



Independent observer
of the Global Fund

Q&A with Eliud Wandwalo, the Global Fund's senior disease coordinator for tuberculosis

Friends: Thank you for joining us, Dr. Wandwalo. While there has been progress over the last 15 years, tuberculosis (TB) is still the world's [leading infectious disease killer](#). What would you say have been the greatest challenges in the fight against TB?

Dr. Wandwalo: The biggest challenge we have faced over the last few years is the growing threat of drug-resistant tuberculosis. Drug-resistant tuberculosis is very complex and difficult to treat, with treatment being more expensive compared to regular TB and almost half of patients are not successfully treated. We also find that drug-resistant TB accounts for [nearly one-third](#) of all antimicrobial resistance (AMR) related deaths in the world, presenting a major global health security issue.

The fight against TB is also seriously underfunded. We need about [\\$10](#) billion every year to properly respond, but we have [less than \\$7](#) billion available. The BRICS (Brazil, Russia, India, China, and South Africa) countries pay for the majority of their own TB response, but other developing countries that have a high rate of TB rely on international funding, [most](#) of which comes from the Global Fund.

Friends: About [40 percent](#) of new TB cases are not reported to the authorities. Why are there so many 'people missing' from treatment, and what is the Global Fund doing to address them?

Dr. Wandwalo: They are missing for many reasons, including not having access to health care, being misdiagnosed or not being reported to the national authority. When patients are not diagnosed or are improperly treated, they may spread the disease within communities. Last year, the Global Fund started an [initiative](#) to find missing people with TB in 13 countries with a high TB burden, in order to bridge the gap between the number of people who are estimated to have TB and those who are notified by the TB

programs.

We are also piloting and scaling up innovative approaches together with different partners. For example, in parts of Asia, most people get medical care from private facilities. These health centers are unregulated and often do not report cases. Because they are businesses, we cannot approach them the same way we do for public hospitals. In India, for example, private-sector providers are engaged through the Public-Private Interface Agency (PPIA) model. This model has worked very well, and we hope can be scaled widely in different contexts.

Friends: During this year's [International AIDS Society \(IAS\) meeting](#), one of the main takeaways was the need for greater integration between TB and HIV programming. Can you give us an overview of what this actually means on the ground, and the role that the Global Fund plays in this integration work?

Dr. Wandwalo: About three years ago, the Global Fund started requiring countries with high rates of TB and HIV co-infections to submit a joint funding application, which takes into consideration an integrated approach for managing patients who are co-infected with TB and HIV. About 37 countries applied using this modality, where the aim was to maximize the impact of investments and provide comprehensive care to co-infected patients so that individuals do not have to go into two separate health clinics to receive TB and HIV services.

Friends: How is the fight against tuberculosis changing and what should its next steps be?

Dr. Wandwalo: In the last year, we have seen more momentum than ever when it comes to advocacy and high-level discussion. In September 2018, the UN had its first [high-level meeting on tuberculosis](#), and we hope to see new tools, new drugs and new funding come out of it. We would also like to see the political document agreed on in New York translated into action with clear metrics for each country, with a robust accountability mechanism. Going forward we need to see increased investments in TB both for implementation and research, we need new tools in diagnosis, new drugs and a vaccine. Success stories in the fight against tuberculosis start with strong government leadership, innovative strategies, quality research and consistent funding.

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For more on opportunities for the U.S. and partners to work toward ending the epidemics of AIDS, TB and malaria, see Friends' [Tipping Point report](#).

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