

Statement at the launch of the Global Tuberculosis
Control 2008 report
Geneva, Switzerland, 17 March 2008

Ladies and gentlemen,

After some years of good trends for tuberculosis control, this year's report on the situation in 2006 documents a slowing of progress. The rate at which new cases were detected increased only slightly compared with recent years.

This slowdown in progress comes at a time when the numbers are still way too high. As documented in the report, 2006 saw an estimated 9.2 million new cases of TB.

In 2006, TB caused 1.5 million deaths. An additional 200,000 people with HIV died from HIV-associated TB.

This number of cases places a huge burden on health services and budgets. This number of deaths reinforces our concern about a leading killer disease and a major impediment to socioeconomic development.

TB has a good treatment strategy, and we have solid evidence that the approach works. This is not the problem.

Standardized treatment protocols

Standardized treatment protocols are a cornerstone of the strategy. When these protocols are followed, TB can be cured, with the success rate now at 85%.

So why is the slowing of case detection such a concern? The report gives us some explanations.

Too many TB cases are not being diagnosed. This robs patients of the benefits of treatment, but it also means that the potential of infectious individuals to spread the disease to others is not being checked.

We will not get a grip on this epidemic if progress in case detection slows.

Many national TB programmes have expanded their efforts. But most countries lack the equipment, staff, and supplies to make quick diagnoses.

Also, many patients receive services from the non-state sector – from private providers, non-governmental organizations, or faith-based organizations.

These patients fall outside the safety net of national programmes and standardized treatment protocols. Some non-state providers deliver first-rate care.

But unless all these providers are

But unless all these providers are fully engaged, we have no guarantee that patients are being properly treated.

Poor management of TB cases has dire consequences. Inadequate treatment drives the development of multi-drug resistant TB, which is much more difficult, and 100-times more costly, to treat.

Last month, WHO issued a report showing that multi-drug resistant TB has reached the highest levels ever recorded. The report being issued today adds to that concern. Worldwide, countries project that only 10% of patients with this difficult form of TB will be treated during 2008.

This is an alarming situation. Keep in mind that this resistant form of TB can spread directly from person to person, multiplying the consequences of sub-standard patient management.

The lethal combination of TB and HIV is fuelling the TB epidemic in many parts of the world, especially Africa.

Progress is slow, but some countries are making strides, especially on testing more people in TB treatment for HIV. The report shows impressive results for Rwanda, Malawi, and Kenya.

In conclusion, TB control has

In conclusion, TB control has entered a new era. To make progress, public programmes must be further strengthened.

But we also need to fully tap the potential of other service providers. Enlisting these other providers, so that they work in partnership with national programmes, will markedly increase diagnosis and treatment for people in need.

Thank you.

We have with us here today Dr Hiro Nakatani, Assistant Director-General for HIV/AIDS, TB, malaria, and the neglected tropical diseases, and Dr Mario Raviglione, Director of the Stop TB Department.

They are joined by Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership, and Dr Jorge Bermudez, Executive Secretary of UNITAID.

These two partnerships, hosted by WHO, are making critical contributions to the global response to tuberculosis.