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

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.

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.

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
The Global Plan to STOP TB 2006–2015

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

Full funding and implementation will:

- Provide rapid and inexpensive diagnostic tests at the point of care
- 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
- Treat all diagnosed MDR-TB patients
- Put 3 million TB patients coinfected with HIV onto antiretrovirals
- 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

The WHO 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, and (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.

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.