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It is interesting to see, from my vantage point in South Africa, the reaction to the slight rise in tuberculosis (TB) cases in the U.S. Overall, TB in the U.S. has declined steadily since the early 1950s. But in the past few years, TB incidence has started to slowly increase. While the percentages seem steep, the overall increase is [less than 1,300 new cases](#).

In contrast, TB has long been a crisis in Sub-Saharan Africa. Seventeen of the globe's highest TB burden countries are located in the region. But for several years now, the World Health Organization's (WHO) annual TB report shows progress in Africa: incidence is slowly declining, and more infections are being diagnosed and treated. And, as a result, deaths from TB in our region declined almost every year this decade.

This is a stunning set of statistics. Sub-Saharan Africa is making important inroads despite a tremendous burden, while the U.S. shows how turning away from public health allows diseases like TB to chip away at everyone's prosperity.

The stage is set for African governments to have a remarkable impact. A concerted investment can make a tremendous difference on the continent. Consider the state of the disease in three of the most populous African countries, in light of the U.S. numbers, and how they are increasing their efforts:

- In Kenya, TB incidence has declined over the past 14 years and deaths are now one-third of what they were in 2010. [The government announced](#) in January plans to increase treatment coverage and multi-drug resistance TB detection services.
- In Nigeria, since 2018, TB incidence has held steady while TB deaths have declined 38%. The government has intensified efforts to find and treat individual cases before they can spread—[26% more cases](#) were reported in 2023 than in 2022.
- In South Africa, TB incidence has steadily declined since 2010, and TB deaths have slowly declined as well after steep drops in 2012 and 2013. The government funds [almost 75%](#) of its TB services and is launching an HIV and TB dashboard to better track the country's health statistics.

A number of innovations in TB research and development have helped improve

outcomes. A treatment for the highly drug-resistant forms of the disease, developed by TB Alliance, was recommended by the WHO at the end of 2022 and is now available to low- and middle-income countries through the UN's Global Drug Facility. More than 70 countries are in various stages of adopting and implementing the treatment.

In fact, the monies saved from deploying the new treatment regimen for drug-resistant TB can be channeled back into TB prevention, detection, and treatment services. Projections indicate that this regimen, which is more cost effective and shorter, would save [US\\$740 million globally every year](#) if all eligible patients received it.

Other promising new TB treatments, diagnostics, and vaccines are on the horizon. The impact of safe, shorter, effective, and cheaper tools to control TB is anticipated to be significant.

Much more is needed though. At a key United Nations High-Level Meeting this past September, member states agreed to spend US\$5 billion every year on TB research and development, yet they spent only 20% of that amount in 2022. They also agreed to spend US\$22 billion annually by 2027 on TB diagnostic, treatment, and prevention services—but total spending only reached US\$5.8 billion last year.

WHO has estimated that [more than two-thirds](#) of the TB patients and their households in Sub-Saharan Africa face catastrophic financial costs. These costs do not just stem from the direct cost of medical care and the cost of getting to and from treatment. TB saps the ability of patients to work, and the time spent taking care of patients detracts from time that could have been spent earning an income. As a result, [TB strikes at the financial resilience of families](#), forcing [almost half of all patients](#) in one survey to either borrow money or sell household property to meet costs.

We cannot have solid economic growth if TB is eating away at both the health and livelihoods of our families. Instead, if governments focus on ending TB and invest in this goal, we can lift more people up and out of poverty while improving the health of our region.

TB must be a priority. It is past time to end the TB crisis, and it is now possible. But all governments need to step up and make this a reality.