

## **Private sector has a crucial role to play**

By Jorge Sampaio

Jorge Sampaio, the UN Secretary-General's special envoy to stop TB, is the former president of Portugal

In December during a visit to Kenya, I met a group of young people who gave me a renewed sense of purpose in my role as the UN secretary-general's special envoy to stop TB.

They were girls and boys aged 12 to 14, who had come to the Mathare Depot field in Nairobi to play a football tournament on World Aids Day. These youngsters had also come, under the auspices of Kenya's health ministry and the Mathare Youth Sports Association, to learn more about tuberculosis.

In their bright young faces, I saw Kenya's future. Being able to contribute to their understanding of TB and how to prevent its spread was important to me, knowing as I do that every one of them is at risk. Kenya, like many other African countries, is experiencing a grave epidemic. At least one out of every 400 Kenyans face the prospect of catching tuberculosis this year.

For Kenya, as for other developing and emerging economies in Africa, Asia and Latin America, TB represents both a humanitarian crisis and a limiting factor to economic stability and growth. It mainly affects young adults who should be contributing to shaping their countries' futures.

It does not respect borders or social class. But while it is prevalent among the poor and disadvantaged, it also affects individuals who are literate, have considerable education and earn good incomes.

We have evidence that not addressing the disease is more expensive than treating people. A 2009 World Bank research report showed that countries heavily burdened by TB could recoup 9 to 15 times their investments in TB control. For example, India – which has a heavy burden of the disease but is striving to address it – can realise a return of \$125 for every dollar invested in control.

Half the people who become ill with TB in Kenya are also infected with HIV. Because HIV weakens their immune systems, people infected with both are particularly vulnerable to becoming ill and dying from TB, even if they are receiving antiretroviral and other treatments for HIV.

The two diseases are so closely linked that the dual epidemic has come to be called HIV/TB or TB/HIV.

Many countries are making good progress on helping people with HIV lead productive lives. Some 4m people living with HIV are now receiving antiretroviral drugs. But too much of this investment is being squandered because of inattention to TB.

All people living with HIV should be screened regularly for TB. Those who are sick with the disease need effective treatment, and those without it should receive preventive therapy. These treatments are quite affordable. A six-month course of treatment costs about \$20; and preventive drug therapy costs \$2.

The world faces another threat that represents a serious obstacle to development: multidrug drug-resistant TB. This week, the World Health Organization issued a report which shows that, in 2008, some 440,000 people were ill with multidrug-resistant TB (MDR-TB).

This form of TB is caused by bacteria that are resistant to the most effective drugs. To treat it, doctors must turn to far costlier drugs that have toxic side-effects and can cure the condition only after about two years of treatment. It costs 20 times as much to treat MDR-TB.

We know the best way to prevent the spread of drug resistance – to ensure those who catch TB receive prompt diagnosis and effective treatment.

Governments and their international partners must recognise that health is an investment.

The only successful exit strategy in the struggle against the TB, HIV and TB/HIV pandemics is to include them as part of broader development and poverty reduction strategies, and to strengthen health systems to respond more effectively to the needs of the most vulnerable populations.

The private sector has a key role in making this happen. Businesses with a commercial presence in affected countries have a responsibility to protect their workers against the disease and to help those who become sick to be diagnosed and treated.

They should also support community outreach programmes and contribute to improvements that will enhance control, such as building or upgrading laboratories for diagnosis.

But every corporation, even those without direct commercial interest in affected countries, can make a real difference.

Corporate responsibility projects can educate people, create greater awareness in their corporate communities, and advocate greater investment in research.

This is a time of economic uncertainty, but few would disagree that hopes for the future are tied to the growth of more viable economies and expanded markets in the developing world.

Providing TB care to all who need it is a vital step in this investment. We need new commitments, and we need to turn those commitments into action.