



POST-2015 TB STRATEGY AND TARGETS

DRAFT DOCUMENT AND RESULTS OF CONSULTATIONS

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23rd Stop TB Partnership Coordinating Board Meeting
11 – 12 July 2013, Ottawa, Canada

**GLOBAL TB
PROGRAMME**



World Health Assembly 2012

Call from Member States

At the 65th World Health Assembly in May 2012, Member States including Brazil, UK, Italy, Swaziland, Saudi Arabia and others, called upon WHO to develop a **new post-2015 TB strategy and targets** and present this to Member States at the **67th World Health Assembly in 2014**.



The Process so far

Strategic & Technical Advisory Group for TB (STAG-TB)

Regional Consultations – London, Sao Paulo, Cairo, Chisinau, Nairobi, Phnom Penh and Jakarta

HBC consultation and symposium at World TB Congress in Kuala Lumpur

WHO/ Partnership consultation on post-2015 targets



June
2012

June-
December 2012

November
2012

February
2013

The Process so far and looking ahead

**Pillar 2
Consultation:
Universal Health
Coverage and
Social Protection
Opportunities**

**Pillar 3
consultation on
research and
innovation**

**STAG-TB
2013**

**WHO Executive
Board and
World Health
Assembly 2014**



**April
2013**

**10 June
2013**

**11-12 June
2013**

**January-May
2014**

DRAFT POST-2015 TB STRATEGY AT A GLANCE

- VISION:** A world free of TB:
Zero deaths, disease and suffering due to TB
- GOAL:** End the Global TB Epidemic
- TARGETS FOR 2035:** 95% reduction in TB deaths (compared with 2015)
Less than 10 cases per 100,000 population
- MILESTONES FOR 2025:** 75% reduction in TB deaths (compared with 2015);
TB cases reduced to less than 50 per 100,000 population
No affected families face catastrophic costs due to TB

PRINCIPLES:

- Government stewardship and accountability, with monitoring and evaluation
- Strong coalition with civil society and communities
- Protection and promotion of human rights, ethics and equity
- Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND COMPONENTS

1. HIGH-QUALITY, INTEGRATED TB CARE AND PREVENTION

- A. Early diagnosis of TB including universal drug susceptibility testing; systematic screening of contacts and high-risk groups
- B. Treatment of all people with TB including drug-resistant TB, with patient-centred support
- C. Collaborative TB/HIV activities and management of co-morbidities
- D. Preventive treatment of people at high-risk and vaccination for TB

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

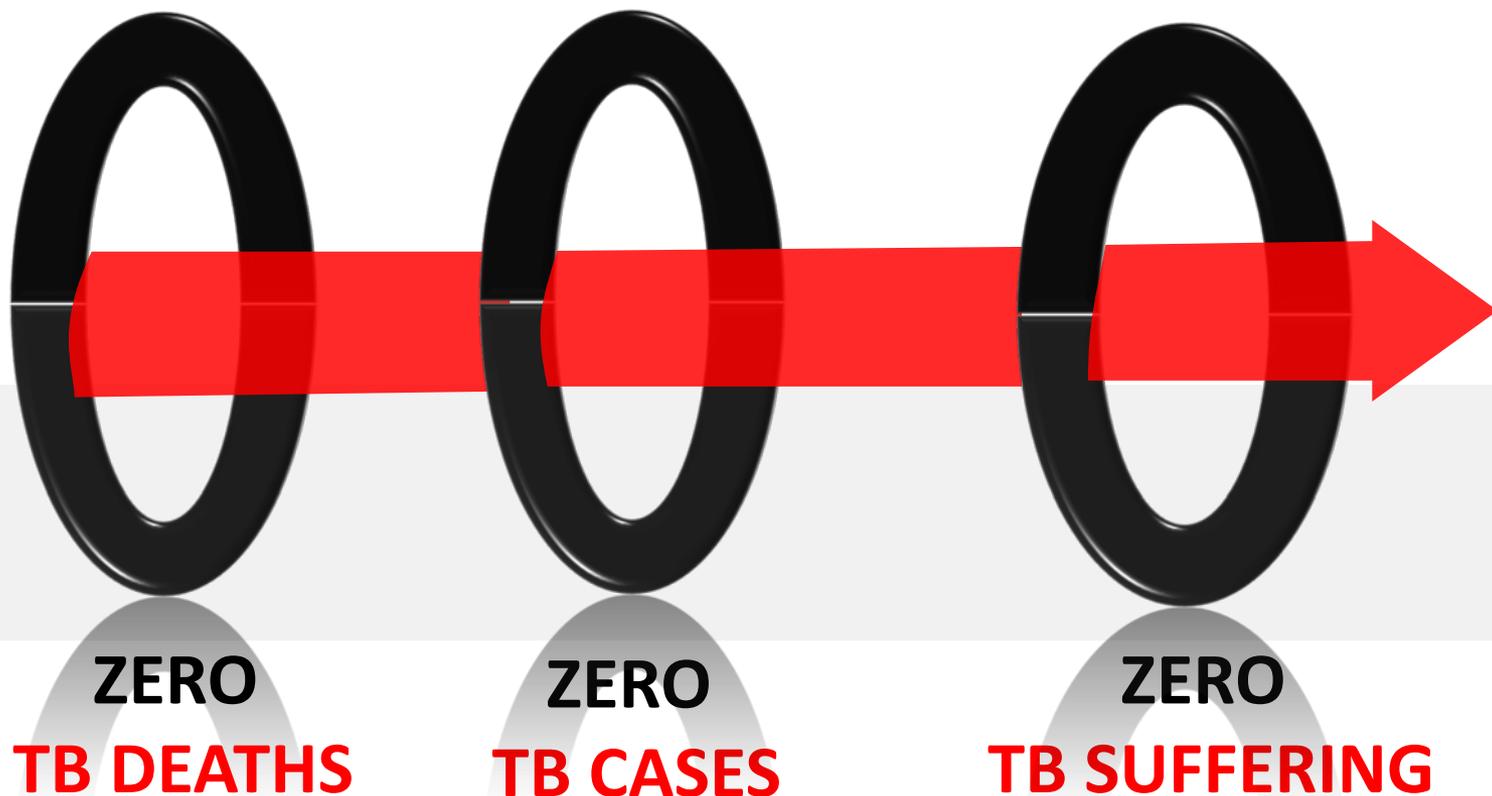
- A. Political commitment with adequate resources for TB care and prevention
- B. Engagement of communities, civil society organizations, and public and private care providers
- C. Universal Health Coverage and other policy and regulatory frameworks for case notification, vital registration, drug quality and rational use, and infection control
- D. Social protection, poverty alleviation and actions on other TB determinants

3. INTENSIFIED RESEARCH AND INNOVATION

- A. Discovery, development and rapid uptake of new tools, interventions, and strategies
- B. Research to optimize implementation and impact and promote innovations

Proposed Vision

A WORLD FREE OF TB



Proposed Goal and Targets

GOAL: End the Global TB Epidemic

2035

Target 1



95% reduction in
TB deaths (compared
with 2015)

Target 2



$\leq 10/100\ 000$
TB incidence rate

Getting there: **Milestones**



TARGETS

- 35% reduction in TB deaths
- $\leq 85/100\ 000$ TB incidence rate
- No affected families with catastrophic costs due to TB

TARGETS

- 75% reduction in TB deaths
- $\leq 55/100\ 000$ TB incidence rate
- No affected families with catastrophic costs due to TB

TARGETS

- 90% reduction in TB deaths
- $\leq 20/100\ 000$ TB incidence rate
- No affected families with catastrophic costs due to TB

GOAL

- **95% reduction in TB deaths**
- **$\leq 10/100\ 000$ TB incidence rate**
- **No affected families with catastrophic costs due to TB**

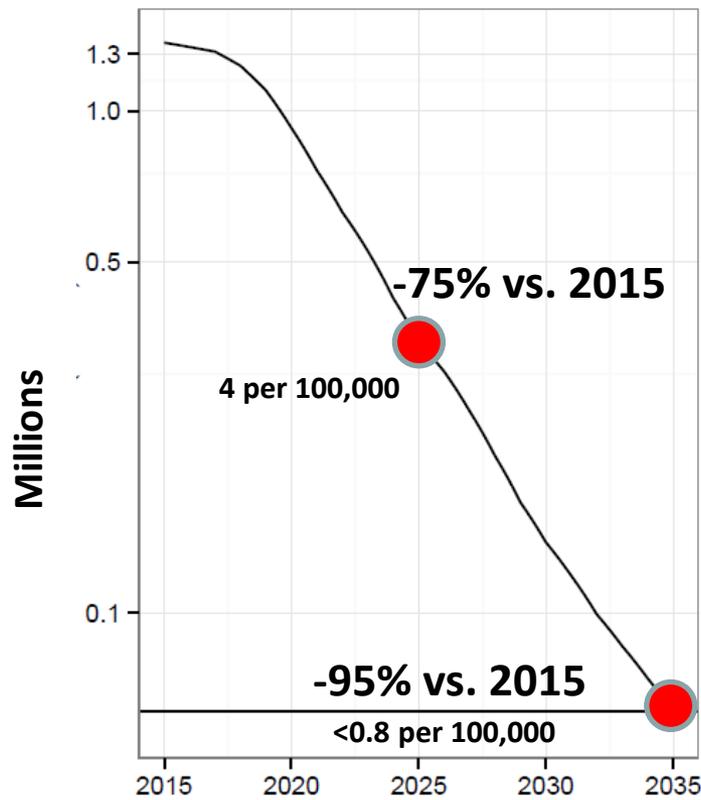
Proposed targets

Goal: End the global TB epidemic

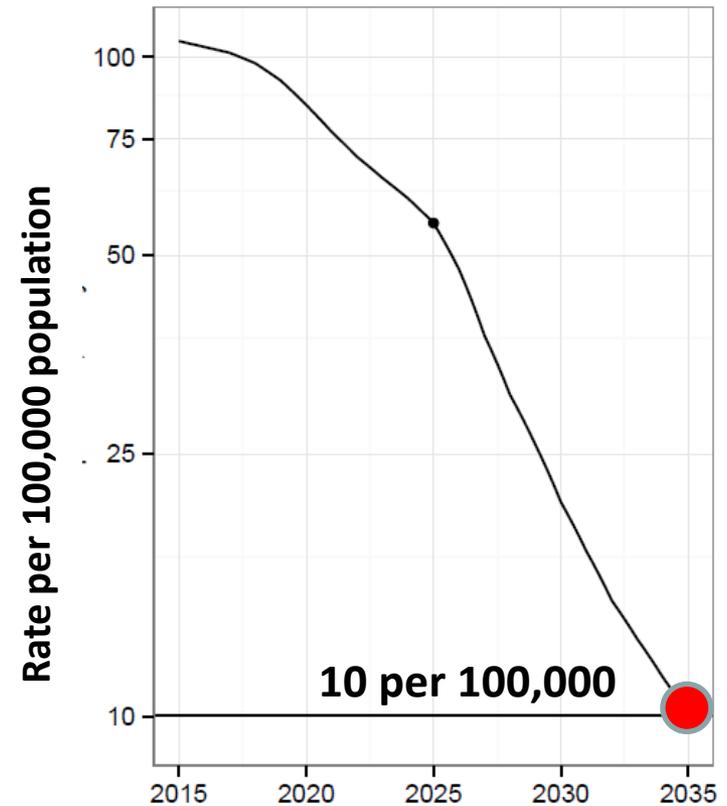
1. Universal health coverage by 2025

2. New tools available from 2025

TB deaths



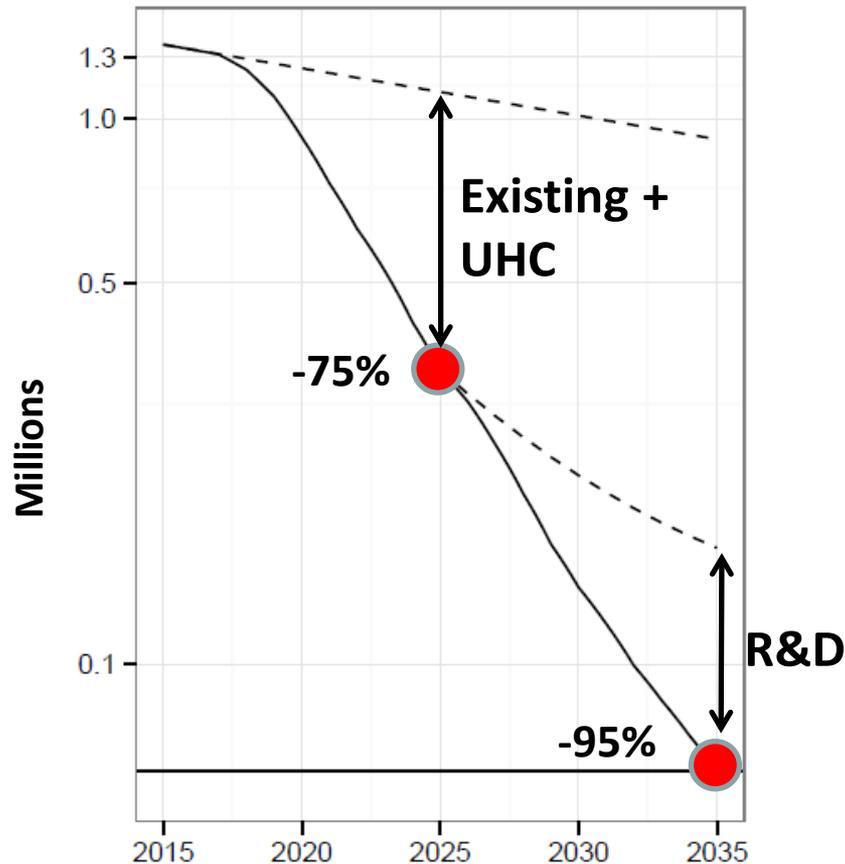
TB incidence



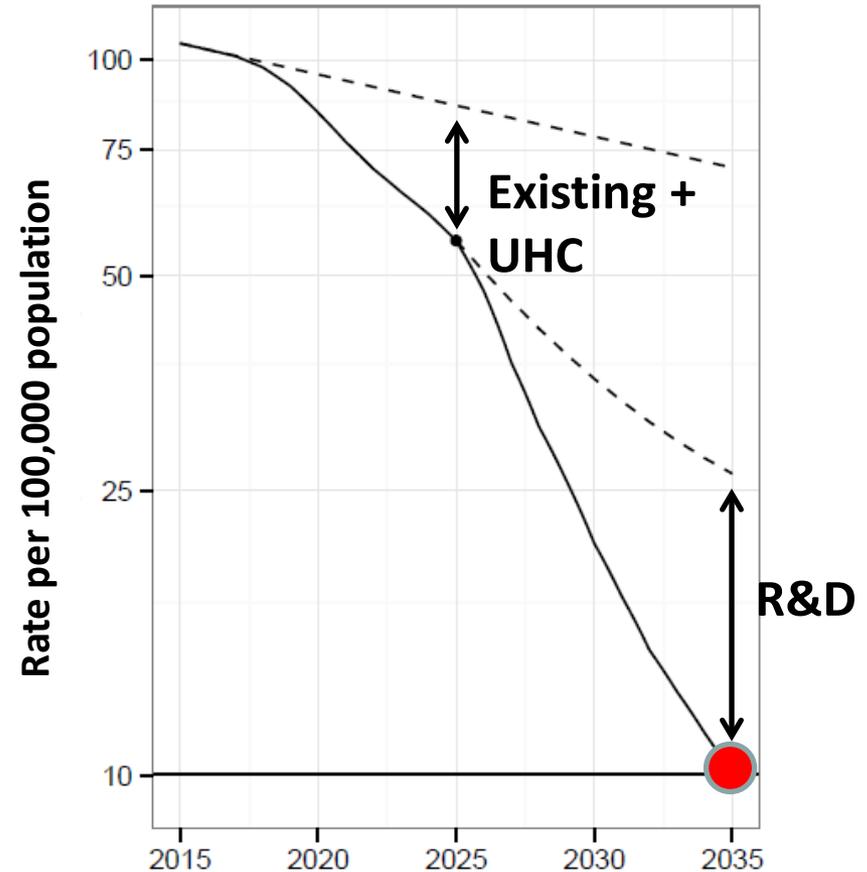
Proposed targets

Goal: End the global TB epidemic

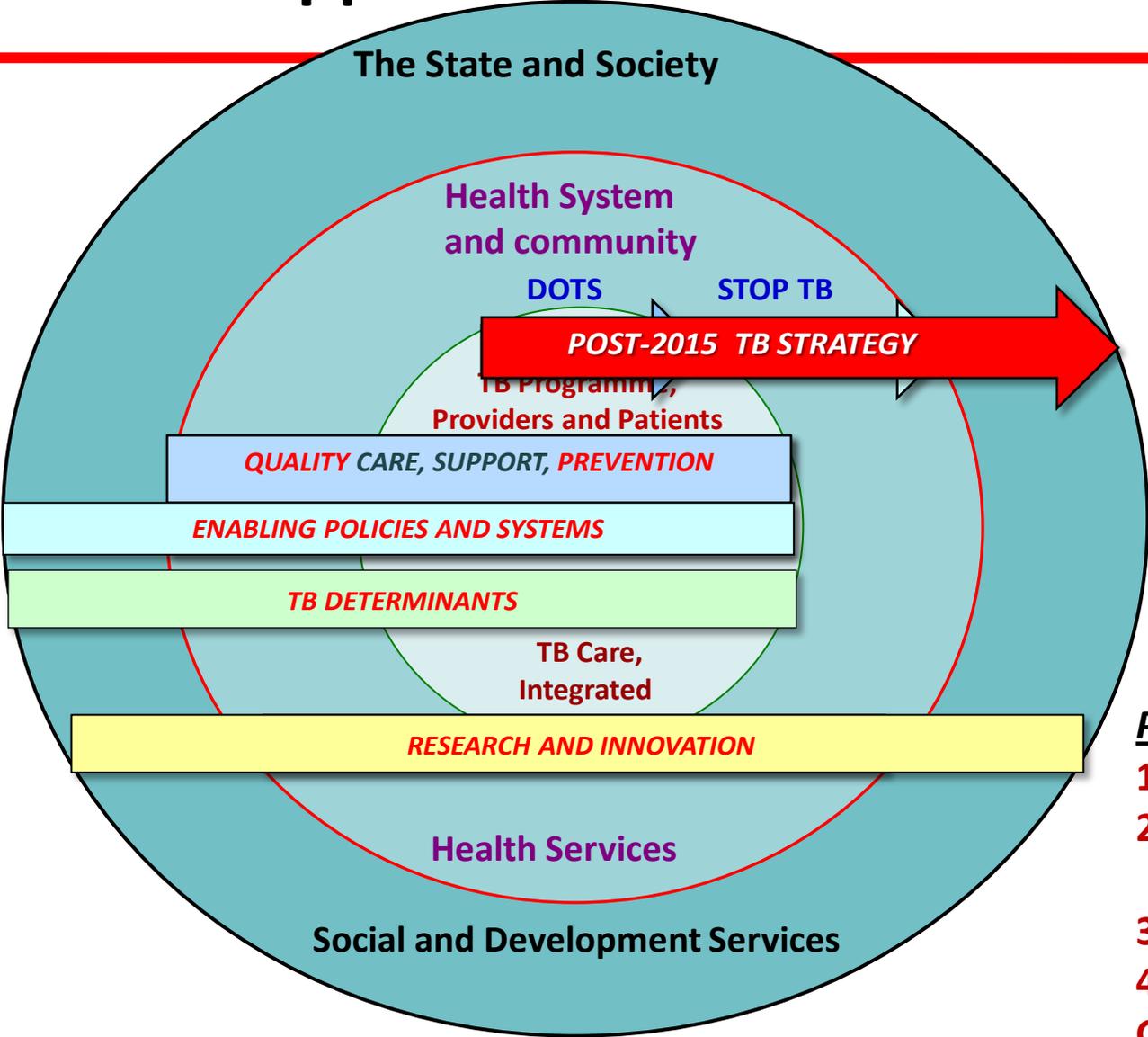
TB deaths



TB incidence



The new approach

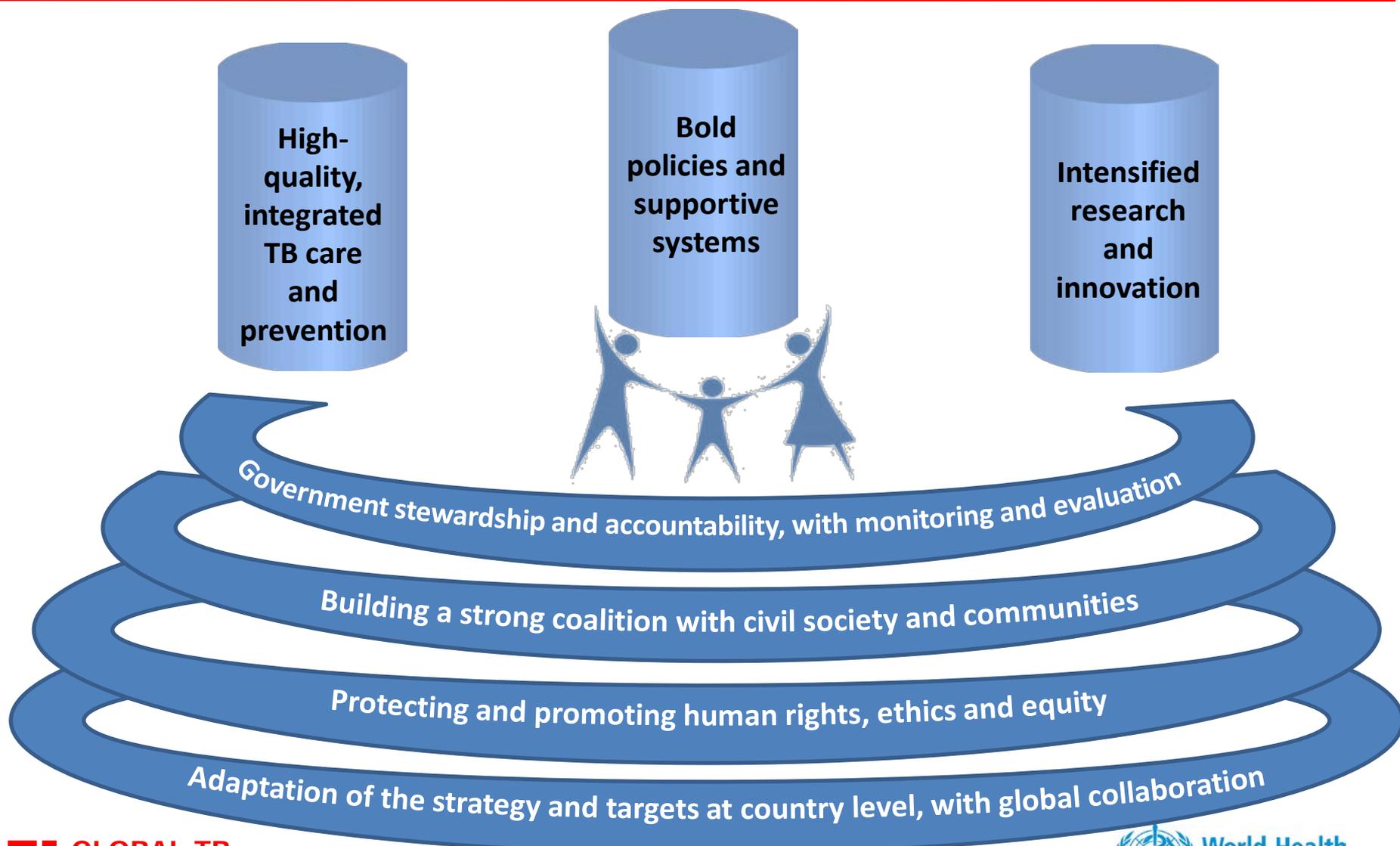


Principles:

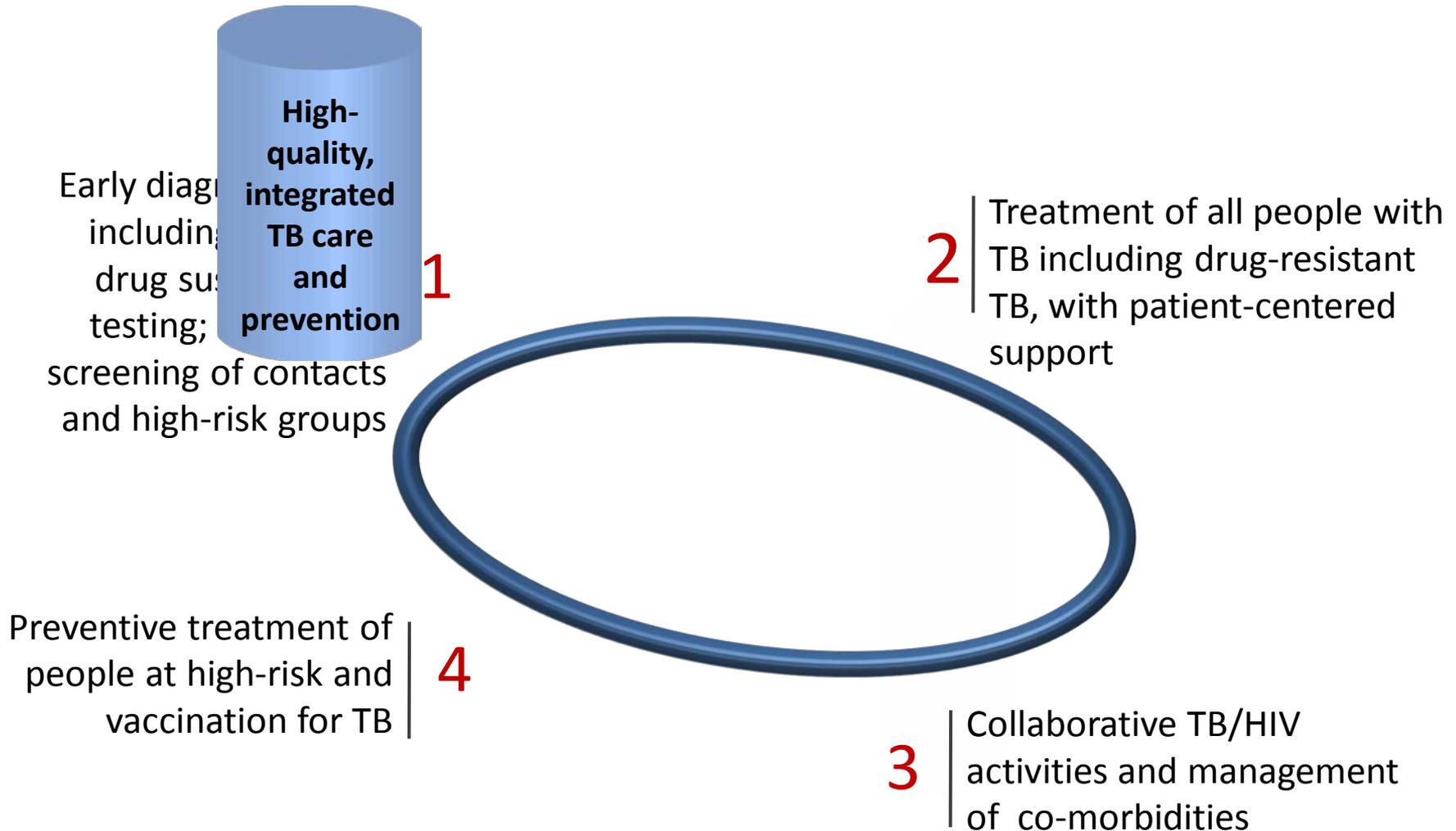
1. Government Stewardship
2. Coalition with Community & Civil Society
3. Rights, Ethics, Equity
4. Country Adaptation & Global Collaboration

Post-2015 TB Strategy

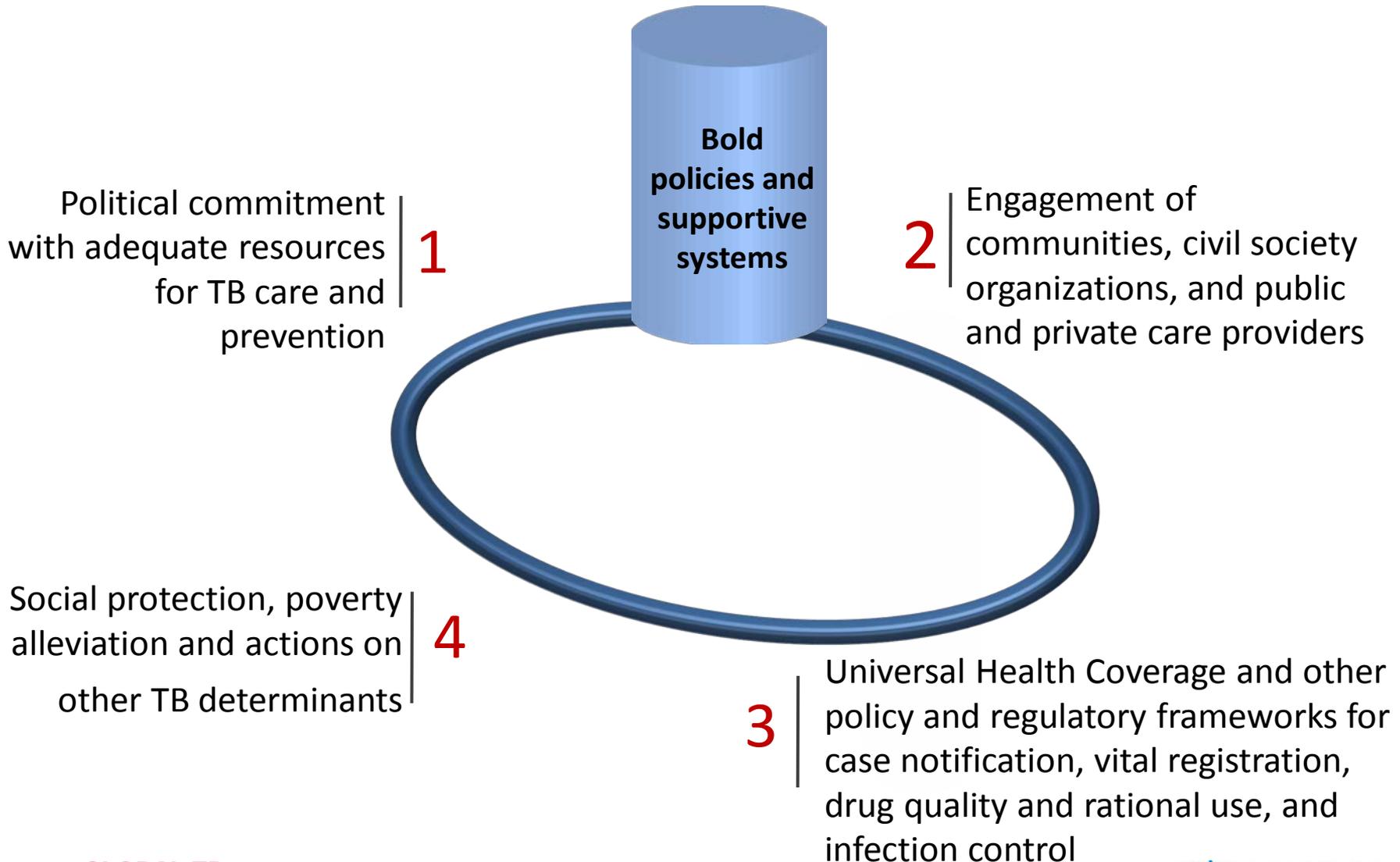
Proposed Pillars and Principles



Three pillars of the Post-2015 TB Strategy



Three pillars of the Post-2015 TB Strategy

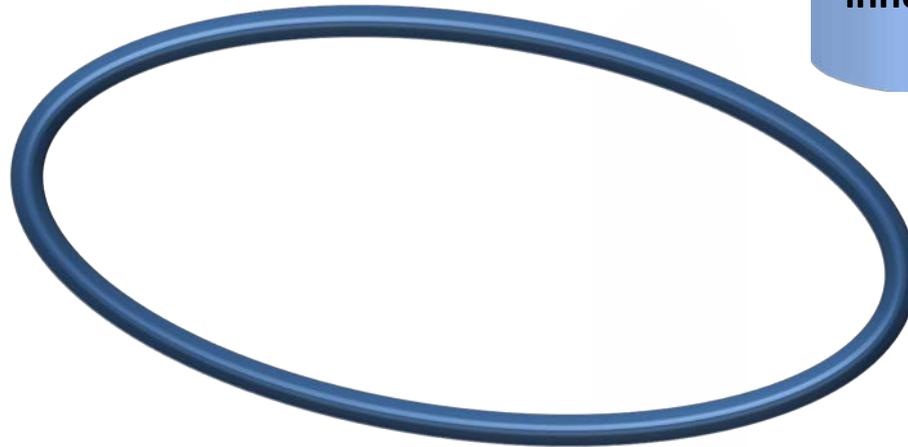


Three pillars of the Post-2015 TB Strategy

Discovery, development and
rapid uptake of new tools,
interventions, and strategies

1

Intensified
research
and
innovation



2

Operational research to
optimize implementation
and impact and promote
innovations

Measuring Progress

| Component | Global Indicator | Milestone 2025 |
|---|---|----------------|
| PILLAR 1 – UNIVERSAL HIGH-QUALITY TB CARE AND PREVENTION | | |
| A. Early diagnosis | % of persons with suspected TB examined using rapid, accurate TB diagnostic (WHO recommended) | 100% |
| | % of all TB patients for whom DST results are available | 100% |
| | % of eligible TB index cases with contact investigation | 100% |
| B. Treatment | TB treatment success ratio | >90% |
| | % patients with DR-TB enrolled under PMDT | 100% |
| C. TB/HIV and co-morbidities | % TB patients screened for HIV | 100% |
| | % HIV+ tuberculosis patients on ART | 100% |
| D. Preventive treatment | % eligible PLHIV and TB contacts <5 on LTBI treatment | 100% |
| PILLAR 2 – BOLD POLICIES AND SUPPORTIVE SYSTEMS | | |
| A. Government commitment | % of annual funding in TB National Strategic Plans covered | 100% |
| B. Engagement of communities and providers | % reporting of diagnosed TB cases | >90% |
| C. Universal Health Coverage and regulatory frameworks | % of population without catastrophic health expenditures | 100% |
| | % of countries with certified TB surveillance system | 100% |
| D. Social protection, social determinants | % of TB patients covered by social protection benefits | 100% |
| | % of population without undernutrition | >95% |
| PILLAR 3 – INTENSIFIED RESEARCH AND INNOVATION | | |
| A. Discovery | To be proposed | |
| B. Implementation | To be proposed | |

Post-2015 Development Agenda



4. Ensure Healthy Lives

4a. End preventable infant and under-5 deaths ^{1,2}

4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated ^{1,2}

4c. Decrease the maternal mortality ratio to no more than x per 100,000 ^{1,2}

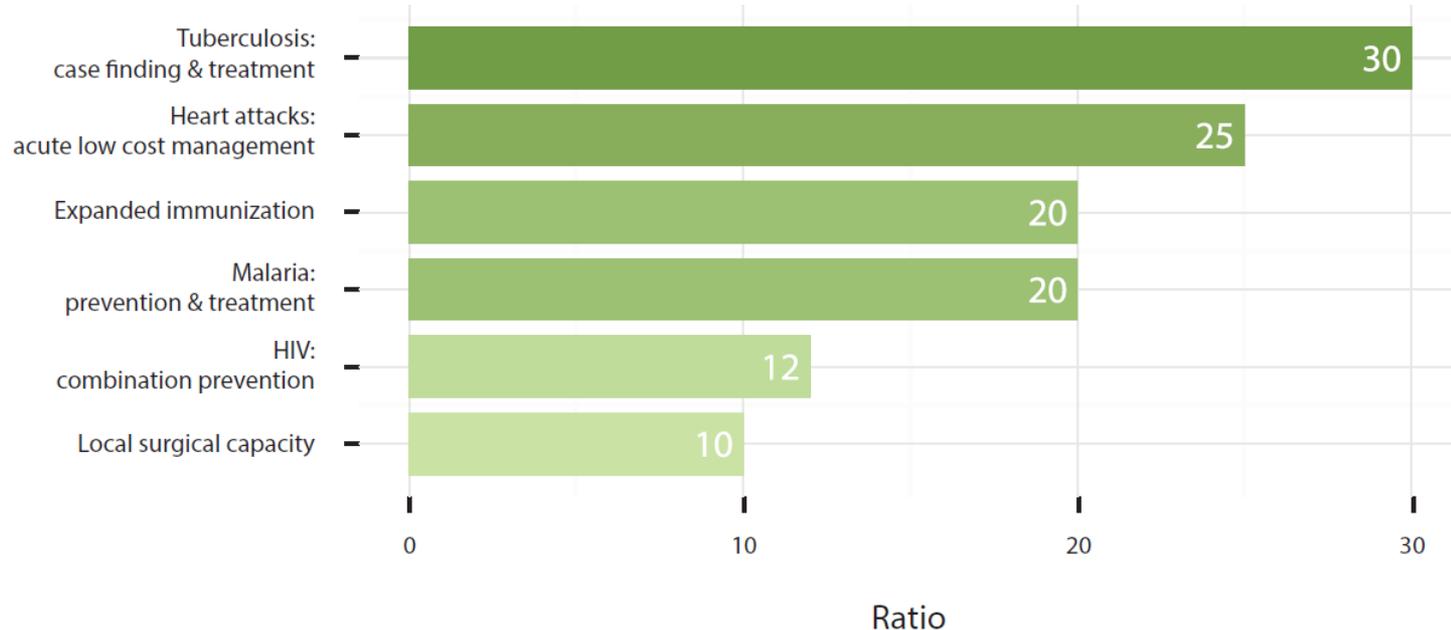
4d. Ensure universal sexual and reproductive health and rights ^{1,2}

4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases ²

- The World We Want website and consultations
- High-Level Panel on the post-2015 Development Agenda - recommendations to help respond to the global challenges of the 21st century, building on MDGs and with view to end poverty

Benefits of investing in TB outweigh the costs

Health Solutions are Affordable and Available



Improved health and productivity gains per \$1 spent

Reference: The report of the high-level panel of eminent persons on the post-2015 development agenda

Next steps on the new strategy

- ✓ Prepare a 2200-word document for the WHO's Executive Board in January 2014 explaining the new strategy (October 2014)
- ✓ Support preparation of a resolution to accompany the document by a proposing Member State (Q4 2013)
- ✓ Support discussion at the Executive Board in January 2013 and incorporate EB comments and revisions (Q1 2014)
- ✓ Support discussion at WHA 2014

The Post-2015 Strategy Group

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