

Summary

Tuberculosis (TB) is a major cause of illness and death worldwide, especially in Asia and Africa. Globally, 9.2 million new cases and 1.7 million deaths from TB occurred in 2006, of which 0.7 million cases and 0.2 million deaths were in HIV-positive people. Population growth has boosted these numbers compared with those reported by the World Health Organization (WHO) for previous years. More positively, and reinforcing a finding first reported in 2007, the number of new cases per capita appears to have been falling globally since 2003, and in all six WHO regions except the European Region where rates are approximately stable. If this trend is sustained, Millennium Development Goal 6, to have halted and begun to reverse the incidence of TB, will be achieved well before the target date of 2015. Four regions are also on track to halve prevalence and death rates by 2015 compared with 1990 levels, in line with targets set by the Stop TB Partnership. Africa and Europe are not on track to reach these targets, following large increases in the incidence of TB during the 1990s. At current rates of progress these regions will prevent the targets being achieved globally.

The Stop TB Strategy is WHO's recommended approach to reducing the burden of TB in line with global targets. The Global Plan of the Stop TB Partnership details the scale at which the six components of the strategy should be implemented if the global targets are to be achieved. To date, progress has been mixed. The first component of the strategy – the detection and treatment of new cases in DOTS programmes – fares best. Globally, the rate of case detection for new smear-positive cases reached 61% in 2006 (compared with the target of at least 70%) and the treatment success rate improved to 84.7% in 2005, just

below the target of 85%. Progress in the implementation and planning of other parts of the strategy ranges from major – with provision of TB/HIV interventions for TB patients in the African Region – to minor – with a need for improved guidance on advocacy, communication and social mobilization (ACSM) activities, and more ambitious planning for treatment of patients with multidrug-resistant TB (MDR-TB), in the European, South-East Asia and Western Pacific regions.

Available funding for TB control in 2008 peaked at US\$ 3.3 billion across 90 countries (with 91% of global cases) that reported data, up from less than US\$ 1 billion in 2002. Nonetheless, these same countries reported funding gaps totalling US\$ 385 million in 2008; only five of the 22 high-burden countries reported no funding gap. The gap between the funding reported to be available by countries and the funding requirements estimated to be needed for the same countries in the Global Plan is larger still: US\$ 1 billion. This is mainly due to the higher funding requirements for collaborative TB/HIV activities, management of MDR-TB and ACSM in the Global Plan, compared with country reports.

Progress in case detection slowed globally in 2006 and began to stall in China and India. The detection rate in the African Region remains low in absolute terms. Budgets stagnated between 2007 and 2008 in all but five of the 22 high-burden countries. Incidence rates are falling slowly compared with the 5–10% decline annually that is theoretically feasible. Renewed effort to accelerate progress in global TB control in line with the expectations of the Global Plan, supported by intensified resource mobilization from domestic and donor sources, is needed.