World TB Day – 24 March 2013 – Friendship Hall – Khartoum

Your Excellency, Al Haj Adam Youssef, Vice-President,

Your Excellency, Dr Isam Mohamed Abdallah, Undersecretary Federal Ministry of Health,

Goodwill Ambassador, Mr Awad Ibrahim Awad,

National TB Programme Mnager, Dr Hiba Hamad Elneel

Colleagues from the Federal Ministry of Health, UN Agencies, Global Fund, and Civil Society,

Ladies and Gentlemen,

As Salaam Aleikum

Tuberculosis has been with us for thousands of years. This devastating infectious disease is preventable, and can be diagnosed and treated at a cost of just 25 US dollars per person. Yet it continues to play havoc with the lives of hundreds and thousands of people across the globe in general, in the WHO Eastern Mediterranean Region, and in Sudan as well. In 2011, there were more than 8.7 million new cases of tuberculosis and 1.4 million people died because of it globally. In 2012 alone, there were around a million cases of TB in the 23 countries of the Region where Sudan shoulder about 7%. As said, TB is preventable and curable but what are we doing to stop it?

The theme of World TB Day is being commemorated with the slogan “Stop TB in my lifetime”. This message conveys both the urgency of our fight against TB, and

reaching the 2015 target of the United Nations Millennium Development Goals and the targets set by the global Stop TB Partnership.

In Sudan, we have seen hard work, commitment and dedication from health workers, TB program, and all partners, from far-off villages in Darfur to the crowded city in Khartoum. Innovative partnerships were developed between the public and private sectors, as well as with civil society, TB-affected communities, donors, business and media. Currently Sudan is on track to meet the MDG target of a 50% reduction in deaths compared with 1990. Nevertheless, 47% of the total estimated numbers of TB cases are missed every year. Needless to say, these cases remain untreated. Not only does this mean unnecessary suffering for those affected, but it also means the transmission cycle is sustained further.

So where and why are we lagging behind? Despite success in the expansion of diagnosis and treatment services, there are still a number of important challenges. Collaboration with the private health sector needs strengthening. Surveillance does not currently give a true picture of the situation and needs improving. Laboratory services are present but also need to be improved. In order to improve diagnosis, a WHO endorsed rapid molecular test that can reliably diagnose TB and drug resistance, even in patients co-infected with HIV, within hours instead of weeks or even months has recently been introduced in Sudan. Every day more than 1000 people living with HIV die of tuberculosis globally and TB/HIV co-infection has not been addressed adequately and continues to pose a challenge to both national TB and AIDS control programmes. By integrating HIV and TB services and systems, we can save many additional lives. While evidence

increasingly indicates a rising number of drug-resistant cases in Sudan, expansion of multi drug-resistant tuberculosis (MDR-TB) care has been slow. Drug-resistant TB is notoriously difficult to diagnose and extremely difficult and costly to treat. Though cure of MDR-TB is feasible, it takes 20 to 24 months of treatment with expensive and toxic drugs, some of which need to be administered by injection.
The costs of treating MDR-TB can be several hundred times higher than the cost of treating drug-susceptible TB. On average, only around 50% of MDR-TB cases are cured. The emergence of MDR-TB, at dramatic levels in some settings, is a signal that care and control measures have failed. When patients are given too little treatment, stop taking their medicines, or are treated with sub-standard medicines, only the weakest TB bacteria are killed leaving the others to survive in a drug-resistant form. In other words, the emergence of MDR- and XDR-TB can be attributed to poor quality treatment. However, worldwide, nearly 4% of people newly ill with TB are resistant to multiple drugs right at the start which means that MDR-TB is being transmitted directly from one person to another. XDR-TB, confined to just a handful of countries a few years ago, has now been reported in 84 countries and Sudan could be one of the next ones unless treatment of TB and MDR is managed better. I therefore call upon the programme to ensure that the DOT or Directly Observed Treatment component of the DOTS strategy is properly implemented in Sudan. I am pleased to know that pilots on community or family based DOT will be initiated this year.

Further, these challenges confront us in our fight against TB at a time when international investment in health financing faces one of its worst times. For example, the Global Fund to Fight AIDS, Tuberculosis and Malaria, which played

an instrumental role in scaling up TB care to reach thousands of patients in Sudan, has announced new eligibility criteria for support. In view of this it is time to allocate domestic resources to TB control in Sudan.

2013 and the years ahead will be critical in our struggle against TB to meet the Millennium Development Goals. Let us continue forward with renewed vision, vigour and passion. Let us aim for zero deaths from TB and a world free from TB. I wish you every success on this World TB Day. Let us celebrate the successes so far and look ahead to do more and better.

Thank you.