8. HALVING TB PREVALENCE AND DEATH RATES IN AFRICA AND EASTERN EUROPE

The ambitious but realistic scenarios described, while holding out the prospect of significant progress, are not sufficient to achieve the Partnership's 2015 targets on time in Africa and Eastern Europe. The question thus arises as to what extra measures would be necessary to achieve the targets of halving prevalence and death rates in these two regions by 2015 (compared to the baseline values in 1990). To respond to this, additional scenarios have been developed. The analysis of what would be required to meet the targets in these regions indicated a range of actions, of which the scale, timing and feasibility vary considerably.

In most regions, the projected proportional reductions in prevalence and death rates are similar (see figure 15b, c). The notable exception is Africa where, on account of the impact of HIV on TB case fatality, achieving the target of halving the death rate is much more difficult than halving prevalence. As an illustration of the further actions needed to achieve the 2015 targets in Africa and Eastern Europe, Table 18 shows what must be done to halve the death rate, with an assessment of feasibility.

The analysis that underpins the development of these additional scenarios sheds light on the serious constraints in Eastern Europe and Africa. Overcoming these constraints would require massive improvements in general health systems, a reduction of 50% in HIV incidence, and the rapid availability of powerful new tools to increase diagnostic capacity, substantially shorten treatment duration, and effectively prevent TB. It is unlikely that even massive additional funding or even greater effort would be successful in completely overcoming the constraints. Nevertheless, all efforts must be made to achieve the Partnership’s targets as quickly as possible in these two regions. Thus, there is no excuse not to invest massively.

It should be remembered that the targets for 2015 are specified relative to 1990 as the baseline year. The epidemiological situation in both Eastern Europe and Africa deteriorated greatly during the 1990s, making achievement of the targets in these two regions problematic. Nevertheless, even with high rates of HIV and drug resistance, the improvements that can be achieved over the Plan period (2006–2015) in Africa and Eastern Europe are similar to what can be achieved in other regions. Since the focus of the Plan is on what will happen over the next 10 years, rather than on what has happened since 1990, it is important to identify the progress that could be made for each region within that period. In Africa and Eastern Europe, much of the progress necessary to reach the 2015 targets will depend on the implementation over the coming decade of the full array of interventions that are part of the Global Strategy to Stop TB. In contrast, in the other regions much of the progress necessary to reach the 2015 targets was made over the past decade, and further progress mainly represents consolidation of these achievements.

See Table 18: Further actions needed to achieve the 2015 target for deaths in Africa and Eastern Europe