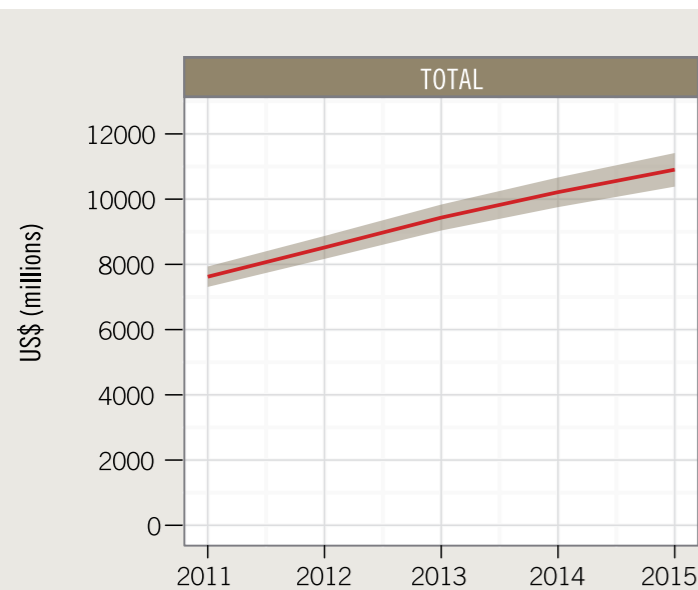


SUMMARY OF ESTIMATED FUNDING REQUIRED TO IMPLEMENT THE GLOBAL PLAN TO STOP TB 2011–2015

PLAN COMPONENT	TOTAL FUNDING REQUIRED, US\$ BILLIONS (% TOTAL)
Implementation	36.9 (79%)
DOTS (TB care)	22.6 (48%)
Drug-resistant TB	7.1 (15%)
TB/HIV	2.8 (6%)
Laboratory strengthening	4.0 (8%)
Technical assistance	0.4 (1%)
Research and Development	9.8 (21%)
Fundamental research	2.1 (5%)
New diagnostics	1.7 (4%)
New drugs	3.7 (8%)
New vaccines	1.9 (4%)
Operational research	0.4 (1%)
All components	46.7 (100%)

The projected funding gap for meeting all the goals and targets of the *Global Plan to Stop TB 2011–2015* is US\$ 21 billion.

TOTAL FUNDING REQUIREMENTS



THE GLOBAL PLAN TO STOP TB 2011–2015

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THE GLOBAL PLAN TO STOP TB 2011–2015

Transforming the Fight
TOWARDS ELIMINATION OF TUBERCULOSIS

FAST FACTS

WHY A NEW GLOBAL PLAN TO STOP TB?

In 2006 the Stop TB Partnership launched the *Global Plan to Stop TB 2006–2015*, whose goals were twofold:

- reach the UN Millennium Development Goal of halting and beginning to reverse the epidemic by 2015
- halve TB prevalence and death rates by 2015, compared with 1990 levels.

The Partnership recognized in 2010 that there was a need to produce an updated plan that would take into account progress made since 2006 and changes in TB policy and epidemiology.

EXPECTED ACHIEVEMENTS IN TB CARE, 2011–2015

PLAN COMPONENT	BEST ESTIMATE IN MILLIONS
Laboratory strengthening	
People with drug-susceptible TB diagnosed, notified and treated	32.5
People with drug-susceptible TB successfully treated	27.9
Drug-resistant TB/laboratory strengthening	
Previously treated TB patients tested for MDR-TB*	4.5
New TB patients tested for MDR-TB	2.6
Cases of MDR-TB treated according to international guidelines	1.1
Cases of MDR-TB successfully treated	0.8
TB/HIV/laboratory strengthening	
TB patients tested for HIV	29.9
HIV-positive TB patients enrolled on cotrimoxazole	4.1
HIV-positive TB patients enrolled on antiretroviral treatment	4.0
People living with HIV screened for TB at last visit to HIV care services	71.1

* multidrug-resistant tuberculosis

WHAT'S THE SAME AND WHAT'S NEW IN THE *GLOBAL PLAN TO STOP TB 2011–2015*?

What is the same?

- Focus on 2015 targets.
- Calculation of financial requirements for both TB care and research and development up to 2015
- A guide for planning within countries
- Focus on low- and middle-income countries
- Structured according to the working groups of the Stop TB Partnership

What is new?

- Laboratory strengthening - included as a major component
- Fundamental research and operational research - goals and targets included
- Strategic frameworks to set out each major component of the plan in a clear and consistent format
- Up-to-date epidemiological projections
- Updated targets for TB care and for research and development
- Updated funding requirements

Download the complete *Global Plan to Stop TB 2011–2015* at:

www.stoptb.org

TB IN THE WORLD: ANNUAL IMPACT

- Each year, a total of **9 million** new cases
- More than **1 million cases** among people living with HIV
- **Half a million cases** of MDR-TB
- Nearly **2 million deaths**

2010 STATUS: ACHIEVEMENTS OF THE GLOBAL PLAN TO STOP TB 2006-2015

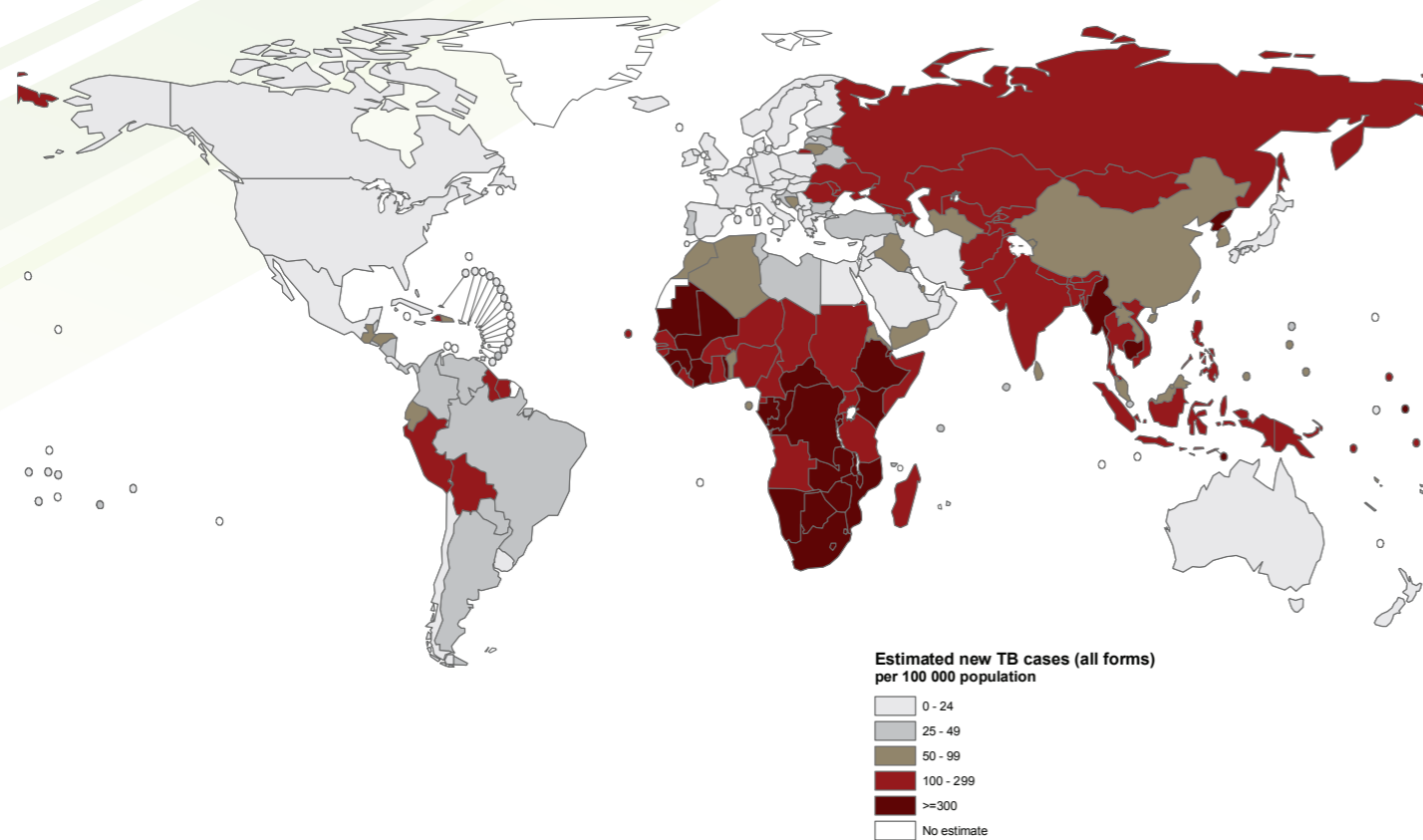
- Incidence declining slowly since peak in 2004
- **86% treatment success** rate using WHO-recommended approach
- Death rate declining since 2000
- **Stop TB Partnership target to halve death rate by 2015** compared to 1990 levels on track in Asia, the Americas and the Eastern Mediterranean

COST OF INACTION

Without dramatic increases in funding and political commitment between 2010 and 2015:

- **Over 50 million people** will develop active TB
- **Over 10 million lives** will be lost to this preventable, curable disease; 4 million of them will be women and children
- **Millions of children** will be orphaned needlessly
- **Over 2 million cases** of MDR-TB will emerge for want of proper care

ESTIMATED TB INCIDENCE BY COUNTRY, 2009



SUMMARY OF MAIN IMPLEMENTATION TARGETS

PLAN COMPONENT AND INDICATORS	BASELINE 2009	TARGET 2015
DOTS/Laboratory strengthening		
Number of cases diagnosed, notified and treated according to the DOTS approach (per year)	5.8 million	6.9 million
Treatment success rate (in annual cohort)	86%	90%
Number of countries with ≥1 laboratory with sputum smear microscopy services per 100 000 population	≥75	149
Percentage of laboratories providing sputum smear microscopy services that are using LED microscopes for diagnosis of smear-positive TB	<1%	20%
Drug-resistant TB/Laboratory strengthening		
Percentage of previously treated TB patients tested for MDR-TB	7%	100%
Percentage of new TB patients tested for MDR-TB	7%	20%
Number of countries among the 22 high burden countries (HBCs) and 27 high MDR-TB burden countries with ≥1 culture laboratory per 5 million population	18-21	36
Percentage of confirmed cases of MDR-TB enrolled on treatment according to international guidelines	36%	100%
Number of confirmed cases of MDR-TB enrolled on treatment according to international guidelines	11 000	~270 000
Treatment success rate among confirmed cases of MDR-TB	60%	≥75%
TB/HIV/Laboratory strengthening		
Percentage of acid-fast bacilli (AFB) smear-negative, newly notified TB cases screened using culture and/or molecular-based test	<1%	≥50%
Percentage of TB patients tested for HIV	26%	100%
Percentage of HIV-positive TB patients treated with co-trimoxazole therapy (CPT)	75%	100%
Percentage of HIV-positive TB patients treated with antiretroviral therapy (ART)	37%	100%
Percentage of people living with HIV attending HIV care services who were screened for TB at their last visit	~25%	100%
Percentage of people living with HIV attending HIV care services who were enrolled on isoniazid preventive treatment (IPT), among those eligible	<1%	100%
Laboratory strengthening (additional to those above)		
Percentage of national reference laboratories implementing a quality management system according to international standards	<5%	≥50%

SUMMARY OF MAIN RESEARCH AND DEVELOPMENT TARGETS

PLAN COMPONENT AND INDICATORS	BASELINE 2010	TARGET 2015
Fundamental research		
New funding for fundamental research, per year (US\$ millions)	98	450
New diagnostics		
Number of new tests for the diagnosis of active TB that can be used in district laboratories	1	2
Number of new tests for the diagnosis of active TB in peripheral-level laboratories	1	2
Number of new point-of-care tests for the diagnosis of active TB in peripheral-level health centres	0	2
Number of new tests for the diagnosis of drug-resistant TB in district laboratories	0	2
Number of new tests for the diagnosis of drug-resistant TB in peripheral-level laboratories	0	1
Number of new tests for the diagnosis of drug-resistant TB in health centres	0	1
New drugs		
Number of new and/or repurposed drugs in Phase I trials	3	21
Number of single or combination Phase II trials investigating new and/or repurposed drugs	6	34
Number of new regimens for drug-susceptible TB in Phase III trials	2	3
Number of new regimens for drug-resistant TB in Phase III trials	0	2
Duration of treatment of latent TB infection	4-6 months	2-3 months
New vaccines		
Number of vaccine candidates that have entered Phase I trials	5	20
Number of vaccine candidates that have entered Phase II trials	2	9
Number of vaccine candidates that have entered Phase IIb trials	2	3
Number of vaccine candidates that have entered Phase III trials	1	4
Operational research		
New funding for operational research, per year (US\$ millions)	35	86