



In the Name of God, the Compassionate, the Merciful

MESSAGE FROM

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on the occasion of

WORLD TUBERCULOSIS DAY

24 March 2015

Today is World Tuberculosis Day, a day on which the global community will renew its resolve to end TB and reach, treat and cure everyone who has TB. The theme reflects the enthusiasm and continuation of a global movement to stop a disease that has inflicted pain and suffering upon mankind since prehistoric times. WHO is pleased to be part of this movement. We aim to reach the target of ending TB by adopting universal access to treatment as a stepping stone.

In May 2014, the World Health Assembly reached a historic consensus. Member States, partners and global community agreed to a post-2015 strategy that will reshape the global approach towards prevention, control and care of TB. The Health Assembly acknowledged the progress made since the adoption of the Stop TB Strategy and Global Plan to Stop TB 2006–2015. It also recognized disparities in progress, particularly gaps in reaching out to the vulnerable groups and the large number of people with undetected TB. The proposed post-2015 strategy is built around the recognition of these challenges and takes account of the lessons learnt in the past two decades, since the spread of TB was declared a global public health emergency.

The global challenges of expanding case detection, providing quality treatment and addressing TB/HIV co-infection and multidrug-resistant TB are also reflected in the situation in the WHO Eastern Mediterranean Region. In 2014 alone, health systems in the countries of the Region missed or did not report more than 250 000 cases of TB. Despite rapid scale-up of diagnosis and treatment of TB, it continually fails to get due mention among national health priorities. This is

of considerable concern. However, there are reasons to be optimistic and which encourage us to do more to prevent and control TB and to care for the affected population in our region.

I am optimistic because we have a global TB strategy that has proved successful in reaching out to millions of people and saving lives. The same strategy inspired health systems to develop sustained national TB control programmes, which are necessary to an effective response to TB epidemic. In this region, death rates are now half what they were in 1997. Eight countries in the Region are now planning for TB elimination, and a strong partnership of the public and private sectors in several countries has already yielded results in increasing case detection, timely detection and treatment of TB/HIV co-infections, and enrolment for treatment of more and more patients who have multidrug-resistant TB. These milestones have paved the way for actions that we need to take now to treat and ensure cure for everyone. I believe this is doable.

How can we translate this optimism into action? We have a strategy, we have lessons that identify what works and what does not work, and we have diagnosis and treatment tools. Can we ensure political commitment? Yes, we can because we have shown through evidence that the TB strategy works and investment in TB control is worth pursuing. Is it possible to prioritize vulnerable and otherwise unreachable population groups? Yes, it is possible by adopting innovative approaches to the public and private sectors, by expanding community involvement, and by making use of the lessons learned from successful experiences with tackling the social determinants of TB. It is this critical thinking and adaption of our approach to the TB epidemic that will lead us forward.

On 24 March 1882, when Robert Koch discovered the bacterium that causes tuberculosis, he could have never anticipated it would take the world so long to end this disease. We are already late. Let us channel our enthusiasm and energy into work that saves lives and brings hope to millions across the world and in the Region. This day provides us an excellent opportunity to do this.

Today, on World TB Day, let us reaffirm our commitment to the prevention, control and cure of TB.