
Notes

Chapter 1

1. See www.unmillenniumproject.org for detailed history and summary of the UN Millennium Project and its task forces.
2. The United Nations Millennium Declaration can be found at www.unmillenniumproject.org.
3. The first *ad hoc* Committee on the Tuberculosis Epidemic met in 1998, and among other things influenced the establishment of the Partnership and the Global Drug Facility.

Chapter 2

1. The countries are Botswana, Côte d'Ivoire, Djibouti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Somalia, South Africa, Swaziland, Zambia, and Zimbabwe.
2. Unless otherwise shown, data and findings in the section on the overview of the tuberculosis epidemic are taken from WHO (2004j).
3. Unless indicated otherwise, data and findings in the section on MDR-TB are from WHO (2004b, 2004m).

Chapter 5

1. The Global Plan progress report was not able to provide a comprehensive analysis of current investment in tuberculosis control, so an exact assessment of the global tuberculosis funding “gap” was not possible. Based on the fact that the gap identified in the original Global Plan to Stop TB was not filled, while estimated need has increased by some \$415 million annually, even without an expanded set of TB/HIV and DOTS expansion costs, the Progress Report estimates an annual funding gap of at least \$1 billion for TB control and new tool development.
2. Brazil is not eligible for GFATM funding because of its relatively higher per capita income.

Appendix 2

1. A Gini score of 0 means perfect equality; a score of 100 means perfect inequality.
2. Agencies include the United States Agency for International Development (USAID), John Snow Inc/DELIVER, the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Global Drug Facility (GDF), the World Bank, the Royal Dutch TB Association/Canadian International Development Agency, Family Health International/IMPACT, and several other NGOs such as Malteser, Médecins sans Frontières, and a new local NGO funded by Fidelis.
3. The material in this section is taken from NLTP (2003).
4. Williams B., Mansoer J., and Dye C., unpublished data.
5. NLTP (internal database) as reported by Hanson and Mansoer (2003).

Appendix 3

1. www.un.org/kh/who/country.html, accessed 25/7/04.
2. UNDP Human Development Index 2003 and U.S. State Department Cambodia Background Notes: www.state.gov/r/pa/ei/bgn/2732.htm#political.
3. From www.unaids.org/nationalresponse/result.asp. National Response Brief: Cambodia.

Appendix 5

1. Government attempts to improve road conditions have included the establishment of the Ethiopian Rural Travel and Transport Sub-Program.

Appendix 7

1. Other investigators were James Lloyd-Smith, University of California, Berkeley; Megan Murray, Harvard University; Travis Porco, University of California, Berkeley; Steve Resch, Harvard University; Maria Sanchez, University of California, Berkeley; and Milt Weinstein, Harvard University.
2. The increased attention to R&D context has been reaffirmed in the 2001 Global Plan to Stop TB, the 2003 Recommendations of the Ad Hoc Committee to the Stop TB Partnership, and the 2004 Global Plan Update.
3. DOTS is the internationally recommended TB control strategy. It combines five elements, including the use of direct observation of treatment. Once patients with infectious TB have been identified, health and community workers and trained volunteers observe and record patients swallowing the full course of the correct dosage of medicines (treatment lasts six to eight months).

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