

Conclusions

The main purpose of WHO's annual report on global TB control is to provide a comprehensive and up-to-date assessment of the TB epidemic and progress in controlling the disease at global, regional and country levels, in the context of global targets set for 2015.

The latest estimates of the global burden of TB are that there were 9.3 million incident cases of TB and 13.7 million prevalent cases of TB in 2007. There were also 1.3 million deaths from TB among HIV-negative people in 2007, and an additional 456 000 deaths among HIV-positive TB cases – equivalent to 23% of the total deaths attributed to HIV. The number of incident cases is increasing slowly in absolute terms due to population growth, with 86% of incident cases in Africa and Asia. Nonetheless, the number of incident cases per capita is falling slowly, both globally (with a rate of decline of less than 1% per year) and in all six WHO regions except the European Region (where rates are approximately stable). Incidence rates appear to have peaked globally in 2004, and if this is confirmed by further monitoring MDG Target 6.c – to halt and reverse incidence by 2015 – will have been achieved ten years ahead of the target date. Prevalence and mortality rates are also falling globally and in all six WHO regions. At least three of the six WHO regions – the Eastern Mediterranean and South-East Asia regions as well as the Region of the Americas – are on track to achieve the Stop TB Partnership's targets of halving prevalence and mortality rates by 2015 compared with their level in 1990. The Western Pacific Region is on track to halve the prevalence rate by 2015, but the mortality target may be narrowly missed. The African and European regions are far from achieving both targets, and for this reason it is unlikely that 1990 prevalence and death rates will be halved by 2015 for the world as a whole.

The Stop TB Strategy is WHO's recommended approach to reducing the burden of TB in line with global targets; the Stop TB Partnership's Global Plan to Stop TB has set out the scale at which the interventions included in the strategy need to be implemented in each year 2006 to 2015.

To date, DOTS is the component of the strategy that is most widely implemented and for which progress is closest to the milestones included in the Global Plan. In 2007, 5.5 million cases were notified by DOTS programmes, including 2.6 million new smear-positive cases. This is equivalent to a case detection rate of 63%, 7% short of the WHA target of detecting at least 70% of incident cases of smear-positive TB and 5% less than the Global Plan milestone of 68% for 2007. In 2006, 85% of the new smear-positive TB patients that were detected by DOTS programmes were successfully treated, exactly meeting the second WHA target. There

has also been progress in scaling up collaborative TB/HIV activities, especially in the African Region. Globally, 1 million TB patients (16% of notified cases) knew their HIV status in 2007, including 37% of notified cases in the African Region. Of the 250 000 TB patients who were known to be HIV-positive in Africa, 0.2 million were enrolled on CPT and 0.1 million were started on ART. Just under 30 000 cases of MDR-TB were notified to WHO in 2007, mostly by European countries and South Africa, and the number of cases of MDR-TB diagnosed and treated according to international guidelines is expected to increase to 14 000 in 2009. Even so, the implementation of collaborative TB/HIV activities falls short of milestones set in the Global Plan, and the expansion of diagnosis and treatment of MDR-TB falls far short of Global Plan milestones, notably in the three countries where almost 60% of the world's 0.5 million estimated cases of MDR-TB occur: China, India and the Russian Federation.

The extent to which other components of the Stop TB Strategy are being implemented is less well understood, because to date progress is more difficult to quantify. However, the integration of diagnosis and treatment into primary health care in most countries, reported alignment of strategic planning for TB control with broader health sector planning frameworks, examples of how public-private mix initiatives can contribute to increased case detection in countries such as Pakistan and the Philippines, and increased attention to advocacy, communication and social mobilization are encouraging.

Despite reductions in the global burden of TB, an estimated 37% of cases of smear-positive TB are not being treated in DOTS programmes; more than 90% of incident cases of MDR-TB are not being diagnosed and treated according to international guidelines; the majority of HIV-positive TB cases do not know their HIV status; and the majority of HIV-positive TB patients who do know their HIV status are not yet accessing ART. To accelerate progress in global TB control, these numbers need to be reduced using the range of interventions and approaches included in the Stop TB Strategy, with the necessary financial backing. In 2009, US\$ 3 billion is available for TB control, which is US\$ 1.2 billion less than countries' own estimates of their funding requirements and US\$ 1.6 billion short of the funding required according to the Global Plan. Most of the extra funding required according to the Global Plan is for MDR-TB diagnosis and treatment in the South-East Asia and Western Pacific regions (mostly in India and China), and for DOTS and collaborative TB/HIV activities in Africa. In the context of a global financial crisis, closing these funding gaps will be a major challenge.