

# Introduction

The goal of this series of annual reports is to chart progress in global TB control and, in particular, progress in implementing the DOTS strategy, the internationally recommended approach to TB control.<sup>1,2</sup> The targets for global TB control ratified by the 1991 World Health Assembly<sup>3</sup> are: (1) to treat successfully 85% of detected smear-positive TB cases, and (2) to detect 70% of all smear-positive cases. Since these targets were not reached by the end of year 2000 as originally planned, the target year has been re-set to 2005.<sup>4</sup>

Monitoring and evaluation are carried out through WHO's Global TB Monitoring and Surveillance Project, in close collaboration with the DOTS Expansion Working Group of the Stop TB Partnership. In the 2003 report<sup>5</sup> we estimated that the smear-positive case detection rate was 32% at the end of 2001, and concluded that, if the observed rate of DOTS expansion

from 1995 to 2001 was maintained, the 70% detection target would not be reached by 2005. The report pointed out that, to reach the 70% target, DOTS programmes would have to improve case finding within areas already designated as DOTS, and they would have to continue expanding DOTS geographically. To reach the 85% target for treatment success, cure rates would have to be improved under DOTS in some countries, especially those in sub-Saharan Africa. Although funding for TB programmes, and planning for DOTS expansion, had both improved during 2002, deficiencies in staff and health infrastructure were identified as significant obstacles to DOTS expansion. In addition, NTPs were significantly underestimating the cost of rectifying these deficiencies.

This 8th annual report provides an update of progress in TB control for most WHO member states and other

territories. We present data collected during 2003 on case notifications for 2002 and treatment results for patients registered in 2001, and compare the status of DOTS implementation within and among countries by the end of 2002. We also reassess plans for, and the major constraints to, TB control in the 22 HBCs, and analyse the latest available data on expenditures (2002) and budgets (2003). Our review of the planning process includes, for the first time, an assessment of collaborative TB/HIV activities in countries and the steps being taken to manage drug resistance, including some data from recent surveys of resistance.<sup>6</sup> All this information is placed in the context of data presented in previous reports, allowing us to chart progress in global TB control over the past eight years, and to consider the prospects for reaching the targets for case detection and cure by 2005.

<sup>1</sup> WHO. Tuberculosis Programme. Framework for Effective Tuberculosis Control. Geneva, WHO/TB/94.179.

<sup>2</sup> WHO. *An Expanded Framework for Effective Tuberculosis Control*. Geneva, WHA44/1991/REC/1.

<sup>3</sup> WHO. Forty-fourth World Health Assembly, Resolutions and Decisions. Geneva, WHA44/1991/REC/1.

<sup>4</sup> WHO. Fifty-third World Health Assembly. Stop Tuberculosis Initiative, Report by the Director General. A53/5, 5 May 2000.

<sup>5</sup> WHO. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2003. Geneva, WHO/CDS/TB/2003.316. See [www.who.int/gtb/publications/globrep/](http://www.who.int/gtb/publications/globrep/)

<sup>6</sup> These data will be fully described and analysed in a separate report: WHO/IUATLD. Anti-tuberculosis Drug Resistance in the World. Report No. 3 (to be published 2004).