

Jorge Sampaio

United Nations Special Envoy to Stop TB

Ministerial Consultation on TB Control in the African Region

On the occasion of the 59th Session
of the WHO Regional Committee for Africa

Kigali

3rd September 2009

Honourable Ministers of Health

Dr. Luis Sambo, Regional Director for Africa of WHO

Excellencies

Distinguished participants

Ladies and Gentlemen,

- Let me begin by thanking my good friend, Dr. Luis Sambo, for having convened this Ministerial Consultation on TB control in the African Region and for inviting me to attend it.
- E permitam-me que o saúde muito calorosamente – agora na nossa língua comum, o português – e lhe deseje as maiores felicidades para as pesadas responsabilidades que, uma vez mais, lhe foram confiadas.
- Estou certo de que, com a colaboração de todos, o Dr. Sambo levará a bom porto a sua difícil, mas exaltante missão de contribuir para a melhoria da saúde pública neste continente.
- Ensuite, j'aimerais saluer chaleureusement tous les participants, vous dire combien je me sens honoré d'être parmi vous et combien j'ai appris avec vous pendant ces trois jours.
- Enfin, je tiens à remercier très chaleureusement M. le Ministre de la Santé du Ruanda ainsi que les autorités ruandaises pour l'accueil si attentif et pour l'hospitalité qui m'ont été réservés.

- Je dois vous avouer que c'est la première fois que je suis dans ce pays. Avant hier j'ai eu l'occasion de faire quelques visites de terrain et pendant les derniers jours je me suis entretenu avec plusieurs d'entre vous. Je suis frappé des progrès accomplis lorsque les efforts sont soutenus par une vision, une stratégie et un plan d'action. C'est cela qui me permet de rester optimiste malgré l'immensité des défis à relever.

- Permettez-moi aussi de saisir cette occasion pour rendre hommage à S.E Madame Jeannette Kagamé pour son action et son engagement en faveur du *African AIDS Vaccine Program* et la remercier encore une fois pour sa remarquable participation au 1^{er} Forum Mondial HIV-TB que j'ai organisé en marge de la session Spéciale des Nations unies sur VIH-AIDS, à New York en Juin 2008

- Last but not least, I would like to pay tribute to His Excellency President Festus Mogae for his outstanding leadership in face of HIV-Aids epidemic, for his vision, sense and practice of politics as democratic governance of common public goods which personally I fully share.

Excellencies

- As you may remember, I addressed you three years ago at the 56th Session of your Regional Committee held in Addis Ababa.
- At that time, I had just been appointed as the UN Special Envoy to Stop TB and having prioritized Africa as one of my main areas of advocacy, I felt very privileged to have that unprecedented opportunity to listen to your concerns and acquire a crucial awareness of the extent of the TB scourge on this continent.
- And I must add that all the bilateral meetings that I have held with some of you since then, as well as the ground visits that I made – namely to Ethiopia, Malawi, Mozambique and South Africa – were and remain unforgettable reminders of the urgent need to take action in order to grapple with this emergency.
- I want to take this opportunity to thank you all for your availability, for your help and support, for the knowledge you shared with me. It has enabled me to consider the weight of the challenges and identify the possible ways forward to bridge the gaps in international cooperation.

- Those who know me know that my relations with this continent go back a long way. They are affectionate and they are fraternal but they are also free from any paternalistic purposes. I believe that it is the Africans' responsibility to take their destiny into their own hands and design their future. In the face of the enormous challenges, however, international solidarity has a key role to play and it is in that sense that I have sought to develop my action as United Nations Special Envoy to Stop Tuberculosis.

- Fortunately, great progress has been achieved in the last decade in the fight against tuberculosis. The endorsement by the World Health Assembly of the comprehensive StopTB Strategy has fostered advances against all major challenges to TB control: ensuring that DOTS is of quality, addressing TB/HIV and MDR-TB, contributing to health system strengthening, engaging the non-state sector and the communities, and pursuing research.

- Worldwide more than 37 million people have been treated against tuberculosis according to international WHO recommended guidelines. The number of cases of tuberculosis per capita is slowly falling.

- Yet every year, approximately one million new tuberculosis cases are notified in the African Region. With approximately only 12% of the world's population, the African Region contributes nearly 30% of notified TB cases every year. And with only 25% of the regional population the SADC sub-region contributes around 70% of notified cases of tuberculosis annually.

- In this regard, allow me, Excellencies, to stress two points because of their dramatic impact on TB control.

- The first one concerns the link between TB and HIV.

- As you know, the tuberculosis burden is positively correlated with high HIV prevalence and is therefore more noticeable in East and Southern Africa, and countries with high HIV prevalence in the rest of the sub-regions as well.

- The second point I want to make concerns the situation of women. Women bear a disproportionate burden of poverty, ill-health, malnutrition and disease. Not surprisingly, tuberculosis, a disease widely associated with poverty and marginalization, is among the biggest killers of women in the world.

- This year globally, 1 million women will die and 2.5 million, mainly between the ages of 15 and 44, will become sick with the disease. Tuberculosis is a leading cause of “healthy years lost” among women of reproductive age. Tuberculosis strikes women in their prime child-rearing and earning years. This has a devastating impact on families as a mother’s well-being is intimately linked to the well-being of her children. To compound this, at the same time, when a breadwinner becomes sick or dies of tuberculosis, the family may well face financial catastrophe.

Excellencies,

- The enormous economic impact of tuberculosis is driven by both the size of the problem - with more than nine million new cases of illness and nearly two million deaths per year, including 500 000 deaths from HIV-associated tuberculosis, largely in Africa - and the fact that in developing countries the majority of people affected by tuberculosis are in their prime working years.
- Tuberculosis is widely viewed as a disease of the poor, but it also affects individuals who are literate, have considerable education and earn good incomes.
- Tuberculosis is cruelly challenging efforts by low-income countries in Africa to improve the health and well-being of their citizens and is acting as a rate-limiting step to economic growth.

- The real tragedy is that this scourge is curable, and for as little as \$20 per patient.
- Recognizing this tragedy and the need to take appropriate action to combat the epidemic, the 55th Session of the WHO Regional Committee for Africa, meeting in Maputo in August 2005, declared TB an emergency in the Region, calling upon member states to take urgent and extraordinary measures to control the epidemic.
- This meeting is an opportunity to review how far we have come in addressing that challenge and taking the extraordinary steps that are required.
- I would also invite you to look at how far we have come in ensuring universal access to TB/HIV services following the first HIV/TB Global Leaders Forum in New York in June 2008 and in addressing drug resistant tuberculosis following the Beijing Ministerial Meeting held earlier this year.
- Since tuberculosis was declared an emergency in the Region, 26 Member States have either declared it a national emergency or developed appropriate response plans.

- In this regard, let me stress once again the importance of sustained and 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 – otherwise how will you grapple with all the players and partners acting on the ground? How will you best capitalize all these efforts, avoiding uncoordinated actions, repetitions, gaps and basically trying to generate scale and multiplying effects?

- Moreover, national plans are key tools for countries to strengthen and expand the basic DOTS services as essential components of the primary health care services. The success and sustainability of tuberculosis control interventions, like other public health priorities, will depend on the capacity of the general health systems within which they are delivered.

- However, based on the latest WHO reports, only 7 Member States had achieved the 70% case detection target while 9 Member states had reached the 85% treatment-success rate target. Only two Member States had achieved both targets.

- Significant progress has been made in many countries in increasing HIV testing among tuberculosis patients.

- However, additional scale-up is still needed across the continuum of care, particularly with regard to interventions to reduce the impact of tuberculosis among people living with HIV.
- Unfortunately, at the current rate, very few if any countries will attain universal access to all essential tuberculosis services by 2010.
- All the evidence points to an urgent need to do more, to do it better and to do it faster.
- I made myself a formal commitment with the Clinton Global Initiative: my task is to engage leaders of African countries to support the coordination of TB and HIV services and to ensure that implementation of nationwide programmatic scale-up and capacity-building for these combined services is carried out.
- And I will visit Washington next week to make TB advocacy, to build on the recent visits by the American authorities to this continent and to try to raise the stakes in the field of public health multilateral cooperation.

Excellencies,

- Allow me to challenge you with a fourfold request!

- First, ***please be ambitious!*** Set ambitious national targets and mobilize the funding necessary to reduce the number of people living with HIV who die unnecessarily of TB.
- I would urge you, personally, to make sure that tuberculosis is included in the terms of reference for the National AIDS Commissions, ensure there is strong tuberculosis representation in Global Fund Country Coordination Mechanisms and ambitious Global Fund proposals.
- I would like to point out the low levels of Global Fund resources going to tuberculosis and TB/HIV joint activities in Africa - about 5% of the whole Global Fund Africa Portfolio.
- So be ambitious for your country and for your people. Commit yourself to ensuring that TB/HIV services are delivered together and that you are submitting ambitious Global Fund proposals. Try to get on board with your Finance Ministers and ensure that they invest in public health, particularly in TB/HIV control.
- Secondly – please think that joint efforts are much more likely to produce results than isolated moves, think that ***“together, we can!”***
- Therefore, mobilize HIV-affected communities, broader civil society and the private sector for a response to tuberculosis; and educate and empower them to become active partners in the prevention, diagnosis and treatment of TB.

- Thirdly, drug-resistant TB.
- There are still eleven countries without local capacity to identify Multi-Drug Resistant TB cases in the region. At the same time, only two countries have the technical capacity to identify XDR-TB cases.
- Very few drug-resistant (DR-TB) patients are therefore detected. There is also little information about treatment outcomes for DR-TB patients.
- Only 17 countries are known to have a structured treatment programme for drug-resistant TB and only 15 countries have Green Light Committee-projects that have been approved so far.
- Ministers, as you know, ***a drug-resistant epidemic is a serious threat to all your efforts!*** Don't hesitate to press the International Community to support your efforts. This is my third request.
- The G8 has commended the strong African leadership in addressing health challenges and welcomed the launch of the African Leaders Malaria Alliance on the occasion of the 64th UNGA in September 2010.
- Why don't we start working to launch a similar initiative for TB in September next year? Think about it!

- Africa cannot be a missing link in the awareness and treatment of drug-resistant TB. Africans must have access to information on and treatment of all forms of TB.
- We need to reinforce surveillance as a means of improving the quality and completeness of information, and monitor progress towards targets in a more accurate manner.
- We also urgently need to invest in strengthening laboratories for TB, MDR and XDR TB diagnostic capacity and introduction of new tools, building on the important initiative of AFRO/PEPFAR for lab accreditation and the FIND/UNITAID/GLI initiative.

Excellencies,

Dear Friends, if I may

- The only successful exit strategy to win the struggle against pandemics such as TB, HIV and TB/HIV is to include them as part of broader development and poverty reduction strategies, and to strengthen health systems more effectively to respond to the needs of 'at risk' communities.
- Though we are at a time of global economic crisis, which adds new constraints to the challenges ahead, this is no time to lower our sights on the fight against TB, MDR/XDR-TB and HIV-TB co-infection.

- We must recognize that health is an investment and avoid making the critical mistake of cutting health spending during a recession. We must continue to hold national governments and the international community accountable: we need to turn their commitments into action.
- So, Ministers, please urge your authorities to address health needs within a comprehensive and integrated framework and to promote the strategic approach of health as an outcome of all policies.
- Without a healthy population all efforts of development are undermined and condemned.
- Health investments are essential to the well-being of nations and a prerequisite to good social and economic security. With tuberculosis we are now looking for personal leadership and broad policies and legislation on matters that might go beyond the normal and narrow remit even of the health sector.
- I am appealing to you Ministers so that these policies and legislative actions are put in place immediately if you want to strengthen the health systems in your countries and, as a result, also control TB and MDR-TB; you need social protection mechanisms for universal access to diagnosis, treatment and care; modern laboratory services able to perform rapid molecular testing for diseases; rational use of drugs especially in the private sector; quality assurance for all drugs; and adequate and trained human

resources for your public services. Without these ingredients, we may be fooling ourselves if we believe we will ever make substantial progress. We need bold health policies and their urgent enforcement and implementation.

- The World Bank has acknowledged that investing in tuberculosis control is one of the most cost-effective public health investments.
- A recent report found that scaling up control of tuberculosis according to the Stop TB Partnership's Global Plan to Stop TB 2006-15 would not only prevent unnecessary sickness and death but would actually be cheaper than maintaining the status quo.
- In Africa, the economic benefits of fully funding and implementing the Global Plan, which is underpinned by the WHO Stop TB Strategy, exceed the costs by a factor of nine.
- So my fourth and last request is: please target your action in order to deliver world class TB services through strengthened primary health services to ALL the citizens of your country who need it.
- In order to advance the goal of universal access to health services, especially primary health care, it is essential to reaffirm our commitment to address the health needs of the most vulnerable, especially women and children, and it is also fundamental to strengthen health systems.

- The goal of universal access to health services is indeed a dream, but we need dreams to figure out a better future because dreams are powerful drivers of change.

- Let's have a dream – to achieve the Millennium Development Goals in Africa by 2015!

- Let's pursue a common purpose: to contribute to making this dream real by working all together – and by that I mean, governments, donors, the private sector, civil society and grass-root organizations – to drive the health agenda forward and achieve health related MDGs –particularly have halted and begun to reverse the incidence of TB - because despite the huge challenges, progress is possible.

Many thanks

Merci beaucoup.