



Profile of Tuberculosis problems in Romania

Profile report author Brian Douglas

December 2013

Brian Douglas is a British born director of The Dutch registered NGO-Stichting Romanian Children's Humanitarian Foundation, living in Romania for almost 20 years working in the domain of Tuberculosis education and prevention in collaboration with The University of Medicine & pharmacy Clinic nr 1 Hospital of Pneumologie Iasi.

Contents

3. **Headline findings.**
4. **A complete lack of multi-disciplined approach is hampering TB reduction**
8. **Free TB treatment is not enough to address the problems faced by TB infected patients in Romania!**
8. **Miss-representation of TB in Romania doesn't help!**
9. **The TB stigma is a major hurdle to be overcome**
9. **Addressing pediatric TB**
10. **Immigration and cross border TB problems to address**
11. **Final conclusion**

HEADLINE FINDINGS

- 1. Today a full 24 years after the downfall of communism Tuberculosis still remains a major public health problem in Romania with its highest rates of TB of any European Country.**
2. There is a total lack of co-operation and a complete lack of understanding on how to address the massive TB public health problem faced by the nation, the proof of this being that since 1990 TB rates have barely decreased, pediatric TB rates have increased, plus rates of MDR-TB are also in the last years rising rapidly.
3. Tuberculosis in Romania is a national public health problem but there is simply no multi-disciplined approach to address the problem within the Country. The actual source of TB infection has never in the last 24 years been addressed.
4. Out of 24 million USD in the 2013 TB financing control budget only 32% is funded domestically with a further 10% from the international community, which leaves a massive 59% unfunded shortfall. (W.H.O 2013 report)
5. TB is in the vast majority of cases fully treatable in Romania if caught on time and if the patient follows the full course of treatment prescribed and advice of the medical specialist including in all follow up outpatient clinic medical checks after being allowed home from basic treatment in Hospital. TB treatment is not a problem in Romania as TB specialists are highly qualified and the country uses the internationally acclaimed DOTS observation system in TB control the same as European counterpart Countries. MDR-TB treatment is a different matter because of the serious lack of effective medication to fight MDR-TB.
6. Because of a lack of multi disciplined approach to the TB public health problem there remains a huge stigma attached to anyone who is even thought to be in contact with TB.
7. For millions of Romanians (population estimate 22 million in 2012 by W.H.O) lifestyles and living conditions have hardly changed in the last 24 years thus public health problem remain within the family homes of many families and at the workplace alike.
8. Far more than basic funding is required to resolve at any level Romania's huge TB burden over the next 6 – 10 years. (see 3 above.) and must include cross border special attention in treatment regimes.
9. A national TB campaign needs to address all of the population and all levels of Romanian society.
10. TB funding needs to reach cities and towns in all areas of Romania, not just within the Bucharest catchments area.

A COMPLETE LACK OF MULTI DISCIPLINED APPROACH IS HAMPERING TB REDUCTION

Tuberculosis is far more than just a public health problem because it is a **national problem** affecting the wellbeing and prosperity of any nation.

In the case of Romania, which is one of the poorest countries within the EU the problem of TB, has a far greater effect on the population. Every working day lost means a loss of production to a company no matter whether a state owned or private company and in turn a loss of income for the affected salary earner with an ongoing effect within their family. **Romania simply cannot afford these constant losses** with such high rates of TB and the severe knock on effect to the country and population at large.

Surely the one of the first fundamental right of a human being to live healthily is still being contradicted in Romania 24 years after communism by the simple fact that we have the **highest percentage of TB** in the EU and the general health condition of the population is in almost in free fall.

The labor minister Mrs Cimpeanu in Government recently admitted that **terrible poverty** affects more than half the nations population. In this context also can be seen from official statistics that out of the approximately 8 million Romanians capable of work, only half still have a job, whilst many others lost their jobs so long ago that they can no longer collect unemployment benefits. Hard **often-unseen** poverty leads to a painful increase of the number of malnourished citizens including children, along with all the medical consequences of such a situation. A large part of TB treatment requires a special regime diet of healthy foods, but with such hard-hitting poverty **few if any TB sufferers can afford such a diet.**

Education is also under the Romanian constitution a right of every child in Romania, but what is written in law and what is applied are quite different with the proof that **school abandonment exceeds 20%**. Children should receive public health education in schools, but few do and this is offered mainly by NGOs. Unless there are changes in this regard children who are future adults will have a no better knowledge of serious health subjects like TB, HIV/ AIDS, Hepatitis than their parents had in the communist times.

Prevention comes with education, knowing the subject at hand in this case Tuberculosis including the signs and symptoms, were to get help when you feel ill, why to go straight away and not wait until all the family is infected, how to overcome any misgivings and also to address positively any stigma attached to TB so that all members of the family know how to address the problem should it appear at your door. Education on basic living conditions, personal and in house hygiene standards to observe, education on the subjects of tobacco, alcohol and drug abuse and its direct relationship with TB, plus education on the immune system of the body. All of these subjects should in a country, which under its constitution offers education, be a basic right not only to children, but also to all members of the population.

It's far too late on many occasions that many with TB infection see a first TB education poster when being wheeled into a TB hospital on a trolley from an ambulance – The message here therefore appears to be....'**You're infected now and need treatment as education passed you by in effect.**'

Indifference to Tuberculosis needs to be addressed. Under communism in Romania all was controlled by the state and now 24 years later under capitalism the Government of the day via its ministries and departments governs the nation, but there is a **lack of coordination** in the case of Tuberculosis and I might add other serious health problems also. This phenomena has been and still remains the case with every post December 1989 Romanian Government.

Tuberculosis is not just a problem for the health minister to address, but is for a **multi disciplined combination of ministers** to address if ever the TB burden on Romania is to fall significantly in the future.

A multi disciplinary approach. Massive social problems caused by poverty, poor living conditions, lack of employment especially in rural areas and amongst the young school leavers, which all help in one context or another to health problems including TB means in my book that a **minister of labor** should be sitting around the table to address the huge TB burden that is affecting the nation including its output production with the health minister. Considering the amount of Romanian's that are and have migrated also to work in other countries in recent years one would also add this as to why the labor minister should be vital to any TB initiatives with the health minister. The **education minister** also should be present as **education is a major key to reducing TB in Romania** and this ministers role is vital to a campaign of national TB education as would be the massive **Romanian news-media** including the head of the TVR state TV television station and directors of private TV companies and radio stations, plus press companies including an initiative for local TV, radio and press.

The Romanian news media in the last 24 years has on accession produced reportage of TB infections in certain areas and yearly World TB day reportage, but they have the ability to do far more. A full TB educational campaign taking the message of TB education right into the homes of millions of Romanians over a set period would be a first positive step!

A short burst TB clip before the main film at weekends or before sporting events or in the interval of chat shows watched by the masses would be a good start and on Saturdays in the interval in children's programs of the day.

In the above respect also the **minister for culture** should be involved in TB promotion via education as via cultural events again TB can be addressed is a very traditional way by dance and music and theatrical events here in the latter aimed at children.

Medical specialists in the TB domain including **pediatric TB specialist** and including specialist from outside of Bucharest in the poorest areas of Romania also would need to be in and around the table as they are the professionals who recover the TB patient back to health and know the difficulties faced in care of TB patients. **TB trained Social workers** should be included and again from all areas of Romania a representation as these wonderful people are at the forefront in many disorganized and/or traumatized families were TB has entered the family door. **Members of the Church** and of all domains in religion should be present as they offer much needed spiritual to the sick.

It would be **vital** that the **Fiancé minister** be at the table in any multi disciplinary team especially considering that there is a **TB 59% shortfall in funding** in the country (WHO 2013 report)

New ideas, thinking outside the box and **real initiatives** that are sensible, plus a **can and will do attitude** are what is lacking in the TB domain in the last 24 years in Romania overall and this must be changed if TB will ever be reduced within this country in the future.

Finance is available to meet budget demands to address TB in Romania!

In a 24 Million USD TB budget for Romania to address TB if out of that 59% is unavailable then one must ask why?

In the last year alone **hundreds of millions of Euro have been used on NON essential projects** that have shown **little or no direct benefit to the population**, plus millions of Euro are siphoned off yearly and have been for years in the **underground black market** which no one in power in the last 24 years has bothered to address.

A fraction of these funds would have resolved the TB budget shortfall and would have added millions extra to pay for a national education and prevention project to become a reality over start 6-month period to reach every home and every person in Romania!

In this way the stigma attached to TB could be **killed dead once and for all tomorrow!**

A social budget to address poverty as demanded by the EU **which Romania has never addressed in the past 24 years** could start to also have effect if Government ministers started to act with responsibility to the population that voted them into power and deserves far more all these years after communism than it has to date received. TB could also be addressed in state institutions **including children's home conditions** and those in **prisons** where TB in the latter is rife because of outdated and unhygienic conditions within the **penitentiary system** in Romania.

Again here there are **affordable solutions** that need urgently to be placed on the table, debated and **acted upon** especially for families of TB infected patients in hardship cases of which there are a multitude. Every year EU emergency food supplies arrive to hand out to social families and pensioners, but the system of distribution is **extremely precarious** and so often leaves the most needy without, yet this aid is the very support these extremely vulnerable families with children urgently need and would make a huge difference to their health via a healthy food intake within the family.

Each year after distribution and sometimes long after distribution we see reports of warehouses and deposits where EU food aid **undistributed** has suddenly appeared and sadly is often out of date or has been eaten by rodents and has to be destroyed. In this case the whole distribution and accountability of EU food aid requires a serious control at all points of delivery and storage by independent non-political bodies.

It would not be impossible to draw up a project a minister level in Government to allow allocation of **EU food aid to the families of TB patients** undertaking treatment both in hospital and for say up to 6 months after whilst in outpatient treatment regime. Because of sheer poverty left to face by the family of a TB patient whilst in hospital with no social back up at present to cover the family basics we have weekly many TB patients who simply **get up from their beds and renounce on their treatment to go home** and try find a days work to put vital food into the stomachs of their family members who are also often children of a tender age.

THE RESULT IS AFTER A SHORT TIME RE INTERNMENT IN HOSPITAL BUT NOW INFECTED BY FAR MORE SERIOUS MULTI DRUG RESISTANT TB (MDR-TB)

Thinking again outside the box and it is well known that millions of Euro of food is binned each year by supermarkets, supermarkets and small stores alike, not to mention freshly grown agricultural produce that fails to fetch a market price and is re ploughed back into the ground. This all proves that basic food prices are far too high to start with!

With food store, **hypermarket food once it appears in the last week** of availability date wise this food rather than being reduced by around 5% which still makes it unaffordable to most people including pensioners on their meager pensions could be allocated to the families of TB sufferers whilst still in its last 7 days of shelf life. After all it will in a few days be binned anyway at a total profit loss to the company, so why not allocate to the good of TB sufferers and put a bit back into society that keeps these hypermarkets in business!

In order to even address any of the 2 ideas above that would help TB sufferers and their families a whole new approach to **local authority mentality would have to be addressed**, such are the problems of sheer incompetence often at local level. Romanian needs also at **local level officials** who have a can do and will do attitude and who have the ability to observe best practices at all times within the dealings within their community.

Its an absolute abuse to use EU funds to build a play park or ice ring in a village that still has beaten earth soil roads, water wells that are never year on end tested for water quality and many more serious infrastructure problems not to mention the number of rural schools without heating in the winter, medical village surgeries alike that are in a sheer state of dilapidation and are in need of modernization, yet this happens in Romania and until local ideas in authority fuelled by political aspirations of all parties changes ideas of safe, secure and on time food aid to the urgently needed **TB sufferers families will remain a dream**. The whole mentality needs to change and this must come from a strong and competent and morally correct government and filter down quickly to local level so that vital services can be addressed with success as are urgently required in TB domain in Romania.

I visit families weekly in the north east of Romania where poverty and hardship is rife and know these families through and through and its painful to realize that many live on less than **20 Euro per week**, some

being by state benefits, others including child allowance and for other who can gain seasonal agricultural work again because of black market practices only a low amount is paid for what is often back breaking manual work. Many pensioners have such low pensions that they simply likewise cant afford to eat anything like the recommended healthy 3 meals a day and make do with one meal that is often the cheapest and unhealthy of foods available. After all what else can you purchase on a pension as many have in Romanian society today with no more than **15 – 17 euro a week** to feed cloth and heat your home with after a lifetime of work for a communist state that is no longer there to support and a new regime that fails to address real needs of both pensioners and the masses who are in hard poverty.

POVERTY IS NOT A CRIME AND SHOULD BE ADDRESSED BY THE ROMANIAN GOVERNMENT AS IT AFFECTS THE HEALTH OF THE NATION...ONE OF THE NATIONS FIRST FUNDAMENTAL RIGHTS OF A HUMAN BEING TO LIVE HEALTHY LIFE!

A major public health problem associated with TB that has never been addressed is the problems of tobacco, alcohol and now in recent years rising rates of narcotic consumption especially amongst young people, but not only associated to this age group.

All of the above are major factors in any illness affecting the population and are of special significance in TB infected persons many of whom go home after hospital treatment and with **no local dispensaries** to make local TB controls fail to take their ongoing TB medication and return to their former ill healthy lifestyle and soon are TB patients for a second or even third time back in hospital. Local authority based social workers in Mayors offices make few family visits and are often only alerted to a problem after it has become grave and suffering has taken place. In the case of TB patients local authority social workers are simply untrained in the subject and unaware of the sick one within their community, thus local vital home visits and checks are not made. Local TB dispensaries are **vital to TB control** and should be made available and staffed at local level via local authority budgets including in the large rural areas where TB thrives in Romania.

Social workers in TB hospitals are on the other hand **true professionals** but are in every word of the domain overstretched and unable to cover on a much needed basis every patient on a home basis in a county who requires TB control and support, plus are under funded in their valiant work.

Family doctors are overstretched in their small often outdated surgeries and in many cases do not **‘think TB’** in the first instance when a patient is in front of them with symptoms as the symptoms are similar to other pulmonary infections also. Here a national TB screening policy would have a great effect, but again to encourage people to attend for simple TB test would be like trying to move earth over the moon and bring it back again such are the problems associated with a breakdown of relations between the public and many cases and healthcare providers of the state. Many fear attending the family doctor often because of the simple fact they have **no funds to pay for medication prescribed** and the medication prescription is simply binned by the patient who cant afford the vital drugs that will return them to good health. Take a family with an income of 20 euro a week with say 2 children and often families have far more children than this. For this family a prescription for medication prescribed by a family doctor even with Romanian health insurance paid by the family can easily still cost depending on drugs and how many are prescribed 10 – 15 euro or more so what to do as if the prescription is cashed the family is left with hardly any food money that week or heating funds.. This hardship is unseen by the foreign person as with great respect the Romanian family hides its embarrassment and suffers behind closed doors, but living here 20 years as I have I am privy to many cases over the years and thank the families for allowing me into their homes and allowing me to offer what support I can via the NGO I represent.

I point out that there are millions of Romanians who have no health insurance as simply **cannot afford** this including not only in families in great difficulty but also those who live rough on the streets of all ages and for them even trying to get healthcare is a nightmare at any level when ill and they have no chance of preventative healthcare or health education, yet are amongst the **most needy and vulnerable groups** in Romanian society.

FREE TB TREATMENT IS NOT ENOUGH TO ADDRESS THE PROBLEMS FACED BY TB INFECTED PATIENTS IN ROMANIA!

Anyone would support any free medical treatment when ill and thanks to the Romanian health authorities that recognized the need to support TB as a special case free treatment was given a green light. It was of course a major step forward and can only be congratulated upon as **removes treatment cost** for TB infected persons of all ages in Romania. A similar move to provide free TB treatment was also followed by the Republic of Moldova whose country also has high incidences of tuberculosis amongst the population.

There are though because of hard poverty a high unemployment rate and many other **social factors** affecting Romanian lifestyle and other initiatives that **do need to become part of TB overall care** in a real effort to stop the spread of TB and also to stop the spread of MDR-TB in Romania.

TB treatment takes a long time and this is a main reason why so many shy away from treatment and/or renounce on treatment to go home as there is simply no back up support of any material or financial nature for the family left behind. This point I have already addressed in a previous section of this report and will add that until a viable solution is found, agreed and most of all acted upon we will still have this shying away from the full course of TB treatment and the continuance of rising MDR-TB cases in Romania.

Faster modern diagnostic methods need to be introduced so that treatment times can be cut shorter and these are available for example within the US and certain EU countries.

New modern and faster acting TB treatment drug therapy that will reduce lengthy treatment times including drugs with less toxicity need to be developed and with such high incidences of TB in Romania there could **be no better place** for scientific research to begin. Antibiotic the leading Romanian TB drug treatment producer in Iasi should be given state support to help develop new TB drugs, as should other medical research companies.

TB is such a huge medical problem in Romania that it **requires special status**, something it has never received in the past 24 years so that the problem can really be addressed and this must come not only from Government as the huge private sector has a part to play also!

Though Tuberculosis is treatable by Romanian TB specialist who do outstanding work their job would be made far easier if there was on the table a new package including a fast resulting TB diagnostic method, shorter treatment times from new drugs and social back to for families of TB patients to avert renouncing on treatment. After all when we are all ill and if in Hospital for a long period its not just the drug therapy that helps make us well again but also the state of our minds which must be at peace and if we know that back home there is no food for our children, then naturally we worry and **this affects our total recovery!**

MISS-REPRESENTATION OF TB IN ROMANIA DOESN'T HELP!

TB is described time and time again **wrongly** in Romania as a disease of the poor and this is untrue. The simple fact is that Tuberculosis is passed from one person infected with TB to another uninfected person via the air we breathe including by coughing or sneezing in close proximity of an infected person. Anyone **no matter what social status**, wealthy, middle class or poor can and does become infected with TB if and when the right settings appear between an infected and non-infected person and/or persons.

The truth is that because of sub standard living conditions, poor diet, lack of exercise in fresh air, Living and working in places and rooms that are full of stale air including fumes from wood burning stoves, failing to open windows to allow clean air into a room and stale air to escape and in many cases a lack of basic education within many of the marginalized families all adds to the fact that Tuberculosis does in fact **thrive more** amongst this sector of the population in Romania.

Living standards need to be raised considerably especially in rural areas as well as in certain urban areas alike. I know villages that gained EU funds to provide a water filter & sewerage pumping station for

residents over 2 years ago and still today these buildings remain finished but still not in use, hence the terrible smell in bathrooms of those who have been able to modernize their dwellings but who still have no clean air within. Here local authority mentality needs to change, as do local service providers. Many pride themselves in the fact that Bucharest the capital city is described as the **little Paris of Romania**, but each time there is heavy rain fall the streets look more like **Venice** than Paris as are flooded and in with this flooding comes affluent that is a **serious health risk** and this phenomena also affects other major towns and cities in Romania year after year. Rubbish is strewn on the roadsides outside the towns and in places that are used daily by local passers by and here is another health risk that needs addressing for public health safety of all citizens. All of these problems and more do come into the TB domain one way or another and so one can see as I stated earlier in this report that TB is not simply a medical problem but is a major public health problem that affects the whole population.

THE TB STIGMA IS A MAJOR HURDLE TO BE OVERCOME

TB frightens Romanians because there is a terrible and **untrue stigma attached to tuberculosis** within the country and has been for years. Many believe it's a disease only of the poor – **FALSE**. Many believe it's a disease of dirty people – **FALSE**. Many believe it's a disease brought by ethnic Roma people within a community – **FALSE** in fact the reality in Iasi county shows that Roma people are not the main sufferers of tuberculosis! Some even believe that TB is because you are blessed by the devil – **FALSE** and there are many more stigmas attached to TB that all put together are miss-informing the population on the reality of the subject.

Few will talk about TB, most deny that it affects their community and say they don't know anyone that has suffered from TB. TB patients are reluctant to talk openly about their TB problem despite the fact that under treatment they soon become non infectious of TB for **fear of being stigmatized**. Families of TB patients are **known to shun** the infected relative even when clear of the infection and home. Employers fail to re-employ former workers who have had TB and few will entertain a new employee if it is discovered has had TB before in their lives, **such is the fear** driven by the stigma of TB in Romania still today.

Actually I agree with Prof Dr Traian Mihaescu (Clinic 1 Hospital Medical University of Pneumologie, Iasi) who recently placed the TB subject regarding false stigma **into real context** when he stated that a TB patient once under a TB treatment regime soon becomes uninfected of TB and as such would be the only person in a room who you would be **certain of that had not got tuberculosis**, but sadly the public fail to think like this and fail to see the truth of the subject.

It is clear that again as stated earlier in this report that Romania urgently needs to **adopt and put into action** a full TB educational project that will allow the public at large to become acquainted with the reality of the subject, **will overcome** by opening up the subject of TB stigma and exposing it for what it really is and will also teach in the **simplest way possible** so that all people from the youngest child to a pensioner no matter how good their basic education can understand the very basics. Here it's vital to include signs, symptoms of TB and the benefits of getting straight without waiting to the family doctor. If for instance a person knows that if they do become ill with TB that they will have to be hospitalized for a certain period then its easier to **accept when non infected**, rather than having to accept this news when its too late and they are sick with TB. **Forward thinking and acting** can and does help in healthcare and a family can in such circumstances decide well before such an event **what action** they and their family could or would take if say the breadwinner was taken sick with TB and was out of action for some time.

ADDRESSING PEDIATRIC TB

Pediatric TB infections are **far too high in Romania** with children of all ages being interned in pediatric TB sections of hospitals for long periods as current treatment regimes demand. Within this time hospitalized the child **loses out** on vital education, which can in many cases **never be caught up** on again and as such affects their very futures. There is in effect a lack of a **qualified teacher** to help children overcome their educational loss of time whilst recovering in hospital. This important aspect again would be

for to be acted upon by the **minister of education** in any round table debate and action on the TB subject and is another clear reason why ministers from many departments, **not just** health care should be involved in addressing strongly tuberculosis subject in Romanian today.

I know from nearly 5 years of hands on experience in a pediatric TB unit in the late 1990s to early years after 2000s that children suffer often **deep trauma** when in hospital for a long period of time, especially when unoccupied. The effect for many is the trauma of being away from a **loving family for** the first time in ones young life and here I mention from a knowledge of 20 years that Romanian families are indeed very close knit, thus the trauma is more so for these children. Adding to this trauma is the fact that with **no rural** TB units these children are obligated to be treated in often far away City or town Pneumologie hospitals. Not only is there a lack of education for the TB infected child in hospital under treatment but there is also a lack of recreation. A good initiative would be therefore to set aside a **joint play and educational room** so that children could be occupied constructively in groups thus allowing them less time to dwell on their personal problems and this all helps to a child successful recovery from TB. Accredited NGOs could well play a part in funding this kind of project working under the approval of the hospital manager and Her/His team.

Parents and relatives I know also suffer trauma to when their child is hospitalized often far away from their community as often because of hardship they have **no funds** to visit their child. Children of course feel this when they don't see their parents or a loving relative for days on end and for the youngest of child this is frightening. **In total** this impedes a swift recovery overall and again this vital aspect of pediatric TB care needs addressing for the sake of the child.

IMMIGRATION AND CROSS BORDER TB PROBLEMS TO ADDRESS

Immigration of citizens across international borders including within the EU and EEA countries has in recent years accelerated as more and more citizens including Romanian's search for a new life and new opportunities in a foreign country that can offer **better prospects than back home**. For many a decent salary means that they can forward funds back home to their family in a country were there is **no chance** to match that salary and here I am speaking of all classes from Professionals to unskilled workers.

They're however health risks associated with cross border travel in the TB domain. Sadly there is no cross border facility to accommodate TB treatment **on a follow up outpatient basis** from one country to another. If a Romanian working in The Republic of Moldova for instance falls sick with TB they will get the same free treatment as back home, but once they leave the hospital to continue their equally important outpatient part of the TB treatment regime they will if they cross back into Romania be lost in the system as there is no cross border follow up of medical information that is **vital** to the case of the recovering TB patient. This applies also in reverse should it be a citizen of The Republic of Moldova, who may be a student or worker in Romania who falls ill whilst in the host country with tuberculosis. Likewise There is no information on TB at international borders to **alert people to the subject** or giving information of where to get help if they suffer TB signs and symptoms.

This important aspect of TB care across international borders could easily be resolved by the creation of a **cross border TB health card** that could be given to any patient in a host country to take back and hand to their medical practitioner once home. The TB healthcare card would contain patient full identity details, Hospital they were treated in, name and a telephone number of the TB specialist who treated the sick person, date of admission, diagnosis result, treatment regime applied, date of final treatment administered and list of treatment drug therapy, plus date of being external from the hospital with any extra recommendations.

On arrival back in the patient's home country they would simply then pass the TB health card over to their **own medical practitioner** who could then arrange the required ongoing outpatient treatment.

Final conclusion

24 full years after the end of communism should have resulted in a **healthier population** with Tuberculosis no longer being a major health problem to the nation and its population. Tuberculosis is not cancer and after all **fully curable** in the **right setting** in the vast majority of cases and that is a setting that Romania should have attained long ago.

The Romanian population **deserves** to be rid of the label of leaders in Tuberculosis in Europe and have a basic right to see that TB is addressed as a special case in their country **for the well being of every person** and their futures.

There are viable solutions but only a **new approach** with a real will to combat Tuberculosis on a **can do and will do** basis will achieve the vast reduction in Romanian TB infections that are thwarting both the nation and its fine people.

The Romanian Children's Humanitarian Foundation –NL compiled this report on Tuberculosis in Romania.