17. CONCLUSION

The work of the Millennium Project Working Group on TB will continue to be closely aligned with the activities and recommendations of the Global Partnership to Stop TB. The Millennium Project, with its contextualization of the consequences of poverty and inequality across a comprehensive range of human experience permits the project to serve as an organizing point within the Partnership to consolidate and develop many of the themes discussed in the recommendations that have already been identified as priority concerns. Areas that will be particularly amenable to optimal utilization of the Millennium Project and its resources are those dealing with community, political, and corporate mobilization, gender issues, the broader health systems context, operational research, and the continued elaboration of the immutable connection between poverty and tuberculosis.

The immediate challenges for not only the TB Partnership but for the entire international health community were clearly articulated by the Director General of WHO, Dr. J.W. Lee, in a speech commemorating the recent 100th Anniversary of the KNVC Tuberculosis Foundation of the Netherlands:

...In fact it is no longer possible to manage HIV/AIDS and TB control programmes separately. About one in three of the people who are HIV-positive worldwide are co-infected with TB. In most cases, people living with HIV die within a few months of becoming sick with TB if they do not receive the proper treatment. HIV is the most powerful known risk factor for TB infection, and escalating TB case rates over the past decade in sub-Saharan Africa are largely the result of this deadly combination.

At the same time, TB programmes face pressing problems even without co-infection. Although large numbers of patients have been successfully treated under DOTS, only one third of all estimated infectious cases were diagnosed and reported by DOTS programmes in 2001. A much stronger support system is needed for health care workers to enable them to increase case detection and cure patients.

The most effective way in which WHO can help to meet that need is by focusing all our work on getting results in countries. Among other things, this will mean channelling more resources and staff into our country offices. They need the means to work more effectively.

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with the local and national health authorities, as well as NGOs and other partners, to build up strong health systems based on primary health care. Especially in the high-prevalence countries, updating and carrying out national TB plans will be a central part of that effort.

Beyond the immediate targets for HIV/AIDS and TB control by 2005, we are looking ahead to the Millennium Development Goals for 2015. These include controlling the major infectious diseases, and reducing child and maternal mortality. The other MDGs are also directly related to health, and they reflect the commitment of the global community to our work. They imply strong support for NGOs like yourselves and the many others involved in TB control. We must all make maximum use of this support so that we can achieve the massive scaling up of DOTS that will be necessary to reverse the trend in TB.

Until recently, the major emphasis of WHO’s contribution to the MDGs was health measurement. The need for reliable data remains important, but we will be focusing more on building up country-level capacity to meet this need. The function of these data will be to help ensure that national plans are designed and implemented to make sustained headway in achieving national goals and the MDG targets.

In addition to KNCV’s hundredth anniversary, this year we are also celebrating the 25th Anniversary of the Declaration of Alma-Ata. It challenged the world to embrace the principles of primary health care and so to overcome the gross health inequalities between and within countries. Its message was "Health for All", and this became the slogan for a movement. It expresses not just an ideal but a principle and a fact of life: everybody needs and is entitled to the highest possible standard of health. It is the obligation of society to meet that need. This has been WHO's guiding principle not just since 1978 but throughout its existence.
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