

G-7 Leaders Must Not Ignore TB as a Global Health Threat
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When the G-7 leaders gather in Japan later this month, it is likely that Zika, a serious global health threat will be on the agenda. And while Zika deserves international attention there is another highly contagious global health disease that has plagued our world for centuries – tuberculosis – that must be addressed.

TB is now the number one infectious disease killer in the world. According to the World Health Organization, 4,100 people die each day from TB – 1.5 million a year. In Asia, roughly 3.8 million new and relapse cases were reported in 2014 – close to 60% of the world burden.

TB is a serious threat because one cough can spread like wildfire. It primarily impacts those living in poverty, who do not have the ability to make their voices heard. And despite the fact that TB is curable, very few people living in poverty are able to get tested, let alone diagnosed and treated.

An increasing concern with TB is that the world is not adequately confronting the increasing resistance to TB drugs. Multi-drug resistant tuberculosis (MDR-TB), a form of TB caused by bacteria that do not respond to standard, first-line anti-TB drugs is treatable and curable by using second-line drugs. However, second-line treatments are limited and may not always be available or, if available, are cost prohibitive. Today, only 25% of MDR- TB patients are diagnosed and treated and only 50% of these patients are treated successfully.

Like the rest of the world, Japan is not immune to the TB threat with an incidence rate of 18 per 100,000 in 2015. A rapidly aging population and increased influx of people from neighboring countries in Asia are the main contributors. And, similar to other countries, TB takes a financial toll. Globally, it predominantly affects men and women at their prime ages for employment – an estimated three-quarters of those who fall sick or die of TB are between the ages of 15-54. Consequently, TB poses a serious threat to Japanese businesses, which have significant operations in many TB endemic countries in Asia. Moreover, TB is easily spread making it a transmission risk at work when people are sick and a particular risk to health care workers.

Nonetheless, Japan's efforts to address TB in the post-World War II era succeeded in keeping deaths due to TB relatively low. Many doctors and experts in the field believe that it helped contribute to the development of structures and practices in Japan that resulted in universal access to services in other areas of its health system – commonly referred to as universal health coverage (UHC). Japan's experience in implementing UHC can create a pathway for other nations to follow as they tackle TB. Health care systems in many areas of the globe are frequently inaccessible due to high out-of-pocket fees or indirect costs such as transportation, wait times, and diagnosis. UHC helps reduce these direct and indirect costs making health care services more obtainable. UHC also

strengthens the health care system as a whole, making it easier for patients to get and health care professionals to provide the best care possible. In sum, the building blocks for TB have great potential to be the building blocks of a robust health system.

If we are to reach the world's Sustainable Development Goal of Ending TB by 2030, UHC is critical as is fully funding the Global Fund to Fight AIDS, Tuberculosis and Malaria, which provides a majority of TB funding globally. Notably, Japan is at the forefront of supporting both UHC and the Fund.

Recently, Japan's Prime Minister Shinzo Abe wrote in the Lancet, "With the G-7 presidency in 2016, Japan is determined to contribute further to galvanize renewed momentum for global health so that all people can receive the basic quality services they need, and are protected from health threats, without financial hardship."

It would serve our leaders well to heed these words. When discussing global health threats, TB cannot be left behind. If it is, millions of lives will be in jeopardy.