

LEAVE NO ONE BEHIND – UNITING TO END **TB** IN THE AFRICAN REGION BY 2030



A community health worker in Uganda is explaining the symptoms of Tuberculosis.
(WHO/V. Vick)

WHAT IS THE ISSUE?

Tuberculosis (TB) is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. Tuberculosis is curable.

TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected. Reducing the period of close contact with TB patients and immunising children can reduce the chances of contracting TB.

About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease. These people cannot transmit the disease.

People infected with TB bacteria have a 10% lifetime risk of falling ill with TB. However, persons with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who use tobacco, have a much higher risk of falling ill.

When a person develops active TB disease, the symptoms (cough, fever, night sweats, weight loss etc.) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the disease to others. People with active TB can infect 10-15 other people through close contact over the course of a year. Without proper treatment, 45% of HIV-negative people with TB on average and nearly all HIV-positive people with TB will die.

**US\$ 1.5
billion needed
annually**

Implementing the End TB strategy in the African Region is estimated to cost US\$7.5 billion, which translates to approximately US\$1.5 billion annually.

**Almost 2.7
million people
affected**

Out of an estimated 9.6 million tuberculosis patients worldwide, 2.7 million live in the African Region.

HOW BIG IS THE PROBLEM IN THE AFRICAN REGION?

The African Region continues to bear a significant proportion of the global burden of tuberculosis. Out of an estimated 9.6 million tuberculosis patients globally, almost 2.7 million of them live in the Region.

People who are infected with HIV are 20 to 30 times more likely to develop active TB. More than 880 000 HIV-infected TB patients, or 3 out of 4 people infected with TB and HIV, live in Africa.

In 2014, WHO estimated that between 32 000 to 49 000 multidrug-resistant tuberculosis (MDR-TB) patients live in the Region. A total of 26 531 (83%) of estimated MDR-TB patients were notified in 2014. Sixty-eight percent of diagnosed cases have been enrolled on treatment but with a treatment success rate of only 55% in 2012. MDR-TB remains a public health crisis due to gaps in access to diagnosis and treatment. Drug resistant TB should be prevented by adhering to WHO recommended treatments.

In order to better and quicker detect TB, the TB microscopy centres increased from 10 469 in 2009 to 15 200 at the end of 2014. Culture and TB Drug Susceptibility Testing (DST) laboratory coverage has however been very low. WHO recommends moving from microscopy to recently introduced rapid diagnostic methods. Attaining optimal coverage with rapid diagnostics and treatment of all diagnosed patients is key to ending TB.

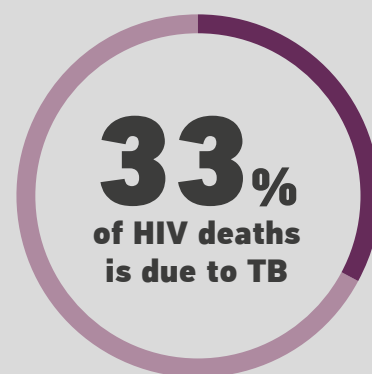
The African Region accounts for 1.26 million (42%) of the globally estimated 3 million tuberculosis cases that remain undetected. Sixteen Member States of the Region are among the 30 globally identified TB High Burden Countries, which contribute over 90% of the burden of TB, TB/HIV and MDR/TB worldwide.

In May 2014, the Sixty-seventh World Health Assembly adopted a post-2015 TB prevention, care and control strategy known as the “**End TB Strategy**”; it aims to end the global TB epidemic by 2035

WHAT IS WHO IN THE AFRICAN REGION DOING ABOUT IT?

Between 2000 and 2014, WHO supported the implementation of the DOTS and Stop TB Strategy by Member States resulting in an estimated 10.1 million lives saved in the African Region.

The WHO Regional Office for Africa has also developed a framework for implementing the End TB Strategy in the African Region (2016 – 2020). This framework supports the adaptation and implementation of the End TB Strategy in countries based on their contextual circumstances. Overall, the Region wants to reduce the number of TB deaths by 35%, the number of TB patients by 20% and attain 0% TB-affected families facing catastrophic costs due to TB by 2020.



TB is a leading killer of HIV-positive people. In 2015, 1 in 3 HIV deaths was due to TB

10.1

million lives saved

Between 2000 and 2014, the implementation of the DOTS and Stop TB Strategy by Member States resulted in an estimated 10.1 million lives saved in the African Region.

Tuberculosis is a treatable and curable disease. No family should suffer catastrophic costs for caring for a patient with TB.