

Why is accelerated action still needed?

UP FROM 8.0 MILLION IN 1997

There were an estimated 8.4 million new cases of tuberculosis in 1999, up from 8.0 million in 1997.

The rise is due largely to a 20% increase in incidence in African countries most affected by the HIV/AIDS epidemic.

- If present trends continue, 10.2 million new cases are expected in 2005, and Africa will have more cases than any other WHO Region.
- The number of countries implementing the DOTS strategy (at least in part) increased by nine during 1999, bringing the total to 128 (out of 211).
- Roughly one quarter (24%) of estimated new smear-positive cases were reported under DOTS in 1999, as compared with 22% in 1998; this is consistent with the average increment of about 120 000 cases in each year since 1994.
- High TB burden countries achieved an 82% success rate for those patients brought under DOTS care. This means that 19% of estimated cases were cured.

TARGET

If this trend is maintained, the target of 70% case detection under DOTS will not be reached until 2013; to reach the target by 2005, DOTS programmes must collectively bring under treatment at least 300 000 additional smear-positive cases each year.

- Almost all of the progress in DOTS expansion, as judged by smear-positive case notifications, was made in just five countries; 65% of these additional cases were found in two countries, India and South Africa.
- Treatment success of new smear-positive patients has remained high under DOTS, and exceeded 80% in the most recent cohort (1998).
- In 1999, Peru and Viet Nam were still the only high-burden countries to have exceeded both WHO targets of 70% case detection and 85% treatment success. However, several other countries are within reach.

(Source: Global Tuberculosis Control, WHO report 2001)



Why TB & HIV?

TB cure for All

TB & HIV Since the beginning of the pandemic, over 20 million people have died of AIDS.

- More than five million people were newly infected with HIV in the year 2000 alone.

- Countries with the highest HIV rates also have the highest TB rates per 100 000 inhabitants:

Cambodia: 540

Kenya: 413

South Africa: 492

THE AMSTERDAM/UNAIDS TABLES INDICATE THAT IN 1999, NEARLY THREE-QUARTERS OF ALL PEOPLE WITH HIV/AIDS WERE LIVING IN THE 22 HIGH TB BURDEN COUNTRIES OF THE WORLD.

- Most countries with rapidly growing HIV epidemics, such as Brazil, Ethiopia, Nigeria, and the Russian Federation are behind in TB control because of insufficient health care personnel, infrastructure, and funding.

- HIV is wreaking havoc in sub-Saharan Africa where the TB burden is high and health resources scarce.

AT THE END OF THE YEAR 2000, 36 MILLION PEOPLE IN THE WORLD WERE LIVING WITH HIV/AIDS, TWICE AS MANY AS THAT PREDICTED BY WHO IN 1991.

- Though late in arriving, HIV is now expanding fast in the Russian Federation and the highly populated countries of Asia.

- TB is the first manifestation of AIDS in over 50% of cases in developing countries.

- HIV testing in several developing countries has shown that as many as 70% of smear-positive TB cases are also co-infected with HIV.

- The catalytic link between HIV and TB infections means that we can expect several million additional new TB cases in the years ahead as HIV continues its inexorable spread in high-prevalence countries.

- These "extra" cases would not have occurred in the absence of HIV. Moreover, the "extra" HIV-linked TB case-load would be incomparably smaller had effective TB control been established earlier.

COUNTRIES WITH STRONG TB PROGRAMMES WILL DIMINISH THE INCOMING HIV-TB BURDEN.

Thus it is vital to implement high quality TB control programmes throughout the world. It is especially urgent in those countries ravaged by HIV/AIDS.

(Sources: Dec 1, 2000 Epidemiological update, UNAIDS; Global Tuberculosis Control, WHO 2001 report)



World TB day 24 March 2004



Why is TB a question of HUMAN RIGHTS?

TB AND HUMAN RIGHTS

While anyone can get TB, it thrives on the most vulnerable sections of society – the poor, the victims of discrimination, the marginalized.

- Increased probability of becoming infected with TB and of developing active TB are both associated with malnutrition, crowding, poor air circulation, and poor sanitation.
- Not only does poverty predispose to TB, but TB can increase poverty.
- Children in already marginal households that lose income or incur debt due to TB will experience even greater poverty as budgets are cut and assets sold.
- Access to TB treatment is particularly difficult for refugees and seasonal migrant workers.
- Drug using populations are both marginalized and criminalized. They need innovative and expanded TB outreach and services, especially those that respect individual rights and dignity.

Lack of education correlated negatively with access to health services and the neglect of the right to education on children's current and future health can be profound.

TB AND NON-DISCRIMINATION

The principle of non-discrimination is fundamental to human rights thinking and practice.

- Mentioned in each of the major human rights treaties, it is interpreted as prohibiting "any discrimination in access to health care and underlying determinants of health as well as to means and entitlements for their procurement" on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, and so-called "other status."
- Like leprosy and HIV, TB is a highly stigmatized disease.
- TB is the single greatest infectious cause of death in young women worldwide.
- The stigma associated with TB may also be greater for women than for men. The consequences can include ostracism, abandonment, divorce and consequent loss of social and economic support.

Any effort to control TB must take HIV into account. Conditions that enhance vulnerability to TB – poverty, homelessness, substance abuse, psychological stress, poor nutritional status, crowded living conditions – also enhance vulnerability to HIV.



Why is political commitment so crucial?

TB PROGRESS IN HIGH-BURDEN COUNTRIES

SINCE THE AMSTERDAM MINISTERIAL CONFERENCE IN MARCH 2000

A Ministerial Conference on Tuberculosis and Sustainable Development held in Amsterdam in March 2000 brought together Ministers of Health, Finance, and Development Planning from 20 countries that together account for 80% of the global TB burden.

The conference, a milestone event for the Stop TB Initiative, was hosted by the Netherlands government. The conference endorsed the global targets to detect 70% of the estimated new sputum-smear positive TB cases and cure 85% of those detected by 2005. Shortly thereafter the G8 summit in Okinawa placed TB on the global agenda and set a target of reducing the global burden of TB by half by 2010. As a follow-up, a global expansion plan for DOTS was developed in Cairo in November 2000 by the National TB Programme managers from the 20 countries with the highest burden of TB.

"DEVELOPING THE DOTS STRATEGY STRONGLY PROMOTES AND REQUIRES WELL-FUNCTIONING HEALTH CARE SYSTEMS"

What has been accomplished since Amsterdam? An analysis of progress in the 22 high TB burden countries shows that:

- Many large high TB burden countries: Brazil, Indonesia, Nigeria, Pakistan, the Russian Federation, representing close to a billion people, have

inadequate TB control—a problem due principally to a lack of resources and input into health care staff and structures.

- **China and India have put TB control high on the political agenda**, but the magnitude of the population, territory, and case-load means that much remains to be done. This past year, India had 818 000 estimated new smear-positive TB cases, and China 636 000. Both countries were able to detect about 35% of those... India reported only 50 000 cured and China 175 000.
- **Peru, a relatively small emerging country has succeeded in controlling TB** by investing US\$ 5 million a year in the TB programme! By sustaining high-level coverage of quality DOTS, Peru has been able in 10 years to halve the yearly number of TB cases.
- **Viet Nam is an exemplary success story**, reaching WHA targets on case-finding and treatment success within the context of a low GNP per capita! Successful treatment of contagious cases with DOTS over 15 years has allowed Viet Nam to prevent the emergence of eight million cases of TB.

**Where there is a will, there is a way:
DOTS is affordable for all and does work!**



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What do they say?

TB cure for All

ABOUT TB & HIV

“In HIV-infected people who develop active tuberculosis, levels of HIV virus in the bloodstream increase five- to 160-fold, according to investigators at the National Institute of Allergy and Infectious Diseases (NIAID)... high levels of HIV in the blood correlate with an increased risk that an HIV-infected person will develop AIDS or die,” says LIR Chief and NIAID Director Anthony S. Fauci, M.D., “Our new findings that active TB disease boosts HIV levels in the blood underscore the importance of diagnosing and effectively treating tuberculosis in HIV-infected people.”

TB Increases HIV Replication in HIV-Infected People, National Institutes of Health's press release, Aug. 1, 1996.
<http://www.niaid.nih.gov/newsroom/tbhiv.htm>

“In countries with high HIV prevalence, HIV/AIDS and TB programmes should be working together to support and strengthen the DOTS strategy and to address the needs of people living with HIV.”

Mukadi Ya Diul, MD, MPH,
Family Health International's HIV/AIDS Prevention and Care Department
<http://www.fhi.org/en/aids/impact/iohiv/ioh22/ioh224.html>

“We are frightened by the development of multidrug-resistant TB, reaching 10% of all our TB cases in the province [of KwaZulu Natal - South Africa]. It means we might get actually two TB epidemics, and both would get out of control because of HIV. ... Further, what we see in our department [of Health in KZN], is that a number of people from our staff has HIV and may be exposed to MDR-TB.”

Doctor Zweli L. Mkhize, Minister of Health, KwaZulu Natal, South Africa, Interview in AIDS-Bells
http://www.aids-bells.org/Interview_Mkhize.html

ABOUT TB AND POVERTY

Upon returning from a visit to a Russian prison where she met HIV-positive prisoners with MDR-TB, Dr. Gro Harlem Brundtland commented :

“TB and drug resistance are global problems... TB affects people the poorest and weakest of us. It impoverishes those it afflicts. Treatments exist, but the search for means to reduce people's vulnerability to illness goes far beyond the reach of any health ministry. An effective response calls for resources, for an informed society and a functioning health system in its widest sense.”

WHO Director-General Dr Gro Harlem Brundtland
Statement to the Executive Board at its 107th session
Geneva, Monday, 15 January 2001

“Even with the lowest health expenditure per capita, US\$2 per year, and the highest TB rate 100 / 100 000 per year, we only ask a government to commit 5% of the health budget currently expended to totally fund a DOTS programme. This is not happening. There is an increasing donor (and advocacy) dependence and this will not move us forward to sustainability.”

Pr. Donald Enarson, Scientific Director, IUATLD

“For the first time in history, the international community has the political will, the financial means, and the technical tools to take a united stand against three diseases that kill millions and cause tremendous economic loss: HIV/AIDS, malaria, and TB... Alarmed that development gains might be reversed, the G8/G77 has embraced time-limited goals for reducing the burden of illness and mortality caused by HIV/AIDS, malaria, and TB, and has pledged unprecedented political and financial support to this end.”

Massive Effort Forum, Winterthur,
<http://www.winterthurhealthforum.ch/MassiveEffort.html>



World TB day 24 March 2009



What can YOU do on world TB day?

AS A CITIZEN:

call up your Representative, your Deputy, your Mayor, and ask them to make a statement, either written or oral, on World TB Day.

- Organize an event in your community to remind people of TB. You can ask the international NGOs locally represented or WHO representatives to get speakers. Besides the TB specialized NGOs like the IUATLD, many international NGOs are involved in TB, for example, AMREF, Save the Children, and Médecins Sans Frontières.
- If you are a student or an academic, organize an event at your local school or university.
- As concerned People Living With AIDS, organize an event on TB & HIV.
- Organize a march for access to TB & HIV care, check with local health care workers' unions what the needs are.

AS A JOURNALIST/EDITOR/THE MEDIA:

- There are many topics for stories: what does TB care look like in your community or your country? What do the patients say? What are the commitments at the national level and, if they exist, how do they translate into the Primary Health care structures? Is there sufficient qualified manpower to make DOTS work?
- Take and run in your newspaper the stories and ready-made articles available on the Stop TB website (www.stoptb.org).
- Run the audio tapes provided by the IUATLD/WHO.
- Air the "TB Can be Cured" video on your local TV programme.

AS A POLITICAL PARTY:

- Announce that you place TB high on your electoral and party platform.
- Prepare a policy document describing your strategy for increasing access to effective TB treatment.

AS A BUSINESSMAN, A PUBLIC SECTOR COMPANY MANAGER, A SMALL ENTREPRENEUR:

- Fund a radio TB educational for days/weeks and TB spots in local languages.
- Fund a comprehensive report on the TB situation locally and internationally for TV.
- Sponsor a major event on TB or TB & HIV in your corporation, your enterprise, your city.

AS A HUMAN RIGHTS GROUP, AN NGO, OR A TRADE UNION:

- Spread the message: "TB care is a human right".
- Use and publicize the WHO document on TB and Human Rights*, and report on discrimination and access to care with groups acting on behalf of refugees, prisoners, children, and women's rights or PWA organizations.
- Speak out about health care needs with Trade Unions from the health sector.
- Promote workers' awareness on TB and HIV through community events.

(*) *Guidelines for Social Mobilization: A human rights approach to tuberculosis.* Geneva, World Health Organization, 2001.



Why will Stop TB make the difference?

WHY WILL A GLOBAL PARTNERSHIP MAKE THE DIFFERENCE?

- Stop TB is a global movement to accelerate social and political action to stop the spread of tuberculosis around the world. There are more TB deaths today than at any other point in history.
- Stop TB: a "partnership for global action".
- Stop TB works with public and private organizations from the global to the local level. Research institutions, industry, and donors all have a role to play. Our partners on the ground include international agencies, governmental and nongovernmental organizations, and civil society.

MISSION

- To ensure that every person with TB has all the necessary information and access to treatment and cure.
- To protect vulnerable populations, especially children, from TB and multidrug-resistant TB, and to prevent the unnecessary social and economic tolls of TB.

OBJECTIVES

- To raise TB as a key issue across social, economic, and human rights agendas.
- To mobilize demand for TB services.
- To ensure global access to TB drugs.
- To accelerate research for new tools.

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GLOBAL PARTNERS TO STOP TB:

American Lung Association (ALA); American Society for Tuberculosis Education & Research (ASTER); American Thoracic Society (ATS); Australian Agency for International Development (Ausaid); Bill & Melinda Gates Foundation; US Centers for Disease Control (CDC); Canadian International Development Agency (CIDA); Department for International Development (DFID); Doctors of the World; Eli Lilly & Company; Family Health International; Global Health Council; International Federation of Pharmaceutical Manufacturers Associations (IFPMA); International Federation of the Red Cross and Red Crescent Societies (IFRC); International Paediatric Association (IPA); International Union Against TB and Lung Disease (IUATLD); Japan Anti-TB Association (JATA); Royal Netherlands Tuberculosis Association (KNCV); Management Sciences for Health (MSH); Médecins sans Frontières (MSF); National Tuberculosis Center; NIAID/National Institute of Health (NIH); NO TB Baltic Project; Norwegian Heart and Lung Association (LHL); Open Society Institute (OSI)/Soros Foundation; Pan-American Health & Education Foundation; Partners in Health (PIH)/Harvard Medical School; Princeton Project 55 Tuberculosis Initiative (TBI); Results International; RIT Japan; Rockefeller Foundation; Royal College of Nursing (RCN); Sequella Foundation; Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Programme (UNDP); United Nations Children's Fund (UNICEF); USAID; Wyeth-Ayerst Global Pharmaceuticals; World Health Organization (WHO); World Bank. Twenty high TB burden countries adopting the Amsterdam Declaration to Stop TB: Bangladesh, Brazil, Cambodia, China, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan, Peru, Philippines, Russian Federation, South Africa, United Republic of Tanzania, Thailand, Uganda, Viet Nam, Zimbabwe, and other countries with high rates of TB.



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