WHO REPORT 2007

Global Tuberculosis Control

SURVEILLANCE, PLANNING, FINANCING

World Health Organization

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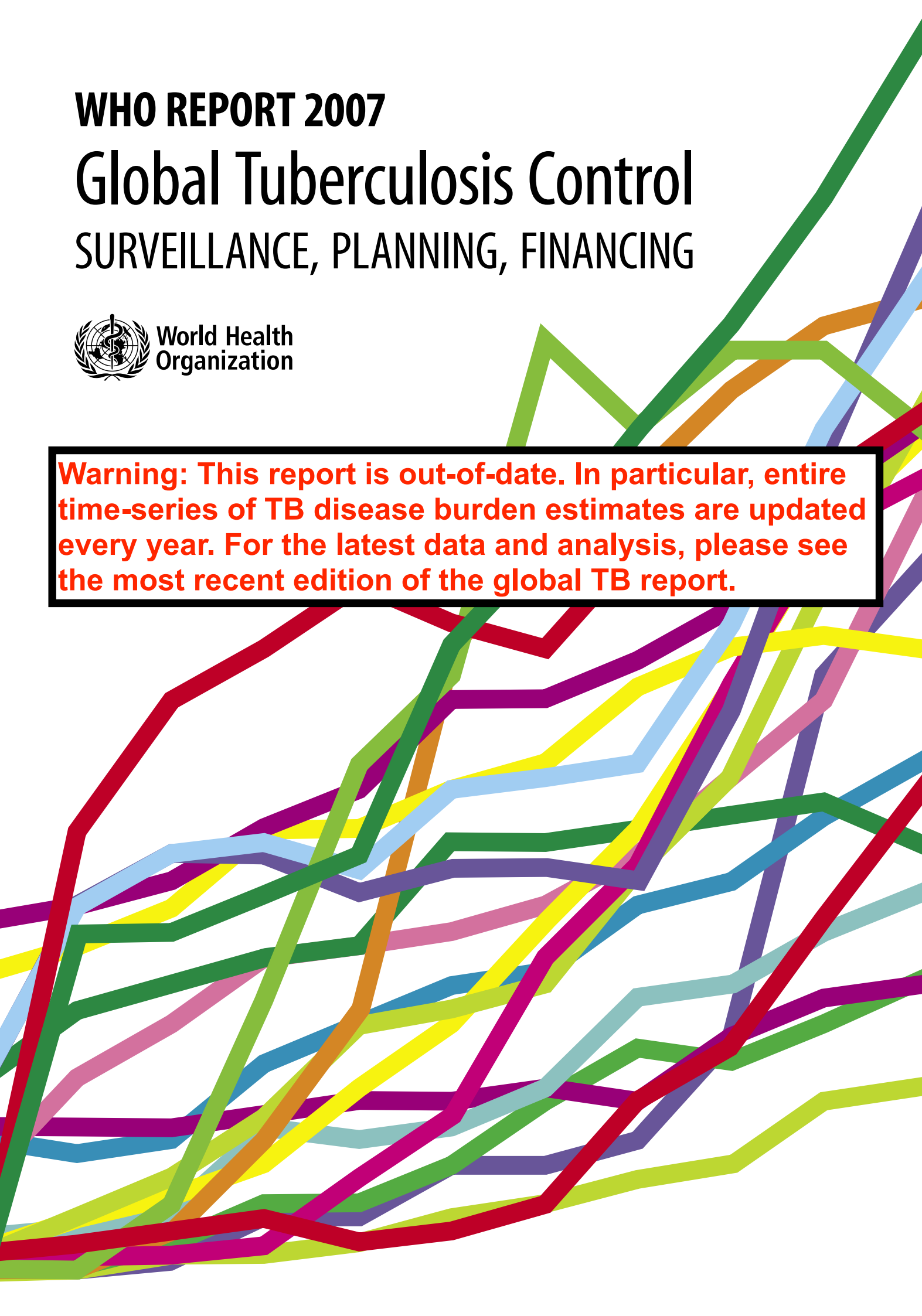

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Cover: A primary aim of this report is to assess whether national TB control programmes reached the target of 70% case detection by the end of 2005. The coloured lines on the cover represent the increases in case detection in selected high-burden countries and regions between 1995 and 2005, based on data in Table 11. The countries that met the target are identified in the main text and annexes.

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Contents

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Abbreviations

ACSM	Advocacy, communication and social mobilization
AFB	Acid-fast bacilli
AFR	WHO African Region
AFRO	WHO Regional Office for Africa
AIDS	Acquired immunodeficiency syndrome
AMR	WHO Region of the Americas
AMRO	WHO Regional Office for the Americas
ART	Antiretroviral therapy
BPHS	Basic package of health-care services
CAREC	Caribbean Epidemiology Centre
CDC	Centers for Disease Control and Prevention
CHW	Community health worker
CIDA	Canadian International Development Agency
CPT	Co-trimoxazole preventive therapy
CTBC	Community-based TB care
DoH	Department of Health
DOT	Directly observed treatment
DOTS	The internationally recommended strategy for TB control
DRS	Drug resistance surveillance or survey
DST	Drug susceptibility testing
EMR	WHO Eastern Mediterranean Region
EMRO	WHO Regional Office for the Eastern Mediterranean
EQA	External quality assurance
EUR	WHO European Region
EURO	WHO Regional Office for Europe
FDC	Fixed-dose combination (or FDC anti-TB drug)
FIDELIS	Fund for Innovative DOTS Expansion, managed by IUATLD
GDF	Global TB Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
Global Plan	*The Global Plan to Stop TB, 2006–2015*
GLRA	German Leprosy and TB Relief Association
GNI	Gross national income
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German society for technical co-operation)
HBC	High-burden country of which there are 22 that account for approximately 80% of all new TB cases arising each year
HIV	Human immunodeficiency virus
HRD	Human resources development
ICDDR	International Centre for Diarrhoeal Diseases and Research
IEC	Information, education, communication
IHC	Integrated HIV Care (a programme of the Union)
IPT	Isoniazid preventive therapy
ISAC	Intensified support and action in countries, an emergency initiative to reach targets for DOTS implementation by 2005
JICA	Japan International Cooperation Agency
KAP	Knowledge, attitudes and practices
LACEN	Brazilian public health laboratories
LGA	Local government area
LHW	Lady health workers
MDG	Millennium Development Goal
MDR	Multidrug resistance (resistance to isoniazid and rifampicin)
MDR-TB	Multidrug-resistant tuberculosis
MoH	Ministry of Health
NAP	National AIDS control programme or equivalent
NGO	Nongovernmental organization
NRHM	National Rural Health Mission
NRL	National reference laboratory
NTP	National tuberculosis control programme or equivalent
PAHO	Pan-American Health Organization
PAL	Practical Approach to Lung Health
PATH	Program for Appropriate Technology in Health
PHC	Primary health care
PhilTIPS	Philippine Tuberculosis Initiatives for the Private Sector
PPM	Public–private or public–public mix
RIT/JATA	Research Institute of Tuberculosis, Japanese Anti-tuberculosis Association
SEAR	WHO South-East Asia Region
SEARO	WHO Regional Office for South-East Asia
SILTB	Brazilian laboratory information system
SINAN	Brazilian health information system
SWAp	Sector-wide approach
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
the Union	International Union Against Tuberculosis and Lung Disease
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing for HIV infection
WHO	World Health Organization
WPR	WHO Western Pacific Region
WPRO	WHO Regional Office for the Western Pacific
XDR-TB	TB due to MDR strains that are also resistant to a fluoroquinolone and at least one second-line injectable agent (amikacin, kanamycin and/or capreomycin)

Key findings

The global TB epidemic

TB is still a major cause of death worldwide, but the global epidemic is on the threshold of decline

1. There were an estimated 8.8 million new TB cases in 2005, 7.4 million in Asia and sub-Saharan Africa. A total of 1.6 million people died of TB, including 195 000 patients infected with HIV.
2. TB prevalence and death rates have probably been falling globally for several years. In 2005, the TB incidence rate was stable or in decline in all six WHO regions, and had reached a peak worldwide. However, the total number of new TB cases was still rising slowly, because the case-load continued to grow in the African, Eastern Mediterranean and South-East Asia regions.

DOTS and the Stop TB Strategy

Most government health services now recognize that TB control must go beyond DOTS, but the broader Stop TB Strategy is not yet fully operational in most countries

3. More than 90 million TB patients were reported to WHO between 1980 and 2005; 26.5 million patients were notified by DOTS programmes between 1995 and 2005, and 10.8 million new smear-positive cases were registered for treatment by DOTS programmes between 1994 and 2004.
4. DOTS, which underpins the Stop TB Strategy, was being applied in 187 countries in 2005; 89% of the world's population lived in areas where DOTS had been implemented by public health services.
5. A total of 199 countries/areas reported 5 million episodes of TB in 2005 (new patients and relapses); 2.3 million new pulmonary smear-positive patients were reported by DOTS programmes in 2005, and 2.1 million were registered for treatment in 2004.
6. Skilled and highly-motivated staff are central to
8. Nearly 5 million TB patients were notified under DOTS in 2005, and the total number diagnosed and treated in 2006 is expected to be roughly in line with the Global Plan to Stop TB (2006–2015). However, smear-positive case detection rates by DOTS programmes varied among WHO regions in 2005, from 35% (Europe) to 76% (Western Pacific), and these variations are likely to persist into 2006.
9. The numbers of HIV-positive and multidrug-resistant TB (MDR-TB) patients diagnosed and treated in 2005, although increasing, were far lower than proposed in the Global Plan for 2006. HIV testing for TB patients is increasing quickly in the African Region, but little effort has yet been made to screen HIV-infected people for TB, though this is a relatively efficient method of case-finding. Facilities to diagnose and treat MDR-TB, including extensively drug-resistant TB (XDR-TB), are not yet widely available; the scale of the XDR-TB problem globally is not yet known.
10. The treatment success rate for MDR-TB patients in projects approved by the Green Light Committee (GLC) was close to 60%, and higher than in non-GLC projects.
11. The Stop TB Strategy is a mechanism for building links between NTPs, health-care providers and communities. The connections being made through community-based TB care, public–private mix DOTS and the Practical Approach to Lung Health have been shown, on a small to medium scale, to improve access to diagnosis and treatment. However, no country has yet succeeded in making all of these activities fully operational at national scale.
12. Few NTPs have an overview of TB research in their countries, and few have the skilled staff and funding needed to carry out essential operational research.