



Address of Dr. Carissa F. Etienne at the World Tuberculosis Day commemoration

**“Stop TB in our lifetime.
A Shared Commitment”**

Washington D.C., March 19, 2013

Good morning.

We mark World Tuberculosis Day today in commemoration of Dr. Robert Koch, who, on the 24th of March 1882, announced to the world the discovery of the disease’s causative agent, the “tubercle bacillus.” Although 130 years have come and gone since then, tuberculosis continues to be responsible for pain and death across the globe, not excluding the Americas.

This year we celebrate World TB Day with the slogan “STOP TB IN OUR LIFETIME. A SHARED COMMITMENT”. This means commitment by all, as affected communities and partners in combating the disease embrace the goal of “ZERO TB DEATHS.”

Great progress in controlling tuberculosis has been made in the Americas – so much so that the Millennium Development Goal targets for TB have been met ahead of time, with a stable 3% annual reduction in the incidence of the disease, a 61% reduction in mortality, and a 62% reduction in prevalence between 1990 and 2011. These are major achievements; however, they do not extend to the most vulnerable populations, such as ethnic minorities, and our poor and marginalized populations living in cities.

We currently have opportunities, since our Region is experiencing sustained economic growth, with stable governments and major advances in development that have positive impacts for health – as the increased life expectancy of the Region’s inhabitants reflects. The recognition and addressing of the social determinants of health through harmonized and coordinated work across different political and social sectors is allowing better living conditions for the most unprotected populations. Tuberculosis, as a living reflection of poverty, marginality, and inequity regarding opportunities for progress and access to the health system, will diminish as the population’s living conditions improve. But there are major challenges, including the HIV epidemic that has increased the number of people affected simultaneously by both diseases; the emergence of multidrug-resistant and extensively drug-resistant tuberculosis, which requires prolonged and expensive treatment; and the continuing existence of populations that are highly vulnerable as a result of inequality and poverty.

In 2011, WHO estimated that there were 268,000 new tuberculosis patients in the Americas. In other words, an average of 734 people developed tuberculosis each day – and of these, 150 remained unidentified and therefore unreported. WHO also estimated that there were 30,000 deaths from tuberculosis in the course of the year. That means 80 deaths a day from a totally preventable and curable disease. These figures make tuberculosis the Region’s second largest

cause of death from a single infectious agent, and a disease that is responsible for more deaths than is maternal mortality in women of childbearing age.

Paradoxically, at the same time as the Americas have seen a reduction in the number of people living in poverty or extreme poverty, there has been an increase in the conditions that create vulnerability to tuberculosis. As rural populations and small town dwellers search of better opportunities migrate to large cities, even crossing borders in the process. This phenomenon is producing rapid urbanization in all of the Region's countries, and the populations living in informal or marginal areas of large cities are burgeoning.

According to several international organizations, the cities of Latin America as a whole are the most inequitable in the world, with large pockets of people living in poverty. Latin America's cities generate 60% of their countries' gross domestic product, but 1 out of every 4 inhabitants lives in poverty, and 57% of urban dwellers are under- or unemployed. Added to this are poor housing conditions, with major overcrowding and poor ventilation in situations where environmental pollution is at high levels, plus limited access to basic services such as drinking water, basic sanitation services, and health services. Yet another factor, resulting from changes in the lifestyle of these peripheral populations, is a greater prevalence of chronic diseases such as diabetes mellitus, obesity, smoking, and addiction to legal and illegal drugs, among others. As a result, the living conditions of the Region's marginalized urban populations create circumstances that increase their vulnerability to tuberculosis transmission, illness, and death.

Today, we call for efforts to attain the goal of ZERO TB DEATHS, a goal that we can reach only by ensuring that each and every inhabitant of the Americas enjoys universal access to quality health services, and that no barriers impede the access of the most vulnerable populations from rural populations but most importantly, from urban populations – to these services.

Programs to control TB in the Region are integrated with primary health care, but the fragmentation of health systems, the lack of comprehensive care for patients, and the failure to adapt care to the needs of the most disadvantaged populations – such as ethnic minorities, women, children, and the elderly – contributes to a situation in which not all enjoy the benefits of timely diagnosis and treatment for this disease, with its subsequent risk of death.

The fact that this is “A SHARED COMMITMENT” means that ministries of health, human development, economy, housing, education, and others are called on to make the control of tuberculosis an agenda priority in areas of health, development, housing, labor, and education, as well as including it in poverty alleviation policies and social protection policies as well.

The call for “A SHARED COMMITMENT” is also an appeal for municipal governments to work at the local level to promote and advance the multisectoral approach to health, and thus combat adverse social determinants, as well as to promote local coordination of existing health authorities in the cities, so as to contribute to building integrated and coordinated health systems based on primary care and aiming at universal health care. Universal care here means: first, a situation in which every person has access to preventive services, health promotion, treatment, and rehabilitation services; second, the presence of financial mechanisms that guarantee people protection from impoverishment; and third, health care of high quality provided by trained and motivated staff who have access to safe and effective medical technology and products.

The Pan American Health Organization provides technical assistance to each and every one of its Member States on a permanent basis. This has made it possible to implement the “Stop TB” strategy in the Region successfully. Diagnosis and treatment of drug-sensitive tuberculosis, drug-resistant tuberculosis, and tuberculosis associated with HIV infection have been strengthened. Assistance from PAHO also helps to train national and international experts on different matters involved in controlling tuberculosis, promotes processes of drug management designed to ensure that every patient will receive medication of high quality, encourages the countries to share their experiences, and fosters coordination with civil society.

This year, with the support of the United States Agency for International Development (USAID), the Pan American Health Organization is implementing an innovative initiative in cities. The initiative’s approach calls for working in coordination with all existing political and social actors in the cities, promoting the creation of partnerships with all health providers, coordinating all health programs so as to provide comprehensive care for tuberculosis patients, and bringing civil society and the communities as a whole into the process in order to truly, as our slogan proclaims, “STOP TB IN OUR LIFETIME.”

Thank you.