

# GLOBAL TUBERCULOSIS CONTROL 2004:

## MAIN FINDINGS

### PROGRESS TOWARDS TARGETS FOR CASE DETECTION AND CURE

- **DOTS programmes were over half way to the 70% target for case detection by the end of 2002**

The global, smear-positive case detection rate by DOTS programmes was 37% in 2002.

- **82% of 1.2 million patients were successfully treated in 2001/2, close to the 85% target**

To meet the 85% target globally, a special effort must be made to improve cure rates in Africa.

- **In 2002, the rate of case detection by DOTS was increasing more quickly than at any time since 1995, but not quickly enough to meet the 70% target by 2005**

If recent trends persist, we expect the case detection rate to be about 50% in 2005.

- **By 2005, all TB patients reported in the public sector will receive the internationally recommended standard of care under DOTS**

All public sector programmes for TB treatment are steadily being converted to DOTS.

- **Case detection under DOTS could be increased from 37% to 50% simply by ensuring that the diagnosis and treatment of known TB cases in the Americas, South-East Asia and Europe conforms with the standards demanded by the DOTS strategy**

In these three regions of the world, many patients are reported in the public sector but outside DOTS programmes.

- **To get above 50% case detection, DOTS programmes and public health authorities must rapidly recruit patients from non-participating clinics and hospitals around the world**

Many of these patients will be recruited from the private sector in Asia, and from beyond the present limits of health systems in Africa.

## **THE COST OF MEETING THE TARGETS**

- **Spending in the 22 high-burden countries is not in line with reaching targets for case detection and cure**

Expenditure on TB control in the high-burden countries was US\$ 834-884 million in 2002. This is lower than the anticipated expenditure of US\$ 976 million, the sum that would have been required, in our estimation, to reach 70% case detection by 2005. The 22 countries plan to spend about US\$ 1 billion in 2003, but this is still too little.

- **Ten high-burden countries plan to spend more on TB control, but do not have enough money**

The 10 include China, Indonesia, Bangladesh (among the “big 5”), and Russia. They do not include India, which probably has sufficient resources (including money) to maintain rapid DOTS expansion.

- **Eight high-burden countries do not have sufficiently ambitious plans or budgets to reach the targets**

These are African countries (including Nigeria, South Africa and Zimbabwe), plus Afghanistan and Pakistan. Without better strategic planning, these countries will not reach the targets for case detection and cure.

- **The GFATM will make a major contribution to TB control in some countries, provided the money can be disbursed and absorbed quickly**

By the end of 2003, the GFATM had approved grants (for up to 5 years) of US\$ 608 million for TB control activities, and US\$ 319 million for TB/HIV control, in 56 countries. The total for the first 2 years is US\$ 294 million for TB control and US\$ 90 million for TB/HIV, but only 16% had been disbursed by the end of 2003.

## Estimated TB burden, DOTS detection rate and treatment success for 22 high-burden countries,<sup>a</sup> WHO regions and world, 2002

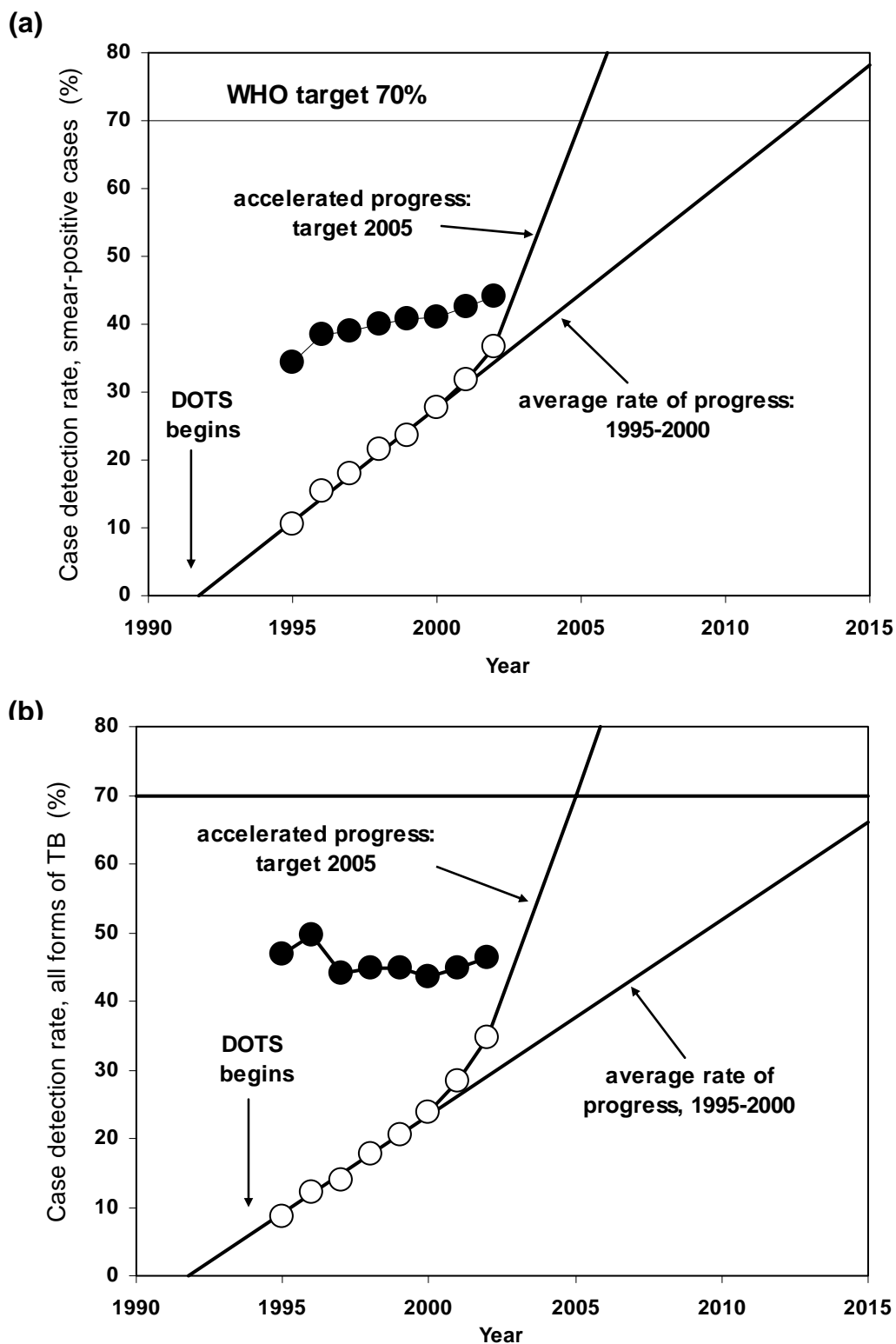
		Estimated number of new TB cases (1000s)	Estimated incidence rate of TB cases (per 100 000)	DOTS detection rate <sup>b</sup> (%)	Treatment success <sup>c</sup> (%)
1	India	1 761	168	31	85
2	China	1 459	113	27	96
3	Indonesia	557	256	30	86
4	Nigeria	368	304	12	79
5	Bangladesh	318	221	32	84
6	Pakistan	272	181	13	77
7	Ethiopia	255	370	33	76
8	Philippines	251	320	58	88
9	South Africa	250	558	96	65
10	DR Congo	196	383	52	77
11	Russian Federation	182	126	6.4	67
12	Kenya	170	540	49	80
13	Viet Nam	155	192	82	93
14	UR Tanzania	132	363	43	81
15	Brazil	110	62	10	67
16	Uganda	94	377	47	56
17	Zimbabwe	88	683	46	71
18	Mozambique	81	436	45	77
19	Thailand	80	128	73	75
20	Afghanistan	76	333	19	84
21	Cambodia	76	549	52	92
22	Myanmar	75	154	73	81
<b>High-burden countries</b>		<b>7 005</b>	<b>180</b>	<b>35</b>	<b>84</b>
	AFR	2 354	350	44	71
	AMR	370	43	46	81
	EMR	622	124	26	83
	EUR	472	54	20	75
	SEAR	2 890	182	35	84
	WPR	2 090	122	36	93
<b>Global</b>		<b>8 797</b>	<b>141</b>	<b>37</b>	<b>82</b>

<sup>a</sup> Twenty-two countries which together account for 80% of the world's new TB cases.

<sup>b</sup> Proportion of estimated new smear-positive cases detected by DOTS programmes.

<sup>c</sup> Proportion of new smear-positive cases registered for treatment in 2001 who were successfully treated.

## Global progress by TB control programmes towards the target of detecting 70% of cases under DOTS



(a) Open circles mark the number of smear-positive cases notified under DOTS 1995-2002, expressed as a percentage of estimated new cases in each year. The solid line through these points indicates the average annual increment from 1995 to 2000 of about 134 000 new cases; the steeper line represents a higher annual increment of approximately 433 000 cases needed to reach the 70% target by 2005 (horizontal line). Closed circles show the total number of smear-positive cases notified (DOTS and non-DOTS) as a percentage of estimated cases.

(b) As (a), but for all forms of TB