

The power to end hunger.

RESULTS

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The Global TB Epidemic: What it Means for Europe, What European Nations Can Do

Please Join a Conference Call for Journalists March 21, 2002
In Advance of World TB Day (March 24th)

WHO: A Conference Call for European Journalists. Speaking on the call will be:

Dr. Mario Raviglione, World Health Organization Coordinator, Stop TB Strategy and Operations. Leading the global efforts on DOTS Expansion, addressing TB/HIV, and multi-drug resistant Tuberculosis.

Dr. Paula Fujiwara, Deputy Secretary General of the Paris-based International Union Against TB and Lung Diseases, one of the world's leading organizations involved in global TB control. Dr. Fujiwara was a member of the Transitional Working Group for the new Global Fund to fight AIDS, TB and malaria (GFATM), and has just been appointed to the GFATM's Technical Review Panel, the body responsible for assessing applications.

Paul Sommerfeld, Chairperson, TB Alert, a UK-based charity set up to respond to the global challenge of tuberculosis.

Dr. Joanne Carter, Legislative Director of RESULTS, will moderate the call. RESULTS is an international citizens' lobby working to create the political will to end hunger and the worst aspects of poverty, including tuberculosis.

WHAT: Experts answer questions on the global threat of TB, its impact in Europe and the need for greater European support for global TB control:

- INFORMATION ON TB OUTBREAKS IN LONDON AND HIGH LEVELS OF MULTI-DRUG RESISTANT TB IN EASTERN EUROPE AND THE FORMER SOVIET UNION
- WE KNOW HOW TO FIGHT TB—THERE IS A NEW GLOBAL PLAN TO STOP TB, AND A NEW GLOBAL TB DRUG FACILITY CAN MOVE GLOBAL ANTI-TB EFFORTS FORWARD, IF THERE ARE ADEQUATE RESOURCES.
- THE THEME FOR WORLD TB DAY IS STOP TB, FIGHT POVERTY
- THE WORLD HEALTH ORGANIZATION WILL RELEASE NEW DATA ON THE GLOBAL TB EPIDEMIC AND THE FIVE YEAR PLANS AND BUDGETS OF THE 22 HIGH-TB-BURDEN COUNTRIES..

WHERE: BY TELEPHONE CONFERENCE CALL. For more information, call Denise Hughes in the U.S. at 202.321.8923, or to join the call contact the RESULTS Office in the U.S. at 202.783.7100, and ask for Sarah Harre. If you are calling outside of business hours please dial Extension 129 or email: harre@action.org. Please provide your name, the name of your news organization, and your direct dial phone number. A conference operator will connect you to the call on March 21st a few minutes before 10:00 am GMT.

WHEN: Thursday, March 21st, 2001 at 10:00 AM - 11:00 AM GMT.

TB KNOWS NO BORDERS

Tuberculosis is a major global health epidemic. TB kills someone every 15 seconds and at current rates, 35 million people will die of TB by 2020. TB is a leading killer of young women and of people with AIDS worldwide.

An effective, inexpensive cure exists, called DOTS, but just 1 in 4 of those who need DOTS treatment currently have access to it. We must aggressively expand worldwide access to DOTS now, before drug-resistance makes TB incurable. Multi-Drug Resistant TB, or MDR-TB, is much more dangerous, difficult and expensive to treat.

The international community must act now to control this killer disease:

- TB is a link in the cycle of poverty: the disease arises in conditions of poverty, and pushes those affected into deeper poverty—with loss of income, the selling off of assets to pay for medical care, withdrawing children from school to work or care for sick family members.
- TB's annual economic toll on poor communities is estimated to be US\$ 12 billion dollars. On average, an individual patient with TB loses three to four months of work time as a result of being sick. This results in average lost potential earnings of 20 to 30% of annual household income.
- TB cases in London have risen 18% since 1999; London has more cases than any European city.
- Eastern Europe and the former Soviet Union have dangerously high -- and rising -- rates of drug-resistant TB (MDR-TB). MDR-TB is rising at frightening rates in the former Soviet Union and the World Health Organization has identified areas of high prevalence MDR-TB that included the Baltic states of Estonia and Latvia, and the Russian Federation. Prisons in Russia are a breeding ground for MDR-TB: of an estimated 1 million Russians in prison, some 100,000 have active TB and at least 20% of those are sick with MDR-TB. AIDS rates in Eastern Europe are rising rapidly, creating a potential explosion of the AIDS and TB co-epidemic.
- The G8 countries, at a July 2000 Okinawa Summit, committed to halve TB deaths worldwide by 2010.
- The World Health Organization's World Health Assembly members adopted global TB control targets for the year 2005: to detect 70% of new infectious TB cases and to successfully treat 85% of them. If we meet this goal, World Health Organization's Director-General Dr. Gro Harlem Brundtland has estimated that 3.5 million additional lives will be saved and 13 million additional TB patients treated.
- A new Global Plan to Stop TB, adopted by the international community last year, lays out the dollar amounts needed, country-by-country, to control TB. The global financing gap is less than US \$1 billion annually – a tiny amount compared to what it could cost to address MDR-TB if we do not act soon, and a fraction of the US\$12 billion experts estimate are lost from the incomes of poor communities worldwide every year due to TB infection.
- Nearly all of the world's 22 high-TB burden countries, which contain 80% of the world's active TB cases, have developed national TB control plans focused on DOTS expansion.
- The new Global TB Drug Facility (GDF) was established to provide low-income countries with an inexpensive, reliable, and high-quality drug supply. The GDF can provide TB drugs for just US\$10 per patient for 6 months of treatment. Already the GDF is working in 17 countries, but it will soon be out of resources without increased support. An unreliable drug supply can lead to incomplete treatment, which causes drug-resistant TB.

- The Global Fund to Fight AIDS, TB and malaria (GFATM) is a critical multi-national response to the global health crises of tuberculosis, AIDS, and malaria. The GFATM will use a streamlined structure to attract and deliver new resources for fighting these killer diseases.

European Nations must act on these new opportunities by increasing their investment in fighting TB globally.