Lepr Rev (1995) **66,** 270–272

News and Notes

TB. A global emergency, WHO, July 1994

Dr Arata Kochi, Programme Manager, Tuberculosis Programme, WHO, CH-1211 Geneva 27, Switzerland, has recently circulated a '*WHO Report on the TB Epidemic*' (28 pages) describing the appalling extent and seriousness of the current world TB situation. His opening page reads as follows:

'Tuberculosis is one of the world's most neglected health crises. In spite of its alarming danger, surprisingly little action has been taken to address the TB epidemic. TB has been a low priority on the world's health agenda.

Every day, I ask why this situation is allowed to continue.

Is it possible that no one really cares whether *30 million people* will die in the next decade from TB?

How can TB be such a neglected priority, when *TB is one of the most cost-effective adult diseases* to treat?

How can one ignore *a germ that infects a third of the world's population*?

The numbers are so staggering that I suspect we can't grasp their full impact. Can we really believe that millions of people are dying from TB each year when an inexpensive cure is available? Can we comprehend the magnitude of this injustice?

Perhaps it would be more helpful to think of what it means to let one person die from TB, instead of the faceless millions—to realise that this person has a family, hopes and dreams. Who would refuse to spend *$30—the cost of TB medicines in many countries*—to save this human life?

Dramatic action is needed to end this apathy—whether it is for the sake of one person or 30 million.

In April 1993, WHO declared a global TB emergency. This report will document, in specific terms, what steps must be taken to address the TB epidemic.

For those with TB, the battle is half won. They don't need to wait for a cure: one already exists that is 95 percent successful.

What is needed now is coordinated, responsible action by people in governments, foundations, multilateral organizations, corporations and NGOs who can finance and implement more TB treatment programmes.

The growing TB epidemic is no longer an emergency only for those who care about health, but for those who care about justice.'

Page 4 draws attention to the implications of the 'TB and HIV Co-Epidemic':

'The human immunodeficiency virus is a nightmare-come-true for TB control workers and patients. Even though a third of the world's population is infected with TB, most people never become sick because their immune system keeps the TB germ in check. HIV destroys those cells that keep the TB germ in check.

While TB/HIV co-infection currently produces just a small percentage of all TB deaths, it is one of the most rapidly growing factors in the TB epidemic. In 1990, TB/HIV co-infection was present in four percent of all TB cases. By the year 2000, co-infection will dramatically increase to nearly one in seven of all TB cases.

The TB/HIV co-epidemic is already underway in Africa, and the impact has been devastating. Since the late 1980s, the annual number of TB cases with HIV co-infection has nearly tripled in Zambia and more than doubled in Malawi. Deaths from TB among those who are co-infected have skyrocketed. Asia should be bracing itself for a similar TB/HIV co-epidemic: it already has two-thirds of all TB infections, and now HIV is spreading rapidly there. In 1990, it was estimated that only one percent of all TB cases in the region were attributable to HIV infection. That proportion may reach 10 percent by the year 2000.'

Page 25 lists 'Urgent priorities for 1994–95':

In the next two years, the TB Programme will be helping additional nations become more effective at controlling TB. To meet this objective, the TB Programme will need to address a number of critical challenges.

- Creating political will to address TB. The help of journalists, advocacy organizations, corporations, and health and public interest groups is needed to encourage governments to respond to the TB crisis.
- Disseminating WHO's TB treatment policies. Most of the world's doctors, nurses and health workers are not familiar with WHO's policies for controlling TB. More workshops and training materials are needed to educate key health workers in the worst-affected countries.
- Assisting additional nations. More extensive technical assistance and financial support needs to be provided to more nationals. A number of new countries need to be targeted, including Pakistan, Viet Nam, Nigeria, Indonesia, Mexico, the Philippines, Ethiopia and Romania. Two of WHO's regional offices were recently strengthened with TB advisors. Establishing posts for a TB advisor in Southeast Asia, the Americas and the Eastern Mediterranean is a top priority.
- Focusing donor funds on priority TB projects. TB can be substantially reduced as a threat, provided that foreign aid agencies and multilateral organizations take a leadership role in funding important projects.
- Improving drug supplies. So that essential TB drugs are always available, many national control programmes need to develop coherent drug supply policies, be guaranteed an adequate supply of funding, and improve procurement and distribution procedures.
- Producing a simple and rapid test to improve TB diagnosis. While effective diagnostic tools already exist, they must be improved. A more sensitive and reliable test is needed to identify TB illness in its earliest stages.
- Developing better methods of treating TB in countries with high rates of HIV infection. A drug called thiacetazone has been a mainstay of TB treatment in Africa, even though it can cause severe and sometimes fatal reactions in an unacceptably high proportion of HIV-infected TB patients. It is important that ways be found to help nations switch to safer drugs. The TB Programme is working closely with WHO's Global Programme on AIDS to fund research and projects in areas vital to fighting the TB/HIV co-epidemic.

Page 11 graphically illustrates the differences in external aid (millions of dollars spent in 1990) on leading infections and parasitic diseases: $185 million on AIDS and sexually transmitted diseases; $77 million on tropical diseases (trypanosomiasis, Chagas Disease, schistosomiasis, lymphatic filariasis and leishmaniasis), $55 million on diarrhoea; $47 million on malaria and only $16 million on TB.

The whole document (WHO/TB/94.177) has enormous implications for all working in tropic disease control and should be studied in the original.

The Heiser Program for research in leprosy and tuberculosis

The Heiser Program for Research in Leprosy, initiated in The New York Community Trust in 1974, has awarded over 125 postdoctoral fellowships and research grants over the past 17 years.

The Program's scope has now been extended to include research in tuberculosis. A number of factors influenced this decision.

Tuberculosis, long a major infectious disease in the developing word, causing 3 million deaths each year, is now sharply on the rise in the industrial nations. Furthermore, much of this disease is being caused by bacteria that are resistant to the commonly used antibiotics. It is now clear that the bacterial agents, *Mycobacterium leprae* and *M. tuberculosis*, are closely related and have similiar antigenic components. Thus, the search for effective means of immunization may well follow a common path for the 2 diseases. In light of these developments, a number of laboratories concerned with leprosy research are concurrently engaged in work on tuberculosis, and it seems logical to foster this combined attack.

The Heiser Program will thus continue its support of leprosy research, and at the same time will accept applications for the support of research on tuberculosis.

The Awards

In accordance with Dr Heiser's stipulation at the time that he set up his fund in The New York Community Trust, the income is used not for treatment of patients but for basic laboratory research directed at a better understanding of the discases and their bacterial agents. The ultimate aim is to find measures for the prevention and cure of these diseases that will serve to bring them under control, and 2 types of awards have been established to foster these objectives: (1) postdoctoral fellowships, designed to attract qualified and highly motivated young biomedical scientists to train in the relevant fields of research; and (2) small research grants that will support the training efforts of laboratories involved in research on leprosy and/or tuberculosis, or that will provide funds for the initiation of new research projects in the field.

Address applications and inquiries to: Mrs Barbara M. Hugonnet, Director, Heiser Program for Research in Leprosy and Tuberculosis, 450 East 63rd Street, New York, New York 10021, USA.