



Curing more patients, saving more lives

Progress and challenges in tuberculosis control

Stop TB Department



**World Health
Organization**

What is tuberculosis and why is it a global killer?

Are you breathing?...

then you can get TB—a disease that kills 5000 people every day—nearly 2 million last year.

One in three are infected worldwide...

there is a good chance that the next person to read this will be infected with the bacterium that causes TB, or the person who reads this before you. You are at risk of becoming infected if you are near someone who is ill with TB when he or she breathes, coughs or sneezes.

The burden of illness...

usually only 1 in 10 people infected by TB bacteria will ever fall ill with the disease. But you are at greater risk if you are poor, malnourished or burdened with other illnesses. If you do fall ill, early diagnosis and treatment is critical. Without treatment, there is more than a 50 % chance TB will kill you.

Is TB curable?...

yes, through the cost-effective TB control strategy known as DOTS. Drugs for a six month course of treatment under DOTS costs as little as US\$ 10. DOTS saves lives. It also helps prevent the disease from spreading.

HIV/AIDS...

is driving the TB epidemic upwards, especially in Africa. Given their weakened immune systems, people living with HIV/AIDS are 10 times more likely to fall ill, once infected by TB bacteria, than HIV-negative individuals. TB is a leading killer of people who are HIV-positive, but it is curable in those living with HIV/AIDS.

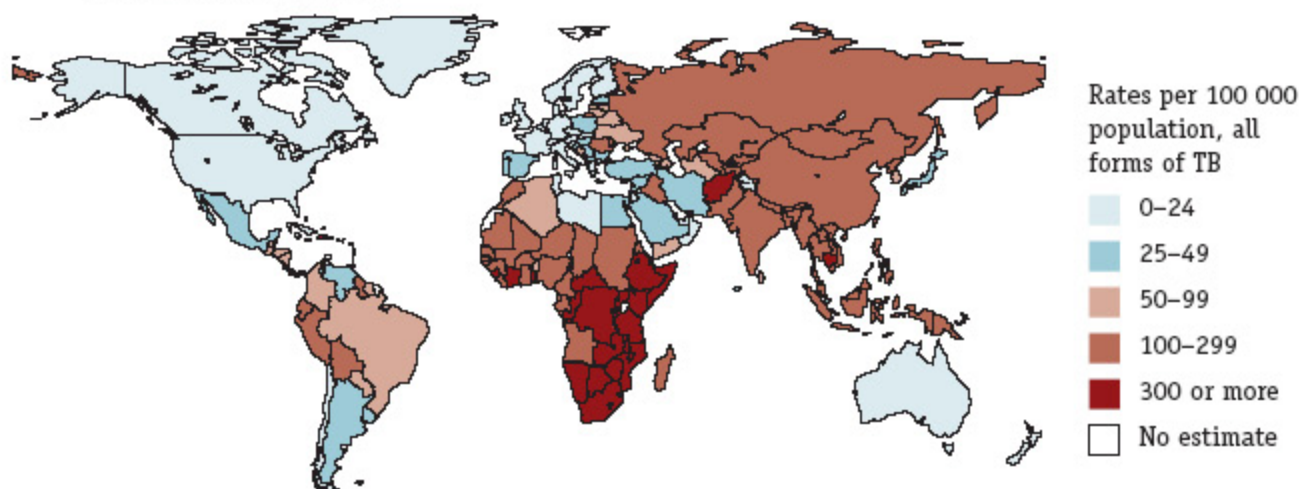
Multidrug-resistant TB (MDR-TB)...

can develop when a TB patient is given inadequate treatment or does not complete his or her treatment. DOTS aims to prevent the emergence of such strains of disease that are resistant to the two most powerful anti-TB drugs available. Treating MDR-TB is more costly and more complex, so prevention and treatment must go hand in hand.

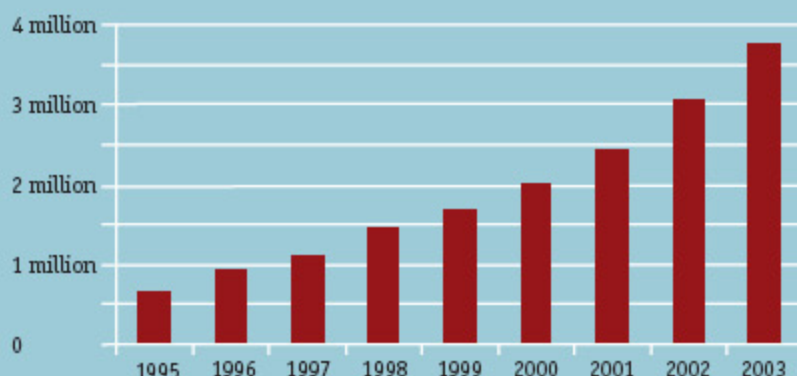
The threat is worsening despite progress in many regions...

governments, health providers and communities have to act urgently to fight TB and innovate to keep up with this changing menace. This includes developing new diagnostics, drugs and vaccines.

Estimated TB cases 2003



Accelerate scale-up of TB treatment



Number of patients
treated under DOTS:
17 million in 9 years



- **Under DOTS, 82 % of new infectious TB patients (1.2 million people) were successfully treated in 2002**
- **45 % of new infectious TB patients (1.8 million people) were diagnosed under DOTS in 2003, up from 37 % in 2002**
- **For 2005: at least 2.5 million new infectious TB patients must be treated to be on target**
- **Next step: full access to effective care for all TB patients**

DOTS programmes are scaling up at an unprecedented rate – more than 17 million people were treated under DOTS programmes from 1995 to 2003. The latest compiled data from 199 countries suggest that the 2005 global TB targets are in sight due to tremendous efforts by patients, providers, governments and their partners.

China and India

What has been the driving force behind this rapid scale up? Principally, increased commitments in China and India – which carry a third of the global burden of TB. The two countries account for 63 % of the additional cases identified in 2003. Still, eight countries are home to nearly 67 % of the infectious patients not reached in 2003: Bangladesh, China, Ethiopia, India, Indonesia, Nigeria, Pakistan and the Russian Federation. So there is a great challenge ahead.

WHO estimates at least four of the six WHO regions are on track to halve TB deaths and TB cases by 2015, thanks to DOTS progress and social and economic development. This is good news and means even more can be done to serve the most vulnerable and move towards TB elimination. However, the bad news is that Africa, Eastern Europe and Central Asia will not achieve these gains unless action is taken right now on several fronts.

Act against TB and HIV/AIDS in Africa now

TB is a public health emergency now in Africa – fuelled by HIV/AIDS and the fragile health and development situation. Social unrest, limited numbers of trained health workers, inadequate health facility networks and management problems all create obstacles to care, especially for the poorest and most vulnerable.

The facts are alarming and the statistics deadly. In high HIV-burden countries, TB incidence has more than tripled since 1990. TB rates increased to 400 cases per 100 000 population in 2003. Even where HIV levels are still relatively low, DOTS programmes are straining to reach patients and to treat them successfully.

**“We can’t fight AIDS unless
we do much more to fight TB”
Nelson Mandela, 2004**



A joint response

The dual epidemics of HIV and TB must be addressed together within strengthened health systems. Ministries of health, patient advocates, NGOs, donors and experts are responding, but the speed is still too slow.

WHO and its partners have developed an integrated policy to address HIV-associated TB, which is now being put into action:

- core DOTS programmes must be strengthened as a foundation for joint efforts;
- TB patients should be offered HIV testing and, if positive, considered as candidates for antiretroviral treatment;
- HIV-infected people must be screened for TB and offered preventive care or treatment for TB;
- referral systems must be established that maximize use of providers so all public health priorities can be addressed;
- outreach to find those in need and establish community-based care must be regular actions, not just pilot initiatives.

Prevent spread of drug-resistant TB and cure more patients



Multidrug-resistant TB (MDR-TB)

is a man-made problem and can undermine global TB control if it spreads. MDR-TB strains have been identified in all 91 countries surveyed so far, and found at very high levels in some places, including the former Soviet Union and parts of China, where DOTS is not in place or is not expanding fast enough. Drugs, services and improved tools are needed.

DOTS-Plus is an approach developed by WHO and Stop TB partners to establish effective treatment for MDR-TB, and integrate it within larger DOTS programmes to both stop the emergence of disease and serve those already affected.

30 DOTS-Plus programmes in 23 countries are already under way. The WHO Green Light Committee enables access to high-quality, concessionally priced drugs needed for MDR-TB treatment.

High-quality care

Beyond TB/HIV and MDR-TB, other new strategies are proving successful in reaching more patients with cost-effective and quality-assured care:

- linking national TB control programmes and a wider range of public and private providers, such as in India, Indonesia and the Philippines;
- new protocols that better serve adults who seek help for respiratory problems – not just those with TB;
- building laboratory capacity at local levels to increase timely TB diagnosis;
- expanding collaboration with patients and communities to ensure that services are tailored to their local needs.

Mobilize to meet the financing gap

TB resource needs for 2005:
US\$ 2.2 billion



In total, more than US\$ 2.2 billion is needed for TB control in 2005. But according to the Global Plan to Stop TB 2001–2005, the annual financing gap is at least US\$ 1 billion.

Increasing funds at country level

The highest TB-burden countries report that their own governments now cover 79% of investment in TB control programmes, including loans from the World Bank. Also growing are financing from donor governments. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria has made a major difference. While funding is growing, so are the needs. New resources are needed for governments to continue DOTS service expansion, to draw in new providers, institutions and communities, and to take on TB/HIV and MDR-TB.

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