

**Opening remarks at the Stop TB
Coordinating Board Meeting
Geneva, Switzerland, 18 April 2007**

Madame Chair, honoured speakers.

This is a historic occasion. It is the first time the Stop TB Partnership Coordinating Board has ever met at WHO Headquarters. It is also the first time a WHO Director-General has participated in this board's meeting. I am honoured on both counts.

As I look around the room, I see tremendous hope and a unified commitment to moving forward ever more rapidly on TB control. We have here leaders in research for new diagnostics and drugs, and representatives from countries with a high burden of TB.

There are experts on MDR-TB, TB-HIV and the other challenges confronting the fight against TB. Also present are donors, foundations and representatives of civil society.

I wish to make two commitments to this group. The first is that WHO will use every resource available to advance TB prevention, diagnosis and treatment around the world. Second, we will do all we can to support the Stop TB Partnership.

This partnership has played a critical role in achieving the recent massive scale-up in TB treatment worldwide and in responding to MDR- and XDR-TB, TB/HIV co-infection and other challenges. I wish to make special mention of the Global Drug Facility and Green Light Committee. Together they have enabled dozens of countries to obtain low-cost, quality-assured first- and second-line drugs and assisted WHO in formulating and implementing its strategy on MDR- and XDR-TB.

The World Health Organization's Global Tuberculosis Control Report 2007, launched on World TB Day, painted a clear picture of both progress on TB and the obstacles facing us. The report found that the incidence rate of tuberculosis may have peaked in 2005.

This suggests that the global tuberculosis epidemic may have levelled off for the first time since WHO declared TB a public health emergency in 1993.

The report also found that over the past decade, 26 million patients have been placed on effective TB treatment. This is thanks to the efforts of governments and a wide range of international and national partners.

It found that the 2005 TB control targets of 70% case detection and 85% cure were missed, but only narrowly. Case detection was 60% and treatment success was 84%.

I congratulate countries with a high burden of TB that met their targets. China, in particular, reached both case detection and treatment targets, and India reached its treatment targets.

I congratulate also partners in the field for their invaluable assistance in meeting those targets.

So we had some good news this year.

But as you know, TB still kills 4400 people every day. In 2005 there were 8.8 million cases, and an estimated 1.6 million people died of the disease.

Nearly 200 000 of these deaths were in people living with HIV. We need to recognize the major impediments to progress.

Prominent among these challenges are MDR- and XDR-TV, TB/HIV, lack of laboratory capacity and critical shortages of health workers in endemic countries.

Other impediments include very limited engagement of the non-state sector and communities, and the lack of new drugs, new diagnostics and new vaccines. And while some regions are moving forward steadily, others are stumbling.

The WHO Regions of the Americas and South-East Asia and the Western Pacific Regions are now on track to meet their 2015 Global Plan Targets. However, the African, Eastern Mediterranean and European regions are not.

Additionally, we face a serious funding gap.

A total of US dollars 56 billion is needed for the 10-year Global Plan. More than half of this amount should be funded by endemic countries and the remainder by donors. Current funding commitments, however, indicate a gap of at least 1.1 billion dollars for 2007 alone.

In January, the WHO Executive Board examined the progress and obstacles outlined in the Global Tuberculosis Control Report and drafted a resolution urging all WHO Member States to develop long-term plans for TB prevention and control.

The actions in the resolution are aimed at accelerating progress towards the international targets for TB control for 2015 through the full implementation of the WHO Stop TB Strategy.

The Resolution urges WHO Member States to develop and implement TB plans in line with the Global Plan to Stop TB. They are asked to use all possible funding mechanisms to fill funding gaps identified in the Plan and declare, where appropriate, a TB emergency; and halt the spread of XDR-TB.

WHO is called on to intensify its support to Member States, especially those affected by XDR-TB, and enhance its leadership within the Stop TB Partnership. WHO is also called upon to strengthen TB monitoring and evaluation, support efforts on building laboratory capacity, and enhance its role in TB research.

This draft Resolution will go before the World Health Assembly in May. I will ensure that the final version is promoted in all countries, so that together we can help accelerate quality TB control.

Before closing my remarks, I would like to draw your attention to some other key issues related to progress on TB.

We need to approach scale-up of TB diagnosis and treatment as part of the larger challenge of increasing access to primary health care services. In that context, an integrated service delivery system for TB and HIV services is crucial.

I am calling for high-level dialogue to achieve this goal, especially with partner agencies that work on HIV care and control.

We need to move faster and more effectively on MDR- and XDR-TB. This has many facets, but I wish to highlight three crucial areas.

First, most of the countries facing MDR- and XDR-TB lack sufficient laboratory capacity for diagnosis. This must change rapidly.

Second, there is an urgent need for intensified surveillance. And third, countries need to take prompt action on infection control in health care settings. The poor record on this key action relates to the critical shortages of health workers in many countries.

One of my top priority concerns is the health of women and the associated impediments to women's development. While TB affects men more than women worldwide, it is still among the top killers of women in the developing world.

About 500 000 girls and women died of TB in 2005. In the countries in Africa most affected by HIV, women now face the same high rates of TB as men well into their adult lives. TB also often continues to bring stigma and a heavy economic burden on affected households. We need prompt action in this critical area.

The Stop TB Department is currently undertaking high-quality analytical work on the upstream determinants of tuberculosis: indoor air pollution, smoking, malnutrition, urbanization, diabetes, and ageing. This work is essential for designing new and appropriate interventions and could lead the way for engaging with new partners.

As some of you may know, when I took office, I identified six core areas for the Organization in the years ahead: development and health, health and security, health systems, information and knowledge, performance of the Organization as a whole, and last, but not least, partnerships.

I believe in partnerships for health. I believe that we can best achieve results in countries by working together. I believe that together, we can reach the MDG targets related to TB control.

I am therefore grateful to all our partners for their support in fighting the global TB epidemic. And we congratulate Stop TB for its record of success and its energy, and for serving as a model for how the work of WHO can be advanced through a partnership.