

# Progress and financial requirements

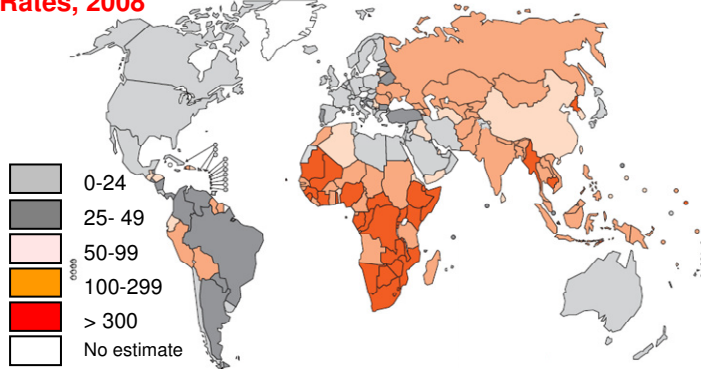
# THE GLOBAL PLAN TO STOP TB

## 2006-2008

### TB in the world (2008)

9.4 million new TB cases (incl. 1.4 million HIV positive cases)  
 0.5 million MDR-TB cases  
 1.3 million TB deaths among HIV negative cases  
 0.52 million TB deaths among HIV positive cases

### Estimated TB Incidence Rates, 2008



### ACHIEVEMENTS

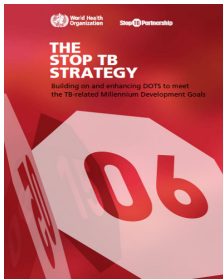
- Incidence rate fell to **139 cases per 100 000 population** in 2008
- **36 million people were cured** in DOTS Programmes, between 1995-2008. **8 million deaths were averted** through DOTS
- **DOTS Treatment success: 86%**; exceeded the 85% target for the first time

On track to meet the **MDGs globally** though incidence is falling slowly

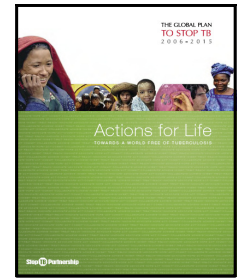
- **Mortality declining** since 2000
- **Stop TB Partnership's targets to halve mortality rates by 2015 compared to 1990 is not on track** in WHO Africa region

### Targets

- **UN Millennium Development Goals:** by 2015 halt and begin to reverse the incidence of major diseases
- **Stop TB Partnership's targets:** by 2015 reduce by 50% per capita prevalence and death rates relative to 1990 levels.

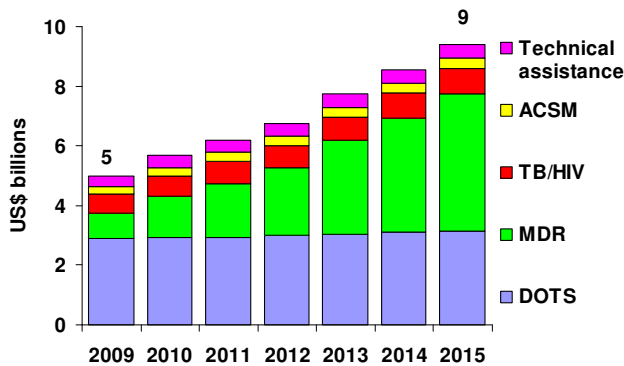


The **Stop TB Strategy** sets out the interventions that need to be implemented to achieve the MDGs and Stop TB Partnership targets. The **Global Plan to Stop TB, 2006-2015**, is a road map for national TB programmes. It sets out how and at what scale, the Strategy should be implemented as well as the investment needed.

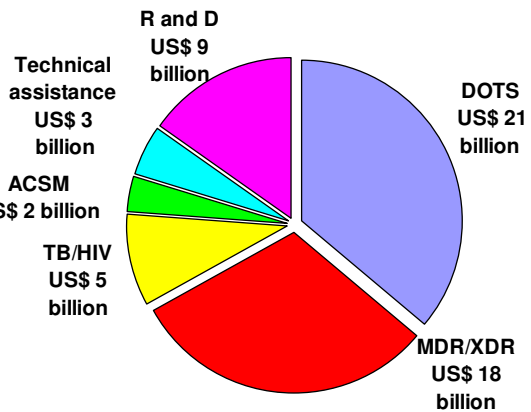


## 2009-2015

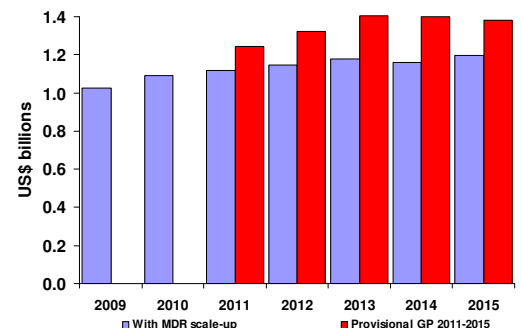
### 1. Global Plan: funding needs



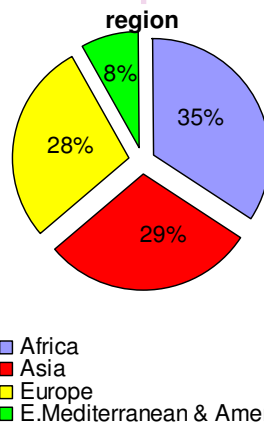
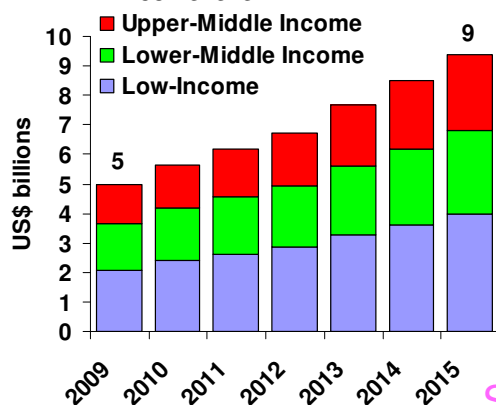
**Global Plan 2009-2015 needs US\$ 57 billion**



### 3. R&D needs globally



### 2. Implementation needs by income level



See reverse for more details

Source: WHO, TB Department

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## 2006–2009

### Progress made towards Global Plan targets

Scale up of basic TB control (DOTS) came closest to matching Global Plan milestones and funding levels. The biggest shortfalls were for MDR-TB diagnosis and treatment in Asia, and DOTS and collaborative TB/HIV activities in Africa. Less than half of the funding needed for R&D was mobilized. To date, funding shortfalls have been at least US\$ 1.5 billion each year.

## 2010–2015

- **Available funding** is expected at US\$ 4.6 billion in 2010.
- If current levels of funding are maintained, the following Global Plan needs will be covered:
  - 88 % of Basic TB Control (DOTS)
  - 10 % of MDR-TB (Asia only 1%)
  - 6 % of TB/HIV
  - 16 % of Technical Assistance
  - 45 % of R&D
- Most of the funding currently available for implementation is from domestic resources (more than 88%) and the Global Fund (the largest external donor).
- Closing funding gaps will require an increase in domestic funding in middle-income countries; in low-income countries, up to 50% of the total funding required will need to come from donors.
- TB research is heavily dependent on a few large donors.
- With current estimated levels of funding, **funding shortfalls** will rise to US\$ 5.5 billion in 2015 (US\$ 4.7 billion for implementation and US\$0.8 billion for R&D).
- Full implementation of MDR-TB response requires a rapid and substantial scale-up in diagnostic and treatment services, with costs of US\$ 4.6 billion in 2015. Current funding is equivalent to only 10% of this total.
- While collaborative TB/HIV activities have increased, still only 6 % of the needs outlined in the Global Plan will be covered given current expected funding and targets will not be met in Africa or Asia.

## What will full funding of the Global Plan in 2009–2015 buy?

	US\$ billion	Expected Results
<b>Basic TB Control</b>	23	34 million patients will be treated under DOTS
<b>MDR-TB</b>	18	1.4 million patients with MDR will be treated
<b>TB/HIV</b>	5	2.4 million HIV positive TB patients will be enrolled on ART
<b>Technical Assistance</b>	3	<ul style="list-style-type: none"> <li>• Coordinated technical assistance</li> <li>• Successful use of financing mechanisms and implementation</li> </ul>
<b>Total Implementation</b>	<b>49</b>	
<b>Drugs</b>	5	To develop shorter TB regimens that will cure all forms of TB, be compatible with ART, suitable for children, effective against LTBI, affordable and easily managed in the field
<b>Vaccines</b>	2	Coordinate research and development activities that result in a safe, effective and accessible vaccine that will prevent all forms of TB in all age groups and be safe for people with HIV by 2015
<b>Diagnostics</b>	1	To improve TB case detection both through higher sensitivity/specificity and improved accessibility – simple, accurate, cost-effective, same day, near-patient products that perform equally well in HIV-infected persons and children, and improve patient important outcomes
<b>Total R&amp;D</b>	<b>9</b>	
<b>Total TB Control 2009-2015</b>	<b>57</b>	