



FACT SHEET

Investing in Health: Fighting Tuberculosis for Sustainable Development

Tuberculosis (TB) is a contagious disease estimated to have already infected a third of the world's population. Of those infected, 5 to 10 percent will develop the disease during their lifetime. Every year, nearly nine million new cases of TB occur, and two million people die. TB causes one out of three HIV/AIDS deaths. The global resurgence of TB has been fueled by the HIV/AIDS pandemic, inadequate public health services in developing countries, and the rapid spread of drug-resistant TB. Tuberculosis threatens the poorest and most marginalized groups, devastates families and communities, and undermines a country's progress toward economic development. The potential loss of productivity could cost up to 4 to 7 percent of a developing nation's GDP.

Partners

The Stop TB Partnership is a global movement of more than 400 public and private organizations and individuals dedicated to the long-term measures needed to control and eventually eliminate TB. For a complete listing of the partners, visit the Stop TB Partnership Web site (<http://www.stoptb.org>).

Partnership Targets

The Stop TB Partnership's Global Plan to Stop TB 2006-2015 sets forth the following targets for 2015:

- To detect 70 percent of estimated smear-positive TB cases by 2005, and of these, to treat 85 percent successfully
- To meet the Millennium Development Goal (MDG) target to have halted and begun to reverse the incidence of TB.
- To halve TB prevalence and death rates from the 1990 baseline (to meet this target globally and to have substantial progress in all regions)

Over the ten years of the plan, 14 million lives will be saved, and about 50 million people will be treated for TB.

Progress toward Targets

From the most recent data available from WHO at the end of 2004, 53 percent of the estimated TB cases had been detected, and of these cases, 82 percent on average were successfully treated. TB incidence rates per capita were stable or falling in five out of six WHO regions, but still growing at 0.6 percent per year worldwide. The exception is the African region, where TB incidence rates are still rising due to the impact of HIV/AIDS.

The WHO recommended Directly Observed Treatment Short Course (DOTS) is now implemented in 183 countries, and actions are under way to expand TB-HIV collaborative activities, engage communities and the private sector, and introduce and expand treatment of drug-resistant TB. Surveillance for TB drug resistance has expanded considerably. Between 1999 and 2002, The Global Surveillance project had collected data from 77 settings or countries, representing 20 percent of the global estimate of smear-positive cases. And, by the end of 2005, the Green Light Committee had approved 33 DOTS Plus projects in 31 countries for the treatment of almost 13,000 multi-drug resistant (MDR) TB patients. Since its creation in

2001, The Stop TB Partnership's Global Drug Facility (GDF) has provided grants for drugs to treat 4.7 million TB patients. In addition, under the GDF's direct procurement service, 1.4 million patient treatments have been secured since 2003.

Next Steps

In March 2006, WHO launched the Stop TB Strategy, to accelerate progress in TB control. This strategy goes beyond DOTS, and includes new interventions that will be needed to achieve the targets of the Global Plan. The interventions are:

- Pursue high-quality DOTS expansion and enhancement
- Address TB-HIV, MDR TB, and other challenges
- Contribute to health system strengthening
- Engage all providers
- Empower people with TB and their communities
- Enable and promote research

New strategic plans that are in line with the Global Plan and consistent with the Stop TB Strategy are now being developed at the country level. To mobilize additional resources to implement this plan, the Stop TB Partnership undertakes advocacy to national governments, donors and partners, and provides technical assistance to assist countries to develop proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Resources

The U.S. Government (USG) has committed \$200 million to global TB control efforts, including research conducted by the Department of Health and Human Services and its agencies – the National Institutes of Health, the Centers for Disease Control and Prevention, and the Food and Drug Administration – and support for country programs and research through the United States Agency for International Development (USAID). The USG has contributed \$1.9 billion through 2006 to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Seventeen percent of support for the Global Fund has been dedicated to TB work. USAID resources for TB have increased from \$9.7 million in 1998 to roughly \$93.6 million committed in fiscal year 2006. These resources go toward expanding DOTS; human resource capacity building; laboratory facilities and equipment; and improving drug quality and availability. USAID provided \$5 million in 2006 to the Stop TB Partnership's Global Drug Facility in order to support grants for TB drugs to countries in need. USAID field mission programs are providing technical assistance, training, and infrastructure support to DOTS programs in 39 countries, including 17 of the 22 high burden countries – Afghanistan, Bangladesh, Brazil, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Mozambique, Pakistan, Philippines, Russia, South Africa, Tanzania, and Uganda.

U.S. Government Primary Point of Contact

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