

Introduction

TB kills and blights the lives of poor people

Tuberculosis (TB) kills nearly two million people a year – 5000 every day – mainly in the poorest communities in the developing world.

It afflicts millions more. About one third of the world's population is infected with TB – that is, they have a latent TB infection that may later cause disease to develop. Nearly nine million new cases develop every year. The World Health Organization declared the disease a global emergency as long ago as 1993.

TB has a profoundly damaging economic impact on patients and their families, through spending on diagnosis and treatment, transport to get to health facilities, and time lost from work. Yet it can be cured with drugs that cost as little as US\$14–18 per patient.

The interaction of TB with human immunodeficiency virus (HIV) infection has pernicious effects. TB has become the leading cause of death among people with HIV, while infection with HIV is the most potent risk factor for a latent TB infection to convert to active TB.

As a consequence of poor treatment, strains of *Mycobacterium tuberculosis* – the bacillus that causes TB – have evolved that do not respond to treatment with the standard combination of first-line drugs. Multidrug-resistant TB has now emerged in nearly every country of the world.

In spite of the importance of TB as a global public health problem, diagnosis and treatment of TB still rely on old and imperfect technologies. New tools – diagnostic tests, drugs and vaccines – are urgently needed, particularly for use where the epidemics of HIV and multidrug-resistant TB are most severe.

A critical problem is that still not enough is being done to STOP TB.

In partnership to Stop TB

New technology has the potential to revolutionize TB control. But we can have a major impact on TB in most parts of the world today, by rapidly identifying and curing patients with active disease. This approach is at the heart of the internationally recognized strategy for TB control – the DOTS strategy – which has proven remarkably effective. Some countries in Asia and Latin America have shown the way. In other countries, TB remains a catastrophe in need of urgent measures.

“Stop TB” is a global movement to accelerate social and political action to stop the spread of TB around the world. The Stop TB Partnership was established in 2000 to realize the goal

of eliminating TB as a public health problem and, ultimately, to secure a world free of TB. It is a network of over 400 committed international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations, and individuals working together to achieve that goal.

The Partnership's first step was to develop the Global Plan to Stop TB for 2001–2005, to provide a coherent agenda that could rally key new partners, push forward research and development, and have a rapid impact on TB in the areas suffering most from the epidemic.

Building on progress achieved, the present document – the second Global Plan to Stop TB – is intended to guide Partnership efforts in 2006–2015 to achieve the TB target of the Millennium Development Goals (MDGs), as well as the Partnership's own targets for 2015, which are linked to the MDGs. The Plan has been developed in the context of wider MDG initiatives to reduce poverty.

What can be achieved by 2015

The Partnership's Global Plan for 2006–2015 is ambitious but realistic. It is backed by sound analysis of the strategies, actions and resources needed over the next 10 years.

Provided the necessary resources are mobilized and political commitment is resolute, this is what can be achieved by 2015:

- **MDG target met:** We will have met the MDG target to have halted and begun to reverse the incidence of TB by 2015.
- **Partnership targets met:** In addition, the Partnership's own ambitious 2015 targets – to halve prevalence and death rates from the 1990 baseline – will have been met globally, with enormous progress in all regions.
- **Lives saved:** Over the 10 years of this Plan, some 14 million lives will be saved. About 50 million people will be treated for TB under a new WHO-recommended Stop TB Strategy, based on DOTS. Some 800 000 patients with multidrug-resistant TB will be treated, and more than 3 million people with both TB and HIV will start antiretroviral therapy.
- **Quality of care:** Implementation of the new Stop TB Strategy will expand access to quality diagnosis and treatment, for patients with all types of TB, for patients of all age groups, for men and women equally, and for patients from all socioeconomic strata.
- **New diagnostic tests:** By 2008, new diagnostic tests for more rapid detection of smear-negative TB will be available for use in referral laboratories. By 2010, simple, robust, affordable technologies for use at peripheral levels of the health system will enable rapid, sensitive detection of active TB at the first point of care. By 2015, we will have diagnostic

tests capable not only of identifying people with latent TB infection but also of pinpointing those who are at greatest risk of progression to active disease.

- **New drugs:** The first new TB drug for 40 years will be introduced in 2010, and by 2015 we will be on the verge of a new TB regimen that will achieve cure in 1–2 months, compared with 6–8 months now. This treatment will be effective against multidrug-resistant TB and will be compatible with antiretroviral treatment. By then, clinical trials for new treatment of latent TB infection will be under way.
- **New vaccines:** By 2015 we will have the first of a series of new, safe, effective TB vaccines available at reasonable cost, with potential for a major impact on TB control in later years.
- **Meaningful involvement of patients and communities:** Mechanisms will have been developed to involve patients and communities productively in relevant aspects of TB care and control.
- **Contribution to development:** TB control will feature strongly on the development and political agendas, and investments in TB control will have contributed to poverty reduction and health system development in poor countries. The Stop TB Partnership is committed to being an active player in collaborative efforts to strengthen health systems, and to improve the harmonization and alignment of its efforts.

The regional profiles in Part II of this plan show how the effective use of existing tools will halve prevalence and death rates by 2015 in most regions where the global TB epidemic is concentrated (the Americas, Eastern Mediterranean, South-East Asia and Western Pacific). These regions include several of the countries with the highest burden of TB, e.g. China, India and Indonesia.

Two other regions – Africa and Eastern Europe – will make similar gains over the period of the Plan (2006–2015). However, achievement of the Partnership’s targets may well be later than 2015 in Eastern Europe and even later in Africa, because the targets are specified with 1990 as a baseline year. During the 1990s, failure to check HIV transmission led to a huge upsurge in TB in Africa, while the break-up of the former Soviet Union, with its attendant economic crises, meant that control over the disease slipped in Eastern Europe. From the perspective of TB control, this was a lost decade in these two regions. In August 2005, Ministers of Health in Africa declared TB an emergency in the African region – a response to an epidemic in which the annual number of new TB cases in most African countries has more than quadrupled since 1990, and which is continuing to rage across the continent, killing more than half a million people every year.

Similarly, recognizing TB in the WHO European Region as a regional emergency, in February 2005 the Regional Director

called on all Member States to ensure that TB is given the highest priority on the health and development agenda.

To achieve the targets in Africa and Eastern Europe by 2015 would require tremendous improvements in health systems, halving HIV incidence rapidly, and the early availability of new tools to increase diagnostic capacity, substantially shorten treatment, and effectively prevent TB transmission. It is unlikely that even massive additional funding or greater effort would be successful in completely overcoming the constraints by 2015. Nevertheless the plan describes an agenda for vigorous action in the next few years.

What needs to be done

The Global Plan sets out what needs to be done. It is in three parts:

- **Part I** sets out the Partnership’s strategic directions for 2006–2015, based on recent achievements and the current situation.
- **Part II** summarizes planned regional activities, costs and impact for all regions with a high burden of TB, based on an ambitious but realistic scenario. It also considers what would be needed to accelerate progress towards halving prevalence and death rates in Africa and Eastern Europe.
- **Part III** summarizes the strategic plans for the Partnership’s working groups and Secretariat.

The Global Plan 2006–2015 builds on the foundation for global TB control laid with the introduction of DOTS, and the accelerated action over the past five years since the inception of the Partnership. Overall it requires a further massive intensification of commitment and effort to implement in full the new Stop TB strategy based on DOTS.

It will also require funding of US\$56 billion over 10 years. More than 80% of this funding – some US\$44 billion – is for investment at the country level, while US\$12 billion is needed at global level to support technical cooperation provided by external agencies, and research and development for new drugs, vaccines and diagnostic tests. An investment of US\$56 billion will yield considerable rewards in terms of lives saved, illness, misery and poverty reduced, and the prospect of powerful new drugs, vaccines and diagnostic tests.

These achievements are within our grasp if we can rise to the considerable challenges in implementing the Plan. They would be exciting achievements in their own right. But, more than that, they are also steps on the way to the Partnership’s visionary longer-term goal of eliminating TB.