

ADDRESS BY

**Mr. JORGE SAMPAIO,
THE UNITED NATIONS SECRETARY-GENERAL'S
SPECIAL ENVOY TO STOP TB,
FORMER PRESIDENT OF THE PORTUGUESE REPUBLIC,

AT THE 56th AFRO-COMMITEE MEETING**

Meet targets to stop TB in Africa on time

*ADDIS ABABA,
AUGUST 28, 2006*

It is both a pleasure and a great honour to be here today to participate in this important and, I hope, fruitful meeting.

Let me first say a brief word about the satisfaction I feel for being in Addis Ababa. I've never visited this country before, despite the very ancient ties existing between Ethiopia and Portugal, the first European country with which Ethiopia began continuous relations in the distant year of 1508. I was therefore quite enthusiastic with the prospect of coming and I must say that my fascination with this country remains in its entirety.

Allow me to stress that I am most grateful for the warm and friendly hospitality extended to me by the Ethiopian authorities as well as for the help and support given to me by WHO, particularly by my dear friend Dr Sambo, WHO Regional Director. I convey to all my sincere thanks and for the participants in this meeting, let me cordially greet you all.

*

As you might know the United Nations Secretary-General, Mr. Kofi Annan, has appointed me as his first Special Envoy to Stop Tuberculosis. It is in this capacity that I am here today.

Having the occasion to address such a distinguished audience represents an unprecedented opportunity, which I look very much forward to seize for two main reasons: firstly, because progress in TB prevention and control is integrally linked to health and development overall; secondly, because, despite some progress, TB remains an unacceptable global emergency, particularly in the African region. You will no doubt recall the important

declaration of TB as a Regional Emergency passed by the Regional Committee last year.

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

My role as Special Envoy to Stop TB, as I see it, aims at helping in achieving the Millennium Development Goal (MDG) target to “have halted and begun to reverse the incidence of TB by 2015” as well as The Stop TB Partnership's 2015 targets – to halve prevalence and death rates from the 1990 baseline.

As far as I know, the scenarios in the Global Plan 2006-15 suggest that the Partnership's targets can not be achieved on time in Africa unless further measures will be taken.

This is why I consider that my action has to focus on African region as a priority in order to give additional visibility to this sometimes neglected disease, to use my political experience to help generating public awareness

about TB, and to continue persuading world leaders to play their part in fully funding and implementing the Global Plan to Stop TB. Actually one has to stress that the patient remains at the core of our concerns regardless political/economic and social conditions where he lives.

Let me now share some thoughts with you on ways to achieve better results on our common fight against TB.

I shall divide my presentation into three main parts:

I will begin by outlining the progress made in the global fight against infectious diseases during the last years;

Secondly, I will move on to the present and I will examine the extent of the problems and challenges we are currently facing in Africa;

Thirdly, I will focus on the future and I will suggest some steps to be taken in order to meet MDG and Partnership's targets to stop TB in Africa on time.

*

A major achievement: health is in the global agenda

I think everybody could agree that today health is firmly on the global development agenda and it is seen as an ever more global public good.

In the increasingly globalized world, marked by migrations and fast movements of persons at a worldwide scale, health issues are an international phenomenon as events and processes overseas affect each

country's health. Communicable diseases are a most obvious example of these externality aspects of public health. That is, no single country can alone prevent or contain communicable diseases in order to protect the health of its population.

This increasing awareness of cross-border issues in health is clearly expressed in the growing attention paid to health by non health sector bodies, such as the World Bank, the United Nations or the G8, as well as by the private and charity sectors.

Let me recall a few examples:

- In January this year, President Obasanjo of Nigeria, Mr. Bill Gates and Mr. Gordon Brown, UK Chancellor of the Exchequer, launched the Stop TB Partnership's Global Plan to Stop TB, 2006-2015. At that time, Mr. Gates pledged \$900 million more for TB research and development efforts so essential for TB elimination.
- Last month, the G-8 Summit, held in St Petersburg, included in its agenda, among key global issues such as energy security and education, the fight against infectious diseases including tuberculosis. G8 leaders committed to further support for the Global Fund to fight AIDS, TB and Malaria and to mobilize resources to fully fund the Global Plan to Stop TB. As you remember, last year, at the Gleneagles Summit, the G8 had already pledged to help meet the needs to respond to the TB epidemic in Africa.
- The European Union is playing a major leading role. On the one hand, the EU has been the second biggest donor to the Global Fund

and, on the other, in the last G8, President Barroso made a new aid proposal for Africa for a 3 billion euros governance fund.

- The International Community is committed to developing innovative financing mechanisms such as the International Finance Facility to scale up resources needed for development;
- Last May, the Global Business Coalition Initiative, led by Ambassador R. Holbrooke announced that it will include TB among its critical issues for action;
- In Toronto, a few days ago, the Bill and Melinda Gates Foundation announced a grant of 500 million USA dollars over five years to additionally fuel the Global Fund;

I do think that these examples are obvious indicators of health moving up the global agenda and thus being considered as a global public good. At the international level, there is a clearer political commitment, a stronger public awareness and more resources available. These favourable conditions give renewed impetus to the fight against infectious disease, but also create added responsibilities in view of producing better results in our attempt to control TB in Africa. Our shared aim, our common commitment and our motto has to be “to do more, to do faster and to do better”- “More, faster and better”. Emergencies cannot wait.

*

Overcoming obstacles

As you know better than me, eliminating Tuberculosis as a public health problem in Africa is a restless battle with several front lines, for three main reasons.

Firstly, 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 ?

Secondly, 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. As you know 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 ?

Thirdly, because financial, managerial, infrastructural and, sometimes, clinical challenges of TB control are significant. Who, among you, ignores that in many of your countries, access to basic health services is still low and even lower for TB diagnostic and treatment, particularly in peripheral areas? Who of you ignores economic and financial constraints on national health budgets? Who of you did not experience shortage of trained human resources for health ?

Excellencies

The social and economic burden of TB is frequently 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, revenues drop and markets shrivel. Moreover, from the societies' point of view, effects are absolutely disruptive as TB is a leading cause of death among women of reproductive age and children are particularly vulnerable to TB infection.

According to figures, TB is estimated to cause an economic loss of 4% of GDP annually in countries with a high burden of TB and the disease is thus closely linked to poverty. Next year the World Bank with the Stop TB Partnership will share with African Ministers of Health and Finance a full analysis of the Economic Impact of TB in your region.

I do think that this vicious circle between poverty and diseases, such as TB, has to be broken. It is less expensive to break this silent circle than to feed it with more deaths, sick people and poor households. In developing countries, the socioeconomic impact of diseases, like TB have a devastating effect, undermining long-term sustainability of development. 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.

*

Meeting targets

Despite much progress, TB is second only to HIV/AIDS as an infectious disease killer – 1.7 million people annually, or 5,000 men, women and children daily. Furthermore, TB isn't going away. Last year, more people died from TB than in any year in history.

Estimates of the future toll of the global TB pandemic are exceedingly worrying. TB will remain one of the world's top 10 causes of mortality in the next decade since incidence is expected to climb steadily in Africa, as one of the regions hardest hit by this disease.

Therefore, unless we take unprecedented measures, the Millennium Development Goals will not be reached.

The challenge to all concerned with the TB epidemic – patients and their families and communities, governments and authorities of TB-burdened countries, health organizations and donors – is to articulate and embrace the commitments and extra actions that will be required to successfully control TB.

Let me recall some basic principles or ideas that, in my personal view, could be useful in order to meet targets to stop TB in Africa on time.

One central issue is indeed to ensure that the collective action at the international level as well as at the national levels are well coordinated. Even if TB control has to be seen as a Global Public Good for Health, comprehensive TB control rests on the ability of national TB programs to successfully identify and treat patients. Therefore adequate coordination

between international input and domestic action and policies is a critical point to achieve global TB elimination.

Another central issue is indeed effective national action. In my view, it is essential to stick to some basic principles to combat TB effectively in Africa. Let me stress some of these key guidelines:

- Sustained / strengthened country leadership and ownership for TB control in the context of the “three ones” principle – one national plan, one authority and one monitoring and evaluation system;
- Pursuit of the new WHO Stop TB Strategy, which underpins the Global Plan, and has six key elements:
 1. *Expanding and enhancing DOTS*, the fundamental approach to TB treatment. In Africa, TB case detection under DOTS rose from 23% to 49% from 1995-2004 but that, although important and stimulating, is far too slow to keep up with the increased burden.
 2. *Agressively addressing TB/HIV co-infection and MDR-TB* - the two greatest threats in TB control. There are new policies and strategies to address both but they need urgent scale-up in this Region, as noted strongly in reports coming out of the recent AIDS conference in Toronto.

3. *Strengthening Health Systems*: increased levels of funding for public health services commensurate with the size of the epidemic and the commitments of the Heads of State and Government. These services should include laboratory networks, surveillance systems and human resources for health. Donors should also pay great attention to this point.
4. *Engaging all care providers* - including through the building and strengthening of TB partnerships at country and regional levels;
5. *Empowering people with TB, communities,* and including the private sector and NGO partners;
6. *Enabling and promoting research* on new TB vaccines, diagnostic tools, medicines and evaluation of approaches for the delivery of TB control interventions;

A critical point is continuing to promote and implement DOTS . There has been good progress in DOTS expansion in the African region in recent years. But for the period 2006-2015, the first priority is to move from basic geographical coverage of DOTS, to improve quality and access. Treatment success varies in this Region and with some effort more countries could soon reach the 2005 target of 85%.

DOTS has proved to be effective in curing people with TB. Without treatment, an estimated 70 percent of people with infectious TB will die of their disease. Properly implemented, DOTS can rapidly reduce both

mortality and morbidity from TB, often curing over 85 percent of the patients. Meanwhile, since curing people with TB prevents them from infecting others, it has an important preventive function as well, breaking the chain of transmission. Finally, the emergence of national TB control strategies based on DOTS has provided a crucial tool in slowing the generation of drug-resistant TB.

Finally, I would like to focus on good governance, which is, I do believe, the key point for the success not only in developing countries but all around the world.

Good governance is essential to achieve the goals set in the Millennium Agenda for TB control. No policy can be effective anywhere whatever the continent, the country and the system of government if governance is poor or below par, because resources just disappear when institutions are weak and governance lacking and diseases remain untreated. This is not acceptable as affected regions and populations languish and suffer from economic and social dislocations while domestic and foreign resources are squandered. We cannot let this opportunity of global awareness towards infectious disease to be lost and shackle millions of Africans in poverty and infected with TB.

Good governance, thus, requires permanent efforts in preventing corruption, increased transparency and accountability. Strong institutions, a free press, public opinion and functioning bureaucracies can help in this regard. Everywhere in the world, this is this is a never-ending fight. We need also to reduce bureaucratic barriers and improve planning in order to bring treatment faster and closer to populations in need; in this regard, the work of NGOs is very important and can provide new ideas and adapted

treatments to infected populations. Therefore, I urge all governments in this forum to continue and redouble their efforts in building strong institutions and fighting corruption.

Well-adapted institutions oriented towards the common good make appropriate effective and efficient policy choices, providing a good return on the use of resources. In this environment, donors are more likely to provide the necessary resources to fight TB and other infectious diseases. These joint efforts are needed to free Africa of these lethal diseases and contribute to the development of the region.

Excellencies

Dear Friends

As United Nations Secretary-General's Special Envoy to Stop TB, I am committed to developing new ways of supporting the fight against TB, particularly where conditions are most adverse in TB high burden countries.

To ensure my role is productive, I'll indeed be working closely with WHO and the Stop TB partnership, which are leading the fight against TB. But I will not neglect regular and direct contacts neither with national and local authorities, private or public partners, nor with the civil society, non governmental organizations, and individuals working together to ultimately achieve a world free of TB. And, in this regard, your own input, Excellencies and dear Ministers of Health, is invaluable.

You can count on my committed efforts to increase advocacy to focus United Nations attention to TB control in general, and TB control in Africa in particular, in the context of the universal access principle.

I will spare nothing to continue advocating for additional resources mobilization for TB control in Africa and to reinforce international and national commitments for TB control and ensure that money flows down to those in great need.

On the occasion of St Petersburg G8 Summit, I've urged the international community to rise up to the global TB challenge and especially honor its stated commitments for TB and other priority diseases control in Africa such as the pronouncements from the G8 Summit of 2005 at Gleneagles.

But I'll also urge African leadership to invest in TB control in line with the Regional Committee Resolution of August 2005 declaring TB an emergency in the African Region, and Heads of State call of May 2006 for Universal Access to AIDS, TB and Malaria services by 2010.

Please feel free to contact me as often as you need and do not hesitate to convey to me any suggestion or idea you could have to help performing my task and to achieve our shared goal, to make progress to stop TB in Africa on time. Needless to stress that I am at your entire disposal!

Thank you very much.