

## 2008 World TB Day Statement by Dr. Kent R. Hill

Although a cure for Tuberculosis has existed for more than half a century, TB is one of three leading causes of deaths worldwide due to infectious diseases. TB kills about 1.6 million people each year, while HIV/AIDS claims over two million lives each year, and malaria kills more than one million people.

USAID has a clear strategy that works to detect and treat people with TB in countries most affected by it. In addition, we are making progress to prevent and control TB. In 2005 the rate of new cases of TB worldwide leveled off for the first time since the World Health Organization (WHO) began collecting data about the disease. And the rate at which TB is detected has doubled since 2000. Globally the target of successfully treating 85% of TB cases has been met, and we continue to make steady progress toward the target of 70% case detection.

*The 2008 Global Tuberculosis Control Report*, released last week by WHO, finds that the pace of the progress to control the tuberculosis (TB) epidemic slowed slightly in 2006. From 2001-2005 the average rate at which new TB cases were detected was increasing by 6% per year; but between 2005 and 2006 that rate of increase was cut in half, to 3 percent.

The U.S. Agency for International Development (USAID) is the lead U.S. agency in international TB control programs, supporting efforts in 37 countries. USAID works in close partnership with the President's Emergency Plan for HIV/AIDS Relief, which is making significant investments in TB and HIV co-infection and with the Centers for Disease Control and Prevention and the National Institutes for Health.

The core of USAID's work in TB is focused on building the capacity of developing countries to implement effective programs to combat and control TB. Our programs support the implementation of the WHO's Stop TB Strategy to expand and strengthen basic TB programs, as the key intervention for preventing and controlling drug-resistant TB. Working closely together with many partners, USAID recently increased the capacity to deliver DOTS in more than 40 countries, including hard hit countries such as India, Indonesia, South Africa and Russia

Expanding our use of public-private partnerships is a top priority at USAID and Administrator Henrietta H. Fore challenged our Mission Directors and bureaus to triple the resources that we leverage through Global Development Alliances. Our objective is not necessarily to increase the number of alliances; rather we seek to increase the strategic value of our alliances for fostering sustainable development in the developing world.

USAID is a founding member of The Stop TB Partnership to eliminate tuberculosis as a public health problem and ultimately to realize a world free of TB. It comprises a network of more than 500 international organizations, countries, donors from the public and private sectors, and nongovernmental and governmental organizations that

have expressed an interest in working together. Irene Koek, chief of the infectious diseases division in Global health chairs the Stop TB Coordinating Board.

Our efforts are having an impact and this is good news. However, much work remains to be done. The best approach we have to diagnose TB in resource limited settings is over 100 years old. More troublesome, it is only sensitive half of the time and far less so in HIV positive patients where TB is deadliest.

The disease threatens every region of the world. Eastern Europe and Asia are fighting the increasing prevalence of multidrug-resistance (MDR) to proven drug therapies. According to a new WHO report, MDR TB rates are at their highest ever. MDR-TB requires treatment for 18 to 24 months with second-line drugs that are much less effective, poorly tolerated by the patient and far more costly. Nearly 500,000 new cases of TB with multiple drug resistance emerged globally in 2006.

Extensively drug-resistant XDR-TB is a subset of MDR-TB caused by bacteria strains that are resistant to first- and the most effective second-line drugs, has been recorded in 45 countries. XDR-TB is a virtually untreatable form of the respiratory disease. The true scale of the problem remains almost unknown because few countries are equipped to diagnose it.

Africa has the highest incidence of TB in the world and Sub-Saharan Africa is battling the combined effects of TB and HIV/AIDS. TB is the leading cause of death for AIDS patients. In parts of sub-Sahara Africa, rates of HIV co-infection among TB patients often exceed 50 percent.

The report also finds that some countries are making strides against the TB/HIV co-epidemic. Almost 700,000 TB patients were tested for HIV in 2006, up from 22,000 in 2002.

In addition to our work to strengthen basic TB programs, we have moved quickly to help countries and our international partners respond to these new threats by providing support for drug-resistance surveys, building laboratory capacity to detect resistant strains, expanding country level programs to treat MDR TB patients, and support for the Green Light Committee, which helps ensure that countries have effective programs to manage MDR TB patients and second line anti-TB drugs.

Labs are the backbone for detection of TB. Due to a lack of laboratory capacity in most sub-Saharan Africa countries, the extent of TB drug resistance is unknown. Far too often the labs are not close enough to the community, their quality is inadequate and supplies are not always available on a consistent basis, making diagnosis difficult. In eastern, western, and southern Africa, the USG, through USAID, has provided substantial support to enhance regional, national and subnational laboratories to improve smear microscopy as well as build capacity for culture and drug-sensitivity testing.

The threats of MDR and XDR have re-focused attention on the urgent need to develop more accurate and rapid diagnostics for TB, new drugs effective against resistant strains and an effective TB vaccine. The U.S. is committed to work with countries and the international community to successfully implement the Global Plan to Stop TB. Together we are bringing hope to millions of people suffering from TB. And millions more are depending on true international cooperation to solve the TB problem once and for all. We can stop TB.