

New plan to end tuberculosis in south and southeast Asia

Health ministers from south and southeast Asia agreed to fast-track strategies to eliminate tuberculosis by 2030 at a WHO regional meeting in Delhi last week. Dinesh C Sharma reports.

11 countries in the south and southeast Asia—India, Bangladesh, Bhutan, Nepal, Sri Lanka, Maldives, Indonesia, Thailand, Myanmar, North Korea, and Timor-Leste—constitute WHO's South-East Asia Region and account for almost half the global burden of tuberculosis while being home to 26% of the global population. India and Indonesia alone have 37% of the global tuberculosis burden. Accelerated action to eliminate tuberculosis in this region is crucial to achieve global targets to end the tuberculosis epidemic by 2035 and to achieve the corresponding Sustainable Development Goals by 2030. These targets will be impossible to reach with the current rate of about 1.5–2% annual decline in tuberculosis incidence. The required rate of reduction in incidence is at least 10–15%.

Acknowledging this scenario, health ministers of these countries committed at a high-level meeting in Delhi, India (March 15–16), to a set of national and regional actions to expedite the fight against tuberculosis. In the Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030, the health ministers pledged to implement national tuberculosis programmes through an “empowered national initiative” that reports to the highest level in government to make the response truly multisectoral, and to increase budgetary and human resources to ensure that national tuberculosis plans are fully funded. Additionally, these countries will work with WHO to establish a Regional Innovation to Implementation Fund for sharing of knowledge, secondary data, and testing of innovative ideas.

Poonam Khetrappal Singh, WHO Regional Director for South-East Asia, pointed out that high-burden countries could learn from those with low burdens of tuberculosis.

These lessons include high political commitment to place tuberculosis as a national health and development issue; adequate financing for national tuberculosis plans to achieve universal access; use of best practices for treatment and prevention while improving quality to make them genuinely “people-centred”; rapid adoption of advances in diagnostics and medicines; and steps to address poverty, malnutrition, and substandard health services that fuel tuberculosis. Singh said “bending the curve to end TB” would now be a flagship programme of WHO in the region.

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Preliminary results of a mathematical model of tuberculosis transmission dynamics in the 11 WHO South-East Asia Region countries, presented at the meeting, shows impact of three sets of interventions—strengthening existing tuberculosis services, accelerating case detection, and implementing preventive therapy. Comprehensive adoption of all proposed interventions will require additional annual average spending of US\$0.90 per person between 2017 and 2035, and will be cost-effective, according to the model. “The modelling exercise highlights that we need a substantial escalation of interventions. Countries need to fix fragmented health-care systems and assure high-quality TB services wherever TB patients seek care, take intensified measures to detect TB cases early, and fully engage the private sector”, explained Nimalan Arinaminpathy from Imperial College London who led the modelling team. “It is clear that ‘business as usual’ or ‘more of the same’ strategies will not

work. We need extraordinary, collective, parallel, and urgent interventions to end TB in this region because the cost of inaction will be too high”, added Swarup Sarkar, director of the Department of Communicable Diseases, WHO South-East Asia Regional Office.

At the meeting, India's health minister J P Nadda pledged that India would end tuberculosis by 2025. “It is the most ambitious target set by any country till now and reflects strong political commitment. A good strategic plan has also been developed”, said Sowmya Swaminathan of the Indian Council of Medical Research. “The most important step now will be to set in place a governance mechanism and ensure funding for the plan. Key steps include strengthening of service delivery, offering free diagnostics and drugs to all TB patients including those in private sector, upfront drug susceptibility testing and appropriate individualised treatment, incentives to patients to complete treatment, and ensuring complete notification.”

Global partners who attended the meeting welcomed the call for action and plan for a regional innovation fund. “It is remarkable to have a declaration which is concrete in actions and anchored in good data and modelling. We have had very few ministerial declarations on TB and just a couple of global declarations that did not achieve too much”, said Lucica Ditiu of the Stop TB Partnership. “I don't think they [the ministers] will be able to walk away from the promises but we need to monitor how far the commitments will go.”

The New Delhi meeting comes ahead of a WHO Global Ministerial Conference on the fight against tuberculosis in Moscow and the UN General Assembly meeting on tuberculosis later this year.

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