

## TB MESSAGE PLATFORM –NOVEMBER 2006

### XDR-TB MESSAGE

**Drug-resistant TB poses a grave global public health threat, especially in populations with high rates of HIV, and requires an immediate and urgent global response.**

US\$95 million is required right now to respond to the XDR-TB emergency in 2007 with a focus on 14 Southern African countries — \$80m for countries, and \$15m for technical assistance, coordinated by WHO and provided by WHO and partners.

Drug-resistant TB occurs primarily as a result of poorly-managed TB care and control programmes and weak health systems. Every effort must be made to support the implementation of the Stop TB Strategy, which was designed to prevent the emergence of drug resistance and to care for those already affected.

If XDR-TB is identified early, it can be treated and cured in 50-60 percent of cases in the presence of proper TB control conditions where HIV prevalence is low.

Infection control measures must be strengthened everywhere — particularly where HIV prevalence is high — to protect the vulnerable and those at risk of XDR-TB infection.

While they are thought to be uncommon, XDR-TB strains have now been found in all regions of the world. More surveillance is needed urgently.

XDR-TB underlines the need for immediate and substantial investment in strengthening health care systems for basic TB control and the development of new TB diagnostics, treatments and vaccines. The current available tools are outdated and insufficient.

### TB/HIV MESSAGE

**TB prevention, diagnosis and treatment should be a core function of HIV service providers. Likewise, HIV prevention, diagnosis and treatment and care services should be key components of TB control activities.**

An estimated one-third of the 40 million people living with HIV worldwide are co-infected with TB.

Worldwide TB is among the leading infectious killers of people infected with HIV.

HIV is the primary reason for increasing global TB rates, particularly through its effect in sub-Saharan Africa. This has led to African Health Ministers in 2005 to declare TB an emergency across the continent.

TB and HIV accelerate each other's progression. PLHIV are up to 50 times more likely to develop active TB in their lifetime than HIV negative people.

Current diagnostics often fail to detect active TB among PLHIV.

Current TB drugs, more than 40 years old, can interact with anti-retrovirals, causing treatment complications in TB patients co-infected with HIV.

A more effective vaccine will reduce overall TB incidence considerably, decreasing transmission to people living with HIV.

We can save lives NOW through implementation of collaborative TB/HIV activities and strengthened health systems.

The research and development of new ways to prevent, diagnose and treat TB among people living with HIV are needed.

### CORE MESSAGE

***Tuberculosis is preventable and curable, yet TB has become a global pandemic due to the disease's deadly synergy with HIV, inadequate investment in control, surveillance and R&D.***

***IT IS TIME TO TAKE ACTION AND FULLY FUND THE GLOBAL PLAN TO STOP TB.***

### FUNDING MESSAGE

**Through immediate and generous investment from governments, multilateral agencies, foundations and the private sector, we have the power to stop TB.**

The Global Plan to Stop TB will cut TB mortality and prevalence in half by 2015 if fully funded. With a total cost of US\$56 billion (US\$9 billion for R&D); and US\$47 billion for implementation of current interventions, a funding gap of at least US\$31 billion still exists, including US\$25 billion for implementation and US\$6 billion for the research and development of new tools.

Countries must demonstrate their commitment to stopping TB through their own contributions to TB control, including investments in health care infrastructure.

The G8 must demonstrate their leadership and follow through on their commitments by meeting their Fair Share contributions to TB control.

Bilateral and multilateral funding and initiatives must be accelerated.

XDR-TB and TB/HIV are wake-up calls that demonstrate the critical need to invest in new tools to stop TB. Donors must invest heavily in the research and development of simpler drug regimens that treat all forms of TB; faster and more accurate diagnostics that will provide results in time to provide patients with the best treatment; and a vaccine that will be effective in preventing TB infection in children, adolescents and adults.

Donor countries must increase their contributions to the Global Fund for AIDS, Tuberculosis and Malaria, which currently provides two-thirds of external funding for TB.

Funding must be urgently provided to the Stop TB Partnership's technical partners to assist countries in the implementation of sound TB control policies through the Stop TB Partnership's TBTEAM.

The private sector has a significant contribution to make towards controlling TB, by collaborating closely with governments and institutions to accelerate access to care; developing new tools; scaling up and integrating TB and HIV activities in the workplace and community programmes; and developing awareness and campaigns to increase contributions.

### PATIENTS AND AFFECTED COMMUNITIES MESSAGE

**Urgent efforts must be made to empower TB patients to play an active role in their own case management and TB control, according to the WHO Stop TB Strategy and the Patients' Charter for Tuberculosis Care.**

People with TB are not passive recipients of health care services. Health care workers must support and respect patients' efforts to participate in their own care.

Patients who are empowered and knowledgeable are in a better position to work in collaboration with health care providers to stop TB. The quality of communication between patients and health care providers is known to improve health outcomes for a variety of chronic conditions, including TB.

Investing in the research and development and eventual adoption of new tools to detect, treat and prevent TB will contribute to patient empowerment by increasing their confidence in their diagnosis and in their ability to adhere to the prescribed treatment.

Patients deserve the best possible tools to beat TB: faster and more accurate diagnostics, shorter and more effective treatment regimens and a vaccine that prevents TB infection in the first place.

Patients who are empowered and knowledgeable are in a better position to work in collaboration with health care providers to stop TB.

People with TB are in the best position to talk about the challenges they face on a daily basis and how to improve national TB programmes.

Community resources can contribute to TB services in low-income countries where basic primary health care services may be thinly stretched.

Building partnerships with local communities fosters shared responsibility for health between community and health services.