



Ending TB requires global support

By Warren Entsch and Nick Herbert
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Sudden and dramatic outbreaks of disease easily arouse global public concern and sympathy, garnering an official response and the funding for solutions that tends to follow. Sadly it's often slow-moving disasters that, although less well-known, bring far greater loss — including one that interests us both: tuberculosis (TB).

Tuberculosis has been around since ancient times. A hundred years ago most hospitals in the UK and Australia had wards full of TB patients. Decades of testing for and treating the disease across the developed world were highly effective in our two countries. But two years ago TB again became the world's deadliest infectious-disease killer. In 2015 10.4 million people globally became sick with TB and 1.8 million people died of the disease. Tuberculosis is now the leading killer of people with HIV. TB clearly has an image problem in the west, where many of us either think the disease has been defeated or simply don't know the toll it takes.

As conservative MPs from Australia and the UK we both became passionate about the need to fight this disease when we were confronted by seeing first-hand its toll on individuals and communities. A mother who spent a year in hospital in Cairns during his childhood and later saw the effect on local and neighbouring communities, another who went to Kenya on a parliamentary delegation in 2005 to see the country's TB and HIV programme, and it was there that he became fully aware of the scale of TB globally.

Both of us were moved to act this led to the formation of the UK's [All Party Parliamentary Group on Global TB](#) and in 2014 along with the South African Health Minister Dr Aaron Motsoaledi Nick went on to launch the [Global TB Caucus](#) and there are now 18 national parliamentary TB caucuses — [including in Australia](#).

The Global TB Caucus works to bring international attention and funding to this disease. TB is a global problem that requires our full attention, especially if we're to meet the Sustainable Development Goal of eradicating TB by 2030. In the last decade, as HIV and

malaria infection rates have begun to fall, the number of TB cases has remained stubbornly high.

Although the bulk of these cases occur in developing countries — and over 60% of them in the Asia-Pacific region — TB doesn't respect borders. London is once again one of Europe's TB hotspots, with around 5000 cases annually. In West Papua to Australia's north, drug-resistant TB is on the rise. Fighting tuberculosis by developing better treatments, and ultimately a vaccine, makes good global sense but it also makes good sense for our own countries.

In the early twenty-first century lost visibility means lost traction when it comes to tuberculosis. We need a three-pronged approach to bring attention, global collaboration and funding to TB if we want to halt progress of the global tuberculosis epidemic. It's intuitive that TB would be under-funded and under-researched if the popular understanding is that it has been eradicated. So treatment for tuberculosis is lengthy and tiresome, a strict regimen of daily pills for 6-9 months. For people with drug-resistant forms of the disease, treatments can be devastating: common side-effects include hearing loss, depression, and psychosis and kidney damage. We need shorter, more effective and affordable combinations of drugs for TB.

In Papua New Guinea, Australia supports the country's tuberculosis control efforts while also helping to strengthen the local health system. Australian assistance includes community engagement through local health workers in the most-affected areas, expansion of the health workforce and support for technical capacity, health infrastructure and medical supplies. This financial backing ensures that the disease doesn't blight more lives and communities in our region.

While we've largely been ignoring it tuberculosis has continued to evolve so that the new drug-resistant strains are even more difficult to treat than ever. This means a crisis that was quietly building now requires urgent and consistent global attention and support as such the Global TB Caucus are working to bring greater focus to tuberculosis at the upcoming G20 summit.

Eradication of tuberculosis isn't about making one simple change in communities or one pill. It requires a consistent, well-funded, multi-faceted approach and ideas from across the globe to turn the tide on this epidemic which is why [our gathering this week](#) is so important. When fighting a disease that doesn't respect borders we need to come together to share the best ideas from around the globe.

The Hon. Warren Entsch MP is the Federal Member for Leichhardt and co-Chair, together

with Hon. Matt Thistlethwaite MP, of the Australian TB Caucus. The Rt Hon. Nick Herbert MP is the Member for Arundel and South Downs in the British Parliament. Mr Herbert and South African Health Minister Dr Aaron Motsoaledi are co-Chairs of the Global TB Caucus.

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