



PRESS RELEASE

WHO Regional Director appeals for political leadership and adequate resources to tackle the TB emergency in Africa

LILONGWE, 27 March 2007 – Malawi has declared Tuberculosis a national emergency. Over 27,500 people are diagnosed every year, but this is estimated to be only 50% of all cases in the country. The Government of Malawi through its Ministry of Health has called for urgent and extraordinary actions to halt the spread and fatalities of TB in Malawi.

Visiting WHO Regional Director for Africa, Dr. Luís Gomes Sambo has appealed for national and international solidarity to fight TB in Africa. Dr. Sambo is on a four-day mission with the UN Special Envoy to Stop TB, former President of Portugal Mr. Jorge Sampaio. The UN officials attended the ceremony to announce the emergency, where the Government of Malawi launched the five-year plan to address the emergency through increased access to TB diagnostic and treatment services, TB and HIV services and community involvement.

In August 2005, the World Health Organisation (WHO) Regional Committee for Africa comprising of health ministers, recommended that TB be declared an emergency in Africa due to the negative impact of HIV and AIDS on TB incidence and death.

“Declaring TB as a public health emergency is recognizing the gravity of the situation. This year’s theme on World TB Day is ‘TB Anywhere is TB Everywhere’. This emphasises that it is infectious and everyone is potentially at risk. Addressing TB demands collective responsibility from our leaders, to us as individuals, member states, NGOs, civil society - everyone.” said Dr. Sambo at the ceremony. Accordingly, to the Ministry of Health, 22 Malawians die every day from Tuberculosis.

In Malawi, the TB situation is not different from other sub Saharan countries. High HIV prevalence has increased the incidence of TB several fold and insufficient coverage of health services including laboratory facilities and the scarcity of human resources, has greatly impeded efforts to fight TB. TB is a major cause of death among people living with HIV/AIDS, and HIV is the main reason for failure to meet TB control targets in high HIV settings, particularly sub-Saharan Africa, where HIV/AIDS is dramatically fuelling the TB epidemic.

“We need political leadership locally and internationally to dedicate adequate resources to fight against TB and to champion the call to attain universal access to high quality TB services. National programmes must engage everyone to enable early diagnosis, successful treatment and prevent emergence of drug resistant strains,” said Dr. Sambo and commended the Government’s bold measures in fighting TB in Malawi.

Dr. Sambo said collaboration between TB and HIV programmes is fundamental to reduce the burden of TB among people living with HIV and AIDS, and HIV among TB patients. The Global Tuberculosis Control Report released last week by WHO finds that HIV testing for TB patients is increasing rapidly in Africa, but few people living with HIV are being screened for TB.

In Malawi, district and CHAM* hospitals and local health centres offer TB treatment, but local centres lack laboratory facilities to test for TB. In addition, human resource is a major impediment as some district hospitals have only one laboratory technician. All TB patients are offered HIV information and this has enabled 70% of them to be tested. Another challenge is that few facilities offer TB and HIV and AIDS services simultaneously and Antiretroviral Treatment is not available widely at local level.

The UN Special Envoy Mr. Jorge Sampaio reiterated the call for urgent extraordinary actions to address the current trend of the epidemic, otherwise the situation will worsen and Millennium Development Goal targets will not be achieved.

The MDG target on TB aims to decrease in the number of Tuberculosis cases per year by 2015 target. The World TB Day is marked on 24 March. This year's theme ***TB Anywhere is TB Everywhere*** aims to call to action, public effort to control the spread and treat TB.

Note to editors:

*CHAM Christian Health Association of Malawi

Tuberculosis (TB) is primarily an illness of the respiratory system, and is spread by coughing and sneezing. TB can usually be treated with a course of four standard, or first-line, anti-TB drugs. If these drugs are misused or mismanaged, multidrug-resistant TB (MDR-TB) can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive and have more side effects. XDR-TB can develop when these second-line drugs are also misused or mismanaged and therefore also become ineffective. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited and the risk of death is extremely high. Both MDR-TB and XDR-TB can be spread from person to person.

The Global Plan to Stop TB (2006-2015), launched by the Stop TB Partnership (www.stoptb.org) in January 2006, sets forth a roadmap for treating 50 million people for TB and enrolling 3 million patients who have both TB and HIV on antiretroviral therapy over the next 10 years, saving about 14 million lives. It aims to halve TB prevalence and deaths compared with 1990 levels by 2015.

For more on the facts and the response to TB, refer to **"TB Facts and Response"** or log onto www.stopb.org.

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