



Fighting tuberculosis: from 1993 to 2035 during the COVID-19 era

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TO THE EDITOR:

Since the declaration of tuberculosis as a “global emergency” in 1993 and the United Nations General Assembly high-level meeting on tuberculosis in September of 2018,⁽¹⁾ we recognize that progress has been made. However, this progress is fragile given the magnitude of the challenge put to world leaders, particularly the goal of eliminating tuberculosis as a public health problem by 2030 in order to achieve the United Nations Sustainable Development Goals.⁽¹⁾ An enormous effort is required in order to end the tuberculosis epidemic in all countries by 2035 as outlined in the WHO End TB Strategy, which is aimed at reducing tuberculosis mortality by 95%, tuberculosis incidence by 90%, and catastrophic costs by 100%.⁽²⁾ Tuberculosis remains a serious cause of illness and death worldwide, especially in developing countries. The year 2020 was the first WHO milestone for ending tuberculosis by 2030, but it was also the year in which COVID-19 was declared a pandemic, making 2021 a crucial year for tuberculosis elimination. Each year, we recognize the 24th of March as the World Tuberculosis Day.

Given the serious nature of the tuberculosis epidemic in Brazil, a multisectoral approach is required in order to control it. The *Rede Brasileira de Pesquisas em Tuberculose* (REDE-TB, Brazilian Tuberculosis Research Network)⁽³⁾ was launched in 2001 and has been a model for other countries since then. The REDE-TB has had a significant role in tuberculosis control in Brazil, especially in the last decade, contributing to the inclusion of research and innovation in the Brazilian National Tuberculosis Control Program agenda. The REDE-TB has changed the research scenario in Brazil over the last decade, with a significant number of new studies and collaborations resulting in the 2015 Brazilian National Tuberculosis Research Agenda, in response to the WHO End TB Strategy.⁽⁴⁻⁶⁾ The REDE-TB is currently part of the Brazil-Russia-India-China-South Africa Tuberculosis (BRICS TB) Research Network, with a research representative from Brazil.

Brazil did not achieve the 2020 WHO milestone for ending tuberculosis by 2030, and, at this rate, it is

unlikely that it will achieve the 2030 and 2035 targets. Unfortunately, at a time when intensified research is needed, Brazil is facing a dramatic reduction in federal funding for basic research. It must be recognized that the burden of tuberculosis in Brazil contributes to the high burden of the disease in the world. In addition, health services in Brazil have been affected by the COVID-19 pandemic, particularly tuberculosis services. Actions taken in response to the COVID-19 pandemic will have far-reaching consequences. Hogan et al.⁽⁷⁾ found that disruptions to tuberculosis services during the COVID-19 pandemic could increase the number of deaths from tuberculosis by up to 20% over five years. This might be due to reductions in timely diagnosis and treatment of new cases.

The fact that many tuberculosis health care providers in Brazil were assigned to provide COVID-19 care had a major negative impact on tuberculosis care. As a consequence of the negative impact of the COVID-19 pandemic on tuberculosis services, the Brazilian National Tuberculosis Control Program has reduced screening for latent tuberculosis infection among asymptomatic adults and adolescents in contact with individuals with active tuberculosis; this can lead to delayed diagnosis and treatment of new cases.⁽⁸⁾

Another challenge presented by the COVID-19 pandemic is the increased poverty in Brazil, which will have a negative impact on the indicator of catastrophic total costs due to tuberculosis. The current economic recession can have a significant impact on household financial capacity because of a reduction in income and an increase in unemployment, close monitoring, and effective actions to fight poverty being required.⁽¹⁾

The scenarios described herein will require a joint effort from the government, academia, and society in general. There is a need to improve tuberculosis testing, treatment, prevention, and research. In order to do that, a massive and committed investment in research and immediate knowledge transfer to society are required.

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