

**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR AFRICA**

---

**NEWS RELEASE**

---

P.O Box 6, Brazzaville, Congo

## **WHO DECLARES TB AN EMERGENCY IN AFRICA**

### **Call for "urgent and extraordinary actions" to halt worsening epidemic**

**Maputo, 26 August 2005** -- The World Health Organization (WHO) Regional Committee for Africa comprising health ministers from 46 Member States has declared tuberculosis an emergency in the African region - a response to an epidemic that has more than quadrupled the annual number of new TB cases in most African countries since 1990 and is continuing to rise across the continent, killing more than half a million people every year.

The declaration was made in a resolution adopted today at the end of the Committee's fifty-fifth session in Maputo, Mozambique. The resolution urges Member States in the African Region to commit more human and financial resources to strengthen DOTS programmes and scale up collaborative interventions to fight the co-epidemic of TB and HIV. These and other measures recommended by the Committee encompass those laid out in a "blueprint" developed by the global Stop TB Partnership, which calls for US \$2.2 billion in new funding for TB control in Africa during 2006-2007.

"Despite commendable efforts by countries and partners to control tuberculosis, impact on incidence has not been significant and the epidemic has now reached unprecedented proportions," said WHO Regional Director for Africa, Dr. Luis Gomes Sambo. "Urgent and extraordinary actions must be taken, or else the situation will only get worse and the TB targets in the Abuja Declaration and the Millennium Development Goals will not be achieved."

Globally, TB is second only to HIV/AIDS as a cause of illness and death of adults, accounting for nearly nine million cases of active disease and two million deaths every year. Although it has only 11% of the world's population, Africa accounts today for more than a quarter of this global burden with an estimated 2.4 million TB cases and 540,000 TB deaths annually.

In the late 1970s and early 1980s, African countries like Tanzania, Mozambique and Malawi were among the first to apply what became the global TB control strategy now known as DOTS. But in the past 15 years, TB incidence rates have soared in the region - to as high as four-fold in Malawi and five-fold in Kenya, to cite some typical examples - due largely to the link with HIV/AIDS, poverty and weak health systems. Although countries have made efforts to treat the rising tide of TB cases, they are still being outpaced by the epidemic.

"It is tragic that this disease has not been brought under control, because I am living proof that TB can be effectively treated and cured," said Nobel laureate Archbishop Desmond Tutu, who along with former South African President Nelson Mandela is a survivor of the disease. "The problem is huge and medical authorities cannot overcome it alone, they need help. A full course of TB drugs that costs 15 dollars will save the lives of TB patients - and in the case of people who are co-infected with HIV, extend their lives by precious years until ARVs become more widely available in Africa."

Among the constraints to fighting the epidemic cited in the Maputo meeting is the inadequate financial support currently available for TB control. A large majority of African countries that provided financial data to WHO in 2003 reported funding gaps, including eight of the nine countries with the highest TB burden. Many national TB programmes are relying extensively on grants from external donor agencies, including the Global Fund to Fight AIDS, TB and Malaria (GFATM). At the same time, few African countries have included TB in their poverty alleviation strategies.

But more financial resources alone will not solve the TB problem. Dedicated efforts must also be made to strengthen health systems and respond to the crisis of health workforce attrition in the region. The specific actions called for by the Regional Committee to address the TB emergency are:

- improve the quantity and quality of staff involved in TB control;
- rapidly improve TB case detection and treatment success rates with expanded DOTS coverage at national and district levels;
- reduce the combined TB patient default and transfer out rates to 10% or less;
- scale up interventions to manage TB and HIV together, including increased access to anti-retroviral therapy for TB patients who are co-infected with HIV, and to chemoprophylaxis against TB for people with HIV;
- expand national TB partnerships, public-private collaboration and community participation in TB control activities.

In the other four WHO regions of the world, TB trends are either stable or in decline and are on track to reach the MDG targets of halving TB prevalence and deaths by 2015.

For more information please contact, **in Maputo**: Sam Ajibola, Tel: 258 (0) 82 097 2720, email: [ajibolas@afro.who.int](mailto:ajibolas@afro.who.int); **in Johannesburg**, Glenn Thomas (anglophone media), Tel: +4179 509 0677 (mobile), email: [thomasg@who.int](mailto:thomasg@who.int) or Patrick Bertrand (francophone media), Tel: +33 6 6004 0442, email [p.bertrand@noos.fr](mailto:p.bertrand@noos.fr); **in Geneva**: Michael Luhan, Tel: +4122 791 1379, email: [luhanm@who.int](mailto:luhanm@who.int)