

## Executive summary

The burden of suffering and economic loss caused by tuberculosis (TB) is an affront to our conscience. TB is a curable and preventable disease. Urgent action is necessary to scale up our efforts to Stop TB.

As a global movement to accelerate social and political action to stop the spread of TB, the Stop TB Partnership provides the platform for international organizations, countries, donors (public and private sector), governmental and nongovernmental organizations, patient organizations and individuals to contribute to a collective and concerted campaign to Stop TB. Making the most of Partners' efforts, in terms of effectiveness and efficiency, requires a plan. The Stop TB Partnership has developed a Global Plan to Stop TB that covers the period 2006–2015, building on the Partnership's first plan for 2001–2005.

Within the Partnership's strategic approaches for the next decade, the Plan sets out the activities that will make an impact on the global burden of TB. This involves reducing TB incidence – in line with the Millennium Development Goals (MDGs) – and reaching the Partnership's targets for 2015 of halving TB prevalence and deaths compared with 1990 levels. TB is a long-haul disease: the Plan represents a step towards the elimination of TB as a global public health problem by 2050, and the realization of the Partnership's vision of a TB-free world. It sets out the resources needed for actions, underpinned by sound epidemiological analysis with robust budget justifications. It supports the need for long-term planning for action at regional and country level.

The Plan provides a consensus view of what the Stop TB Partnership can achieve by 2015, provided the resources are mobilized to implement the Stop TB strategy according to the steps set out in the Plan. The Stop TB strategy encapsulates the technical approaches for TB programmes to achieve and sustain the high levels of TB case detection and cure (over 70% and 85% respectively) required to decrease the TB burden. The Plan will serve to stimulate political commitment, financial support, effective intervention, patients' involvement, community participation, and – in indicating the potential of the new tools under development to control TB (improved drugs, diagnostics and vaccines) – research and development.

The development of the Plan has relied on contributions from the Stop TB Partnership's seven working groups – on DOTS expansion; DOTS-Plus for multidrug-resistant TB; TB/HIV; new TB diagnostics; new TB drugs; new TB vaccines; and advocacy, communications and social mobilization – coordinated by the Partnership Secretariat. The Working Groups have contributed

to the two key dimensions of the Plan: (1) regional scenarios (projections of the expected impact and costs of activities oriented towards achieving the Partnership's targets for 2015 in each region), and (2) the strategic plans of the working groups and the Secretariat.

What we will achieve if we implement the Plan:

- Implementation of the Stop TB Strategy will expand equitable access for all to quality TB diagnosis and treatment.
- Over the ten years of this Plan, about 50 million people will be treated for TB under the Stop TB Strategy, including about 800 000 patients with multidrug-resistant TB (MDR-TB), and about 3 million patients who have both TB and human immunodeficiency infection (TB/HIV) will be enrolled on antiretroviral therapy (ART) (in line with UNAIDS plans for universal access).
- Some 14 million lives will be saved from 2006 to 2015.
- The first new TB drug for 40 years will be introduced in 2010, with a new short TB regimen (1–2 months) shortly after 2015.
- By 2010, diagnostic tests at the point of care will allow rapid, sensitive and inexpensive detection of active TB. By 2012, a diagnostic toolbox will accurately identify people with latent TB infection and those at high risk of progression to disease.
- By 2015 a new, safe, effective and affordable vaccine will be available with potential for a significant impact on TB control in later years.

In terms of reaching targets, full funding (US\$56 billion) and implementation of the Plan would result in:

- global achievement of the MDG «to have halted by 2015, and begun to reverse, the incidence» of TB;
- global achievement of the Partnership's 2015 targets to halve prevalence and death rates from the 1990 baseline (although achievement of the 2015 targets will most likely be later than 2015 in Eastern Europe and even later in Africa, because of the particular challenges posed by MDR-TB and HIV respectively);
- enormous progress in all regions over the period of the Plan from 2006, to 2015, with prevalence and death rates halved, or almost halved.

The total cost of the Plan – US\$56 billion – represents a threefold increase in annual investment in TB control compared with the first Global Plan. This total includes US\$9 billion for research and development and US\$47 billion for implementation of current interventions (over US\$28 billion for DOTS programmes, an additional US\$6 billion for DOTS-Plus, US\$7 billion for TB/HIV

activities, US\$3 billion for ACSM activities, and US\$3 billion for technical cooperation). Of the US\$ 47 billion for implementation of current interventions, US\$44 billion (94%) are country-level costs, representing about 80% of the Plan's total cost.

The estimated funding gap is US\$31 billion, since an estimated US\$25 billion is likely to be available based on projections of current funding trends. Full funding of the Plan will enable implementation of the Stop TB Strategy and global achievement of the Partnership's targets, as a step towards our vision of a TB-free world.

In a resolution adopted by the Fifty-eighth World Health Assembly in 2005, on «Sustainable Financing for TB Prevention and Control», all countries made a commitment to ensure the availability of sufficient domestic and external resources to achieve the MDG relevant to TB. National governments and donors must fulfil this commitment by mobilizing the funds to increase current levels of funding and fill the US\$31 billion gap.

**With the will, the funds and the action, together we can Stop TB!**