*Paul M Ridker, Nancy R Cook
Center for Cardiovascular Disease Prevention, Divisions of Preventive Medicine and Cardiology, Brigham and Women's Hospital, Boston, MA 02215, USA
pridker@partners.org

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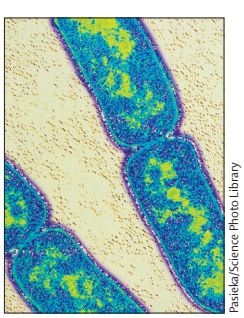
WHO's 2013 global report on tuberculosis: successes, threats, and opportunities

Tuberculosis has been a global public health emergency since 1993.[1] In 2006 WHO launched the Stop TB strategy, which was linked to the Millennium Development Goal (MDG) 6 target of reversing the spread of tuberculosis by 2015.[2] WHO's *Global Tuberculosis Report 2013*,[3] published on Oct 23, provides a comprehensive assessment of the current tuberculosis pandemic, and assesses progress in implementing tuberculosis services and control measures at country, regional, and global levels.[3] The report details some striking successes towards achieving MDG 6 and related 2015 targets for global tuberculosis control. It also identifies specific areas of concern for which urgent political and funder attention is required.

The report shows that the number of incident cases of tuberculosis worldwide continues to fall at a slow, steady rate of 2%; there were an estimated 8·6 million incident cases of tuberculosis in 2012, which included 2·9 million cases in women and 530 000 in children. For the first time WHO's report provides estimates of the tuberculosis burden among women disaggregated by region and HIV status, and shows that there is substantial morbidity and mortality from tuberculosis in adult women. In 2012, tuberculosis caused 1·3 million deaths, including 320 000 deaths in HIV-infected people. An estimated 170 000 deaths were from multidrug-resistant (MDR) tuberculosis, a fairly high total when compared with the estimated 450 000 global incident cases of MDR tuberculosis. In 2012, three-quarters of total tuberculosis deaths occurred in regions of Africa and southeast Asia, with South Africa and India accounting for a third of global tuberculosis deaths.

WHO's report also shows that progress has been made in reducing the burden of tuberculosis. Overall mortality rates from tuberculosis have fallen by 45% since 1990, and the global target of a 50% reduction in tuberculosis mortality by 2015 seems within reach. WHO estimates that 22 million lives were saved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Mycobacterium tuberculosis

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between 1995 and 2012. The western Pacific region has seen a particularly substantial decline in disease burden. Half of the 22 countries with the highest burden of tuberculosis have reached all 2015 targets or are on track to do so.

Despite the overall decline in tuberculosis incidence and mortality, important concerns are raised in the report that require the urgent attention of political leaders and their governments, development agencies, and financing institutions. We highlight three major concerns. First, an estimated 3 million people with active tuberculosis were either not diagnosed or were diagnosed but not reported. Thus, access and effectiveness of care is known for only about two-thirds of the estimated 8·6 million incident cases of tuberculosis.

Second, in most countries with high burdens of MDR tuberculosis the response is so far off-track that WHO's report describes it as a "crisis". Only about a fifth of the 450 000 people estimated to have developed MDR tuberculosis in 2012 were actually detected. This leaves a large number of undiagnosed and untreated people who continue to spread MDR tuberculosis in the community. Moreover, of the 94 000 people who were detected as eligible for MDR tuberculosis treatment in 2012, only 77 000 patients began treatment. Widening gaps between patients diagnosed with MDR tuberculosis and those who receive treatment means that waiting lists for MDR tuberculosis treatment are growing. Furthermore, the success rate of MDR tuberculosis treatment remains below 50% as a result of high levels of mortality and losses to follow-up.

Third, many countries with the highest rates of tuberculosis and HIV co-infection have lagged behind global targets for achieving standard tuberculosis and HIV care, including provision of antiretroviral therapy and tuberculosis chemoprophylaxis.

These three critical issues are not insurmountable. Recent advances in new tuberculosis diagnostics,[4] drugs,[5] laboratory methods for detecting MDR tuberculosis,[6] and strategies for proactive screening for tuberculosis,[7] now present opportunities and fresh solutions. Currently available diagnostics and laboratory methods can help make huge gains in improving access to care if they can be rolled out universally through a wide range of public, private, and community services and implemented optimally.[8,9] MDR tuberculosis should be addressed as a public health emergency since it poses a high risk to regional and global health security.[10] Commitment from high burden countries, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral agencies, and the pharmaceutical sector is imperative to find solutions to problems with drug supply and capacity for tuberculosis care which stand in the way of scaling up MDR tuberculosis treatment. Additionally, more investments are needed to consolidate progress made in, and enhance coverage of, tuberculosis/HIV services.[11]

To address these priority concerns, existing commitments must be sustained and, as the report outlines, at least an additional US$2 billion per year is needed. The full replenishment of the Global Fund in 2013 is essential for donor-dependent countries, since the Global Fund provides about three-quarters of international donor funding for tuberculosis. More domestic investments from high-burden countries are needed, as well as bilateral investments that help drive the successful use of funding from the Global Fund, through technical assistance, monitoring and evaluation, operational research, and critical policy guidance on the best innovations. Tuberculosis deserves the same level of collective commitment as HIV and malaria.

The data from WHO's *Global Tuberculosis Report 2013* highlight the crucial need for more aggressive and sustained tuberculosis control efforts through increased provision of resources to bridge large funding gaps. The UK Government's Department for International Development (DFID) recently committed more than £1 billion to the Global Fund for the next 3 years (2014–16), and has committed to the delivery of treatment to over 1 million people with tuberculosis.[12] Other donors should follow suit. We now have the tools, knowledge, and expertise to achieve global tuberculosis control, and the time has come for swift and visionary action[13] to step up tuberculosis control efforts and drive down tuberculosis incidence rates as rapidly as possible. Increased financial investment to achieve universal access to high-quality care for all people with tuberculosis, and to reduce the human suffering and socioeconomic burden associated with this disease, should be a priority for all governments and donors.

*Alimuddin Zumla, Andrew George MP, Virendra Sharma MP, the Rt Hon Nick Herbert MP, Baroness Masham of Ilton
Division of Infection and Immunity, University College London, UCL Royal Free Campus and University College London Hospitals NHS Foundation Trust, London NW3 2PF, UK (AZ); and All Party Parliamentary Group on Global Tuberculosis, Houses of Parliament, Westminster, London, UK (AG, VS, NH, SM)
a.zumla@ucl.ac.uk

AZ serves in an independent scientific expert advisory role to the All Party Parliamentary Group on Global Tuberculosis and to the WHO Global TB Programme. We declare that we have no conflicts of interest.

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