EDITORIAL

Ethiopia is on Track of Achieving the WHO End Tuberculosis Milestone

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Tuberculosis (TB) remains the world’s most deadly infectious disease; it claims more than a million lives each year and affects millions more, with enormous impacts on families and communities. In 2019 alone, 10 million people have developed TB disease worldwide - 95% occur in low- and middle-income countries. Though all age groups are at risk, it mostly affects adults in their most productive years. People with HIV infection are 18 times more likely to develop active TB (1). Globally, TB is the leading cause of death among infectious diseases; a total of 1.4 million people died from TB globally in 2019 - ninety nine percent of deaths occurring in developing countries (1). The other challenge is the rise of drug resistant tuberculosis accounting for an estimated 18% among previously treated TB patients (1).

Ethiopia is one of the 30 high TB and MDR TB burden countries with an estimated TB incidence of 164 per 100,000 population (1). The national prevalence of MDR-TB increased from 1.6% in 2005 to 17.8% in 2014 among previously treated patients (2).

Since late 1995 several TB intervention strategies have been introduced to address the challenges of tuberculosis. In 1995, Directly Observed Therapy, Short Course (DOTS) was introduced to WHO member countries which brought significant impact on TB epidemic. After 10 years of DOTS, The Stop TB Strategy was introduced in 2006 which has helped countries to decrease the burden of TB. As part of the continuous effort, in 2014 and 2015, all Member States of WHO and the UN committed to ending the TB epidemic, through their adoption of WHO’s End TB Strategy and the UN Sustainable Development Goals (SDGs). This strategy and SDGs include milestones and targets for large reductions in TB incidence, TB deaths and costs faced by TB patients and their households.

In the SDG target 3.3, it was grossly planned to end the epidemics of AIDS, TB, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases by 2030. This was further detailed in the WHO End TB Strategy where it was planned to bring 20% reduction by 2020, 50% by 2025 and 90% by 2030 in the TB incidence rate (new and relapse cases per 100 000 population per year) taking the 2015 incidence as a base. Similarly, it was planned to bring 35% reduction in the annual number of TB deaths by 2020, 75% by 2025 and 90% by 2030 taking 2015 as a baseline (3). The three pillars of End TB strategy are integrated patient-centered care and prevention, bold policies and support systems and intensified researches and innovations.

Accordingly, member countries did their best to achieve the milestones set in the WHO End TB Strategy (3). Till now, the progress towards the set milestones in the End TB Strategy is unsatisfactory. By the end of 2019, the world as a whole, most WHO regions and many high TB burden countries were not on track to reach the 2020 milestones of the End TB Strategy. Though the TB incidence rate is falling globally, it is not fast enough to reach the 2020 milestone - the cumulative reduction from 2015 to 2019 remained at only 9%. Of the WHO member states, 78 countries including all WHO European region countries are on track to reach the 2020 milestone.

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Of the high TB burden countries, seven have already reached the milestone (1). Ethiopia is among these seven countries which already achieved the 2020 WHO End TB strategy milestone. The achievement so far needs to be taken as foundation to exert concerted effort in achieving the upcoming more demanding milestones.

The current issue of the Ethiopian Journal of Health Sciences, the first regular issue for the 2021 volume, contains an editorial, sixteen original articles, three review articles, one perspective and two case reports focusing on various topics. Two of the original articles in this issue deals with tuberculosis.

I invite readers to read through these articles and appreciate or utilize the contents. I also urge readers to forward comments and suggestions to the editor or the corresponding authors.

REFERENCES