



TB REPORT CARD

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2005 TB Report Card

Tuberculosis was last year's most overlooked tragedy. TB killed more people than all wars, earthquakes, floods, tsunamis, airline accidents, terrorist acts and murders worldwide the past year, and with much less fanfare.

The deaths of these 1.8 million people were arguably all the more tragic as almost every one of them could have been prevented if they had been properly treated with highly-effective anti-TB medicines.

This report asks, "Who is succeeding in preventing these tragic deaths?"

In examining the most recent data that countries have provided to the World Health Organization, this independent report finds that some countries - even among the poorest such as Cambodia and the Democratic Republic of Congo - are doing quite a lot.

Indeed, over one million people with infectious TB worldwide were completely cured the past year thru the DOTS TB treatment strategy. The TB control efforts of just six countries - China, India, Indonesia, Philippines, South Africa and Viet Nam - cured nearly half of these cases. Hundreds of thousands of lives have been spared this past year because of these efforts.

This report also asks, "Who is failing to prevent deaths from TB?"

The report finds that some countries - Nigeria being perhaps the most conspicuous example - are doing frightfully little. Yet it also finds that some countries that have been performing very poorly in the past - such as Brazil and Russia - are showing encouraging signs that they are scaling up their TB control efforts.

The "TB Report Card" presented in this report focuses on the 22 "high burden countries" where over 80% of deaths from tuberculosis take place every year. It provides one of four possible grades to each country based on the following objective criteria:

- **Distinction** to countries curing at least 6 out of every 10 infectious cases with the DOTS strategy. (WHO's target is to detect at least 7 out of every 10 infectious cases, and to cure at least 6 of these cases).
- **Could Pass Soon** to countries curing at least 4 out of 10 cases
- **Making Rapid Progress** to countries curing fewer than 4 out of 10 cases, but that have cured at least 10% more of all estimated infectious cases over the past four years.
- **Failing** to countries curing less than 4 out of 10 cases.

Worldwide, only 3.7 out of every 10 people with infectious TB worldwide were detected and then cured by high quality DOTS treatment services in 2003, the most recent year for data. This represents a remarkable increase since 1996, when only one out of every 10 people were being detected and cured with DOTS.

While the world as a whole is "*Making Rapid Progress*" in fighting tuberculosis, it may achieve an even better grade within the next few years. Some of the most rapid progress in curing more TB patients with DOTS is being made in countries with the largest numbers of TB cases, such as China, India and Pakistan.

The grades awarded to each country are based on quantitative criteria and the most recent data publicly available. However, the numbers do not always tell the complete story. As previously noted, some countries with poor grades have recently extended and improved up their TB control services, though the impact of these efforts is not immediately measurable. Conversely, a few countries receiving favorable grades - South Africa and Thailand for example - are detecting impressive numbers of TB cases but are failing to cure as many of these patients as expected. This can put patients at greater risk of developing multidrug-resistant TB, which is more difficult and expensive to cure.

Accordingly, a brief narrative is provided for each country as a means of providing greater insight into the performance of each country's TB control services and the challenges they are facing.

One of the greatest challenges facing many countries is the dual TB/HIV epidemic. While TB can be cured in most people regardless of their HIV status, the HIV/AIDS epidemic has overwhelmed the public health services of many African countries with an unexpected number of TB cases. The increased numbers of TB cases caused by HIV/AIDS are a primary reason why some countries, such as Ethiopia, Kenya, Mozambique, Tanzania, and Zimbabwe are making such slow progress in their TB control efforts.

Especially in the face of challenges such as TB/HIV co-infection, the failure of many countries to make greater progress in controlling TB is usually not a failure of the country's national TB programme. In most cases, TB control programmes are insufficiently staffed, under-budgeted and without sufficient drug supplies and the necessary laboratory equipment. In particular, Africa is faced with a critical dearth of health workers as it is struggling to cope with increasing numbers of HIV/AIDS and TB cases. While Africa suffers from 25% of the world's burden of diseases, only 1.3% of the world's doctors, nurses and allied health professionals work on the continent. Due to a "brain drain" of health professionals to wealthy countries, this situation is only predicted to grow worse in Africa unless bold action is taken.

If blame is to be assigned for lack of progress in controlling TB in many countries, it is most appropriately directed towards national governments for failing to make public health - including the control of TB - a high political and financial priority. Wealthy nations have also failed to provide sufficient political leadership, financial assistance and technical support to help the world's poorest countries control TB.

The World Health Organization estimates an additional US\$ 1 billion annually is required ensure much greater access to DOTS treatment services, and to accelerate research for better diagnostics and anti-TB medicines. When one calculates the hundreds of billions of dollars spent to prevent deaths from wars, natural disasters, airline accidents, terrorist acts and murders in the world each year, the cost of preventing 1.8 million TB deaths is an extraordinarily small price to pay.

All of the tuberculosis data to prepare this TB Report Card has been taken directly from the World Health Organization Report 2005: Global Tuberculosis Control, which is compiled from data provided by the national TB programmes of each country. The country profiles in this TB Report Card are also directly informed by the assessments provided in the WHO report. While based upon the most recent information available from WHO and national TB programmes, this TB Report Card is an independent interpretation and presentation of this information by the Massive Effort Campaign and RESULTS International and in no way reflects the views, assessments or opinions held by WHO, the Stop TB Partnership Secretariat or national TB programmes.

About Tuberculosis

Tuberculosis (TB) is a contagious disease. Like the common cold, it spreads through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB germs into the air. A person needs only to inhale a small number of these to be infected.

Left untreated, each person with active TB disease will infect on average between 10 and 15 people every year. But people infected with TB bacilli will not necessarily become sick with the disease. The immune system "walls off" the TB bacilli which can lie dormant for years. When someone's immune system is weakened, the chances of becoming sick are greater.

- Someone in the world is newly infected with TB bacilli every second.
- One-third of the world's population is infected with the TB bacillus.
- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life.

HIV and TB form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB is many times more likely to become sick with TB than someone infected with TB who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. It accounts for about 13% of AIDS deaths worldwide.

Drug-resistant TB is caused by inconsistent or partial treatment, when patients do not take all their medicines regularly for the required period because they start to feel better, because doctors and health workers prescribe the wrong treatment regimens, or because the drug supply is unreliable. A particularly dangerous form is multidrug-resistant TB (MDR-TB), which is defined as the disease caused by TB bacilli resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs. From a public health perspective, poorly supervised or incomplete treatment of TB is worse than no treatment at all. When people fail to complete standard treatment regimens, or are given the wrong treatment regimen, they may remain infectious. The bacilli in their lungs may develop resistance to anti-TB medicines. People they infect will have the same drug-resistant strain. While drug-resistant TB is generally treatable, it requires up to two years of treatment that is often more than 100 times more expensive than treatment of drug-susceptible TB, and is also more toxic to patients.

Effective TB control – DOTS The internationally recommended approach to TB control is DOTS. The DOTS strategy consists of five key elements:

- Government commitment to sustained TB control.
- Detection of TB cases through sputum smear microscopy among people with symptoms.
- Regular and uninterrupted supply of high-quality anti-TB drugs.
- 6-8 months of regularly supervised treatment (including direct observation of drug-taking for at least the first two months)
- Reporting systems to monitor treatment progress and programme performance.

Once patients with infectious TB (bacilli visible in a sputum smear) have been identified using microscopy services, health and community workers or trained volunteers observe patients swallowing the full course of the correct dosage of anti-TB medicines. Sputum smear testing is repeated after two months, to check progress, and again at the end of treatment. The recording and reporting system ensures that the patient's progress can be followed throughout treatment. It also allows assessment of the proportion of patients who are successfully treated, giving an indication of the quality of the program.

- The DOTS strategy produces cure rates of up to 95% even in the poorest countries.
- The DOTS strategy prevents new infections by curing infectious patients.
- The DOTS strategy prevents the development of drug resistance.
- A six-month supply of drugs for treatment under the DOTS strategy costs as little as US\$ 10 per patient in some parts of the world.
- The World Bank has ranked the DOTS strategy as one of the "most cost-effective of all health interventions".

Since its introduction in 1991, more than 13 million patients have received treatment under the DOTS strategy.



2005

GLOBAL TUBERCULOSIS CONTROL REPORT CARD

Globally, 3.7 out of 10 people with infectious TB are being cured using high quality DOTS treatment services. The World Health Organization's targets for controlling TB are to detect at least 7 out of 10 infectious cases of TB, and succeed in curing at least 6 of these cases.

The 2005 TB Report Card shows where the 22 "high burden countries" (countries which are home to over 80% of the world's TB cases) stand in terms of achieving WHO's global TB targets.

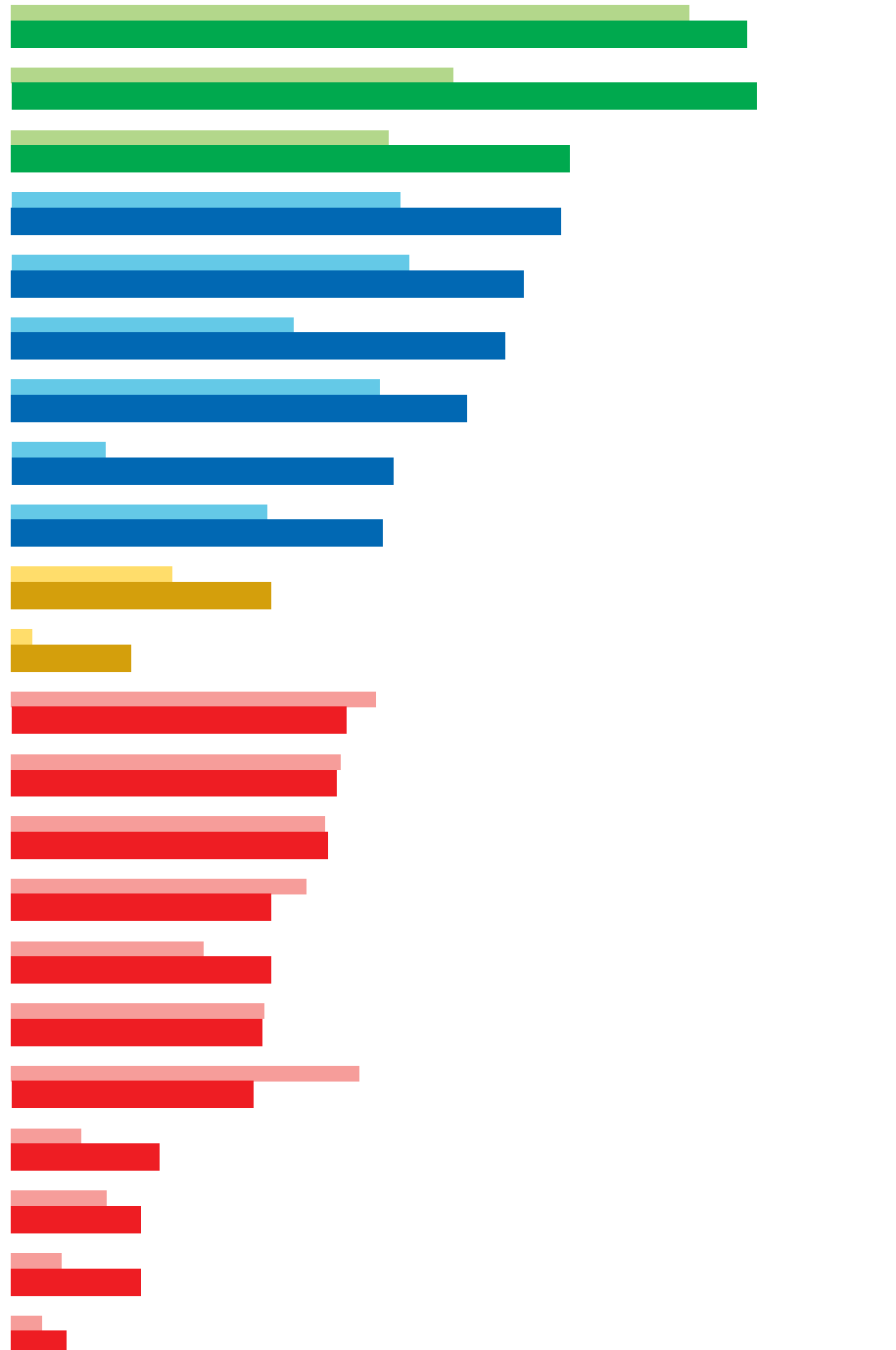
TB is a curable disease, even in the poorest of countries. It remains inexcusable that over 60% of people who suffer from TB still are not being treated through effective services which could spare their suffering and save their lives. As many countries are already demonstrating, *this need not be the case.*

Countries

% of infectious TB cases being cured using DOTS

0 10 20 30 40 50 60 70 80 90 100

- VIET NAM
- S. AFRICA ✘
- PHILIPPINES
- MYANMAR
- CAMBODIA
- THAILAND
- D R CONGO
- INDIA
- CHINA
- INDONESIA
- PAKISTAN
- KENYA
- MOZAMBIQUE
- TANZANIA
- ZIMBABWE ✘
- BANGLADESH
- ETHIOPIA
- UGANDA ✘
- AFGHANISTAN
- NIGERIA
- BRAZIL
- RUSSIA ✘



DISTINCTION

These countries have succeeded in curing at least 60 percent of people with infectious TB through DOTS services and deserve our applause for achieving this standard of care.

COULD PASS SOON

These countries could achieve a "Distinction" mark within the next year or two if they continue increasing their efforts to reach more people with TB.

MAKING RAPID PROGRESS

While still curing only a small percentage of infectious TB cases with DOTS treatment services, these countries have made significant progress over the past four years.

FAILING

These countries are curing fewer than 40% of infectious TB cases with DOTS services and need to make TB control a greater priority. Thousands of needless deaths can be avoided by doing so.

Legend



All numbers and calculations are based on Global Tuberculosis Report, 2005, WHO. ✘ DOTS programmes in these countries are curing less than 70% of their patients – much lower than the 85% target – and are putting patients at greater risk of developing drug-resistant TB.



TB Report Card

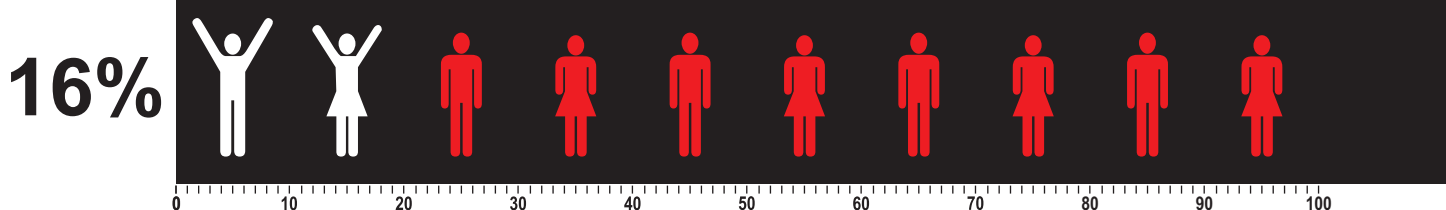
Afghanistan

In Spite of War and Conflict, Afghanistan is Making Gradual Progress in Controlling TB

In spite of civil unrest and a difficult economic situation in Afghanistan, gradual progress is being made in providing DOTS services to more TB patients while maintaining high treatment success rates. This progress has been especially impressive given that TB services have only recently been established following two decades where the general health system had been in complete disarray. In Kabul City, the community has been extensively involved in TB control activities, where around 10,000 widows have been trained and are assisting with health education activities.



16% of all estimated infectious TB cases are being cured with DOTS



8% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: More people died from TB in Afghanistan last year than have been killed by tornadoes in North America in the past century.

Deaths from TB
22,000

TB/HIV Co-Infection: There is no data currently available on how many TB patients are also infected with HIV. However, a study of Afghanistan's HIV situation is planned shortly.

TB/HIV
0%

Multidrug Resistant TB: There is little data on drug resistance in Afghanistan, and second-line drugs to treat drug-resistant TB are not available.

MDR TB
7.3%

Main Challenges: Reconstruction of Afghanistan's collapsed health infrastructure is hindered by the dangers of working in regions where the national government is not fully in control. Improvement of diagnostic and laboratory services, and establishing further collaboration with other health-care providers and the community are major priorities.

Challenges

TB Report Card

Bangladesh

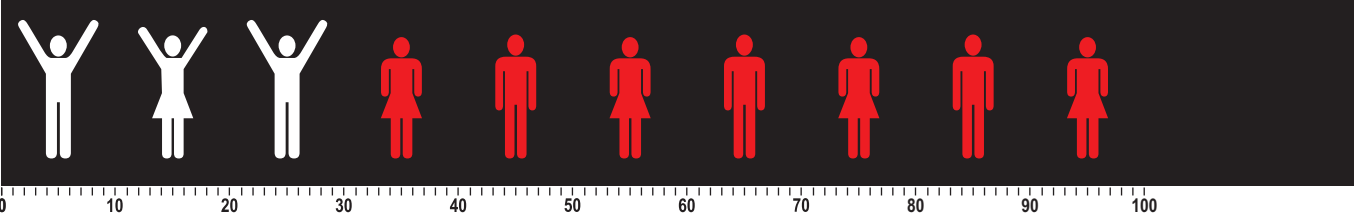
No Further Excuses for Bangladesh as its TB Control Budget Triples

In 1998, Bangladesh's TB control programme was heralded as an early DOTS success story. Yet five years later, the programme had only expanded to treat an additional 10% of the country's TB cases. Over the same time, neighboring India's DOTS programme expanded to treat 40% more patients. Thanks to a large increase in funding from the Global Fund, resources for controlling TB in Bangladesh nearly tripled last year. This funding should enable the country to now detect more TB cases and to strengthen its laboratory and diagnostic services.



28% of all estimated infectious TB cases are being cured with DOTS

28%



7% more of all infectious TB cases were cured in 2003 compared to 2000

7%



A Staggering Toll: More Bangladeshis have died from tuberculosis the past two years as perished in the tropical cyclone and floods which struck the country in 1991.

Deaths from TB
84,000

TB/HIV Co-infection: The HIV is still uncommon in Bangladesh, according to UNAIDS and WHO estimates. Presently, there is little collaboration between the national TB programme and the national HIV/AIDS programme.

TB/HIV
0.1%

Multidrug Resistant TB: The national TB programme has yet to establish policies on how to manage multidrug resistant TB. However, estimates suggest that MDR TB is not as serious of a problem in Bangladesh as in neighboring countries.

MDR TB
1.4%

Main Challenges: The national TB programme's management capacity must be strengthened at the central level if it is to provide effective technical assistance and coordination for expanding TB control activities.

Challenges

TB Report Card

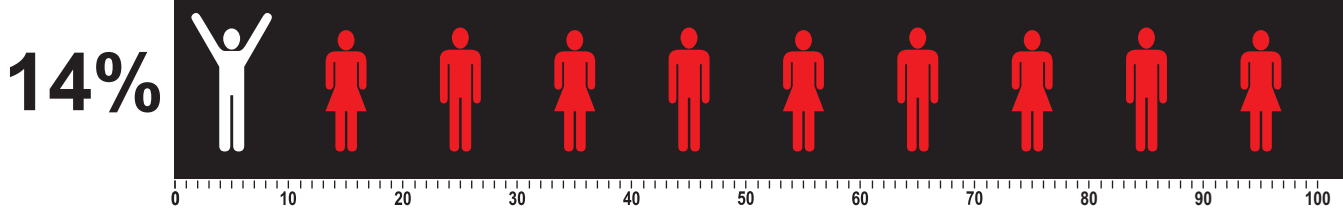
Brazil

Political Will to Fight TB Finally Seems to Be Emerging in Brazil

Brazil has the highest TB burden in Latin America, but has made little progress in addressing the crisis over the past decade. Indications are this is beginning to change. Fortunately, the new government in Brazil has declared that TB control will be a top priority and have increased funding for the expansion of DOTS services. With the launch of Brazil's national Stop TB Partnership, many new public and private sector agencies are becoming involved in the country's efforts to control the disease.



14% of all estimated infectious TB cases are being cured with DOTS



8% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: As many people died from tuberculosis in Brazil as died from AIDS in the country during 2003.

Deaths from TB
15,000

TB/HIV Co-Infection: Although WHO estimates that 3.8% of TB patients are also infected with HIV, Brazil's national TB programme estimates that twice as many people may be dually infected. Efforts are being made to increase voluntary counseling and testing for HIV among TB patients, and to help ensure that HIV-positive individuals with TB are able to access DOTS services.

TB/HIV
3.8%

Multidrug Resistant TB: A 2001 drug resistance survey found that multidrug-resistant strains of TB were not common among new TB patients.

MDR TB
0.9%

Main Challenges: TB control activities need to be better integrated and coordinated at the primary health-care level. For effective DOTS implementation, each state needs to ensure that quality training, supervision and monitoring activities are provided at the municipal and local levels.

Challenges

TB Report Card

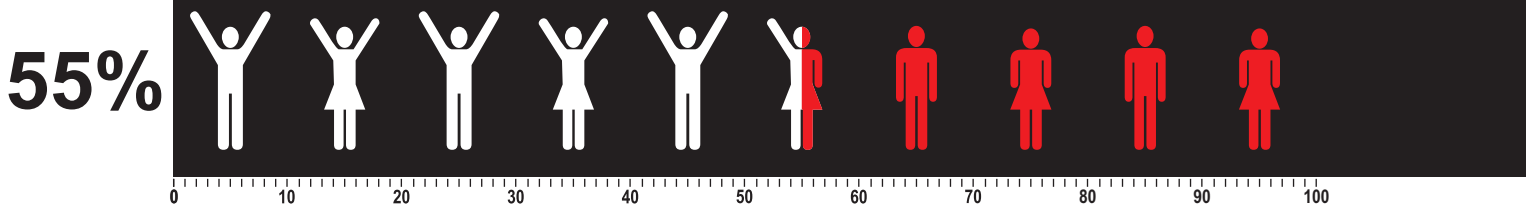
Cambodia

Cambodia is on the Verge of Meeting WHO's TB Control Targets

TB control efforts in Cambodia are benefiting from its government's strong commitment to poverty elimination and health infrastructure development. Recently, a major effort has been made to extend the availability of DOTS services to all parts of the country. By the end of 2004, it is expected that all of the country's health centres will be providing these TB treatment services.



55% of all estimated infectious TB cases are being cured with DOTS



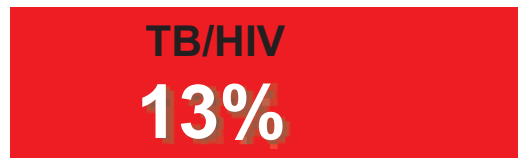
12% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: The number of Cambodians who died from TB last year is nearly equal to the number of reported civilian deaths from the war in Iraq since January 2003.



TB/HIV Co-Infection: A 2003 survey estimated that 12% of TB patients were also infected with HIV (similar to WHO's estimate of 13%). This is one of the highest levels of co-infection in Asia. There are plans to tackle the urgent need for better coordination between Cambodia's TB and HIV control programmes. Work has already begun in four provinces to provide TB screening and treatment for people living with HIV/AIDS.



Multidrug Resistant TB: A drug resistance survey completed in 2001 found that multidrug resistant strains were rare in new TB cases.



Main Challenges: The lack of human resource capacity remains a challenge for Cambodia's national TB programme. There is an urgent need to provide both in-country and international training opportunities for existing staff, as well as to recruit more staff.

Challenges

TB Report Card

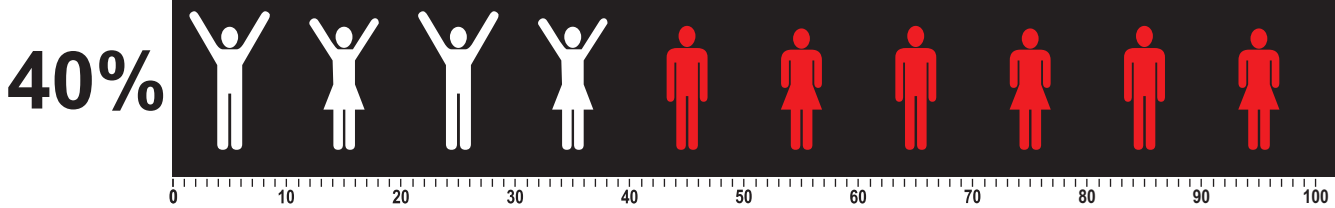
China

China's TB Control Efforts Shift Into High Gear

After years of detecting and curing only around 25% of TB patients with DOTS, China is rapidly extending these services to reach more people and succeeded in curing 40% of all estimated TB cases last year through DOTS services. Increased political support for the control of the disease is evident, as seen by China's eight-fold increase in central government funding for fighting the disease. These are a few of the many positive signs that the country could meet WHO's TB control targets by the end of 2005.



40% of all estimated infectious TB cases are being cured with DOTS



12% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: In one day's time, nearly as many people in China will die from TB than have died from SARS over the past several years.

Deaths from TB
236,000

TB/HIV Co-Infection: According to Chinese government estimates, there are 840,000 people living with HIV in the country. However, only 62,000 of these had been reported to the public health system. The government is planning to collect data on HIV infection among TB patients in provinces known to have a serious problem with HIV/AIDS.

TB/HIV
0.7%

Multidrug Resistant TB: Drug resistance may be a serious problem in China. Given the size of the country, drug resistance surveys are carried out in individual provinces. The first survey took place in Henan Province in 1996, and since then six other provinces and Hong Kong completed surveys.

MDR TB
5.3%

Main Challenges: The quality of China's DOTS treatment services have usually been high. As the country expands these services, special attention must be taken to maintain this quality. Shortages of staff and laboratory services must also be addressed.

Challenges

TB Report Card

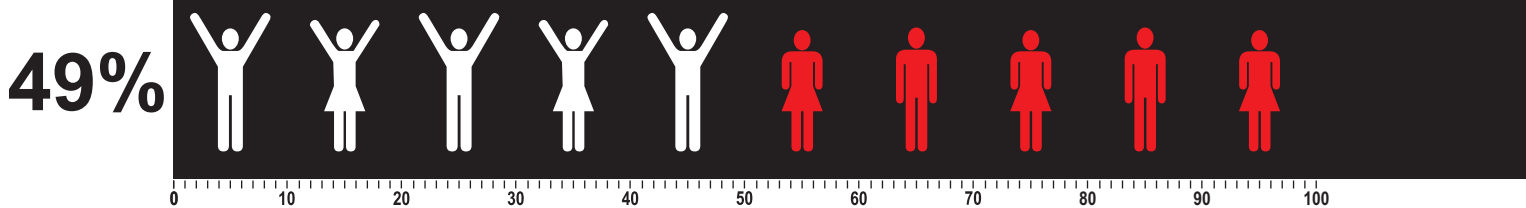
DR Congo

Against the Odds, the DRC Continues to Strengthen TB Control Efforts

The Democratic Republic of Congo has made substantial progress in controlling TB, despite its underdeveloped health care system, lack of funds, civil war, HIV/AIDS and natural disasters. Thanks in part to strong government support for the nation's TB control programme, TB case detection and cure rates have steadily improved over the past four years. Indeed, the DRC's TB control programme has been one of the most successful among all high burden countries in Africa.



49% of all estimated infectious TB cases are being cured with DOTS



9% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: In two weeks, more people die of TB in the DRC than have ever died from the Ebola virus since it was discovered in 1976.

Deaths from TB
43,000

TB/HIV Co-Infection: According to WHO, more than 20% of adult TB patients in the DRC are also infected with HIV. An expanding programme of collaborative activities has been designed to address the needs of people infected with both TB and HIV.

TB/HIV
21%

Multidrug Resistant TB: Plans are being made to conduct a national drug resistance survey in 2005. Policies for diagnosing and treating MDR-TB are being prepared.

MDR TB
1.5%

Main Challenges: Improvements are needed in the country's drug policy and drug management system in order to ensure there are no disruptions in supply and distribution.

Challenges

TB Report Card

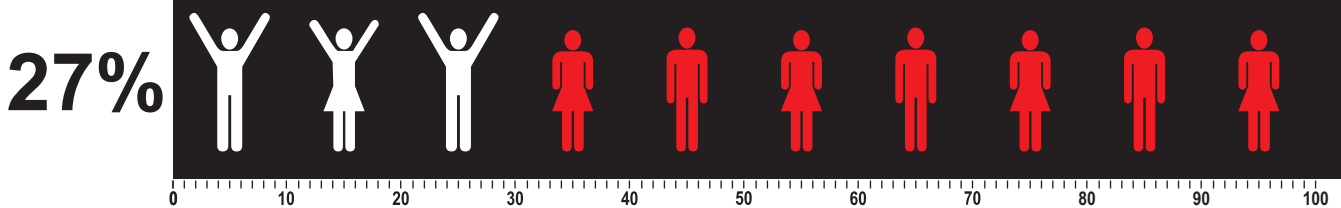
Ethiopia

Ethiopia's TB Control Efforts Frustrated by Lack of Basic Health Services

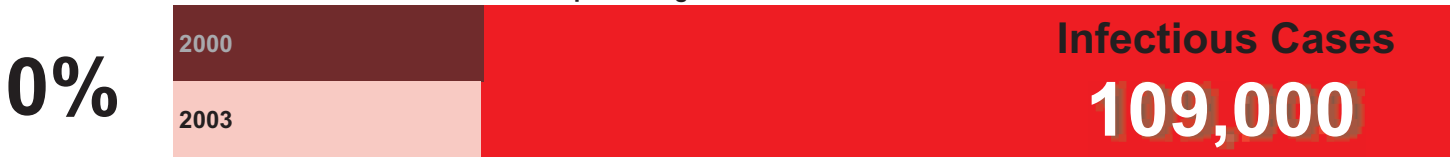
Almost all hospitals and health centres in Ethiopia provide DOTS treatment services. However, close to 40% of the population do not yet have access to basic health services, frustrating efforts to provide DOTS treatment more widely in the country. Given the sparse distribution of health facilities, plans are under way to further involve the community in TB control. With Global Fund financial support, pilot projects will start in four districts.



27% of all estimated infectious TB cases are being cured with DOTS



There has been no increase in the percentage of infectious TB cases cured between 2000 and 2003



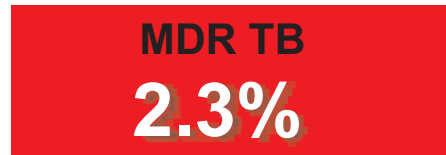
A Staggering Toll: The 56,000 Ethiopians who die from TB each year is nearly equal to the total number of American military deaths during the entire Viet Nam war.



TB/HIV Co-infection: The number of new TB cases has increased recently, partly because of the HIV/AIDS epidemic. Efforts are being made to address the needs of TB patients who are also infected with HIV, including the establishment of a national TB/HIV coordinating body and the selection of nine pilot sites for collaborative TB/HIV activities.



Multidrug Resistant TB: Ethiopia's first drug resistance survey is near completion, with initial results indicating that 1.7% of new TB cases are multidrug-resistant; a figure somewhat lower than the WHO estimate of 2.3%.



Main Challenges: Ethiopia's health facilities suffer from a high turnover of staff, resulting in a workforce that is not well trained in the principles of TB control. This constraint is being addressed through a comprehensive human resource development plan and training programme.

Challenges

TB Report Card

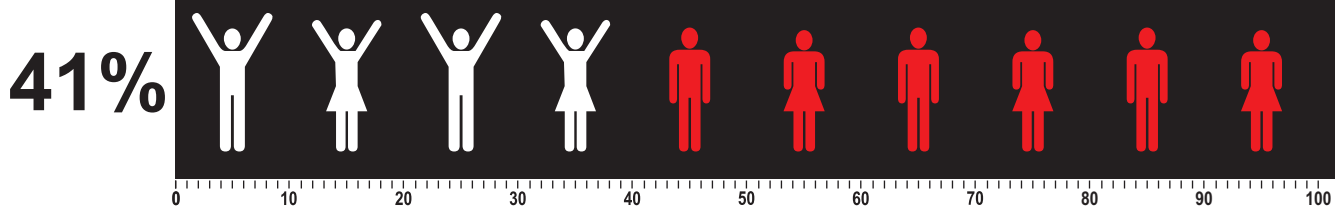
India

India Continues its Rapid Progress in Providing More TB Patients With DOTS Treatment Services

India, the country with the greatest burden of TB, is also the country where some of the most dramatic advances are being made in DOTS expansion. During 2003 alone, DOTS treatment services were provided to more than 900,000 TB patients. Mobilizing public sector health care providers, especially medical colleges and private health-care providers, has been important to achieving such swift progress. The Indian TB control programme is outstanding also because this progress has been made at a lower than predicted cost.



41% of all estimated infectious TB cases are being cured with DOTS



31% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Every month, more Indians die from TB than who have likely perished from the toxic gas leak at the Union Carbide insecticide plant in Bhopal, India.

Deaths from TB
352,000

TB/HIV Co-Infection: It is estimated that 5.1 million people are infected with HIV in India. HIV is likely to adversely affect TB control efforts in Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu. Coordination of HIV and TB services has been prioritized in these six states.

TB/HIV
5.2%

Multidrug Resistant TB : An estimated 3.4% of new TB cases may be multidrug resistant in India. A national plan has been developed to more systematically perform drug resistance surveys in large states of the country.

MDR TB
3.4%

Main Challenges: The most important factor in extending India's quality TB services is to ensure there is sufficient well-trained staff to manage the expansion at the central and state levels. Greater political commitment at the state level will be essential in order for some states to make progress.

Challenges

TB Report Card

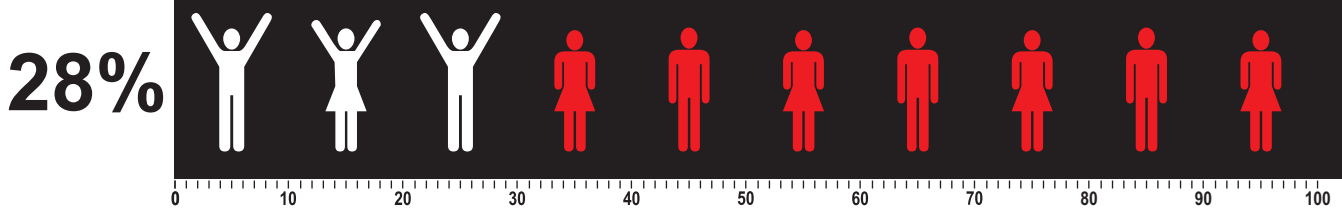
Indonesia

The Global Community Helps Indonesia Address its TB Crisis as Well as the Tsunami Disaster

A grant from the Global Fund will substantially bolster Indonesia's efforts to address its sizable TB epidemic. The \$71 million grant, agreed upon in January 2003, represents one of the largest Global Fund TB grants awarded to any country to date. With a fully-funded TB control budget, Indonesia should be able to substantially increase case detection, improve laboratory services, and involve hospitals in providing DOTS services.



28% of all estimated infectious TB cases are being cured with DOTS



11% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Indonesia's annual TB death toll nearly equals the number of confirmed tsunami-related deaths thus far in this country.

Deaths from TB
143,000

TB/HIV Co-infection: HIV infection rates are relatively low in Indonesia, with the exception of some parts of Java and Papua. Efforts are being made to build collaboration between HIV and TB control programmes in provinces with high HIV burdens.

TB/HIV
0.5%

Multidrug Resistant TB: WHO estimates that 0.7% of new TB cases in the country may be multidrug resistant. Limited surveys in Jakarta have found that nearly 4% of new TB cases had a multidrug resistant strain of the disease. A larger country-wide survey is needed to determine the situation in other provinces prevails throughout the country.

MDR TB
0.7%

Main Challenges: Indonesia's decentralization of health care services has unfortunately had a negative impact on TB control in Indonesia. It will be important for the country's national TB programme to increase its human resource capacity and improve the training of health centre staff.

Challenges

TB Report Card

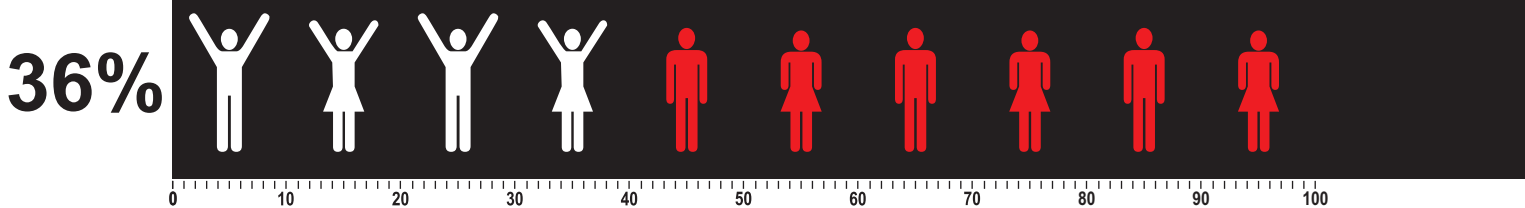
Kenya

Kenya is Ramping Up TB/HIV Control Activities

An overwhelming number of tuberculosis cases caused by HIV have hindered Kenya's best efforts at controlling TB. Largely due to the impact of HIV, TB notification rates have increased five-fold in the past decade in Kenya. TB/HIV co-infection is a significant problem, with nearly a third of Kenyan TB patients being HIV positive. To address this challenge, the country is actively promoting collaboration between its TB and HIV programmes, and is benefiting from supported from WHO's "3 by 5" initiative and funding from the United States.



36% of all estimated infectious TB cases are being cured with DOTS



3% fewer infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Nearly as many people die from TB each year in Kenya as were killed in the 2003 earthquake in Bam, Iran.

Deaths from TB
43,000

TB/HIV Co-infection: It is anticipated that up to 35% of those who start antiretroviral therapy in the public sector will be TB patients. In 2005, plans are to offer about 45,000 TB patients HIV testing and a package of prevention and care. A new survey of HIV in TB patients is planned for 2005.

TB/HIV
29%

Multidrug Resistant TB: The last official data from a drug resistance survey were reported in 1995.

MDR TB
0%

Main Challenges: One of the main priorities for the national TB programme is to continue to improve the technical capacity of its laboratories. Improved collaboration between the national TB programme and HIV/AIDS programmes, as well as with NGOs, faith-based organizations and other public sector health providers such as hospitals is also being encouraged.

Challenges

TB Report Card

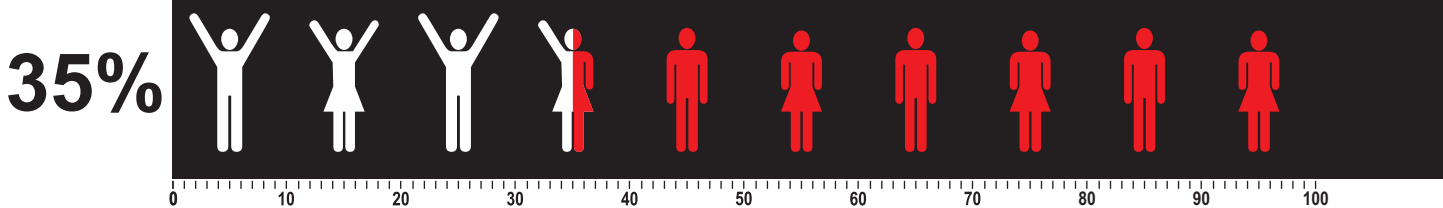
Mozambique

Intensive Efforts Are Required to Get Mozambique's TB Control Programme on Track

Mozambique faces significant challenges in providing DOTS treatment services throughout the country. The country's health infrastructure has suffered in the past from inadequate resources as well as the destructive effects of civil unrest and natural disasters. Additionally, lack of funding has hindered almost every aspect of the TB programme's performance. It is an overriding priority that the country's national TB programme first focuses on enlisting and retaining well-trained staff to begin scaling up DOTS services.



35% of all estimated infectious TB cases are being cured with DOTS



There has been no increase in the percentage of infectious TB cases cured between 2000 and 2003



A Staggering Toll: Nearly as many people die of TB in Mozambique each week as perished in the country's floods in 2000.

Deaths from TB
24,000

TB/HIV Co-Infection: Half of all TB patients in Mozambique are also infected with HIV. The government has recently begun s beginning to address this challenge, and now provides a small budget for collaborative TB/HIV activities.

TB/HIV
49%

Multidrug Resistant TB: The extent of multidrug-resistant TB will be examined through a new national survey in 2005.

MDR TB
3.5%

Main Challenges: Mozambique's national TB programme needs to recruit a number of key staff, including TB coordinators for a number of regions, administrative support staff and laboratory technicians. Laboratories are inadequately distributed throughout Mozambique and funding constraints have adversely effected the provision of regular laboratory supervision.

Challenges

TB Report Card

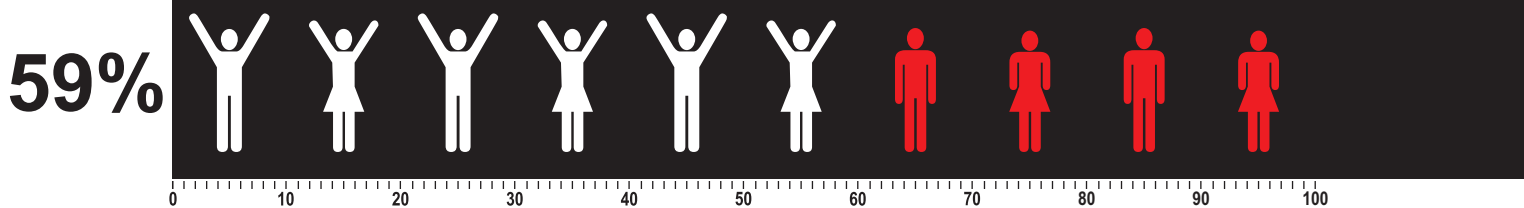
Myanmar

Myanmar Could Achieve WHO's Global TB Control Targets Next Year

Myanmar's extensive public health system and high prioritization of TB control have placed the country perhaps only one year away from achieving WHO's targets for controlling the disease. While Myanmar has made these commendable achievements with practically no donor support, a massive increase in funding from the Global Fund should significantly strengthen the country's TB control efforts in the coming years.



59% of all estimated infectious TB cases are being cured with DOTS



17% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Annually, TB takes the lives of nearly as many people in Myanmar as AIDS kills in the United States.

Deaths from TB

12,000

TB/HIV Co-Infection: Approximately 4.5% of TB patients in Myanmar are estimated to be infected with HIV, based on a study completed in 1997. This is lower than the current WHO estimate of 6.8%. Although a high-level coordinating body on TB/HIV has been established, there is currently limited collaborative TB/HIV activity in the country.

TB/HIV

6.8%

Multidrug Resistant TB: A nationwide drug resistance survey was completed in 2003, with multidrug-resistant strains being found in an estimated 4.0% of all new TB cases. The country currently has no national policy on the treatment of MDR TB.

MDR TB

4%

Main Challenges: A recently established human resources database shows that approximately a quarter of all sanctioned posts in the NTP are vacant. Strengthening of the national laboratory network is also needed.

Challenges

TB Report Card

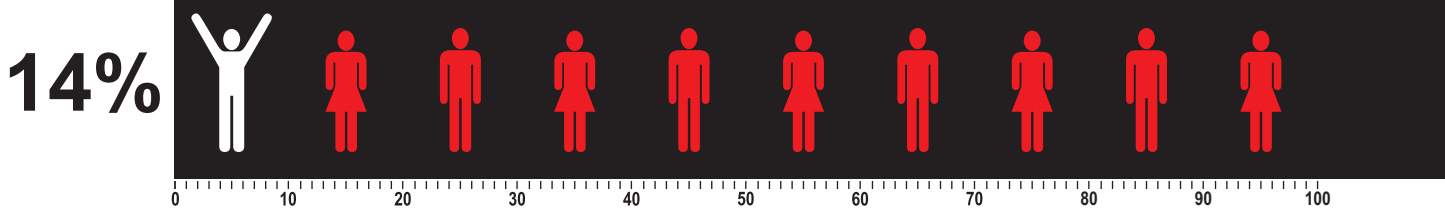
Nigeria

Over 100,000 Nigerians Died From TB Last Year; More Than in Any Other African Country

Nigeria has the highest estimated number of new TB cases and deaths annually among all African countries. Unfortunately, the government has yet to demonstrate strong political commitment to fight TB and much of the funding that the government has approved for health care has not been released for use. This situation has discouraged many donors from providing support for its TB control programme as the government's own funding for TB control efforts has been so limited.



14% of all estimated infectious TB cases are being cured with DOTS



4% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: TB has killed more Nigerians over the past five years than then have died in all wars in Africa during the same period.

Deaths from TB
105,000

TB/HIV Co-Infection: Over a quarter of Nigerians suffering from TB are also co-infected with HIV. Through an award from the United State's PEPFAR programme, there is now the opportunity for Nigeria to develop a wide range of TB/HIV activities.

TB/HIV
27%

Multidrug Resistant TB: Reliable drug resistance data for Nigeria is unavailable.

MDR TB
1.7%

Main Challenges: While Nigeria has an extensive national health infrastructure, it has yet to allocate sufficient financial resources for it to operate effectively.

Challenges

TB Report Card

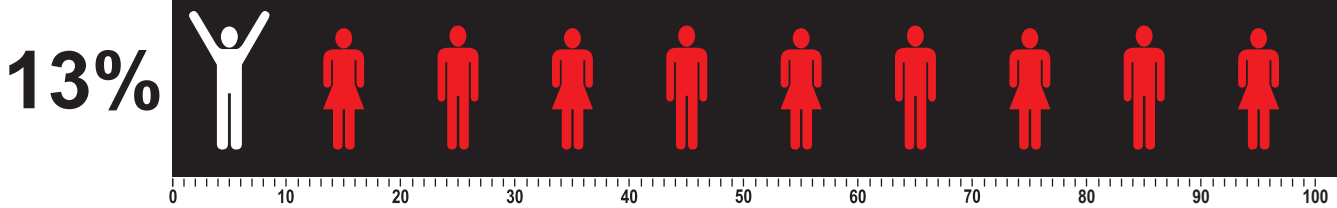
Pakistan

Pakistan Now Extending DOTS TB Services at a Remarkable Pace

After a later start than India in developing its DOTS services, Pakistan is now expanding these services at a similar remarkable pace. Indeed, Pakistan has made plans to provide DOTS services throughout the entire nation by 2005. Its national TB programme is well-structured, and Pakistan has been highly successful in mobilizing financial support for TB control from the international community.



13% of all estimated infectious TB cases are being cured with DOTS



11% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: TB causes more deaths annually in Pakistan than malaria causes in all of Asia.

Deaths from TB
67,000

TB/HIV Co-Infection: HIV infection among the general population appears to be low, but the lack of adequate data makes it difficult to accurately assess the HIV situation in Pakistan. A national TB/HIV plan has been developed and a national TB/HIV coordinating body has been established.

TB/HIV
0.6%

Multidrug Resistant TB: Accurate drug resistance data is unavailable for Pakistan, although WHO estimates a prevalence of MDR in new TB patients of 10%. Patients diagnosed with MDR-TB are not treated under the NTP.

MDR TB
9.6%

Main Challenges: As Pakistan progresses toward providing nationwide DOTS coverage, the national TB programme needs to ensure there is local ownership and prioritization of these efforts. During rapid expansion, the challenge will also be to simultaneously ensure that the quality of TB treatment services continues to improve and that higher cure rates are achieved.

Challenges

TB Report Card

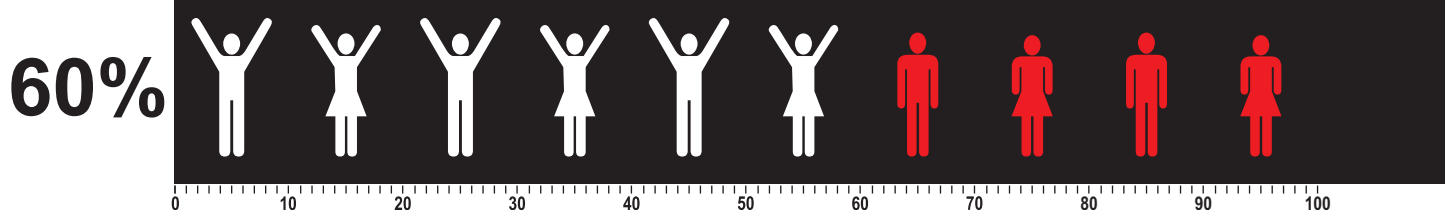
Philippines

Innovative Partnerships are Helping the Philippines Succeed in Controlling TB

The Philippines have made significant progress in controlling TB, thanks to strong government commitment, a relatively well-staffed programme and innovative partnership arrangements which are making important contributions. The use of barangay (small local district) health workers to treat and follow patients has been a very successful. More than 2000 private providers have been trained, six professional societies have introduced the DOTS strategy in their training curricula, and two thirds of medical schools are involved in DOTS activities.



60% of all estimated infectious TB cases are being cured with DOTS



19% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Every week of the year, nearly as many Filipinos die from TB than perished from the 1991 volcano eruption in Pinatubo.

Deaths from TB
39,000

TB/HIV Co-infection: HIV infection is currently not very common in the Philippines and data does not exist on TB/HIV co-infection. However, it will nevertheless be important for the country to monitor HIV prevalence among high-risk groups including TB patients.

TB/HIV
0.1%

Multidrug Resistant TB: The Philippines initiated its first nationwide drug resistance survey in 2003 in order to provide reliable estimate of the magnitude of MDR-TB in the country. The country was one of the first high-burden countries to begin implementing a treatment programme for MDR-TB cases.

MDR TB
3.2%

Main Challenges: Providing TB and other health services to communities in remote mountainous areas and islands, as well as areas of the country in the south torn by civil conflict, present ongoing challenges.

Challenges

TB Report Card

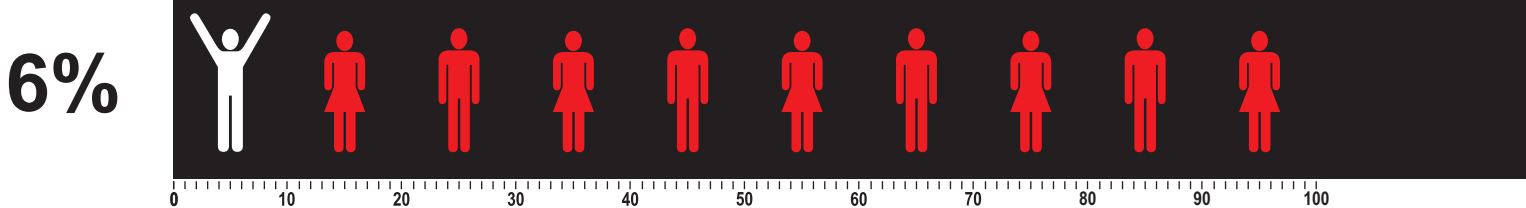
Russian Federation

Marginalized Groups Bearing the Burden of Russia's TB Epidemic

TB is especially common among Russians who are unemployed, homeless, alcoholic or imprisoned. An alarming number of multidrug resistant TB cases have resulted from difficulties in ensuring TB patients from these socially disadvantaged groups complete their treatment. Russia's TB control efforts are further threatened as HIV is spreading throughout the country. Currently, the DOTS strategy is not widely used in Russia. However, the government is demonstrating stronger commitment to controlling TB, and recent financial support from the World Bank and Global Fund should strengthen its efforts.



6% of all estimated infectious TB cases are being cured with DOTS



3% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Each year, nearly as many Russians die from tuberculosis as perished from the 1988 earthquake in Armenia.

Deaths from TB

29,000

TB/HIV Co-Infection: The HIV/AIDS epidemic has become a serious problem for the Russian Federation. A national TB/HIV coordinating body has been established, which has prepared a strategy for TB/HIV control.

TB/HIV

6.2%

Multidrug Resistant TB: Multidrug resistance among new TB cases ranges from 2.6% in Orel to 13.7% in Tomsk, and will likely continue to present a major challenge to TB control efforts in the country. Treatment strategies for MDR-TB patients are becoming operational in Archangelsk, Ivanovo, Orel and Tomsk.

MDR TB

6%

Main Challenges: The country's laboratory network needs to be improved to provide more reliable diagnostic services. The national TB programme must also address its staffing shortage.

Challenges

TB Report Card

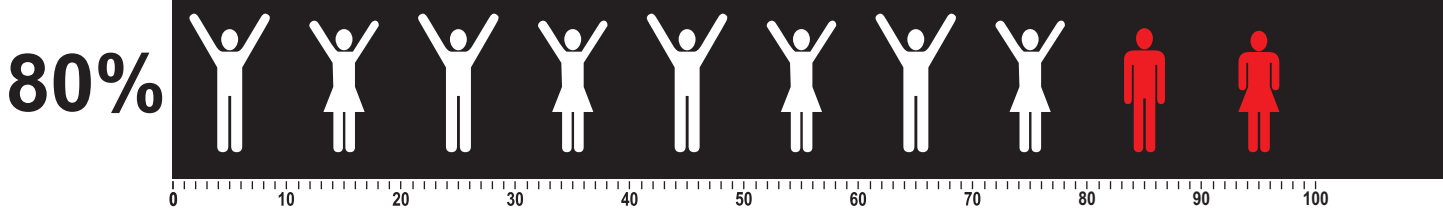
South Africa

In South Africa, Nearly 60,000 Infectious TB Cases Also Have HIV, More Than in Any Other Country

Due to a large influx of migrants from neighboring countries, it is not known with confidence how much TB exists in the country. While many more cases than expected are being detected in South Africa, fewer cases than expected are being cured. Treatment success rates remain low and many patients are lost to follow-up. With nearly two out of every three TB patients also infected with HIV in the country, addressing the dual epidemics should be a high priority. Yet a US\$ 8.4 million TB/HIV grant awarded by the Global Fund two years ago still has not been disbursed.



80% of all estimated infectious TB cases are being cured with DOTS



32% more of all infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Nearly as many South Africans died from TB last year than have died in all civilian airline accidents worldwide since 1980.

Deaths from TB
33,000

TB/HIV Co-infection: In 2003, South Africa had an estimated that 22% of the country's adult population was infected with HIV. A recent survey estimated that 55% of TB patients were also infected with HIV, close to the WHO estimate of 61% in 2003. There is a national TB/HIV coordinating body for collaborative activities, which have been implemented in 44 out of 174 subdistricts.

TB/HIV
61%

Multidrug Resistant TB: About 2% of all new TB cases in South Africa prove to be multidrug resistant. Second-line drug treatment is available at the provincial level.

MDR TB
1.6%

Main Challenges: Inadequate case reporting systems, a shortage of trained staff at the provincial level and problems associated with the laboratory network are making it more difficult for South Africa to control tuberculosis.

Challenges

TB Report Card

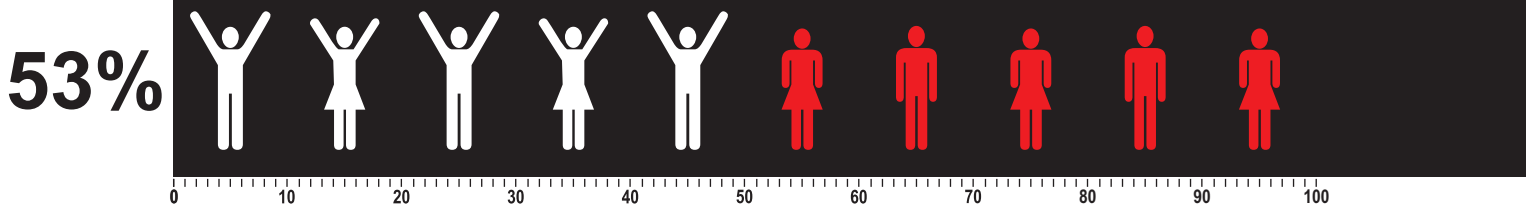
Thailand

Thailand Excels in Detecting TB Patients, But is Less Successful in Curing Them

Considerable efforts are being made to extend TB control services to marginalized and deprived population groups in Thailand, and this has boosted its case detection rate. However, treatment success is still well below the DOTS target and too many patients die, fail to complete their treatment or are lost to follow-up. Thailand ranks 18th among the 22 high burden countries in treatment success rates, in spite of being one of the wealthiest HBCs and having extensive public health services.



53% of all estimated infectious TB cases are being cured with DOTS



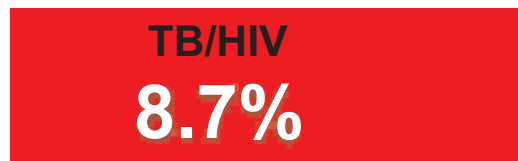
23% more of all infectious TB cases were cured in 2003 compared to 2000



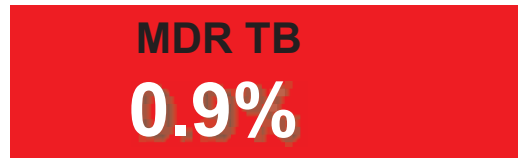
A Staggering Toll: In one week, TB takes the lives of nearly as many Thais as bird flu or mad cow disease have killed worldwide in the past decade.



TB/HIV Co-Infection: The estimated prevalence of HIV in Thailand is higher than in any other country in Southeast Asia. While WHO estimates that 9% of adult TB patients are infected with HIV, other surveys indicate as many as 30% may be co-infected in some regions. A national TB/HIV coordinating body has been set up and is planning joint TB/HIV activities.



Multidrug Resistant TB: The percentage of multidrug resistance among new TB cases decreased from just over 2% in 1997 to under 1% in 2001. A nationwide survey of drug resistance is planned for this year. Currently, the national TB programme does not diagnose and treat MDR-TB patients, although it is in the process of developing MDR-TB management guidelines.



Main Challenges: Because of the high turnover of staff and the lack of regular refresher courses, Thailand now faces a shortage of adequately trained TB control staff. Many of the regional TB offices have been weakened because staff posts have been cut and additional duties have been assigned to the remaining staff.

Challenges

TB Report Card

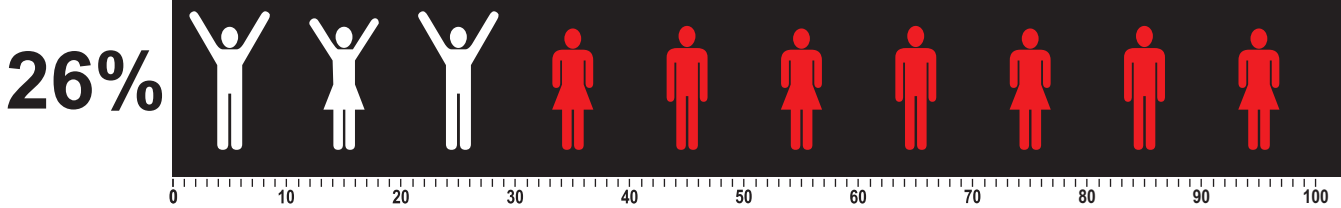
Uganda

Uganda is Taking Major Steps Backward in Controlling TB; Curing 10% Fewer Cases Than Four Years Ago

Four years ago, 4 out of every 10 Ugandans with TB were being cured with the DOTS strategy. Now, only 3 out of 10 are being cured. One difficulty has been the low coverage of general health services in Uganda, which means that more than 50% of the population is still without access to TB services. To fill this gap, Uganda adopted the community-based TB care model as the best strategy to control TB in the country. Further community involvement is recognized as crucial for the future success of TB control in Uganda.



26% of all estimated infectious TB cases are being cured with DOTS



11% fewer infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: This decade, TB could kill nearly as many Ugandans as were executed at the hand of Idi Amin's regime in the 1970's.

Deaths from TB
25,000

TB/HIV Co-infection: An interim national TB/HIV coordinating was formed in 2004 to develop policies and a plan for collaborative TB/HIV activities.

TB/HIV
21%

Multidrug Resistant TB: The last drug resistance survey was completed in 1997, indicating that 0.5% of new infectious TB cases may be multidrug resistant. Resources are being sought to carry out a new survey.

MDR TB
0.5%

Main Challenges: Despite the approval of a Global Fund grant, Uganda's national TB programme continues to lack sufficient funds to conduct its planned activities.

Challenges

TB Report Card

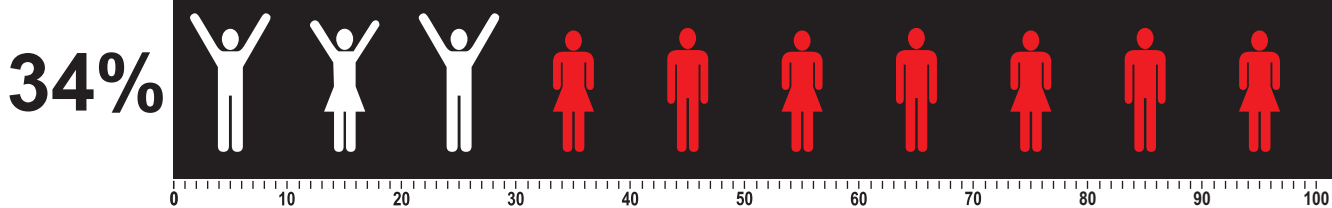
United Republic of Tanzania

Tanzania Shows that TB is a Curable Disease for People Living With HIV/AIDS

Tanzania has demonstrated that the DOTS strategy is just as effective in curing TB in people living with HIV/AIDS as with those whose immune status is not compromised. Given the high rate of HIV infection in the country, the treatment success rates are good, with eight out of every 10 TB patients being cured of TB regardless of their immune status. As the HIV prevalence has been constant in the country since 1996, the DOTS programme should be able to achieve a progressive reduction in TB incidence in the coming years.



34% of all estimated infectious TB cases are being cured with DOTS



There has been no increase in the percentage of infectious TB cases cured between 2000 and 2003



A Staggering Toll: Nearly as many people in Tanzania die from TB each year as die from venomous snakebites worldwide.

Deaths from TB
32,000

TB/HIV Co-Infection: There has been little collaboration between the country's TB and HIV control programmes until recently. With a recent grant from the Global Fund, the government now should be able to begin implementing the plans it has prepared for collaborative TB/HIV activities.

TB/HIV
36%

Multidrug Resistant TB: A drug resistance survey is planned for 2005. Tanzania's Ministry of Health is planning to establish a programme to address drug resistant TB within its national TB programme.

MDR TB
1.2%

Main Challenges: The human resource capacity of the national TB programme needs to be strengthened at the central level. Currently, only four staff are available to supervise and monitor the TB control programme, to expand DOTS services, to implement training and collaborative TB/HIV activities.

Challenges

Help Stop TB!

To help prevent further death and suffering from TB, there are a number of things you can do:

- Bring this report card to the attention of politicians in your country and enquire what they are doing to address TB.
- Write to your local newspapers and express your concern about the threat of TB globally or in your country.
- If you live in a country that is achieving success, express your appreciation to the government officials and public health workers who are making this possible.
- Learn how the Global Fund is providing resources to help fight TB at www.theglobalfund.org
- Learn more about the global TB epidemic at www.stoptb.org
- Visit www.MassiveEffort.org and www.results.org and learn about other advocacy opportunities for increasing political will to stop TB.

Do your part to help countries make the grade in stopping preventable deaths from TB!

TB Report Card

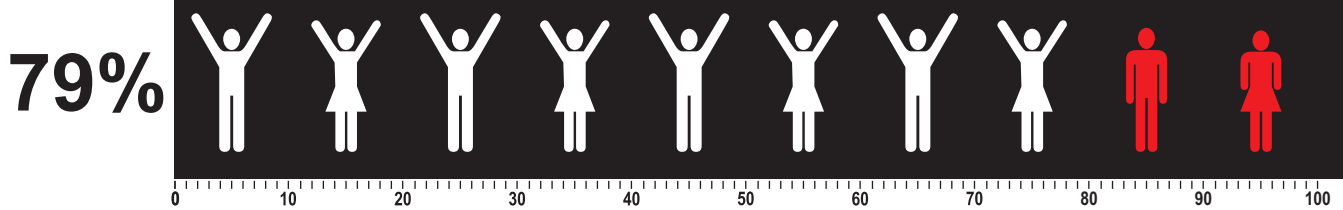
Viet Nam

Eight Out of Every 10 People with TB are Cured in Viet Nam

In 2000, Viet Nam became the first high-burden country to reach WHO's global targets for TB control. This outstanding success is credited to political commitment to address the disease, international funding and technical assistance, and effective community mobilization. Although DOTS services are provided in all provinces, there are populations living in remote areas with limited access to these services. The national TB programme is expanding DOTS to reach these areas.



79% of all estimated infectious TB cases are being cured with DOTS



6% more of all TB infectious cases were cured in 2003 compared to 2000



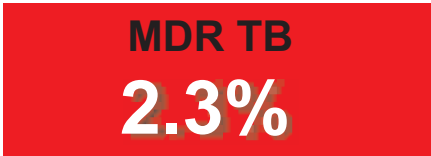
A Staggering Toll: More people died from tuberculosis in Viet Nam last year than have been killed in all terrorist acts worldwide over the past decade.



TB/HIV Co-Infection: In two provinces (Binh duong and Haiphong) HIV was found in 10% of TB cases. A national plan for addressing the TB/HIV co-epidemic still needs to be developed.



Multidrug Resistant TB: The last drug resistance survey was carried out in 1996 and a new survey is planned for 2005.



Main Challenges: Development of a national plan for TB/HIV coordination is a high priority. A planned national TB prevalence survey will be important for measuring the impact extensive and effective use of DOTS services have had in controlling the spread of the disease.

Challenges

TB Report Card

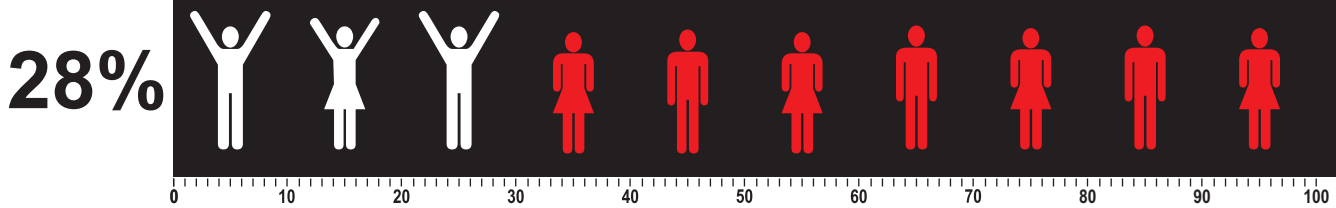
Zimbabwe

Zimbabwe Has the Highest Rate of Dual TB/HIV Co-infection of Any High Burden Country

More than two out of every three TB patients in Zimbabwe are also infected with HIV. This is the highest co-infection rate of any high burden country. In addition to the impact of the HIV/AIDS epidemic, Zimbabwe faces many other difficulties in controlling TB, including insufficient funding and severe staff shortages. As the country still lacks a strategic plan for DOTS expansion, a TB epidemic further fueled by HIV is overtaking current control efforts.



28% of all estimated infectious TB cases are being cured with DOTS



4% fewer infectious TB cases were cured in 2003 compared to 2000



A Staggering Toll: Nearly as many Zimbabweans die from TB each year as were killed during the country's civil war between 1972 and 1979.

Deaths from TB
20,000

TB/HIV Co-Infection: AIDS cases and deaths continue to increase in Zimbabwe. In 2003, WHO estimated that 69% of TB patients were HIV-positive. Plans are still being developed to address the challenges posed by widespread TB/HIV co-infection.

TB/HIV
69%

Multidrug Resistant TB: The last national drug resistant survey was completed in 1995. A new survey is planned for 2005.

MDR TB
1.9%

Main Challenges: A national strategic plan for DOTS expansion needs to be adopted and the national TB programme's financial and infrastructural weaknesses must be corrected. There is a shortage of human resources at all levels, especially at the national level, as the national TB programme continues to be depleted by the departures of staff to the private sectors and to other countries.

Challenges

GLOSSARY OF TERMS

Antiretroviral therapy (ARV) refers to the drugs used to treat HIV infection.

Case detection refers to the identification of people suspected of having TB and confirming this by examining their bacteria under a microscope.

Co-infection describes a person infected by both the TB bacilli and HIV, the virus which causes AIDS.

Diagnostic and laboratory services are a vital part of TB control, as it is through examining a coughed-up mucous sample under a microscope that most accurately determines whether or not a person has the disease.

DOTS is the strategy recommended by the World Health Organization for controlling TB. It emphasizes five elements: political commitment, quality microscopy services, reliable drug supplies, accurate surveillance and monitoring systems, and the supervised provision of highly effective medicines.

Drug resistance survey is a study carried out to determine how common drug-resistance is in a country. It is considered cause for concern when over 3% of TB cases are found to be multidrug-resistant.

Global Fund The Global Fund to Fight AIDS, TB and Malaria is a public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat the three diseases. It is the largest source of donor funding supporting global TB efforts.

Global TB control targets refers to the goal set by the World Health Organization of detecting at least 70% of all new infectious TB cases and curing at least 85% of those detected by 2005.

High Burden Countries refers to the 22 countries which together account for 80% of the world's infectious TB cases.

Infectious cases are people with tuberculosis of the lungs or throat who can spread the disease to other people.

Multidrug resistant TB (MDR TB) is a form of the disease which does not respond to the two most important anti-TB drugs, isoniazid and rifampicin.

National TB programme (NTP) refers to the department within a government's Ministry of Health which is responsible for the country's TB control efforts.

Second line drugs are anti-TB drugs reserved for use when the most effective medicines to cure the disease are no longer effective due to drug resistance.

TB/HIV coordinating body is a public health committee usually formed by a government's Ministry of Health to improve collaboration between the country's national TB programme and HIV/AIDS control programme.

Treatment success describes a person that completes treatment and is cured of TB.

Voluntary counseling and testing (VCT) is non-compulsory testing for HIV infection in a person that includes counseling before and after the test.

“More people will die from tuberculosis this week than have perished from all airline accidents and acts of terrorism over the past decade.”

“Tuberculosis was last year's most overlooked tragedy. TB killed more people than all wars, earthquakes, floods, tsunamis, airline accidents, terrorist acts and murders worldwide the past year, and with much less fanfare.”

