

Statement by the Executive Secretary of the Stop TB Partnership on the WHO Global Tuberculosis Report 2012

The new data published in the *WHO Global Tuberculosis Report 2012* show clear signs of progress.

TB care has saved 20 million lives in the past 17 years, the number of people getting sick with TB has fallen 2.2% since last year and a rapid diagnostic test is now available in 67 low- and middle-income countries.

Looking forward, there are urgent and significant challenges that we must focus on in the next three years.

The report reveals that we have collectively failed to make progress on detecting and treating people with TB. In 2011, only 5.8 million people were notified to national TB programmes and received treatment consistent with international guidelines. This is just 66% of the estimated total number of cases and leaves around 3 million people who either received no diagnosis and treatment or got potentially substandard treatment. Sadly, this figure has not changed for the past three years.

What should we do? We can no longer tolerate this. We must work with multiple partners, especially those in the private sector. We must actively reach out to the most vulnerable people in the world and ensure access to diagnosis and treatment for all. Our plans must be ambitious and leave no person behind!

We can safely assume that these lost 3 million people are a hothouse for the development of multidrug resistant TB (MDR-TB). In 2011, there were an estimated 440 000 new cases of MDR-TB. Considering the detection and notification rate globally, we would have expected to have found around 300,000 MDR-TB cases. However, we are far away from reaching this number because we only found 56,000 people with MDR-TB and enrolled them on treatment. The difference between these figures represents a huge number of people who should have been provided with TB care.

The shocking reality is that only 3.8% of new cases and 6% of previously treated cases had access to a MDR-TB diagnostic test. If this is the rate of scale-up, how can we expect to find and treat everyone with MDR-TB?

What should we do? We need governments to recognize the MDR-TB crisis and commit to scaling up their response. This means ensuring access to diagnosis and treatment for all new and previously treated cases. Collectively, together with advocates, civil society and affected people, we must impress on governments and donors the need to act on this urgently in the next three years.

Despite signs of progress at the global level, the new WHO report shows that TB continues to have a stranglehold on Africa. Along with Europe it is the only region that is not on track to reach the MDG-related target of halving the TB death rate by 2015, compared to 1990.

The report confirms that HIV is driving the TB epidemic in Africa and that 75% of the HIV-

positive people who died from TB in 2011 lived in Africa. In addition, it reveals that the regions HIV-associated TB now disproportionately affects women. More HIV-positive women than men died from TB in Africa in 2011.

The African TB death rate among HIV-negative people has been falling gradually since 1990, but the number of HIV-negative people dying from TB in Africa has actually increased from 200 000 in 1990 to 220 000 in 2011.

The total number of people dying from TB in Africa was 548 000 in 2011. Of these, 220 000 were among HIV-negative people and 328 000 were among HIV-positive people. This represents almost 40% of the global total and reveals that Africa has more TB deaths than any other region.

Without an accelerated response, up to 1.8 million Africans will die from TB by the end of 2015.

What should we do? It is fast becoming clear that prioritized actions in Africa are needed.

Our overriding concern should be the lack of adequate financing for TB care and research and development. The numbers speak for themselves.

We need US\$ 8 billion dollars per year to meet the implementation targets of the Global Plan to Stop TB. In 2011, national budgets for TB covered US\$ 4.3 billion.

External donors provided US\$ 480 million, of which US\$ 440 million came from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Africa's outlook is especially worrying. Only about 6% of Global Fund funds disbursed in Africa were for TB care a fraction of what is needed.

This leaves us with a gap of US \$3 billion a year.

On the research front, there was a 70% funding gap. Only \$600 million was available for the development of desperately needed new diagnostic tools, drugs and vaccines against a total annual need of US \$2 billion.

Where will all this money come from?

Mobilizing it is a collective responsibility and I believe that we should go about it as follows.

We can all learn from the leadership shown in India, where the government has called for universal access to TB care, and from South Africa where the national TB and HIV strategy aspires to zero TB deaths.

Therefore countries need to budget for the right amounts to provide TB care to all their citizens. Donors must fund global TB interventions. But to inspire this commitment we need to show vision and ambition and demonstrate that investing in TB provides excellent value for money.

The current state of the TB pandemic is an outrage. But we can stop this.