



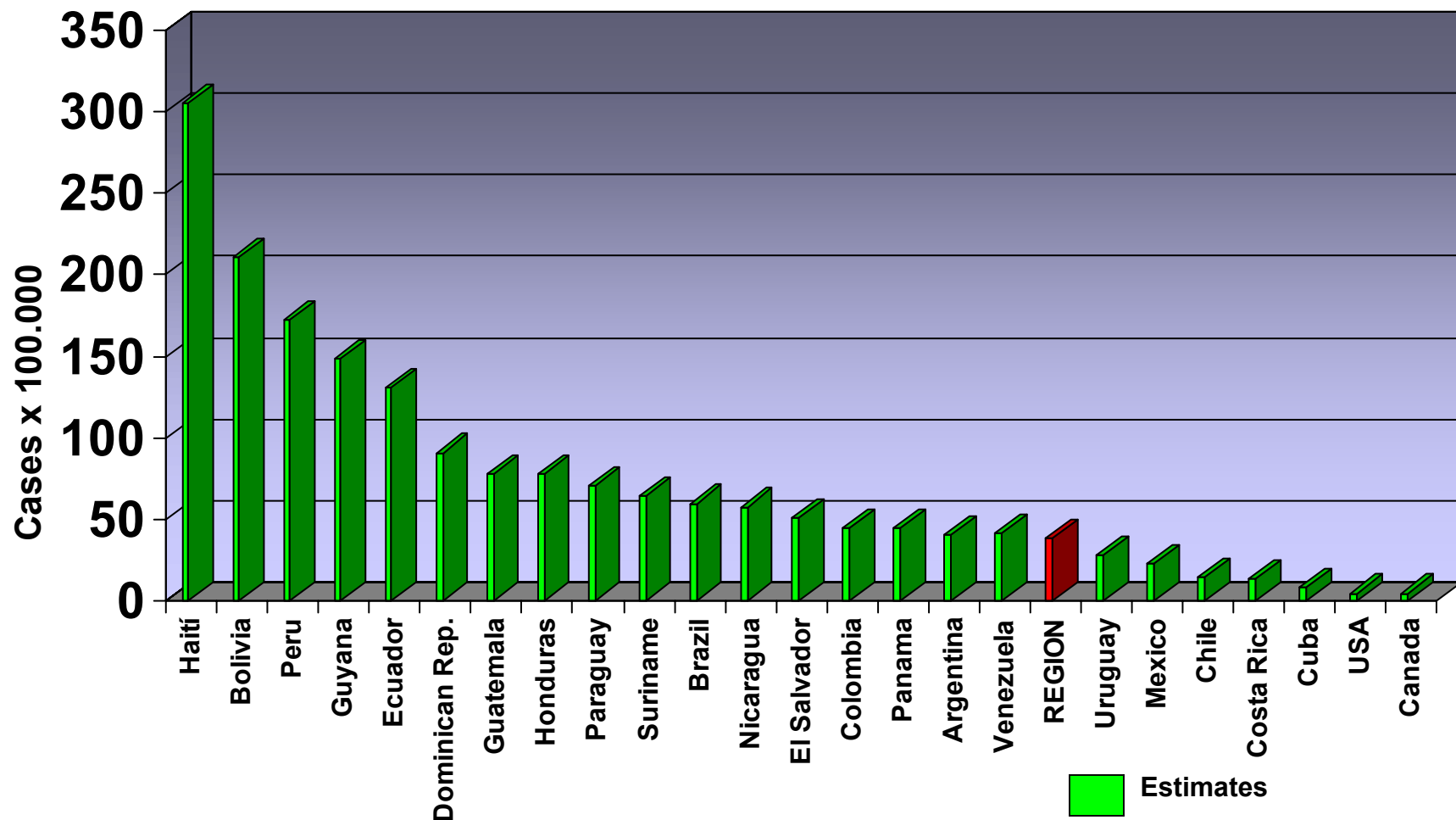
Pan American Health Organization

*Regional Office of the
World Health Organization*

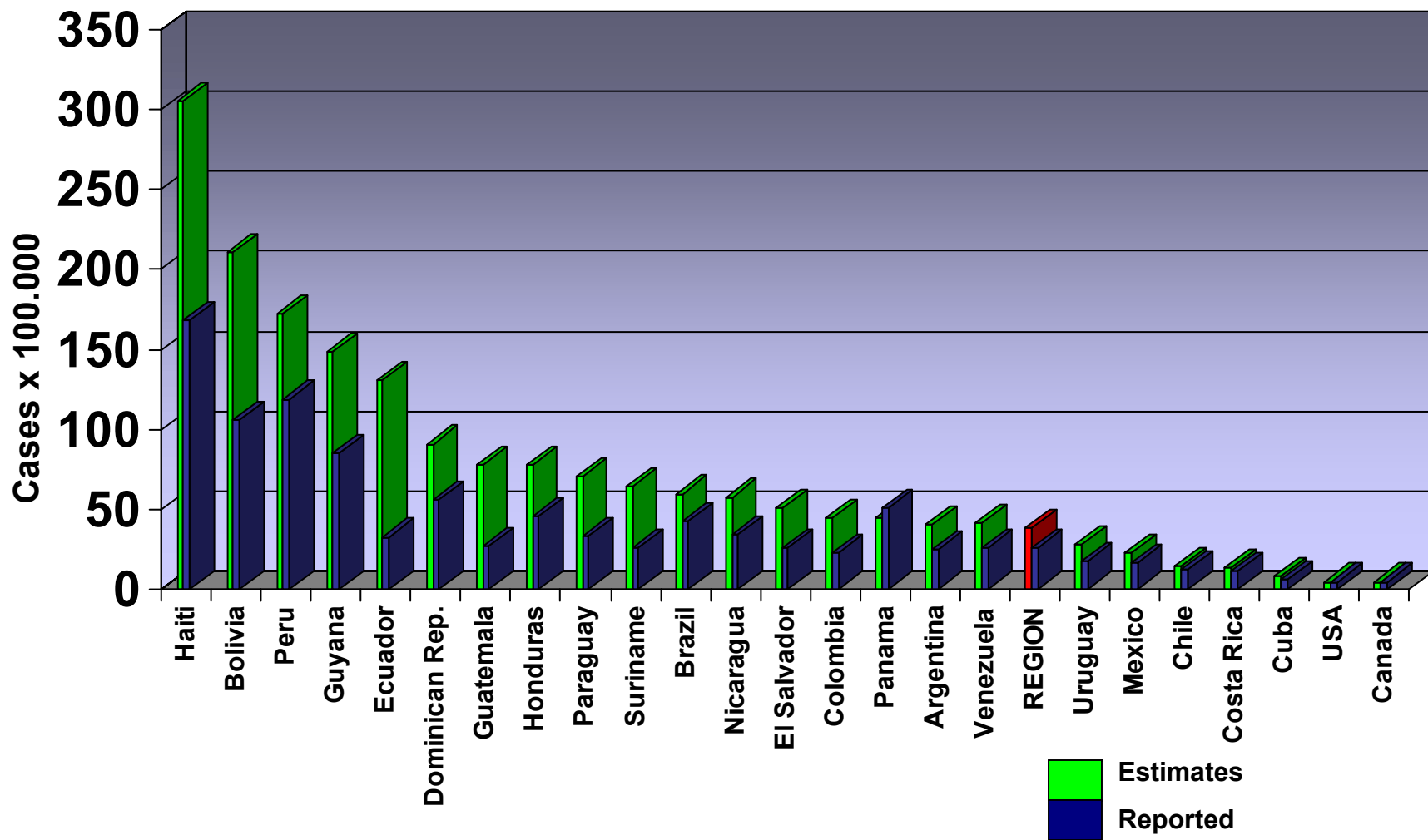
*Mirtha del Granado
WHO/PAHO
Vancouver, Canada
February, 23th ,2007*

Tuberculosis profile in Latin America: Impact of Political Turmoil on TB Control

Estimated Incidence of TB of all forms, 2005

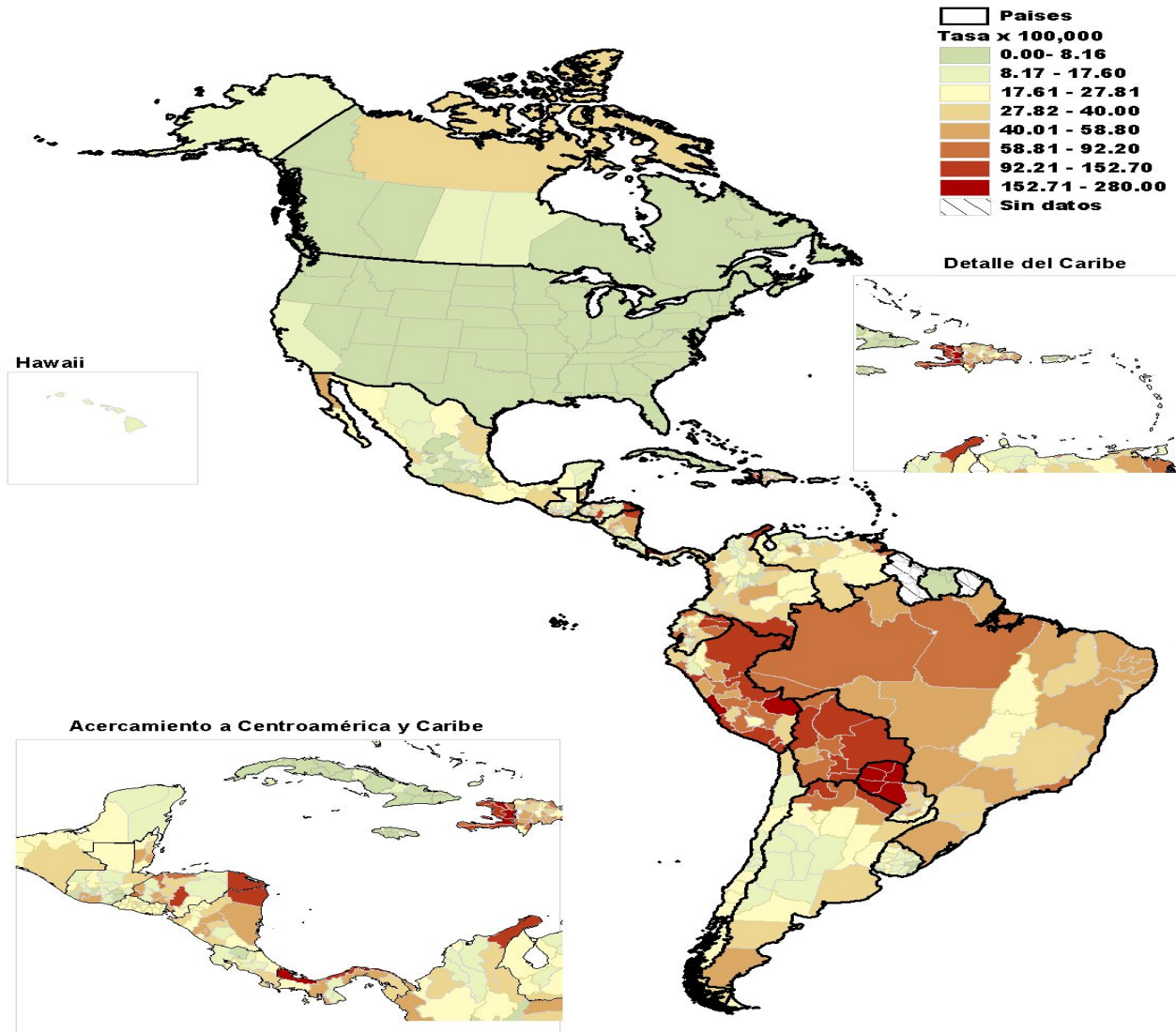


Estimates vs Notifications of TB incidence of all forms, 2005



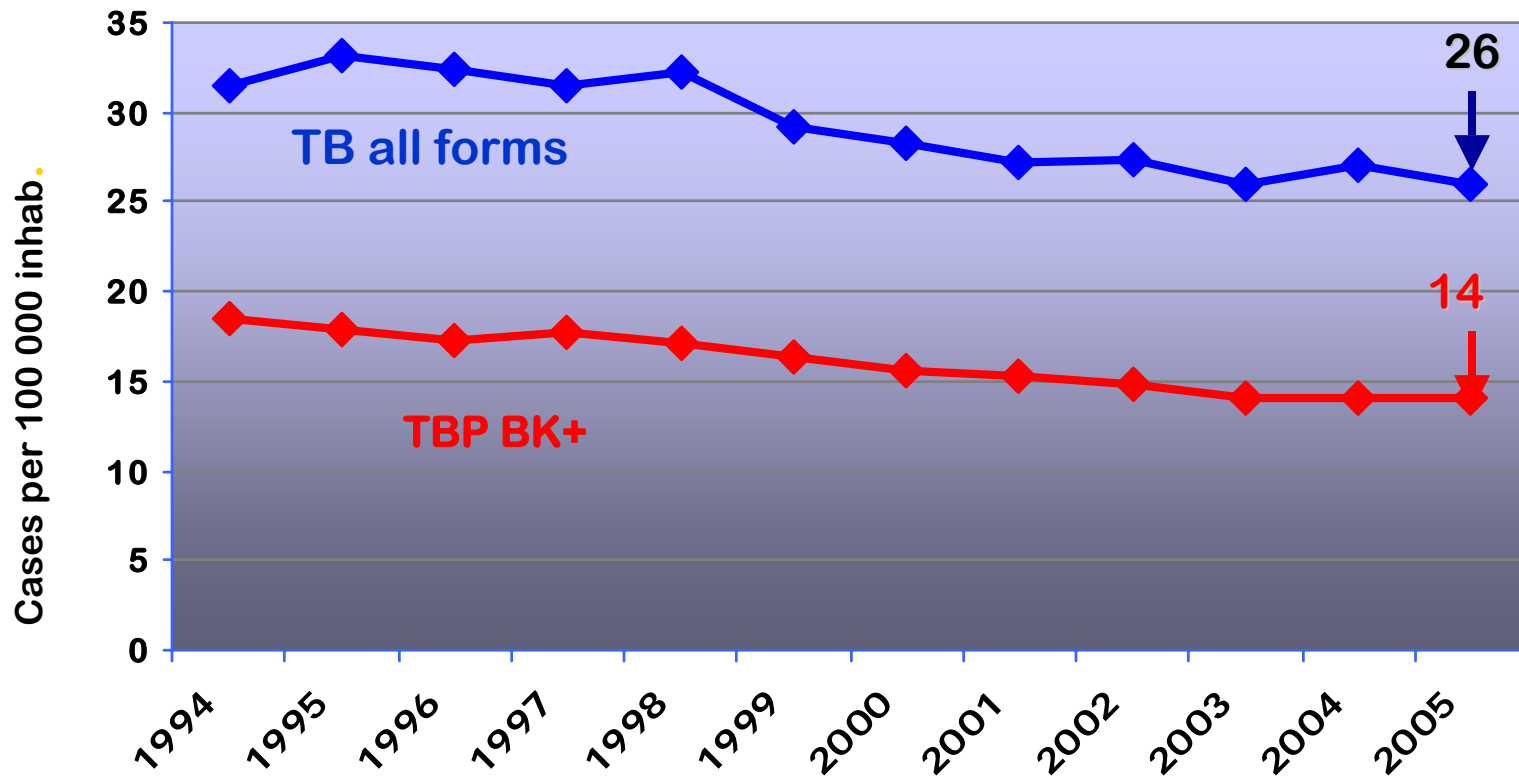
Source: Global Tuberculosis Control. WHO Preliminary Report 2007.

Reported TB Rate, 2003



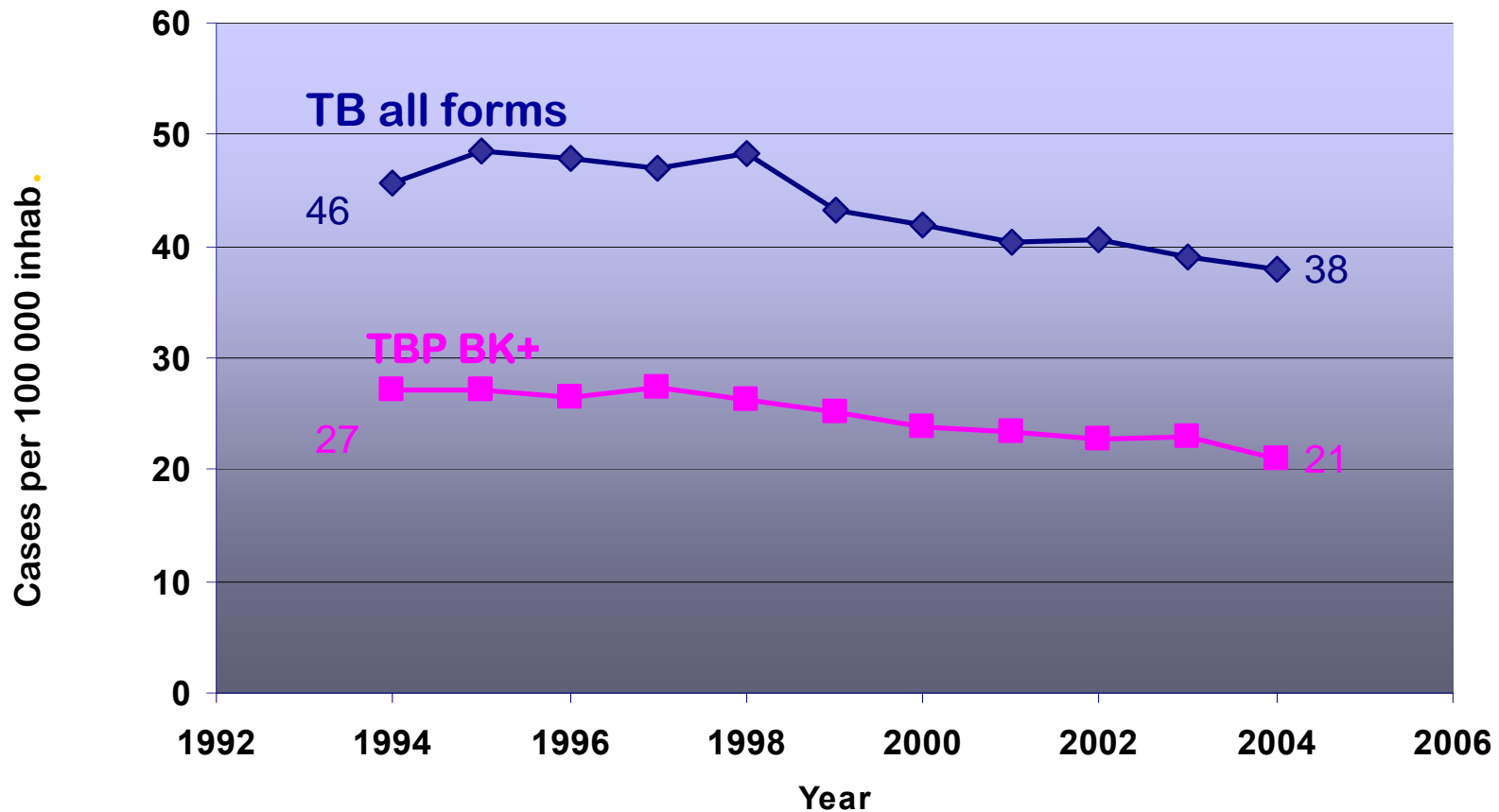
Source: Basic Indicators. PAHO/WHO, 2005

Reported Incidence rate of TB in the Americas, 2005



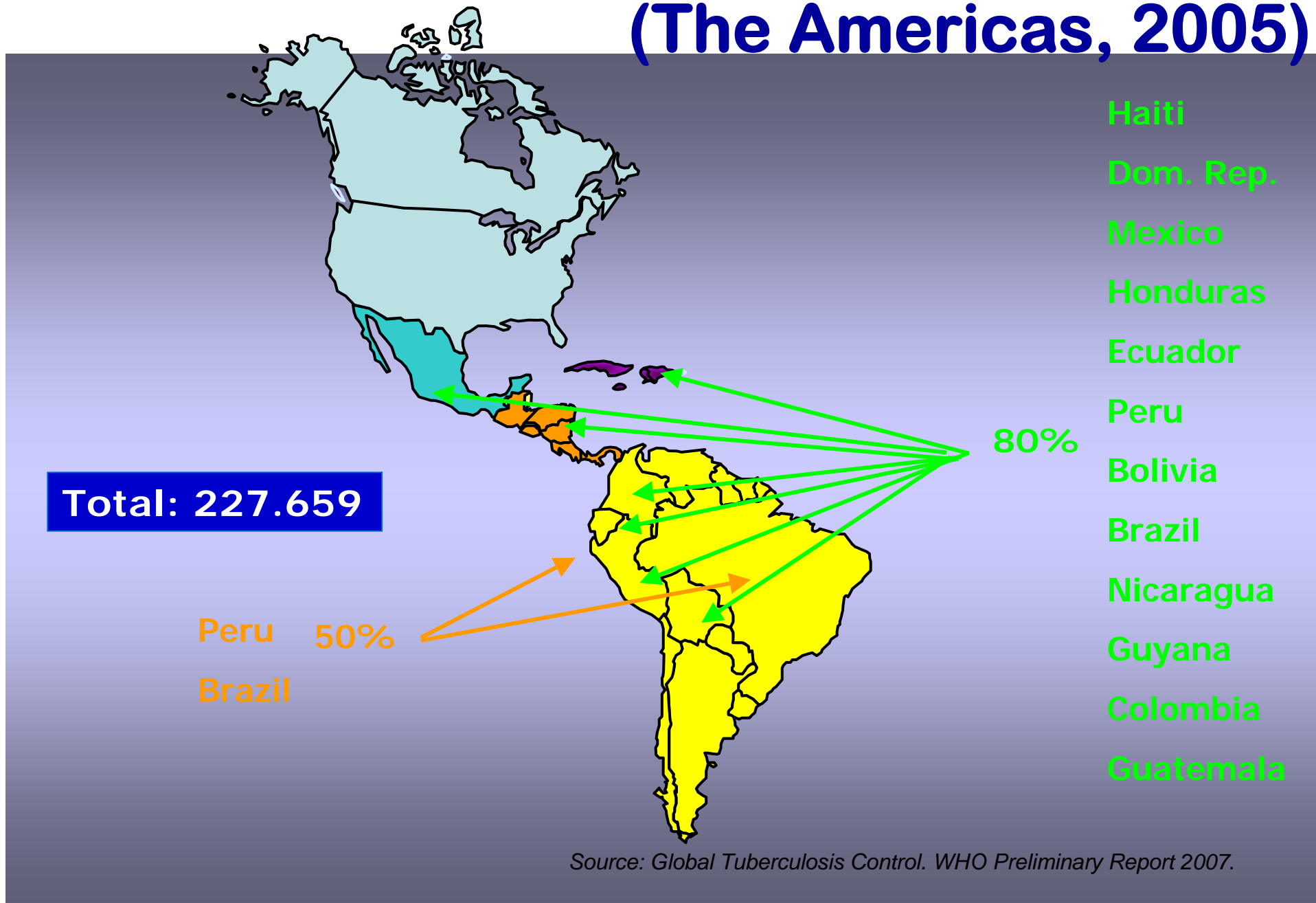
Source: Global Tuberculosis Control. WHO Preliminary Report 2007.

Reported Incidence rate of TB, Latin America and the Caribbean, 2004



Source: Global Tuberculosis Control. WHO Report 2006.

Reported TB load (The Americas, 2005)



Challenges in Tuberculosis Control

- . HIV/AIDS**
- . MDR-TB and XDR-TB**
- . Reforms in the Health Sector /
Weakening of the Sanitary system**
- . Human Resources**

Challenges in Tuberculosis Control

. TB/HIV

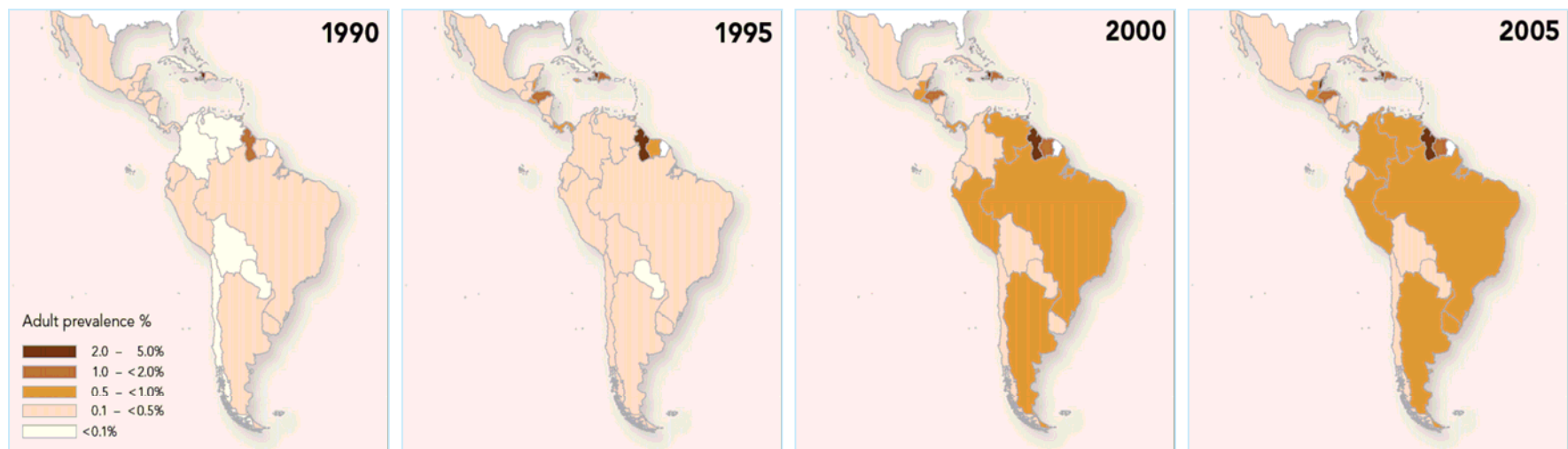
. MDR-TB and XDR-TB

. Reforms in the Health Sector /
Weakening of the Sanitary System

. Human Resources

. Community Participation

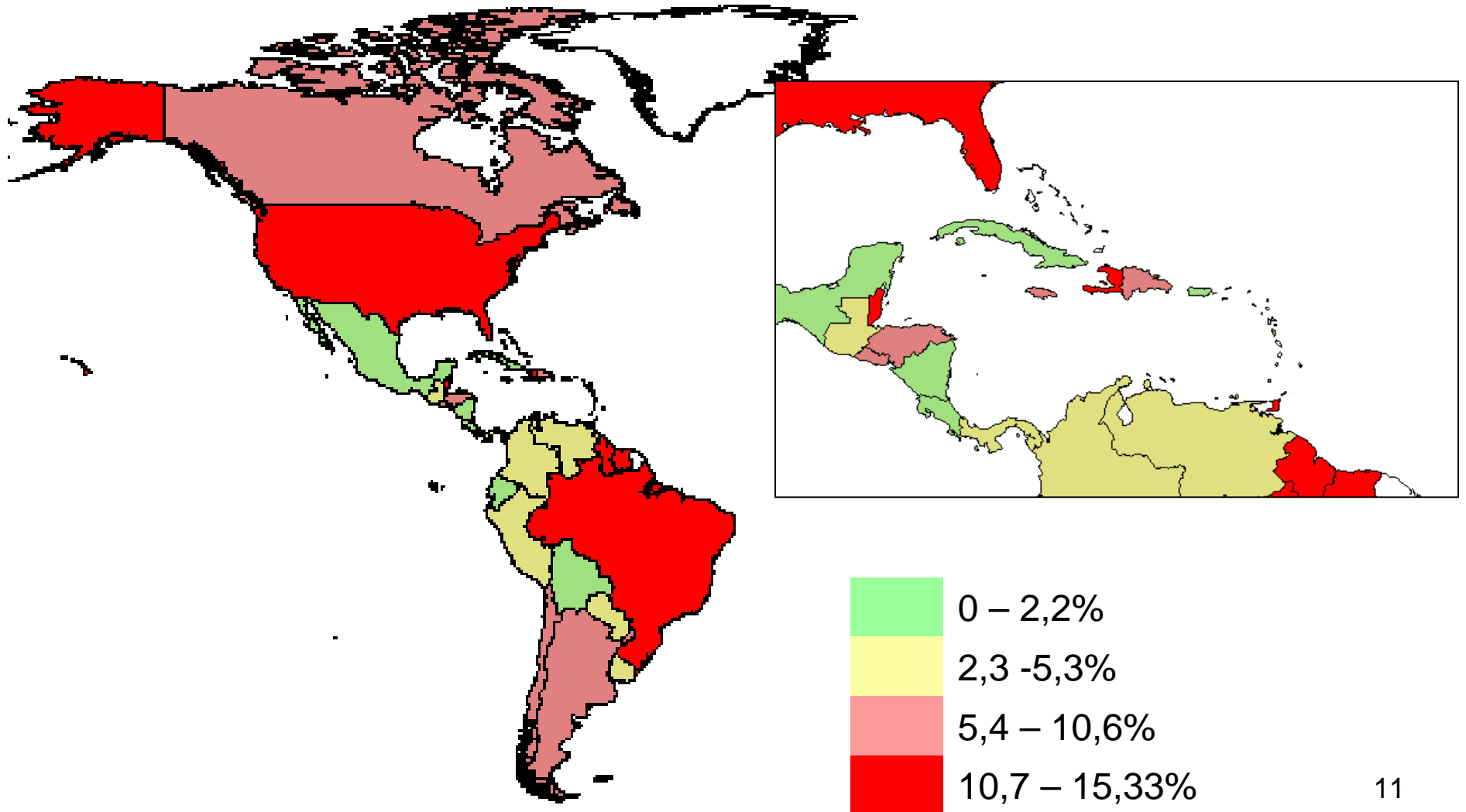
HIV prevalence in adults in Latin America and the Caribbean, 1990–2005



Source: UNAIDS, 2006

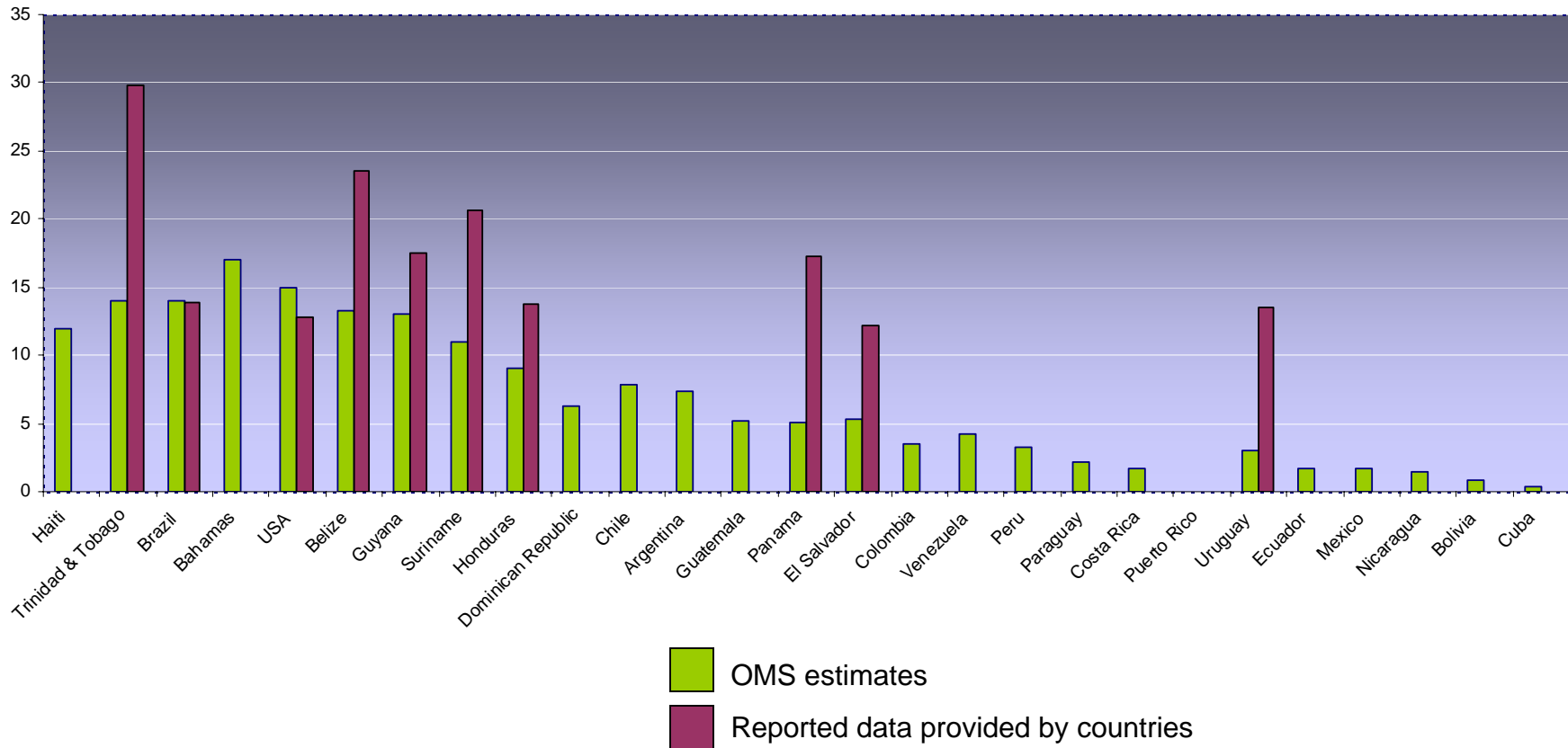
Prevalence Estimates of TB/HIV

The Americas, 2005



Source: *Global Tuberculosis Control. WHO Preliminary Report 2007.*

HIV Prevalence in Adult Patients with TB. The Americas, 2005



Source: *Global Tuberculosis Control. WHO Preliminary Report 2007.* ¹²

Challenges in Tuberculosis Control

. TB/HIV

. **MDR-TB and XDR-TB**

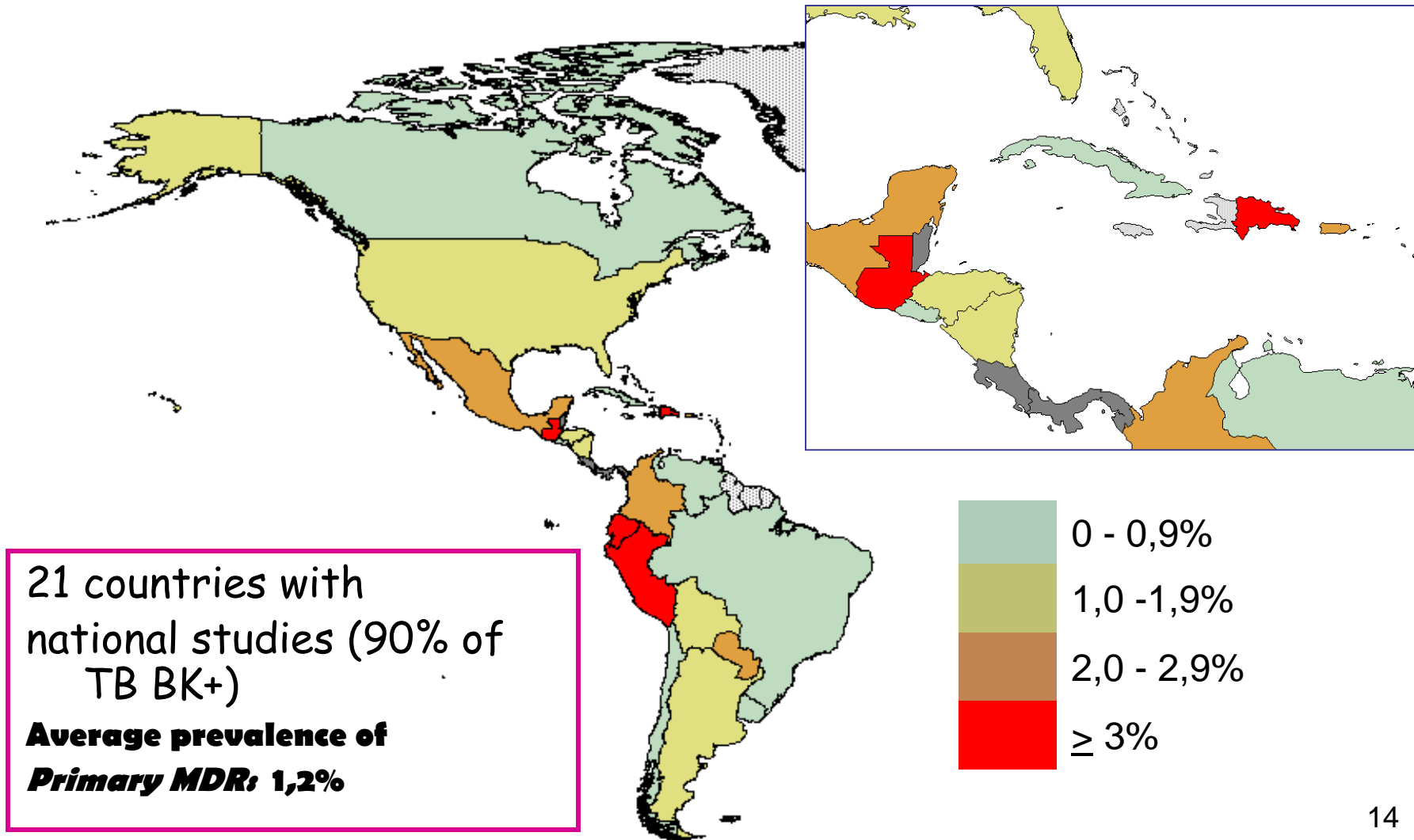
. Reforms in the Health Sector/
Weakening of the Sanitary System

• Human Resources

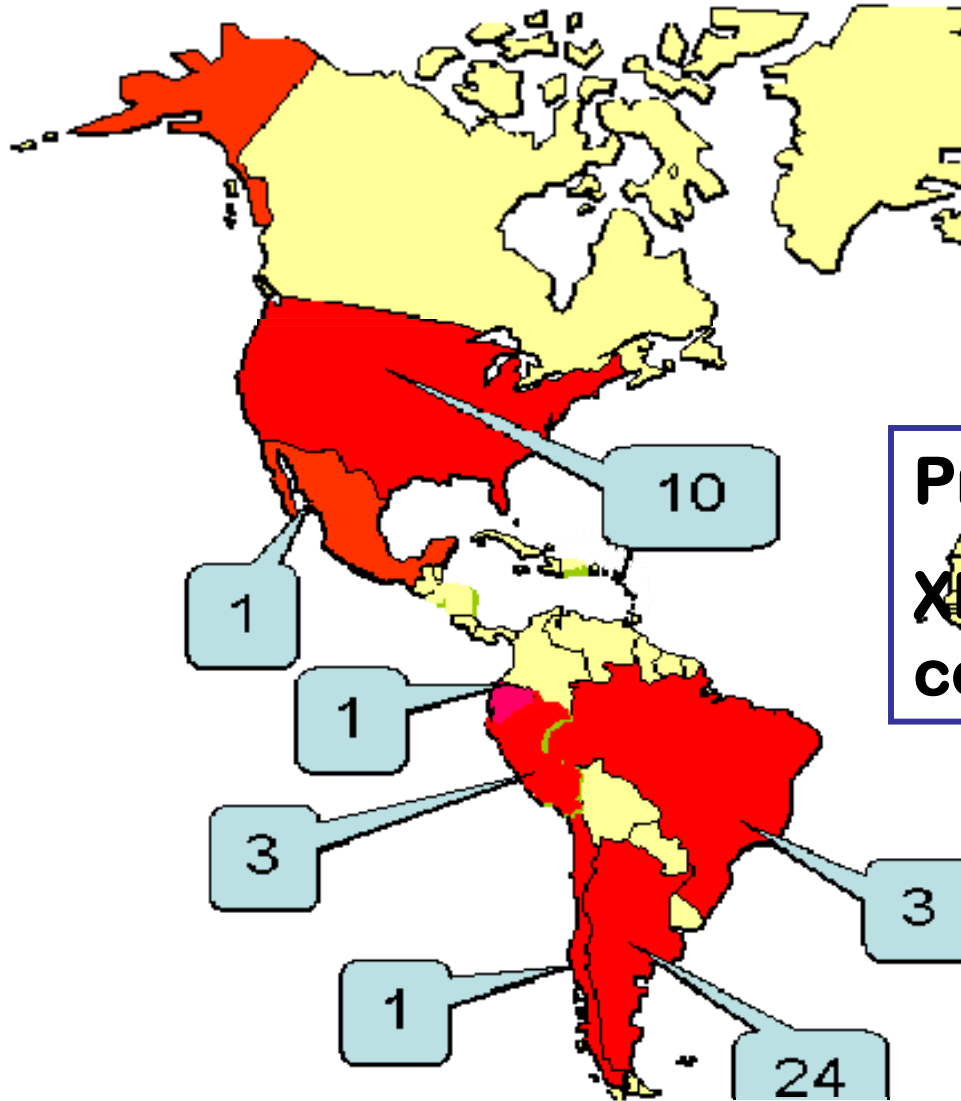
. Community Participation

Prevalence of Primary TB-MDR

The Americas, 1994-2005



Countries reporting at least one case of XDR-TB



Preliminary Information:
XDR-TB was identified in 7 countries in the Americas

Challenges in Tuberculosis Control

- . TB/HIV
- . MDR-TB and XDR-TB
- . **Reforms in the Health Sector /
Weakening of the Sanitary System**
- . Human Resources
- . Community Participation

Reforms in the Health Sector

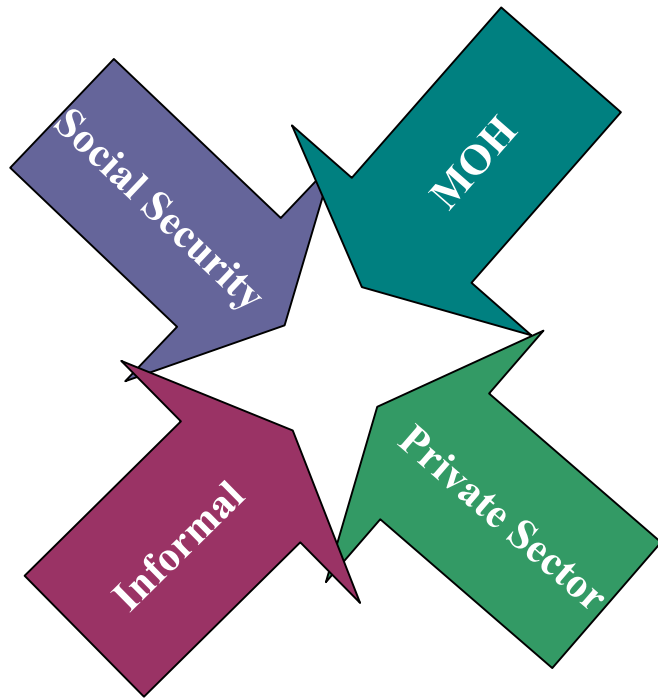
Objectives: Obtain more quality, efficiency and equity in health care

Principles: Economic of rentability and benefits:

RESULTS

Health Care	Human Resources in Health
<ul style="list-style-type: none">- Efficiency has not improved- User satisfaction has not grown-Equity has not improved	<p>Human Resources distribution has not improved</p> <ul style="list-style-type: none">↑ multiple employment↑ personnel desmotivation= less efficiency↑ competitiveness ≠ team work

Sanitary systems in Latin America



Fragmented and Segmented
Different providers for
different populations

Public Health emergencies
= deviation of economic
resources

Human resources crisis

Vertical T B Programs = Strengthening of the SS?

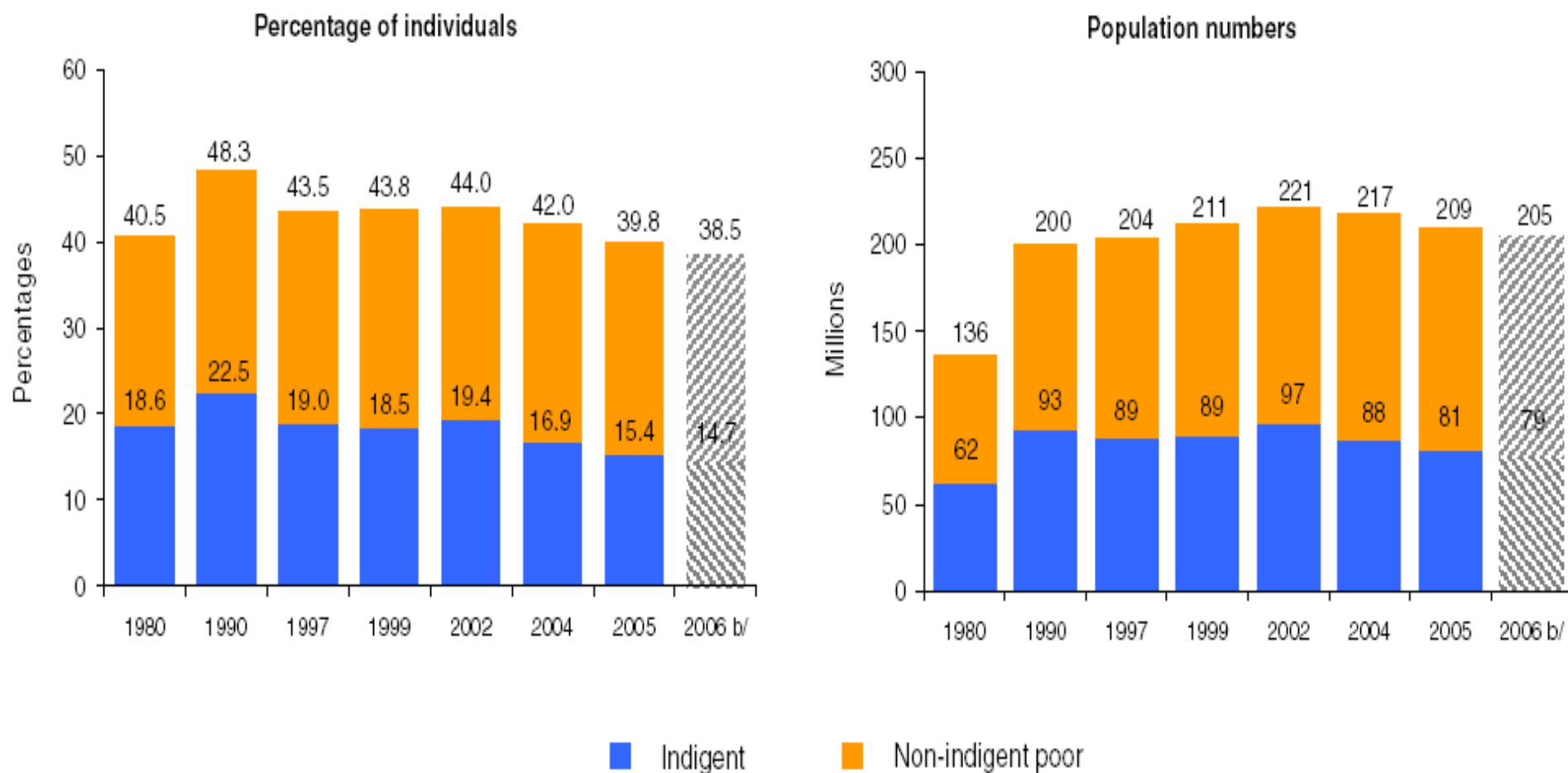
Risks in Tuberculosis control

- . Inequities in health care**
- . Political changes**
- . External financial dependence of the NTPs**

Risks in Tuberculosis control

- . Inequities in health attention**
- . Political changes
- . External financial dependence of the NTPs

Figure 1
LATIN AMERICA: TRENDS IN POVERTY AND INDIGENCE, 1980-2006 a/

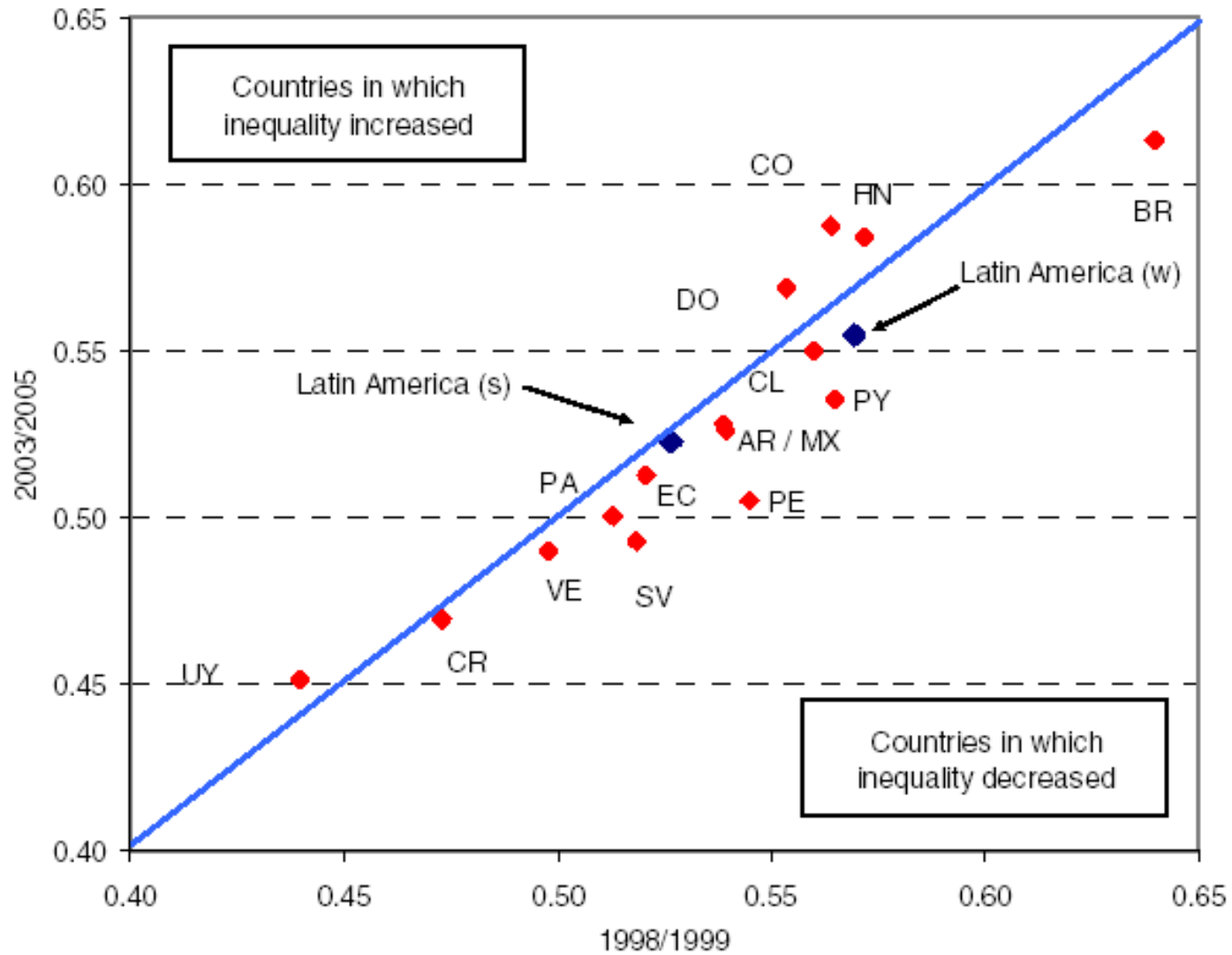


Source: Economic Commission for Latin America and the Caribbean (ECLAC), 2006

Inequities in Latin America

- 20% of the wealthiest population has an income 20 times higher than 20% of the poorest population
- 561 million population
- 125 million without regular access to health services
- 61 million without water supplies
- 146 million without basic sanitary services

Latin America: Changes in the Gini coefficient (1998/1999 -2003/2005)

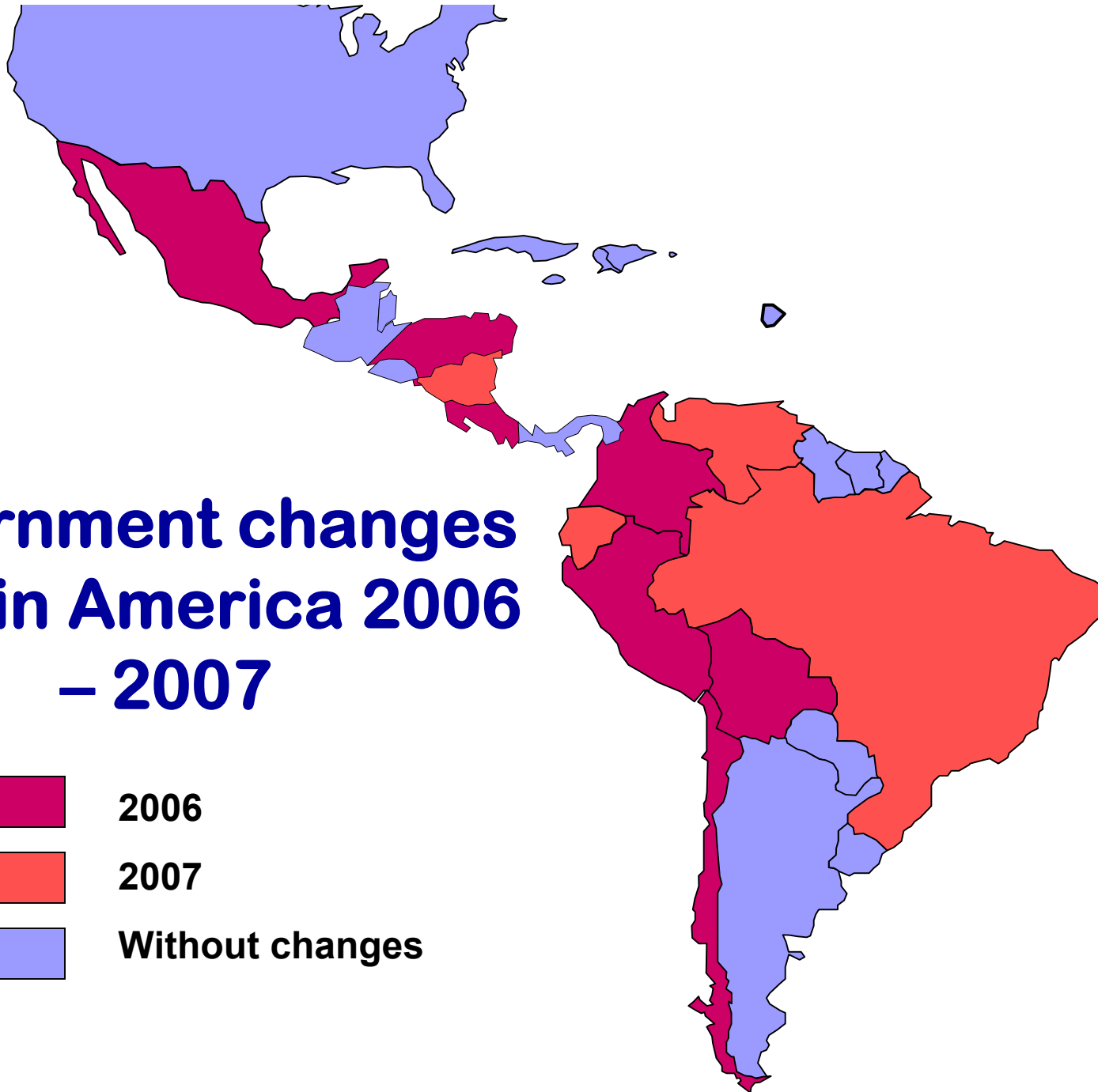


Source: Economic Commission for Latin America and the Caribbean (ECLAC), 2006

Risks in Tuberculosis control

- . Inequities in health attention
- . **Political changes and External financial dependence of the NTPs**

Government changes in Latin America 2006 – 2007



COUNTRY	TB budget per patient (USD)	Government TB budget per patient (USD)	% Government TB budget per patient (USD)
Bolivia	295.3	34.3	11.6
Brazil	246.3	204.9	83.2
Dom. Republic	627.4	91.2	14.5
Ecuador	147.0	163.4	111.2
Guyana	280.9	182.4	64.9
Haiti	189.9	3.4	1.8
Honduras	624.6	155.4	24.9
Mexico	545.1	280.2	51.4
Nicaragua	85.6	29.3	34.2
Peru	411.5	71.9	17.5

Source: Global Tuberculosis Control. WHO Report 2006.

Will we reach the targets for global TB control?

MILLENNIUM DEVELOPMENT GOALS

"to have halted and begun to reverse incidence.."

Implementation (DOTS)

Case detection	70%
Treatment success	85%

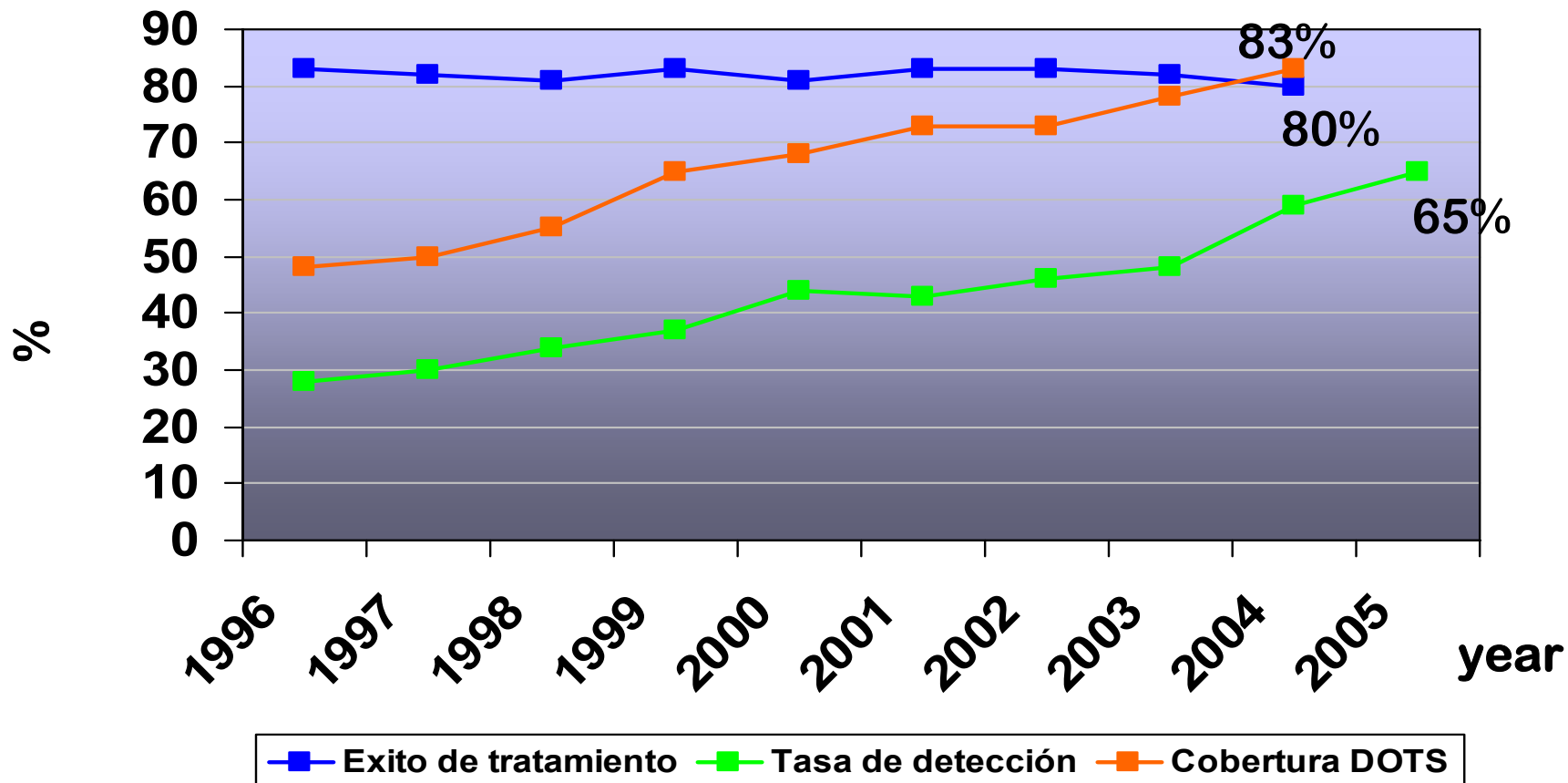
Target year

2005
2004/5

Impact

Prevalence	50% of \approx 97/100K	2015
Deaths	50% of \approx 10/100K	2015
Incidence	<1 per million	2050

Did we reach the 2005 targets?

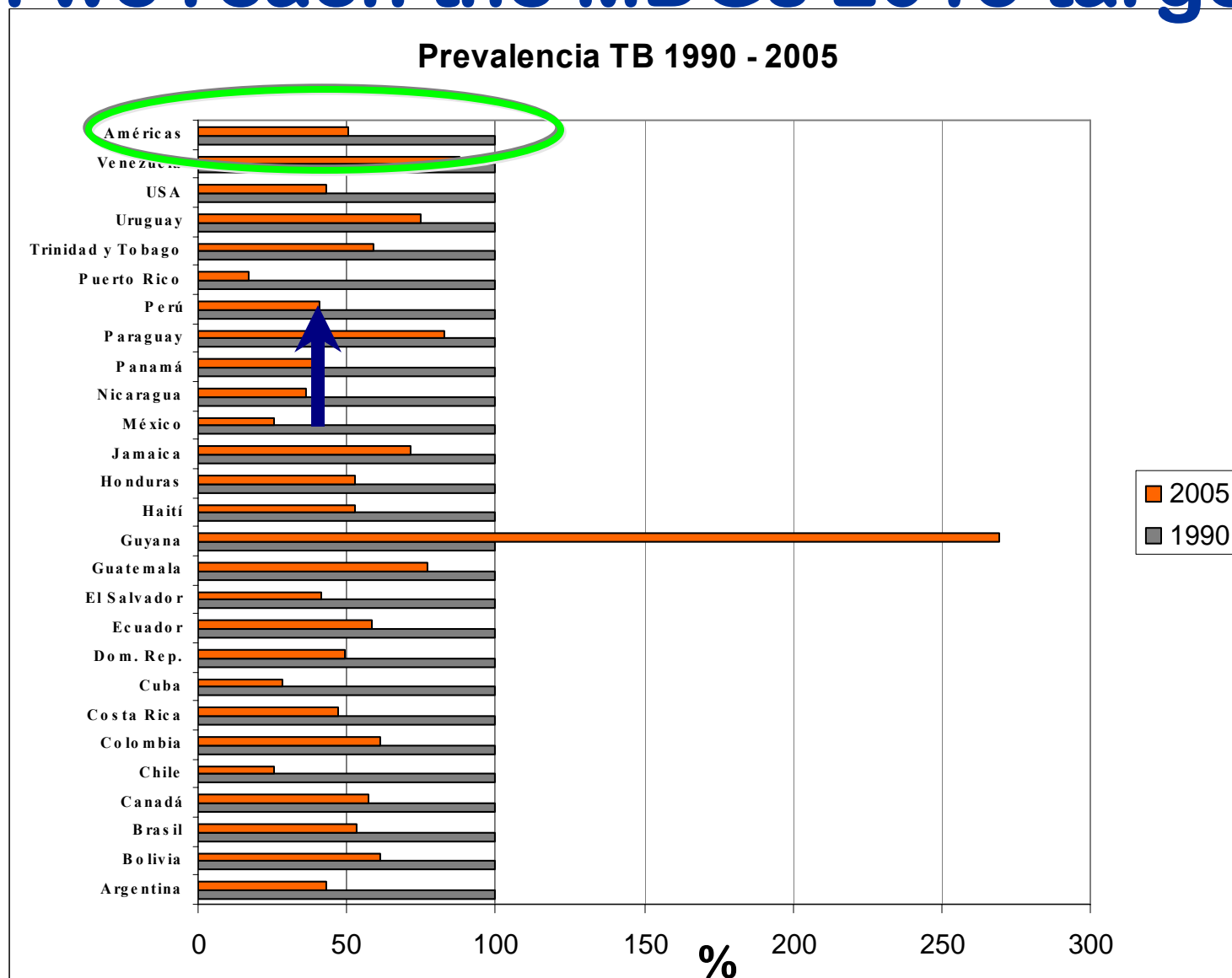


Did we reach the 2005 targets?

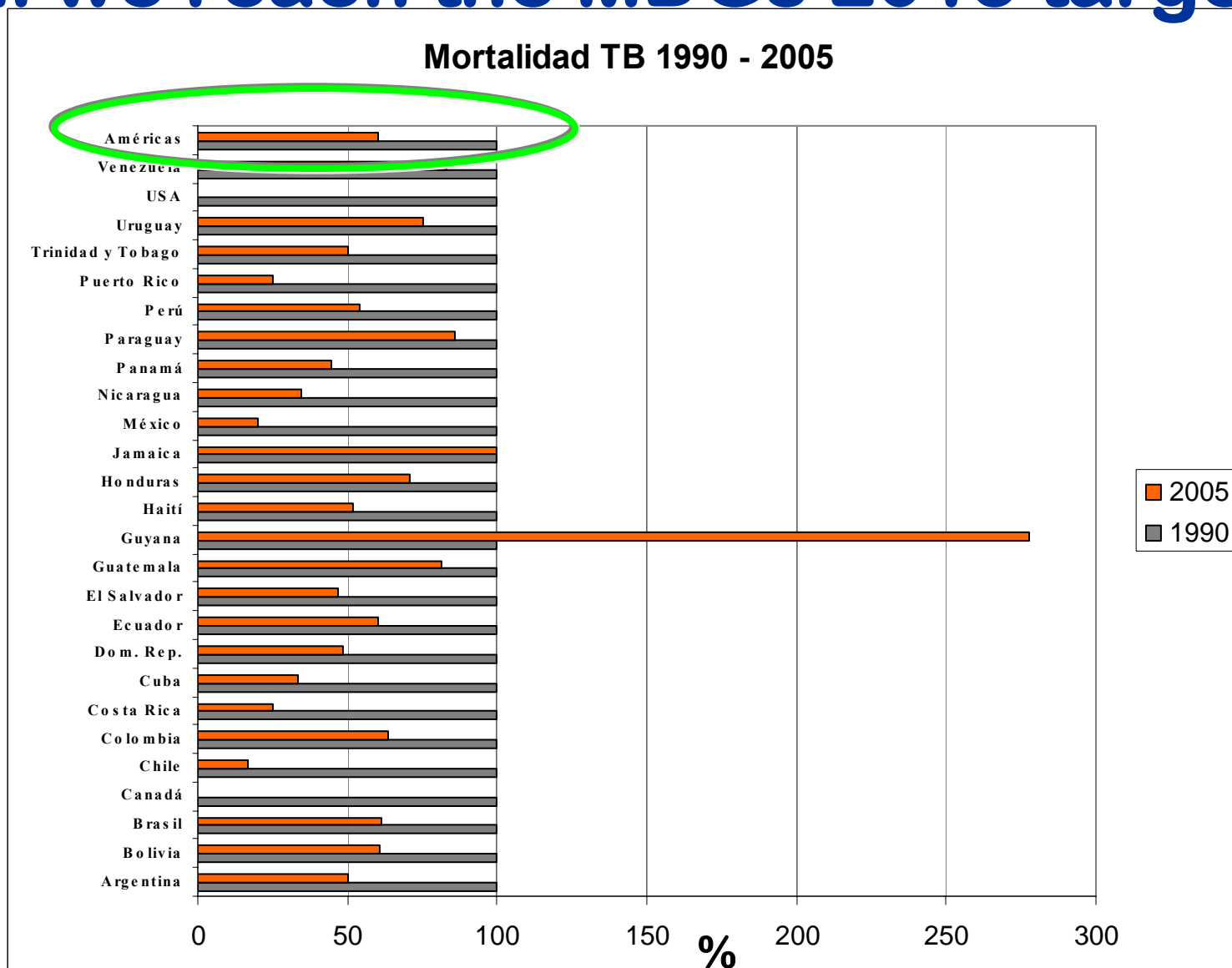
No, but...

- 65/70 + 80/85 = We are near
- Incidence has begun to decrease
- 88% of the population live in DOTS areas
- 75% of the cases are notified under DOTS
- Countries are applying the “Interim TB/HIV Policy” and 12 have implemented GLC projects
- Countries with plans concerning “neglected populations”
- “STOP TB partnership” and community participation in implementation

Will we reach the MDGs 2015 targets?



Will we reach the MDGs 2015 targets?



What are the next steps?



THE GLOBAL PLAN
TO STOP TB
2006-2015



Actions for Life
TOWARDS A WORLD FREE OF TUBERCULOSIS

Stop TB Partnership

STOP TB TUBERCULOSIS

PLAN ESTRATÉGICO
REGIONAL DE
TUBERCULOSIS
2006 – 2015

Organización
Panamericana
de la Salud
Asociación de
Ingenieros de la Salud

Programas Nacionales de Control de la TB
Ministerio de Salud Pública

VISION

The Americas free of tuberculosis.

MISSION

Ensure that each TB patient has full access to quality diagnosis and treatment in order to decrease the social, economic and inequity burden inflicted by TB.

GENERAL OBJECTIVE

The countries of the region reduce the incidence, prevalence and mortality of TB, implementing the “STOP TB Strategy”.

Country Stratification in the Americas

Estimated incidence and coverage of DOTS, 2003

Scenario 1 Incidence < 25 DOTS >90%	Scenario 2 Incidence 25-50 DOTS >90%	Scenario 3 Incidence >50 DOTS >90%	Scenario 4 Incidence >50 DOTS ≤70%
English-Speaking Carib* Chile Costa Rica Cuba Canada USA Puerto Rico Uruguay French** and Dutch territories	Argentina Belize Mexico Panama Venezuela	Bolivia El Salvador Guatemala Honduras Nicaragua Peru	Dominican Republic Haiti Ecuador Brazil Guyana Paraguay Colombia Suriname

*Countries of Eng-Speaking Caribbean with 5 or more annual estimated cases: Bahamas, Barbados, Dominica, Jamaica, Saint Kitts&Nevis, St Lucia, St Vincent & Granadinas and Trinidad&Tobago

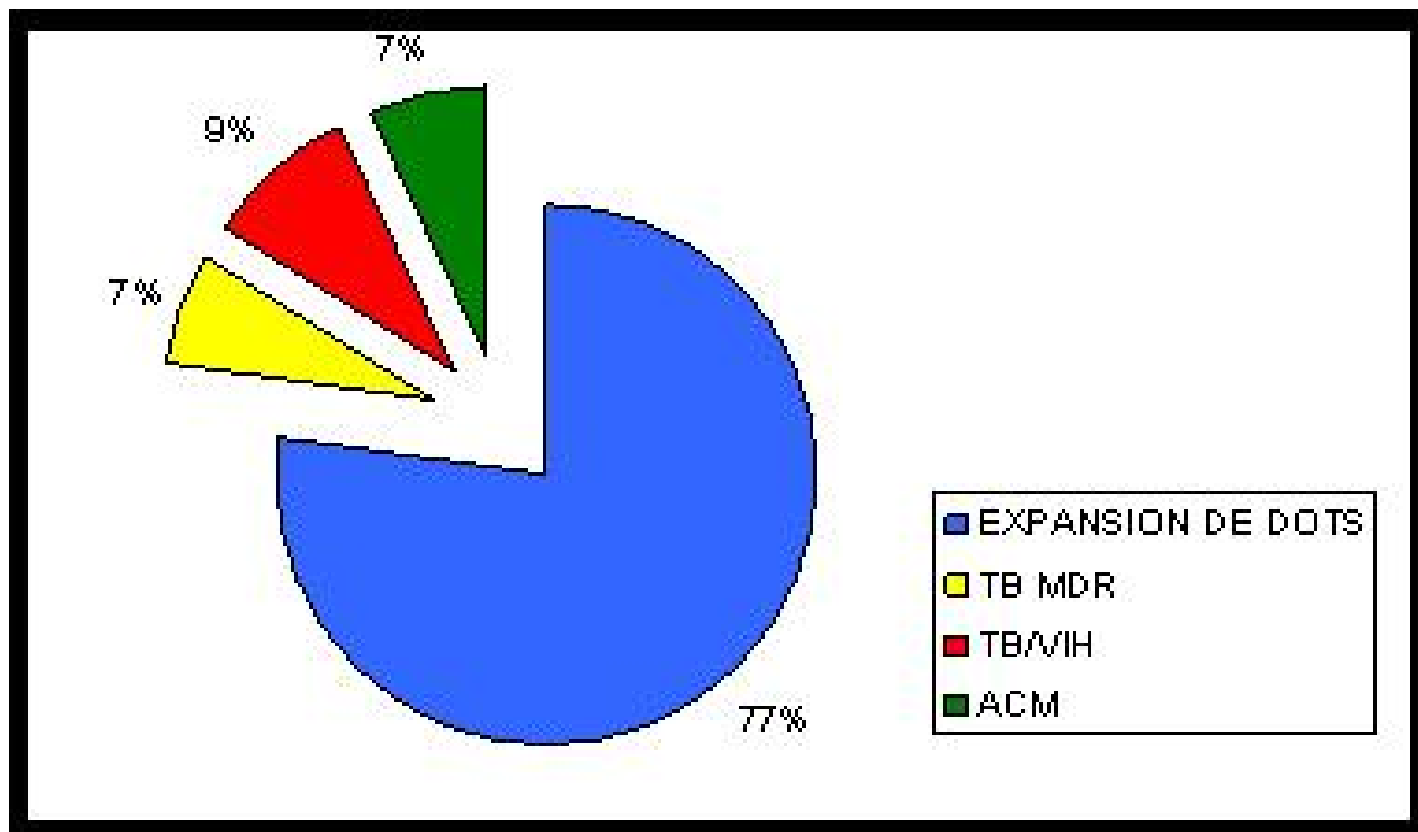
** Guadeloupe, Martinique y Guyane

Source: Global Tuberculosis Control. WHO Report 2005.

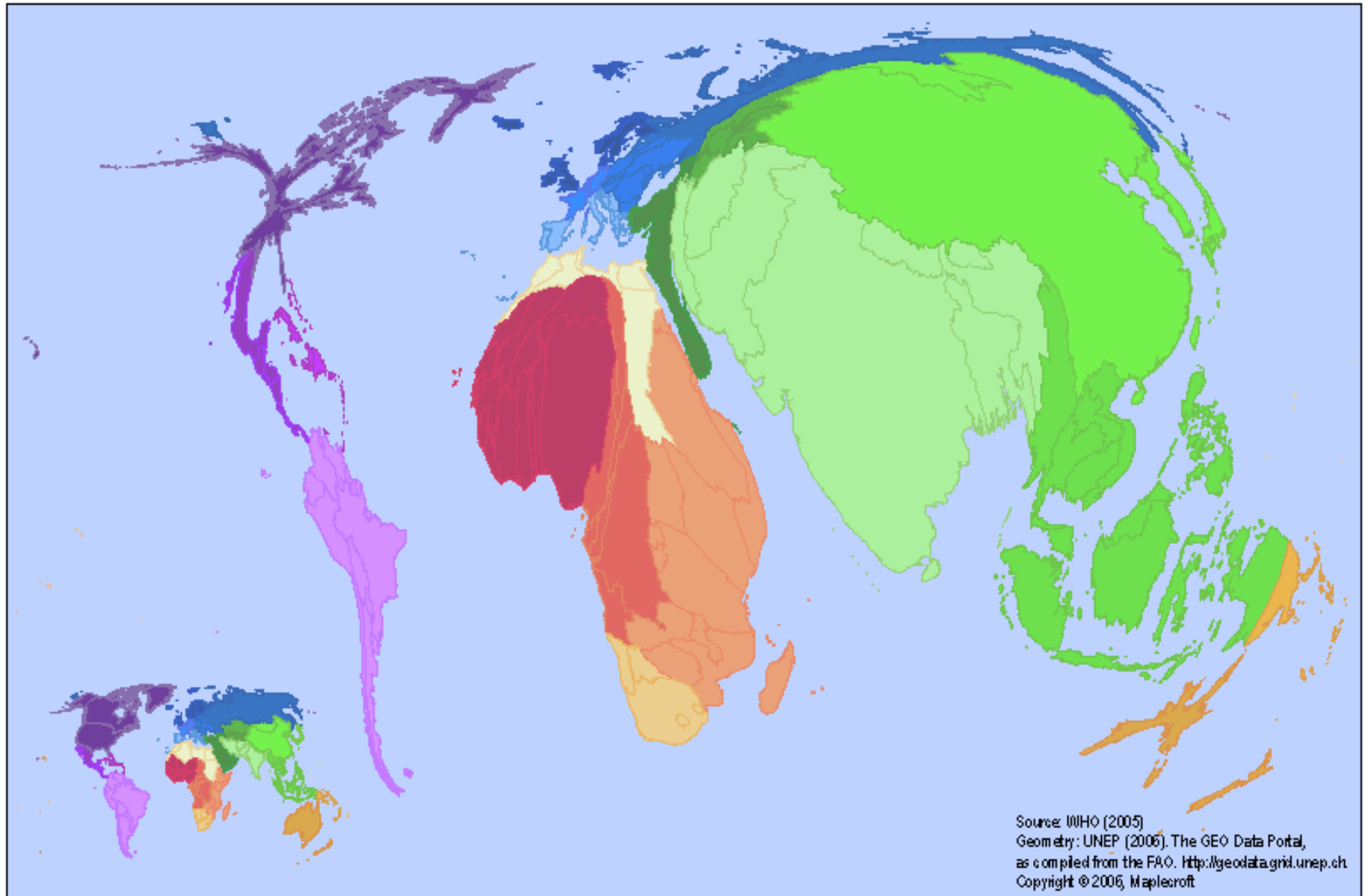
Regional Plan 2006- 2015

Estimated budget: US\$ 1,8 billion

Budget Distribution:



Number of people with tuberculosis in 2003





GRACIAS