

World TB Day 2007
Statement from Dr Mario Raviglione, WHO Director, Stop TB Department

In 1993, WHO declared TB a public health emergency and called on all governments, in all regions of the world, to make scaling up TB control an immediately priority. Today, 14 years on, WHO can report for the first time since that declaration, global incidence of TB may have peaked in 2005 with 8.6 million cases, and perhaps begun to decline.

This is thanks to a regular slow decline in Asia and Latin America, and the possible peaking of the TB epidemic in Africa and also in Europe. If this trend is confirmed in the next three to four years, then the Millennium Development Goal relevant to TB may be reached years before 2015.

Mortality is also declining with 1.6 million estimated deaths in 2005, as opposed to 1.7 million in 2004. This is the result of the adoption of the DOTS approach to TB treatment by nearly all countries of the world today, and the remarkable progress in scaling-up treatment especially in India, China and Indonesia.

The World Health Assembly set targets for 2005 for TB control. This is the year WHO takes stock on how well the world did against these targets. The global case detection rate was 60% in 2005, instead of targeted 70%, and global treatment success was 84%, instead of 85%. Although a near-miss, these results have had an impact on the TB burden, and helped in achieving the incidence and mortality decline mentioned already. 26 countries and areas, and the WPRO Region as a whole, have achieved the global targets.

As we mark World TB Day 2007, it is important to acknowledge the progress nations have made in improving access, with more than 26 million TB patients treated to date under DOTS. Many former patients are alive today as a result of the strong commitment to address tuberculosis face on, in the countries most affected by this disease.

We cannot afford to lose the momentum in place now, especially when we look closely at the data in this year's WHO Global TB Control Report. By doing so, we are seeing the warnings of some serious obstacles and alarming developments in TB. If these are left unchallenged, the gains we have made over the last ten years will be jeopardized. This cannot be allowed to happen.

For example, even though the incidence decline may have begun, the expected reduction trend will be very slow. In Asia, where 60% of all cases of TB occur, the reduction is only 1% per year, and in Africa the reduction will depend upon that of HIV incidence. Thus, it will take, not decades, but centuries, to eliminate TB at this slow pace.

Multidrug-resistant TB - or MDR-TB - which is resistant to the two most powerful first-line drugs, exists in countries around the world as a result of bad practices over the past decades and the slow pace of adoption of DOTS. MDR-TB is alarming levels in Eastern Europe, Central Asia, and in parts of China.

Still worse is the appearance of XDR-TB - shorthand for Extensively Drug-Resistant TB - a form of TB resistant not only to first-line drugs but also to second-line drugs, making treatment nearly impossible in some cases.

XDR-TB has been documented so far in at least 35 countries worldwide, including all G8 countries. However, many countries lack the capacity to even detect this form of disease. More concerning is the emergence of XDR-TB in southern Africa among people living with HIV/AIDS, where it has been associated with a more than 90% case fatality rate. A special WHO Task Force has outlined actions that are urgently required to respond to this threat. There must be no delay in putting those measures in place to halt the spread of XDR-TB.

Other challenges countries are reporting efforts to address include: the strengthening of basic DOTS programmes, especially the laboratory systems; the slow, though promising, implementation of TB/HIV collaborative interventions and MDR-TB management; improving basic primary services and health systems in general; the involvement of the private sector and civil society; and, last but not least, a major effort to intensify research towards operational solutions and new diagnostics, drugs and vaccines.

All these actions are part of WHO's new Stop TB Strategy and the Stop TB Partnership's Global Plan to Stop TB. By ensuring their implementation, supported by the necessary funding and high-level commitment, we will make progress towards our shared vision - the eventual elimination of TB as a public health problem and ultimately a world free of TB.