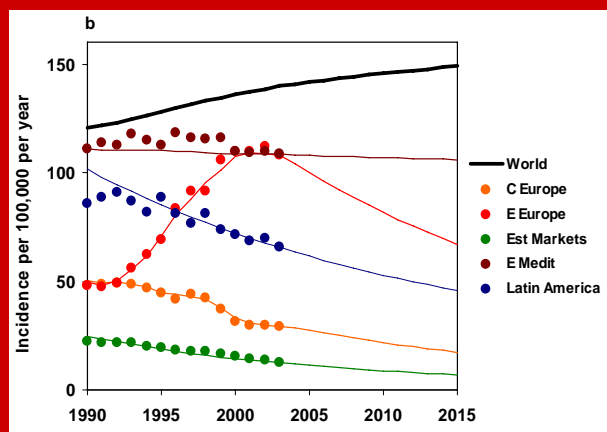
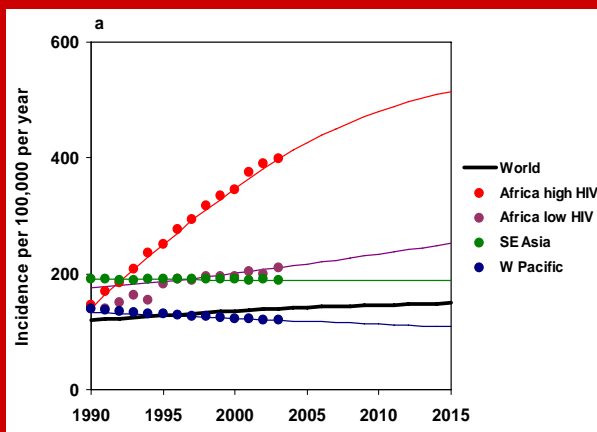


TUBERCULOSIS – THE GLOBAL BURDEN

- 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, 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 & THE STOP TB PARTNERSHIP

- The **targets** for TB are:
 - (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%);
 - (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 an enhanced **new Global Strategy to Stop TB** 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**, to be launched in January 2006, details the financial requirements and resources needed for the world and individual regions 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 July 2005, the G8 **world leaders** 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
- www.who.int/tb/



World Health
Organization

Stop TB Partnership