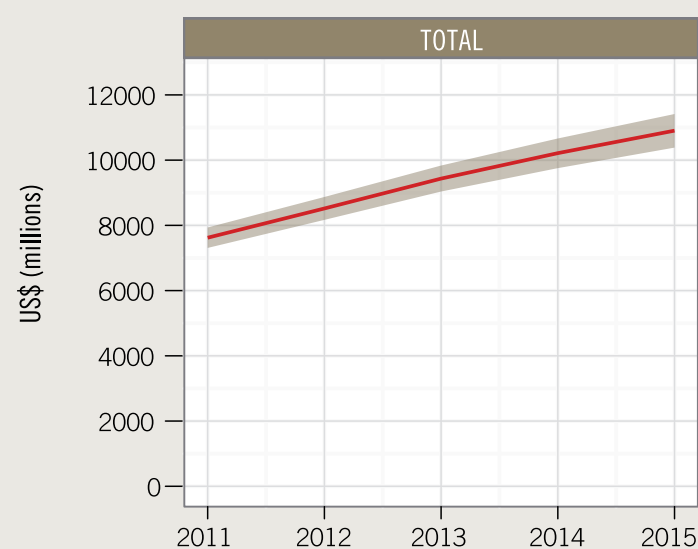


SUMMARY OF ESTIMATED FUNDING REQUIRED TO IMPLEMENT THE GLOBAL PLAN TO STOP TB 2011–2015

| PLAN COMPONENT | TOTAL FUNDING REQUIRED, US\$ BILLIONS (% TOTAL) |
|---------------------------------|---|
| Implementation | 36.9 (79%) |
| DOTS (TB care) | 22.6 (48%) |
| Drug-resistant TB | 7.1 (15%) |
| TB/HIV | 2.8 (6%) |
| Laboratory strengthening | 4.0 (8%) |
| Technical assistance | 0.4 (1%) |
| Research and Development | 9.8 (21%) |
| Fundamental research | 2.1 (5%) |
| New diagnostics | 1.7 (4%) |
| New drugs | 3.7 (8%) |
| New vaccines | 1.9 (4%) |
| Operational research | 0.4 (1%) |
| All components | 46.7 (100%) |

The projected funding gap for meeting all the goals and targets of the *Global Plan to Stop TB 2011–2015* is US\$ 21 billion.

TOTAL FUNDING REQUIREMENTS



THE GLOBAL PLAN TO STOP TB 2011–2015

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THE GLOBAL PLAN TO STOP TB 2011–2015

Transforming the Fight

TOWARDS ELIMINATION OF TUBERCULOSIS

FAST FACTS

WHY A NEW GLOBAL PLAN TO STOP TB?

In 2006 the Stop TB Partnership launched the *Global Plan to Stop TB 2006–2015*, whose goals were twofold:

- reach the UN Millennium Development Goal of halting and beginning to reverse the epidemic by 2015
- halve TB prevalence and death rates by 2015, compared with 1990 levels.

The Partnership recognized in 2010 that there was a need to produce an updated plan that would take into account progress made since 2006 and changes in TB policy and epidemiology.

EXPECTED ACHIEVEMENTS IN TB CARE, 2011–2015

| PLAN COMPONENT | BEST ESTIMATE IN MILLIONS |
|---|---------------------------|
| Laboratory strengthening | |
| People with drug-susceptible TB diagnosed, notified and treated | 32.5 |
| People with drug-susceptible TB successfully treated | 27.9 |
| Drug-resistant TB/laboratory strengthening | |
| Previously treated TB patients tested for MDR-TB* | 4.5 |
| New TB patients tested for MDR-TB | 2.6 |
| Cases of MDR-TB treated according to international guidelines | 1.1 |
| Cases of MDR-TB successfully treated | 0.8 |
| TB/HIV/laboratory strengthening | |
| TB patients tested for HIV | 29.9 |
| HIV-positive TB patients enrolled on cotrimoxazole | 4.1 |
| HIV-positive TB patients enrolled on antiretroviral treatment | 4.0 |
| People living with HIV screened for TB at last visit to HIV care services | 71.1 |

* multidrug-resistant tuberculosis

WHAT'S THE SAME AND WHAT'S NEW IN THE *GLOBAL PLAN TO STOP TB 2011–2015*?

What is the same?

- Focus on 2015 targets.
- Calculation of financial requirements for both TB care and research and development up to 2015
- A guide for planning within countries
- Focus on low- and middle-income countries
- Structured according to the working groups of the Stop TB Partnership

What is new?

- Laboratory strengthening - included as a major component
- Fundamental research and operational research - goals and targets included
- Strategic frameworks to set out each major component of the plan in a clear and consistent format
- Up-to-date epidemiological projections
- Updated targets for TB care and for research and development
- Updated funding requirements

Download the complete *Global Plan to Stop TB 2011–2015* at:

www.stoptb.org

TB IN THE WORLD: ANNUAL IMPACT

- Each year, a total of **9 million** new cases
- More than **1 million cases** among people living with HIV
- **Half a million cases** of MDR-TB
- Nearly **2 million deaths**

2010 STATUS: ACHIEVEMENTS OF THE GLOBAL PLAN TO STOP TB 2006-2015

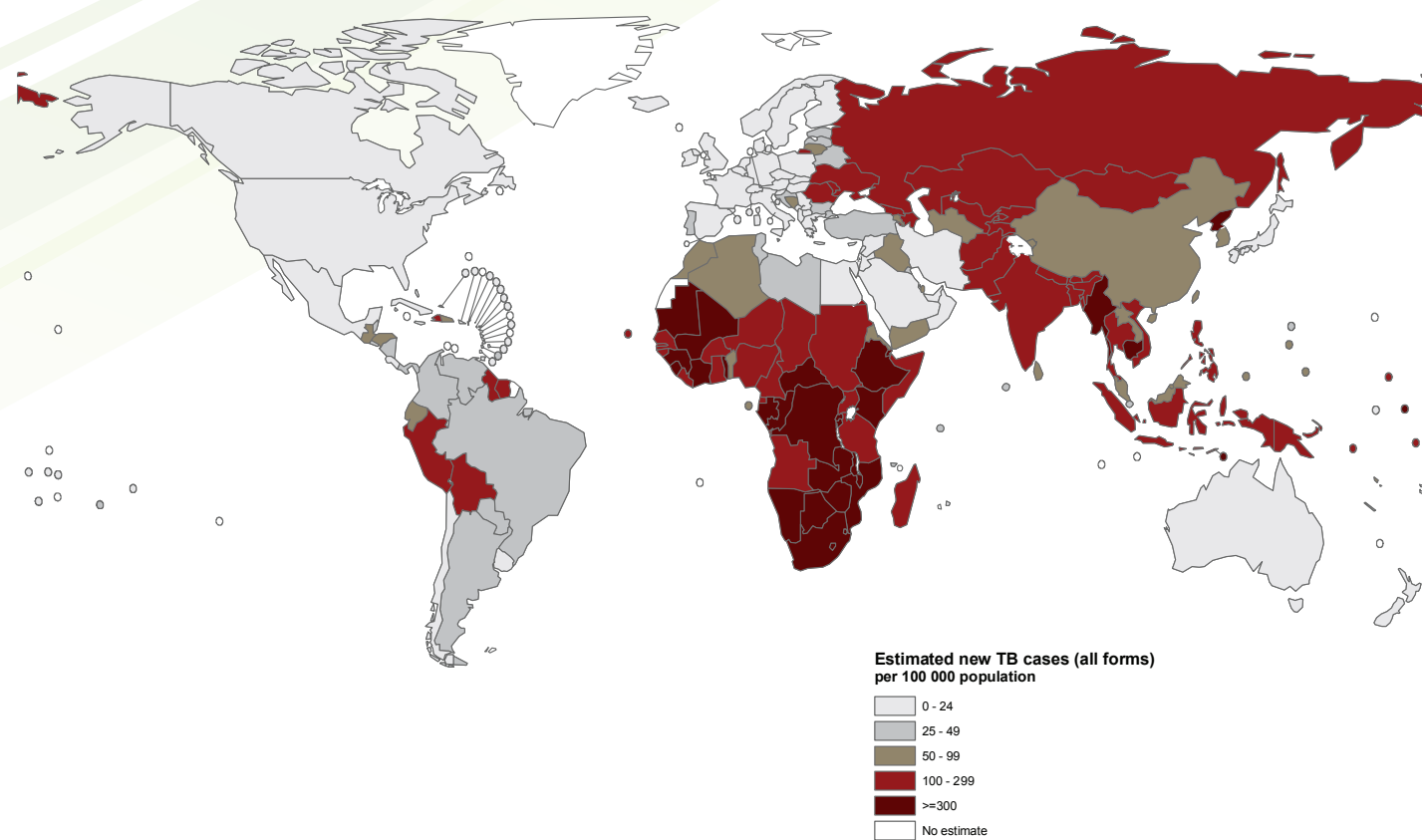
- Incidence declining slowly since peak in 2004
- **86% treatment success** rate using WHO-recommended approach
- Death rate declining since 2000
- **Stop TB Partnership target to halve death rate by 2015** compared to 1990 levels on track in Asia, the Americas and the Eastern Mediterranean

COST OF INACTION

Without dramatic increases in funding and political commitment between 2010 and 2015:

- **Over 50 million people** will develop active TB
- **Over 10 million lives** will be lost to this preventable, curable disease; 4 million of them will be women and children
- **Millions of children** will be orphaned needlessly
- **Over 2 million cases** of MDR-TB will emerge for want of proper care

ESTIMATED TB INCIDENCE BY COUNTRY, 2009



SUMMARY OF MAIN IMPLEMENTATION TARGETS

| PLAN COMPONENT AND INDICATORS | BASELINE 2009 | TARGET 2015 |
|---|---------------|-------------|
| DOTS/Laboratory strengthening | | |
| Number of cases diagnosed, notified and treated according to the DOTS approach (per year) | 5.8 million | 6.9 million |
| Treatment success rate (in annual cohort) | 86% | 90% |
| Number of countries with ≥1 laboratory with sputum smear microscopy services per 100 000 population | ≥75 | 149 |
| Percentage of laboratories providing sputum smear microscopy services that are using LED microscopes for diagnosis of smear-positive TB | <1% | 20% |
| Drug-resistant TB/Laboratory strengthening | | |
| Percentage of previously treated TB patients tested for MDR-TB | 7% | 100% |
| Percentage of new TB patients tested for MDR-TB | 7% | 20% |
| Number of countries among the 22 high burden countries (HBCs) and 27 high MDR-TB burden countries with ≥1 culture laboratory per 5 million population | 18-21 | 36 |
| Percentage of confirmed cases of MDR-TB enrolled on treatment according to international guidelines | 36% | 100% |
| Number of confirmed cases of MDR-TB enrolled on treatment according to international guidelines | 11 000 | ~270 000 |
| Treatment success rate among confirmed cases of MDR-TB | 60% | ≥75% |
| TB/HIV/Laboratory strengthening | | |
| Percentage of acid-fast bacilli (AFB) smear-negative, newly notified TB cases screened using culture and/or molecular-based test | <1% | ≥50% |
| Percentage of TB patients tested for HIV | 26% | 100% |
| Percentage of HIV-positive TB patients treated with co-trimoxazole therapy (CPT) | 75% | 100% |
| Percentage of HIV-positive TB patients treated with antiretroviral therapy (ART) | 37% | 100% |
| Percentage of people living with HIV attending HIV care services who were screened for TB at their last visit | ~25% | 100% |
| Percentage of people living with HIV attending HIV care services who were enrolled on isoniazid preventive treatment (IPT), among those eligible | <1% | 100% |
| Laboratory strengthening (additional to those above) | | |
| Percentage of national reference laboratories implementing a quality management system according to international standards | <5% | ≥50% |

SUMMARY OF MAIN RESEARCH AND DEVELOPMENT TARGETS

| PLAN COMPONENT AND INDICATORS | BASELINE 2010 | TARGET 2015 |
|---|---------------|-------------|
| Fundamental research | | |
| New funding for fundamental research, per year (US\$ millions) | 98 | 450 |
| New diagnostics | | |
| Number of new tests for the diagnosis of active TB that can be used in district laboratories | 1 | 2 |
| Number of new tests for the diagnosis of active TB in peripheral-level laboratories | 1 | 2 |
| Number of new point-of-care tests for the diagnosis of active TB in peripheral-level health centres | 0 | 2 |
| Number of new tests for the diagnosis of drug-resistant TB in district laboratories | 0 | 2 |
| Number of new tests for the diagnosis of drug-resistant TB in peripheral-level laboratories | 0 | 1 |
| Number of new tests for the diagnosis of drug-resistant TB in health centres | 0 | 1 |
| New drugs | | |
| Number of new and/or repurposed drugs in Phase I trials | 3 | 21 |
| Number of single or combination Phase II trials investigating new and/or repurposed drugs | 6 | 34 |
| Number of new regimens for drug-susceptible TB in Phase III trials | 2 | 3 |
| Number of new regimens for drug-resistant TB in Phase III trials | 0 | 2 |
| Duration of treatment of latent TB infection | 4-6 months | 2-3 months |
| New vaccines | | |
| Number of vaccine candidates that have entered Phase I trials | 5 | 20 |
| Number of vaccine candidates that have entered Phase II trials | 2 | 9 |
| Number of vaccine candidates that have entered Phase IIb trials | 2 | 3 |
| Number of vaccine candidates that have entered Phase III trials | 1 | 4 |
| Operational research | | |
| New funding for operational research, per year (US\$ millions) | 35 | 86 |