

# Introduction

This report is the 13th annual report on global control of tuberculosis (TB) published by the World Health Organization (WHO) in a series that started in 1997. Its main purpose is to provide a comprehensive and up-to-date assessment of the TB epidemic and to report on progress in controlling the disease at global, regional and country levels, in the context of global targets set for 2015. The principal targets are that the incidence of TB should be falling by 2015 (MDG Target 6.c), that TB prevalence and death rates should be halved by 2015 compared with their level in 1990, that at least 70% of incident smear-positive cases should be detected and treated in DOTS programmes, and that at least 85% of new sputum smear-positive cases should be successfully treated.<sup>1,2,3,4</sup> Results are based primarily on data reported to WHO via its standard TB data collection form in 2008 and on the data that were collected each year 1996–2007. The 196 countries and territories that reported data in 2008 account for 99.6% of the world's estimated TB cases and 99.7% of the world's population.

The report is structured in three major chapters.

**CHAPTER 1** focuses on epidemiology. It includes WHO's latest estimates of the epidemiological burden of TB (incidence, prevalence and mortality), case notifications reported for 2007, estimates of the case detection rate for new smear-positive cases as well as for all types of case between 1995 (when reliable monitoring began) and 2007, and treatment outcomes between 1994 and 2006 for new and re-treatment cases. Particular attention is given to two topics. The first is updated estimates of the numbers of TB cases and deaths among HIV-positive people, which have been revised substantially upwards using new data that became available in 2008. The second is recent recommendations about how to improve measurement of the epidemiological burden of TB and monitoring of progress towards impact targets (i.e. reductions in incidence, prevalence and mortality) from 2009 onwards, which have been made by WHO's Global Task Force on TB Impact Measurement.

**CHAPTER 2** analyses progress in implementing WHO's Stop TB Strategy, which is designed to achieve the global targets set for 2015.<sup>5</sup> The strategy was launched in 2006 and is built on the foundations of the DOTS strategy, the internationally-recommended approach to TB control advocated by WHO from the mid-1990s until 2005. The six major components of the strategy (DOTS implementation; addressing TB/HIV, MDR-TB and the needs of poor and vulnerable populations; contributing to health-system strengthening based on primary health care; engaging all care providers; empowering people with TB, and communities; and pro-

moting research) are addressed in turn. Wherever possible, comparisons are made with the targets for scaling up interventions that were set in the Stop TB Partnership's Global Plan to Stop TB. Examples of how different components of the strategy can be implemented based on recent country experience and which have wider applicability are also highlighted. These include scaling up public-private collaboration in Pakistan, treatment of multidrug-resistant TB (MDR-TB) in Estonia and Latvia, introducing electronic recording and reporting in Myanmar, and provision of antiretroviral treatment (ART) in Africa.

**CHAPTER 3** analyses financing for TB control. The data presented include the budgets of national TB control programmes (NTPs), and available funding and funding gaps for these budgets, between 2002 (when reliable monitoring began) and 2009; estimates of the total costs of TB control, which include NTP budgets plus the costs associated with use of general health-system staff and infrastructure that are usually not included in NTP budgets; comparisons of funding needs set out in the Global Plan with countries' assessments of their funding needs; per patient costs and budgets; and expenditures compared with available funding and changes in the number of patients treated. Progress with planning and budgeting for TB control and the possible consequences of the global financial crisis that developed in 2008 are also highlighted.

The main part of the report ends with a summary of the major conclusions from all three chapters (**CONCLUSIONS**). The remainder of the report consists of four annexes. These include country profiles for the 22 high-burden countries (**ANNEX 1**), an explanation of methods (**ANNEX 2**), country-specific data for 1990–2007 (**ANNEX 3**), and a summary of the countries where surveys of the prevalence of TB disease have been conducted or are planned and the countries for which mortality data from vital registration systems are available in a central WHO database (**ANNEX 4**).

<sup>1</sup> The Millennium Development Goals are described in full at [unstats.un.org/unsd](http://unstats.un.org/unsd)

<sup>2</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>3</sup> *Stop Tuberculosis Initiative. Report by the Director-General*. Fifty-third World Health Assembly. Geneva, 15–20 May 2000 (A53/5, 5 May 2000).

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

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

<sup>6</sup> *The Global Plan to Stop TB, 2006–2015*. Stop TB Partnership and WHO. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).