

### Activists call for urgent responses to TB

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Activists have called for urgent global responses to tuberculosis (TB) in the lead up to the 39th World Conference on Lung Health in Paris.

Paula Akugizibwe of the AIDS and Rights Alliance for Southern Africa (ARASA) voiced concerns over the lack of genuine urgency in the response to the disease at a special session of the Stop TB Partnership's drug-resistance mobilization sub-group on 14 October.

According to activists like Akugizibwe, the continuing failure of coordination and collaboration efforts between TB and HIV programs in severely affected countries is appalling.

“Such coordination needs to start at the highest level and be implemented consistently at every level, including joint planning and budgeting, the integration of services and implementation of the ‘Three I’s’ to reduce TB and HIV co-infection (Isoniazid Preventive Therapy, Intensified Case Finding and Infection Control),” ARASA activists said.

“The unbearable sluggishness of health authorities in adopting a rational and cohesive approach to the management of this co-epidemic through the adoption of these critical measures is costing thousands of lives.”

TB is the leading cause of death among people living with HIV or AIDS in Africa, where TB mortality rates are four times higher than regional targets.

“While a few indicators of efforts to stop TB may be gradually improving, the languid rate at which this is happening does not correspond with what one would hope to see for a global health emergency,” the activists said.

“The spread of multi drug-resistant and extensively drug-resistant TB is a stark manifestation of continued failings in the management of TB, and adds impetus to the call for more urgency in this regard.”

The activists said that the basics of good TB management were missing from health systems across southern Africa and that a lack of training, supervision and support for health care workers resulted in the mismanagement of patients. They also said that the poor management of medical supplies often led to treatment interruptions, which encouraged drug resistance.

The severity of the crisis has been compounded by the failure of health authorities in many countries to work in with civil society to design and implement effective and sustainable responses to TB. Instead, many governments have alienated affected communities through the adoption of harsh and coercive approaches to the management of TB.