

Tuberculosis in the WHO European Region

Tuberculosis (TB) continues to be a major public health issue in the WHO European Region. According to the latest estimates, about 340 000 new TB cases and 33 000 deaths were reported in the Region in 2014, mostly from eastern and central European countries (Fig. 1).

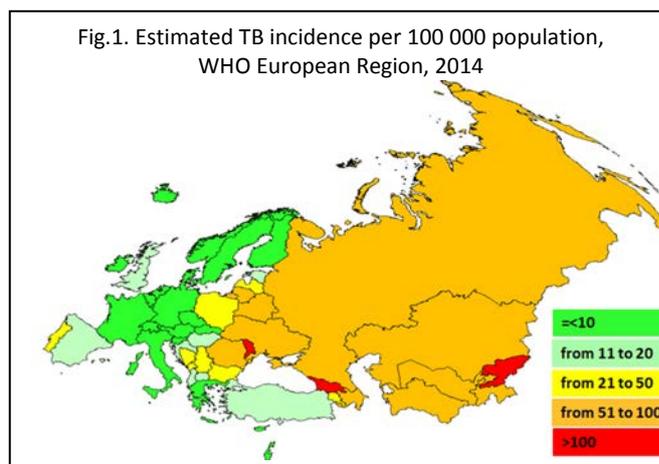
In the last 10 years, new cases of TB have fallen at an average rate of 5.2% per year. Nevertheless, notification rates remained almost eight times higher in high-TB-priority countries than in the rest of the Region.

Treatment results are not satisfactory either. The treatment success rate among new and relapsed cases notified in 2013 was 76%; among previously treated cases it was 58%. Only about half of the people found with multidrug-resistant TB (MDR-TB) were successfully treated in 2012 (Fig. 2).

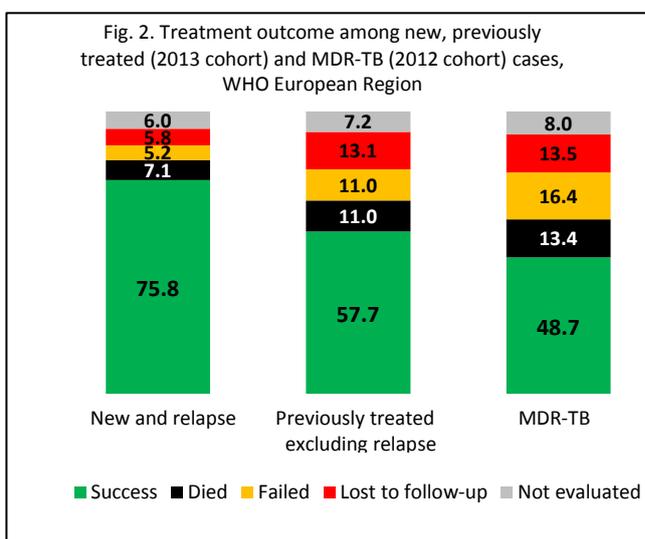
Multidrug-resistant TB

The European Region has the highest rates of drug-resistant TB in the world. Of the 30 countries in the world with the highest burden of MDR-TB, nine are in the Region.¹ The percentage of MDR among new TB and previously treated cases in 2014 in the Region was 18.4% and 46.2%, respectively.

Around 73 000 people in the Region are estimated to fall ill with MDR-TB every year. Due to limited access to diagnosis, only 33 000 (45%) of them were diagnosed in 2014. While almost all MDR-TB patients now have access



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2016. Stockholm: European Centre for Disease Prevention and Control; 2016.



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¹ Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

to treatment, the rate of successful treatment is below the 75% target defined in the Tuberculosis action plan for the WHO European Region 2016–2020.²

In 2014, 966 cases of extensively drug-resistant TB (XDR-TB) were reported. XDR-TB accounts for approximately 18% of MDR-TB cases, and the majority also occur in the nine high-burden countries.

TB and HIV co-infection

TB is a leading killer among people living with HIV, and this deadly combination is increasing in the Region. The percentage of HIV among TB cases increased from 3.4% in 2008 to 8.0% in 2014.

Almost 17 000 of an estimated 20 000 HIV patients co-infected with TB were detected in 2014, but only 37% of those were offered antiretroviral treatment.

WHO's response

In collaboration with national and international partners and civil-society organizations, WHO has implemented the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015³ and has helped European countries to adopt evidence-based interventions to improve prevention and control of TB and M/XDR-TB.

WHO also established the European Green Light Committee and the European Laboratory Initiative (ELI) to help countries develop and/or adjust their national plans in response to the threat from M/XDR-TB.

WHO's support includes setting norms and standards, providing technical assistance, fostering partnerships, building capacity, creating and disseminating evidence and conducting monitoring and evaluation. In particular, the WHO Regional Office for Europe has worked with the Member States and partners to address key challenges in prevention, diagnosis and treatment of TB to make services people centred and more efficient.

Planning ahead

The Consolidated Action Plan came to an end in 2015.

Based on lessons learned from its implementation and in line with the Global End TB Strategy and the Health 2020 policy framework, WHO developed the Tuberculosis action

² Tuberculosis action plan for the WHO European Region 2016–2020. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/working-documents/eurrc6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020>, accessed 16 March 2016).

³ Roadmap to prevent and combat drug-resistant tuberculosis. The Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/roadmap-to-prevent-and-combat-drug-resistant-tuberculosis>, accessed 16 March 2016).

plan for the WHO European Region 2016–2020, including input from countries, partners, civil-society organizations and communities. The plan was unanimously endorsed by Member States in the WHO European Region at the 65th session of the WHO Regional Committee for Europe in Vilnius, Lithuania, in September 2015.

The new plan includes a set of clear actions for all countries, including those with low numbers of new TB cases; partners; and WHO to move towards ending TB in the Region, in line with Sustainable Development Goals.

About TB

TB is a contagious disease that spreads when a person breathes in the bacteria breathed out by an infected person. This disease is mainly caused by *Mycobacterium tuberculosis*. One third of the world's population is infected, and a tenth of infected people become ill with the disease during their lifetimes.

The symptoms differ depending on the area of the body infected. In pulmonary TB, common symptoms are a cough with sputum production (sometimes with blood), shortness of breath and chest pain. There are also general symptoms, such as fever in the evening, night sweats, loss of weight and appetite, fatigue and muscle weakness. People living with HIV or suffering from other conditions that weaken the immune system, such as diabetes mellitus and those receiving immunosuppressant therapy, are at much higher risk of developing the disease.

MDR-TB is resistant to two of the most potent anti-TB drugs. This is a result of inadequate treatment of TB and/or poor airborne infection control in health care facilities and congregate settings. XDR-TB is resistant to the most important first- and second-line drugs and has very limited chances of cure.

TB can affect everyone but is most frequently seen among young adults in the eastern part of the European Region and among migrants and the elderly native population in western European countries. TB is particularly linked to social determinants of health, such as migration, imprisonment and social marginalization.

Further information is available on the Regional Office website (<http://www.euro.who.int/tb>).

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