Time for zero deaths from tuberculosis

When Robert Koch presented his discovery of the tuberculosis bacillus in March, 1882, he hoped it would lead to the eradication of “this terrible plague of mankind”.1 More than a century later, tuberculosis remains a leading killer of adults: of about 9.4 million people newly infected with tuberculosis each year, 3.5 million are undiagnosed and continue to transmit the disease and more than 1.7 million die. Tuberculosis is the main killer of people with HIV infection; drug-resistant strains continue to spread; and paediatric tuberculosis remains an area of neglect.2,3 In the past decade, the number of new cases of tuberculosis worldwide has barely declined, and the number of deaths remains catastrophic: more than 4500 per day for this largely treatable disease. As a Lancet editorial pointed out, “A status quo in tuberculosis control is unacceptable.”4

This status quo is not inevitable. A logical place to look for fresh leadership and vision is the Stop TB Partnership. Created in 2001 as a network of international organisations, countries, technical agencies, and donors, the Partnership was tasked with ensuring that every patient with tuberculosis has access to effective diagnosis and treatment. In its first decade, however, the Stop TB Partnership—housed at WHO headquarters in Geneva—seems to have operated essentially as a subsidiary of WHO’s Tuberculosis Department with the majority of funds going to WHO’s Tuberculosis Department, rather than external partners.5,6 But this situation may yet change. The newly appointed Executive Secretary of the Partnership, Lucica Ditiu, has initiated steps to address potential financial and administrative conflicts of interest in the Stop TB Partnership’s relation with WHO. More importantly, Ditiu has called for a bold new vision in the struggle against tuberculosis. She and her team have started a campaign to prevent a million deaths among patients co-infected with HIV and tuberculosis.7 She should be congratulated for these steps and supported in her efforts by her Board, the WHO Director-General, governments of countries with a high-burden of tuberculosis, and the tuberculosis community. Transforming the Partnership into an effective, independent, and transparent body capable of acting as a locus for innovative thinking is a crucial step in recasting the global struggle against tuberculosis.

Changing the tenor of advocacy around tuberculosis is another important step. Without the networks of grassroots health activists and civil society institutions that define the HIV/AIDS movement, the global tuberculosis community has been unable to successfully scale-up patient-centred approaches to care, or hold governments and key international bodies (including funders) to account with regard to their commitments to tackle this disease. The health-activist community must take urgent steps to remedy this. Investment in tuberculosis-specific efforts of existing HIV/AIDS and civil society organisations—building on such efforts in Brazil, Kenya, India, South Africa, Uganda, and Zambia—or groups working on related social issues would be a start. Much would be achieved if leaders of global health initiatives—the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President’s Emergency Plan for AIDS Relief, the US Global Health Initiative, and
UNICEF—became more vocal in their demand for better tuberculosis outcomes and innovative approaches to stemming the disease. These organisations have the capacity to bring key stakeholders to the table: the diagnostic and pharmaceutical industries; partners addressing social antecedents to tuberculosis (for example poverty, discrimination, and detention); those who provide treatment of tuberculosis comorbidities (HIV and diabetes); and, in many settings, private providers of tuberculosis diagnosis and care.

Most vitally, an aspirational goal must define the struggle ahead. Effective treatment for tuberculosis has been available since the 1940s, and there is little reason for large numbers of people to be dying from this disease. New diagnostics and treatment approaches are needed—especially for children, patients co-infected with HIV, those with extra-pulmonary disease, and patients with multidrug-resistant and extensively drug-resistant tuberculosis. But even today, when appropriate and tailored programmes have been put in place, a clear movement towards zero deaths has been observed in places as daunting as the prisons of Tomsk, Russia—where previously as many as a quarter of all patients had died. Therefore, as UNAIDS and UNICEF embark on their own campaigns for zero deaths, it is critical that the tuberculosis community as a whole aspires to the same demonstrably achievable goal, and works in solidarity to accomplish it.

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