

b WHO Global Tuberculosis Report 2015: Highlights

The World Health Organization (WHO) released the Global Tuberculosis Report 2015 on 28 October 2015. The report indicated major advances: TB mortality has fallen 47% since 1990, with nearly all of that improvement taking place since 2000, when the Millennium Development Goals (MDGs) were set. The MDG target to halt and reverse TB incidence has been achieved on a worldwide basis, in each of the six WHO regions and in 16 of the 22 high-burden countries that collectively account for 80% of TB cases. Globally, TB incidence has fallen by an average of 1.5% per year since 2000 and is now 18% lower than the level of 2000.

Notably, the global total for new TB cases was higher than reported previously. The WHO attributes this to improved national data rather than increase in disease burden. As an example, based on findings of a prevalence survey in Indonesia, the burden of TB is double the previous estimate. These revised estimates have further led to TB ranking alongside HIV as a leading cause of death worldwide. The estimated number of people that died of TB globally during 2014 was 1.5 million, while 1.2 million deaths were attributed to HIV during the same period. Surveillance systems have been overlooked as an important element in TB control efforts and the renewed emphasis on finding and treating new TB cases as well as improving surveillance systems will hopefully prevent further unpleasant surprises. Although it is comforting to know that the number of deaths due to TB globally has actually halved since 1990, the number is still staggering. The report emphasizes that a reduction in mortality cannot be achieved at a population level unless the gap between identifying TB cases (including cases of drug-resistant TB) and treating TB cases is closed.

The Global Report 2015 shows South Africa second in the world in terms of incidence rates for TB, closely behind neighbouring Lesotho. The WHO country profile for South Africa reports marginal decreases in TB mortality (from 48 (95% CI 28-73) to 44 cases (95% CI 41-48)/100,000) and incidence (from 860 (95% CI 776-980) to 834 cases (737-936)/100,000) (Figure 5). Case notifications decreased from 328 896 in 2013 to 318 193 in 2014. Amongst the 2014 cohort, 93% of TB cases had known HIV status, and 79% of HIV-positive TB cases were on anti-retroviral therapy (ART) compared with 90% with known HIV status and 66% of HIV-positive TB cases on ART in 2013.

Overall, the results from the Global TB Report are disappointing as South Africa has introduced a

number of interventions including Xpert MTB/RIF, and worked hard at strengthening aspects of the TB control programme. While South Africa attained the MDG to halt and reverse TB incidence, we were not able to halve TB mortality compared with 1990 levels, which remains equivalent to that in 1990 (just under 50 cases/100,000). The news that TB mortality leads HIV deaths is not a surprise as the 2011 report from Statistics South Africa revealed TB as the number one killer in the country. Although the anti-retroviral (ARV) program used in controlling HIV/AIDS, has been shown to have a positive impact on the incidence of microbiologically-confirmed pulmonary TB (mPTB), the implementation of the Xpert MTB/Rif assay in this country has not increased the number of TB patients on treatment nor did it have any impact on patient-relevant outcomes, such as mortality. Similarly, the effect of the isoniazid preventive therapy (IPT) has been shown to be short-lived once treatment is stopped and, with high default rates for TB generally, IPT is unlikely to have a significant population level impact. The TB control strategy in this country will need to be more patient centered, aiming to reduce stigma and incentivizing people to enter care and improve adherence to treatment.

All is not bleak however, as TB is on the decline globally. In the longer term, South Africa has shown a decline of 9% between 2008 and 2012 in microbiologically-proven pulmonary TB (mPTB). These positive trends are exemplified by the change in the longstanding slogan "STOP TB", to the new slogan, "END TB" – the game plan aiming to drastically accelerate reductions in the TB burden in South Africa and world-wide. Much more can and should be done. We need to ensure that policies are informed by real population-based data with patient-relevant outcomes as a key end point. The Global TB Report report highlights the fact that most of the successes were observed since 2000 when the Millennium Development Goals were set – thus aspirational targets backed by funding and sustained effort can make the difference.

Reference: WHO Global TB Report 2015 accessed at http://www.who.int/tb/publications/global_report/en/ on 16 November 2015

Source: Centre for Tuberculosis, NICD-NHLS

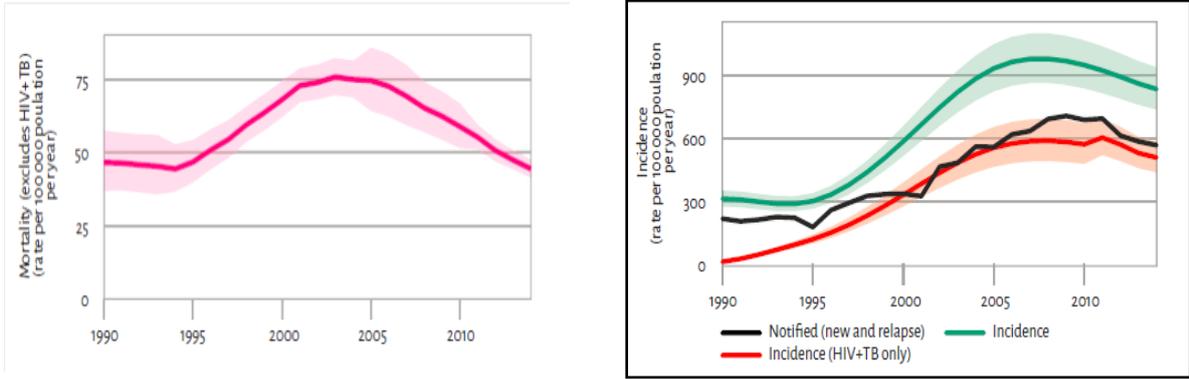


Figure 5. Mortality and incidence of TB per 100,000 population from 1990 to 2015 according to the WHO Global TB report 2015.