Response to a major disease of poverty: the Global Partnership to Stop TB

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In May 2000, the World Health Assembly called on international organizations, nongovernmental organizations (NGOs), donors, foundations, and the international community at large to participate in the Global Partnership to Stop TB. The Partnership's aim is to eliminate tuberculosis as a public health problem.

The international standard treatment for TB, the directly observed treatment short-course (DOTS) is one of the most cost-effective public health interventions in existence, but in 2000, only a quarter of those with TB received DOTS (*1*). The Health Assembly's call for a new partnership was an appeal to use the opportunity that exists, and the response has been phenomenal. In October 2001 the Partnership with 200 members, together with representatives of the 22 countries that account for 80% of the world's TB burden, presented a comprehensive five-year global plan and budget to a meeting at the World Bank. Now the Partnership and high-burden countries have begun to carry out the plan. Countries and regions have established their own Stop TB partnerships, and the Partnership has quickly evolved from an initiative of international organizations into a global social movement. A major challenge will be to marshall the resources needed to implement the plan.

The Partnership's flexible structure facilitates quick decision-making based on consensus and rapid implementation of programmes. The Partners' Forum, the general assembly of partners, meets every other year. A small secretariat hosted by WHO carries on the day-to-day work of the Partnership and manages the Global TB Drug Facility, an initiative that supplies the drugs needed for DOTS expansion. The secretariat is guided in this work by a Coordinating Board that reflects the Partnership's diverse constituencies.

Six working groups cover the vital technical areas of the Partnership's activity: DOTS expansion; DOTS-Plus for multidrug-resistant TB (MDR-TB); TB and HIV; TB drugs research and development (R&D)(Global Alliance for TB Drug Development); TB diagnostics R&D (TB Diagnostics Initiative); and TB vaccines R&D (TB Vaccine Development Coalition). A task force on advocacy and communications, and a sister body on financing support the secretariat and the working groups.

As a major member of the Partnership, WHO coordinates the development of a global strategy and policy for TB control. The Organization is the driving force behind the DOTS Expansion Working Group, which guided all high-burden countries to make detailed national plans, and published the Global DOTS Expansion Plan in 2001. WHO also plays a major role in other working groups, including those engaged in developing new drugs, diagnostics and vaccines.

The aim of the working group on DOTS-Plus for MDR-TB is to formulate a realistic response to the spread of MDR-TB in resource-poor settings. It has succeeded in reducing the price of second-line TB drugs by up to 94% through a competitive and pooled procurement system run by its Green Light Committee (GLC). The GLC serves to control global access to second-line drugs so that misuse does not cause further resistance.

The working group on TB and HIV has designed a strategic framework to guide efforts to decrease the burden of TB and HIV co-infection. Its members are now using this framework to promote collaborative activities between TB and HIV/AIDS programmes in key countries. They are also preparing field guidelines for phasing in collaborative TB and HIV programme activities.

The R&D working groups have made significant progress during the last two years. An innovative outcome is the Global Alliance on TB Drug Development (GATB), a public–private partnership that aims to accelerate the discovery and production of new TB drugs that improve and shorten treatment and are affordable in low-income countries. In February 2002, the GATB obtained an exclusive worldwide licence for a new class of compounds from Chiron Corporation. This is the first ever public–private agreement on TB drugs.

The Global TB Drug Facility (GDF), launched in March 2001, is another vital component of the Partnership. It aims to supply countries with TB drugs so that they can expand DOTS coverage immediately and rapidly. To do this, it is working on providing drugs of high quality free of charge to qualifying countries and NGOs using a web-based ordering and tracking system. To date, the GDF has made commitments to supply drugs for 650 000 patients in 16 countries.

Implementing the global plan to stop TB is a challenge that faces us all. Nearly two million people died of TB in 2000, and TB morbidity contributed to the impoverishment of millions of families (*1*). As is well known, TB impoverishes whole nations. With sufficient resources, the Partnership will reach its targets for the years 2005 and 2010 (see figure on page 441), and pave the way for the elimination of TB as a public health problem. This is not only a public health undertaking but an imperative for development, human rights, and poverty alleviation.

Finding the necessary resources is finally a question of political values. The rapid establishment of the Global Fund to Fight AIDS, TB and Malaria is a promising expression of these values. However, it will not provide a quick and easy success for the STOP TB Partnership or for the world. Marshalling resources for TB is a test of political will for nations, communities, and organizations around the world. It is a major challenge they will have to decide about day by day as they debate their own values and purposes, and their relation to communities beyond their own. The members of the Partnership are participating in these debates more actively than ever before, as are thousands of others around the world – health professionals, TB patients, citizens and, without a doubt, readers of the *Bulletin*. ■

1. *Global tuberculosis control.* Geneva: World Health Organization; 2002. Unpublished document WHO/CDS/TB/2002.295.

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