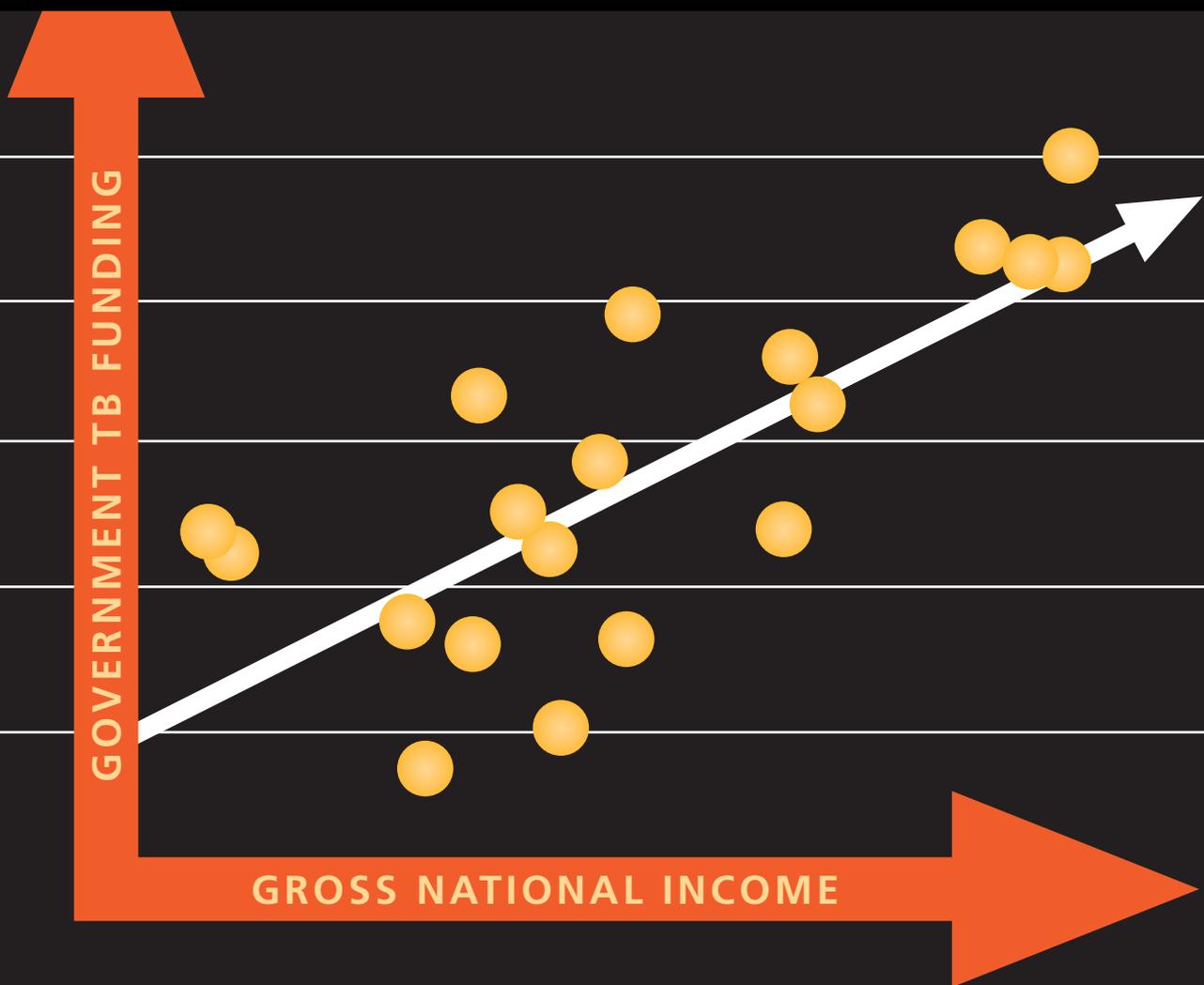


WHO REPORT 2006

Global Tuberculosis Control Surveillance, Planning, Financing

Warning: This report is out-of-date. In particular, entire time-series of TB disease burden estimates are updated every year. For the latest data and analysis, please see the most recent edition of the global TB report.



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Surveillance, Planning, Financing



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For reasons of space, the names of Member States are sometimes shortened in certain figures.

Cover: Gross national income per capita of 19 high-burden countries compared with the proportion of funds for TB control that is provided by their governments (rather than by donor agencies). Countries with a higher average income per capita tend to contribute more to the cost of TB control. The financial contributions made by governments will be crucial to the success of *The Global Plan to Stop TB, 2006–2015*. The data are presented in detail in Figure 33 of the main text.

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Copies of *Global tuberculosis control* are available from the World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, and at www.who.int/tb.

Abbreviations

ACSM	Advocacy, communication and social mobilization	IPT	Isoniazid preventive therapy
AFB	Acid-fast bacilli	ISAC	Intensified support and action in countries, an emergency initiative to reach targets for DOTS implementation by 2005
AFR	WHO African Region	IUATLD	International Union Against Tuberculosis and Lung Disease
AFRO	WHO Regional Office for Africa	JICA	Japan International Cooperation Agency
AIDS	Acquired immunodeficiency syndrome	LACEN	Brazilian public health laboratories
AMR	WHO Region of the Americas	LGU	Local government unit
AMRO	WHO Regional Office for the Americas	LGA	Local government area
ART	Antiretroviral therapy	MDG	Millennium Development Goal
BPHS	Basic package of health-care services	MDR	Multidrug resistance
BRAC	Bangladesh Rural Advancement Committee	MDR-TB	Multidrug-resistant tuberculosis
CAREC	Caribbean Epidemiology Centre	MoH	Ministry of Health
CDP	Community DOT providers	MoPH	Ministry of Public Health
CPT	Co-trimoxazole preventive therapy	MSH	Management Sciences for Health
DCT	Diagnostic counselling and testing for HIV	NAP	National AIDS control programme or equivalent
DFB	Damien Foundation Belgium	NGO	Nongovernmental organization
DFID	UK Department for International Development	NHLS	National Health Laboratory Services
DoH	Department of Health	NPO	National professional officer (WHO-appointed)
DOT	Directly observed treatment	NRL	National reference laboratory
DOTS	The internationally recommended strategy for TB control	NTP	National tuberculosis control programme or equivalent
DRS	Drug resistance surveillance or survey	PAHO	Pan-American Health Organization
DST	Drug susceptibility testing	PAL	Practical Approach to Lung Health
EMR	WHO Eastern Mediterranean Region	PhilTIPS	Philippine Tuberculosis Initiatives for the Private Sector
EMRO	WHO Regional Office for the Eastern Mediterranean	PPM	Public-private or public-public mix
EQA	External quality assurance	SEAR	WHO South-East Asia Region
EUR	WHO European Region	SEARO	WHO Regional Office for South-East Asia
EURO	WHO Regional Office for Europe	SILT	Brazilian laboratory information system
FDC	Fixed-dose combination (or FDC anti-TB drug)	SINAN	Brazilian health information system
FIDELIS	Fund for Innovative DOTS Expansion, managed by IUATLD	TB	Tuberculosis
GDF	Global TB Drug Facility	TBCTA	Tuberculosis Coalition for Technical Assistance
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	UNAIDS	Joint United Nations Programme on HIV/AIDS
GLC	Green Light Committee	UNDP	United Nations Development Programme
GLRA	German Leprosy and TB Relief Association	USAID	United States Agency for International Development
GNI	Gross national income	VCT	Voluntary counselling and testing for HIV infection
HBC	High-burden country of which there are 22 that account for approximately 80% of all new TB cases arising each year	VHV	Village health volunteers
HEW	Health extension workers	WHO	World Health Organization
HIV	Human immunodeficiency virus	WPR	WHO Western Pacific Region
HNPSP	Health Nutrition and Population Sector Programme	WPRO	WHO Regional Office for the Western Pacific
HR	Human resource(s)		
IEC	Information, education, communication		

Key points

TB EPIDEMIC

- There were 9 million new TB cases and approximately 2 million TB deaths in 2004.
- The number of TB cases was stable or falling in 5 of 6 WHO regions, but growing in Africa where the TB epidemic is still driven by the spread of HIV.
- More than 80% of all TB patients live in sub-Saharan Africa and Asia.

DOTS AND THE NEW STOP TB STRATEGY

- DOTS, which remains at the heart of the new Stop TB Strategy, was being applied in 183 countries in 2004; population coverage was complete in 9 of 22 high-burden countries (HBCs), and almost complete in 5 others.
- Expanding areas of work within the new strategy include: community and NGO participation in TB care; advocacy, communication and social mobilization; and improved management of multidrug-resistant TB and TB/HIV.
- Six Asian countries and Kenya have already improved links between national TB control programmes (NTPs), hospitals and other health-care providers, but PPM-DOTS is still at an early stage in most other HBCs.
- Areas of particular weakness are laboratory services, human resource development and the monitoring of TB/HIV control.

FINANCES

- The total cost of TB control in 2006, including NTP budgets and costs to the general health-care system, has grown to US\$ 1.6 billion in the 22 HBCs. This increases to US\$ 2.0 billion for all 74 countries that provided financial data.
- Funding to support TB control in the 22 HBCs has increased by almost US\$ 500 million since 2002, reaching US\$ 1.4 billion in 2006.
- Governments of the wealthier HBCs (notably Brazil, China, the Russian Federation and South Africa) provide most of the funding needed for TB control in their countries; other countries rely more on grants from donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- The funding gap reported by the 22 HBCs for 2006 was US\$ 141 million; it was US\$ 180 million in total for the 74 countries that reported data.
- NTP budgets for 2006 are broadly in line with the Global Plan to Stop TB, 2006–2015, except for TB/HIV control where NTP budgets are much lower.

TARGETS

- Case detection was 53% globally in 2004, and is likely to exceed 60% in 2005, falling short of the 70% target.
- Treatment success was 82% in the 2003 cohort of 1.7 million patients, approaching the 85% target.
- Three WHO regions are expected to have met both of the 2005 targets: the Region of the Americas and the South-East Asia and Western Pacific regions.
- At least 7 HBCs should have met the 2005 targets: Cambodia, China, India, Indonesia, Myanmar, the Philippines

预览已结束，完整报告链接和二

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