

# TB ANYWHERE IS EVERYWHERE

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## Tuberculosis: the facts

- TB is contagious and spreads through the air; if not treated, each person with active TB infects on average 10 to 15 people every year.
- 2 billion people, equal to one third of the world's total population, are infected with TB bacilli, the microbes that cause TB.
- 1 in 10 people infected with TB bacilli will become sick with active TB in their lifetime; people with HIV are at a much greater risk.
- TB is a disease of poverty; affecting mostly young adults in their most productive years; the vast majority of TB deaths are in the developing world with more than half of all deaths occurring in Asia.
- 1.6 million people died from TB in 2005, equal to an estimated 4400 deaths a day.
- TB is a leading killer among HIV-infected people with weakened immune systems; about 200 000 people with HIV die from TB every year, most of them being in Africa.
- There were 8.8 million new TB cases in 2005 and 80% of them were in 22 countries.
- Per capita, global TB incidence rates are now stable or falling in all six WHO regions and have peaked globally; however the total number of cases is still rising in the African, Eastern Mediterranean and South East Asia regions.
- TB is a worldwide pandemic; though the highest rates per capita are in Africa (28% of all TB cases), half of all new cases are in 6 Asian countries (Bangladesh, China, India, Indonesia, Pakistan, the Philippines).
- Multidrug-resistant TB (MDR-TB) is a form of TB that does not respond to the standard treatments using first line drugs; MDR-TB is present in virtually all countries recently surveyed by WHO and partners.
- 450 000 new MDR-TB cases are estimated to occur every year; the highest rates of MDR-TB are in countries of the former Soviet Union and China.
- Extensively drug-resistant TB (XDR-TB) occurs when resistance to second-line drugs develops; it is extremely difficult to treat, and cases have been confirmed worldwide.

**TB is preventable and curable.  
FUND THE GLOBAL PLAN TO STOP TB.**

## The 6 components of the Stop TB Strategy

- 1 Pursue high-quality DOTS expansion and enhancement.
- 2 Address TB/HIV, MDR-TB and other challenges.
- 3 Contribute to health system strengthening.
- 4 Engage all care providers.
- 5 Empower people with TB and communities.
- 6 Enable and promote research.

## The TB targets

### 2015

Millennium Development Goals target to have halted and begun to reverse incidence; and associated Stop TB Partnership target of halving prevalence and deaths by 2015 in comparison with 1990.

### 2005

World Health Assembly targets to detect at least 70% of sputum smear-positive i.e. infectious TB cases and treat successfully 85% of detected cases.

Globally, programmes achieved 60% detection rates, and 84% treatment success rates by 2005; both targets were achieved in the Western Pacific region, and in 26 countries worldwide, including China, the Philippines and Viet Nam; the detection and treatment targets will continue to be pursued in all remaining countries.

### 2050

Eliminate TB as a public health problem.

# Tuberculosis: the response

- WHO's Stop TB Strategy (see table on previous page) aims to reach all patients and ensure the 2015 MDG target is met.
- The Stop TB Strategy is based on DOTS and emphasizes the need for a health system approach and the importance of effective primary health care to address the TB epidemic.
- DOTS has five elements: (i) political commitment with increased and sustained financing (ii) case detection through quality-assured bacteriology (iii) standardized treatment with supervision and patient support (iv) effective drug supply and management system (v) monitoring and evaluation system, and impact measurement.
- More than 26 million TB patients have been treated under DOTS since 1995; 187 countries have adopted DOTS, although DOTS services in many countries need to be expanded and strengthened.
- The WHO Stop TB Department (together with WHO regional and country offices): develop policies, strategies and standards; support the efforts of WHO Member States; measure progress towards TB targets and assess national programme performance, financing and impact; promote research; and facilitate partnerships, advocacy and communication.
- The Stop TB Partnership (with its secretariat housed by WHO) is a network of 500 stakeholders; it has a Coordinating Board and seven working groups: Advocacy, Communication and Social Mobilization; DOTS Expansion; MDR-TB; TB/HIV; New Drugs; New Diagnostics; New Vaccines.
- Full funding of the Global Plan to Stop TB 2006–2015 will cost US\$ 56 billion, and represents a three-fold increase in investment compared with 2005; the estimated funding gap is US\$ 31 billion.
- The Global Drug Facility, run by the Stop TB Partnership, has expanded access to drugs for TB patients in more than 80 countries.
- Projects managing MDR-TB can apply through the Green Light Committee for access to quality-assured second-line anti-TB drugs at much reduced prices; it has approved the enrolment of more than 25 000 patients in 42 countries since it was established in 2000.
- In 2005, 46 African health ministers declared TB a regional emergency in Africa; WHO has also warned of a TB emergency in Europe.
- The UN Secretary-General appointed the former President of Portugal, Jorge Sampaio, as the first UN Special Envoy to Stop TB in 2006; his role is to strengthen political commitment on TB at the highest levels to ensure the Global Plan to Stop TB 2006-2015 is implemented.
- Nelson Mandela warned that "We cannot fight AIDS unless we do much more to fight TB"; WHO's policy on collaborative TB/HIV activities provides the type of activities and the circumstances which ensure those words can be put into action.
- A Stop TB Partnership for Europe was launched in October 2006 to engage key European stakeholders in promoting a more robust response to the region's epidemic.
- The International Standards for TB Care describe a level of care that all practitioners should seek in managing TB patients; the Patients' Charter for TB Care outlines the rights and responsibilities of TB patients.



## The Global Plan to Stop TB 2006-2015

### Full funding and implementation will:

- Achieve the Millennium Development Goal to have halted and begun to reverse the incidence of TB by 2015.
- Expand access to high-quality TB diagnosis and treatment for all.
- Save an additional 14 million lives
- Treat 50 million people for TB
- Treat all diagnosed MDR-TB patients
- Put 3 million TB patients coinfected with HIV onto antiretrovirals
- Produce the first new anti-TB drug in 40 years by 2010
- Develop a new vaccine by 2015
- Provide rapid and inexpensive diagnostic tests at the point of care

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