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

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

More than 2 billion people, equal to one-third of the world's population, are infected with TB bacilli, the microbes that cause TB

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

1.7 million people died from TB in 2006 including 231,000 people with HIV. This is equal to 4,500 deaths a day

There were 9.2 million new TB cases in 2006, including 709,000 cases among people living with HIV

TB annual incidence rates have peaked globally in 2003-2004. However they are falling very slowly in all WHO regions, and stagnating in E. Europe. The total number of deaths and cases is still rising due to population growth

Progress in controlling TB slowed in 2006 with only a 3% increase in rates of cases detected, compared to an average 6% increase per year between 2001 and 2005. Globally, nearly 4 out of 10 TB cases are still not being properly detected and treated

TB is a leading killer of people with HIV. People who are HIV-positive and infected with TB are up to 50 times more likely to develop active TB in their lifetime than people who are HIV-negative

Africa accounted for 85% of estimated global HIV-positive TB cases in 2006. Though South Africa represents 0.7% of the world's population, it has 28% of the global number of HIV-positive TB cases

Multidrug-resistant TB (MDR-TB) is a form of TB that is difficult and expensive to treat and fails to respond to standard first line drugs. Extensively drug-resistant TB (XDR-TB) occurs when resistance to second-line drugs develops on top of MDR-TB. XDR-TB is virtually untreatable

5% of all TB cases have MDR-TB, based on data from more than 100 countries collected during the last decade

Every year, an estimated 490,000 new MDR-TB cases occur causing more than 130,000 deaths. The former Soviet Union countries and China account for the highest rates. There are an estimated 40,000 new XDR-TB cases annually

WHO reported in 2008 the highest rates of MDR-TB ever recorded with peaks up to 22% of new TB cases in some settings of the former Soviet Union. In the same region, 1 in 10 cases of MDR-TB is XDR-TB

In a KwaZulu Natal (South Africa) outbreak, 52 out of 53 people infected with XDR-TB died on average within three weeks from diagnosis. Most were HIV-positive and many were on ARVs

By March 2008, XDR-TB cases had been confirmed in more than 45 countries and in all regions of the world

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 700 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
Pursue high-quality DOTS expansion and enhancement

- DOTS has 5 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
- Nearly 32 million TB patients have been treated under DOTS since 1995. The global average cure rate was 85% in 2006, with lowest levels in Africa (76%) and Europe (67%)
- The Global Drug Facility, run by the Stop TB Partnership, has expanded access to drugs for TB patients in more than 52 countries offering 11 million patient treatments
- A Global Laboratory Initiative is supporting rapidly increased access to diagnostic tools and technical capacity, and paving the way for use of new technologies

Address TB/HIV, MDR-TB and other challenges

- TB patients tested for HIV increased from 470,000 to 700,000 from 2005 to 2006; countries making the most progress in this area were Rwanda, Malawi and Kenya
- In 2006, 66,601 TB patients began ARV therapy, 310,000 people living with HIV were screened for TB and 12% were found to have active TB. Access must increase for intensified case finding, preventive therapy and infection control
- The Green Light Committee for access to quality-assured second-line drugs at much reduced prices has approved the enrolment of over 30,000 patients in 52 countries since 2000
- The Global Project on Anti-TB Drug Resistance Surveillance has supported data collection in 125 settings in 105 countries, with the help of 26 supranational reference labs
- Global partners are implementing actions in response to the 8 recommendations put forward in 2006 by the Global XDR-TB Task Force: i) strengthen TB control through the Stop TB Strategy ii) scale up MDR/XDR-TB programmes iii) expand laboratory services iv) expand surveillance v) establish infection control vi) increase awareness and information vii) pursue funding viii) promote R&D

Contribute to health system strengthening

- A WHO Task Force on Health System Strengthening and TB Control has developed guiding principles on how National TB Programs can help strengthen systems
- The integrated Practical Approach to Lung Health is being expanded into 32 countries
- TB partners are engaged in initiatives to reinforce overall human resources, financing, primary care, management and information system capacity and innovation including collaboration with the Global Fund, the Global Workforce Alliance, the Health Metrics Network, and the International Health Partnership

Engage all care providers

- 14 of the highest TB burden countries are now scaling up public-private mix models of TB care, which have been shown to increase TB case detection from 10% to 36%
- International Standards for TB Care have been formulated for all practitioners, endorsed by medical associations, and promoted for use in public and private sectors

Empower people with TB, and communities

- Guidelines have been developed with NGOs and civil society to guide TB prevention, care and control; 20 countries are now scaling up community models of care
- The Global Fund and other resources are enabling new TB advocacy, communication and social mobilization efforts
- The Patients’ Charter, developed by TB patients, outlines the rights and responsibilities of TB patients and is a pathfinder in public health
- In 2007, 49 European governments signed the Berlin Declaration to prioritise TB control across the region

Enable and promote research

- New financing has fueled new diagnostics, drugs and vaccines development but still too slowly
- A Stop TB Research Movement has been initiated to make TB research more prominent in health agendas

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