

# Introduction

*Global Tuberculosis Control 2007*, the eleventh annual report in the series, marks a watershed in the epidemiology and control of tuberculosis (TB). With the latest surveillance data (for 2005), we can ask whether national TB control programmes (NTPs) around the world met the 2005 targets of 70% case detection and 85% cure set by the World Health Assembly.<sup>1,2</sup> Looking forward from 2006, we can consider how effectively the Stop TB Strategy<sup>3</sup> was launched in its first year, through implementation of *The Global Plan to Stop TB, 2006–2015*.<sup>4</sup> And, as international debate about TB control focuses more on epidemiological impact (as the consequence of implementation), we can assess whether countries with a high burden of TB, regions of the World Health Organization (WHO) and the world as a whole are on track to meet the United Nations Millennium Development Goals (MDGs) for TB by 2015.

To satisfy these general aims we present, as usual, WHO's assessment of the scale and direction of the epidemic, expressed in terms of incidence, prevalence and deaths for 22 high-burden countries (HBCs), for the six WHO regions, for selected subregions and for the entire world. Within the framework of the MDGs, the principal target for TB control is to ensure that the global incidence rate is falling by 2015.<sup>5</sup> Supplementary targets, endorsed by the Stop TB Partnership, are to halve the 1990 prevalence and death rates by 2015.<sup>6</sup> The tables and annexes in this report therefore give estimates of all three key indicators and their trends, for all countries and regions, in 1990 and 2005.

The principal mechanism for achieving these impact targets is the treatment of patients with active TB, following the Stop TB Strategy. The new strategy embraces the fundamentals of TB control originally framed as DOTS, but extends the reach of control activities into other key areas. These include the well-known problems of multidrug-resistant TB, or MDR-TB (and now also exten-

sively drug-resistant TB<sup>7</sup>) and of TB associated with the human immunodeficiency virus (HIV). But the strategy also broadens the remit of NTPs by placing the task of TB control in the context of health system performance, by encouraging the participation of all health-care providers (not just those working for government health institutions), by empowering TB patients and communities who suffer from TB and by promoting research. This report therefore presents, in addition to case notifications and treatment outcomes, an overview of the progress being made by NTPs on all components of the Stop TB Strategy, linking the activities in countries with funding sources, costs, budgets and expenditures.

Between 1980 and 2005, 90 million TB patients were registered in national surveillance systems and reported to WHO, and more than 26 million were notified by DOTS programmes since 1995. This vast body of surveillance data suggests that the global TB incidence rate peaked sometime between 2000 and 2005, although the total number of new cases is still rising each year. If that assessment is correct, the global TB epidemic is now on the threshold of decline.

To establish and verify key observations on the TB epidemic, WHO compiles and analyses more information each year. With each annual round of data collection, our epidemiological assessments are based on better surveillance and survey data. Planning for TB control, and reports on the process of planning and implementation, are more comprehensive and better targeted to the needs of national control programmes. The financial monitoring system accounts, with increasing accuracy, for the money raised and spent on TB control each year. In short, *Global Tuberculosis Control 2007* presents the best possible overview of progress in reducing the immense burden of TB worldwide.

<sup>1</sup> Resolution WHA44.8. Tuberculosis control programme. In: *Handbook of resolutions and decisions of the World Health Assembly and the Executive Board*. Volume III, 3rd ed. (1985–1992). Geneva, World Health Organization, 1993 (WHA44/1991/REC/1).

<sup>2</sup> *Stop Tuberculosis Initiative. Report by the Director-General*. Fifty-third World Health Assembly. Geneva, 15–20 May 2000 (A53/5, 5 May 2000; available at [www.who.int/gb/ebwha/pdf\\_files/WHA53/ea5.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA53/ea5.pdf)).

<sup>3</sup> Raviglione MC, Uplekar MW. WHO's new Stop TB Strategy. *Lancet*, 2006, 367:952–955.

<sup>4</sup> *The Global Plan to Stop TB, 2006–2015* was launched by the Stop TB Partnership in January 2006. It describes how the Stop TB Strategy should be implemented over the next decade, including associated costs, and the expected epidemiological impact in seven regions of the world.

<sup>5</sup> The Millennium Development Goals are described in full at [unstats.un.org/unsd](http://unstats.un.org/unsd)

<sup>6</sup> Dye C et al. Targets for global tuberculosis control. *International Journal of Tuberculosis and Lung Disease*, 2006, 10:460–462.

<sup>7</sup> See: XDR-TB, extensively drug-resistant tuberculosis, at [www.who.int/tb/xdr/en/index.html](http://www.who.int/tb/xdr/en/index.html)