

A new era for global tuberculosis control

The *Lancet* does a great service to people affected by tuberculosis every time it draws its readers' attention to their struggles, as you did in your July 2 Editorial.¹ At present, tuberculosis incidence is not declining fast enough to meet global targets. It is therefore a fitting moment to reflect on the question of who is responsible for advancing the fight.

Furthering progress against tuberculosis depends to a substantial extent on the emergence of more pluralistic leadership. But more importantly it relies on the synergies achieved by different organisations and bodies working together. Governments, multilateral organisations, donors, civil society, community organisations, the private sector, and other partners all need to contribute.

Each brings unique value, and each must be encouraged to fully engage. This means looking not only within the "traditional" tuberculosis community, but also to new partners in the broader economic and social development community and the private sector.

The challenges we face are daunting: nearly 4 million people not receiving effective tuberculosis care each year; nearly half a million with multidrug-resistant tuberculosis do not have access to reliable, low-cost second-line drugs; and tuberculosis remains the leading killer of people living with HIV. Without the engagement of community groups, the private sector, and large implementation and development partners, we will not be able to scale up as we must to rid the world of tuberculosis.

The core leadership function of the Stop TB Partnership is to harness the resources, skills, knowledge, and passion of partners to achieve the shared goal of eliminating tuberculosis. We are committed to this role.

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1 The *Lancet*. A new era for global tuberculosis control? *Lancet* 2011; **378**: 2.

A *Lancet* Editorial¹ emphasised the need "to move away from the over medicalisation of tuberculosis and recognise its intersection with other sectors" and argued for the role of WHO in this "new era for global tuberculosis control". Efforts have already been made in this direction.² In addition, together with colleagues in the WHO STOP-TB department, we have investigated how to tackle the social determinants of tuberculosis. Our research suggests that socioeconomic interventions, in the form of cash transfer and microfinance, can reduce tuberculosis risk factors and improve health-seeking behaviours.^{3,4}

Biomedical initiatives such as new diagnostics still receive much greater attention than do socioeconomic ones, but these strategies should not be perceived as being in competition with each other. Tuberculosis control programmes need not be responsible for delivering socioeconomic interventions; rather it is essential to identify new ways to integrate them to ensure long-term sustainability.

A potential strategy to secure additional funding for socioeconomic interventions is the implementation of a "social off-set in [tuberculosis] research"⁵—a mechanism by which any investment in narrow biomedical solutions for tuberculosis is offset by channelling a proportion of that investment into social protection interventions addressing affected individuals or vulnerable populations.

To explore these strategies, several partners, including WHO, are organising a 3-day meeting "Social protection interventions for improved TB control: the impact, the challenges, and the way forward" in London, UK, on Feb 15–17, 2012.

Few would argue about the importance of tackling the social

determinants of tuberculosis to ensure its elimination. The leadership of WHO must now be matched by support from donors and development agencies, and the tuberculosis control community must rethink tuberculosis as not only a public health issue but also a development one.

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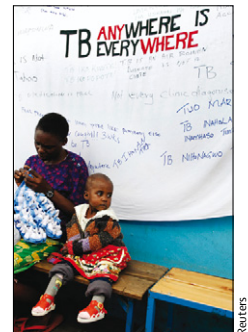
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- 1 The *Lancet*. A new era for global tuberculosis control? *Lancet* 2011; **378**: 2.
- 2 Creswell J, Jaramillo E, Lonroth K, Weil D, Raviglione M. Tuberculosis and poverty: what is being done. *Int J Tuberc Lung Dis* 2011; **15**: 431–32.
- 3 Boccia D, Hargreaves JR, Lonroth K, et al. Cash transfer and microfinance interventions for tuberculosis control: review of the impact evidence and policy implications. *Int J Tuberc Lung Dis* 2011; **15** (suppl 2): S37–49.
- 4 Rocha C, Montoya R, Zevallos K, et al. Innovative socioeconomic interventions against TB (ISIAT) – an operational assessment. *Int J Tuberc Lung Dis* 2011; **15** (suppl 2): S50–57.
- 5 Spiegel JM, Dharamsi S, Wasan KM, et al. Which new approaches to tackling neglected tropical diseases show promise? *PLoS Med* 2010; **7**: e1000255.

Medical schools in sub-Saharan Africa

The Health Policy paper by Fitzhugh Mullan and colleagues on medical schools in sub-Saharan Africa (March 26, p 1113)¹ describes the current problems of medical education and the urgent need for scaling up in quantity and quality, but it does not propose a sound solution for the most pressing problem—ie, the scarcity of qualified faculty.^{1,2}

The practice of medicine not only involves biomedical science and knowledge, but it is also an art: the art of applying medical knowledge, the



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