



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

14 September 2023

Turning the tide on TB – report recommends new tools to catalyse response to increasing TB deaths

As the United Nations High-Level Meeting (UNHLM) on tuberculosis (TB) approaches, a [new report](#) from the *Lancet* Commission, co-authored by the University of Cape Town's (UCT) researcher, released recommendations which provide a path forward to turn the tide on this preventable, treatable and curable disease.

For the first time in 20 years, there has been an increase in TB deaths globally — rising from 1.4 million in 2019 to 1.6 million in 2021 — as COVID-19 erased years of reduction in TB mortality rates. Moreover, there has been a troubling decline in the number of people diagnosed with TB. It is estimated that one-third of people were undiagnosed and untreated in 2022.

The COVID-19 pandemic significantly impacted global health systems' ability to prevent, screen and treat TB. COVID-19 quickly and substantially disrupted TB response efforts as diagnostic infrastructure was diverted away from TB programmes and lockdowns led to reduced access to TB treatment services.

In almost all high TB burden countries, COVID-19 resulted in health worker shortages and burnout, further diminishing health systems' capacity to provide essential TB services. COVID-19 also had a negative effect on many countries' abilities to invest in health, with precious resources for health programmes being diverted to respond to COVID-19 and economic disruptions impacting governments' abilities to prioritise health moving forward.

For Helen Cox, associate professor at UCT's [Institute of Infectious Diseases and Molecular Medicine](#) and co-author of the report, TB epidemic is a global emergency. "As the global community, we have failed dismally in our response – what is now needed is a much greater global commitment that comes with dramatically increased funding on all levels. The response to the COVID-19 pandemic shows us what can be done; we need the same urgency for TB. The global response also needs to be guided by the affected individuals and communities if we are to truly make a difference," she said.

New treatment regimens and several late-stage vaccine candidates present an incredible opportunity to make major inroads in preventing TB deaths. Recommendations put forth by the Commission include:

- Immediate scale-up in access to molecular diagnostics and AI-assisted chest x-ray technology.
- Sustained investments in research and development to accelerate progress on new tools including non-sputum-based tests such as tongue swabs, urine-based antigen tests and improved screening tools, all of which are faster and more accurate than sputum tests, which can take one to eight weeks to provide results.
- Addressing malnutrition as a major risk factor for TB with more than a third of annual TB incidence attributable to undernutrition — especially in Southeast Asia. Recent research illustrates the positive impact of giving food baskets to patients with TB and their closest contacts. In a large study in India, better nutrition in patients with TB reduced incidence of infection by nearly 50% while reducing mortality among those treated for TB by nearly 60%.
- Endorsement of the 1/4/6x24 campaign, an effort to bring new, shorter, safe and effective TB regimens to as many countries as possible by 2024. Specifically, the report outlines recommendations for ensuring access to one-month regimen or once-weekly for TB prevention, four months for drug-sensitive TB, and six months treatment regimen for drug-resistant TB.

The cost of inaction on TB is massive. More than 27 million lives and over \$13 trillion in economic losses will result if there is a business-as-usual trajectory between now and 2050. A recent estimate commissioned by the STOP TB Partnership proposes a near-term target of US\$15 billion a year, rising to US\$20 billion in 2025, to end TB by 2030. This estimate takes into account lost ground due to COVID-19 and acceleration in the development of new tools.

Donor financing plays a significant role in funding TB resources in many low- and middle-income countries. TB receives less funding from the Global Fund compared to HIV and malaria, even though TB accounts for 61% of global deaths caused by the three diseases. The report recommends that the Global Fund allocate more money to TB based on disease burden and cost-effectiveness. It also suggests prioritising the increase in TB support for low-income countries with higher TB mortality.

This new report is a follow-up to the 2019 *Lancet* Commission on tuberculosis. The first report outlined a blueprint for reaching the goals set by the first UNHLM in 2018. While progress has been made in some areas, the targets of the UNHLM have not yet been achieved. Some African countries have sustained declines in TB mortality, but more than seven million people have died from TB in the past five years, emphasising the urgency to accelerate efforts.

This year's UNHLM on TB will take place on 22 September and presents a critical opportunity to mobilise political will and resources to scale up new technology, emphasising affordability and availability.

In addition to holding a High-Level Meeting on TB, additional meetings will focus on Pandemic Preparedness and Response (PPR) and Universal Health Coverage (UHC). The Commission highlights several areas where aligning global TB efforts with the PPR and UHC agendas would be mutually beneficial, emphasising that investing in PPR should be synergistic with efforts to end TB.

ENDS

Issued by: UCT Communication and Marketing Department

Ridovhona Mbulaheni

Media Liaison and Monitoring Officer
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 2333
Cell: (064) 905 3807
Email: ridovhona.mbulaheni@uct.ac.za
Website: www.uct.ac.za