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No accountability, no results—the difficult task of advocating for tuberculosis solutions

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2017–18 saw two unprecedented events in the history of tuberculosis: the WHO Ministerial Conference, which was held in Moscow in November, 2017,[1] and the High-Level Meeting on tuberculosis at the UN General Assembly (UNGA) held in September, 2018.[2] The political declaration issued by UNGA pledged to achieve the targets envisaged by the End TB strategy[3] through intermediate quantified milestones, focusing on vulnerable and marginalised populations, mobilising needed resources for research and implementation, and establishing a multisectoral accountability framework with regular reporting to UNGA. However, subsequent reflections have cast doubt over the effectiveness of the declaration, claiming that the outcomes did not include concrete political and financial commitments, especially by high-burden countries.[4–6]

Is this surprising? Advocacy for this disease of voiceless people in extreme poverty has always been a challenge. It does not have a critical mass of champions capable of articulating compelling and hopeful messages worldwide. Communication has been focused on the negative aspects of the efforts to control the disease, in sharp contrast with that of HIV activists who have promoted positive messages, emphasising the progress made and the hopes for the future. As a result, the general perception about tuberculosis control efforts is often one of hopeless failure, despite the millions of lives saved since 1990, the over 5 million people cured every year, and the slow but steady decline in incidence and mortality. In addition, tuberculosis activism has often not been directed at those who can make meaningful changes. Acknowledging and publicising the major progress achieved could make tuberculosis investment a much more attractive proposition to politicians and decision makers focused on short-term goals.

Nonetheless, beyond advocacy and communication, there are deeply rooted challenges. As noted almost a decade ago,[7] key UN agencies and their leaders have historically failed to prioritise tuberculosis as a major global health threat. Greater political commitment at WHO's highest level could have helped because when WHO is not bold, often ministers of health are not either. There have not been special initiatives by agencies, such as UNICEF, UNAIDS, or UNDP. With a couple of notable exceptions (eg, The United States Agency for International Development, US National Institutes of Health, and perhaps the Bill & Melinda Gates Foundation), important governmental and philanthropic funders are not committed to the fight against tuberculosis. There has not been a US presidential initiative on tuberculosis along the lines of what was done for HIV and malaria, nor have the European Commission and the G20 nations supported innovative solutions. The largest financing mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaid, are still investing less than 20% of their funds in tuberculosis despite its promising progress. The World Bank has not paid tuberculosis special attention either, although three decades ago it promoted tuberculosis care as one of the most cost-effective health interventions.[8] The private sector and pharmaceutical industry have little interest in tuberculosis. Discovery and marketing of new tools will almost certainly clash with their interests given tuberculosis geopolitics. In fact, the desired profits by a drug developer can hardly be achieved from sales in low-income and middle-income countries, which have more than 90% of the global tuberculosis burden. The fact that tuberculosis advocacy has been unable to promote positive, hopeful messages building on achievements is also reflected in the general sentiments about the UNGA

outcomes. Under these circumstances, it is not surprising that only a small number (16) of heads of state, half from countries not included among the top 30 WHO high-burden countries, attended the session at the UNGA. The lesson is that until progressive and forward-looking thinking replaces the prevailing pessimistic outlook, attracting interest from those who have the power to make the difference will be difficult.

The solution must begin with a complete rethink of the tuberculosis image (ie, public and politician perceptions of the disease) and the development of intelligent messages to media, politicians, and donors. Achievements and hope need to be promoted and properly balanced with an acknowledgement of the urgent challenges ahead. WHO, activists, and stakeholders have a major responsibility and role to play in this cultural revolution. Secondly, civil society engagement and ownership are essential: politicians pay attention to self-empowered, vocal communities. Finally, the bold accountability system requested by the UNGA is crucial: technical discussions might, as usual, start at the World Health Assembly (WHA) but eventually they must reach country leaders and ministers of finance. To achieve this aim on a large scale, ideally these messages should be reported at UNGA and to other key bodies (such as the G20), when high-burden rapidly growing economies, such as the BRICS (Brazil, Russia, India, China, and South Africa), meet with the Organisation for Economic Co-operation and Development countries.

Accountability must be multisectoral. Universal health coverage and social protection are a prerequisite for the elimination of tuberculosis. However, ending tuberculosis also requires general development, good nutrition, improved living conditions, clean energy, organised urbanisation, gender equality, societal equity, and sustained domestic investment. A good accountability framework enlisting all the responsible entities should drive the establishment of a new structure overseeing and urgently assessing government financing and operations in each country; commitment by WHO and UN agencies; investment by financial mechanisms, donors, and philanthropies; action by non-governmental organisations and civil society; and contributions by the research and private sectors. Given the disease burden, the creation of an extraordinary UN Tuberculosis Commission of reputable, scientifically excellent, intellectually honest people is long overdue; after all, no other infectious disease kills as many people as tuberculosis. This Commission, established by the UN Secretary-General and supported by more scientific bodies, including WHO and the *Lancet* Commission,[9] would report regularly via existing mechanisms, such as the WHA and the UNGA, but also through ad-hoc regular meetings of stakeholders that assess objectively comprehensive reports produced by a credible multisectoral, multidisciplinary observatory.[7] Its reports will ultimately propose corrective actions and expose those who are not contributing towards the common final aim of tuberculosis elimination.

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Veterinary infectious diseases control in China

The model of infectious disease prevention and control changed substantially in China after the outbreak of severe acute respiratory syndrome (SARS) in 2003.[1] The outbreaks and spread of highly pathogenic avian influenza (HPAI) A H5N1 across China in 2004, which damaged the poultry industry, posed a severe threat to human lives,