

Stop TB, fight poverty



The campaign diary

World TB Day 24 March 2002

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Basic facts on TB



Tuberculosis

- ▷ TB kills almost 2 million people per year.
- ▷ The breakdown in health services, the spread of HIV/AIDS and the emergence of multidrug-resistant TB (MDR-TB) are contributing to the worsening impact of the disease.
- ▷ It is estimated that between 2000 and 2020,
 - ▶ nearly one billion people will be newly infected
 - ▶ 200 million people will get sick
 - ▶ 35 million people will die from TB if control is not further strengthened.

Disease and transmission

- ▷ TB is a contagious disease that spreads through the air.
- ▷ Only people with pulmonary TB are infectious.
- ▷ Each person with infectious TB will infect on average between 10 and 15 people every year.
- ▷ Someone in the world is newly infected every second.
- ▷ Overall, one-third of the world's population is currently infected.
- ▷ People infected with TB will not necessarily get sick. The immune system 'walls off' the TB germs which can lie dormant for years.
- ▷ 5-10% of people who are infected with TB become sick at some time during their life.

The effective tool for detection and cure, the DOTS strategy with five components:

- ▷ Political commitment to sustain TB control
- ▷ Detection of infectious cases using sputum smear microscopy
- ▷ A standardised, short-course chemotherapy regimen of six to eight months, with direct observation of treatment
- ▷ A reliable supply of high quality drugs
- ▷ Information systems for monitoring and reporting of treatment outcomes.

World TB Day 24 March 2002 Stop TB, fight poverty

April 2002

1 M

2 T

3 W

4 T *Tuberculosis Surveillance Research Unit (TSRU) Meeting, Hanoi*

5 F

6 S

7 S *World Health Day*

8 M

9 T

10 W *DOTS- Plus working group meeting, Estonia, Tallin*

11 T

12 F

13 S

14 S

15 M

16 T

17 W *2nd Conference of the IUATLD Europe Region, Bucharest*

18 T

19 F

20 S

21 S

22 M

23 T

24 W *12th European Congress of Clinical Microbiology
and Infectious Diseases, Milan*

25 T

26 F

27 S

28 S

29 M

30 T

What is the relationship between TB and poverty?



The World Bank estimates that

- ▷ there are almost 1.2 billion people living on less than \$1 per day.

A study conducted by the World Bank, entitled "Voices of the poor", highlighted the multi-dimensional nature of poverty.

The study suggested that poverty includes a lack of material, well-being, absence of infrastructure, lack of power and voice, and an unravelling of social structures.

The World Health Organization estimates that

- ▷ approximately one-third of the world's population is infected with tuberculosis (TB).
- ▷ Globally, low and lower middle income countries (i.e. annual GNP per capita less than US\$2995) account for more than 90% of TB cases and deaths. 76% of the world's population lives in these countries.
- ▷ Low income countries (i.e. annual GNP per capita less than US\$755) account for 65% of TB cases and 71% of deaths. 42% of the world's population lives in these countries.

The cycle of TB and poverty

A symbiotic relationship exists between TB and poverty. New TB infection is not just the product of poverty, but also creates poverty. Understanding the connection between TB and poverty is a powerful first step towards breaking this vicious cycle. Fighting TB and poverty together is necessary to accelerate economic and social growth and consequently reduce the global burden of TB.

Poverty fuels tuberculosis

- ▷ TB is a disease of poverty. It is widely recognised that the poorer the community, the greater the likelihood of being infected with the TB germ and developing clinical disease.
- ▷ A lack of basic health services, poor nutrition and inadequate living conditions all contribute to the spread of TB and its impact upon the community.
- ▷ An absence of good quality health care facilities is common in poor communities. With no health services to diagnose or treat patients, there is a longer delay between disease and cure, perpetuating the spread of TB.

What is the relationship between TB and poverty?

- ▷ Poor nutrition and an inadequate diet weaken the immune system and increase the chances of infection and developing active TB.
- ▷ Overcrowded and poorly ventilated home and work environments make TB transmission more likely.
“The poor lack access to essential medicines for reasons including poverty itself, lack of outreach, shortages of health workers, taxes and duties on imported drugs, and burdensome procedures. These reasons apply to TB drugs, even those that are off-patent.”

Commission on Macroeconomics and Health Report, released December 2001.

Tuberculosis fuels poverty

The economic and human impact of TB is many times greater on poor households and poor nations than on the developed world. The high incidence levels of TB found in many poor nations means a sick labour force, extra strain on limited health services and shackled economic growth.

- ▷ The burden of TB is estimated to swallow an economic toll of US\$12 billion from the incomes of the world’s poorest communities every year.
- ▷ Studies suggest that the average patient loses three to four months of work time as a result of TB. Lost earnings can total up to 30% of annual household income.
- ▷ In economic terms, TB decreases the output of a country’s labour force and consequently reduces its gross domestic product.

“TB is a giant poverty producing mechanism.”

Jacob Kumaresan, Executive Secretary of the Stop TB partnership Secretariat.

Next steps in fighting TB and poverty

- ▷ Emphasising the fact that poverty contributes to the spread of TB and that TB contributes to the persistence of poverty stimulates a global dialogue which is highly relevant both to reversing the spread of TB and to poverty reduction.
- ▷ The global strategy to fight the TB epidemic and expansion of DOTS are ways to fight TB and alleviate poverty and inequity.
- ▷ By securing global political resolve and mobilising an adequate flow of resources from high-income to low-income countries we can tackle TB and poverty together.

May 2002

1 W

2 T

3 F

4 S

5 S

6 M

7 T

8 W *UN Special Session on Children, New York*

9 T

10 F

11 S

12 S

13 M *55th World Health Assembly, Geneva*

14 T

15 W

16 T

17 F *American Thoracic Society, 98th International Conference,
Atlanta*

18 S

19 S

20 M *110th WHO Executive Board, Geneva*

21 T

22 W

23 T

24 F

25 S

26 S

27 M

28 T *Global Health Council Annual Meeting: Global Health in Times of Crisis,
Washington, D.C.*

29 W

30 T

31 F

June 2002

1 S

2 S

3 M *4th World Congress on Tuberculosis, Washington, D.C.*

4 T

5 W

6 T

7 F *NTP managers for the European Region*

8 S

9 S *Workshop on TB in Europe, Wolfheze*

10 M

11 T *14th Conference of the IUATLD Africa Region, Durban*

12 W

13 T *12th Symposium on HIV Infection & Emerging Infectious Diseases, Toulon*

14 F

15 S

16 S

17 M

18 T

19 W

20 T *World Day of Refugees*

21 F

22 S

23 S

24 M

25 T

26 W

27 T

28 F

29 S

30 S

What are the economic benefits of TB control?

There is no doubt that a sick workforce contributes to an unhealthy economy. Yet the full economic cost of disease within poor communities has often been underestimated. Improving the health of a population is a definitive and effective way of stimulating economic growth and reducing the constraints of poverty. Controlling TB, one of several diseases that particularly affects the poor, is one way of achieving greater global prosperity.

Specifically, a cure and good TB treatment for the majority of TB patients:

- ▷ Prevents the continued spread of TB and reduces the overall burden of TB.
- ▷ Improves the productivity of workers by reducing absenteeism and incapacity from ill health.
- ▷ Averts TB death among current and future workers, adding to the productive capacities of the economy.
- ▷ Releases hospital beds currently occupied by TB patients, since successful treatment needs little or no hospitalisation.

Global control of TB also represents a significant contribution to the fight against poverty

- ▷ In India alone, a US\$200 million investment in DOTS each year carries tangible benefits to the Indian economy worth at least US\$750 million per year.
- ▷ What has been demonstrated for India is true of all low and middle income countries: for each dollar invested in DOTS, the expected return in increased economic output is more than three and a half dollars.
- ▷ By 2012, the economic return of scaling up health interventions that target the poor will be six times the cost of investment.

Controlling TB is an effective way of reducing poverty at an individual and country level. Investments in health are investments in human potential. Eliminating TB is a way of putting back billions of dollars into the national economies of poorer countries.

July 2002

1 M

2 T

3 W

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5 F

6 S

7 S *XIV International AIDS Conference,*

Barcelona

8 M

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10 W

11 T

12 F

13 S

14 S

15 M

16 T

17 W

18 T

19 F

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22 M

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24 W

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28 S

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30 T

31 W

Access to DOTS reduces household poverty



TB cure reduces poverty at the household level

- ▷ Long illness or death from TB of wage earners has devastating consequences on families.
- ▷ Millions of poor families get by in the face of economic hardship, but fall into destitution when TB strikes.

DOTS reduces poverty by:

Averting the loss of income. *Lost income is substantial: up to 12 months of income lost in cases of incapacity when TB is badly treated, or much more income loss when long illness results in unemployment or death.*

Averting the cost of inadequate treatment, *which forces TB patients to continue searching and paying for diagnostic tests and treatment. These costs can reach US\$150, many times the annual income of a household below the poverty line, as documented in several Asian countries.*

Studies have shown that when a wage earner becomes ill with TB:

- ▷ 75% of urban and 67% of rural households go into debt when an adult member of the family develops TB, according to an Indian study.
- ▷ In Thailand and Indonesia, individuals who receive treatment are estimated to lose about 2 months' work from illness; those who do not receive treatment lose about 12 months' work.
- ▷ In Uganda, 80% of wage earners had stopped work because of their disease and 95% of subsistence farmers reported that production had decreased due to their reduced capacity to work. The average time lost from normal activities was 9.5 months (time lost ranges from one week to 3 years).
- ▷ In South Africa, lost earnings were US\$272 per patient.
- ▷ In Tamil Nadu, India, substantial lost earnings were about 15% of annual household income.
- ▷ Lost earnings exceeded direct medical costs by a factor of two in Tamil Nadu and almost three in Uganda and South Africa.

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Access to DOTS *reduces household poverty*

Averting the socio-economic costs of coping by families, *such as taking children out of school, cutting down on food, becoming indebted with usurious interest rates, or selling what little land or cattle they may have.*

Country studies show that in India, in households where a wage earner was ill with TB:

- ▷ 11% of children were withdrawn from school and 8% had to work;
- ▷ around 300,000 children leave school every year;
- ▷ and each year, more than 100,000 women are rejected by their families.

Averting malnutrition. *By curing a tuberculosis patient, food intake is optimised for building the body (and reducing malnutrition) instead of being wasted on fighting the disease.*

Averting death, *the most dramatic cause of economic loss for families.*

DOTS contributes to the family's future productivity and well being:

- ▷ Most patients are in the economically productive age group of 15-45 years; in turn they support dependents, who are too old or too young to work.
- ▷ Rapid diagnosis and treatment permit adults to maintain their income and their children's access to education and basic nutrition.
- ▷ When treatment is absent or inadequate, TB kills, and the family may be left destitute.

August 2002

1 T

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12 M

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14 W

15 T

16 F

17 S

18 S

19 M

20 T

21 W

22 T

23 F

24 S

25 S

26 M *World Summit on Sustainable Development, Johannesburg*

27 T

28 W

29 T

30 F

31 S

Who is most at risk

Some groups are more vulnerable than most to developing and dying of TB disease. Often they are people who are already disadvantaged in other ways, which makes them less able to cope with the consequences of contracting TB, yet at the same time more likely to develop the disease.

The urban poor

- ▷ Many poor people are forced to live in overcrowded conditions, which increases the risk of TB transmission.
- ▷ In Manila, the prevalence of TB of the urban poor was found to be 1.5 times that among the urban non-poor populations surveyed.
- ▷ The estimated prevalence of TB in Chiapas, a Mexican state with a very large impoverished population, was found to be twice the national average.

Migrants

- ▷ Migrants often arrive in a new country and subsequently develop active disease because of poor diet and living conditions.
- ▷ Limited access to health services in their adopted country can prevent migrants from timely diagnosis and receiving TB treatment. This may contribute to increased TB transmission.
- ▷ Immigrants (25 to 39 years old) in Paris have 12 times the rate of TB disease found among French nationals of the same age.

Refugees, internally displaced people and people living in complex emergency

- ▷ Refugees, internally displaced people and those people hosting them are often exposed to all the risk factors described above because of the instability, insecurity and a physical collapse of the social and health infrastructure.
- ▷ Malnutrition, stress and lack of access to early diagnosis and treatment are especially high in complex emergencies.

and why are these groups vulnerable to TB?

- ▷ Population movements and complex emergencies result in poor housing conditions, especially overcrowding, increasing dissemination of TB and other airborne diseases.
- ▷ There is high mortality, especially among refugee women and children.

The homeless

- ▷ In many industrialised countries the homeless are the group most at risk for TB.
- ▷ In the UK, TB is 200 times more common among the homeless than among the general population.
- ▷ San Francisco's homeless population has 270 TB cases per 100,000 population, and the homeless of Paris have a rate of 240 cases per 100,000. These rates are similar to those of some of the poorest countries in the world, such as Bangladesh.

Prisoners

- ▷ Prisoners are at risk of contracting TB because of overcrowding and the inadequate diet often found in prison systems in poor settings.
- ▷ Prison systems in poor settings are not geared to deal with the large numbers of TB patients; thus no access to diagnosis and poor treatment is the result.
- ▷ Outbreaks of multidrug-resistant TB (MDR-TB) in prisons in the former USSR in the 1990s risked spreading these dangerous strains of TB to the community through families, prison staff, and released prisoners.

People living with HIV/AIDS

- ▷ TB is a leading killer of people infected with HIV.
- ▷ At least 1 in 3 people infected with HIV will develop TB in their lifetime.
- ▷ People infected with HIV have an up to 10% chance per year of developing active TB if not treated with antiretroviral therapies (ARVs).

September 2002

1 S

2 M

3 T

4 W

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6 F

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8 S

9 M

10 T

11 W

12 T *EMRO NTP Managers Meeting*

13 F

14 S *12th European Respiratory Society meeting, Stockholm*

15 S

16 M *EMRO Regional Committee Meeting, Copenhagen
WPRO Regional Committee Meeting, Kyoto*

17 T

18 W

19 T

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22 S

23 M

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25 W

26 T

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The Global Plan to Stop TB



Governments and organisations attending the first Stop TB Partners Forum, in October 2001, at the World Bank, Washington DC, adopted the Global Plan to Stop TB.

- ▷ The Global Plan presents the state of the world's TB epidemic, its impact on individuals, families, communities and nations, and the actions needed in terms of investment and research.
- ▷ The aim is to accelerate efforts and increase investment in TB control.
- ▷ The Plan describes the response needed to address the TB epidemic and highlights major gaps in funding.

The plan has four principal objectives:

- ▶ ***to expand*** the current DOTS strategy so that all people with TB have access to effective diagnosis and treatment
- ▶ ***to adapt*** this strategy to meet the challenges of HIV and multidrug resistance
- ▶ ***to improve*** existing tools by developing new diagnostics, new drugs, and a new vaccine
- ▶ ***to strengthen*** the Stop TB partnership so that the DOTS strategy is effectively applied

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The Global Plan to Stop TB



Implementing the Global Plan to Stop TB (2001-2005) implies:

- ▷ 330,000 extra patients detected and treated each year
- ▷ 3.4 million deaths from TB will be averted
- ▷ 12.8 additional people will have been treated for TB
- ▷ An effective strategy to address HIV-related TB adopted and implemented in all countries
- ▷ The DOTS-Plus strategy to address multidrug-resistant TB (MDR-TB) incorporated in the DOTS strategy
- ▷ Improved diagnostic tests for TB
- ▷ Five new candidate anti-TB drugs having completed pre-clinical trials
- ▷ At least one candidate anti-TB vaccine undergoing clinical trial to test efficacy

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October 2002

1 T

2 W

3 T

4 F

5 S *3rd DOTS Expansion Working Group Meeting, Montreal*

6 S *33rd IUATLD World Conference on Lung Health, Montreal*

7 M

8 T

9 W

10 T

11 F

12 S

13 S

14 M

15 T

16 W

17 *International Day for
the Eradication of Poverty*

18 F

19 S

20 S

21 M

22 T

23 W

24 T

25 F

26 S

27 S

28 M

29 T

30 W

31 T

November 2002

1 F

2 S

3 S

4 M

5 T

6 W

7 T

8 F

9 S

10 S

11 M

12 T *Global Forum for Health Research, Arusha*

13 W

14 T

15 F

16 S

17 S

18 M

19 T

20 W

21 T

22 F

23 S

24 S

25 M

26 T

27 W

28 T

29 F

30 S

Global targets to control TB

The TB control targets for 2001-2005 are to implement the DOTS strategy as rapidly and efficiently as resources permit

- ▷ 70% of estimated TB cases must be detected and treated
- ▷ 85% of those cases must be cured

As DOTS services come into being, expanding coverage in a given country, the target of reaching at least 70% of active TB cases becomes possible.

When DOTS services are of high quality, an 85% cure rate follows.

- ▷ In spite of all previous activities to date, the majority of the world's TB patients continue to live in districts that have yet to provide DOTS.
- ▷ The majority of countries using DOTS are detecting less than half of individuals with TB symptoms.

The targets set in the Washington Commitment were:

50 days

- ▶ all high burden countries to finalise national DOTS expansion plans

50 weeks

- ▶ to achieve a global DOTS case detection rate of at least 35%
- ▶ to establish interagency coordinating committees in all countries
- ▶ the GDF to provide TB drugs to at least a million additional patients

50 months

- ▶ to achieve global DOTS coverage
- ▶ to achieve a global DOTS case detection rate of at least 70%
- ▶ to achieve a DOTS treatment success rate of at least 85%
- ▶ to develop and scale up effective responses to TB/HIV and MDR-TB
- ▶ to develop the Global Plan to Stop TB for the years 2006-2010

50 years

- ▶ to eliminate TB as a global public health problem

At the Stop TB Partners' Forum in October 2001, the Washington Commitment was endorsed by all those present, and over 60 governments and international organisations.

December 2002

1 *World AIDS Day*

2 M

3 T

4 W

5 T

6 F

7 S

8 S

9 M

10 T

11 W

12 T *10th Conference of the IATLD Latin America Region, Punta del Este*

13 F

14 S

15 S

16 M

17 T

18 W

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22 S

23 M

24 T

25 W

26 T

27 F

28 S

29 S

30 M

31 T

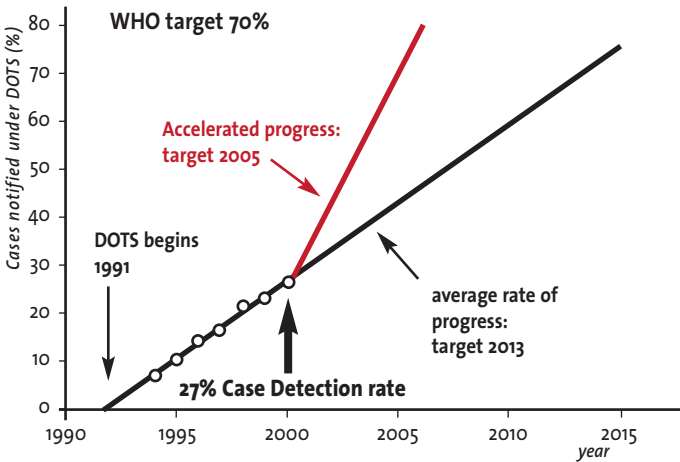
Form a planning committee

Countries are ready to act

For the first time ever, low and middle income countries with the highest burden of TB have each developed national plans and budgets for TB control.

Access to the DOTS strategy

- ▷ The DOTS strategy has progressed world wide, and 55% of the world's population has access to DOTS, at least in principle.
- ▷ Roughly one quarter (27%) of estimated new infectious cases were reported to DOTS programmes in 2000; the rate of progress in case finding between 1999 and 2000 was no faster than the average since 1994.
- ▷ If this trend is maintained, the target of 70% case detection under DOTS will not be reached until 2013.



But some large countries are making progress:

- ▷ India, with a population of one billion, has been expanding DOTS very rapidly, going from less than 20% in 1999 to over 30% in 2000
- ▷ China, with 1.2 billion people, reached 68% DOTS coverage in 2000.

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Countries are ready to act

DOTS programmes notified 2 million new TB cases, over half of which were infectious cases.

- ▷ Over half of the additional infectious cases reported as being treated under DOTS in 2000 were in five countries: India (+28%), The Philippines (+19%), Ethiopia (+6%), South Africa (+5%) and Myanmar (+4%).

DOTS works. Cure rates average 80% (28% for non-DOTS).

Constraints on DOTS expansion

The TB managers of the 22 high TB burden countries with 80% of the world's TB cases have reported the main constraints to DOTS expansion to be:

- ▷ insufficient resources for TB control;
- ▷ lack of qualified staff and management skills;
- ▷ shortage of laboratory equipment;
- ▷ inadequate collaboration between HIV and TB programmes;
- ▷ an unregulated private sector;
- ▷ decentralisation of the health services (as part of health sector reform).

DOTS requires:

- ▷ sufficient health care staff and training resources;
- ▷ working microscopy services (including the setting up of new microscopy centres);
- ▷ a good, reliable supply of drugs (the Global TB Drug Facility can help);
- ▷ and a network of trained community health workers

Whether or not sufficient DOTS services will be provided over the next five years depends on the rapidity of investment, including investment in health care infrastructure. Health services which function poorly through lack of funding or problems of infrastructure are often the weak link in the TB control chain.

January 2003

1	W			
2	T			
3	F			
4	S			
5	S	<i>Identify Partners</i>		
6	M			
7	T			
8	W			
9	T			
10	F			
11	S			<i>Contact sponsors</i>
12	S			
13	M			
14	T			
15	W			
16	T			
17	F			
18	S			<i>Develop a list of events/activities</i>
19	S			
20	M			
21	T			
22	W			
23	T			
24	F			
25	S			
26	S			
27	M			
28	T			
29	W			
30	T			
31	F			

February 2003

1	S				
2	S				
3	M				
4	T				
5	W				
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23	S				
24	M				
25	T				
26	W				
27	T				
28	F				

Contact sponsors

Establish media ontacts

Develop a list of events/activities

Collect Information

We need resources...

A sound investment plan:

Funding TB to reach targets by 2005

- ▷ Globally, a minimum of **US\$9.1 billion** is needed for 2001-2005 to treat and cure TB cases, and to develop new diagnostic and treatment tools. Over half of these costs are covered, leaving an overall financing gap of US\$4.5 billion.
- ▷ This extra funding, **US\$4.5 billion** over the next five years, is needed to cure an estimated 22 million new TB cases.
- ▷ Two-thirds of the global costs are needed for DOTS expansion.
- ▷ For the 22 high TB burden countries, which count for 80% of the TB burden, the costs are about US\$5 billion (about US\$1 billion per year).

The costs of implementation in countries include:

- ▷ TB programme-specific needs; utilisation of general health services; dedicated TB hospitals and clinics; international technical support and contingencies.
- ▷ The governments of the high TB burden countries are meeting at least two-thirds of their own financial needs to implement the DOTS expansion plans with their own existing budgets, loans and grants.
- ▷ Donors and international organisations are meeting an additional 4%.
- ▷ This leaves a large but do-able shortfall of up to **US\$ 300 million per year**.
- ▷ Countries with the highest gaps relative to their total estimated needs (25-100%) are: Afghanistan, Myanmar, Democratic Republic of Congo, China, Indonesia, and Uganda.

Governments who committed resources to implement DOTS have benefited from a real return on investment: a sharp decrease in TB burden each year. A good example is Peru:

“Peru launched a counter-offensive against TB to free the country from being one of the world’s 22 highest burden countries, and succeeded. With 100% DOTS coverage achieved, improved TB detection and HIV testing of all TB patients are a priority. In resource terms this has meant shifts in funding: 20% less funding for defence, 56% more for health and a 2002 TB control budget that amounts to US\$23 million.”

Vice-Minister of Health from Peru, 2001.

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It is a rare occasion when the world suddenly finds itself poised to make quick and decisive action against a formidable and long-standing threat. Yet that time is currently at hand for the global tuberculosis (TB) epidemic.

- ▷ The strategy to reach the target is available
- ▷ Targets have been set for the control of TB by the year 2005
- ▷ Control programmes have been established
- ▷ Detailed national plans have been developed
- ▷ Implementation costs have been calculated
- ▷ A broad-based coalition has been organised
- ▷ New international support mechanisms have been established

So what is missing?

- ▷ Emphasis on tuberculosis elimination in development goals
- ▷ Sufficient health care infrastructure and personnel
- ▷ Volunteers, as well as informed patients, knowing a cure exists
- ▷ Financial commitment, from national budgets and international assistance

What can YOU do for DOTS and against poverty on World TB Day?

People's community groups and social movements

DOTS is a cost effective, accessible intervention for all those involved in the fight against poverty.

- ▷ Include promotion of DOTS on the platform for action, and organise special events for World TB Day, March 24.

Teachers and Trainers

Information and prevention among youth. Telling them DOTS cures TB permanently will also help spread the word to their community and stop stigmatisation of TB patients.

- ▷ Teach children and adolescents about TB and organise events that foster understanding of TB symptoms and cure.

What can YOU do?



Health care staff and health volunteers

Spreading of adequate information, training and practice on DOTS is essential for the expansion of DOTS coverage for both public and private health practitioners, and represent a major asset to decrease nosocomial transmission of TB. Health care workers can insist on having adequate equipment for DOTS centres.

- ▷ Talk to the media. Use newspapers, the radio and TV talk shows to spread your knowledge to TB sufferers and the general public so that those with TB symptoms will come to your treatment centre for diagnosis.
- ▷ Spread awareness of proper TB treatment.

Private sector leaders and local businessmen

Business leaders have a stake in TB control. A TB-free workforce increases productivity and the Gross National Product (GNP). Provide TB detection and treatment services in your workplace to ensure a healthier workforce.

- ▷ Pressure local elected officials and national government to fund and implement DOTS expansion programmes. An information, detection and care programme for TB in the workplace, as well as in the communities where the workforce live, is a very efficient form of investment and indirect marketing for the company.
- ▷ Promote the fight against TB on a global level by supporting the Global Fund to Fight AIDS, TB and Malaria.

Lobby, promote and implement DOTS for TB!

Media outlet and advocacy groups

Newspapers and media outlets have traditionally spread the word on World TB Day. From now on there will be a year-round flow of information on TB as the campaign is stepped up. To reduce the stigma often attached to TB, and reduce the burden of the disease, it is essential that there be open discussion of TB and of DOTS as a major contribution in the fight against poverty and a tool for better national economic performance.

- ▷ Produce articles on TB and DOTS as an issue for the Financial, Economics, and Sports sections of local and national newspapers and magazines. TB is not just a medical issue.

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-
- ▷ Use radio programmes, television advertisements, soap operas and theatre to press home the message that TB can be treated and can assist in poverty alleviation.

State governments and elected representatives

Political leaders can make the difference by speaking up on TB, as a number of developing countries' Heads of State did last year. Governments, as in the case of Japan, can announce that they urge local State representatives to see to it that public health centres act swiftly when TB cases occur - ask medical associations and hospitals to improve their therapeutic capabilities and prevent in-hospital infection, and recommend people take medical check-ups as a preventive measure.

- ▷ Bring up the issue of DOTS provision and expansion in your speeches.

Religious leaders and organised groups

In 2002, March 24th is a Sunday. Anglican Archbishop Desmond Tutu said TB cure is a basic human right.

Muslim political leaders in a number of countries have called for mobilisation against TB.

- ▷ During religious services, include information about TB, and about the existence of efficient treatment and the inequity of stigmatising such a curable disease.
- ▷ Mention TB and its victims that weekend.

Action by different religious leaders is a powerful call for a united human front against a common enemy.

People living with HIV/AIDS (PLWA) and people living with TB

TB is the leading cause of illness and death among PLWAs.

Winston Zulu, the Zambian leader of Africa-wide PLWA groups, has spoken out on the right to proper TB treatment as a major demand and requirement for PLWAs. DOTS prolongs the life of PLWAs even in the absence of antiretrovirals.

- ▷ Include TB on the AIDS agenda and demonstrate for DOTS on World TB Day.

What can YOU do?



***A broad-based
social movement
can put us on
the right track
to help the poor
get rid of TB!***

***Highlights of World TB Day 2001
presents an array of best practices around the World
(available at www.stoptb.org)***

World TB Day 24 March 2002 Stop TB, fight poverty

March 2003

1 S

2 S

3 M

4 T

5 W

6 T

7 F

8 S

9 S

10 M

11 T

12 W

13 T

14 F

15 S

16 S

17 M

18 T

19 W

20 T

21 F

22 S

23 S

24 M *World TB Day*

25 T

26 W

27 T

28 F

29 S

30 S

31 M

World TB Day, the start of a five year campaign



History of World TB Day

- ▷ World Tuberculosis Day, held each year on 24 March, is intended to promote awareness, knowledge, and motivation for action against tuberculosis worldwide.
- ▷ Its origin goes back to the 1982 celebration of the centenary of Koch's discovery. Among the commemorative ceremonies and events organised by governments and NGOs, encouraged by the International Union Against Tuberculosis (IUAT) and the World Health Organization (WHO), one of the IUAT's member associations, the Tuberculosis Association of Mali, Africa, suggested that, like World Health Day (later followed by World No-Smoking Day and International AIDS Day), an International Tuberculosis Day should be established. This proposal was later approved by the IUAT Council, and has since been commemorated jointly by the IUATLD, other NGOs and the WHO.

Past years' themes included:

- ▷ 1999: *Stop TB, use DOTS*, focusing on DOTS success stories
- ▷ 2000: *Forging new partnerships to Stop TB*
- ▷ 2001: *DOTS, TB cure for All*, focusing on the human rights approach to Stop TB.

A call to expand the DOTS strategy

Improving health is a concrete, measurable way of reducing poverty and inequity, at both country and global level. Investments in health are investments in human potential. Tackling the primary diseases of poverty is a way of putting billions of dollars back into the national economies of poorer countries.

The aims of 2002's theme:

- ▷ Emphasise the link between TB and poverty. TB is the main cause of avoidable death in poor countries. It is estimated that only 1 in 4 TB cases receives DOTS treatment.
- ▷ Increase resources for country plans to stop TB. DOTS expansion is critical if we are to reach global TB targets for 2005 and if we are to attack poverty head on. 17 of the 22 high TB burden countries are low-income countries.

World TB Day 24 March 2002 Stop TB, fight poverty

World TB Day, the start of a five year campaign

- ▷ Raise awareness among political leaders, decision-makers and opinion leaders around the world about the implications of TB, especially on the economy, and the fact that there is no excuse for inaction in the face of an available, cost-effective cure.
- ▷ Mobilise TB sufferers and vulnerable groups to demand greater access to treatment, thereby enabling them to become productive members of their society.

“Stop TB, fight poverty”: the start of a five year campaign

*In 2002, the Stop TB partnership is launching a five year campaign focusing the world's attention on reaching specific targets, namely, **by 2005:***

- ▶ **to detect 70% of people with infectious TB**
- ▶ **and to ensure that 85% of those detected are successfully treated.**

During the campaign on 24 March, we urge participants (governments, non-governmental organisations etc.) in the fight against TB to ask themselves the following questions:

- ▷ What is last year's detection rate for people with infectious TB in our country?
- ▷ What is the rate of treatment success among those detected?
- ▷ Are we on target to meet our country's 2005 goals?
- ▷ What progress and failure should be highlighted during the day and throughout the year?
- ▷ What potential solutions are available?
- ▷ How can we put these in place?

If these questions are answered and countries which identify that they have a poor TB control situation act now, we can fight TB effectively. This will help poor countries and poor families to take steps out of poverty and save lives.

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- 8- *Global DOTS Expansion programs and funding gaps report*, WHO, Fall 2001
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- 10- *Global TB Drug Facility brochure*.
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- 30- *Opening Statement by Malawi's Vice President, Justin Malewezi at a GFATM Consultation*, Malawi, 2001.
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- 34- *Declaration of State of Emergency Concerning Tuberculosis*, declared by Sohei Miyashita, Minister of Health and Welfare, July 26, 1999.



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Stop TB Partnership
Secretariat
20 avenue Appia
CH-1211 Geneva 27
Tel: +(41) 22 791 2385
Fax: +(41) 22 791 4199
<http://www.stoptb.org>