

HOW CAN WE IMPROVE THE GLOBAL STRATEGY FOR TUBERCULOSIS (TB) CONTROL?

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LESSONS FROM HEALTH SYSTEMS & POLICY RESEARCH

Leading global killer

Affects the poorest

Current approach insufficient

TB is now the leading cause of death from any infectious disease including HIV.

Over 95% of TB deaths occur in low- and middle-income countries.

We are not winning the battle against TB despite investments in TB control.

TB: 1.3 million

HIV/AIDS: 1 million

Malaria: 445,000



TB is the leading killer of women



Approximately 480,000 people develop multidrug-resistant TB every year

At current rate of decline in incidence (1.5%) it will take >150 years to reach global END TB targets

1.5% per year

JOURNAL SUPPLEMENT: CRITICALLY ANALYSES TB CONTROL STRATEGY

1

Targets

focus on case detection rates and ignore critical delay to diagnosis

2

Health service delivery model

requires strengthening of primary health services

3

Research strategy

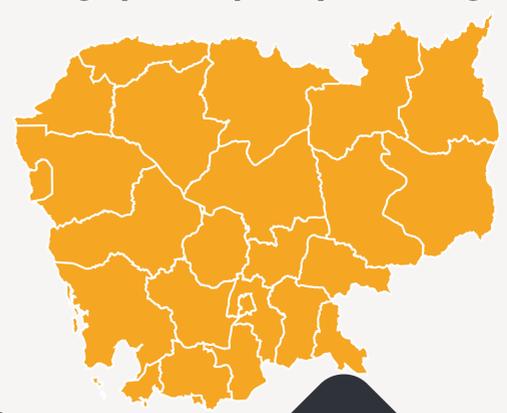
needs to better address gaps for policy making



32% of patients in China experienced a delay of > 90 days before reaching a health facility that can correctly diagnose and treat TB for free



16% of TB patients in Myanmar do not have a treatment supporter



"We usually try many other methods first and the hospital is the last choice" - Cambodian patient

Only 29% of publications from Cambodia between 2000-2016 addressed policy makers priority areas for TB control

This new evidence, which includes the largest study on delay to TB diagnosis in the world, highlights the importance of adapting global strategies to local health systems.



Podcast

- This podcast is with supplement lead Dr Mishal Khan (London School of Hygiene & Tropical Medicine) and Dr Anthony Harries (The Union)

<https://academic.oup.com/heapol/pages/podcasts>

Research Impact: findings from this supplement were reported in national press

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