



→ The TB challenge

More people die from tuberculosis (TB) than from any other curable infectious disease in the world. Every day, more than 20 000 people develop active TB and 5000 die from the disease. One-third of the world's population is infected with the TB bacillus.

TB is caused by the bacillus *Myobacterium tuberculosis* and is spread through the air like the common cold. If left untreated, one person with active TB will infect on average between 10 and 15 people every year.

TB infects people in every country of the world, both rich and poor alike. However, 22 countries account for 80% of the global TB burden. Many of these high-burden countries are particularly hard hit by poverty and the resulting malnutrition, poor sanitation and overcrowding that contribute to spread of the disease.

The global TB epidemic continues to increase by 3% every year and by 10% annually in sub-Saharan Africa, fuelled mainly by the HIV/AIDS epidemic affecting many African countries. HIV co-infection greatly increases the risk of progressing from latent to active TB by weakening the immune system.

TB patients who start, but do not complete, their course of drug treatment can develop multidrug-resistant TB (MDR-TB), which is much more difficult and costly to treat.

Drug-resistant strains of TB are spreading because of the greater mobility of populations resulting from increased air travel and immigration. MDR-TB has been increasing over the past 20 years, highlighted by deadly outbreaks in North America and Europe in the late 1980s and early 1990s.

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→ DOTS – the cure for TB

For more information on the Stop TB

Partnership, visit our website at:

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TB is curable. DOTS – the internationally recommended strategy for TB control – cures patients, saves lives, prevents the development and spread of drug resistance, and reduces disease transmission. Widespread use of DOTS could save millions of lives.

With DOTS, TB patients receive free drugs and are observed taking every single dose for the first two months of their six- to eight-month treatment regimens. This ensures that TB patients take all their drugs, and it also means that many can be treated at home instead of in clinics or hospitals.

In 1993, the World Bank hailed DOTS as "one of the most cost-effective of all existing health interventions", yet only 30% of people with TB are currently being treated under DOTS.

Access to DOTS for TB patients is limited by a lack of political will, insufficient resources, inadequate health care infrastructure, unreliable drug supplies, poor management, remote locations and challenging geography, homelessness, and social stigmas that prevent people – particularly women – from seeking treatment.

THE GLOBAL PLAN TO STOP TB – ELIMINATING TB AS A PUBLIC HEALTH PROBLEM

1. The Stop TB Partnership is a global movement with more than 250 members, including governments, scientists, nongovernmental organizations, donors and other TB advocates, who work together in coordinating action and resources to control TB.
2. Over the next five years, TB partners around the world will continue to:
 - expand DOTS treatment services so that all those with TB have access to effective diagnosis and treatment;
 - adapt DOTS to meet the emerging challenges of HIV and TB drug resistance;
 - support research to develop better methods for diagnosis, new drugs and a new TB vaccine;
 - strengthen the Stop TB Partnership to accelerate progress and mobilize resources so that proven TB control strategies are effectively applied.
3. Global targets:
 - **by end-2005**, to detect 70% of all infectious TB cases in the world and cure 85% of those detected;
 - **by 2010**, to reduce TB prevalence and deaths by 50%;
 - **by 2020**, to avert 25 million deaths from TB and prevent 50 million TB cases;
 - **by 2050**, to eliminate TB as a public health problem.



→ *DOTS cured me – it will cure you too!*

The theme for World TB Day 2003 is “People with TB” and the slogan is “DOTS cured me – it will cure you too!” This highlights the need to involve people with TB as advocates and active participants in TB control. Planned activities for 2003 will emphasize mobilizing TB patients and people who have been cured of TB – as well as those in the health sector – to advocate for government action, educate communities, and put a human face on TB to reduce social stigmas associated with the disease.

People with TB

People infected with TB can bring about positive change! By combining their voices, they can form a powerful lobby to call for stronger TB control programmes with DOTS expansion, and better access to diagnosis and treatment. Peru was once on the list of countries with the highest global TB burden. Thanks in part to a street demonstration in the early 1990s by TB patients protesting the lack of access to effective TB drugs, the Peruvian government responded with commitment, resources and action. Today, Peru is off the list of high-burden countries and has one of the best TB control programmes in the world.

It is important that people with TB be visible in their communities, not hidden away. Neighbours and family members must learn that TB is not a death sentence when patients have access to DOTS. In some parts of the world, there is such a stigma associated with having TB that people do not seek treatment. This is especially true for women. Helping TB patients to get involved in advocacy could mean the difference between life and death for others suffering from TB.

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→ People cured of TB

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Former patients make the best ambassadors for TB control. Those who have suffered from TB and are now cured are living proof of the effectiveness of the DOTS treatment strategy. They are also well educated about TB symptoms, treatment and prevention, and therefore extremely valuable in spreading that information throughout their communities and identifying people who should be tested for TB. In 2001, the Damien Foundation in Bangladesh detected 11 641 cases of TB, more than 25% of whom were sent for testing by former TB patients. Case detection is critical for TB control, and encouraging people with suspected TB to go to a clinic is a vital service provided by those who recognize the symptoms.

Former patients have personal experience with TB, so they are highly motivated. They are often willing to volunteer their time to trace treatment defaulters and to become DOTS partners. Some – Nelson Mandela, for example – are highly influential at the national and international level and can have a huge impact in reducing the stigma associated with TB. Other “VIP patients”, such as political figures or community leaders, may be influential at the local or regional level. Building on this available pool of educated TB advocates provides communities with a sustainable resource for TB control.

HEALTH CARE PROVIDERS

The Stop TB Partnership is working at the global level to coordinate and accelerate TB control worldwide. However, it is at the local and regional levels that TB control actually occurs, with health care professionals, pharmacy staff and DOTS partners putting into action all the plans that are made nationally and internationally.

DOTS treatment works one patient at a time. Doctors, nurses, clinic staff and volunteers – these are the faces that a TB patient first encounters when seeking diagnosis and treatment. In a clinic or hospital setting, some patients may be intimidated, frightened or unconvinced of the importance of completing the course of treatment. This is why those in the health care sector play such an important role, beyond just providing treatment. Every interaction between TB patients and their health care providers can serve to educate and reinforce the importance of continuing with the full course of TB drugs, even after patients start to feel better.



→ Advocacy planning

You can use World TB Day 2003 as a focal point for awareness-building and attracting media attention to TB. You can also use it as a springboard for continuous education throughout the year.

Get your message out by:

- gathering statistics on TB generally and on your country and region in particular;
- identifying your key messages and packaging them appropriately for your audience;
- contacting the media with press releases, information packages and invitations to any TB-related events you have planned.

- **Guidelines for social mobilization:**

Planning World TB Day

- **Forging new partnerships to Stop TB:**

WTBD 2000 highlights

- **Guidelines for social mobilization:**

WTBD 2001 highlights

- **Guidelines for social mobilization:**

WTBD 2002 highlights

Ideas bank

You can find a wealth of information on what TB partners around the world did last year in the *World TB Day 2002 Highlights Report*.

- If you do not have a copy, you can find it at:
www.stoptb.org/world.tb.day/WTBD_2002/Final_Highlights_Report_2002.pdf

- or you can request a printed copy from:
WHO Communicable Diseases Information Resource Centre
at: [cgsdoc@who.int](mailto:cdsdoc@who.int)

You will find many ideas to inspire your planning for World TB Day 2003.



→ Who to contact for more information in your region

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WHERE TO LOOK

The following web sites provide data on TB control. You may wish to visit these sites for more ideas and information:

World TB Day 2003 → <http://www.stoptb.org/world.tb.day/default.asp>

World Health Organization – TB portal → http://www.who.int/health_topics/tuberculosis/en/

The Stop TB Partnership → <http://www.stoptb.org/>

World Health Organization – TB Strategy & Operations, Monitoring & Evaluation → <http://www.who.int/gtb/>

WHO Regional Office for Africa → <http://www.whoafr.org/tb/index.html>

WHO Regional Office for the Americas → <http://www.paho.org/English/HCP/HCT/TUB/tuberculosis.htm>

WHO Regional Office for South-East Asia → <http://w3.whosea.org/tb/index.htm>

WHO Regional Office for Europe → <http://www.who.dk/eprise/main/WHO/Progs/TUB/Home>

WHO Regional Office for the Eastern Mediterranean → <http://208.48.48.190/STB/>

WHO Regional Office for the Western Pacific → <http://stoptb.wpro.who.int/>

International Union Against Tuberculosis and Lung Disease → <http://www.iuatld.org/>

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→ The 22 high-burden countries accounting for 80% of all global TB cases*

• DR Congo: Democratic Republic

of the Congo

• UR Tanzania: United Republic

of Tanzania

• HBCs: high-burden countries

Country	Number of cases	Incidence rate
India	1 820 369	178
China	1 447 947	113
Indonesia	581 847	271
Bangladesh	327 754	233
Nigeria	274 972	235
Pakistan	247 416	171
South Africa	243 306	556
Philippines	232 266	301
Russian Federation	193 363	134
Ethiopia	188 097	292
Kenya	161 085	515
DR Congo	158 734	302
Viet Nam	143 412	181
UR Tanzania	123 717	344
Brazil	110 511	64
Thailand	85 870	135
Zimbabwe	80 733	628
Cambodia	78 564	585
Myanmar	78 473	162
Uganda	77 853	324
Afghanistan	70 531	314
Mozambique	49 342	265
Total 22 HBCs	6 776 162	177
Total world	8 474 305	138

* World Health Organization, 2001 data

*DOTS: internationally recommended strategy for TB control

