

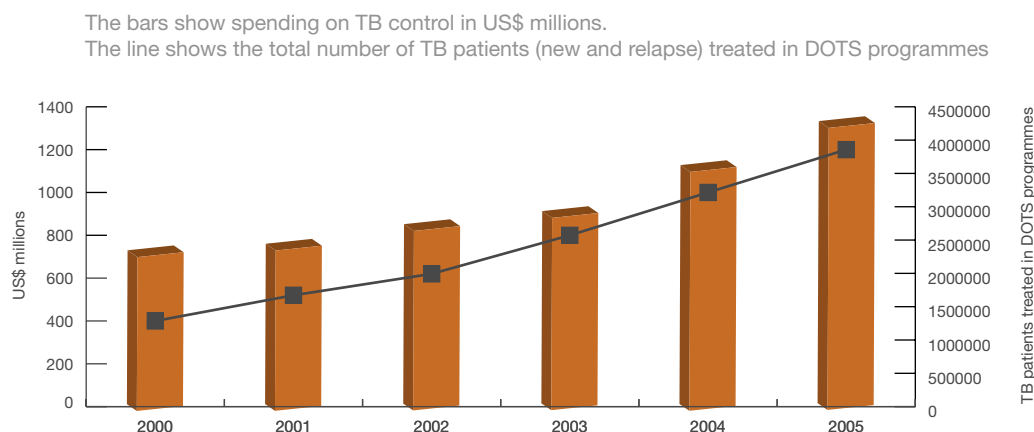


Progress under the First Global Plan 2001–2005

The Stop TB Partnership's Global Plan to Stop TB for 2001–2005 provided the first integrated plan of action for programme implementation and TB research and identified the funding required to meet defined targets. It provided a coherent agenda to rally key new partners, push forward research and development and have a rapid impact on the TB epidemic through expanded implementation of the DOTS strategy (the internationally recognized TB control strategy) and its adaptations. Although the monitoring data for 2005 have not yet been compiled, this fact sheet highlights some of the results to date.

The number of patients treated in DOTS programmes in the 22 high-burden countries (i.e. the top 22 ranked by number of incident TB cases) more than doubled over five years, from two million in 2000 to a projected figure of over four million in 2005. Total spending on TB control in the 22 high-burden countries increased from US\$ 800 million in 2000 to a projected figure of US\$ 1.2 billion in 2005, as shown in Figure 1. Several high-burden countries, including India and China, are close to reaching the 2005 target of 70% case detection. In addition, there has been significant progress in research and development with a greater number than ever before of new diagnostics, drugs and vaccines in the development pipeline.

Figure 1: Total spending on TB control and the total number of TB patients treated in DOTS programmes in the 22 high-burden countries from 2000 to 2005



The Stop TB Partnership: Since 2001, the Stop TB Partnership has grown to more than 400 organizations. An external evaluation of the Partnership in 2003 indicated that it has moved swiftly to introduce widely appreciated new initiatives such as the Global Drug Facility. Regional and national partnerships have been established and more are being promoted. Two high-level stakeholder meetings were held, the first in 2001 at which the first Global Plan to Stop TB was launched and the second in 2004. At these partners' forums, the Partnership accounted for progress against targets and assessed achievements. The meetings served to mobilize all constituencies and ensure consensus on strategic direction and priorities for action.

TB control implementation: The first Global Plan to Stop TB estimated that a total of US\$ 5 billion was required for DOTS expansion in the 22 high-burden countries during the five year period. In practice, about US\$ 5 billion was mobilized and spent effectively. By the end of 2003, over three-quarters of the world's population lived in countries that had adopted the DOTS strategy. This proportion is expected to reach over 90% by the end of 2005.

Drug supply: Since 2001, the Global Drug Facility, established at WHO and operated by the Partnership, has provided quality assured TB treatments for more than six million patients and catalysed a worldwide improvement in the quality of TB drugs and a reduction in their cost. The Green Light Committee promotes access to, and rational use of, second-line drugs against multidrug-resistant strains of TB. It has secured price reductions of up to 95% for some second-line drugs.

Multidrug-resistant TB: By July 2005, 36 projects had been established in resource-poor settings in 27 countries to treat more than 10 000 patients with multidrug-resistant TB. These projects have conclusively demonstrated that management of multidrug-resistant TB is feasible and effective in such settings.

TB/HIV: The strategy and policy documents produced by WHO and the Partnership are guiding collaborative TB/HIV activities in countries. By 2003, 29 of the 41 countries with the highest prevalence of TB/HIV coinfection had a national policy on TB/HIV and 16 had a national TB/HIV coordinating body.

New tools: As of late 2005, 15 new diagnostics were under development and tools such as a Sample and Strain Bank have been developed to assist researchers. There are 27 drugs in the pipeline with research and development activity in virtually all stages of TB drug discovery and development. Four new vaccine candidates are in phase one trials and three more will start in 2006.

Advocacy: The profile of TB has been raised through expressions of support for TB control in G8 Communiqués in 2000 and 2005, a World Health Assembly Resolution in 2005, the declaration by WHO of a TB emergency in Africa in 2005, the UN World Summit in 2005 and the UN Millennium Project, and through statements of support from the Commission for Macroeconomics and Health in 2001 and by Nelson Mandela, the African Union and the Commission for Africa.