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**

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

**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**

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

* multirdrug-resistant tuberculosis

**THE GLOBAL PLAN TO STOP TB 2011–2015**

Transforming the Fight

**TOWARDS ELIMINATION OF TBURGOSIS**

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**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

**ESTIMATED TB INCIDENCE BY COUNTRY, 2009**

**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

**SUMMARY OF MAIN IMPLEMENTATION TARGETS**

**PLAN COMPONENT AND INDICATORS**

**DOTS/Laboratory strengthening**

- Number of cases diagnosed, notified and treated according to the DOTs approach (per year): 5.8 million vs. 6.9 million
- Treatment success rate (in annual cohort): 86% vs. 90%
- Number of countries with ≥1 laboratory with sputum smear microscopy services per 100,000 population: ≥75 vs. 149
- Percentage of laboratories providing sputum smear microscopy services that are using LED microscopes for diagnosis of smear-positive TB: <1% vs. 20%

**Drug-resistant TB/Laboratory strengthening**

- Percentage of previously treated TB patients tested for MDR-TB: 7% vs. 100%
- Percentage of new TB patients tested for MDR-TB: 7% vs. 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 vs. 36
- Percentage of confirmed cases of MDR-TB enrolled on treatment according to international guidelines: 36% vs. 100%
- Number of confirmed cases of MDR-TB enrolled on treatment according to international guidelines: 11,000 vs. -270,000
- Treatment success rate among confirmed cases of MDR-TB: 60% vs. ≥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% vs. ≥50%
- Percentage of TB patients tested for HIV: 26% vs. 100%
- Percentage of HIV-positive TB patients treated with cotrimoxazole therapy (CPT): 75% vs. 100%
- Percentage of HIV-positive TB patients treated with antiretroviral therapy (ART): 37% vs. 100%
- Percentage of people living with HIV attending HIV care services who were screened for TB at their last visit: >25% vs. 100%
- Percentage of people living with HIV attending HIV care services who were enrolled on isoniazid preventive treatment (IPT), among those eligible: <1% vs. 100%

**Laboratory strengthening (additional to those above)**

- Percentage of national reference laboratories implementing a quality management system according to international standards: <5% vs. ≥50%

**SUMMARY OF MAIN RESEARCH AND DEVELOPMENT TARGETS**

**PLAN COMPONENT AND INDICATORS**

**Fundamental research**

- New funding for fundamental research, per year (US$ millions): 98 vs. 450

**New diagnostics**

- Number of new tests for the diagnosis of active TB that can be used in district laboratories: 1 vs. 2
- Number of new tests for the diagnosis of active TB in peripheral-level laboratories: 1 vs. 2
- Number of new point-of-care tests for the diagnosis of active TB in peripheral-level health centres: 0 vs. 2
- Number of new tests for the diagnosis of drug-resistant TB in district laboratories: 0 vs. 2
- Number of new tests for the diagnosis of drug-resistant TB in peripheral-level laboratories: 0 vs. 1
- Number of new tests for the diagnosis of drug-resistant TB in health centres: 0 vs. 1

**New drugs**

- Number of new and/or repurposed drugs in Phase I trials: 3 vs. 21
- Number of single or combination Phase II trials investigating new and/or repurposed drugs: 6 vs. 34
- Number of new regimens for drug-susceptible TB in Phase III trials: 2 vs. 3
- Number of new regimens for drug-resistant TB in Phase III trials: 0 vs. 2
- Duration of treatment of latent TB infection: 4-6 months vs. 2-3 months

**New vaccines**

- Number of vaccine candidates that have entered Phase I trials: 5 vs. 20
- Number of vaccine candidates that have entered Phase II trials: 2 vs. 9
- Number of vaccine candidates that have entered Phase III trials: 2 vs. 3
- Number of vaccine candidates that have entered Phase III trials: 1 vs. 4

**Operational research**

- New funding for operational research, per year (US$ millions): 35 vs. 86