



World Health
Organization

Stop TB Partnership

2007 TUBERCULOSIS FACTS

- TB is contagious and **spreads through the air**; if not treated, each person with active TB infects on average 10 to 15 people every year
- **2 billion people**, equal to one-third of the world's total population, are infected with TB bacilli, the microbes that cause TB
- **1 in 10 people** infected with TB bacilli will become sick with active TB in their lifetime; people with HIV are at much greater risk
- TB is a **disease of poverty**; affecting mostly young adults in their most productive years; the vast majority of TB deaths are in the developing world, with more than half of all deaths occurring in Asia
- **1.6 million** people died from TB in 2005, equal to an estimated 4400 deaths a day
- TB is a leading killer among HIV-infected people with weakened immune systems; about 200 000 **people living with HIV/AIDS** die from TB every year, most of them being in Africa
- There were **8.8 million new TB cases** in 2005 and 80% of them in 22 countries
- TB annual **incidence rates are now stable or falling** in all six WHO regions and have peaked globally; however, the total **number of cases is still rising** in the African, Eastern Mediterranean and South East-Asian regions
- TB is a **worldwide pandemic**; although the highest rates per capita are in Africa (28% of all TB cases), half of all new cases are in 6 Asian countries (Bangladesh, China, India, Indonesia, Pakistan, the Philippines)
- **Multidrug-resistant TB** (MDR-TB) is a form of TB that does not respond to the standard treatments using first-line drugs; MDR-TB is present in virtually all countries recently surveyed by WHO and partners
- **450 000** new MDR-TB cases are estimated to occur every year; the highest rates of MDR-TB are in countries of the former Soviet Union and in China
- **Extensively drug-resistant TB** (XDR-TB) occurs when resistance to second-line drugs develops; it is extremely difficult to treat, and cases have been confirmed in all regions of the world
- **World TB Day** is held every year on March 24th, the anniversary of the discovery of the TB bacillus in 1882 by the German microbiologist Robert Koch

THE TB TARGETS

- **2015**
Millennium Development Goals target to have halted and begun to reverse incidence; and associated Stop TB Partnership targets of halving prevalence and deaths by 2015 in comparison with 1990
- **2050**
Eliminate TB as a public health problem
- **2005**
World Health Assembly targets to detect at least 70% of sputum smear-positive, i.e. infectious, TB cases and treat successfully 85% of detected cases
- Globally, programmes achieved **60%** detection rates and **84%** treatment success rates; both targets were achieved in the Western Pacific region and in 26 countries worldwide, including China, the Philippines and Viet Nam; the detection and treatment targets will continue to be pursued in all remaining countries

The six components of the STOP TB Strategy:

- Pursue high-quality DOTS expansion and enhancement
- Address TB/HIV, MDR-TB and other challenges
- Contribute to health system strengthening
- Engage all care providers
- Empower people with TB, and communities
- Enable and promote research



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TUBERCULOSIS THE RESPONSE

- WHO's **Stop TB Strategy** (see table on previous page) aims to reach all patients and ensure the 2015 MDG target is met
- The Stop TB Strategy is based on DOTS and emphasizes the need for a **health system approach** and the importance of effective primary health care to address the TB epidemic
- **DOTS** has five elements: (i) political commitment with increased and sustained financing (ii) case detection through quality-assured bacteriology (iii) standardized treatment with supervision and patient support (iv) an effective drug supply and management system (v) monitoring and evaluation system, and impact measurement
- More than **26 million TB patients** have been treated under DOTS since 1995; 187 countries have adopted DOTS, although DOTS services in many countries need to be expanded and strengthened
- The **WHO Stop TB Department** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication
- The **Stop TB Partnership** (with its secretariat housed by WHO) is a network of 500 stakeholders; it has a Coordinating Board and 7 working groups: Advocacy, Communication and Social Mobilization; DOTS Expansion; MDR-TB; TB/HIV; New Drugs; New Diagnostics; New Vaccines
- Full funding of the **Global Plan to Stop TB 2006–2015** will cost US\$ 56 billion, and represents a three-fold increase in investment compared with 2005; the estimated funding gap is US\$ 31 billion
- The **Global Drug Facility**, run by the Stop TB Partnership, has expanded access to drugs for TB patients in more than 80 countries
- Projects managing MDR-TB can apply through the **Green Light Committee** for access to quality assured second-line anti-TB drugs at much reduced prices; it has approved the enrolment of more than 25 000 patients in 42 countries since it was established in 2000
- The WHO **Global XDR-TB Task Force** met for the first time in October 2006, and outlined measures to strengthen TB programmes and prevent, treat and control XDR-TB
- In 2005, 46 African Health Ministers declared TB a regional **emergency in Africa**; WHO has also warned of a TB **emergency in Europe**
- The UN Secretary-General appointed the former President of Portugal, Jorge Sampaio, as the first **UN Special Envoy to Stop TB** in 2006; his role is to strengthen political commitment on TB at the highest levels to ensure the Global Plan to Stop TB 2006-2015 is implemented
- **Nelson Mandela** warned that "We cannot fight AIDS unless we do much more to fight TB"; WHO's policy on collaborative TB/HIV activities provides the type of activities and the circumstances that ensure those words can be put into action
- A **Stop TB Partnership for Europe** was launched in October 2006 to engage key European stakeholders in promoting a more robust response to the region's epidemic
- The **International Standards for TB Care** describe a level of care that all practitioners should seek in managing TB patients; the **Patients' Charter for TB Care** outlines the rights and responsibilities of TB patients

The Global Plan to STOP TB 2006–2015

Full funding and implementation will:

- Achieve the Millennium Development Goal to have halted and begun to reverse the incidence of TB by 2015
- Expand access to high-quality TB diagnosis and treatment for all
- Save an additional 14 million lives
- Treat 50 million people for TB
- Treat all diagnosed MDR-TB patients
- Put 3 million TB patients coinfected with HIV onto antiretrovirals
- Produce the first new anti-TB drug in 40 years by 2010
- Develop a new vaccine by 2015
- Provide rapid and inexpensive diagnostic tests at the point of care