

19 March 2013 – World Tuberculosis (TB) Day is observed globally, including in Pakistan, on 24 March 2013. This is the second year of a two-year campaign for World TB Day, with the slogan “Stop TB in My Lifetime”.

WHO is focusing this year on bridging the funding gap for TB prevention and control efforts. The overall emphasis will be on increasing funding for TB prevention, care and control efforts, while enhancing awareness of key progress in TB interventions and the actions required to ensure further progress.

It is against this backdrop that WHO and the Global Fund to Fight AIDS, TB and Malaria said in Geneva today that strains of TB with resistance to multiple drugs could spread widely and highlighted an annual need of at least US\$ 1.6 billion in international funding for treatment and prevention of the disease.

Dr Margaret Chan, Director General of the WHO, and Dr Mark Dybul, Executive Director of the Global Fund said that the only way to carry out the urgent work of identifying all new cases of TB, while simultaneously making progress against the most serious existing cases, will be to mobilize significant funding from international donors.

With the overwhelming majority of international funding for TB coming through the Global Fund, they said, it is imperative that efforts to raise money be effective this year. Growing alarm about the threat of multi-drug resistant TB, also known as MDR-TB, is making that even more pressing.

“We are treading water at a time when we desperately need to scale up our response to MDR-TB,” said Dr Chan. “We have gained a lot of ground in TB control through international collaboration, but it can easily be lost if we do not act now.”

WHO and the Global Fund have identified an anticipated gap of US\$ 1.6 billion in annual international support for the fight against TB in 118 low and middle income countries on top of an estimated US\$ 3.2 billion that could be provided by the countries themselves. Filling this gap could enable full treatment for 17 million TB and multidrug-resistant TB patients and save 6

million lives between 2014–2016.

While the Millennium Development Goal of turning around the TB epidemic has already been met globally, the 2% decline in the number of people falling ill with TB each year remains too slow. WHO has worked with the Global Fund and the Stop TB Partnership to support selected high TB burden countries in reviewing their priorities for the next three years and estimating available funding and gaps.

Estimates have been made for 118 countries eligible for Global Fund support. In the 118 countries, there are four priority areas for domestic and international investment to drive down deaths, alleviate suffering, cut transmission and contain spread of drug resistance.

- For the core areas of expanded diagnosis and effective treatment for drug-susceptible TB (which will prevent MDR-TB), a total of US\$ 2.6 billion is needed each year for the 2014–2016 period. For 2011, funding of about US\$ 2 billion was available. In low-income countries this is the largest area for increased financing.
- Prompt and effective treatment for multidrug-resistant TB requires an estimated total of US\$ 1.3 billion per year. This is where the greatest increase in funding is needed in the coming years. For 2011, funding of US\$ 0.5 billion was available.
- Uptake of new rapid diagnostics and associated laboratory strengthening, especially for the diagnosis of MDR-TB and for TB diagnosis among people living with HIV, requires US\$ 600 million per year.
- Excluding antiretroviral treatment for TB patients living with HIV, which is financed by HIV programmes and their donors, about US\$ 330 million is required for HIV-associated TB interventions, such as testing TB patients for HIV, ensuring regular screening for active TB disease among people living with HIV, and providing TB preventive treatment.

In addition to the US\$ 1.6 billion annual gap in international financing for critical implementation interventions, WHO and partners estimate that there is a US\$ 1.3 billion annual gap for TB research and development during the period 2014–2016, including clinical trials for new TB drugs, diagnostics and vaccines.

Pakistan, which has the fifth highest burden of TB in the world and the fourth highest in terms of MDR-TB, is working on many fronts to address the problem with the technical support of WHO and financial support of the DFID, Global Fund, JICA, KNCV, USAID and a number of other development partners.

A tripartite agreement between the national TB control programme, WHO Pakistan and the Institute of Tropical Medicine, Belgium, has enabled the latter to act as a supranational laboratory for TB control in Pakistan.

WHO is also technically supporting a USAID-funded prevalence survey and assisting in incidence and drug resistance surveys to know the exact burden of the disease in Pakistan, alongside efforts to detect and treat patients with TB. The programme's current case detection rate is 69% and the treatment success rate is 92%.

The WHO Representative in Pakistan, Dr Ni'ma Saeed Abid, expressed satisfaction over the performance of national and provincial TB control programmes and hoped that, with an increased pace of effort, the Millennium Development Goal relating to TB may be at least partially achieved by 2015. He emphasized that WHO has remained a consistent technical partner of the programme and has been supporting the programme, particularly in the areas of monitoring and evaluation, resource mobilization and operational research. He described TB control as one of the success stories in Pakistan's health sector.

Dr Abid described the situation as a fight both against the disease and time. As more time is lost, the more difficult it will be to control the disease with the extra risk of MDR-TB developing. There is therefore no room for complacency in this regard, he said, and a grand concerted effort is required to reach all cases and provide them with quality treatment close to their doorsteps, while attending to prevention as well.

Giving details of the programme's performance, WHO's National Professional Officer for TB control, Dr Ghulam Nabi Kazi, pointed out that in 2012, over 284 000 cases of TB had been detected and placed on treatment, while in 2013 the number will reach around 300 000. He pointed out that around 420 000 new cases appeared in the country every year.

As regards MDR-TB, Dr Kazi pointed out that regional MDR-TB expert Dr Salem Barghout was supporting the national TB control programme in the area of drug management, developing a community-based model of MDR-TB care based on ethical considerations, capacity-building and preparing a pragmatic expansion plan.

There are 12 tertiary care institutions including Lady Reading Hospital Peshawar, Ayub Medical College Hospital Abbottabad, Gulab Devi Hospital Lahore, Mayo Hospital Lahore, Leprosy Hospital Rawalpindi, Nishtar Medical College Hospital Multan, Samli Hospital Murree, Ojha Institute of Chest Diseases Karachi, Indus Hospital Karachi, Ghulam Muhammad Mahar Hospital Sukkur, Institute of Chest Diseases Kotri and Fatima Jinnah Hospital Quetta providing MDR-TB services and currently 1100 patients have been enrolled on treatment for a period of two years or more. Thus far 600 patients have completed treatment. However, now that the medicines are in place with Global Fund support, the expansion plan is being developed to enrol over 3000 patients every year.

Dr Kazi expressed the hope that the long delayed process of project approval and release of funds for TB control would be resolved soon at federal and provincial levels, enabling the public sector to meet the core requirements of the programme, and ensuring sustainability of the process without undue reliance on external agencies.

It is time that the government translates its high level commitment into concrete action and ensures that TB control activities are placed on a stable basis. Deliberations with the Planning Commission, Ministry of Inter-Provincial Coordination, provincial planning and development, and health departments, have been most positive so far, he added.

For further information, please contact:

Dr Ghulam Nabi Kazi

National Programme Officer (TB control), WHO Pakistan, Islamabad, E-mail: kazig@pak.emro.who.int

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