Statement by Dr Marcos Espinal at the ECOSOC High-Level Segment, 6 July 2009

Madam President, Esteemed Delegates, Ladies and Gentlemen.

Many thanks for the opportunity to speak here today. I think the best way to explain what the Stop TB Partnership does is to show how partnership works at its best. So I would like to tell you a story.

In the early 1990s, the Philippines was having a hard time coping with tuberculosis. Most patients avoided the free-of-charge public health system and went to private doctors. There was a mix of different strategies that seemed to be heading for trouble.

Then the country did something extremely smart. People realized they should work together, not in isolation. The government actively sought to form a partnership with a variety of groups -- private doctors, pharmaceutical companies, NGOs, communities, and the patients themselves. And thus, the Philippine Coalition against Tuberculosis, known as PhilCAT, was founded in 1994.

The Stop TB Partnership has a set of targets in the Global Plan to Stop TB -- our roadmap for reaching the MDG-related to tuberculosis and halving prevalence and deaths compared to 1990 levels by 2015. One of the main targets is that at least 70 percent of infectious cases should be found and recorded; and that 85 percent

should be cured. The Philippines has exceeded those targets since 2004. And they did it through a community-based partnership.

Ladies and Gentlemen this story illustrates more than the success of the Philippines. It also illustrates why the world needed a global partnership against tuberculosis.

The Stop TB Partnership, whose secretariat is housed and administered by WHO, is a BOTTOM - UP movement that brings together all stakeholders. Our job is to catalyze partnership at country level -- and many countries have followed the Philippines in forming a national Stop TB Partnership, such as Afghanistan, Brazil, Swaziland and Uganda. The Partnership aims to strengthen health systems by helping mainstream and integrate tuberculosis control and planning within national health plans and primary health care systems.

We are a coordinating body, not a financial entity. Yet we have concrete projects that help countries.

The First WHO ad hoc Committee on the Tuberculosis Epidemic held in London in March 1998 said that the main bottleneck to fighting tuberculosis was a shortage of drugs. It was to address this need that the Stop TB Partnership's Global Drug Facility, or GDF, was created in 2001. Since then it has delivered more than 14

million treatments around the world, many of them as grants. GDF's work is today fully harmonized with that of the Global Fund. For instance, of the 89 countries procuring drugs from GDF in 2008, 38 percent were using Global Fund monies.

Likewise, the Green Light Committee helps countries access concessionally priced high-quality life-saving medicines to treat people with multidrug-resistant tuberculosis.

The Stop TB Partnership has had considerable success in putting tuberculosis higher on the political agenda of world leaders, and in this, we owe much to former President Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB. He has been a tireless advocate on raising political commitment to fighting TB.

For many years tuberculosis was an orphan of the research community. The tools currently most widely used are old. But our partners are working hard to fill this gap. A new technology able to diagnose drug-resistant tuberculosis in just two days instead of the traditional two months is being introduced by countries with the help of Stop TB partners including WHO, UNITAID and the Foundation for Innovative New Diagnostics. A number of novel drug and vaccine candidates are currently in clinical trials.

These are some of our achievements. But I am also here to talk about challenges. Barriers to conquering tuberculosis relate both to weaknesses in health systems and problems that go beyond the health sector. To fight tuberculosis effectively we need bold new leadership and broad legislation on matters such as social health protection, quality assurance for all drugs, and human resources for health.

We are now seeing movement in that direction. Participants in a ministerial meeting of the 27 high burden countries for multidrug-resistant tuberculosis, held in Beijing in April, called for implementation of strategic new policies aimed at achieving equitable access to care. And they stressed the urgency of identifying and addressing the underlying social determinants of tuberculosis.

Similarly the devastation that tuberculosis and HIV/AIDS are causing together, especially in Africa, is a tremendous challenge to the international community. In this regard, the Stop TB Partnership is working closely with UNAIDS through joint advocacy and social mobilization efforts.

We know tuberculosis is a disease of poverty -- and an important contributor to poverty. Tuberculosis mainly affects women and men during their prime working and childrearing years --

between the ages of 15 and 44. When any breadwinner becomes sick with tuberculosis, the family may well face financial catastrophe. When a woman becomes sick with tuberculosis, her illness can have a devastating impact on her children and any elderly family members she cares for. Children who become ill with tuberculosis miss educational opportunities.

The changes needed to mitigate the poverty-tuberculosis link go beyond health. We know this. But we also know that fighting tuberculosis through the health sector is highly cost-effective.

A World Bank research report published last week found that the countries with the world's highest numbers of tuberculosis cases could earn significantly more than they spend on diagnosis and treatment if they fully implemented the Global Plan to Stop TB. Highly affected African countries, for example, could get up to a nine-fold return on their investments in TB control.

To conclude, I would like to point out a small irony. If you read the current papers on progress towards the MDGs you will note that MDG-6 has been achieved globally with respect to tuberculosis. You heard me correctly. ACHIEVED. This is because the incidence of tuberculosis -- that is the proportion of the world's population that

becomes ill with the disease each year -- has been declining very gradually since 2004.

This is indeed ironic. We have met the goal, yet there are still nine million people becoming ill with tuberculosis each year, and nearly 5000 people die from tuberculosis every day. Why is that?

It is because TB control and research and development are underfunded, and despite all our efforts, political commitment is still insufficient.

I mentioned earlier that we have a number of new diagnostic tools, drugs and vaccines in the pipeline.

Esteemed Delegates, by 2015 we expect to have a vaccine that could protect two-thirds of all people against tuberculosis. Available projections show this vaccine could reduce TB cases and deaths drastically between 2015 and 2050 -- by 80 percent in Southeast Asia, for example.

We ask the international community to seriously consider an Advance Market Commitment to this vaccine.

Think of how quickly we could stop tuberculosis in its tracks if an effective vaccine were available to everyone in the world. We could get rid of this ancient scourge once and for all.

Thank you.