

## Eyes and ears

# Prioritising needs in TB control and treatment: Without unlimited responses, difficult choices must be made

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An article from the HDN Key Correspondent Team

The 38<sup>th</sup> Union World Conference on Lung Health went into day three today in Cape Town. Almost 3,000 scientists, researchers, program managers, health activists and community members have come together to share their experiences, learn and participate in the various conference activities.

Nils Billo, Executive Director of the International Union Against Tuberculosis and Lung Disease, opened the conference and set the stage by reminding delegates not to forget the importance of basic tuberculosis (TB) control amid the huge challenges posed by multi-drug resistant TB (MDR-TB), extensively drug-resistant TB (XDR-TB), and TB and HIV co-infection.

Following Billo's address, Mario Raviglione, head of the Stop TB Department at the World Health Organization (WHO), outlined the basic components of the WHO Stop TB Strategy and in particular underlined the importance of strengthening laboratory services, labelling these services the "Achille's heel of TB control."

Raviglione lauded the increasing collaboration between national TB and AIDS programmes and challenged conference participants to find innovative ways of putting TB control policies into practice to ensure that people affected by MDR-TB, XDR-TB and HIV are able to access TB control programmes and services.

But the opening statements by Billo and Raviglione also begged some other questions:

- Which TB activities should countries prioritise?
- What TB activities will donor agencies support?
- What resources are needed to sustain the successes of the directly observed treatment short-course (DOTS) strategy?
- What resources are needed on a country-by-country basis to pursue the additional basics of the Global Plan to Stop TB?

Global and national TB and TB-related policies will have to be adjusted to deal with these 'competing' TB control priorities, and that means difficult choices will have to be made about what gets the attention and resources first.

Governments, national TB programmes, donors, civil society, the private sector and affected communities will need to rationally prioritise the allocation of resources to ensure that the DOTS treatment programmes continue to work in a way that the threats posed

by drug resistant TB – and the HIV co-epidemic – are also properly addressed, all without compromising what have been achieved so far.

Many delegates at the conference must be asking themselves just how they do that.

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