The Impact of the COVID-19 Pandemic on Tuberculosis Services

Dear Editor,

Severe lack of funding and resources meant that struggling tuberculosis (TB) services were weak and ill-equipped to deal with the simultaneous coronavirus disease 2019 (COVID-19) and TB pandemics (syndemic).[1] Furthermore, unsafe and challenging working conditions, exacerbated by the reallocation of staff, diagnostic platforms, and beds to tackle the COVID-19 pandemic, saw significant reductions in the number of health facilities offering TB diagnostic and treatment services.[1] Consequently, case detection and treatment enrolment in 2020 fell by 23% (compared with 2019) among the nine countries accounting for 60% of the global TB burden,[2] thus eliminating 12 years of progress in the global fight against TB.

This sharp fall in case detection and treatment may potentially have medium to long-term consequences on the TB burden. Excess deaths could skyrocket, with predictions suggesting an additional 1.4 million TB deaths attributable to the COVID-19 pandemic between 2020 and 2025.[3] The stage at which patients present is also changing, with patients diagnosed during the COVID-19 pandemic showing more extended pulmonary forms than ever before.[4] Moreover, there has been a rise in latent and active TB infections in children of infected patient households due to lockdown measures and isolation.[4]

It is still unclear as to whether the imposition of infectious control measures has helped stem TB transmission. Evidence suggests that transmission is reduced for both social distancing and mask-wearing, although it is unknown how strong these transmission-reducing effects might be on TB.[5] Various models adopted a central estimate of 50% for transmission reduction.[6] For severe disruptions (3-month lockdown and a 10-month restoration), results suggest that TB incidence could increase by 3%–9% between 2020 and 2025.[4]

To help mitigate the impact on treatment services and reduce crowding, 100 countries provided TB patients with a 1-month or more supply of anti-TB drugs at home.[1] Although effective as a short-term solution, longer regimens have been shown to reduce drug adherence rates in latent TB infection patients. In addition, the remote implementation of directly observed treatment by trained community workers could significantly improve treatment conclusions for these patients.[7]

The expanded use of remote advice and support, driven by the necessity for continuity of healthcare services, can solve long-term issues hampering TB eradication. The successful implementation of "telesalud" in Argentina shows us its potential benefit for TB services.[8] Teleconsultations improve access to care for patients with financial and geographical barriers, as well as reduce overhead costs for healthcare services.[9] Furthermore, it also allows patients to access care discreetly, mitigating personal and community stigma.

The pandemic has impacted health services, but it has also had severe negative implications on the global economy. Millions of precarious employments, reliant on sectors such as tourism, have become redundant. The World Bank estimates that a further 88–115 million people will be forced into extreme poverty,[10] a significant socioeconomic risk factor for TB. The rise in poverty has been met by a fall in nonmedical support services and national and international aid. 70% of Kenyan TB patients reported not receiving enough support during the pandemic.[11]

Furthermore, the significant economic contraction has forced countries to reallocate resources, originally meant for TB services, to the COVID-19 response. Although the COVID-19 response mechanism of the Global Fund has allocated the additional US $1 billion to help mitigate impacts on TB, HIV, and malaria,[12] it falls far short of the funding pledged by countries at the UN high-level meeting on TB in 2018. At last, the pandemic has significantly heightened interest and awareness in infectious respiratory disease. Therefore, the media must continue to highlight the disruption of TB services and the needs of TB patients to help push political commitment and investment to eradicate TB at a global, regional, and local level. Victory comes from finding opportunities in problems. Years of struggle combating TB cannot be lost in a single battle.

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Conflicts of interest

There are no conflicts of interest.

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