

## In this month's *Bulletin*

### Special theme: tuberculosis control

Léopold Blanc & Lindsay Martinez (326) introduce this theme issue on tuberculosis (TB) control with an editorial that covers the importance of the two key targets of 70% detection of TB cases and successful treatment of 85% of those cases. In another editorial, Mario C Raviglione (327) calls for successful implementation of the Global Plan to Stop TB, 2006–2015, and the Stop TB strategy.

### In the News (328–333)

Jacqui Wise reports on how new technology could hold the key to keeping extensively drug-resistant TB at bay in southern Africa. Elena Zolotova reports from the Russian region of Orel on progress in fighting TB strains that are resistant to common drugs. Jorge Sampaio, the United Nation's first Special Envoy to Stop TB, talks about his work campaigning for TB control.

### TB control planning (341–346)

Dermot Maher et al. argue that their approach to planning for TB control to help countries achieve Millennium Development Goal 6 has relevance for other health areas. In their paper, they outline why planning for control of communicable diseases is necessary, describe the process and outcomes of the partnership's Global Plan to Stop TB 2006–2015 and review the policy implications of long-term planning for TB control.

### Global drug facility (348–353)

The Global Drug Facility (GDF) has supplied drugs for 10 million TB patients in some of the world's poorest countries since it was launched in 2001. Robert Matiru & Timothy Ryan found that provision of free or affordable TB drugs was not always an incentive for governments to improve their TB programmes.

### Financing TB control (334–340)

Katherine Floyd et al. look at a global financial monitoring system for TB control that was established in 2002. By 2007, this system had reported on actual or planned spending of more than US\$ 7 billion and was systematically reporting financial data for countries carrying 90% of the global burden of TB. The authors illustrate the value of the system by presenting major findings that have been produced for the period 2002–2007 and assess the system's strengths, limitations and relevance to other health-care programmes.

### TB science

In the News section, Paul Garwood (331–332) writes about a range of promising new vaccine, drug and diagnostics candidates to prevent, cure and detect TB that could be within reach soon. John C Ridderhof et al. (354–359) write that investments in new equipment and supplies for laboratories should be accompanied by efforts to integrate laboratory networks into health-care systems. Roland Brosch & Véronique Vincent (410–412) outline current research efforts to produce new TB vaccines, drugs and diagnostics.

### Round tables

Kai Blöndal (387–390) tackles the subject of drug resistance and the challenges this presents for TB control. KF Laserson & CD Wells (377–381) debate the impact of HIV on TB control. Donald A Enarson & Nils E Billo (395–398) take a critical look at the DOTS Expansion Plan for TB.

### TB data

Christopher Dye et al. (364–369) assess whether national TB control programmes met the 2005 targets: to detect 70% of all new sputum smear-positive cases and cure at least 85% of these cases. In their paper, Marieke J van der Werf & Martien W Borgdorff (370–376) discuss whether we can be confident about data being used to measure progress towards the

Millennium Development Goals. Pieter van Maaren et al. (360–363) describe how the Stop TB Special Project established in 2000 helped to achieve substantial gains in TB control in WHO's Western Pacific Region.

### Public health classic (413–417)

Mukund Uplekar & Mario C Raviglione review a ground-breaking paper by Halfdan Mahler, WHO Director-General from 1973 to 1988, on tuberculosis programmes in developing countries published in the *Bulletin of the International Union Against Tuberculosis and Lung Disease* in 1966. The paper shows how past TB control efforts are relevant today.

### Supervised administration is vital to TB control (407–409)

The WHO-recommended TB control strategy includes supervised administration of treatment under proper case management conditions, or directly-observed treatment. Critics advocate eliminating supervised administration from TB treatment guidelines, substituting self-administration or family treatment observation. But Thomas R Frieden & John A Sbarbaro argue that this advocacy is based on misinterpretation of scientific data and failure to rigorously analyse public health practice. Treatment observation is the only strategy proven to ensure treatment success on a programme basis.

### Barriers to completing TB treatment (404–406)

The failure of TB patients to complete their treatment, even in places where health services are good, is a major obstacle for TB control. Paul Garner et al. write that the interventions that had been tested to improve TB treatment adherence were targeted at overcoming barriers between the health service and the patient. They argue that new approaches are needed to overcome the stigma of TB and to tackle gender differentials in TB treatment. ■