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Time to stop fooling ourselves: TB is spiralling out of control

The combination of MDR-TB and HIV/AIDS is a time-bomb waiting to go off in Africa.

Paris/Geneva - On the eve of a major international conference on tuberculosis and lung health(*), the humanitarian medical organisation Médecins Sans Frontières (MSF) warns that millions of individuals in developing countries continue to die from this curable disease. A radical change is needed in the way TB is tackled globally.

"Tuberculosis is one of our biggest frustrations as medical professionals," said Dr Jean-Hervé Bradol, president of MSF France. "In the countries MSF works in, TB kills people in the thousands without us being able to detect or treat them properly, or in time."

"It's time to openly admit that we'll never be able to 'control TB' by just prescribing more of the same," said Dr Francine Matthys, TB advisor of the MSF Campaign for Access to Essential Medicines. "Massive investment in developing new diagnostic tests and drugs is needed now, so that we can effectively diagnose and treat all those with TB in the shortest possible time."



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Running out of breath. TB Day 2004

Most TB programmes in developing countries rely on sputum microscopy for detection of TB. Developed in 1882, this method only detects the bacilli in about 50% of all people with TB, and its performance is even poorer in children and HIV-positive people. This is alarming, as HIV/AIDS has transformed the face of TB.

Treatment of TB is long and relies on medicines that were invented 40-60 years ago.

"In Guinea, and many other developing countries, we regularly see people who have already been treated for TB but return a year or two later with new TB-like symptoms," said Dr Ilse Ramboer, a physician from MSF's TB programme in Guinea Gonakry.

"These people could be re-infection cases. But they could also be on their way to developing multidrug-resistant TB - there is no way of telling because most resource-poor settings have no access to drug sensitivity testing."

The combination of MDR-TB and HIV/AIDS is a time-bomb waiting to go off in Africa.

While MSF appreciates that new TB drugs and diagnostic tests are being developed by initiatives such as the Global TB Alliance and FIND (Foundation for Innovative New Diagnostics), more efforts and revised strategies are needed to meet the challenge of TB today. All those providing TB care worldwide must also increase operational research into innovation in TB treatment and delivery, and improve the means of ensuring that all people with TB are guaranteed access to care.

MSF treats roughly 20,000 TB patients every year in over 30 projects around the world. MSF teams operate in a variety of settings ranging from chronic conflict areas and prisons to countries with HIV/AIDS prevalence rates over 20% (e.g. sub-Saharan Africa), and in countries with an increasing number of people with multidrug-resistant TB (e.g. Abkhazia, Uzbekistan and Ivory Coast). In many countries, MSF supports the national tuberculosis programmes at health centre or district hospital level.

(*) 35th Union World Conference on Lung Health, Paris, October 28th - November 1st, 2004