Death of humanitarian worker major loss for tuberculosis control in Africa

Dr Annalena Tonelli, the Italian humanitarian worker famous for her pioneering work in the fight against tuberculosis (TB), was shot dead on 5 October in the grounds of her TB hospital in Borama, north-western Somalia. The circumstances of her death remain unknown. Tonelli had been treating TB patients from nomadic and refugee families in Kenya and Somalia for 33 years and had helped raise awareness of HIV/AIDS.

WHO Director-General, Dr LEE Jong-wook, described her killing as a major loss for TB control. Tonelli had been instrumental in developing the TB treatment strategy, DOT — Directly Observed Treatment — among communities in Kenya and Somalia. In line with the DOT strategy, she had insisted that patients remain in her care until they had completed their course of medication — an essential element in the prevention of multidrug-resistant TB.

“Annalena Tonelli personified courage and selfless dedication and was a model for TB workers around the world,” said Dr Nils Billo, Acting Executive Secretary of WHO’s Stop TB Department. “Her death is a loss for all of us,” he said. Tonelli’s death has drawn attention to the often dangerous conditions faced by TB and other health workers operating in conflict situations. Such conditions have contributed to a growing recruitment crisis within the TB community (see story below). “Her death reminds us of the perils facing people who risk their lives in the service of the health of others,” said LEE.

Workforce crisis a major obstacle in global tuberculosis control

Tonelli’s death coincided with the release of a draft report at a meeting of tuberculosis experts in the Hague on 7 October citing a growing “workforce crisis” as one of the major obstacles to successful global tuberculosis (TB) control. Poor pay and conditions, unhealthy and often unsafe working environments, together with HIV-related illness among staff, are restricting progress towards the global target of detecting 70 per cent of all new infectious cases and curing 85 per cent of them by 2005, the report said.

Delegates from the DOTS [directly observed treatment strategy] Expansion Working Group, a group of TB experts from the Stop TB Partnership (a global network of individuals and organizations committed to eradicating TB), reviewed the current status of DOTS and its impact on the global targets. The report concluded that a rapid expansion of DOTS across the world is now required if the targets are to be reached. It also identified key constraints including the slow and ineffective recruitment and training of TB health workers in developing countries.

“We are clearly seeing a general ‘workforce crisis’ in the TB community,” said Dr Mario Raviglione, Director of WHO’s Stop TB Department. “The challenge we face with TB is too great for this to occur. Other priority health programmes will also face the same problem,” he said. According to the report, 17 of the 22 high burden countries which account for 80% of the world’s TB cases, said that their efforts to reach the 2005 targets are being hampered by staffing problems.

“We need to promote improved working conditions for TB control staff that are attractive and also an incentive for them to stay working in TB,” said Dr Leopold Blanc, Coordinator of WHO’s Stop TB Department. Other areas for action included enhancing political commitment by raising the position of TB on the development and poverty reduction agendas, intensifying advocacy, strengthening primary health care and accelerating the response to the HIV emergency by speeding up the delivery of antiretroviral treatment to patients co-infected with HIV and TB.

The final report will be released at the Stop TB Partners Forum in Delhi at the beginning of December 2003, when partners will gather to assess the status of global TB control.

WHO launches guidelines to speed up delivery of antiretroviral drugs to HIV/AIDS patients

Experts from WHO’s HIV/AIDS programme are developing a standardized set of guidelines to simplify and speed up the delivery of antiretroviral (ARV)