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WORLD TB DAY 2008

WORLDWIDE EFFORTS TO CONFRONT TUBERCULOSIS ARE MAKING PROGRESS, BUT TOO SLOWLY

17 March 2008 -- Geneva -- The World Health Organization (WHO) report, *Global Tuberculosis Control 2008*, released today, finds that the pace of the progress to control the tuberculosis (TB) epidemic slowed slightly in 2006, the most recent year for which data were available. The new information documents a slowdown in progress on diagnosing people with TB. Between 2001 to 2005, the average rate at which new TB cases were detected was increasing by 6% per year; but between 2005 and 2006 that rate of increase was cut in half, to 3%.

The reason for this slowing of progress is that some national programmes that were making rapid strides during the last five years have been unable to continue at the same pace in 2006. Moreover, in most African countries there has been no increase in the detection of TB cases through national programmes. Other studies have also shown that many patients are treated by private care providers, and by non-governmental, faith-based and community organizations, thus escaping detection by the public programmes.

"We've entered a new era," said Dr Margaret Chan, WHO Director-General. "To make progress, firstly public programmes must be further strengthened. Secondly, we need to fully tap the potential of other service providers. Enlisting these other providers, working in partnership with national programmes, will markedly increase diagnosis and treatment for people in need."

This is the twelfth annual WHO report on global TB control, and is based on data given to WHO by 202 countries and territories.

There were 9.2 million new cases of TB in 2006, including 700 000 cases among people living with HIV, and 500 000 cases of multi-drug resistant TB (MDR-TB). An estimated 1.5 million people died from TB in 2006. In addition, another 200,000 people with HIV died from HIV-associated TB.

The report highlights two aspects of the epidemic that could further slow progress on TB. The first is multidrug-resistant tuberculosis (MDR-TB), reported by WHO last month to have reached the highest levels ever recorded. To date, however, the response to this epidemic has been inadequate. Given limited laboratory and treatment capacity, countries project they will provide treatment only to an estimated 10% of people with MDR-TB worldwide in 2008.

The second threat to continued progress is the lethal combination of TB and HIV, which is fuelling the TB epidemic in many parts of the world, especially Africa. Although TB/HIV remains a massive challenge, some countries are making strides against the co-epidemic. Almost 700 000 TB patients were tested for HIV in 2006, up from 22 000 in 2002--a sign of progress but still far from the 2006 target of 1.6 million set by the Global Plan to Stop TB 2006-2015. The three African countries achieving the highest HIV testing rates in TB care settings in 2006 were Rwanda (76%), Malawi (64%) and Kenya (60%).

"The report tells us that we are far from providing universal access to high-quality prevention, diagnostic, treatment and care services for HIV and TB," said Dr Peter Piot, Executive Director of UNAIDS. "Clear progress has been made but we must all do more to make a joint approach to reducing TB deaths among people with HIV a reality."

The report also documents a shortage in funding. Despite an increase in resources, especially from the Global Fund and some middle-income countries, TB budgets are projected to remain flat in 2008 in almost all of the countries most heavily burdened by the disease. Ninety countries in which 91% of the world's TB cases occur provided complete financial data for the Report. To meet the 2008 targets of the Global Plan to Stop TB, the funding shortfall for these 90 countries is about US\$ 1 billion.

"We look forward to working with all partners to further assist countries to achieve TB targets for 2015 and beyond," said Dr Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. "Together we are bringing hope to the individuals and communities suffering from the enormous burden of TB."

In recognition of World TB Day, Dr Jorge Sampaio, former President of Portugal and the UN Secretary-General's Special Envoy to Stop TB, called for enhanced leadership to address TB/HIV. "TB is a leading cause of death among people living with HIV/AIDS," he said. "Several countries have shown that targets relating to TB/HIV are achievable and have put in place measures that will have an impact on the lives of those at most risk. But this is a restless battle. We still need to do much more and much better."

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Change in WHO classification of causes of death. This year, under new guidelines, deaths from a combination of HIV and TB are no longer classified as TB deaths.

The Global Plan to Stop TB (2006-2015), launched by the Stop TB Partnership (www.stoptb.org) in January 2006, sets forth a roadmap for treating 50 million people for TB and enrolling 3 million patients who have both TB and HIV on antiretroviral therapy over the next 10 years, saving about 14 million lives. It aims to halve TB prevalence and deaths compared with 1990 levels by 2015.

World TB Day (24 March each year), is observed around the world to build public awareness about tuberculosis. It commemorates the day in 1882 when Dr Robert Koch announced that he had discovered the cause of tuberculosis, the TB bacillus.

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