

Key points for participants and advocates involved in the launch of the Global Plan to Stop TB 2006-2015

Why a Global Plan?

2 million people die from TB every year - a disease that is treatable. This is simply unacceptable today

What are the main expected achievements of the Global Plan?

- Expand equitable **access for all** to quality TB diagnosis and treatment.
- **Treat 50 million** people
- **Save 14 million** lives
- Introduce the **first new TB drug** for 40 years in 2010
- Detect active TB through **diagnostic tests** at the point of care allowing rapid, sensitive and inexpensive detection by 2010
- A new, safe, effective and affordable **vaccine** will be available by 2015

What actions are required?

- For **advocates** to argue the case for investing in the plan.
- For all **countries** to fully implement the actions in the plan, and to mobilize sufficient resources to make this happen.
- For **civil society** to demand access to quality TB care new tools.
- For **community** groups to support patients to come forward for diagnosis and to complete their treatment.

What is the purpose of the Global Plan?

- The plan sets out **activities** that will make an impact on TB and its costs.
- The plan will serve as a powerful tool for setting out required **resources**
- The plan supports the need for **long-term planning** for action

What are the targets of the Global Plan?

- **Reducing TB incidence** in line with the Millennium Development Goals
- **Halving TB prevalence and deaths** by 2015 compared with 1990 levels

How does the new Stop TB Strategy fit into the Global Plan?

The plan will be implemented based on the six components of WHO's Stop TB Strategy:

- Pursue high-quality **DOTS** expansion and enhancement
- Address **TB/HIV, MDR-TB** and other challenges
- Contribute to **health systems** strengthening
- Engage all **care providers**
- Empower **people with TB** and communities
- Enable and promote research

What will the Global Plan cost?

\$56 billion - which represents a **threefold increase** in annual investment in TB control compared with the first Global Plan.

- \$9 billion for research and development
- \$47 billion for implementation of current interventions - of which \$44 billion are country-level costs representing 80% of the plan's total cost

What is the breakdown of the current interventions figure?

- \$28 billion for DOTS expansion
- \$6 billion for DOTS-Plus
- \$7 billion for TB/HIV activities
- \$3 billion for Advocacy activities
- \$3 billion for technical cooperation

What is the financial gap to achieve the targets?

The estimated funding gap is **\$31 billion**

How will the funding gap be filled?

- Large proportion of this gap will need to be financed by **high-burden countries** themselves
- The profile of TB on development agendas must be greatly enhanced and **political commitment** strengthened
- Since the largest gap in funding needs for country-level implementation is in **Africa**, a particular focus on this region is necessary

What are the main achievements of the first Global Plan (2001-2005)?

- The number of patients treated in DOTS programs more than doubled over 5 years, from 2 million in 2000 to well over 4 million in 2004.
- Several high burden countries, including India and China, are close to reaching the target of 70% case detection.
- There has been significant progress in research and development

What are the regional and global scenarios?

The scenarios involved assumptions about the pace of scale-up and the implementation coverage of the activities. Estimates have been made of TB case detection and treatment outcomes, as well of TB prevalence, incidence and death rates. The scenarios also include estimated costs of country implementation as well as external technical support.

The next step will be to develop detailed regional and country implementation plans.