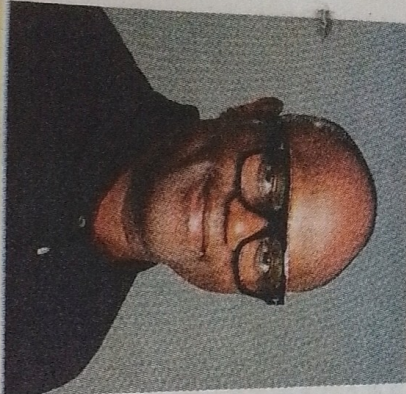


memory, and ambition converge. Built on sacrifice and intuition by first-generation founders, disciplined by the second, and rested most severely by the third, family enterprises sit at the fault line between legacy and modernity. That fault line is widening. Across Africa and beyond, the statistics are sobering: nearly 70 per cent of family businesses fail to transition to the second generation, and close to 90 per cent do not survive into the third.

The usual explanations, weak governance, informality, emotional decision-making, unclear succession, are familiar. Yet they

The future can be bright in the fight against TB



DR. MOROUNFOLU (FOLU) OLUGBOSI

As we start the new year, contrary to what you may have heard, Africa can build on significant progress against a disease that has long plagued it – tuberculosis (TB). According to the World Health Organization's annual report on TB, in 2024, estimated numbers of new cases

transit. The next generation must remain by digital disruption, ESG scrutiny, global competition, regulatory sophistication, and professionalized capital. This creates a quiet but corrosive tension. Founders value loyalty; successors prioritize competence. Founders trust instinct; successors trust data. Founders rely on relationships; successors rely on systems. When these perspectives collide instead of converging, succession becomes adversarial rather than evolutionary. The enterprise stalls; trapped between reverence for the past and fear of the future. The failure of many family enterprises, therefore, is not generational incompetence. It is architectural misalignment.

WHAT SUCCESSFUL SUCCESSION ACTUALLY

continue to decline in sub-Saharan Africa, while efforts to detect new cases continue to gain traction.

As a result, the estimates of undiagnosed cases have shrunk every year for the past decade. Mortality rates have also declined steeply over the past 10 years for both HIV-positive and -negative people – the only region in the world where this trend has been seen.

Some of the African countries with the worst burdens of disease have seen the most consistent progress. Every year since 2020, Central African Republic (CAR), the Democratic Republic of Congo (DRC), and Kenya have all seen their TB case detections increase while overall incidence has declined. CAR, DRC, Liberia, Nigeria and Sierra Leone have all seen TB deaths decrease annually in that same timespan. And, also every year since 2020, Angola, DRC, Nigeria, Somalia, South Africa, Zambia, Zimbabwe, all countries with a high burden of drug-resistant TB (DR-TB), have seen the number of new DR-TB cases drop.

In November, my own organization, TB Alliance, released promising Phase 2 clinical trial results on a new TB treatment regimen, one that includes an experimental compound, sofequinine. The regimen could place us on a path to develop a TB treatment that could potentially last only one month, an innovation in TB care allowing us to imagine a world where TB can be not just “controlled,” but truly eradicated.

And yet, much of this good news has been overlooked in the turmoil generated by steep cuts in foreign aid by traditional donor

sophisticated capital is not enough. Relationship capital is not enough. Innovation is structural. It enables the difficult course that move families from preservation to a compellingly crucially, it must be anchored in a compelling, multi-generational vision, one that speaks to tomorrow's marketplace, succession ceases to be forward sustainable, transgenerational wealth creation. Where such vision exists, succession, inheritance and becomes innovation.

SUCCESSION, LAW AND THE COST OF AVOIDANCE

One of the most under-examined reasons family

countries. To be clear, these cuts have had severe impacts, especially in sub-Saharan Africa where many diseases still hit hard. Despite the progress we've achieved, 25 out of the 47 countries in our region still have a high burden of TB, drug-resistant TB, or TB-HIV co-infections. Reduced funding, at the very least, slows our pace in turning the tide.

Unfortunately, financial adversities in the fight against TB have long been part of our challenge. The fact there are still more than 10 million TB cases yearly and 1.2 million deaths is evidence that the world has never mounted a TB response in scope or urgency that is proportionate to the health and financial impact of the disease.

Despite such challenges, the TB community has shown incredible resiliency and efficacy, and has made tremendous progress, even after experiencing significant setbacks due to the COVID-19 pandemic, when many TB research labs and treatment facilities had to rapidly pivot to serve as key contributors to the COVID-19 response.

Two key drivers of this progress have been increased national commitments to prioritize combating TB, and the rapid adoption of what national vision, South Africa is an example of what national vision, leadership and investment can achieve. It is one of the world's leaders in rapidly and widely adopting new, shorter treatments for DR-TB. South Africa has about 80% of people with DR-TB on BPaL-based treatment and the country plans to treat about 90% with these regimens in the next year. And, with a new TB dashboard tracking its progress in testing 5 million people before 2025, it is showing transparency and accountability in achieving bold TB goals.

Nigeria is another great example, working diligently to not just identify new DR-TB cases but also to secure

translating professional strength. tomorrow's institutional strength. When families move beyond running businesses and begin designing institutions, succession stops being a crisis. It becomes a strategy.

The author works with Kalbarnamtha & Co, Advocates

the new treatments that can leave such a marked impact on a disease that once required a year and a half of harsh medicines. Today, Nigeria already has more than 90% of people with DR-TB being treated with BPaL/M regimens.

Regardless of international investment, the urgency behind the goal of ending TB can be found at home. High-burden countries have an opportunity to lead the way, leveraging the progress from the past five years, and to make a real difference in improving the lives of communities by investing in TB control and research. TB preys on the least wealthy communities, so TB disease requires governments to invest in and lift up these communities. When we see this in action, we empower ourselves to shed the weight of a TB pandemic and create new opportunities for health and wealth.

We will not learn about the numbers for 2025 until the end of this year, but as long as governments continue this work, we can be confident that the momentum can continue.

For those who doubt this scenario, consider this – research is continuing. Even as my organization prepares for a Phase 3 clinical trial that will include sofequinine and the new experimental regimen that would yield more new treatment tools, other research is continuing. More innovative technologies will be arriving because the scientific community is just as determined to end TB once and for all. And, as 2025 kicks off, that is something we can all be grateful for.

The author works with the clinical development of products in TB Alliance's research portfolio, helps to oversee clinical trials in TB endemic countries, and heads the organization's South Africa office.

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