comes the threat of fatalism and complacency.

We have until recently had no new medicines to treat TB. In addition, our vaccine is 90 years old. As a global community, we spend less than a third of the money needed for research to get us effective tools to beat this disease. As noted in the Global TB Report there is a \$2 billion gap in funding for TB.

Despite the progress reported by the Global TB report, this progress is far too slow as it comes nowhere what is needed to eliminate TB by 2035. The number of new cases is reducing by only 1.5 percent per year! If we continue at this rate, we will take 200 years to end the epidemic. I think we can all agree that none of us will be around in 2214!

This statistic should send alarm bells ringing throughout the world! It should be a major wake up call – just like Ebola is!

How can it be that billions of dollars are spent on detecting and treating TB every year and yet, we don't see a major reduction in new cases? What are we doing wrong?

We appear to be doing more of the same, even when we know that the strategies we are using are not giving us the acceleration that we need. We need to ask ourselves some difficult questions over the next coming few days of this conference. What do we need to do differently?

What can we learn from successes in fighting other diseases such as providing bed nets against malaria, providing ARV treatment to people living with HIV which improved their quality of life - all of which seemed impossible before. We need to break down prejudices and structural obstacles to progress. We need to upscale interventions we know work, such as early TB screening of vulnerable populations and preventive treatment. This includes miners, prisoners, children and people suffering from diabetes. Closer collaboration, and in fact, integration of the TB and HIV responses is critical to our success.

The deadline for the Millennium Development Goals is December 2015 as we well know. Although the MDG process aimed to add impetus to the response needed to tackle under-development, including public health challenges such as TB and HIV, there remains a lot of "unfinished business" that we should incorporate into our future plans.

The post 2015 agenda must incorporate MDG 4 (child mortality), MDG 5 (maternal mortality) and MDG 6 (TB, HIV/AIDS and Malaria) as well as non-communicable diseases, including diabetes which predisposes its victims to TB as well as Universal Health Coverage.

We should set ambitious new goals to address the daunting challenges that will face our world over the coming 15 years, especially as many countries and regions seem to be off course to meet the MDG targets for TB. We need bold ideas and targets, and we can learn a lot from our counterparts in the HIV/AIDS field.

The WHO's "End TB Strategy" which was adopted in May this year by Health Ministers from 194 countries during the World Health Assembly is a step in the right direction and an excellent platform to eliminate TB as a global pandemic by 2035. I am sure you are all aware that, having a good plan does not necessarily mean success. A good plan is one that gets implemented.

Nonetheless, the Strategy sets goals and outlines what needed to reach them. The Strategy is premised on 3 important pillars, namely:

1. Integrated patient-centred TB care and prevention
2. Bold policies and supportive systems
3. Intensified research and innovation

The Strategy is further underpinned by 4 important principles:

1. Government stewardship and accountability with monitoring and evaluation
2. Building a strong coalition with civil society and communities
3. Protecting and promoting human rights, ethics and equity
4. Adaptation of the strategy and targets at country level

However, the strategy, as the 4th principle dictates, needs to be translated from these broad lines into action on the ground. We have no time to lose. We need to accelerate bending the curve of new infections downwards from a reduction of less than 2 percent per year today to at least 10 percent per year by 2025, if we are to have any chance of succeeding.

The Stop TB Partnership, which I have the privilege of serving as its Chairperson, is, with technical expertise provided by WHO and development partners, developing the next "Global Plan to Stop TB 2016 – 2020" which aims to provide concrete and costed proposals on how we can achieve our goal.

The Plan, which will be ready in a year's time, will suggest interventions that countries with similar challenges can use to break new ground in developing new, additional actions to reduce new infections and save more lives.

Countries will be divided into 9 sets, whereby, countries with similar characteristics will be clustered together with package of interventions outlined for each set.

At the recent International AIDS conference in Melbourne, new HIV targets were announced. This is the 90/90/90 set of targets! It is catchy and easy to remember and to communicate. It is about:

- 90% of people tested for HIV;
- 90% of those tested positive initiated on treatment; and
- 90% of those on treatment are virally suppressed.

If have accepted the 90/90/90 targets for HIV and AIDS, can't we adopt a similar approach for TB? Can't we aim to screen at least 90% of vulnerable groups for TB? Can't we aim to test at least 90% of those suspected of having TB; Can't we aim to initiate on treatment, at least 90% of those that test positive within 2 days?; and Can't we aim to attain at least a 90% treatment success rate of those on treatment? So, TB can have it's four 90s!

As the Minister of Health of South Africa, I have a responsibility towards the country and fighting TB is a central part of that responsibility. But as the Chair of the Stop TB Partnership and the Partnership's 1,200 member organizations, I have an even greater global responsibility!

To the global fight against TB, we should all bring our collective strength, determination and the unbreakable optimism needed to defeat this disease.

I believe we can see a world without deaths from TB in our lifetime. It is a vision I believe we all share.

I wish you every success with this conference, and wish you strength and new hope in the global fight against Tuberculosis.

I thank you.