



World Health
Organization

Stop TB Partnership

2008 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
- **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 TB TARGETS FOR 2015

UN Millennium Development Goals: to have halted and begun to reverse incidence

Current assessment - On target in all regions, except Europe

The Stop TB Partnership targets: halving prevalence and deaths by 2015 in comparison with 1990

Current assessment – Not on target, with Africa and Europe behind

If the Global Plan to Stop TB 2006-2015

is fully funded and implemented

14 million lives will be saved and 50 million people treated

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

Implementing the **STOP TB Strategy 2008**

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
- **184 countries** have adopted DOTS, although services in many countries need to be expanded and strengthened
- Funding for TB control implementation has increased, but for 2008 there is still a **shortfall of US\$ 1 billion** for the 90 countries with 91% of global TB cases
- 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
- Major financial mechanisms, e.g. **The Global Fund, UNITAID**, are expanding their support

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