



TUBERCULOSIS AND THE MILLENNIUM DEVELOPMENT GOALS:

Investments in TB (MDG6) have helped accelerate progress towards the MDGs overall by contributing directly to maternal and child health, reducing poverty and addressing a major cause of death among people living with HIV.

Stop TB Partnership

www.stoptb.org



TB: the human cost of inaction

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

- Over 50 million people will develop active TB disease
- Over 10 million lives will be lost to this preventable, curable disease; over 4 million of them will be women
- Millions of children will be orphaned needlessly
- Over 2 million cases of multidrug-resistant TB will emerge for want of proper care
- There is current global shortfall of nearly US\$ 3 billion per year to fight TB

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What is the impact of TB on women and children?

TB will claim the lives of more than 4 million women between now and 2015. That is roughly the equivalent of all the women and girls in New York City.

TB is the number three cause of death among women and therefore has a massive impact on mothers and their children. The stakes are high - up to four million women will die between 2011 and 2015 and millions of children will be orphaned without rapid scale-up of TB care.

What role does TB control play in fighting poverty?

More than three quarters of all TB cases are among people 15–54 years old – those in their prime working years. The disease is a major cause of poverty because people with TB are often too sick to work, and they and their families have to pay for treatment.

A recent World Bank research study found that aggressive TB control could yield substantial economic gains for low- and middle-income countries. The countries

with the world's highest numbers of TB cases could earn about 10 times more than they spend on TB diagnosis and treatment by signing on to the Global Plan to Stop TB.

How can fighting TB help reverse the tide of deaths from HIV?

One of four deaths among people living with HIV is from TB. Every three minutes a person living with HIV has his or her life cut off prematurely by TB.

People who have tested positive for HIV need to be routinely screened for TB; treated if they have active disease or provided with isoniazid preventive therapy if they are unlikely to have active TB; and protected against TB transmission. The solution is clear, yet in 2008 only 5% of the 33 million people living with HIV were screened for TB.

People known to have TB and those presenting with TB signs and symptoms need to be offered HIV testing, treatment, care and support; and people who present for HIV testing and care need to receive appropriate TB prevention, diagno-

sis and treatment. Integration of HIV and TB services in all health care settings is key to achieving these goals.

In July the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Stop TB Partnership signed a landmark memorandum of understanding. The agreement binds the two organizations together in a common goal: to call on countries to scale up these joint activities sufficiently to halve the number of people living with HIV who die from TB by 2015, compared to 2004 levels.

How much progress has been made on the MDG targets for TB?

There have also been remarkable achievements in the past decade. The MDG target for halting the incidence of TB is on track and prevalence and mortality are falling slowly. Soon to be released studies will show that as a result of following WHO recommended standards, tuberculosis mortality among HIV-negative people fell 39% between 1990 and 2009, and could be halved by 2015.

Political leaders, international organizations and donors have the power to lay the foundation for eliminating TB in our lifetimes.