

Introduction

This report is the twelfth annual report on global control of tuberculosis (TB) published by the World Health Organization (WHO) in a series that started in 1997. It is based on data reported to WHO via its standard data collection form by 202 out of 212 countries and territories in 2007, and on the series of data collected from these countries and territories annually since 1996.

Using these data, we present our latest assessment of the epidemiological burden of TB as well as progress towards targets for global TB control that have been established within the context of the Millennium Development Goals (MDGs) and by the World Health Assembly (WHA) and Stop TB Partnership.^{1,2,3,4} The impact targets are to halt and reverse incidence by 2015 (MDG 6 Target 6.C) and to halve prevalence and death rates by 2015 compared with 1990. The outcome targets are to detect at least 70% of new smear-positive cases and to successfully treat 85% of those cases that are detected.

The Stop TB Strategy launched by WHO in 2006 describes the interventions that should be implemented to achieve the 2015 targets, and the Global Plan to Stop TB details the scale at which many of these interventions should be provided.^{5,6} The report thus includes analysis of the extent to which the components and subcomponents of the strategy are being implemented, including comparisons with the Global Plan. With implementation of the Stop TB Strategy at the scale needed to achieve global targets dependent on accurate budgeting of the funding required backed up by resource mobilization and effective spending, the third major topic of the report is financing for TB control.

Following these three major themes, the report is structured in three chapters, as follows:

- *The global TB epidemic and progress in TB control.* This chapter includes estimates of incidence, prevalence and mortality in 2006 and of trends in incidence since 1990; case notifications reported for 2006; estimates of the case detection rate for new smear-positive cases as well as all types of case between 1995 (when reliable monitoring began) and 2006; treatment outcomes between 1994 and 2005 for new and re-treatment cases; and analysis and discussion of progress towards the MDG, Stop TB Partnership and WHA targets. All data are presented globally, for each WHO region and for each of the 22 high-burden countries (HBCs) that collectively account for 80% of TB cases globally.
- *Implementing the Stop TB Strategy.* This chapter describes and assesses implementation of each of the six major components of the strategy as well as their subcomponents. The major components are: (i) DOTS implementation; (ii) addressing TB/HIV, MDR-TB and other challenges; (iii) contributing to health system strengthening; (iv) engaging all care providers; (v) empowering patients, and communities; and (vi) promoting research. The chapter gives most attention to DOTS, collaborative TB/HIV activities, and the diagnosis of MDR-TB and treatment of MDR-TB patients, since the quantity and quality of data for these was comparatively high.
- *Financing TB control.* This chapter presents and discusses data on the following topics: (i) the budgets of national TB control programmes (NTPs) and available funding and funding gaps for these budgets between 2002 (when reliable monitoring began) and 2008 for the 22 HBCs, and for the 90 countries (with 91% of the world's estimated cases) that reported complete data for 2008; (ii) the total costs of TB control, which include NTP budgets plus the costs associated with use of general health system staff and infrastructure not usually included in NTP budgets, again for the 22 HBCs for 2002–2008 and for all 90 countries that reported complete data for 2008; (iii) comparisons of funding needs set out in the Global Plan with those based on country reports; (iv) per patient costs and budgets; (v) expenditures compared with available funding and changes in the number of patients treated; (vi) the contribution of the Global Fund to financing for TB control; and (vii) a discussion of why funding gaps for TB control persist.

¹ The Millennium Development Goals are described in full at unstats.un.org/unsd

² 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).

³ *Stop Tuberculosis Initiative. Report by the Director-General*. Fifty-third World Health Assembly. Geneva, 15–20 May 2000 (A53/5, 5 May 2000).

⁴ Dye C et al. Targets for global tuberculosis control. *International Journal of Tuberculosis and Lung Disease*, 2006, 10:460–462.

⁵ Raviglione MC, Uplekar MW. WHO's new Stop TB Strategy. *Lancet*, 2006, 367:952–955.

⁶ *The Global Plan to Stop TB, 2006–2015*. WHO and Stop TB Partnership, 2006.

Each chapter begins with a summary of the data reported to WHO in 2007, and ends with a short summary of major findings. The main part of the report finishes with a short summary of the major conclusions from all three chapters.

The remainder of the report consists of four annexes. Three of these annexes (Annex 1, Annex 3 and Annex 4) provide detailed regional or country-specific data. Annex 1 comprises 22 country profiles (one for each HBC); each profile includes epidemiological and financial data as well as an assessment of how the Stop TB Strategy is being implemented. Annex 3 includes country-specific data for 1990–2006 for surveillance and epidemiological indica-

tors discussed in the main part of the report, i.e. case notifications and treatment outcomes, and estimates of incidence, prevalence and mortality. Annex 4 lists the surveys of the prevalence of TB disease and infection that have been conducted in the past and that are planned in the near future, as well as the countries for which mortality data are available in a central WHO database. Annex 2 explains the methods used to produce the main findings included in Chapters 1, 2 and 3.

In short, *Global tuberculosis control 2008* presents an overview of progress in reducing the burden of TB worldwide.