TUBERCULOSIS – THE GLOBAL BURDEN

- 6 million people die every year due to HIV/AIDS, TB and malaria; of those, nearly 2 million deaths are due to TB
- TB is curable but kills 5000 people, every day
- 98% of TB deaths are in the developing world affecting mostly young adults in their most productive years
- TB is the leading killer among HIV-infected people with weakened immune systems; a quarter of a million TB deaths are HIV-associated, with most of them in Africa
- TB is a leading killer among young women, especially in Africa
- If left unchecked, within 20 years TB will kill a further 35 million people
- Global TB incidence is still growing at 1% a year due to the rapid increase in Africa; intense control efforts are helping incidence fall or stabilize in other regions
- TB especially affects the most vulnerable such as the poorest and malnourished
- 2 billion people, equal to a third of the world's total population, are infected with the TB bacilli
- 1 in 10 people infected with the TB bacilli will become sick with active TB
- TB is contagious and spreads through the air like the common cold; each person with active TB infects on average 10 to 15 people every year
- TB is a worldwide pandemic; though the highest rates per capita are in Africa (a quarter of all TB cases), half of all new cases are in 6 Asian countries (Bangladesh, China, India, Indonesia, Pakistan, The Philippines)
- 8.8 million new TB cases occurred in 2003 with 80% in 22 countries
- Multidrug-resistant TB (MDR-TB) is present in virtually all 109 countries recently surveyed by WHO and partners
- 425 000 new MDR-TB cases occur every year with the highest rates in the former USSR and China, where up to 14% of all new cases are not responding to the standard drug treatment

TRENDS IN TB INCIDENCE IN 9 REGIONS OF THE WORLD

© WHO 2005
TUBERCULOSIS - THE RESPONSE

- The targets for TB are:
  o (i) 2005 World Health Assembly targets to detect at least 70% of infectious TB cases (latest data: 45%) and treat successfully 85% of detected cases (82%);
  o (ii) 2015 Millennium Development Goals target to reverse TB incidence; and associated Stop TB Partnership target of halving prevalence and deaths by 2015 in comparison to 1990

- The DOTS strategy, launched in 1995, consists of: (i) government commitment to TB control, (ii) diagnosis through bacteriology and an effective lab network, (iii) standardized short-course chemotherapy with full patient support, (iv) uninterrupted supply of quality-assured drugs, and (v) recording and reporting to measure patient and programme outcomes

- More than 20 million TB patients have been treated under DOTS

- 182 countries have adopted the DOTS strategy although a quarter of the world’s population still has no access to DOTS services

- WHO has developed a new global Stop TB Strategy that aims to reach all patients, and intensify TB control; it has 6 core elements: (i) pursuing quality DOTS expansion, (ii) addressing TB/HIV and MDR-TB, (iii) contributing to health system strengthening, (iv) engaging all care providers, (v) empowering patients and communities, (vi) enabling and promoting research

- The WHO Stop TB Department together with the 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; and facilitates partnerships, advocacy and communications

- The Stop TB Partnership whose secretariat is housed by WHO, is a network of 400 stakeholders; it has a Coordinating Board and 7 working groups: Advocacy, Communication and Social Mobilization; DOTS Expansion; DOTS Plus MDR-TB; New Drugs; New Diagnostics; New Vaccines; and TB/HIV

- The Global Drug Facility, run by the Stop TB Partnership, is expanding access to drugs for DOTS scale up; in just 4 years it has provided 4 million TB treatments

- DOTS-Plus projects can apply through the Green Light Committee for access to quality MDR-TB drugs at reduced price – in some cases by as much as 99%

- The Global Plan to Stop TB 2006–2015 details the financial requirements and resources needed to meet the 2015 targets; it builds on the Global Plan to Stop TB 2001–2005

- Recommendations included in the Blueprint for TB Control in Africa 2006–2007 are that TB control be incorporated into development agendas, DOTS programmes be strengthened, TB/HIV activities be expanded, and TB partnerships be supported

- In 2005, WHO declared TB an emergency in Africa; Regional Director for WHO's European region warned of a TB emergency in Europe

- G8 world leaders in 2005 committed themselves to fighting TB in Africa by helping to meet the needs identified by the Stop TB Partnership; meeting the financing needs of the Global Fund to Fight AIDS, TB and Malaria; and encouraging the development of new drugs and vaccines