

With the approach of World Tuberculosis Day, held on 24 March 2007, many challenges remain for tuberculosis control at both the global and regional levels. Among all communicable diseases, tuberculosis is still the number one killer of adults. It is responsible for 2 million deaths in the world every year, 111 000 of which occur in the Eastern Mediterranean Region, where approximately 560 000 cases of active tuberculosis infection occur yearly. These deaths could be prevented entirely by applying measures that are both available and affordable.

Early detection of cases is a major problem in the Region, where the case detection rate stands at only 44%, well short of the 70% global target declared in 2005. Apart from Bahrain and the Libyan Arab Jamahiriya, none of the countries of the Region have been able to reach this target. This is inconsistent with the success in reaching the global target for treatment success, namely successful treatment of 85% of detected cases, which was achieved by Lebanon, Morocco, Oman, Somalia and Tunisia, and which all other countries of the Region are close to achieving, with an average of 83%.

“TB anywhere is TB everywhere”. This attention-grabbing message was chosen by WHO as the theme for this year’s World Tuberculosis Day. It is meant to ring alarm bells and serve as a reminder of several important facts. It also aims at correcting common misconceptions about tuberculosis.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, states that “Tuberculosis is not a disease of the past. Tuberculosis is not only the poor people’s problem. Finding and treating tuberculosis patients is not solely the responsibilities of ministries of health. If tuberculosis is anywhere, then tuberculosis can be found everywhere. The national tuberculosis programmes alone cannot possibly detect and provide care for all tuberculosis cases, even if they double or triple their efforts. Only through a joint, effective and strong collaborative partnership will we have the power to reach a wider audience, to overcome the challenges facing us and eventually put an end to the suffering from tuberculosis in the Region”.

About 95% of the tuberculosis burden is concentrated in nine countries of the Region: Afghanistan, Egypt, Iraq, Islamic Republic of Iran, Morocco, Pakistan, Somalia, Sudan and Yemen. In addition, Djibouti has one of the highest tuberculosis incidence rates in the world.

Challenges facing tuberculosis control programmes are intensified by the worsening HIV/AIDS epidemic and the ubiquity of multidrug-resistant tuberculosis, possibly in the form of extensively drug-resistant tuberculosis, which is incurable. Surveys conducted in countries such as Egypt, Jordan, Lebanon, Oman, Syrian Arab Republic and Yemen have found drug-resistant tuberculosis among different segments of the population in all places, which contradicts the notion that tuberculosis affects only the poor.

In addition to being an extremely serious public health problem, tuberculosis is also an important developmental problem. The disease affects young adults, as 70% to 80% of cases occur among the age group of 15 to 54 years. This is the most socially and economically productive age group in society, and patients are usually the breadwinners in their families. Suffering from tuberculosis means a long duration of illness, often for a period of several years, and a long period of treatment (at least 6 to 8 months). Illness obviously affects the patients' social and economic productivity, and thus their income. Moreover, they may experience catastrophic health expenditure.

This is happening despite the availability of tuberculosis care throughout the Region under the DOTS (directly observed treatments, short-course) strategy, implemented in countries of the Region for the past ten years, and despite the fact that about two million cases were detected and successfully treated between 1996 and 2005.

The DOTS strategy currently covers 97% of population in the Region. WHO is working on expanding tuberculosis care through adaptation of the new Stop TB strategy, which is a comprehensive set of tuberculosis care activities based on DOTS. The strategy consists of six components: pursuing expansion of high-quality DOTS activities; addressing multidrug-resistant tuberculosis, co-infection with HIV and other challenges; contributing to health system strengthening; engaging all care providers; empowering people with tuberculosis, and communities; and enabling and promoting research.

Other strategic targets have been set by WHO, in addition to 70% case detection and 85% treatment success by the year 2010. The most important of these targets are to reduce the regional burden of tuberculosis disease by 50% relative to 1990 levels by the year 2015, and to reduce the regional incidence of tuberculosis disease to less than one per million population by the year 2050.

Within the framework of World Tuberculosis Day observances, WHO will take part in the Fifth Annual Scientific Meeting of the Saudi Society of Chest Diseases, which will be held concurrently with the Twenty-sixth Regional Meeting of the International Union Against Tuberculosis and Lung Disease, and the Forum on New Developments in Respiratory Care, from 20 to 22 March 2007, in Riyadh, Saudi Arabia.

WHO's activities in support of tuberculosis control in the Region will not be limited to celebrating World Tuberculosis Day, but will extend throughout the entire year. The main objective is to detect more tuberculosis cases and provide appropriate treatment for them, which will lead to achievement of the global targets.

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