

## Stronger health systems to beat TB



Presidência da República, official photographer

Jorge Sampaio

Jorge Sampaio graduated in law in 1961 at Lisbon University in his native Portugal. At university and later, Sampaio took part in political action against the military dictatorship in Portugal until the revolution in 1974. In 1978, Sampaio joined Portugal's Socialist Party and was a member of parliament for many years. Sampaio was elected Mayor of Lisbon twice, in 1989 and in 1993, and served two terms as President of Portugal between 1996 and 2006.

Since Jorge Sampaio was appointed in May 2006, as the first United Nations first Special Envoy to Stop TB (tuberculosis), he has been working closely with WHO and campaigning to raise more funds for TB.

*Q: Given the huge resources now available for TB control, why are we not seeing more rapid progress?*

A: Whether TB control has huge – let alone enough – resources available at this time is controversial. TB control has indeed far more resources than it had 10 years ago. But these are still not enough. A good example of the lack of resources is that TB control is still reliant on drugs developed more than 50 years ago and diagnostic methods that have hardly changed in 120 years.

*Q: How can public health authorities make sure that TB programmes are coordinated with those for HIV/AIDS and other co-infections such as malaria?*

A: The Stop TB Strategy, launched in 2006, includes components on address-

ing the TB/HIV co-epidemic, and also on strengthening health systems.

*Q: There is a temptation to focus on resources for drug resistance. How can public health authorities make sure they are balancing the allocation of funds for the overall TB burden?*

A: Drug resistance is a growing and very serious problem. It has to be tackled otherwise we could face a major crisis. All governments, but especially those in high-burden countries, need to increase funding as outlined in the Global Plan to Stop TB [2006–2015].

*Q: To what extent is the DOTS strategy contributing to drug resistance?*

A: The DOTS [formerly Directly Observed Treatment Short Course] strategy

does not contribute to drug resistance at all – it is weak and poor implementation of DOTS that is the problem. Resistance is a man-made phenomenon. The new Stop TB Strategy, which incorporates DOTS, and a specific component to address drug resistance, if properly and fully implemented, prevent drug resistance and will lead us on the path of reaching the health-related Millennium Development goals (MDGs). The problem of drug resistance shows another shortfall that cannot be neglected: the need to strengthen health systems by developing a global strategy. This is a key issue. If the health-related MDGs are to be achieved, we must overcome health system constraints that hinder access, equity and quality of care.

*Q: TB/HIV in Africa is a major problem. What can be done to improve the situation?*

A: The figures are appalling: in Africa, TB incidence is rising at over 4% a year, fuelled by the HIV epidemic; WHO's African Region has the highest TB burden per capita. Although it has only 11% of the world's population, Africa accounts for approximately 25% of the global TB burden: 34 of the 46 Member States in the Region face an estimated TB prevalence of 300 per 100 000 of the population. Lack of coordination is a key point, as are other major issues such as strengthening health systems and addressing the health workforce crisis. TB and HIV/AIDS cannot be dissociated. The coinfection must be tackled together. Collaborative TB/HIV activities on a limited or sporadic basis are not enough. ■