



Global health governance and the end TB strategy: An optimistic post 2015 development agenda

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INTRODUCTION

Tuberculosis (TB) is second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent. As per 2013 statistics, 9 million people fell ill with TB and 1.5 million died from the disease. Over 95% of TB deaths occur in low- and middle-income countries, and it is among the top 5 causes of death for women aged 15 to 44. According to WHO, the largest number of new TB cases is contributed by the South-East Asia region with highest number of cases globally.¹ However, Africa carried the greatest proportion of new cases per population with 280 cases per 100 000 population in 2013. Definitely, TB is a leading killer of HIV-positive people causing one fourth of all HIV-related deaths. Apart from that globally in 2013, an estimated 480 000 people developed multidrug resistant TB (MDR-TB).² Around 2.5 million people become infected with HIV each year. This extraordinary toll on human life and public health worldwide will only be reversed with effective prevention.³

Global health governance involves the voluntary participation, collaboration, and cooperation of national governments, IGOs, NGOs, multinational corporations, and philanthropic organizations for the creation, implementation, and sustainment of global health related treaties, protocols, agreements, and guidelines. Key partnerships have played an instrumental role in scaling back TB and HIV co-infection. As HIV/AIDS has claimed millions of lives in the global workforce and continues to be a threat to many businesses.⁴ To address this issue seriously, President's Emergency Plan for AIDS Relief (PEPFAR) in August of 2012, PEPFAR came forward and had announced a public-private partnership (PPP)

between USAID, UNITAID and the Bill & Melinda Gates Foundation. This partnership includes expansion and increased access to GeneXpert (Xpert), a molecular diagnostic system that provides a two-hour rapid diagnosis of TB, TB/HIV co-infection and drug-resistant TB. This partnership produced an immediate 40 percent reduction in the cost of this innovative rapid TB test, and a year and a half later is contributing to the roll-out of this new technology, increasing access to those most vulnerable.⁵

GJMEDPH 2015; Vol. 4, issue 1

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Conflict of Interest—none

Funding—none



THE END TB STRATEGY

The global strategy and targets for TB prevention, Care and control after 2015 were endorsed by all member states at the 2014 World Health Assembly.⁶ Achieving this global target is feasible only with dramatic decline in TB deaths and cases, and elimination of economic & social burden of TB. Failure to do so will carry serious individual and global public health consequences.



WHO emphasizes the following principles to achieve this ambitious goal:

- (1) Government stewardship and accountability with monitoring & evaluation
- (2) Strong coalition with civil society organizations and communities
- (3) Protection and promotion of human rights, ethics and equity
- (4) Adaptation of the strategy and targets at country level with global collaboration.

HOW THE GOAL CAN BE ACHIEVED BY 2030?

- (1) Expanding the scope and reach of interventions for TB care and prevention, with a focus on high-impact, integrated and patient-centered approaches;
- (2) Eliciting full benefits of health and development policies and systems, through engaging a much wider set of collaborators across government, communities and the private sector;

- (3) Pursuing new scientific knowledge and innovations that can dramatically change TB prevention & care

REACHING THE AMBITIOUS TARGETS

- (1) To reach the targets set out in the End TB Strategy, the annual decline in global TB incidence rates must first accelerate from an average of 2% per year in 2015 to 10% per year by 2025.
- (2) Secondly, the proportion of people with TB who die from the disease (the case-fatality ratio) needs to decline from a projected 15% in 2015 to 6.5% by 2025.
- (3) Though these declines in deaths and incidence by 2025 are ambitious to achieve, they are feasible with existing tools complemented by universal health coverage and social protection.

VISION	A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis			
GOAL	End the global tuberculosis epidemic			
INDICATORS	MILESTONES		TARGETS	
	2020	2025	SDG 2030*	END TB 2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)	90% (<10/100 000)
TB-affected families facing catastrophic costs due to TB (%)	Zero	Zero	Zero	Zero

Figure 1 Sustainable Development Goals

* The United Nations is in the process of defining a post-2015 development agenda. A set of "Sustainable Development Goals" (SDGs) are being developed for 2030; TB is proposed to be part of the agenda and goals.

Source: WHO - post 2015 TB strategy document

To sustain progress beyond 2025 and achieve the SDG* 2030 and End TB 2035 targets, additional tools must be available by 2025. In particular, a new vaccine that is effective pre- and post-exposure and a safer and more effective treatment for latent TB infection are needed to reduce the number of new TB cases arising from the approximately 2 billion people worldwide who are infected with *M. tuberculosis*, as well as better diagnostics and safer and easier

treatment including shorter drug regimens for TB disease. For new tools to be available by 2025, greatly enhanced and immediate investments in research and development are required.

The above mentioned components in each of the pillars convey a clear message of dealing with the problem in a holistic manner by ensuring all the systems in place and strengthening the health systems. The strategy is unique by having bold



policies like universal health coverage, regulatory frameworks for case notification which was not emphasized earlier. The broader issues like poverty, socio economic issues and other supportive systems were addressed as part of the holistic sustainable development goals.

To ensure full impact, these actions must build on principles of government stewardship, engagement of civil society, human rights and equity, and adaptation to the unique context of diverse epidemics and settings.

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