
WHO TARGETS ELIMINATION OF TB IN OVER 30 COUNTRIES

3 July 2014 | Rome, Italy – The World Health Organization (WHO) today, together with the European Respiratory Society (ERS), presented a new framework to eliminate tuberculosis (TB) in countries with low levels of the disease. Today there are 33* countries and territories where there are fewer than 100 TB cases per million population.

The framework outlines an initial “pre-elimination” phase, aiming to have fewer than 10 new TB cases per million people per year by 2035 in these countries. The goal is to then achieve full elimination of TB by 2050, defined as less than 1 case per million people per year.

Although TB is preventable and curable, in these 33 settings 155,000 people still fall ill each year and 10,000 die. Millions are infected and at risk of falling ill.

The proposed framework builds on approaches that are already proving successful. It was developed with experts from low-burden countries and adapted from the new WHO global TB strategy, 2016–35, approved by the World Health Assembly in May 2014. Country representatives gathered to discuss the framework and its implementation at a meeting co-hosted by WHO and the European Respiratory Society (ERS) in Rome in collaboration with the Italian Ministry of Health.

Italy is one of the 21 European countries addressed by the framework. The 33 countries, territories and areas also include seven from the Americas, three from WHO’s Eastern Mediterranean Region, and two from WHO’s Western Pacific Region.

The countries recognize the common need to reenergize the efforts to eliminate TB as a public health problem and prevent its resurgence. As TB rates have fallen in many of these countries, attention to this public health threat has waned and capacity to respond could be weakened.

“Low TB-burden countries already have the means to drive down TB cases dramatically by 2035,” says Dr Hiroki Nakatani, WHO Assistant Director-General. “Universal health coverage, which ensures everyone has access to the health services they need

without suffering financial hardship as a result, is the bedrock. The key is to target smart TB interventions towards the people who need them most.”

The new WHO framework highlights the effectiveness of eight key interventions, in a coherent package for impact in the target countries:

- Ensure funding and stewardship for planning and services of high quality;
- Address most vulnerable and hard-to-reach groups;
- Address special needs of migrants; cross-border issues;
- Undertake screening for active TB and latent TB infection in high-risk groups and provide appropriate treatment; manage outbreaks;
- Optimize MDR-TB prevention and care;
- Ensure continued surveillance and programme monitoring and evaluation;
- Invest in research and new tools;
- Support global TB control.

Among the most vulnerable groups are people who are poor or homeless, migrants, and members of ethnic minorities. In addition, people who use drugs or are incarcerated, and people with compromised immune systems (e.g. people living with HIV, malnutrition, diabetes, smokers and heavy drinkers) all have a much greater risk of falling ill with TB. Many of these vulnerable groups face barriers in accessing health services.

Addressing tuberculosis in the context of cross-border migration can also pose a significant challenge to health service providers. Many undergoing a course of TB treatment may have no option but to relocate for work, even if they have not completed their TB treatment. “Countries with a low incidence of TB are uniquely positioned to reach historically low levels of TB,” adds Dr Mario Raviglione, Director of WHO’s Global TB Programme. “They can serve as global trailblazers.”

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Globalization and increased population movements enable TB – an airborne infectious disease – to continue to spread across communities and countries. To eliminate the disease in low-burden countries it will be vital to dramatically scale up TB prevention and care in high-incidence countries. This interdependency calls for concerted action and tight collaboration between countries with high and low burden of TB.

“Powerful antibiotics and better living standards have almost pushed the disease out of many high-income countries. But we still have not succeeded. And if we do the wrong things now, TB could rebound, including with more drug-resistant forms,” says Professor G.B. Migliori from ERS. “But if we get it right, and recommit to fighting the disease, both at home and abroad, TB will eventually no longer be a public health threat.”

In May, the World Health Assembly adopted the WHO’s new global TB strategy for the period 2016–2035, which aims to reduce global TB incidence by 90% and end the global TB epidemic. The strategy emphasizes global collaboration and national adaptation. It stresses that the national TB-control response needs to be tailored to local epidemiological and health system context.

*Australia, Austria, Bahamas, Belgium, Canada, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Luxembourg, Malta, Netherlands, New Zealand, Norway, Puerto Rico, Slovakia, Slovenia, Sweden, Switzerland, United Arab Emirates, United States of America, West Bank and Gaza Strip.

In addition to those countries and territories listed, countries that are moving closer to less than 10 cases/100,000 pop. per year, will also find the framework relevant.

World Health Organization: WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

European Respiratory Society: ERS is a member nonprofit professional society, devoted to respiratory medicine and science. Its mission is to alleviate suffering from respiratory disease and promote lung health through research, sharing of knowledge, and medical and public education. The ERS, founded in 1990, comprises 11 scientific assemblies covering the full breadth of the field. Open to clinicians, scientists and other health professionals, the society draws its members from every continent and plays a leading role in improving standards of respiratory care in Europe and beyond.

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