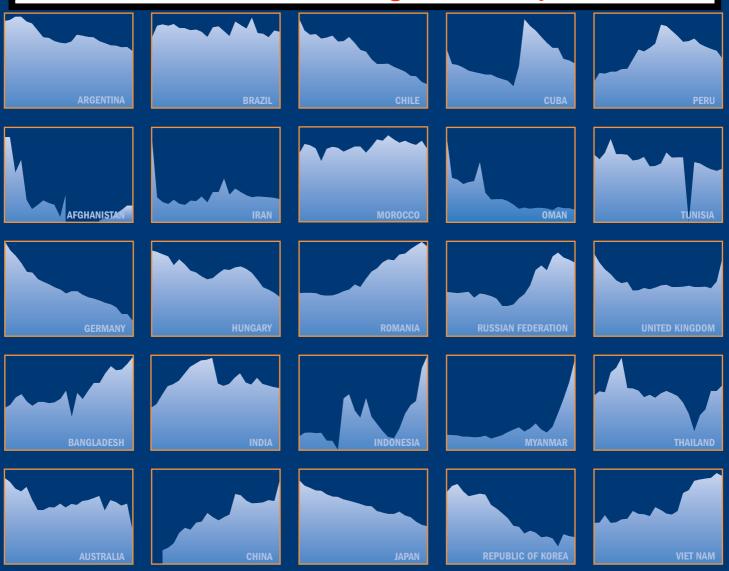
WHO REPORT 2005

Global Tuberculosis Control

Surveillance, Planning, Financing

Warning: This report is out-of-date. In particular, entire time-series of TB disease burden estimates are updated every year. For the latest data and analysis, please see the most recent edition of the global TB report.





WHO REPORT 2005

Global Tuberculosis Control

Surveillance, Planning, Financing

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For reasons of space, the names of Member States are sometimes shortened in certain figures.

Cover: Cover graphics show trends in numbers of notified TB cases, 1980–2003. Each row has an arbitrary selection of countries from one of WHO's six regions. With careful interpretation, these trends can help to assess progress towards Millennium Development Goal 6, Target 8: "to have halted by 2015 and begun to reverse the incidence of malaria and other major diseases".

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Copies of Global tuberculosis control are available from the World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, and at www.who.int/tb.

As this report went to press, we learnt of the tragic death of our colleague Lisa Véron. During her short period in Africa, Lisa contributed enormously to TB control in the region, and especially to the development of the financial monitoring project. We miss her greatly.

Abbreviations

ADB	Asian Development Bank	GDF	Global TB Drug Facility
AFB	Acid fast bacilli	GFATM	Global Fund to Fight AIDS, Tuberculosis
AFR	WHO African Region	01.0	and Malaria
AFRO	WHO Regional Office for Africa	GLC	Green Light Committee
AIDS	Acquired immunodeficiency syndrome	GLRA	German Leprosy and TB Relief Association
AMR	WHO Region of the Americas	GMS	German Medical Service
AMRO	WHO Regional Office for the Americas	GNI	Gross national income
ART BPHS	Antiretroviral therapy	GTZ	Deutsche Gesellschaft für Technische
BRAC	Basic package of health-care services Bangladesh Rural Advancement		Zusammenarbeit (German development
DRAC	Committee	HBC	agency) High-burden country of which there are 22
CAREC	Caribbean Epidemiology Centre	ПВС	that account for approximately 80% of all
	ational International relief and		new TB cases arising each year
CAIL IIILEIII	development organization	HIV	Human immunodeficiency virus
CB DOTS	Community-based DOTS	HR	Human resource
CCM	Country Coordinating Mechanism (Global	HRD	Human resource development
	Fund)	HRDP	Human resource development plan
CDC	Centers for Disease Control and	HSD	Health subdistrict
	Prevention, Atlanta, GA, USA	HSSP	Health Sector Strategic Plan
CENAT	Centre National Anti-Tuberculeux	IEC	Information, education, communication
CI	Confidence interval	IFRC	International Federation of Red Cross and
CIDA	Canadian International Development		Red Crescent Societies
	Agency	IRR	Incidence rate ratio
COOPI	Cooperazione Internazionale (Italian NGO)	ISAC	Intensified support and action in
COMBI	Communication for behavioural impact		countries, an emergency initiative to reach
DANIDA	Danish International Development Agency		targets for DOTS implementation by 2005
DCPP	Disease Control Priorities Project	IUATLD	International Union Against Tuberculosis
DDC	Department of Disease Control		and Lung Disease
DEWG	DOTS Expansion Working Group of the	JICA	Japan International Cooperation Agency
	Stop TB Partnership	KIT	Royal Tropical Institute (Netherlands)
DFB	Damien Foundation Belgium	KNCV	Royal Netherlands Tuberculosis
DFID	UK Department for International		Association
	Development	LEPCO	Tuberculosis and Leprosy Control (German
DHT	District health team		NGO)
DoH	Department of Health	LGA	Local government area
DOT	Directly observed treatment	MDG	Millennium Development Goal
DOTS	The internationally recommended strategy	MDR	Multidrug resistance
	for TB control	MDR-TB	Multidrug-resistant tuberculosis
DRS	Drug Resistance Surveillance	MEDAIR	An international humanitarian aid
DOT	No. 10 Contract the Contract of		

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