Key points of the Global Plan to Stop TB 2006-2015

Why a Global Plan?
2 million people die from TB every year - a disease that is treatable. This is simply unacceptable today

What are the main expected achievements of the Global Plan?
- Expand equitable access for all to quality TB diagnosis and treatment.
- Treat 50 million people
- Save 14 million lives
- Introduce the first new TB drug for 40 years in 2010
- Detect active TB through diagnostic tests at the point of care allowing rapid, sensitive and inexpensive detection by 2010
- A new, safe, effective and affordable vaccine will be available by 2015

What actions are required?
- For advocates to argue the case for investing in the plan.
- For all countries to fully implement the actions in the plan, and to mobilize sufficient resources to make this happen.
- For civil society to demand access to quality TB care new tools.
- For community groups to support patients to come forward for diagnosis and to complete their treatment.

What is the purpose of the Global Plan?
- The plan sets out activities that will make an impact on TB and its costs.
- The plan will serve as a powerful tool for setting out required resources
- The plan supports the need for long-term planning for action

What are the targets of the Global Plan?
- Reducing TB incidence in line with the Millennium Development Goals
- Halving TB prevalence and deaths by 2015 compared with 1990 levels

How does the new Stop TB Strategy fit into the Global Plan?
The plan will be implemented based on the six components of WHO's Stop TB Strategy:
- Pursue high-quality DOTS expansion and enhancement
- Address TB/HIV, MDR-TB and other challenges
- Contribute to health systems strengthening
- Engage all care providers
- Empower people with TB and communities
- Enable and promote research
What will the Global Plan cost?

$56 billion - which represents a threefold increase in annual investment in TB control compared with the first Global Plan.

- $9 billion for research and development
- $47 billion for implementation of current interventions - of which $44 billion are country-level costs representing 80% of the plan's total cost

What is the breakdown of the current interventions figure?

- $28 billion for DOTS expansion
- $6 billion for DOTS-Plus
- $7 billion for TB/HIV activities
- $3 billion for Advocacy activities
- $3 billion for technical cooperation

What is the financial gap to achieve the targets?

The estimated funding gap is $31 billion

How will the funding gap be filled?

- Large proportion of this gap will need to be financed by high-burden countries themselves
- The profile of TB on development agendas must be greatly enhanced and political commitment strengthened
- Since the largest gap in funding needs for country-level implementation is in Africa, a particular focus on this region is necessary

What are the main achievements of the first Global Plan (2001-2005)?

- The number of patients treated in DOTS programs more than doubled over 5 years, from 2 million in 2000 to well over 4 million in 2004.
- Several high burden countries, including India and China, are close to reaching the target of 70% case detection.
- There has been significant progress in research and development

What are the regional and global scenarios?

The scenarios involved assumptions about the pace of scale-up and the implementation coverage of the activities. Estimates have been made of TB case detection and treatment outcomes, as well of TB prevalence, incidence and death rates. The scenarios also include estimated costs of country implementation as well as external technical support.

The next step will be to develop detailed regional and country implementation plans.