



World Health
Organization

Stop TB Partnership

2010/2011 TUBERCULOSIS GLOBAL FACTS

- - Tuberculosis (TB) is contagious and airborne. It is a **disease of poverty** affecting mostly young adults in their most productive years. The vast majority of TB deaths are in the developing world
- - **1.7 million people died from TB** (including 380 000 women) in 2009, including 380 000 people with HIV, equal to 4700 deaths a day
- - The TB death rate has **fallen by 35%** since 1990, and the number of deaths is also declining
- - TB is among the **three greatest causes of death among women** aged 15-44
- - There were **9.4 million new TB cases** (including 3.3 million women) in 2009, including 1.1 million cases among people with HIV
- - The estimated global incidence rate fell to **137 cases per 100 000 population** in 2009, after peaking in 2004 at 142 cases per 100 000. The rate is still falling but too slowly
- - Globally, the percentage of **people successfully treated reached the highest level** at 86% in 2008
- - Since 1995, **41 million people have been successfully treated** and up to **6 million lives saved** through DOTS and the Stop TB Strategy. **5.8 million TB cases** were notified through DOTS programmes in 2009
- - Of the 22 TB high burden countries, **13 countries** are on track to meet the 2015 Millennium Development Goal target and **12 countries** are on track to reach the 2015 Stop TB Partnership targets
- - **1.6 million TB patients knew their HIV status** in 2009 compared to 1.4 million in 2008 with the highest HIV testing rates of TB patients in Europe (86%) Africa (53%) and the Americas (41%). In **55 countries**, including 16 in Africa, at least 75% of TB patients knew their HIV status
- - **37%** of HIV-positive TB patients were enrolled on antiretrovirals and **75%** started on cotrimoxazole preventive treatment in 2009
- - **Multidrug-resistant TB** (MDR-TB) is a form of TB that is difficult and expensive to treat and fails to respond to standard first-line drugs
- - There were an estimated **440 000 new MDR-TB cases** in 2008, and **150 000 deaths from MDR-TB**
- - It was estimated that in 2009, **3.3% of all new TB cases had MDR-TB**
- - In 2010, the largest WHO MDR-TB survey reported the **highest rates ever of MDR-TB**, with peaks of up to 28% of new TB cases in some settings of the former Soviet Union
- - Many **countries have developed plans to address MDR-TB**, but the response globally is still insufficient
- - **Extensively drug-resistant TB** (XDR-TB) occurs when resistance to second-line drugs develops on top of MDR-TB
- - XDR-TB cases have been confirmed in **58 countries**

THE TB TARGETS FOR 2015

UN Millennium Development Goals:
to have halted and begun to reverse incidence by 2015
in comparison with 1990
Current assessment - On target globally

The Stop TB Partnership:
to have halved deaths by 2015
in comparison with 1990
Current assessment - On target globally

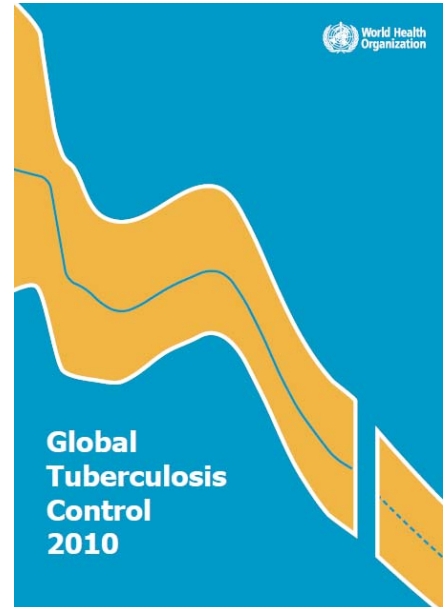
**5 million lives can be saved between now and 2015
by fully funding and implementing
the Global Plan to Stop TB 2011–2015**

The **WHO Stop TB Department** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication www.who.int/tb

The **Stop TB Partnership** (with its secretariat housed by WHO) is a network of more than 1 000 stakeholders; it has a Coordinating Board and 7 working groups: DOTS Expansion; Global Laboratory Initiative; MDR-TB; TB/HIV; New Drugs; New Diagnostics; New Vaccines www.stoptb.org

SUMMARY

WHO Global Tuberculosis Control Report 2010



* For the first time, online profiles are available for all countries: www.who.int/tb/data

● Global tuberculosis estimates:

- The estimates of the global burden of disease caused by TB in 2009 are as follows: 9.4 million incident cases (range, 8.9 million–9.9 million), 14 million prevalent cases (range, 12 million–16 million), 1.3 million deaths among HIV-negative people (range, 1.2 million–1.5 million) and 0.38 million deaths among HIV-positive people (range, 0.32 million–0.45 million). Most cases were in the South-East Asia, African and Western Pacific regions (35%, 30% and 20%, respectively). An estimated 11–13% of incident cases were HIV-positive; the African Region accounted for approximately 80% of these cases.

● Case detection and treatment success:

- There were 5.8 million notified cases of TB in 2009, equivalent to a case detection rate (CDR, defined as the proportion of incident cases that were notified) of 63% (range, 60–67%), up from 61% in 2008. Of the 2.6 million patients with sputum smear-positive pulmonary TB in the 2008 cohort, 86% were successfully treated.

● Public-Private Mix (PPM):

- New and compelling data from 15 countries show that efforts by national TB programmes (NTPs) to engage all care providers in TB control (termed public-private mix, or PPM) can be a particularly effective way to increase the CDR. In areas where PPM was implemented, non-NTP providers accounted for around one-fifth to one-third of total notifications in 2009.

● TB/HIV:

- In 2009, 26% of TB patients knew their HIV status (up from 22% in 2008), including 53% of patients in the African Region. A total of 300 000 HIV-positive TB patients were enrolled on co-trimoxazole preventive therapy, and almost 140 000 were enrolled on antiretroviral therapy (75% and 37% respectively of those who tested HIV-positive). To prevent TB, almost 80 000 people living with HIV were provided with isoniazid preventive therapy. This is an increase from previous years, but still represents less than 1% of the estimated number of people living with HIV worldwide.

● Multidrug-Resistant TB (MDR-TB):

- In 2008, there were an estimated 440 000 (range, 390 000–510 000) multidrug-resistant TB (MDR-TB) cases emerging worldwide. About 250 000 of these cases (range, 230 000–270 000) should have been reported to WHO, if countries had tested all the TB patients that they notified for drug resistance. However, only just over 30 000 MDR-TB cases (12%) were actually notified globally in 2009. Diagnosis of MDR-TB needs to be rapidly expanded and all cases detected placed on adequate treatment.

● Funding global TB control:

- Funding for TB control continues to increase and will reach almost US\$ 5 billion in 2011. There is considerable variation in what countries spend on a per patient basis (<US\$ 100 to >US\$ 1000), and the extent to which countries rely on domestic or external sources of funds. Compared with the funding requirements estimated in the Global Plan, the funding gap is approximately US\$ 1 billion in 2011. Given the scale-up of interventions set out in the plan, this could increase to US\$ 3 billion by 2015 without intensified efforts to mobilize more resources.

● 2015 Millennium Development Goal (MDG) and Stop TB Partnership targets:

- Incidence rates are falling globally and in five of WHO's six regions (the exception is the South-East Asia Region, where the incidence rate is stable). If these trends are sustained, the MDG target will be achieved. Mortality rates at global level fell by around 35% between 1990 and 2009, and the target of a 50% reduction by 2015 could be achieved if the current rate of decline is sustained. At the regional level, the mortality target could be achieved in five of WHO's six regions; the exception is the African Region (although rates of mortality are falling). Prevalence is falling globally and in all six WHO regions. The target of halving the 1990 prevalence rate by 2015 appears out of reach at global level, but could be achieved in three of six regions: the Region of the Americas, the Eastern Mediterranean Region and the Western Pacific Region.

● Building on the successes - People successfully treated and lives saved:

- Reductions in the burden of disease achieved to date follow 15 years of intensive efforts to improve TB care and control. Between 1995 and 2009, a total of 41 million TB patients were successfully treated in DOTS programmes, and up to 6 million lives were saved including 2 million among women and children (these figures describe the estimated impact of improved TB control over 1995–2009, compared with no improvement since 1995).

Looking forwards, the Stop TB Partnership recently launched its updated Global Plan to Stop TB for the years 2011–2015. In the five years that remain until the target year of 2015, intensified efforts are needed to plan, finance and implement the Stop TB Strategy, according to the updated targets included in this plan. This could save at least one million lives per year.