



# The Global Plan to Stop Tuberculosis

Global Partnership  
to Stop TB



THE GLOBAL PLAN TO  
**STOP** TUBERCULOSIS

Imagine a TB-free world!

Global Partnership  
to Stop TB



hosted by the World Health Organization





Every day, almost 25 000 people develop active tuberculosis (TB) and 5 000 die of the disease. That's almost 2 million deaths per year – more than from any other curable infectious disease.

Many people think of TB as a disease of the 19th century. In fact, it never went away. The TB epidemic is worse now than at any other time in history!

**Eliminate**

**↑ tuberculosis as a public health problem**

### TB can be cured

We already have the knowledge to stop the global TB pandemic. DOTS, the internationally recommended strategy for TB control has been hailed as “one of the most cost-effective of all existing health interventions” by The World Bank. Thanks to DOTS, 10 million patients have been cured since the World Health Organization (WHO) declared TB a global emergency in 1993.

### DOTS:

- saves lives;
- prevents people with TB from infecting others;
- prevents treatment failure and the emergence of deadly drug-resistant TB;
- alleviates poverty by reducing the amount of work time lost through illness;
- overcomes stigma by providing hope for a cure;
- provides a model for strengthening health services;
- saves taxpayers' money.

WHO has established two targets for global TB control for 2005: to detect 70% of all infectious TB cases in the world and to successfully treat 85% of those detected.

### Some facts about TB

TB is caused by the *Mycobacterium tuberculosis* bacillus and is spread through the air like the common cold. If left untreated, 1 person with infectious TB will infect on average between 12 and 20 people, of whom 2 to 4 will develop infectious TB.

TB infects people in every country of the world, rich and poor. Poverty, malnutrition, poor sanitation and overcrowding, all contribute to the spread of disease.

TB has a devastating impact on the economic well-being of families and entire communities. TB causes sufferers to lose up to 9 months of work time. TB deaths often mean the loss of the primary income-earners for entire households.

Of the 2 million annual TB deaths, 98% occur in developing countries.



"This first five-year strategic plan to stop TB is a pathfinder in its ambition, in its detail, and in its realistic assessment of the tools and strategies at our command and of the resource gaps that must be filled." James Wolfensohn, President, World Bank



**The Global Plan**

**to Stop TB is the five-year action plan**

**of the Partnership**

### **An innovative partnership**

The Global Partnership to Stop TB was launched in 1998 by WHO Director-General Dr Gro Harlem Brundtland and has grown rapidly, with more than 250 countries, organizations, donors and institutions now working together to eliminate TB. It is served by a small, Geneva-based Secretariat and hosted by WHO.

"Today only one-third of new TB patients are enrolled in DOTS programmes. The gap between reality and targets is large. This calls for a fundamental change in the way all those fighting TB work together. We must create shared agendas, new partnerships, funding mechanisms, and ways to monitor progress." Dr Gro Harlem Brundtland.

The Stop TB Partnership brings together the world's top TB specialists to share their knowledge and expertise in six working groups that focus on the most critical areas of TB control. The first task for the Partnership and Secretariat was to involve all key stakeholders in the development of an innovative plan to stop TB. Now the challenge for the Partnership is to fund and implement this plan.

### **A pioneering plan to stop tuberculosis**

Produced in 2001, the *Global Plan to Stop TB* is the five-year action plan of the Stop TB Partnership. It provides a frank assessment of the TB threat. It examines existing TB control programmes around the world and provides a sound business plan to accelerate TB control between 2001 and 2005 to reach WHO's global TB control targets.

## **THE GLOBAL PLAN**

**proposes to:**

- expand DOTS so that all have access to effective diagnosis and treatment;
- adapt DOTS to meet the challenges of HIV/AIDS and TB drug resistance;
- improve existing tools by developing better diagnostics, new drugs and a new vaccine;
- strengthen the Global Partnership to Stop TB so that proven TB control strategies are applied effectively throughout the world.



Six working groups have been established to implement the *Global Plan to Stop TB*. The work of each is fundamental to achieve the 2005 targets and stop TB.

Implementing

# ↑ the Global Plan to Stop TB in 6 working groups

## Global Plan goals for 2005

- Detect 70% of people with infectious TB and successfully treat 85% of those detected, focusing on the 22 high-burden countries that account for 80% of the world's cases.
- Avert nearly 3.5 million TB deaths and cure 13 million more people with TB.
- Define, adopt and implement effective strategies to address HIV-related TB.
- Incorporate DOTS-Plus protocols for drug-resistant TB into the DOTS strategy.
- Improve TB diagnostic tests available for use in high-burden countries.
- Complete pre-clinical trials for five new TB drug candidates.
- Identify at least one TB vaccine candidate in clinical trials to test efficacy.

It will cost US\$ 9.1 billion to accomplish these goals, and well over half of this amount has already been raised. This investment in TB control will have a profound impact, curing millions of additional TB patients by 2005 and contributing to poverty alleviation and social development.

## → 1. DOTS Expansion

### Bringing the cure to every corner of the globe

In order to meet the global targets of 70% detection of infectious cases and 85% successful treatment by 2005, rapid DOTS expansion in the high-burden countries is critical. About 850 000 new cases per year must be added to DOTS programmes, of which 350 000 will be infectious, sputum smear-positive cases. The Working Group on DOTS Expansion, which includes national TB programme managers from the 22 high-burden countries, helps to develop detailed DOTS implementation plans at country level, supports technical and financial agencies in their TB-control efforts, ensures that countries have adequately trained health care staff, and monitors and evaluates progress. Expanding DOTS programmes will account for two-thirds of the projected TB-control costs and almost half of the resource gap.



**Implementing**

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6 working groups**

**→ 2. TB/HIV**

**Tackling TB-HIV co-infection**

About one-third of the 40 million HIV-infected people worldwide are co-infected with TB. TB-HIV co-infection greatly increases the risk of developing infectious TB and is now the main factor driving the TB epidemic in Africa and many other areas. As a result, the DOTS strategy must be adapted to control TB among HIV-infected people. The Global TB-HIV Working Group ensures collaboration between TB and HIV communities in developing, testing and scaling up strategies to reduce the burden of TB in high HIV-prevalence populations. This involves starting formal TB and HIV/AIDS programme collaborations around the world, beginning with six sub-Saharan African sites.

**→ 3. DOTS-Plus**

**Stamping out drug resistance**

Patients who fail to complete their prescribed drug treatment regimen, or who receive the wrong dosage, can develop multidrug-resistant TB (MDR-TB) – and it's a killer. MDR-TB is difficult and expensive to cure, and those infected with MDR-TB can pass the disease to others. Epidemics of MDR-TB can spread very quickly from city to city and beyond. The Working Group on DOTS-Plus for MDR-TB supports the development, testing and monitoring of DOTS-Plus, the new strategy for treating MDR-TB. DOTS-Plus is being developed and tested by WHO and international partners through the study of drug-susceptibility in patients being treated with second-line TB drugs in low- and middle-income countries, where there is not yet enough data to prove that this approach works. The Working Group also makes recommendations for increasing access to and lowering the cost of high-quality second-line TB drugs. As a result of its work, prices for drugs to treat MDR-TB have dropped by up to 95%.



**Implementing**

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6 working groups**

**→ 4. New TB diagnostics**

**Looking for instant results**

Currently, the only widely available tool for TB diagnosis is microscopic examination of sputum. This method does not detect non-infectious cases, it takes time, and it requires well-equipped laboratories, which are difficult to maintain in low-income countries. There is also an urgent need for diagnostic tools to test patients' susceptibility to TB drugs because MDR-TB is not diagnosed in most patients until they fail courses of conventional therapy, which can take months or years – often too late for a cure. The Working Group on New TB Diagnostics develops new, improved tools for more rapid and accurate detection of TB, drug resistance and latent infection. This Group also works to ensure that diagnostic tools are delivered to the areas most in need.

**→ 5. TB drug development**

**Developing a faster cure**

TB treatment regimens under DOTS currently last from 6 to 8 months. As a result, patients may stop treatment when they start to feel better and may develop drug-resistant strains of TB. The Working Group on TB Drug Development collaborates with the Global Alliance for TB Drug Development to support the development of new, effective and affordable TB drugs. Its focus is to identify new drugs to shorten the duration of treatment to less than 3 months, to treat resistant strains of TB, and to prevent progression from latent to active infection. The Group is working towards the registration of at least one new TB drug by 2010, to be available in high-burden countries by 2012.



"As a business man I strongly endorse this plan as a sound investment."  
George Soros,  
Chairman,  
Open Society  
Institute

Implementing

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## → 6. TB vaccine development

### Stopping TB before it starts

The existing TB vaccine, BCG, prevents severe complications of TB in children but is less effective in protecting adults against pulmonary TB. Recent advances in microbiology, genetics and biotechnology have revolutionized scientific knowledge of the microorganism responsible for TB. This means that for the first time, an opportunity exists for research to lead to a new and improved TB vaccine in the foreseeable future. The Working Group on TB Vaccine Development supports the development of a safe, effective and reasonably priced TB vaccine to be licensed for global distribution by 2015 and widely used in high-burden countries by 2020.

### A sound investment

Effective TB control until 2005 will cost an estimated US\$ 9.1 billion. Cost estimates for the Global Plan are based on the national TB control plans of the 22 high-burden countries and global data available in late 2001. At the beginning of 2003, more than half of the necessary funding has been raised, but the resource gap is still significant.

A fundamental premise of the Global Partnership to Stop TB, built into the Global Plan, is that national governments and local communities take responsibility for planning and implementing their TB prevention and treatment programmes. Of the current resources being spent on global TB control, 70% are provided by endemic countries.

If Global Plan goals are met, by 2005 some 12.8 million additional people will have been treated for TB at a projected cost of just over US\$ 238 per person and 3.4 million more lives saved for about US\$ 485 each.



→ **Join**  
**the global effort to**  
**Stop TB**

With the *Global Plan to Stop TB*, partners around the world are making excellent progress. Funding for TB programmes and planning for DOTS expansion have both improved. But we still need your help. Much remains to be done, and the existing funding gap of billions of dollars threatens future progress to eliminate TB and the poverty, suffering and serious public health risks that accompany it. Only one-third of people in whom infectious TB has been diagnosed are treated in DOTS programmes. Increased funding and political commitment are critical for accelerating DOTS expansion and case detection in order to reach the global targets.

In the words of Archbishop Desmond Tutu, "What a splendid gift TB elimination will be for humanity's Third Millennium".

We invite you to join the global effort to eliminate TB by supporting the Stop TB Partnership. You can learn more about the action plan by reading the *Global Plan to Stop TB*, available at [www.stoptb.org](http://www.stoptb.org) or from contact information.

**TB can be controlled.**  
**We know what must be**  
**done, we know how to**  
**do it, and we know how**  
**much it will cost.**

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