Ending Tuberculosis: A Global Responsibility We Cannot Ignore

What if tuberculosis (TB) were no longer a global health threat, because we finally treated it as a shared responsibility? As we look ahead to the World Conference on Lung Health (WCLH), I believe it's time to turn a shared risk into a shared investment, and in doing so, affirm the value of every life.

Every second, someone dies from TB. More than 1.3 million lives are lost each year, yet the world barely notices. Over 10 million people fall ill annually, facing not only disease but stigma, mental distress, and economic hardship. TB does not just attack lungs; it fractures families, futures, and communities.

One in four people globally carries latent TB, which can reactivate - fueling future outbreaks, including drug-resistant strains. Its persistence is driven by poverty, overcrowding, malnutrition, HIV, and even climate change.

The disease spreads silently, weakening economies, deepening inequality, and threatening health security everywhere.

While most cases occur in 30 low- and middle-income countries, TB is resurging in regions once thought safe. For example, TB cases in England increased by 13.6% in 2024 compared with the previous year, according to the UK Health Security Agency, the second consecutive year of significant growth, following an 11% rise in 2023. A lack of control of TB in one region of the world is a threat to all.

This is a global problem, but I believe there is an African solution. Mozambique is among the 15 countries with the highest TB burden. Yet it also demonstrates how progress is possible through partnership. The government, through its National TB Programme, has worked hand-in-hand with our teams at ADPP Mozambique and the Humana People to People Federation. Together, we have built a model of community-driven TB control that combines early detection, treatment support, and education. Over the past five years, ADPP's community health teams have screened more than 6.4 million people, diagnosed over 108,000 TB cases, and raised treatment success rates for drug-resistant TB from 71% to 82%, while cutting deaths from 14% to 9% across four provinces. Through the OneImpact community-led monitoring system, problems are identified and solved in real time, further improving detection and treatment outcomes.

Through this work, we know the human face of TB. We urge all those attending the WHLC to consider the people we reach every day in our communities. Cases I've personally been involved with include Maria from Mozambique, who was cast out of her home when her sister believed her TB was caused by a spirit. Left on the street with her two children, she faced the disease alone, until a community health worker found her, helped her access treatment, and supported her recovery.

Then there is Jorge, a father of five, who fell ill with multidrug-resistant TB and could no longer work. His family lost their income and could not afford enough food to sustain him through treatment. Weakened and desperate, he abandoned therapy, putting himself and others at risk.

Community-based approaches that understand these realities and meet people where they are, are not only saving lives; they are cost-effective. The cost of community TB prevention, active case finding, and home-based treatment support is far lower than the economic and human cost of uncontrolled TB.

Without adequate investment, TB will continue to kill over 4,000 people each day, infect more than 43 million others, and drain an estimated US$1 trillion in lost productivity.

Yet the cost of ending TB worldwide would be only an estimated US$250 billion between 2023 and 2030. Every dollar invested could generate up to US$40 in economic value, and even more in low and middle-income countries. There is huge potential upside to our economies and more importantly our humanity, from eradicating TB worldwide.

Encouragingly, we already have the tools to fight TB; what is missing is scale, coordination, and sustained investment. COVID-19 showed what can be achieved when urgency, funding, and political will converge. Trillions were mobilized to protect economies and lives. Ending TB would cost less than 10% of global military spending, a small fraction to end humanity's oldest pandemic.

While governments work to strengthen domestic health financing, there is an urgent need for philanthropic foundations, private companies, and impact investors - both international and domestic - to step up.

We must come together and fund community-led TB programs, proven to be cost-effective in finding and supporting people with TB. We must expand access to rapid diagnostics to detect TB early and stop transmission. We must invest in new TB vaccines and ensure equitable rollout to protect future generations. And we must support domestic and regional investment mechanisms that help African countries sustain TB control into the future.

If the world could mobilise unprecedented resources for COVID-19, we can do the same for TB. When we invest in people, dignity, and resilient communities, we not only save lives but strengthen economies and unlock our collective human potential. Those meeting at WCLH and beyond must prove that global solidarity is more than just words.

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