

**CAN YOU IMAGINE
A WORLD WITHOUT TB?
WE CAN.**



Stop TB Partnership

TUBERCULOSIS: AN UNACCEPTABLE TOLL

CASE NUMBERS: there are about 9 million new cases of infectious TB each year.

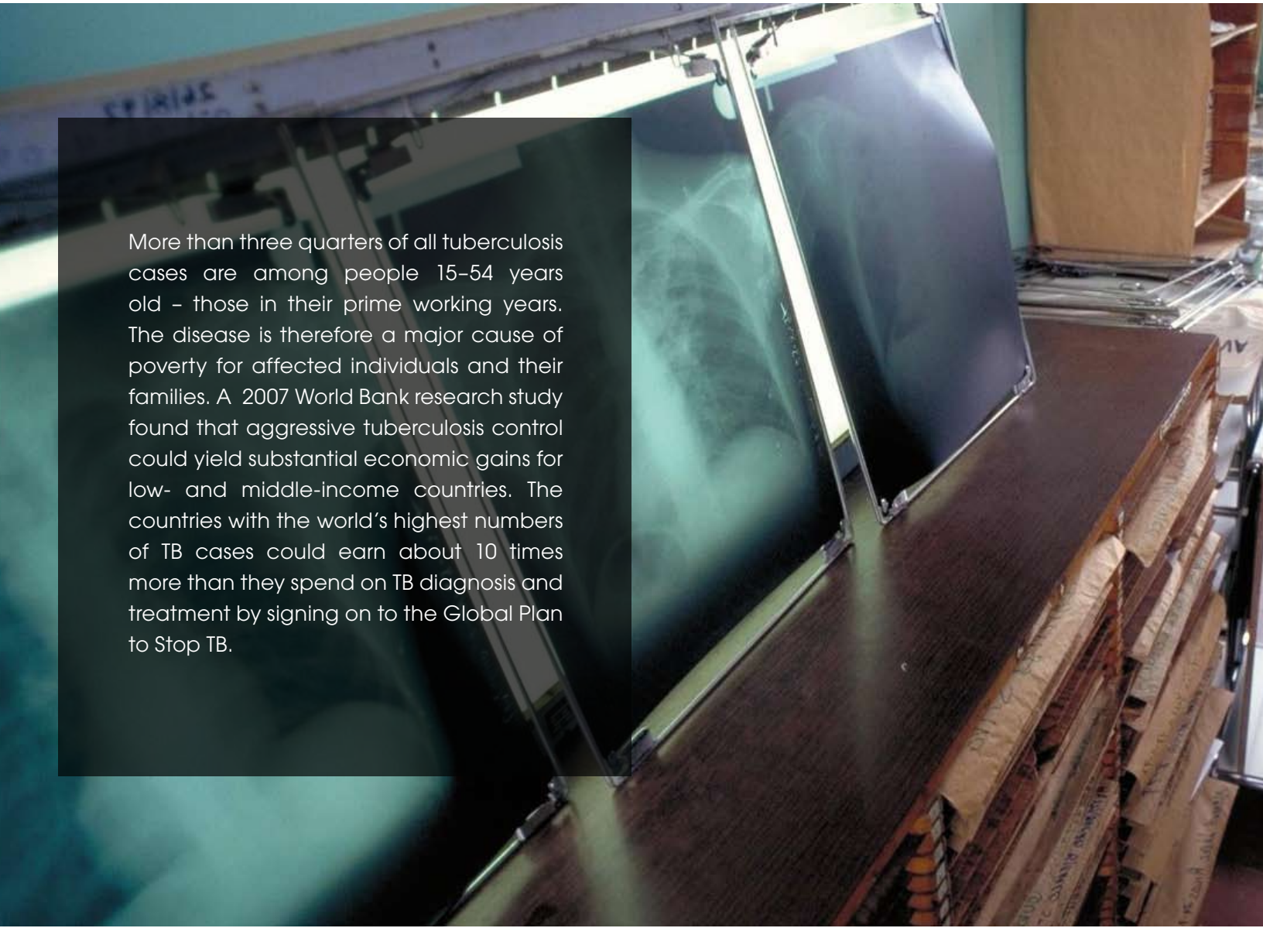
TRANSMISSIBILITY: a person with untreated TB can infect 10–15 people in a single year by coughing near them.

DEATH TOLL: 1.7 million people, 200 000 of them people living with HIV, die of TB each year. That is more than 4600 people per day. 50–70% of people with untreated TB die from the disease.

TB AND HIV: TB is a leading cause of death among people living with HIV. Every three minutes a person living with HIV dies from TB.

TB INEQUITY: 98% of TB deaths are in low- and middle-income countries.

LACK OF ACCESS: 1.8 million people fail to get access to TB treatment each year.



More than three quarters of all tuberculosis cases are among people 15–54 years old – those in their prime working years. The disease is therefore a major cause of poverty for affected individuals and their families. A 2007 World Bank research study found that aggressive tuberculosis control could yield substantial economic gains for low- and middle-income countries. The countries with the world's highest numbers of TB cases could earn about 10 times more than they spend on TB diagnosis and treatment by signing on to the Global Plan to Stop TB.

THE STOP TB PARTNERSHIP

Who we are

The Stop TB Partnership - established by the World Health Assembly in May 2000, following a call from the Ministerial Conference on Tuberculosis & Sustainable Development in Amsterdam two months earlier - is a network of more than 500 countries, donors, national and international organizations, government and nongovernmental organizations, academics and individuals working together to reduce the toll of TB worldwide and ultimately achieve a world free of TB.

The Partnership consists of a Partners' Forum; a Coordinating Board; a Partnership Secretariat, hosted by the World Health Organization (WHO) in Geneva, Switzerland; and seven working groups:

- DOTS expansion
- TB-HIV
- multidrug-resistant TB
- new TB diagnostics
- new TB drugs
- new TB vaccines
- advocacy, communication and social mobilization.

Vision

Our vision is a TB-free world. Children born in this millennium will see TB eliminated in their lifetimes.

Missions

- To ensure that every person with TB has access to accurate diagnosis, effective treatment and cure.
- To stop the transmission of TB.
- To reduce the social and economic toll of TB.
- To develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB.

Targets

- By 2015: reduce the prevalence of and death due to TB by 50% relative to 1990 figures.
- By 2050: eliminate TB as a public health problem (<1 case per million population).

What we are doing

In 2006, the Stop TB Partnership launched the Global Plan to Stop TB, 2006–2015. The plan provides a roadmap for engaging countries in the activities needed to implement the new Stop TB Strategy (2006–2015) developed by WHO. Full implementation of the plan will save approximately 14 million lives; provide treatment for 50 million people, including some 800 000 people with MDR-TB; expand access to quality dia-

gnosis and treatment for everyone with TB; and provide antiretroviral therapy to about 3 million people who have both HIV infection and TB.

Funding needs, funding gap

The Global Plan to Stop TB requires a shared investment of approximately US\$5-6 billion per year by affected countries and donors. That figure includes both implementation of currently available interventions and research and development on new drugs, diagnostics and vaccines. Current funding is insufficient to meet the targets of the Global Plan. For example, the funding gap for 2007 for implementing TB control was at least US\$1 billion. Increased financial commitment is needed urgently.

US\$ 20 buys a full course of TB treatment

THE STOP TB STRATEGY

The Stop TB Strategy, launched by the World Health Organization and adopted by the Stop TB Partnership in 2006, incorporates key elements to control TB.

- Pursue high-quality expansion and enhancement of the DOTS approach to TB control, which emphasizes case detection and cure;
- Address TB/HIV, MDR-TB and other challenges;
- Contribute to health system strengthening;
- Engage all care providers;
- Empower people with TB, and communities;
- Enable and promote research.

WHAT IS TB?

Tuberculosis is an infectious disease that spreads from person to person through the air. When people with pulmonary (lung) TB cough, sneeze or spit, they propel the germs that cause TB into the air. A person needs to inhale only a few of these germs to become infected. TB can infect any part of the body, but most often it attacks the lungs.

An infected person does not necessarily feel ill. Without symptoms, the disease is known as silent or latent TB.

In a person with pulmonary TB, the symptoms include a cough that lasts

for more than two to three weeks, weight loss, fever, night sweats, loss of appetite and coughing up blood. As TB progresses, it further attacks the lungs and other organs. Untreated, the disease is often lethal. The main causes of death are heavy bleeding from the lungs and respiratory failure.

Anyone can get TB, but the disease is strongly linked to poverty and malnutrition.

The overwhelming majority of people with TB can be cured by administering a six-month course of drugs costing about US\$ 20.

FIGHTING TB TOGETHER

What You Can Do: Become A Partner

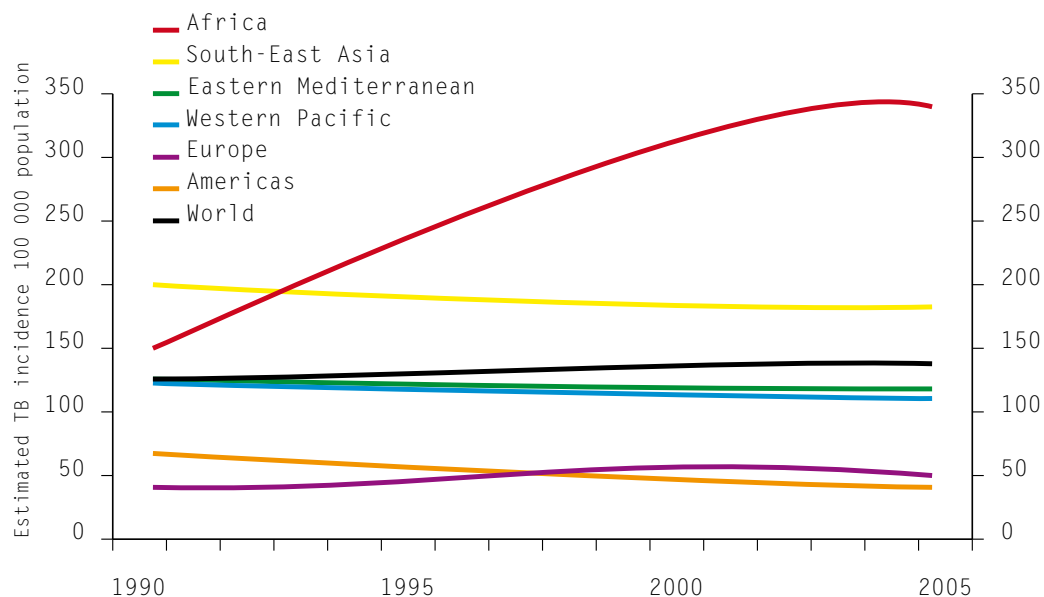
Partners from around the world bring technical expertise and resources to the Stop TB Partnership. Any organization (government, nongovernmental or private) interested in and committed to global TB control is welcome to join the Stop TB Partnership.

To find out more, visit our web site: www.stoptb.org.



IMPACT OF TB CONTROL

Incidence rates of new cases now appear to be stable or falling in all six WHO regions and globally



TB/HIV

HIV weakens the immune system and forms a lethal combination with TB. It is one of the leading infectious killers of people living with HIV, although TB is curable even among people who are HIV-positive. People living with HIV are up to 50 times more likely to develop TB in a given year than people free of HIV infection. Collaboration between TB and HIV programmes is essential to improving access to comprehensive prevention, care and support services.



DRUG-RESISTANT TB THE SPECTRE OF AN EPIDEMIC

TB can usually be treated with a course of four standard (first-line) anti-TB drugs. If these drugs are misused or mismanaged, multidrug-resistant TB (MDR-TB) can develop. MDR-TB takes longer to treat and can only be cured with second-line drugs, which are more expensive and have more side effects. Extensively drug-resistant TB (XDR-TB) can develop when these second-line drugs are misused or mis-

managed and therefore also become ineffective. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited and the risk of death is extremely high.

Both MDR-TB and XDR-TB can spread from person to person. There are nearly half a million new cases of MDR-TB each year. XDR-TB cases

have been recorded in 45 countries, but the number of people affected is uncertain because most countries lack the capacity to diagnose it accurately.



DRUG-RESISTANT TB

The best available ways to stop drug-resistant TB are to ensure that every person with TB has access to accurate diagnosis, effective treatment and cure and to stop the transmission of TB – two of the missions of the Stop TB Partnership.

THE GLOBAL DRUG FACILITY

As of spring 2007, The Global Drug Facility had procured TB drugs for more than 10 million people



The Global Drug Facility, an initiative of the Stop TB Partnership, provides countries with the drugs and supplies needed to diagnose and treat adults and children with both drug-sensitive and drug-resistant TB. Along with providing drugs, it provides direct technical assistance on drug management. The Global Drug Facility provides more anti-TB drugs – free of charge – to countries unable to pay for them than any other group. It also procures anti-TB drugs for countries that have the means to buy them and can ship drugs on short notice in the event of a humanitarian or natural disaster, armed conflict or other situation in which life-saving anti-TB drugs would otherwise be unavailable. As of spring 2007, the Global Drug Facility had procured TB drugs for more than 10 million people. Since late 2006, the Global Drug Facility has also been supplying countries with the second-line drugs needed to treat MDR-TB, after the Stop TB Partnership’s Green Light Committee has verified that applicant countries meet its technical standards and will use the drugs correctly.

NEW TOOLS

Ensuring a healthy future

The battle against TB cannot be won without scientific innovation. The Stop TB Partnership is promoting research and development for:

- new TB drugs - the first new TB medicines in four decades - by 2010, with a short treatment regimen (1-2 months) by 2015;
- new diagnostic tools to enable rapid, sensitive and inexpensive TB detection by 2010 and to accurately identify latent TB infection by 2012; and
- new, safe, effective and affordable vaccines by 2015.

Inspiring more commitment to TB research

In 2006, the Coordinating Board of the Stop TB Partnership and WHO’s Strategic and Technical Advisory Group for Tuberculosis mandated the creation of a research movement aimed at increasing funding for TB research and covering neglected research areas.



© WHO/Glenn Thomas

TAKE PART IN THE STOP TB CAMPAIGN ON WORLD TB DAY

World TB Day, held on 24 March each year, is a day of worldwide social action to raise awareness about TB, call for increased commitment to fighting the disease and reco-

gnize the important work of people who are helping others to fight TB and lead healthy lives.

To find out more, visit our web site: www.stoptb.org.

Endorse the Call to Stop TB

Join world leaders – such as The Right Honourable Gordon Brown, former Chancellor of the Exchequer, United Kingdom; Archbishop Desmond Tutu; Jorge Sampaio, the United Nations Secretary General's Special Envoy to Stop Tuberculosis; film star Ralph Fiennes; and Microsoft's Bill Gates – in their call to fully endorse the Global Plan to Stop TB 2006–2015.

Sign on at <http://www.stoptb.org/>

Contribute to the Stop TB Partnership Trust Fund at WHO

Contributions fund a variety of activities around the world, including regional and national partner coordination; technical assistance; research; advocacy and communication;

and the Global Drug Facility. Contributors may choose to fund any combination of Stop TB Partnership activities.

For more information, please contact:
Office of the Executive Secretary
Stop TB Partnership Secretariat
20 Avenue Appia
CH-1211 Geneva
Switzerland
Tel: +41 22 791 4650; fax: +41 22 791 4886
Web: www.stoptb.org; e-mail: info@stoptb.org

Stop TB Partnership

A partnership administered by the World Health Organization

