

Eyes and ears

Missing the target: Struggling to meet global TB control goals

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An article from the HDN Key Correspondent Team

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"We have made progress on TB but not enough to achieve our targets," Katherine Floyd, a senior WHO official, said during the 38th Union World Conference on Lung Health in Cape Town.

During her presentation on global progress towards TB control targets, particularly those related to HIV co-infection and drug resistant TB, Floyd said that global TB incidence and mortality rates were falling or stabilising and that TB control funding had substantially increased since 2002.

Despite these achievements, Floyd said the world is still falling short of achieving the targets for TB control laid down by the Millennium Development Goals (MDGs) and the Stop TB Partnership. Some of these targets relate to TB diagnosis and treatment while others are concerned with tackling the epidemiological impact of the disease and halving the 1990 levels of TB-related death and prevalence rates.

Floyd also presented delegates with statistics on where the world stands in relation to these targets some seven years before their deadline. She said that in 2006, TB case detection rates rose globally to 62 percent – a few points shy of the 70 percent target – and that the treatment target of 85 percent was missed by only 1 point.

According to the 'WHO Global TB Report for 2007', both the targets for case detection and treatment were nearly met by the world as a whole this year. The Western Pacific and Southeast Asian regions can boast treatment success rates of more than 85 percent but other regions, such as Africa, have missed both of these targets.

TB is common among people living with HIV. Africa, and sub-Saharan Africa in particular, is touted as the epicentre of the HIV epidemic and as a consequence the region also needs to strengthen its response to TB. Nine out of the 22 countries with a 'high-burden' of TB are in Africa, which is home to more than 60 percent of all people living with HIV. This indicates that on paper, as well as on the ground, TB is a huge problem for the region.

In Zimbabwe, where the levels of both HIV and TB are high, it is sad to note that not only have the targets for tackling the disease not been met, but the case detection and treatment success rates are unacceptably low.

According to 2005 WHO estimates, Zimbabwe has a directly observed treatment short-course (DOTS) case detection rate of just 41 percent – a far cry from the 70 percent target. The country's DOTS treatment success rate for the same year was just 54 percent.

These figures are disheartening to say the least, especially considering that fact that the TB cases in the country continue to increase unabated. In the past 20 years, the number of TB cases recorded in Zimbabwe has shot up six-fold.

Although the country has not produced any official information on the impact of multi-drug resistant TB (MDR-TB) within its borders, it is unclear how it would be tackled if it does emerge, assuming it is not already there.

There are documented cases of Zimbabwean TB patients failing to finish their treatment programs due to the public transport crisis, not mentioning the torment of chronic poverty that many people in the country face daily. Economic environments such as these are known to encourage the development of MDR-TB.

It would be sheer luck if no MDR-TB cases fell through the cracks in the crumbling of Zimbabwe's once robust healthcare system and global MDR-TB and extensively drug-resistant TB (XDR-TB) targets cannot be achieved under these circumstances.

"We are behind the global MDR-TB and XDR-TB response plan targets in three regions where most treatment is needed," Floyd revealed during her presentation. Zimbabwe is certainly part of one of these regions.

The problems faced by the country as it tries to meet these targets are mainly due to a lack of funding. Floyd told conference delegates that the funding requirements in TB high-burden countries were short about US \$600 million. If the higher levels of funding in Russia and South Africa are taken out of this equation, the funding shortfall becomes even more prominent.

"If you remove Russia and South Africa, the funding gap shoots to US\$1 billion," Floyd said.

While some countries might be meeting their targets or at least coming close, several others are failing, leading many to believe that nations such as Zimbabwe are not going to be able to meet the TB control targets.

"All these targets are a myth," said one delegate, during a discussion on progress towards TB control. "We are a tortoise chasing a cheetah and we will not catch up," he added, drawing applause from all corners of the auditorium.

Comments such as these are not intended as a celebration of Africa's failure to meet the life-saving targets. They merely reflect the naked truth that the majority of Africans will not be able to celebrate the reaching of these targets with the rest of the world. While some regions have shown that the targets are within their reach, Africa as a region – and Zimbabwe in particular – have a lot of catching up to do.

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