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TUBERCULOSIS CONTROL: THE SITUATION IN THE AFRICAN REGION

Information Document

EXECUTIVE SUMMARY

1. Tuberculosis remains a communicable disease of huge public health importance in the African Region. Every year, an estimated 2.4 million cases and 500 000 deaths occur. With only 11% of the world's population, the Region contributes at least 27% of all notified cases.
2. Despite commendable efforts by countries and partners to implement internationally recommended strategies for tuberculosis control, impact on tuberculosis incidence has not been significant. Africa is the worst of three WHO regions where TB incidence and prevalence have continued to increase. The average case detection rate of 50% and treatment success rate of 73% are both still below the World Health Assembly targets of 70% and 85%, respectively.
3. The main constraints to TB control in the Region include the HIV/AIDS epidemic, which is the most important risk factor for TB incidence and death; weak health delivery systems which limit access to general health services; insufficient human resources for TB control; and increasing levels of poverty in many countries.
4. Considering the worsening gravity of the epidemic, if Millennium Development Goal Number 6 and the Abuja targets for TB control are to be achieved, TB should be declared an emergency in the Region. Urgent, extraordinary and intensified actions should be undertaken by all Member States to bring the epidemic under control.
5. This paper is submitted to the Regional Committee for information, orientation and decision.

CONTENTS

	Paragraphs
INTRODUCTION	1-4
TUBERCULOSIS CONTROL IN THE REGION	5-7
TREND OF THE EPIDEMIC	8-9
ACTIONS TO BE UNDERTAKEN.....	10
CONCLUSION.....	11-13

INTRODUCTION

1. Tuberculosis (TB) has always been a communicable disease of major public health importance in the African Region. All the 46 Member States of the Region are affected. An estimated 2.4 million TB cases and 500 000 TB-related deaths occur every year. With only 11% of the world's population, the Region contributed 27% of all notified TB cases in the world in 2003.¹
2. The HIV/AIDS epidemic currently spreading throughout the Region has become the most important risk factor for TB incidence and death. On average, 35% of TB patients are co-infected with HIV. TB-related death rates in countries with high HIV prevalence have risen significantly over the past ten years, ranging from 10% to 20%.¹
3. Due to its association with the HIV epidemic, TB is occurring more and more among the young economically-productive members of society in the age group 15–44 years, especially among girls and women.
4. To control the worsening TB situation in the world, the World Health Assembly adopted Resolution WHA44.8 to detect 70% of sputum smear-positive TB cases and successfully cure 85% of them by 2000. In 1994, the Regional Committee for Africa adopted Resolution AFR/RC44/R6 to control tuberculosis in the Region and to show maximum commitment to implement the short-course treatment strategy and allocate sufficient national financial resources for TB control. This document has been prepared to inform the Regional Committee on the situation and trend of the tuberculosis epidemic in the Region, and the need for urgent drastic action.

TUBERCULOSIS CONTROL IN THE REGION

5. The African Region adopted and started implementing short-course chemotherapy, the precursor to the directly-observed treatment short-course (DOTS) strategy for tuberculosis control, in the early 1980s. To date, 42 of the 46 Member States in the Region are implementing the DOTS strategy; 30 of these countries have achieved countrywide coverage with DOTS services. At the same time, 30 countries have accessed free anti-TB drugs through the Stop TB Partnership Global Drug Facility to alleviate problems of drug shortage. Financial resources for scaling up activities have also recently increased. The Global Fund to Fight AIDS, Tuberculosis and Malaria has provided approximately US\$ 200 million to 33 countries for scaling up TB control interventions for the next two years.
6. The Regional TB Control Unit has been strengthened through the recruitment of four professional staff to enhance the capacity of the Regional Office to provide technical support to countries. Community-based TB control initiatives have been initiated and are being scaled up with a view to replicating them in more countries of the Region. Collaborative TB-HIV interventions and public-private initiatives for TB control are also being promoted and implemented.
7. Despite these and other efforts by countries and partners, impact on the TB burden in the Region has not been significant. Average case detection rate stands at 50%, lower than the World Health Assembly target of 70%. Average treatment success rate stands at 73%, also lower than the WHA target of 85%, and is the lowest among the WHO regions.

¹ WHO, *Global tuberculosis control: Surveillance, planning, financing*, Geneva, World Health Organization, 2005, p. 349.

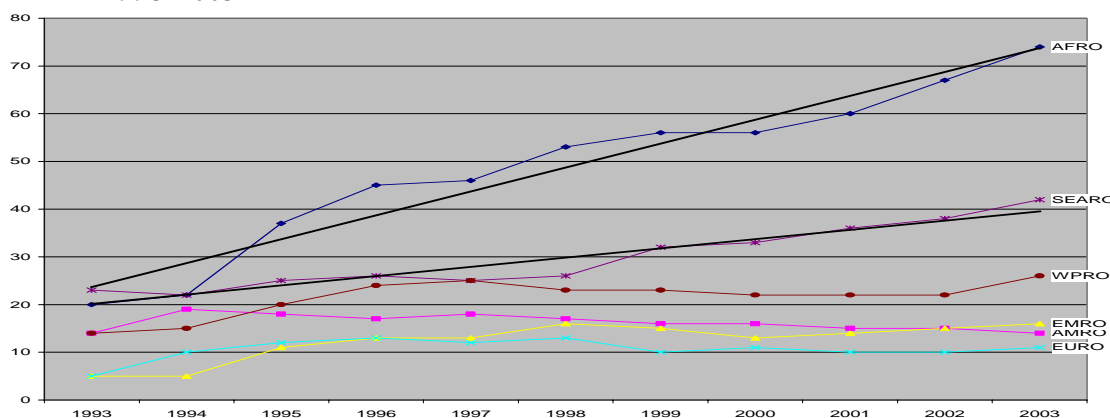
TREND OF THE EPIDEMIC

8. The main constraints to TB control in the Region include the following:

- (a) the HIV/AIDS epidemic has become the most important risk factor for TB incidence and death;
- (b) the weak health delivery systems limit access to general health services;
- (c) there remain insufficient levels of human resources for TB control;
- (d) there are increasing levels of poverty in many countries in the Region.

9. Review of notification rates for new smear-positive TB cases by WHO region from 1993 to 2003 shows that the African Region is the worst of the three regions where TB incidence has continued to rise despite current efforts to control the epidemic (Figure 1). The highest TB notification rate (719 per 100 000) for 2003 was in the African Region. Further, the incidence (risen from 63 to 147 per 100 000) and prevalence (risen from 146 to 345 per 100 000) in the Region remains high and is worsening. This is clear evidence that the TB epidemic in the African Region has reached emergency proportions. Unless urgent measures are taken, it is unlikely that the MDG and Abuja targets for TB control will be achieved.

Figure 1: Trend of notification rates for new smear-positive TB cases by WHO region, 1993-2003



ACTIONS TO BE UNDERTAKEN

10. The following actions need to be undertaken urgently:

- (a) declare TB a regional emergency;
- (b) develop emergency strategies and plans to accelerate TB control in the Region;
- (c) urgently increase case detection and treatment success rates;
- (d) build strong partnerships for TB control, especially public-private partnerships;
- (e) accelerate implementation of community based interventions for TB control;
- (f) accelerate implementation of collaborative TB/HIV interventions;
- (g) mobilize additional financial and technical resources for TB control;
- (h) strongly advocate at all levels for speedy control of the TB epidemic in the Region.

CONCLUSION

11. The TB epidemic in the Region has reached emergency proportions despite significant efforts by Member States and collaborating partners to implement internationally recommended control strategies.

12. In order to significantly impact on the trend of the epidemic and reduce TB-related suffering and death, TB must be declared a regional emergency. Urgent, sustained and extraordinary actions need to be undertaken to halt and reverse the epidemic if the MDG and Abuja targets for TB control are to be achieved.

13. This document is submitted to the Regional Committee for information, orientation and decision.