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**Benefits Of Proposed New Global Plan To Fight Tuberculosis  
Would Dwarf Costs in Sub-Saharan Africa**

*But In Other Areas, Costs May Equal Or Outweigh Benefits,  
Reflecting Success Of Current Anti-TB Efforts*

**Bethesda, MD --** A diverse international network has proposed to significantly increase the resources devoted to fighting tuberculosis, the second most deadly of the world's infectious diseases. The "Global Plan to Stop TB" would step up use of treatments and techniques that have proved effective in fighting the disease, but would the benefits of the additional effort outweigh the costs?

In sub-Saharan Africa, the answer is yes, according to an analysis published today on the *Health Affairs* Web site. In this region, when the Global Plan is compared to continuing the current anti-TB strategy, the benefits of the Global Plan would outweigh its costs by a ratio of 9 to 1, say Ramanan Laxminarayan, a senior fellow at Resources for the Future in Washington, D.C., and coauthors. The proposal for the Global Plan was developed by the Stop TB Partnership, "a network of international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations, and individuals that have expressed an interest in working together" to stop TB.

However, the benefit-to-cost ratio of the Global Plan would vary from country to country, the researchers say. The benefits of the Global Plan would unambiguously outweigh the costs in only 12 of the 22 countries with the highest TB-related burden: the nine high-burden countries in Africa plus Afghanistan, Pakistan, and Russia, according to Laxminarayan and his coauthors from Resources for the Future and the World Bank. Their results are based an epidemiological and economic model that projects TB incidence and mortality under various approaches and calculates the economic costs of additional treatment and monitoring versus the economic benefit of averting TB-related deaths.

"The reason for the mixed picture regarding the benefits and costs of the Global Plan is actually good news: Many of the tools that the Global Plan would use have already been deployed by the international community and have greatly improved case detection and treatment," explained

Laxminarayan. Specifically, the World Health Organization has developed a multicomponent anti-TB strategy known as DOTS. Since one of the biggest obstacles to fighting TB is patient failure to complete treatment regimens, DOTS includes “directly observed treatment,” in which the patient takes his or her medication in front of a health care professional. DOTS also includes short-course chemotherapy and several other components.

The DOTS strategy has reduced the number of TB cases from just under 300 per 100,000 in 1990 to fewer than 220 per 100,000 in 2006, while mortality has decreased from 28 per 100,000 to 25 per 100,000 per year. The Global Plan would seek to improve case detection and treatment still further through methods such as community-based case detection, improved diagnosis and management of patients with respiratory symptoms due to TB, and improved collaboration between the public and private health sectors. When Laxminarayan and coauthors compared the DOTS Strategy and the Global Plan against pre-DOTS anti-TB efforts, they found large positive benefit-to-cost ratios for all 22 high-burden countries in both cases.

Despite the success of DOTS, roughly 9.2 million new TB cases and 1.7 million TB-related deaths were reported in 2006. “There is clearly a need for further efforts to reduce the toll of TB. We hope that our research can play a role in helping to making those efforts as effective and well-targeted as possible,” said Laxminarayan.

After the embargo lifts, you can read the article by Laxminarayan and coauthors at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.4.w730>

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