

**UN Secretary General Special Envoy on TB
Former President of the Portuguese Republic**

Jorge Sampaio

*TB everywhere is TB anywhere -
Health emergencies will not wait*

*Presentation to the Development Committee
European Parliament*

*Brussels,
Tuesday, 10 April 2007*

Mister President of the Parliamentary Development Commission,

Josep Borrell

Ladies and Gentlemen Vice-Presidents

Members of the European Parliament, members of the Development
Commission

Representative of the European Commission

- I would like to thank you, Mister President and dear friend, for the kind words of welcome that you have just addressed to me. It was with great pleasure that I promptly accepted your invitation to speak at this session of the European Parliament's Development Session, whose members I would like to greet very warmly.
- As a former member of parliament – safeguarding the obvious differences between European and national levels – I can easily appraise the determinant role that is entrusted to the parliament in the construction of democracies and in the pursuit of fundamental political options.
- In the specific case of the European Parliament, its sharing of legislative power with the Council makes it an even more decisive institution, not only in the debate about ideas, but, above all, in the definition of those proposals that will mould our collective future.

- Besides the consultative and control role with which it was initially entrusted, the European Parliament has been successful in acquiring competences and powers of intervention in the decision process more in keeping with its democratic legitimacy, essential to the development and deepening of European integration.
- I very am pleased with this evolution, to which, moreover, the contribution made by this parliamentary Commission has been of great importance.
- Let us not forget that the Union's development and co-operation policy, a matter that is the responsibility of this Commission, is of prime importance in strengthening growing Europe's affirmation in the world, an aspiration that all Europeans unanimously share.
- It should always be emphasised that the European Union is the first provider of public aid, developing a vast framework of co-operation that is directed not only at integrating the beneficiary countries into the global economy and at fostering sustained development, but also at consolidating the construction of democratic societies, based on the Rule of Law, on regard for Human Rights and on principles of good Governance.
- It seems to me that this innovative aspect proper to the European development policy model is not sufficiently enhanced, even if this policy has insufficiencies, voids and a sometimes irregular nature.

- In our world marked by galloping globalisation and by the recomposition of the international system around the growing affirmation of what are known as the “emerging powers” (I am thinking of China, India, Russia or Brazil), it is quite possible that interests, be they economic, energy, or others, give way to considerations of an ecological, sustainable development or good governance nature, ruining, moreover, the still fragile heritage of rules that has been painstakingly amassed by the International Community in recent years.

- In this connection, too, both the multilateral institutions and the European Union have a fundamental part to play in the defence of a fair, equitable and sustainable development model, for which peace, security and stability are the main requirements.

*

- I shall now continue in English. In European fora, no matter what their nature, the question of languages is always raised at some point.

- As I am here today in my capacity as United Nations Secretary-General Special Envoy to Stop TB, I do think that it is more appropriate and easier to use English as a communication language for our dialogue.

*

- Let me put it bluntly: I know that most of you are wondering why TB needs a United Nations Special Envoy. I even guess some of you are thinking of it as a bizarre creation of multilateralism and others could see it as a way of getting a job for a retired politician...

- Why should TB require a Special Envoy ?

- Why does TB matter to the Development Committee of the European Parliament ?

- TB is a past disease, isn't it ?

- TB a minor issue, isn't it ?

- TB is an individual problem, isn't it ?

- No! No! No! Three times no.

- Nothing could be further from the truth.

Firstly, tuberculosis is still a serious public-health problem at global scale in our days.

- So far H5N1 avian influenza has killed 166 persons according to WHO. In contrast, together HIV/AIDS, Tuberculosis (TB) and Malaria kill 6 million people every year.

- TB is still a worldwide pandemic growing at 1% a year and killing 5000 people every day.

Secondly, TB is not going away.

- In 2005 more people died from TB than in any year in history and predictably TB will remain one of the world's top 10 causes of mortality in the next decade especially in Africa, the region hardest hit by this disease.
- Far from being under control, TB is expanding and the forecasts are dramatic, for they suggest 35 million deaths during the coming 20 years if nothing is done.
- Moreover, of nine million new tuberculosis cases each year, 400,000 are highly contagious multidrug-resistant.
- MDR-TB results from interrupted or incomplete treatment of standard tuberculosis or from person-to-person transmission. MDR-TB is growing worldwide, with highest rates in countries of the former Soviet Union around the European Union, in India and China.
- MDR-TB does not respond to standard TB drugs and predictably, if not properly treated, it can become extensively drug-resistant (XDR-TB). XDR-TB strains have now been found in all regions of the world. So far, 26 countries have reported XDR-TB cases associated with HIV infection, with an extremely high mortality rate.

Thirdly, of the world's twenty-two TB high burden countries, nine are located in Africa.

- TB is a disease of poverty. Virtually all TB deaths are in the developing world.
- And TB is a leading killer among HIV-infected people. A quarter of a million TB deaths are HIV-associated, most of them being in Africa.
- TB with its lethal associated, HIV-AIDS, has devastating effects on African development, affecting mostly young adults in their most productive years.

Fourthly, and last but not least, we are not talking about a disease for which there is no treatment, but rather one that can be prevented and cured.

- Moreover, TB is affordably curable.
- How can we therefore decline our responsibility in the combat against this scourge?
- How can we refuse to take part in this fight?
- How can we leave death unleashed if, together, we can mount a siege against it and defeat it?

Ladies and Gentleman

- Having the occasion to address such a distinguished audience represents an unprecedented opportunity, which I was very much looking forward to seize, particularly, after having toured three Southern African countries, Malawi, South Africa and Mozambique in the last weeks.

- There I saw with my own eyes what I already knew from reports and documents.

- Firstly, progress in TB prevention and control is integrally linked to public health and development overall.

- Secondly, despite some progress, TB remains an unacceptable global emergency in Africa as it was declared in 2005, by African Ministers of Health.

- Thirdly, without extra-action by the International Community and namely by the European Union, African countries will not be able to end the scourge of TB.

- Let me remind you that the African Region has the highest TB burden per capita. This is an unbearable situation as, although with only 11% of the world's population, Africa contributes approximately 25% of TB cases.

- In 2004, about 2.3 million people fell ill with TB in the region. In the African region, TB incidence is rising at over 4% a year fuelled by the HIV epidemic.

- Thirty-four of the 46 member States in the region face an estimated TB prevalence rate of 300 per 100,000 population and 9 countries are among the 22 Global TB high burden countries.

- These figures are per se telling enough.

Excellencies

- As you can guess, eliminating Tuberculosis as a public health problem in Africa is a restless battle with several front lines, for three main reasons.

- *Primo*, because TB and poverty are closely linked and form a vicious cycle – who ignores that TB infection is transmitted more readily in the environmental conditions of poverty: overcrowding, inadequate ventilation, housing and sanitation, as well as malnutrition ?

- *Secundo*, because HIV/AIDS and TB together display a noxious synergy that has led to the explosion of TB cases in regions of high HIV prevalence.

- In some Sub-Saharan regions up to 77% of TB patients also have HIV. And who ignores that the consequences of this dual burden are not just increased deaths due to TB and more difficulties in diagnosis, but a larger pool of patients capable of spreading infection throughout the community, undermining basic control efforts ?

- This is why *aggressively addressing TB/HIV co-infection and MDR-TB* - the two greatest threats in TB control- *is the key issue* to mark a turning point on this fight.

- There are new policies and strategies to address both but they need urgent scale-up in the African region.

- In order to control TB in high HIV settings far more collaboration between TB and HIV/AIDS programmes must be implemented.

- For instance, it is sobering to recognize that only 0.5% of estimated HIV patients are currently tested for TB and only 7% of TB patients are tested for HIV worldwide – this is a shockingly dramatic shortfall, isn't it ?

- *Tertio*, because financial, managerial, infrastructural and, sometimes, clinical challenges of TB control are significant.

- **Therefore, strengthening health systems** should be a major concern.

- Promoting a Global Plan to strengthen health systems is a key issue in achieving most of the health related Millennium Development Goals.

- This requires improving infra-structures and investing in laboratories, but also addressing the lack of health workers facing many developing countries.

- In all of Africa, there are only 25 reference laboratories with the capacity to grow TB cultures and test them for drug resistance, and most of them in South Africa.

- On the other hand, the Global Drug Facility has provided a much more regular supply of low cost, high quality drugs for TB treatments to 1.5 million patients in 30 African countries, since 2001.

- But, in order to ensure longer term sustainability of a regular supply of anti-TB drugs for African TB control programmes, local capacity in manufacturing, drug management and procurement capacity needs to be strengthened.

- Regarding, health workforce, fifty-seven countries, most of them in Africa, face a severe crisis. WHO estimates that a total of more than 4 million health-care workers, are needed to fill the gap.

- Without prompt action, the shortage will worsen.

- Efforts should focus on broad measures that affect population's wellbeing. For instance, consideration should be given to the adoption of a Code of Good Practice in health-care worker migration to prevent a permanent brain-drain from poor countries to rich countries and to encourage the return of skilled migrants to their own countries.

- The social and economic burden of TB is often discussed in terms of direct and indirect costs to households. No doubt that costs of a long illness such as TB are devastating to individual patients.

- But, in my view, the impact of TB has to be measured at the community and national levels because the whole economy of a country suffers as the workforce is reduced, productivity falls and revenues drop.

- Examples:
 - Three quarters of all TB victims are between 15-49 years of age

and are thus the economically productive members of their communities.

- The average TB patient loses three to four months of work time as a result of being sick; and loss of household earnings can range from 30 to 100%
 - TB prevalence imposes serious costs on companies because of disrupted workflows, reduced productivity, the need for retraining and other costs.
 - Family members often bear the burden of taking care of a sick family member, which in turn lowers their productivity. If the head of the household dies TB often pushes the entire family into poverty.
-
- Actually, according to evidence, the estimated economic loss in African countries with a high burden of TB is of 4-7% of GDP annually

 - Therefore, it is less expensive to break this silent circle between poverty, underdevelopment and disease than to feed it with more deaths, sick people and poor households.

 - Investment in improving TB control would contribute to a huge saving in resources, human capital and lives.

 - Increasing investment so that National Plans can be fully funded and implement the standards outlined in the *Global Plan to Stop TB* would

cost around 1.2bn for the African region.

- In sum, for every one dollar invested in the Global Plan, there would be a return of ten dollars for the African region.

- Ignoring problems now will make them more expensive and difficult to solve later.

- Yes, the obstacles to achieving TB control in Africa are enormous.

- But inaction will be a blot on our consciences, a failure of political governance.

- TB is a curable disease.

- We can prevent millions of avoidable deaths. We cannot give TB killer free hand to act.

Dear friends

- Millennium Development Goals (MDGs) are intended to translate into concrete achievements some basic human rights for all.
- As there are still millions of human beings living and dying in the most dramatic poverty, achieving these goals by 2015, as agreed, is a moral commitment and a political responsibility for the International Community.
- The multilateral co-operation and co-ordination approach is very important if we are to make policies work, to avoid or reduce duplication and waste and to achieve the desired Millennium Goals in time.
- Three out of the eight MDGs concern health issues such as reducing child mortality, improving maternal health and combating HIV/AIDS, Malaria, TB and other infectious diseases.
- Global Health is thus recognized as a matter of human rights and a key dimension of human safety and development.
- To realize these very basic rights worldwide, we cannot afford further delays or work at cross-purposes. We need to double our efforts, to do more and better. Emergencies just won't wait.

- To finalize with good news, let me remind and greet the Commission announcement on 20th March of an EU Action Plan to Stop TB in Europe. This a positive step forward.
- But note that TB has no frontiers as TB anywhere is TB everywhere.
- Therefore, please try to push to an EU-Africa Action Plan to Stop TB. It will be, I am sure, a win-win initiative and a clear way of renewing the EU-Africa partnership, showing solidarity and strengthening security for all as health is a Public Good.

Many thanks

Check against delivery.