

WHO Global Tuberculosis Control Report 2009: Tuberculosis Elimination is a Distant Dream

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This annual report presents WHO's latest assessment of the epidemiological burden of tuberculosis (TB), and progress towards the 2015 targets for global TB control(1). The report accounts for 99.6% of the world's estimated number of TB cases and represents 99.7% of the world's population(1). The major findings are summarized (*Box*).

MAJOR CONCERNS

Although the incidence of tuberculosis is falling, the rate of decline is slow, at less than 1% per year. An estimated 37% of cases of smear-positive TB are not being treated in DOTS programs; more than 90% of new cases of MDR-TB are not being diagnosed and treated according to international guidelines; the majority of HIV-positive TB cases do not know their HIV status, and those who know, are not yet accessing anti-retroviral therapy.

Indian scenario: A lot needs to be done

There is a huge burden of TB in India including the MDR and XDR cases. All government health facilities in India were providing DOTS services by 2006, and there are ongoing initiatives to collaborate with the private sector, non-governmental organizations and medical colleges. This collaboration has helped to achieve a case detection rate of 68% (2007) and a treatment success rate of 86% (2006). Services to control MDR-TB are now available in six states, with culture and drug susceptibility testing facilities in five state-level laboratories(1). According to current data, India and South East Asia region are well on target to achieve goals by 2015, the overall performance on the ground leaves scope for improvement.

Every year more cases are being detected and put on treatment than in the previous year under DOTS strategy. While this is projected as success of the program, in that its detecting efficiency is increasing, in reality it witnesses the failure of 45 years of attempted TB control. Besides this, many cases are being treated, often irrationally, outside the government facilities. Ensuring the rational use of anti-TB drugs outside the Revised National TB Control Program is crucial. Government should now re-design primary health care in rural and urban communities in order to combine quality and equity in TB care. The control of TB offers India a unique opportunity to construct a model of primary health care linked to public health(2).

There is an urgent need to develop reliable and accurate diagnostic tools, new drugs and an effective vaccine(3). Additionally, efforts to control tuberculosis should engage communities to reduce stigma, support care and develop local solutions.

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Box: Status Report for Tuberculosis and its Control

- Globally, an estimated 9.27 million new cases (15% amongst HIV +ve) occurred in 2007; mostly in Asia (55%) and Africa (31%).
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- The maximum number of cases occurred in India (2.0 million), China (1.3 million), Indonesia (0.53 million), Nigeria (0.46 million) and South Africa (0.46 million).
- There were about 1.75 million TB deaths; over 25% occurred in HIV-positive persons.
- The incidence decreased marginally from 142 per 100 000 in 2004 to 139 per 100 000 population in 2007; prevalence and mortality rates also falling globally in all six WHO regions.
- TB was the most common cause of death among people living with HIV/AIDS in 2007. HIV-positive people are about 20-37 times more likely to develop TB.
- There were an estimated 0.5 million cases of multi-drug resistant TB (MDR -TB) in 2007 with maximum number from India (131 000).
- Extensively drug resistant TB (XDR -TB) has been reported from 55 countries.
- In 2007, 5.5 million TB cases (2.6 million smear-positive) were notified by DOTS programs (99% of total case notifications). The case detection rate of new smear-positive cases under DOTS was 63 percent; 7 percent short of the target of 70% or more for 2005.
- Globally, the rate of treatment success for new smear-positive cases treated in DOTS programs in 2006 reached the target of 85%.
- In 2009, a total of US\$ 3.0 billion is available for TB control in 94 countries which account for 93% of the world's TB cases as against the requirement of US\$ 4.2 billion. Most of the extra funding required is for MDR -TB diagnosis and treatment in India and China, and for DOTS and collaborative TB/HIV activities in Africa.