

Global TB control:

**Current status with particular attention
to TB among women and children**

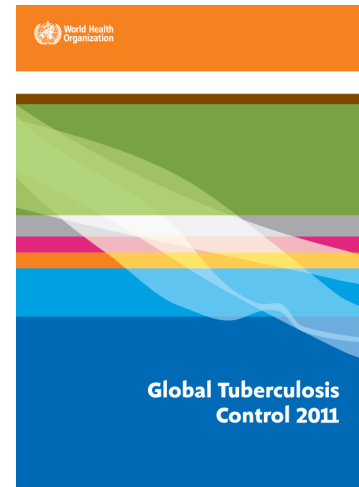
**Katherine Floyd
Stop TB Department
World Health Organization**

**42nd Union World Conference on Lung Health
Stop TB Symposium
Lille, 26 October 2011**



Overview

1. The burden of disease caused by TB and progress towards 2015 targets
2. Progress in implementing and financing TB care and control
 - Comparisons with targets in Stop TB Partnership's Global Plan 2011–2015
3. TB in women and children
 - What global notification and survey data tell us

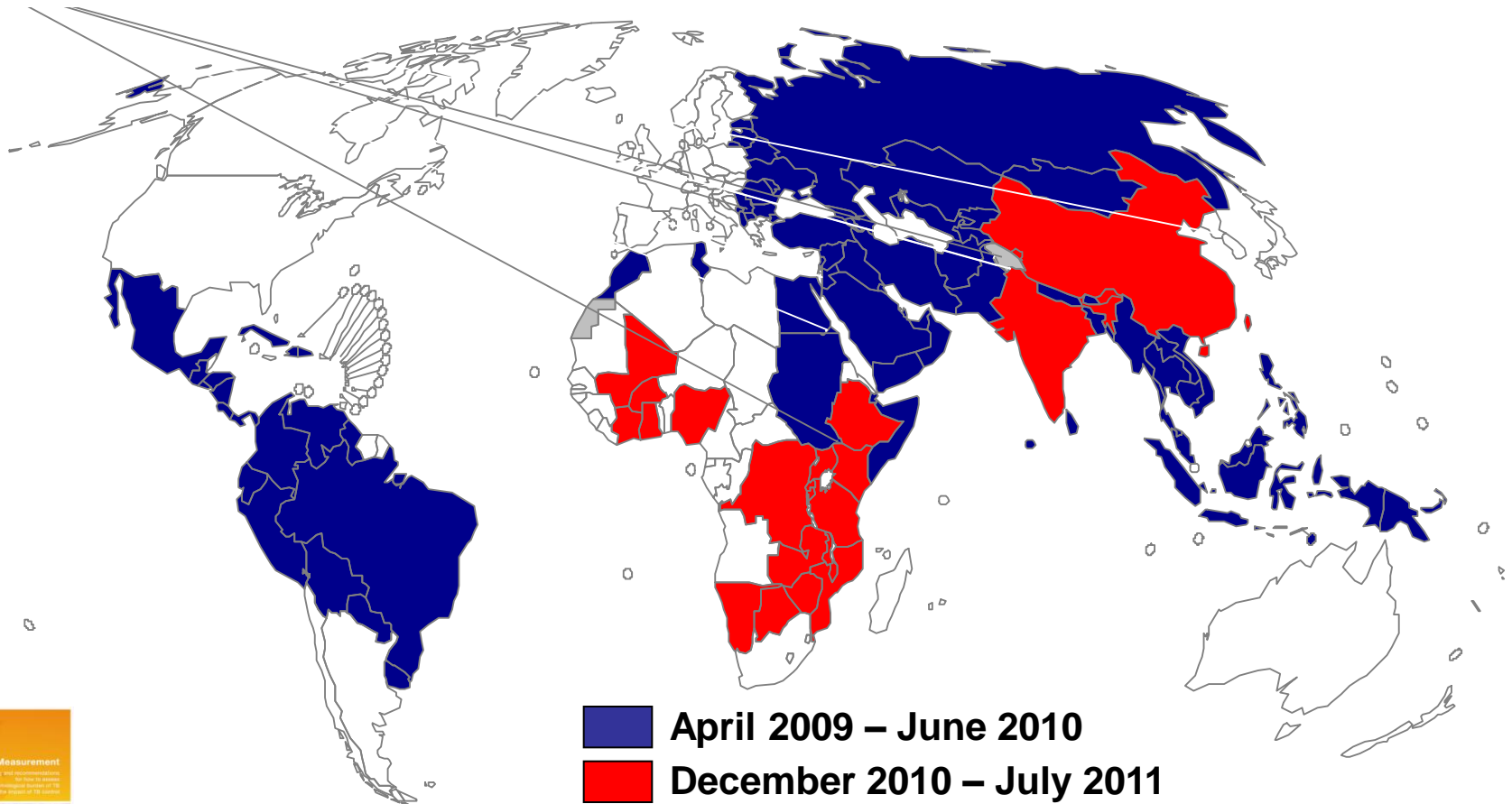


Launched 11 October



1. Burden of disease and progress towards 2015 targets

Major progress in measuring and estimating disease burden

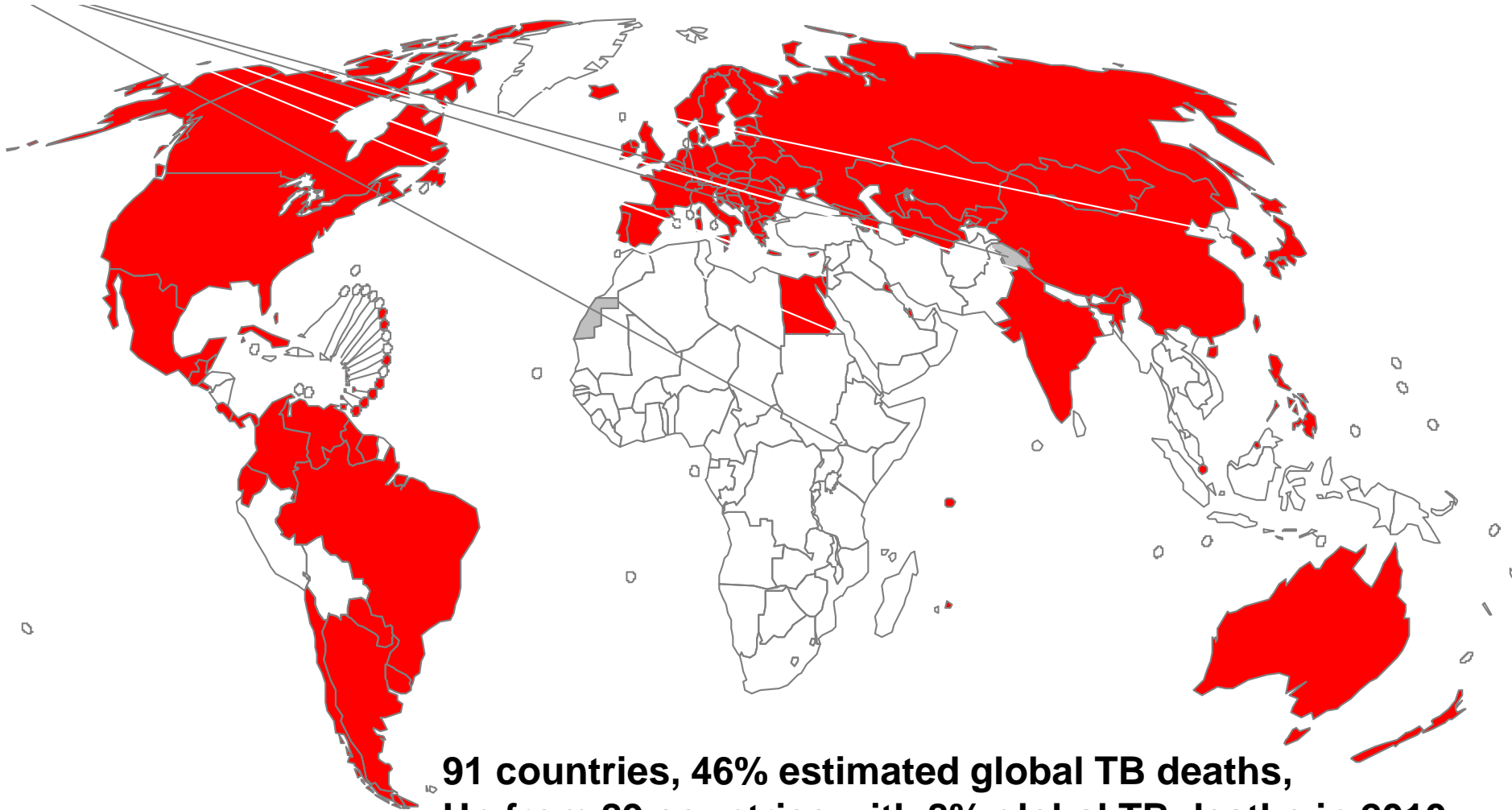


96 country consultations in 2 years
17 African countries plus India and China in past year



Direct measurements of mortality

national vital registration (90 countries) + mortality surveys (India)



**91 countries, 46% estimated global TB deaths,
Up from 89 countries with 8% global TB deaths in 2010
China and India for the first time in 2011**



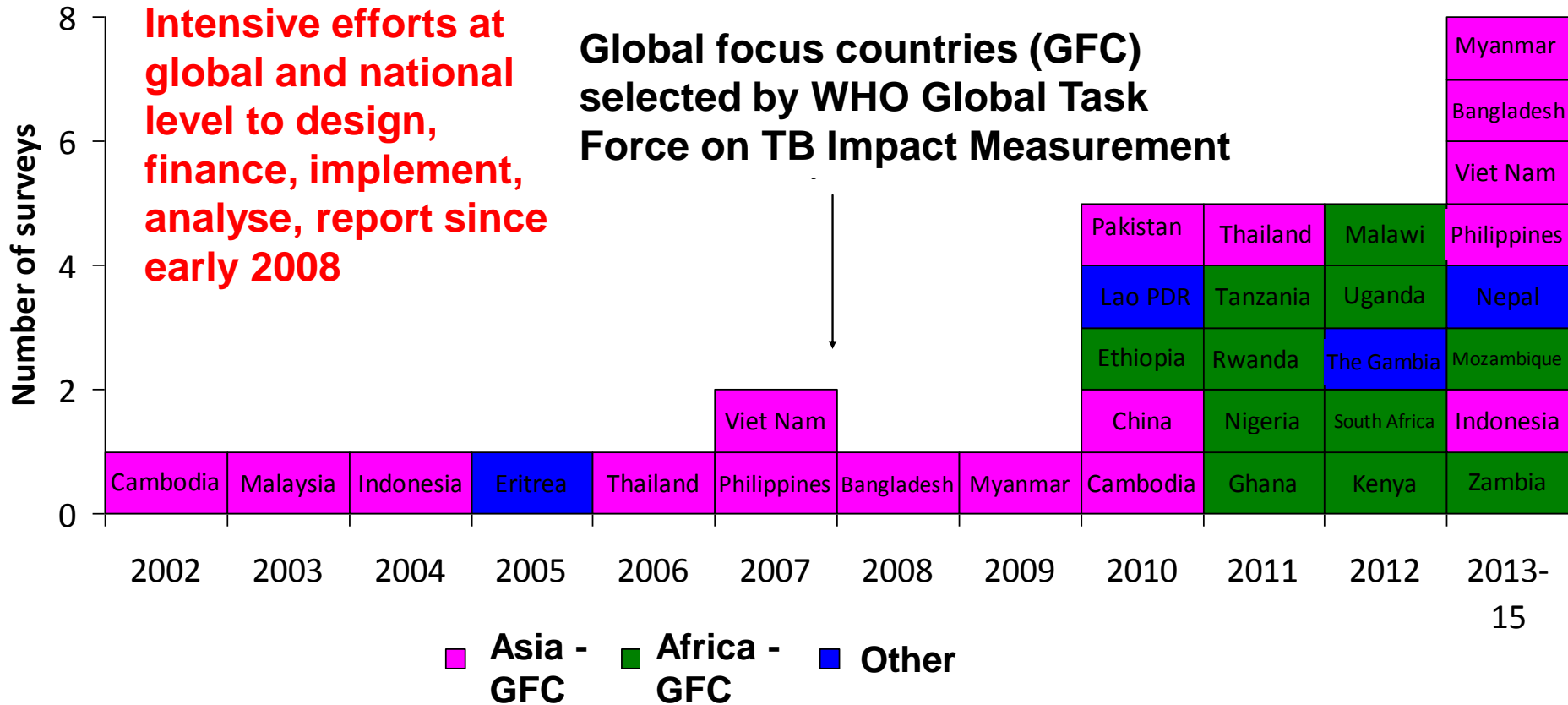
Prevalence surveys

major global momentum



Intensive efforts at global and national level to design, finance, implement, analyse, report since early 2008

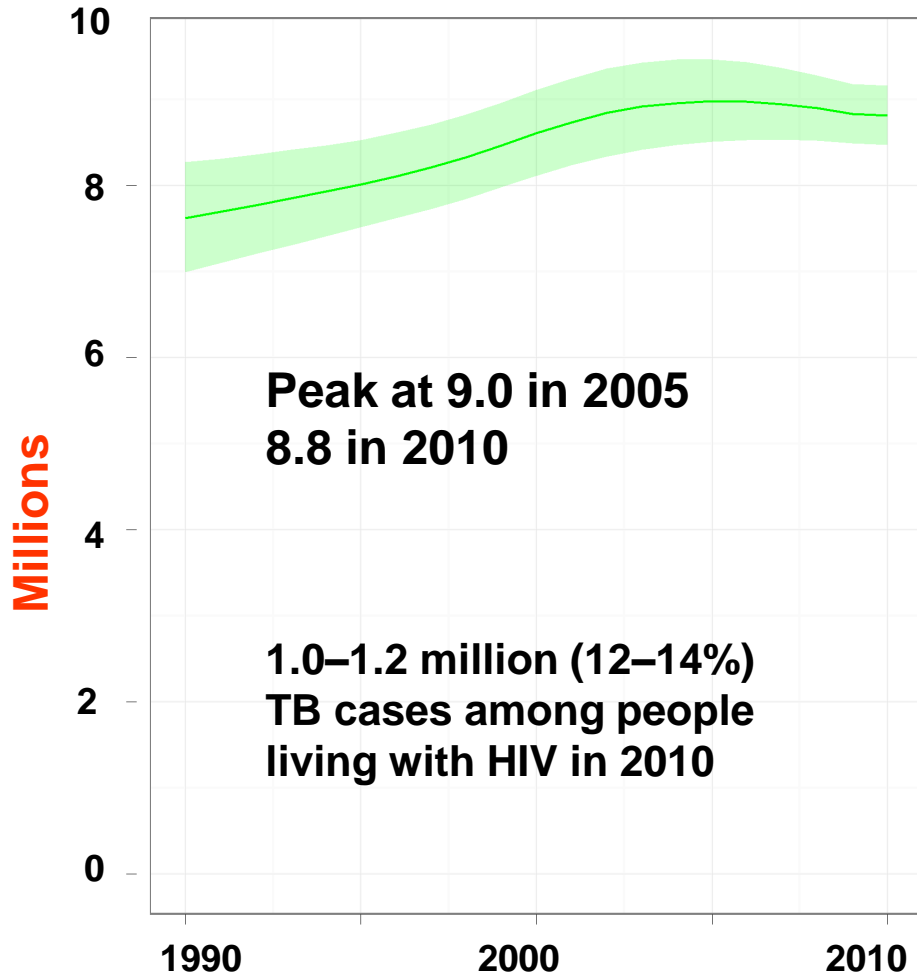
Global focus countries (GFC) selected by WHO Global Task Force on TB Impact Measurement



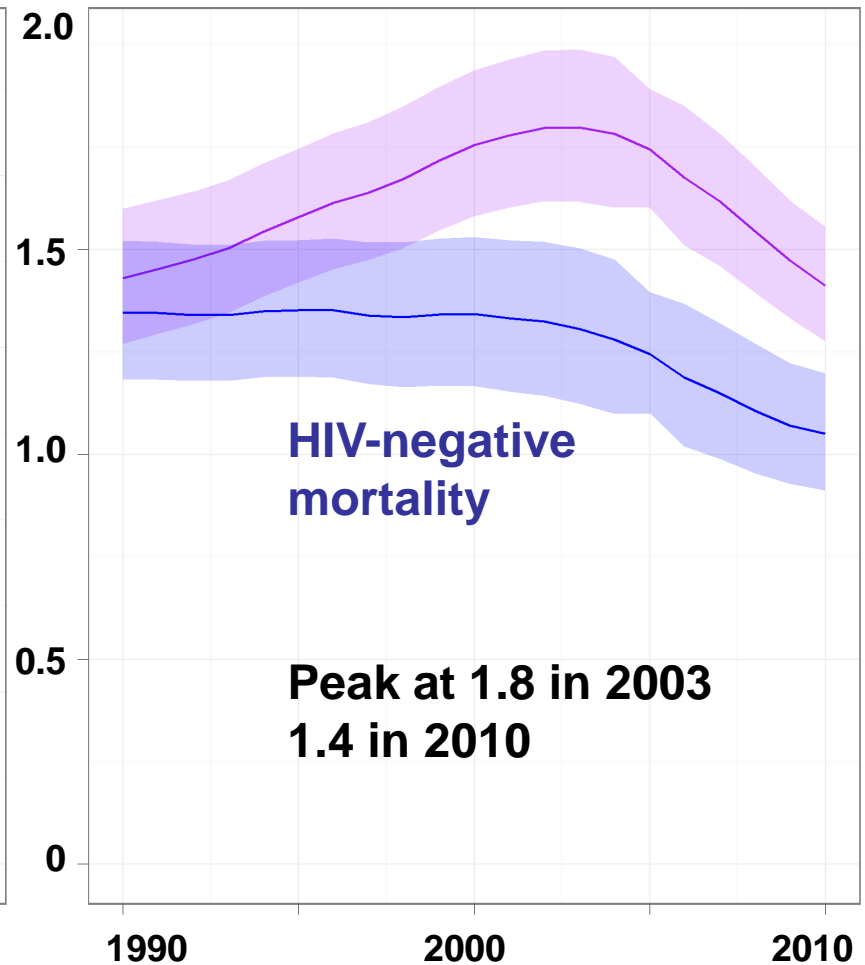
TB cases and deaths, 1990–2010

absolute numbers

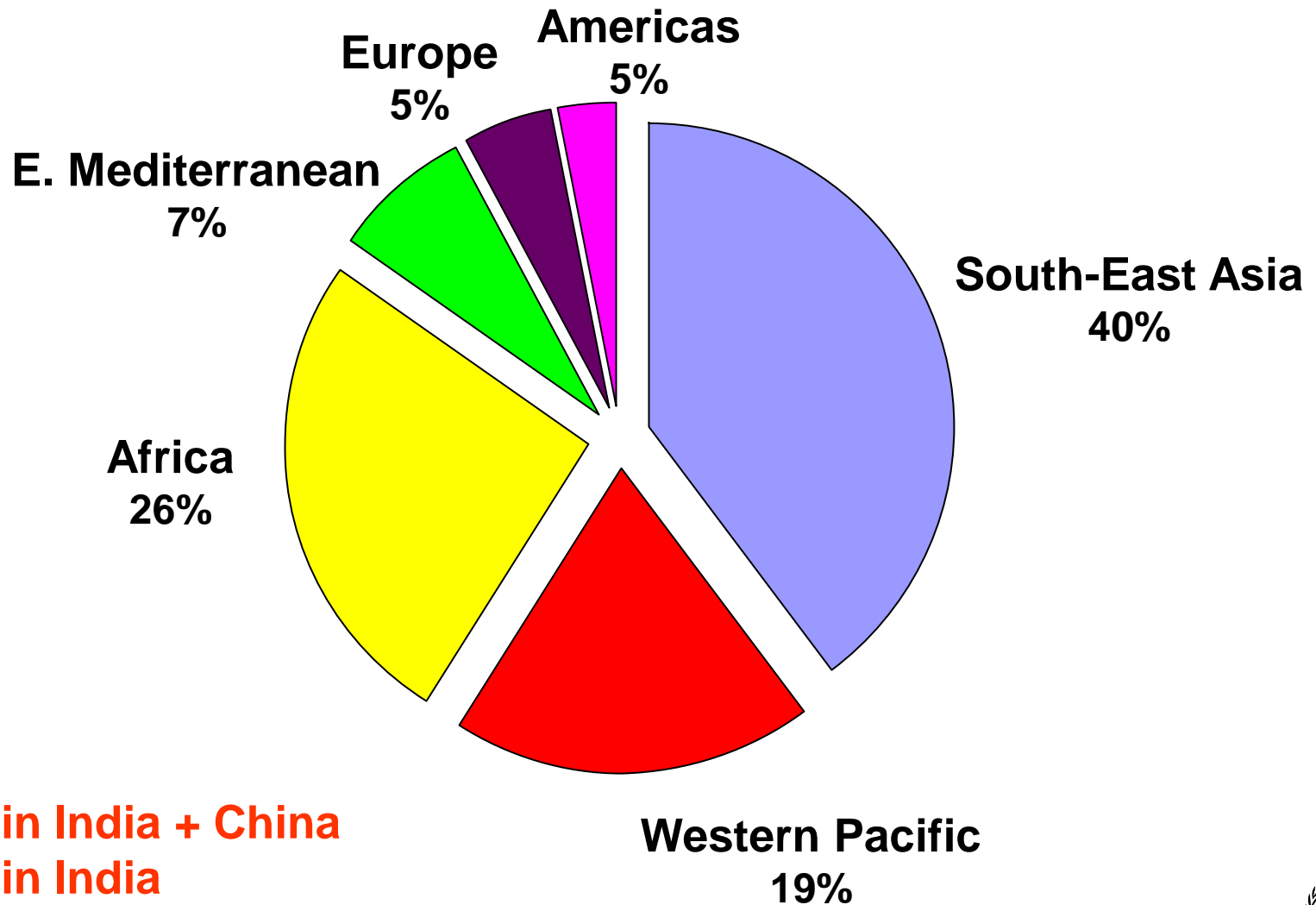
Incidence



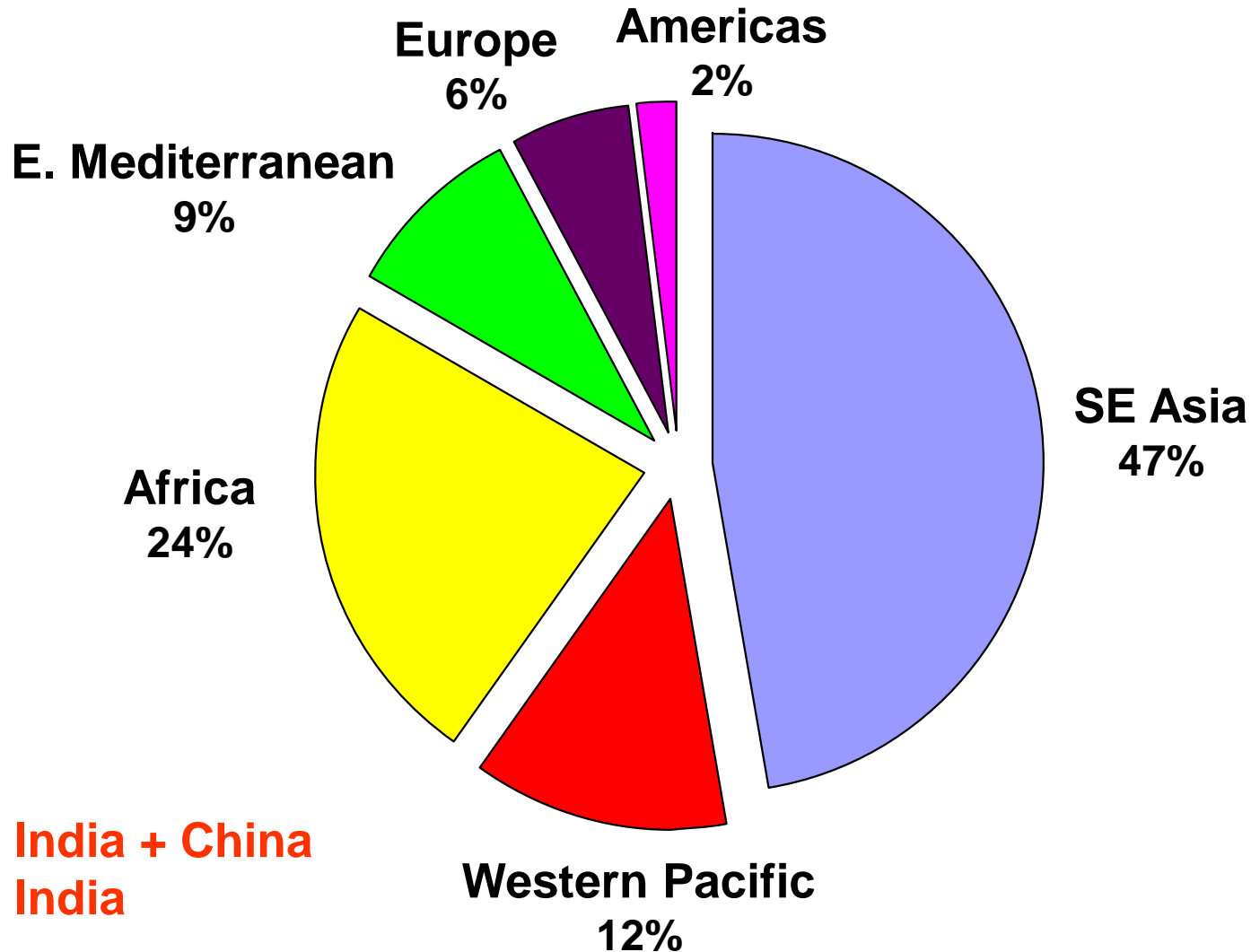
Mortality



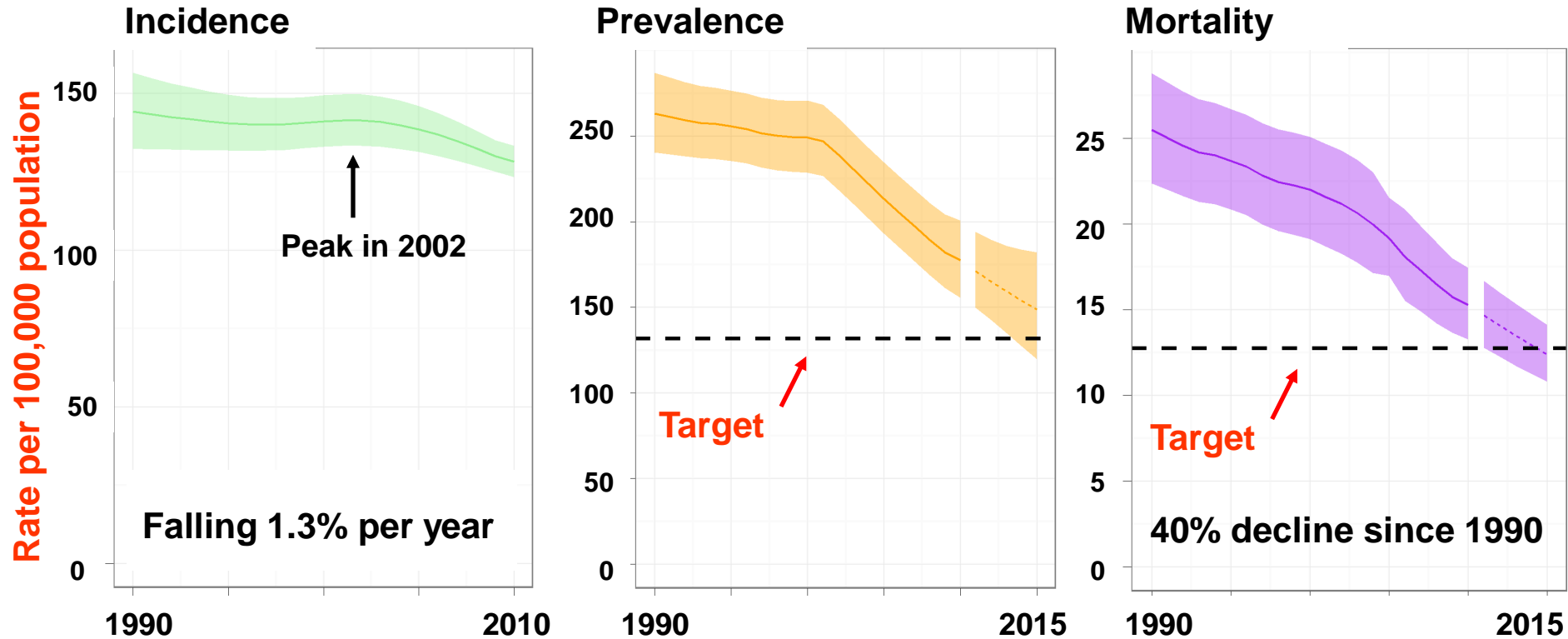
Most TB cases in Asia and Africa



Most TB deaths in Asia and Africa

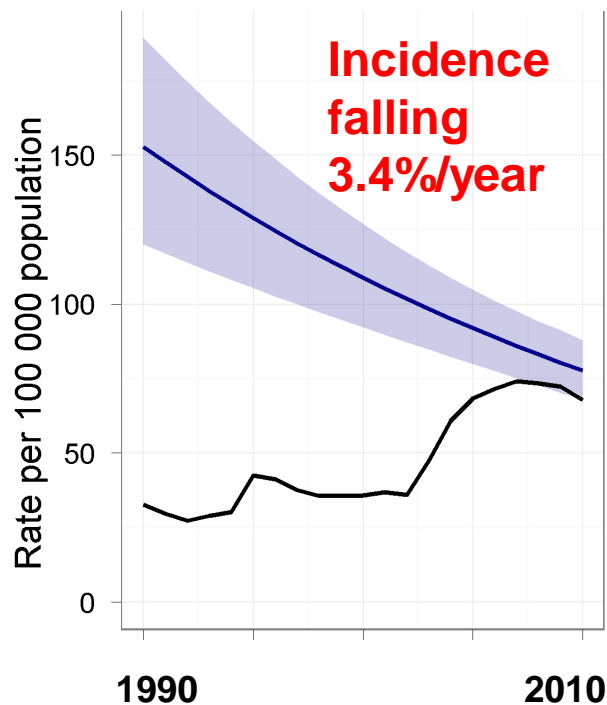


Incidence, prevalence and mortality rates: **global** estimates

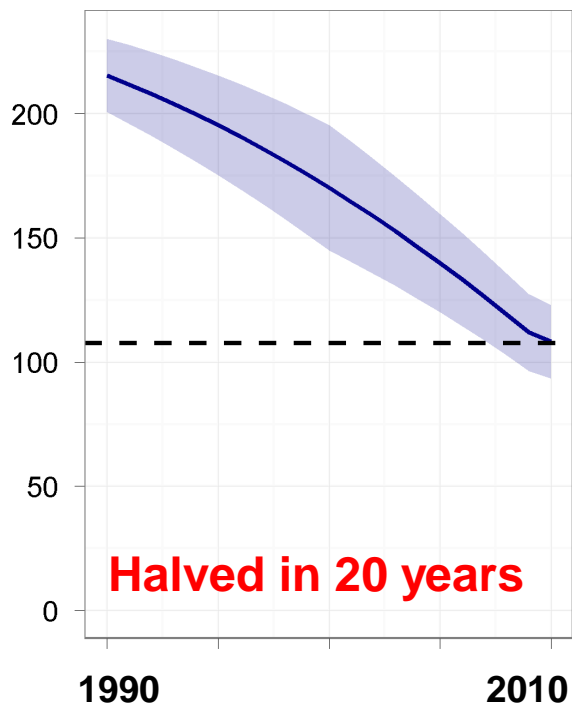


Dramatic reductions in TB cases and deaths in **China**, 1990–2010

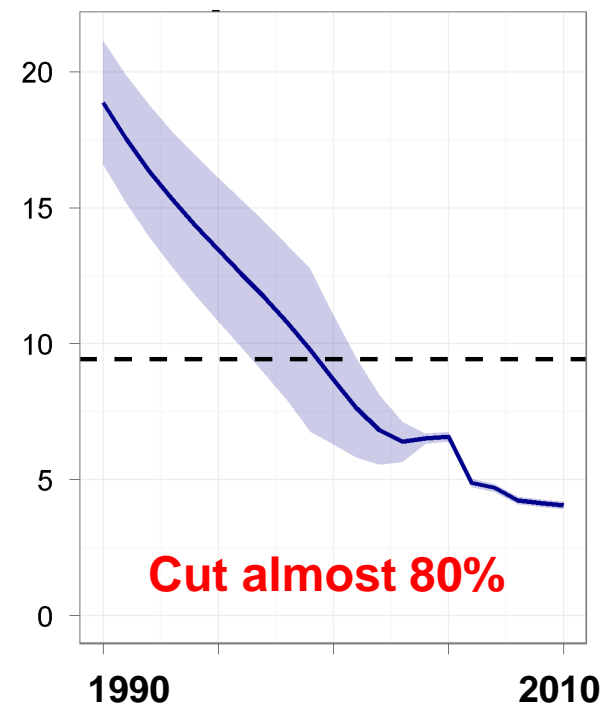
Incidence and notifications



Prevalence

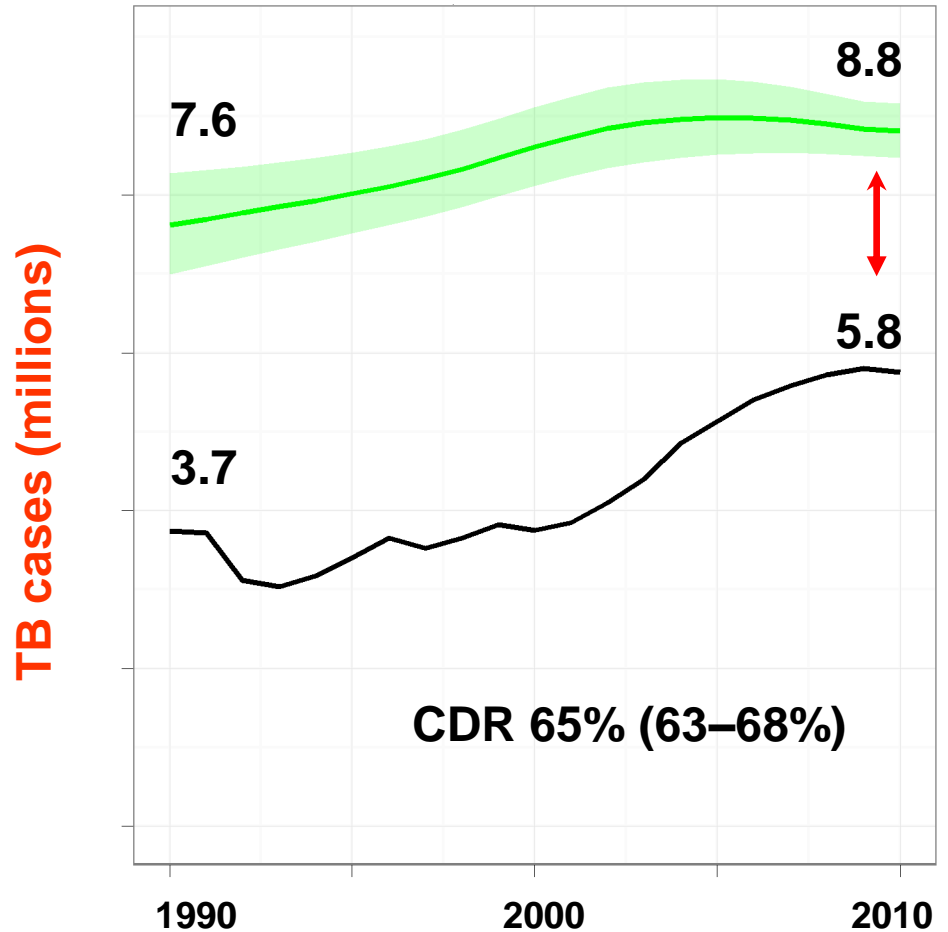


Mortality



2. Progress in implementing and financing TB care and control

**Global notifications
(black)
in context of
estimated incidence
(green)**

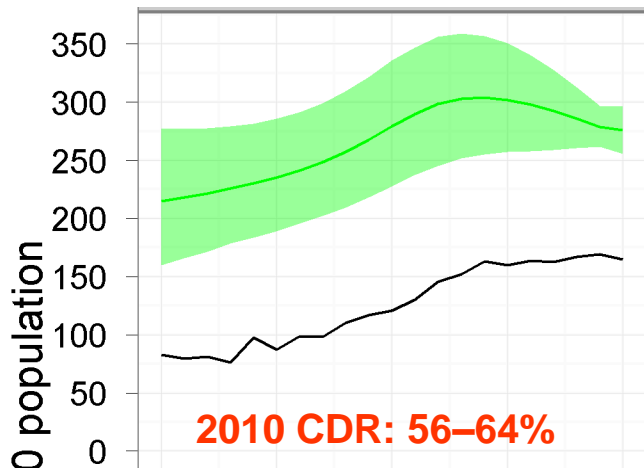


Case notifications by region, 1990–2010

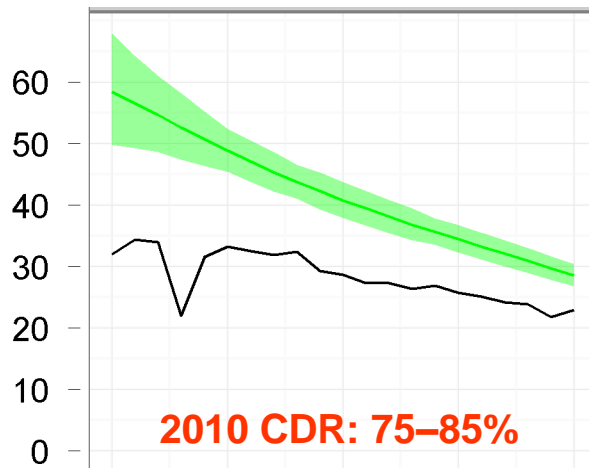
Incidence in green

Notifications in black

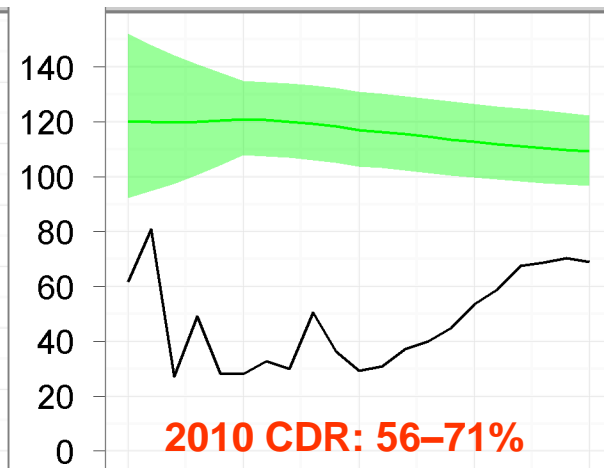
Africa



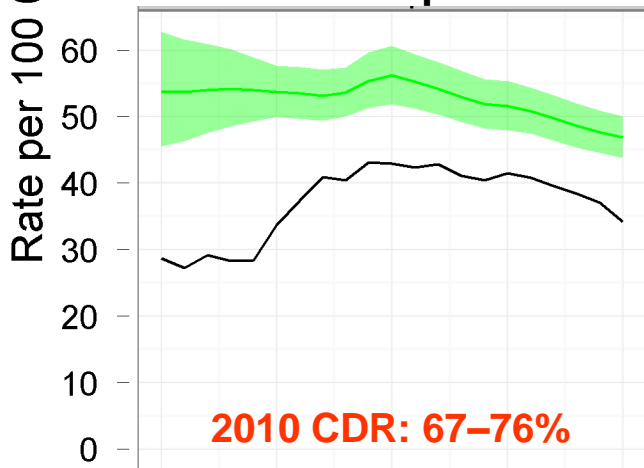
Americas



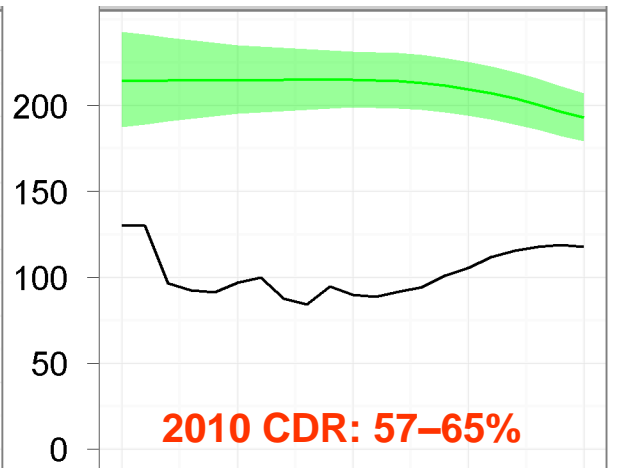
E. Mediterranean



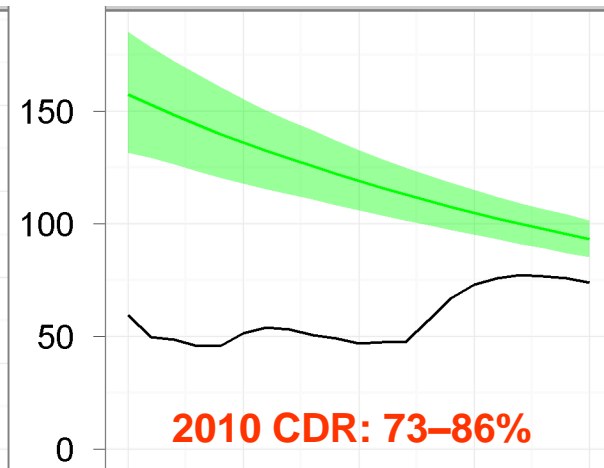
Europe



SE Asia

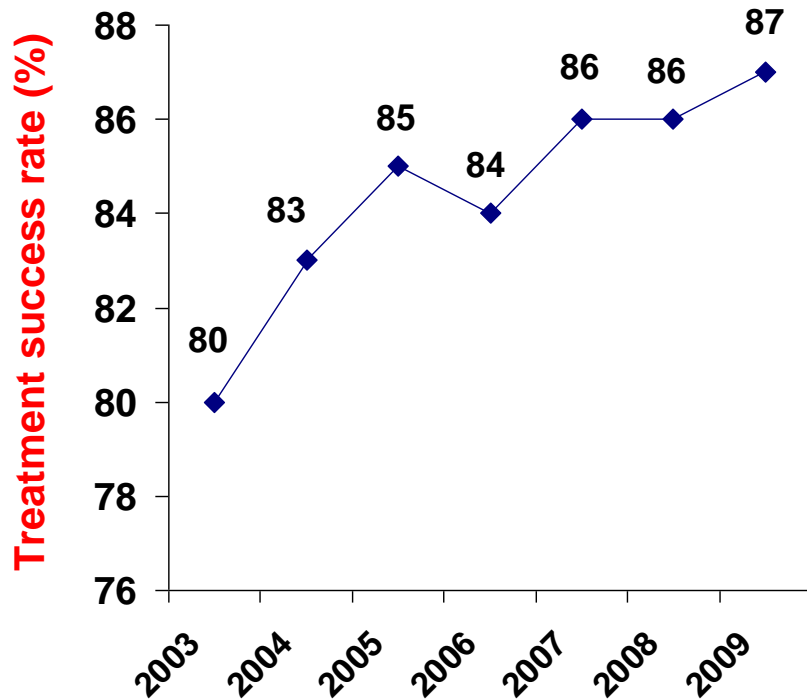


W. Pacific

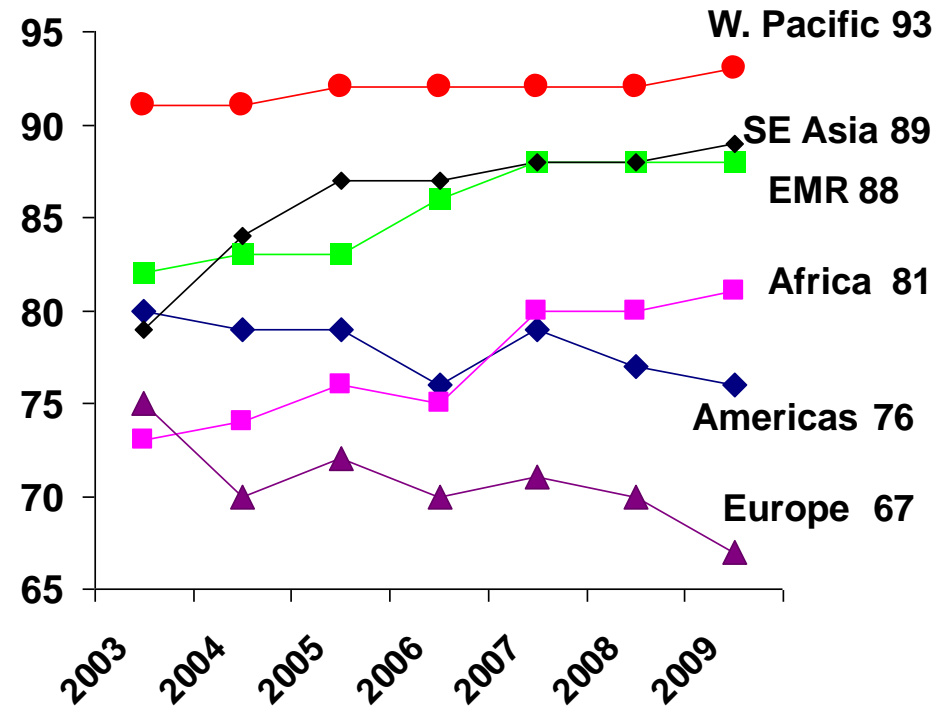


Treatment success 87% globally ...but Europe lagging behind

Global, new sm+



WHO Regions, new sm+

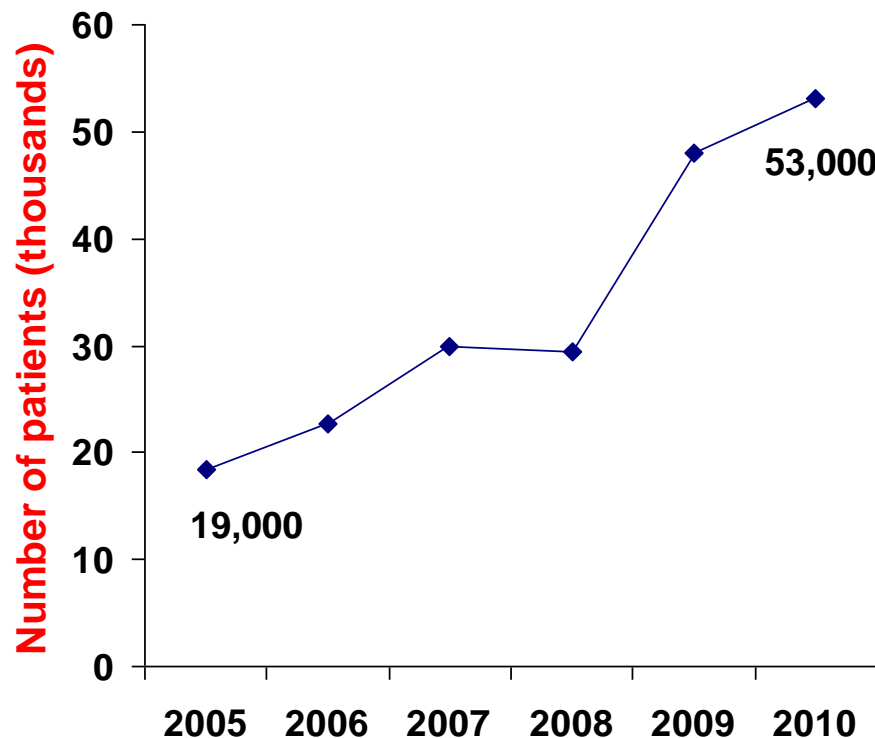


Notifications of MDR-TB increasing

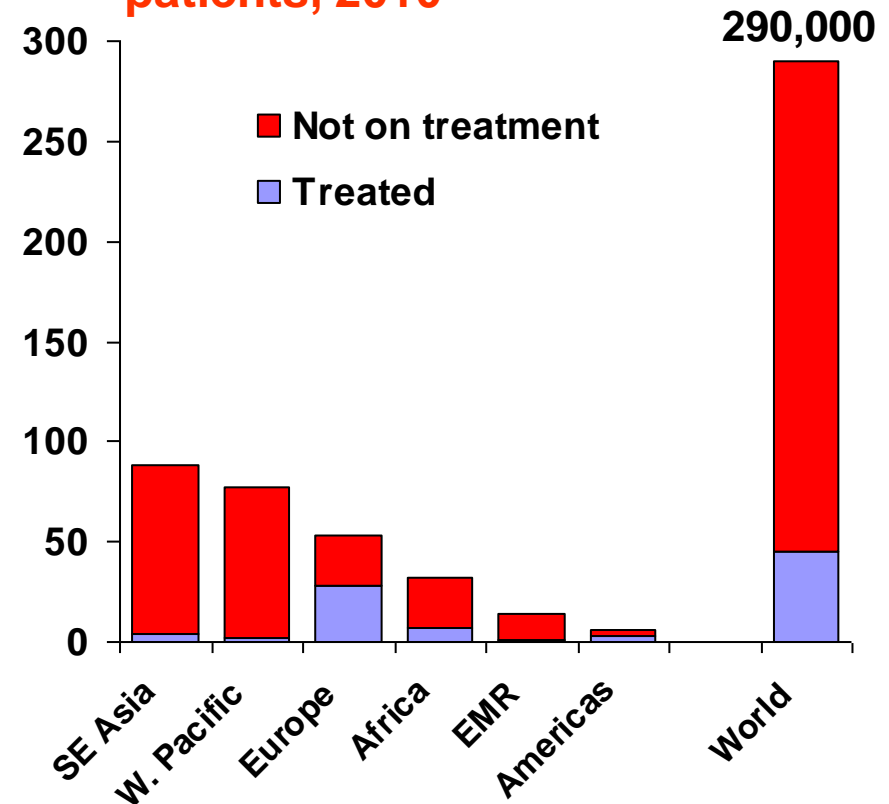
BUT only ~ 1 in 6 (16%) of estimated cases of MDR-TB among reported TB patients diagnosed and treated in 2010

Notified cases of MDR-TB

Global Plan target ~270,000 in 2015

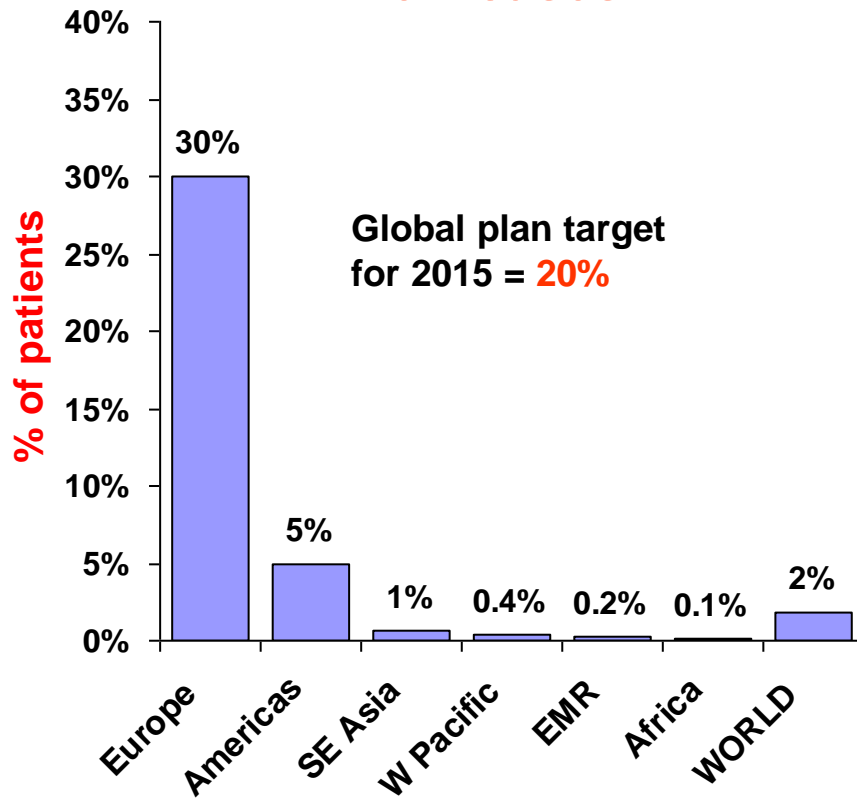


MDR-TB cases treated and estimated numbers not treated for MDR-TB, among notified TB patients, 2010

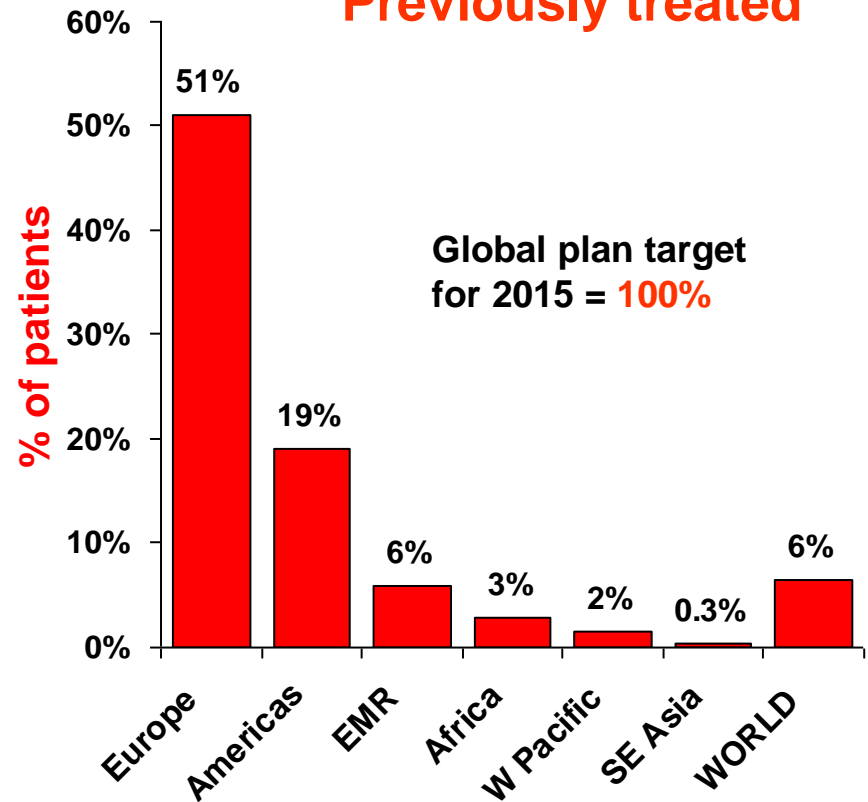


Proportion of TB patients tested for MDR-TB remains low

New cases

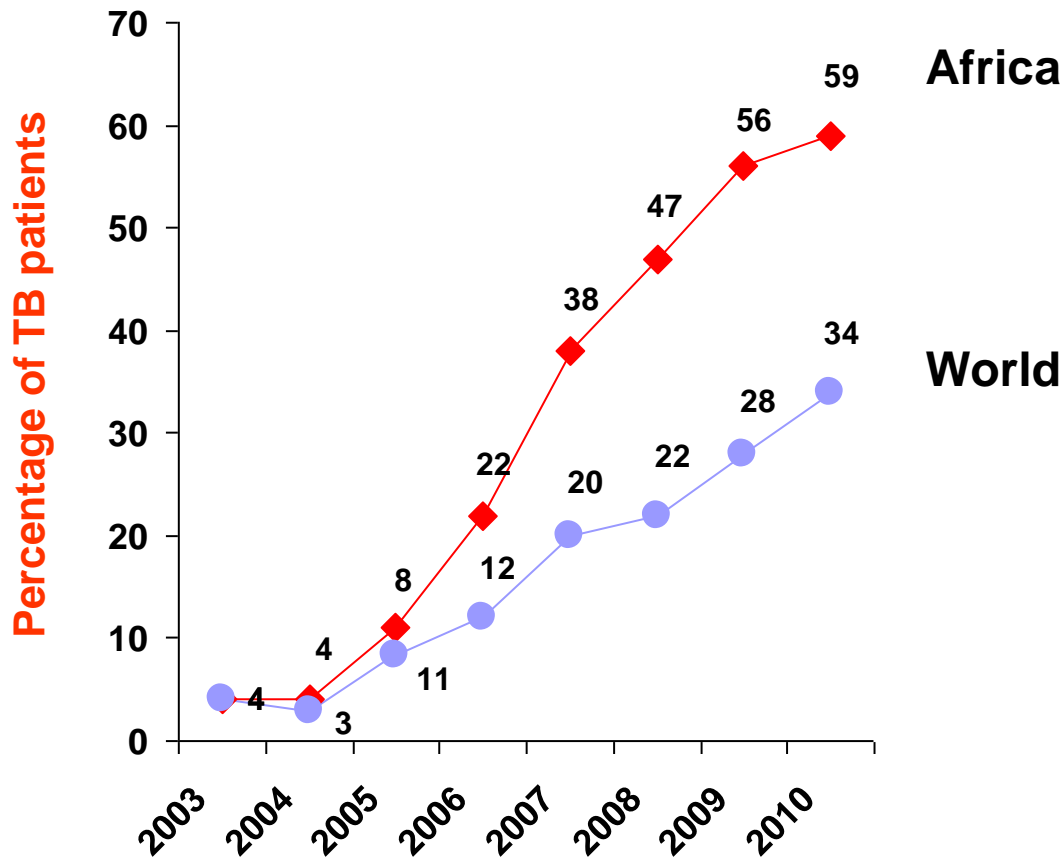


Previously treated



HIV testing for TB patients expanding

Although more needed to reach 100% targets in Global Plan

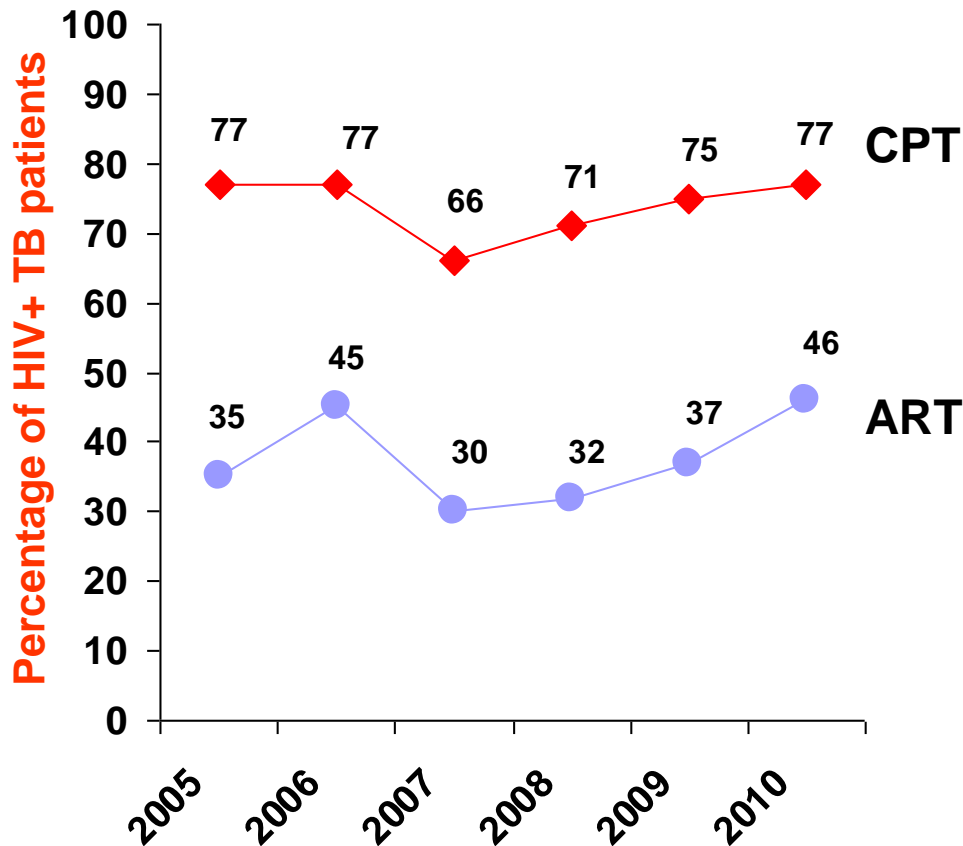


Several countries with very high testing rates in 2010

Rwanda: 98%
Kenya: 91%
Tanzania: 90%
Malawi: 88%
Mozambique: 88%

CPT and ART for HIV-positive TB patients

More needed to reach 100% targets in Global Plan



Higher rates possible

CPT >90% in 2010

Burkina Faso, Burundi, India, Kenya, Lesotho, Malawi, Mali, Mozambique, Myanmar, Namibia, Rwanda, Swaziland, Tanzania, Uganda

ART > 80% in 2010

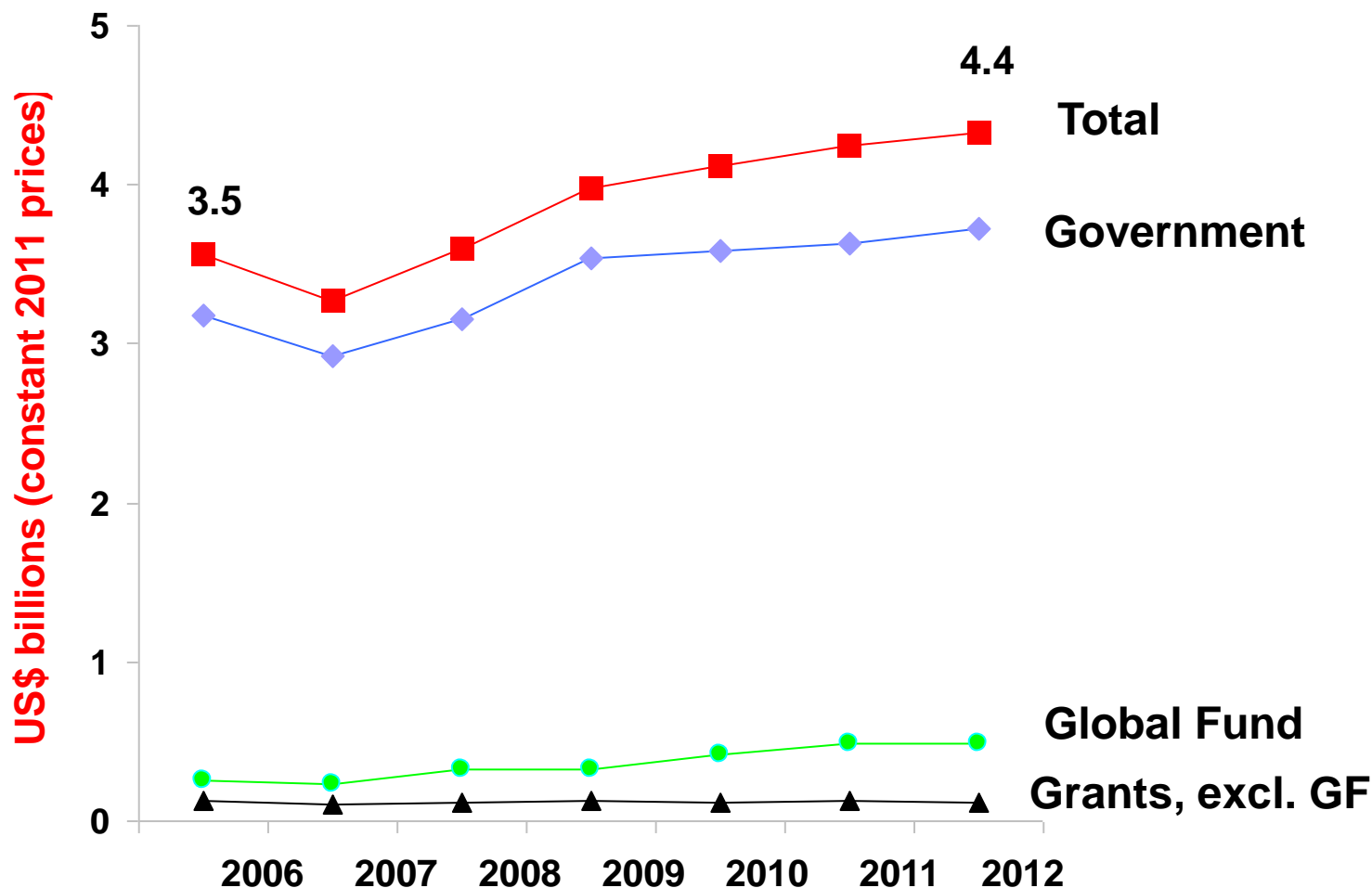
Brazil, Myanmar, Russia

ART > 50% in 2010

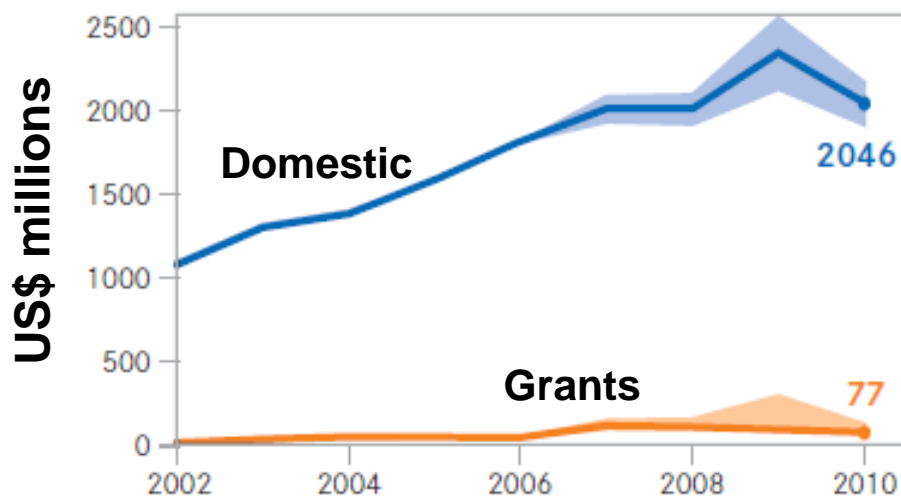
India, Thailand, S. Africa

Funding for TB control increasing

97 countries, 92% global notifications

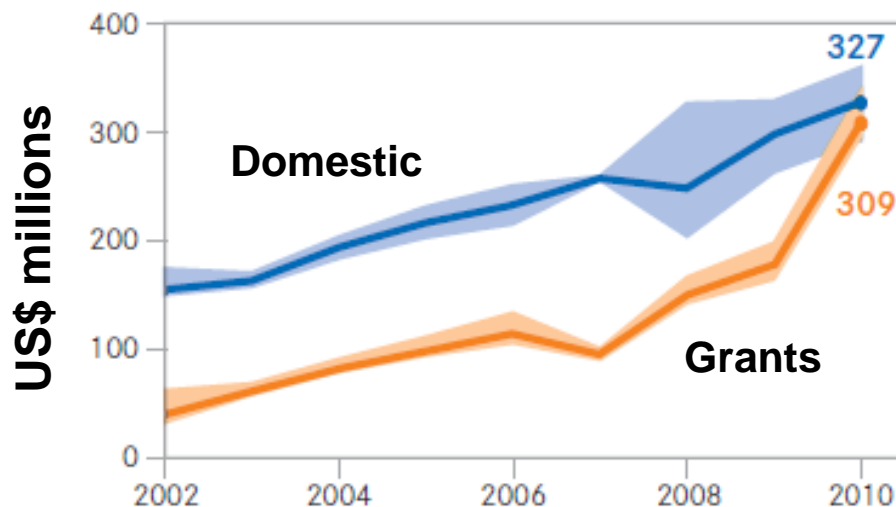


BRICS mostly domestic funding, other HBCs ~50% is donor funding



BRICS

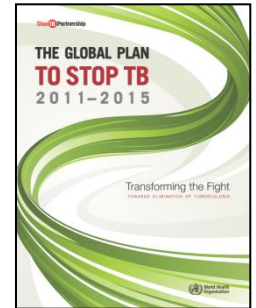
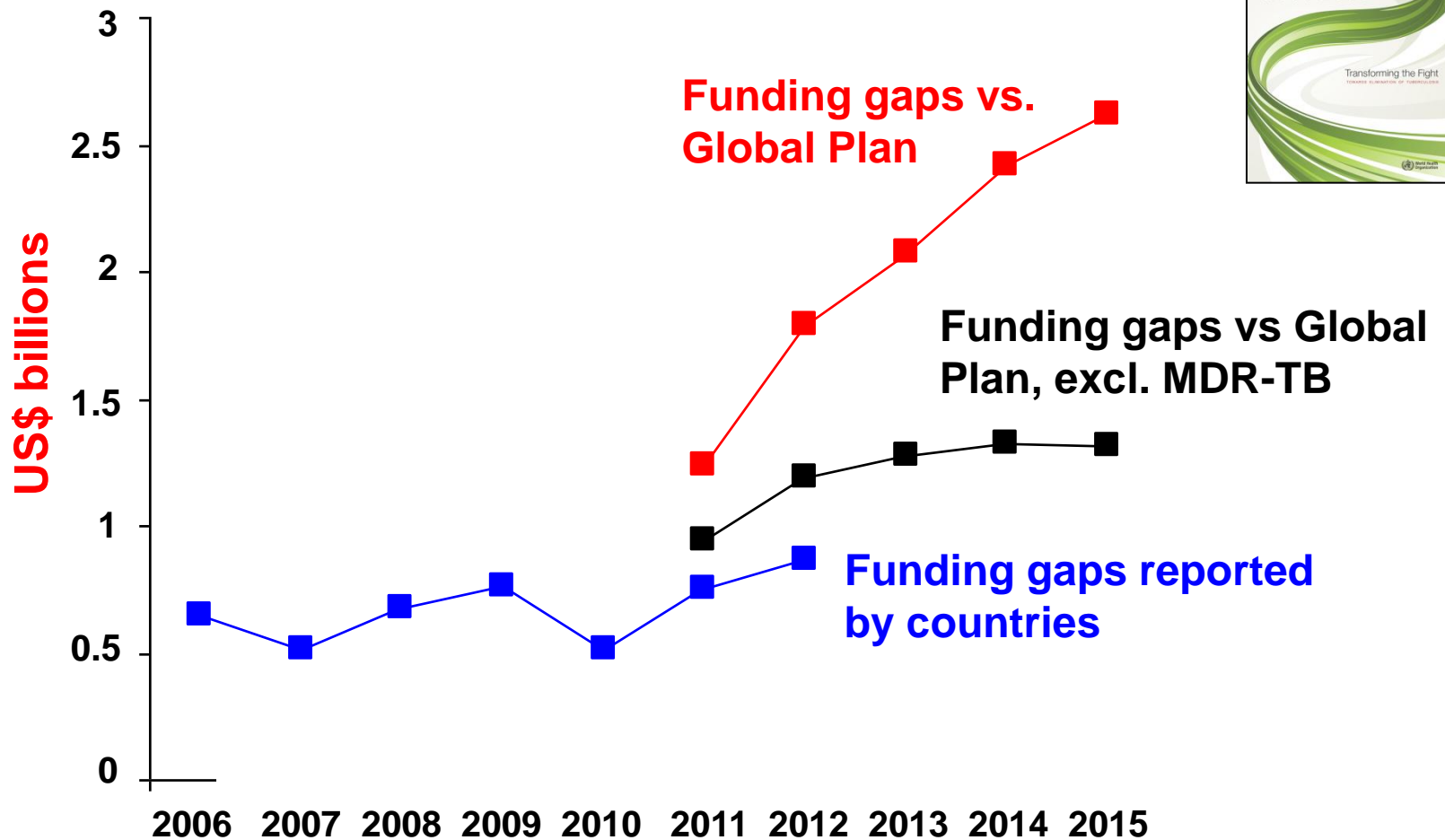
96% domestic financing



**Other 17 high-burden
countries**

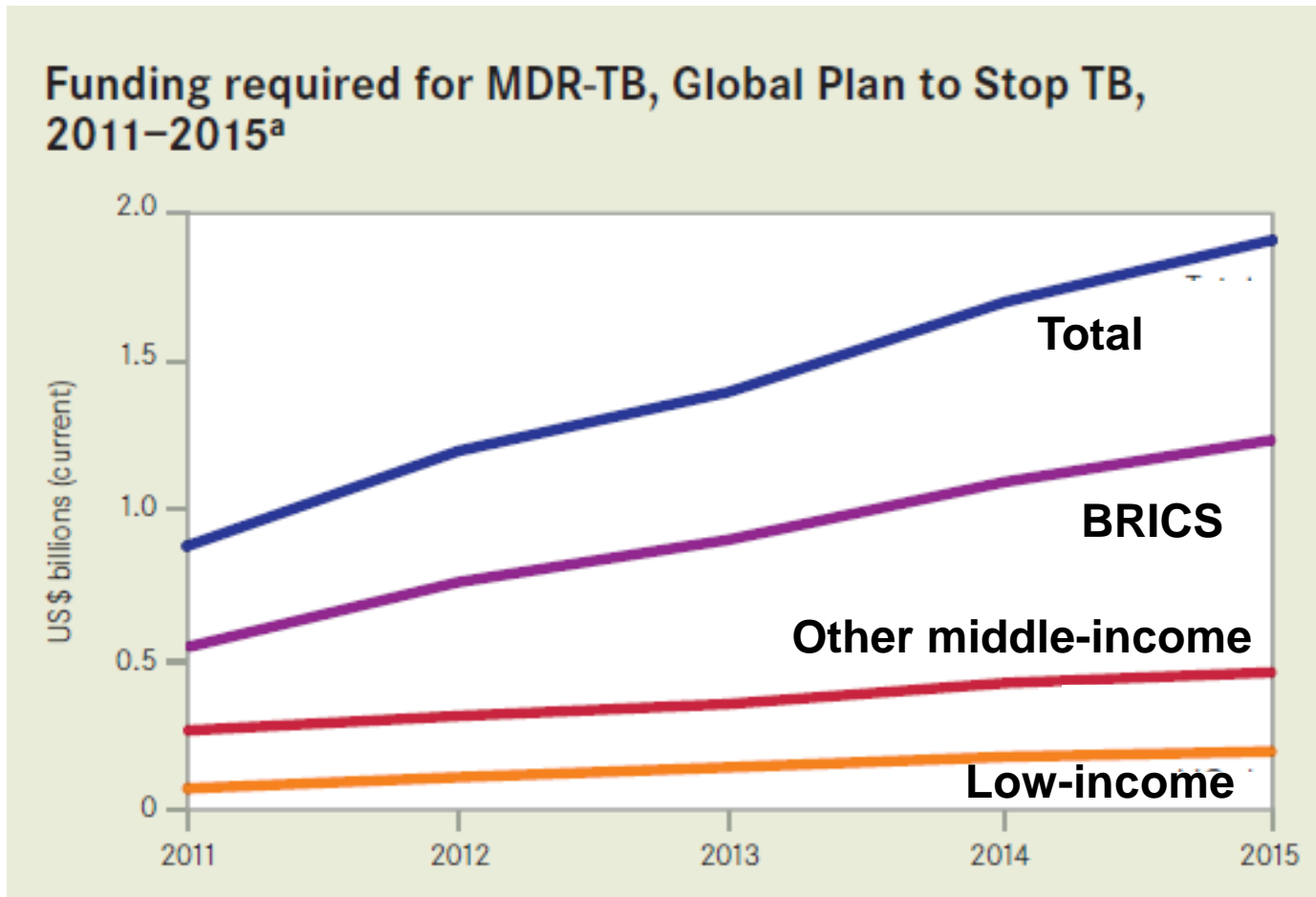
49% donor financing

Underfunding persists



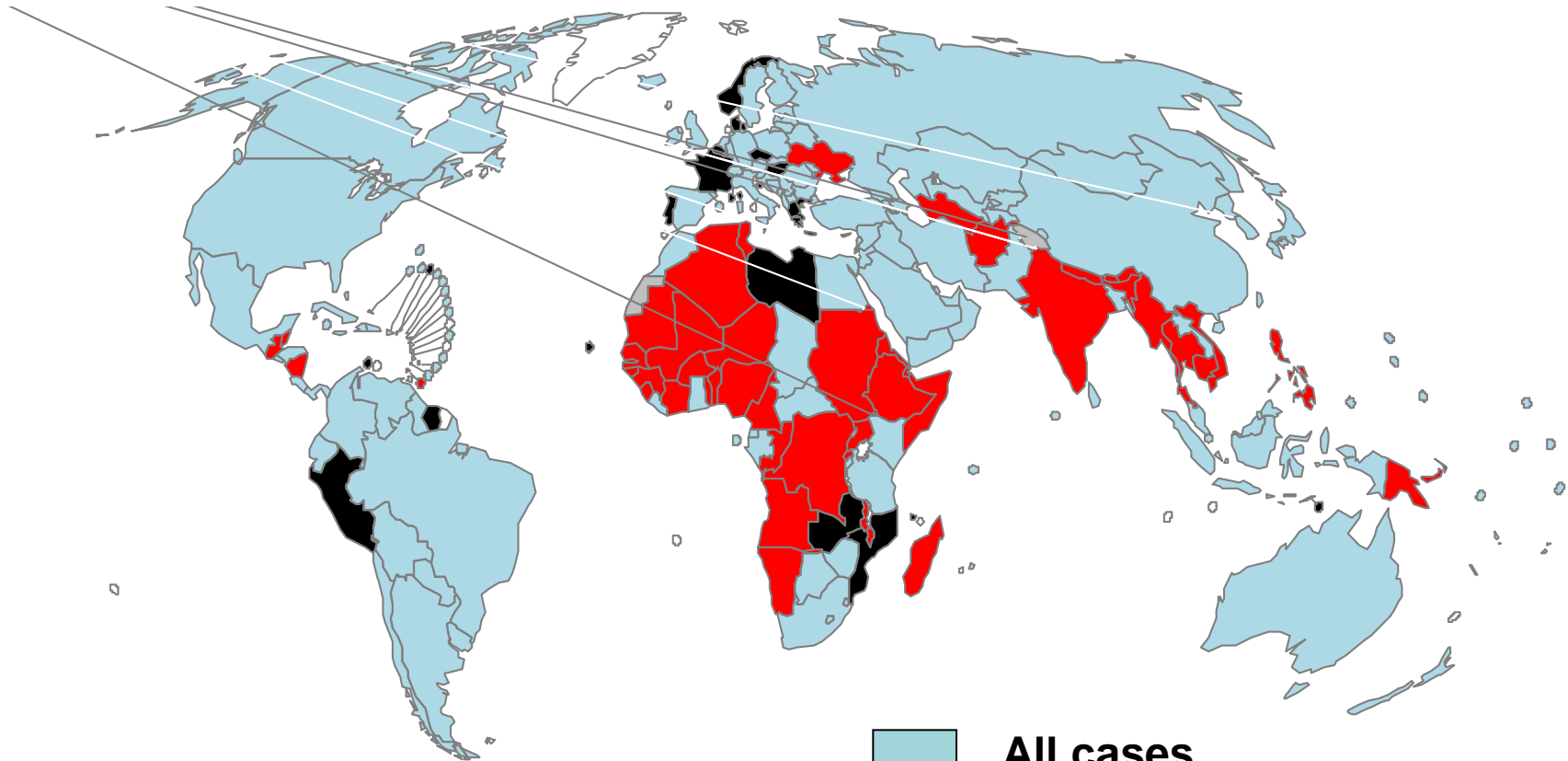
Scaling up treatment of MDR-TB to reach Global Plan targets

funding required by country group






3. TB in women and children – what do global surveillance data and surveys tell us?

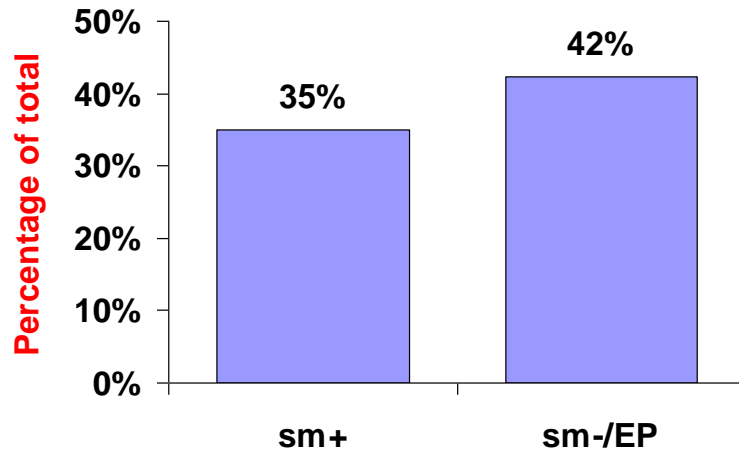
Notifications disaggregated by sex: available data, 2010



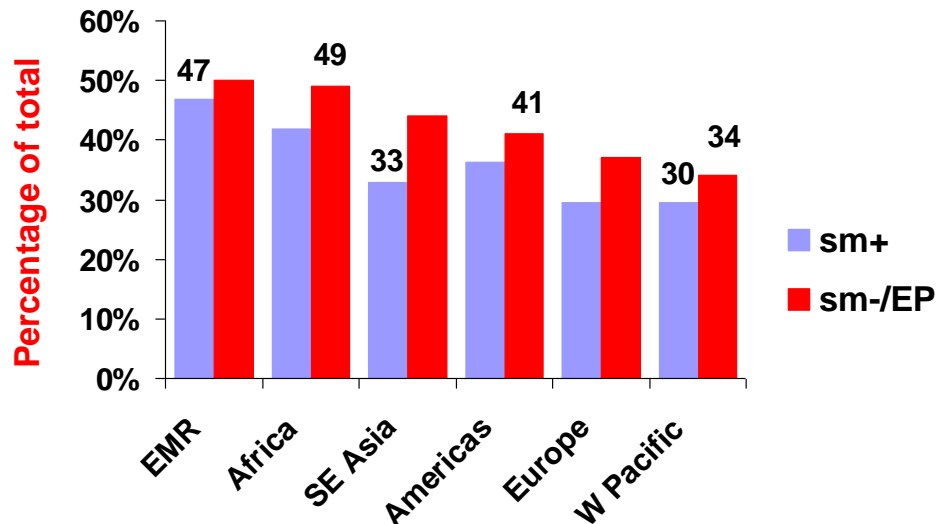
**~50% sm-/EP notifications not
disaggregated by sex**
~28% not disaggregated overall

-  All cases
-  Sm+ cases only
-  No disaggregated data

Notifications among women, countries reporting cases disaggregated by sex, 2010

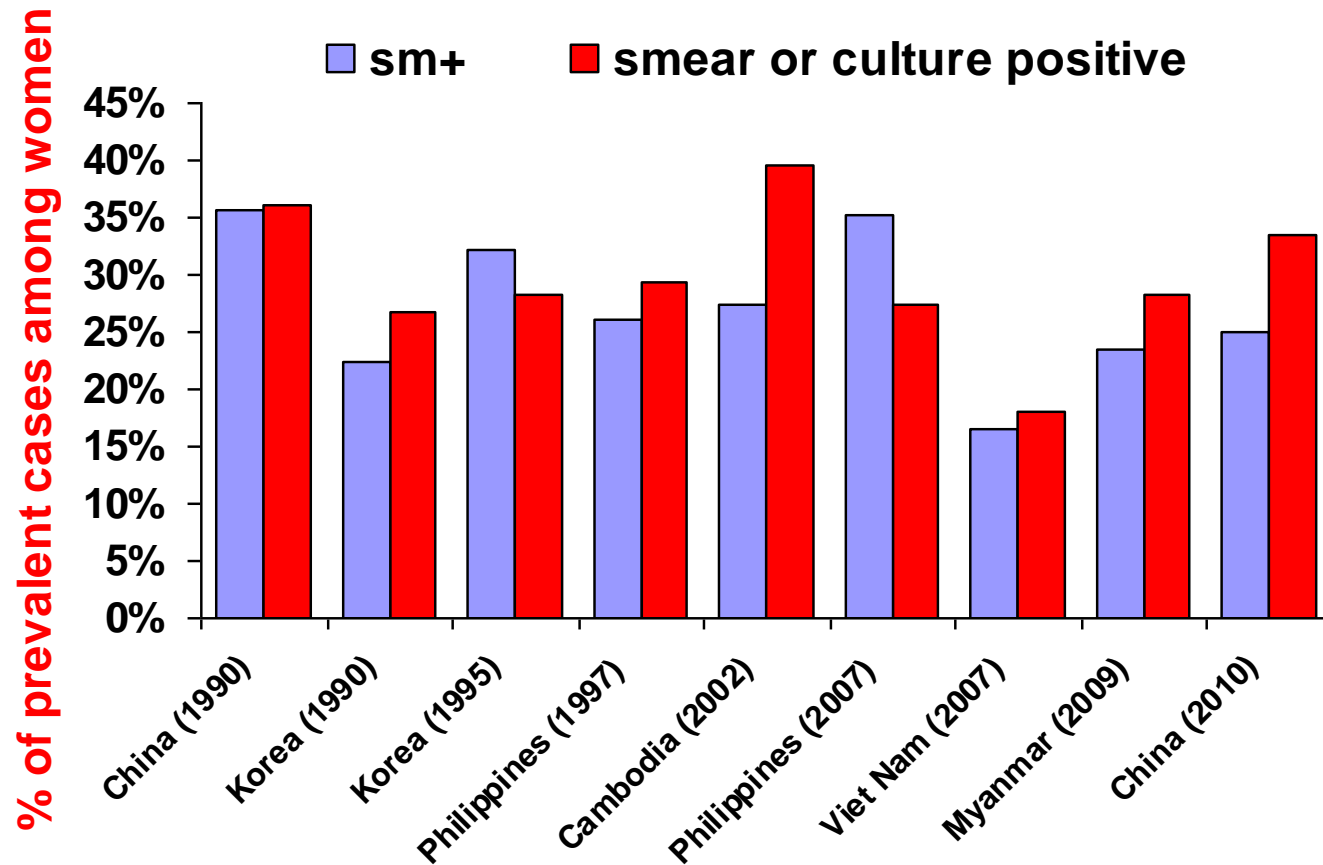


~38% cases notified globally are among women

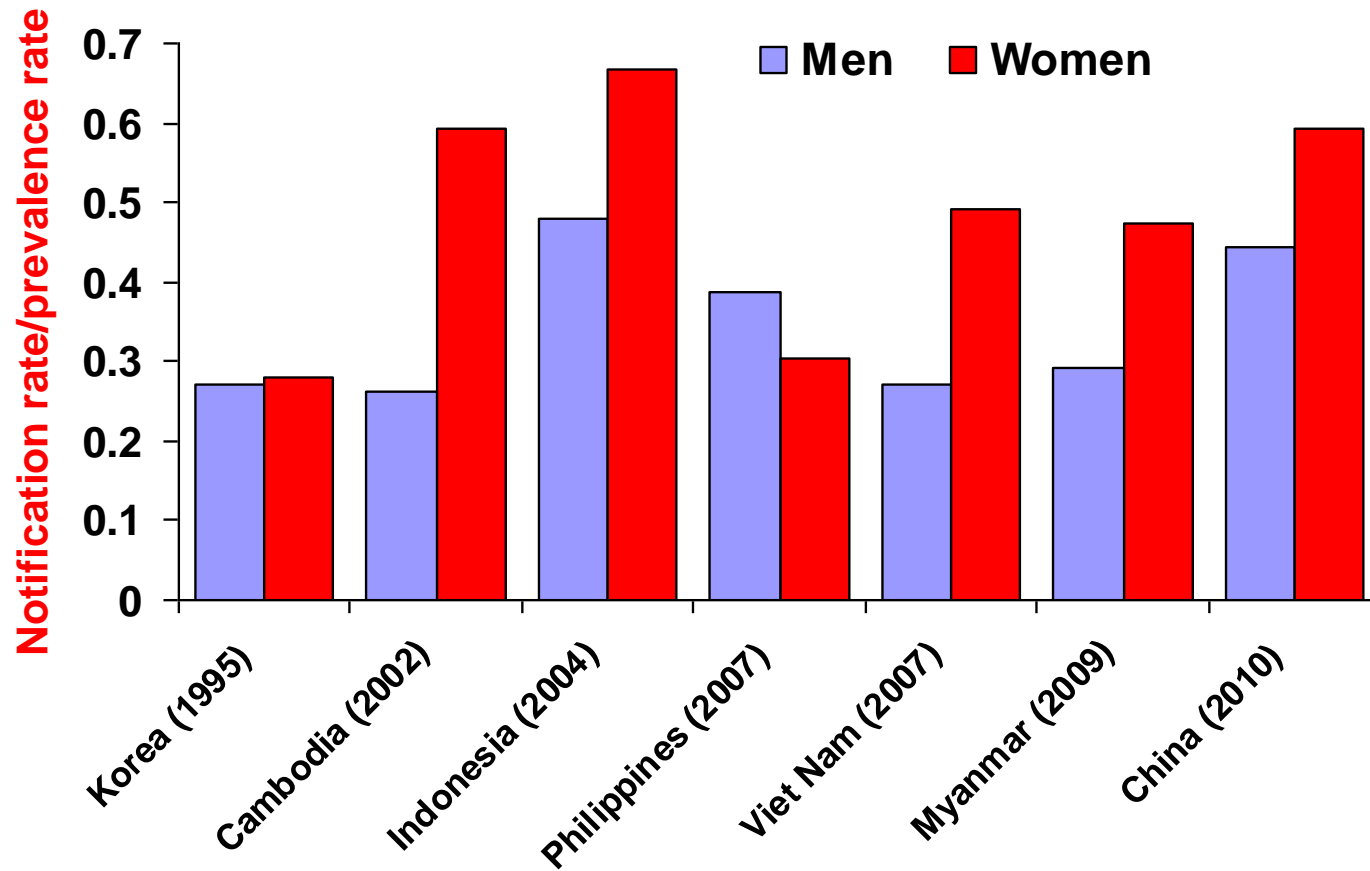


Variation by region – higher percentage of cases among women in Africa and EMR

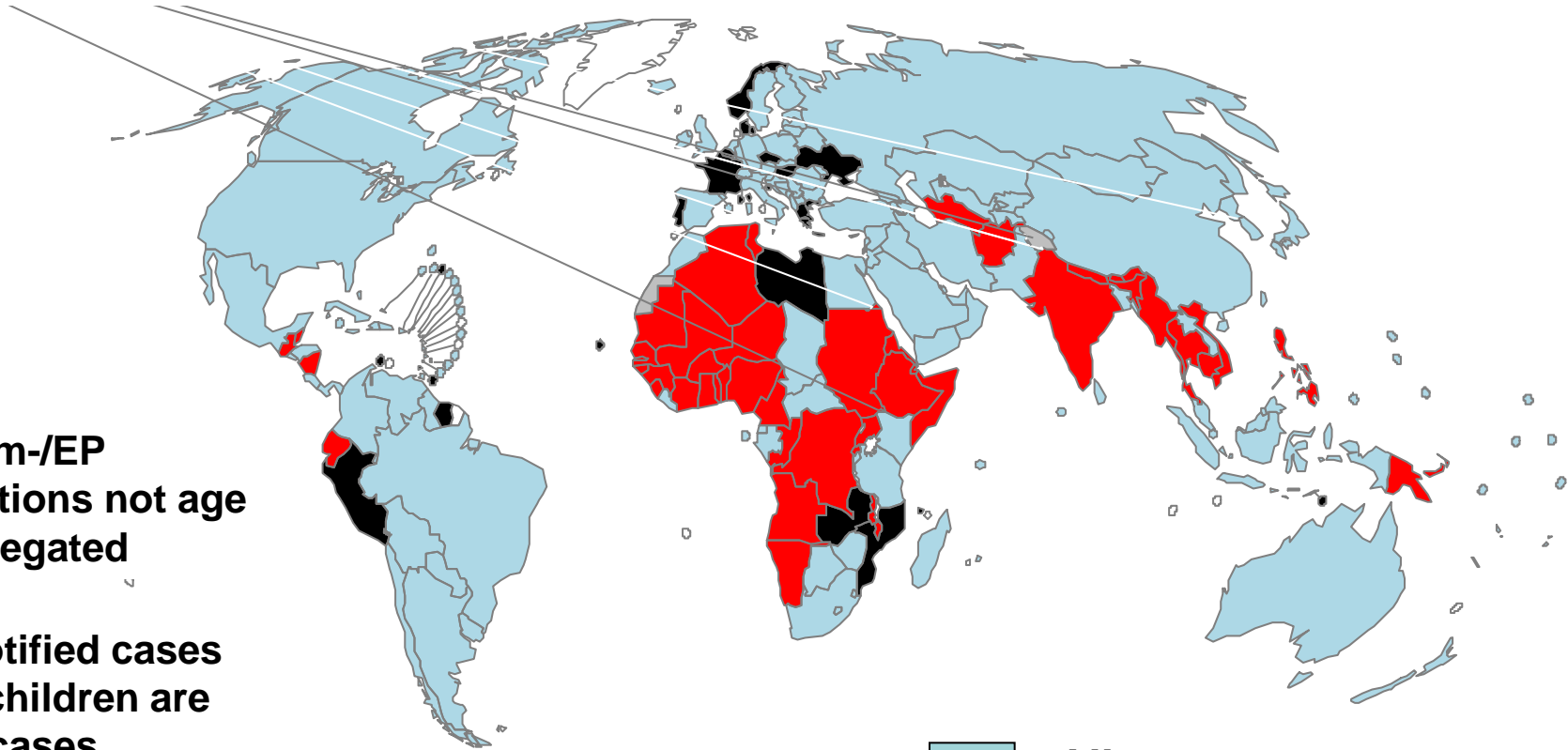
Cases among women in prevalence surveys **in Asia**



Surveys also suggest cases among women are more likely to be notified






Notifications disaggregated by age: available data, 2010



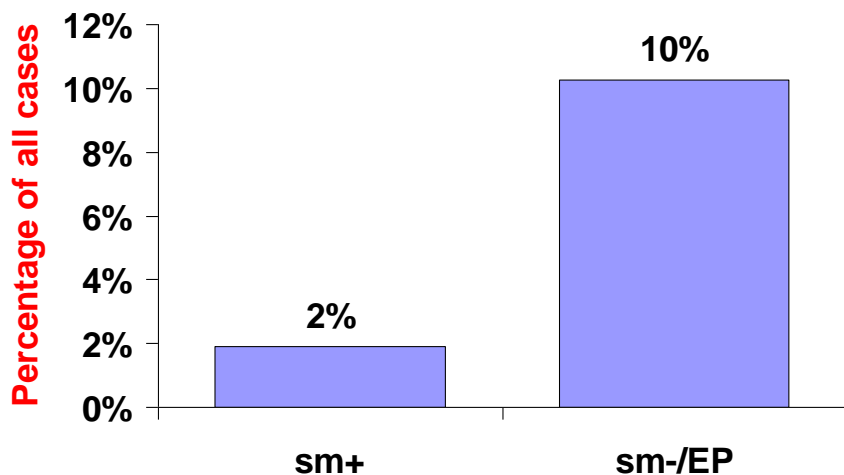
~45% sm-/EP
notifications not age
disaggregated

~85% notified cases
among children are
sm-/EP cases

~60% notified cases among children can
be identified from routine reporting

-  All cases
-  Sm+ cases only
-  No disaggregated data

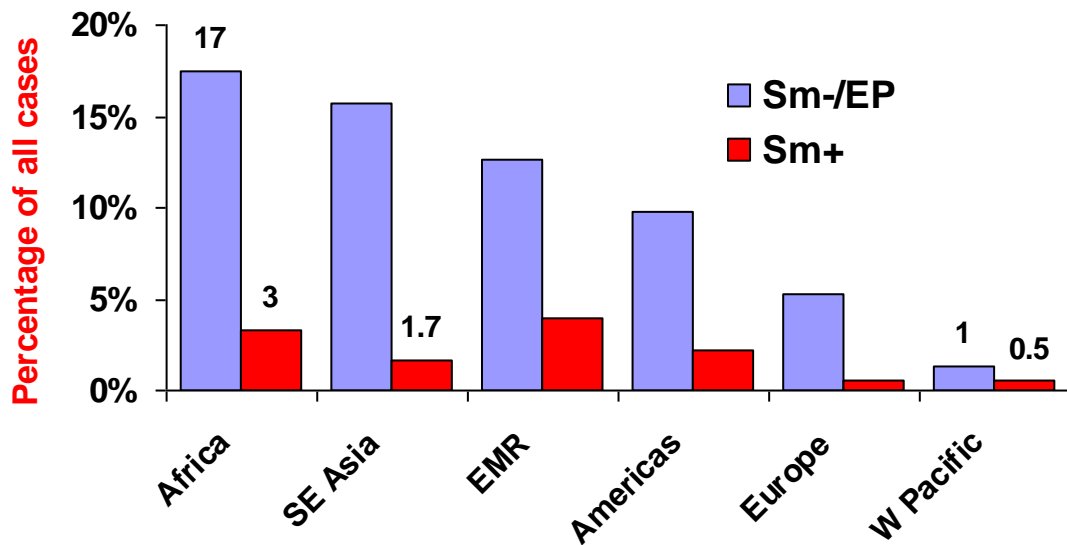
Notifications among children, countries reporting age-disaggregated data, 2010



Estimated at least 6% of global notifications are among children



BUT: high levels of under-reporting of cases thought to exist e.g. due to lack of linkages between NTPs and paediatricians



Estimates of TB burden among women and children

- Estimated 3.2 million (range 3.0–3.5 million) new cases among women in 2010
- Estimated ~10% of cases are among children
- Estimated ~320,000 deaths among HIV-negative women in 2010 and ~0.5 million deaths among women including HIV-associated TB

Next steps for better assessment of TB among women and children

1. Reporting of notification data disaggregated by age and sex from all countries
 - Case or patient-based electronic recording and reporting
2. Prevalence surveys in Africa
3. Studies to quantify "under-reporting" of cases among children and actions to reduce under-reporting (and over-diagnosis)





**Global Tuberculosis
Control 2011**

**[www.who.int/
tb/data](http://www.who.int/tb/data)**

Acknowledgements

Core Report Team

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>400 people

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