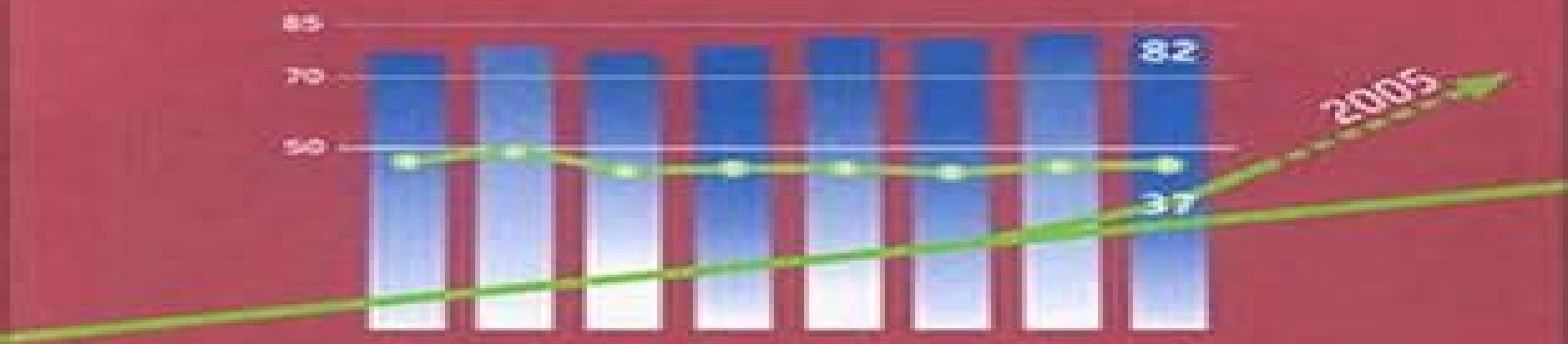


WHO REPORT 2004

Global Tuberculosis Control

Surveillance, Planning, Financing



WORLD HEALTH ORGANIZATION
GENEVA

Global Tuberculosis Control Surveillance Planning Financing Who Report 2004

Christopher Dye



Global Tuberculosis Control Surveillance Planning Financing Who Report 2004:

WHO Report 2004 : Global Tuberculosis Control Communicable Diseases. World Health Organization,2004

Global Tuberculosis Control ,2004

Global Tuberculosis Control ,2004

Global tuberculosis control ,2008

Diagnostics for Tuberculosis ,2006 Every year there are 8.8 million new active cases and nearly two million deaths

worldwide from tuberculosis about 5 000 every day mostly in the poorest communities of the developing world One third of the world's population has latent TB which may later develop into an active form of the disease and it has also become the leading cause of death among people with HIV Multidrug resistance is also a growing problem A key challenge for the public health community is to be able to effectively diagnose patients so that valuable resources and medicines are not wasted on misdiagnosis and repeat treatments This report written by an international network of researchers and policy experts examines the global market for TB diagnostics available for active disease latent infection drug resistance and treatment response It provides a sound basis for diagnostics development suitable for various levels of health systems in industrialised and developing countries

Global Tuberculosis Control World Health Organization,2006 This is the 10th WHO annual report on surveillance planning and financing for global tuberculosis control including data on case notifications and treatment outcomes from 200 national TB control programmes and an analysis of plans budgets expenditures and progress in DOTS Directly Observed Therapy Short Course strategies for 22 high burden countries Eleven consecutive years of data are now available to assess progress towards the Millennium Development Goals targets for TB control Findings include that in 2004 there were nine million new cases of TB and an estimated two million deaths from TB including those co infected with HIV The TB incidence rate was stable or falling in five out of six WHO regions with the number of cases rising in Africa where the TB epidemic is still driven by the spread of HIV More than 80 per cent of all TB patients live in sub Saharan Africa and Asia

Case Studies in Global Health Ruth Levine,What Works Working Group,2007 One of the greatest human accomplishments has been the spectacular improvement in health since 1950 particularly in developing countries With death rates falling steadily more progress was made in the health of populations in the past half century than in many earlier millennia A careful look at that success can yield important lessons about how to tackle the challenges of HIV AIDS child health and global health inequities in the future This series of twenty case studies illustrates real life proven large scale success stories in global public health Drawing from a rich evidence base the accessible case write ups highlight experiences in scale up of health technologies strengthening of health systems and the use of health education and policy change to achieve impressive reductions in disease and disability even in the poorest countries An overview chapter draws attention to factors that contributed to the successes Discussion questions help to bring out the main points and provide a point of departure for independent student research

The Health of the People : The African Regional Health Report World Health Organization. Regional Office for Africa,2006-11-20 This publication is the first to focus on the health of the 738

million people living in the 46 countries of the WHO African Region Drawing on a comprehensive range of the latest regional health statistics the report discusses the key public health and development challenges facing the continent as well looking in more detail at the issues of maternal and child health infectious diseases including HIV AIDS tuberculosis and malaria health problems that are usually associated with developed countries such as diabetes and hypertension and other noncommunicable conditions such as mental illness and injuries and the environmental causes of ill health including pollution and armed conflict The report explores the treatment diagnostic and preventive methods that work in Africa and highlights the public health success stories that can serve as models for others in the continent It finds that stronger health systems are the key to solving Africa s health problems and these can only be achieved by strengthening governments stewardship role in health building on the lessons learnt from successful health care interventions and through closer collaboration between all partners The Challenges of Creating a Global Health Resource Tracking System Elisa Eiseman, Donna Fossum, 2005-03-18

The RAND Corporation conducted interviews consulted with experts and carried out detailed analyses of existing tracking systems that focus on health resources flowing to and within developing countries the objective being to determine how to provide a truly global health resource tracking system that will provide comprehensive accurate up to date data for policymakers and other users and will address the current systems limitations Strategic Plan to Stop TB in the Western Pacific 2006-2010 WHO Regional Office for the Western Pacific, 2006 The Strategic Plan to Stop TB in the Western Pacific 2006-2010 is a roadmap for the Region to be taking bolder action during the next 5 years to address these areas of concern Besides strategies to address these areas specific desired results and measures of progress are also clearly laid out in the Strategic Plan The Plan will guide countries and areas in further developing and implementing their 5 year national TB control plans The implementation of this Strategic Plan for 2006-2010 and the new national 5 year TB control plans will be crucial in achieving a major victory against TB in 2010 and in bringing the Region closer to the vision of a TB free world

World Health Statistics 2007, 2007 The third edition of this annual publication presents the most recent health data for the 193 WHO member states based on an expanded set of 50 health statistics with a new section of 10 statistical highlights in global public health for the past year The data has been selected on the basis of relevance for global health availability and quality of data and accuracy and comparability of estimates and collated from WHO publications and databases of technical programmes and regional offices It also contains statistics on the distribution of selected health outcomes and interventions within countries disaggregated by gender age urban rural setting wealth assets and educational level which are primarily derived from the analysis of household surveys and available for a limited number of countries *World Health Statistics 2008* World Health Organization, 2008 This annual edition presents the most recent statistics since 1990 of over 80 health indicators for WHO s 193 Member States This fourth edition includes an expanded set of over 76 key indicators and a section with 10 highlights in global health statistics in the past year This book has been collated from publications and databases of

WHO's technical programmes and regional offices The core set of indicators was selected on the basis of relevance for global health availability and quality of data and accuracy and comparability of estimates The statistics for the indicators are based on an interactive process of data collection compilation quality assessment and estimation between WHO technical programmes and its Member States In this process WHO strives to maximize accessibility accuracy comparability and transparency of country health statistics In addition to national statistics this publication presents statistics on the inequalities in health outcomes and interventions coverage within countries disaggregated by urban rural setting wealth assets and educational level Such statistics are primarily derived from the analysis of household surveys and are only available for a limited number of countries

The Costs and Cost-effectiveness of Tuberculosis Control Anna Vassall, 2025-10-01 Tuberculosis is a leading cause of ill health and death in low and middle income countries Tuberculosis control is essential for achieving the Millennium Development Goals relating to health by 2015 However despite efforts made to expand tuberculosis control over the past decades tuberculosis remains a serious global health problem This book aims to assist the expansion of tuberculosis control by adding to the evidence on the cost effectiveness of different tuberculosis control strategies It presents research from five countries Egypt Ethiopia Syria Peru and Ukraine It examines the implementation of the World Health Organization recommended strategy Directly Observed Treatment Strategy dots New technologies currently being developed to tackle drug resistance are also assessed Emphasis throughout is placed on the importance of health systems and the costs for patients accessing treatment This book is essential reading for anyone interested in economic aspects of tuberculosis control

Modeling Paradigms and Analysis of Disease Transmission Models Abba B. Gumel, Suzanne Lenhart, 2010 This volume stems from two DIMACS activities the U S Africa Advanced Study Institute and the DIMACS Workshop both on Mathematical Modeling of Infectious Diseases in Africa held in South Africa in the summer of 2007 It contains both tutorial papers and research papers Students and researchers should find the papers on modeling and analyzing certain diseases currently affecting Africa very informative In particular they can learn basic principles of disease modeling and stability from the tutorial papers where continuous and discrete time models optimal control and stochastic features are introduced

Epidemics Sarah Dry, Melissa Leach, 2010-09-23 Recent disease events such as SARS H1N1 and avian influenza and haemorrhagic fevers have focussed policy and public concern as never before on epidemics and so called emerging infectious diseases Understanding and responding to these often unpredictable events have become major challenges for local national and international bodies All too often responses can become restricted by implicit assumptions about who or what is to blame that may not capture the dynamics and uncertainties at play in the multi scale interactions of people animals and microbes As a result policies intended to forestall epidemics may fail and may even further threaten health livelihoods and human rights The book takes a unique approach by focusing on how different policy makers scientists and local populations construct alternative narratives accounts of the causes and appropriate responses to

outbreaks about epidemics at the global national and local level The contrast between emergency oriented top down responses to what are perceived as potentially global outbreaks and longer term approaches to diseases such as AIDS which may now be considered endemic is highlighted Case studies on avian influenza SARS obesity H1N1 influenza HIV AIDS tuberculosis and haemorrhagic fevers cover a broad historical geographical and biological range As this book explores it is often the most vulnerable members of a population the poor the social excluded and the already ill who are likely to suffer most from epidemic diseases At the same time they may be less likely to benefit from responses that may be designed from a global perspective that neglects social ecological and political conditions on the ground This book aims to bring the focus back to these marginal populations to reveal the often unintended consequences of current policy responses to epidemics Important implications emerge for how epidemics are thought about and represented for how surveillance and response is designed and for whose knowledge and perspectives should be included Published in association with the Economic and Social Research Council ESRC

World Health Statistics 2006 World Health Organization, 2006 World Health Statistics 2006 presents the most recent statistics since 1997 of 50 health indicators for WHO's 192 Member States This second edition includes an expanded set of statistics with a particular focus on equity between and within countries It also introduces a section with 10 highlights in global health statistics for the past year This book has been collated from publications and databases of WHO's technical programmes and regional offices The core set of indicators was selected on the basis of relevance for global health availability and quality of data and accuracy and comparability of estimates The statistics for the indicators are based on an interactive process of data collection compilation quality assessment and estimation between WHO technical programmes and its Member States In this process WHO strives to maximize accessibility accuracy comparability and transparency of country health statistics In addition to national statistics this publication presents statistics on the distribution of selected health outcomes and interventions within countries disaggregated by gender age urban rural setting wealth assets and educational level Such statistics are primarily derived from the analysis of household surveys and are only available for a limited number of countries

HIV, Resurgent Infections and Population Change in Africa Michel Caraël, Judith Glynn, 2008-08-12 Forty years ago the age old battle against infectious diseases as a major threat to human health was believed close to being won However by the late twentieth century the increase of emerging and reemerging infectious diseases was evident in both low and high income countries About 30 new infectious diseases have been identified in the last 20 years Among the new diseases and most importantly the Human Immunodeficiency Virus HIV epidemic with 40 million persons infected and 25 million deaths since its first description presents one of the most significant health societal and security challenges facing the global community The interaction of HIV AIDS with tuberculosis malaria and bacterial infections have increased HIV related morbidity and mortality and in turn the HIV pandemic has brought about devastating increases in tuberculosis Understanding the population impact and the dynamics of infection diseases in the

most affected region is critical to efforts to reduce the morbidity and mortality of such infections and for decisions on where to use limited resources in the fight against infections This book aims to contribute to these efforts by offering a demographic and epidemiological perspective on emerging and reemerging infections in sub Saharan Africa **Infection and Hearing Impairment** Valerie E. Newton, Pamela J. Vallely, 2006-06-14

The aim of the book is to provide a text which brings together the expertise from two separate disciplines applied to a shared problem that of hearing impairment resulting from an infectious cause The book has been written to be accessible to both disciplines It begins with chapters describing the anatomy and function of the ear and its development to allow those unfamiliar with the ear to understand how the pathogen can affect hearing The following chapters include background information on the relevant viruses bacteria and other pathogens so that those less familiar with these organisms will be able to understand the context within which they may affect the ear The book also considers current ways in which these infections may be diagnosed treated and the potential for prevention

The Population Biology of Tuberculosis Christopher Dye, 2015-07-07 Despite decades of developments in immunization and drug therapy tuberculosis remains among the leading causes of human mortality and no country has successfully eradicated the disease Reenvisioning tuberculosis from the perspective of population biology this book examines why the disease is so persistent and what must be done to fight it Treating tuberculosis and its human hosts as dynamic interacting populations Christopher Dye seeks new answers to key questions by drawing on demography ecology epidemiology evolution and population genetics Dye uses simple mathematical models to investigate how cases and deaths could be reduced and how interventions could lead to TB elimination Dye s analysis reveals a striking gap between the actual and potential impact of current interventions especially drug treatment and he suggests placing more emphasis on early case detection and the treatment of active or incipient tuberculosis He argues that the response to disappointingly slow rates of disease decline is not to abandon long established principles of chemotherapy but to implement them with greater vigor Summarizing epidemiological insights from population biology Dye stresses the need to take a more inclusive view of the factors that affect disease including characteristics of the pathogen individuals and populations health care systems and physical and social environments In broadening the horizons of TB research The Population Biology of Tuberculosis demonstrates what must be done to prevent control and defeat this global threat in the twenty first century [Investing in Strategies to Reverse the Global Incidence of TB](#) Jaap Broekmans, UN Millennium Project. Working Group on TB., 2005 First Published in 2005 Routledge is an imprint of Taylor Francis an informa company

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