Speech for Canada Global Plan Launch - Ottawa, 27 January 2006

"Why a new plan for TB control? Simply, because it is un-acceptable that in 2006, in the era of globalization and communication, 1.7 million men and women, children and elderly, are killed from a disease that can be cured with drugs costing $15, and that 8.8 million people have to suffer yearly from a disease that should have been eliminated years ago.

In just one generation, we have become the witnesses to the ravaging of the African continent by the deadly combination of TB with HIV, and yet there are people that think TB is just another side effect of HIV. At the same time, in Eastern Europe, multidrug resistant strains of TB have been created by bad control practices and disseminated all over the former USSR and beyond.

Against enormous odds, we are making progress, especially in Asia and Latin America, where TB is getting under control. Unfortunately this is being cancelled out by the emergencies in Africa and Eastern Europe… and so the global TB incidence rate continues to rise preventing the achievement of the UN MDG in 2015 that calls for a decline in incidence of TB.

Therefore, after two years of work and consensus building among all involved in TB control and research, today we are launching an action plan that seeks to address decisively these and all new challenges.

WHO has been heavily involved in the development of the new Global Plan to Stop TB 2006-2015, a 10-year plan by the Stop TB Partnership that we house. It builds on concrete foundations created in the last five years with the first Global Plan that have resulted in doubling in detection of cases, improved access to effective TB treatment (through the Global Drug Facility, which is largely funded by Canada), and in promising research and development for new TB drugs and diagnostics that could be available to developing countries by 2010.

Now the efforts of the last five years must be doubled, to ensure our target for 2015 - to reach the UN's Millennium Development Goals - is met. For this to happen the new Global Plan must be fully funded. The total cost is US$56 billion, split two ways - $47 billion for implementation in countries, and $9 billion in TB research. Of these $56 billion, some $25 billion are estimated to be available from endemic countries and some donors. Therefore, the funding gap is $31 billion, which we need to identify from endemic countries, donor countries and agencies/foundations if the Plan is to be implemented fully.

Those are the financial figures, but in human terms, how does this translate over the next ten years? It means that 14 million people, alive today, will stay alive. It will also result in the treatment of 50 million patients - almost double the population of Canada.

These are not aspirational targets, but as the Global Plan describes, these are the achievables. And in TB, we have a good tradition thanks to a global united front and clear strategies to achieve. This war can be won.

However, to address TB effectively and get all the benefits of current practices, we need to recognize the urgent need to strengthen health systems and services in general. TB elimination will not be possible if we do not address issues that are common to the control of all major pandemics: issues related to the weak health systems, the crippling health work force, the lack of capacity to manage and to supply commodities, the lack of proper health information systems, the growing role of the non-state sector etc.

WHO is working with its partners, including Canada, to put the health system issue at the very heart of TB control. This is being done through the Stop TB Strategy, a new strategy which underpins the Global Plan. In the new Strategy, we are promoting effective decentralization of care, such as in Cambodia, from expensive hospitals to community clinics and outreach centres. Or, like in the Philippines and Africa, the involvement of community-based health workers in providing services in the villages. Or, like in India, the engagement of private providers. We are promoting the mobilization in Africa of HIV

affected communities to also contribute to TB care. We are promoting in middle-income countries expansion of TB control practices to address all respiratory conditions, not just TB. Finally, we are promoting collaboration with those responsible for human resources in general to train, retain and sustain basic health workers where they are needed most.

TB control also is one of the most cost-effective public health interventions today. In Africa and South Asia, treatment of infectious patients under DOTS costs less than $Can 30 per year of life saved.

We are working with a model that will have sustained and long term impact, not just on TB, but on those high-burden diseases that blight the poorest of the poor, diseases such as HIV, malaria, and those affecting children and pregnant women. By addressing TB, we will contribute to improve health services in general, this is the aim.

Our immediate target date - 2015 - may appear far in the future. But there are no quick fixes; TB control is not a 100 metre sprint but a marathon. By supporting the Global Plan we can be re-energised. Canada has been a very strong supporter of the first Global Plan: your contributions have allowed the creation of the TB Global Drug Facility and the treatment of over 7 million patients in less than 5 years. They have allowed major progress in detecting and curing patients all over the world. For this, many millions of patients are forever indebted to the Canadian people for their commitment to TB control.

And so now we look to strengthened commitments for a strengthened action plan - the new Global Plan. Here is the Plan, let us all use it."