

# Updated Global Plan

- A costed road map to achieve the UNHLM on TB Targets and Commitments

Paula Fujiwara, Chair of the Task Force for Global Plan  
Suvanand Sahu, Deputy ED, Stop TB Partnership

*11 December 2019, Stop TB Partnership Board Meeting, Jakarta*



## Outline

- Process of updating
- Content – key highlights
- Use of the document

# Stop TB Board, in its 31<sup>st</sup> meeting in January 2019 had asked the Secretariat to update the Global Plan to End TB

Stop TB Partnership

31<sup>st</sup> Board Meeting  
Geneva, Switzerland  
Decision Points

Post-UNHLM

Maintaining Political Momentum

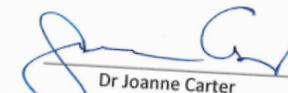
Decision Point 31-3

1. The Board expresses gratitude for the engagement and support of the Board Leadership, H.E. Dr Aaron Motsoaledi, Minister of Health of South Africa, and Executive Director of UNHLM, who led a successful UNHLM. The Board also commends each of the Secretariat's actions by countries and Board members into 2017 and 2018 in the working with all partners, and further scaled up in

The Board endorses the proposed roadmap to develop an updated version of the Stop TB Partnership's Global Plan to End TB up to 2022 under the guidance of the Global Plan Task Force, including a revision of the targets to align with the UN Political Declaration on TB and the Global Fund Replenishment period.

... Partnership's Global Plan to End TB up to 2022 under the guidance of the Global Plan Task Force, including a revision of the targets to align with the UN Political Declaration on TB and the Global Fund Replenishment period.

  
Dr Lucica Ditiu  
Executive Director

  
Dr Joanne Carter  
Vice-Chair

## Process

- 2 meetings of the Task Force
- 2 web consultations
  - 5-19 July: on what needs to change
  - 28 Oct - 9 Nov: on the near final draft
- One meeting of the 3 new tools WGs
- Modeling and costing work
- Core writing group



## Global Plan Task Force

- **Global Plan Task Force: Paula I Fujiwara (Chair)**, Katherine Floyd, Blessina Kumar, David Lewinsohn, David Mametja, Thokozile B Nkhoma, Aaron Oxley, KS Sachdeva, Cheri Vincent, Eliud Wandwalo and Richard White.
- **Alternate Members of Task Force:** Sevim Ahmedov, Philippe Glaziou, Janika Hauser, Rachael Hore, Mukadi YaDiul and Mohammed A Yassin.
- **Writer, modelers:** David Dowdy, Paul M Jensen, Carel Pretorius
- **Secretariat to the Global Plan Task Force:** Mohammed Anouar, Lucica Ditiu, Suvanand Sahu and Shinichi Takenaka.

## What was updated

- UNHLM on TB targets incorporated
- Costing and modeling was redone
- All chapters underwent major updating
- Chapter on new tools completely rewritten
- Priority actions added in the beginning of all chapters

## Other highlights

### Chapter 1

- 5 areas of paradigm shift
- Accountability

### Chapter 2

- Country share of UNHLM targets
- Investment packages for 9 settings

### Chapter 3

- UNHLM commitments on rights, gender, key populations

### Chapter 4

- Communities
- Private sector

### Chapter 5

- UHC including the 2019 UNHLM political declaration
- Other socio-economic actions

### Chapter 6

- Updated costed frameworks for new tools
- “Off-the-shelf” projects
- Basic science research
- Digital technology
- Fair share for closing the TB R&D funding gap

### Chapter 7

- Resource needs
- Sources of funding – traditional as well as innovative financing

## 5 areas of Paradigm Shift

1. Exhibit inclusive, multisectoral and accountable leadership that includes a strong commitment to regular reporting and review of progress.
2. Transform the TB response to be equitable, rights-based and people-centred, with proactive efforts to reach key populations.
3. Accelerate R&D and advance innovation in TB programmes and interventions.
4. Ensure TB programmes and activities are supported by strong health systems that leave no one behind.
5. Invest the funds necessary to end TB, using all available new and innovative funding streams.

The 90-(90)-90 targets now linked to:

- UNHLM on TB targets;
- UNHLM on HIV targets; and
- FIND.TREAT.ALL.# ENDTB approach

Reach at least

**90%**  
OF ALL PEOPLE WITH TB

and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required

As a part of this approach, reach at least

**(90)%**  
OF THE KEY POPULATIONS

the most vulnerable, underserved, at-risk populations

Achieve at least

**90%**  
TREATMENT SUCCESS

for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.

Key population framework remains the same

Narrative under Key Population groups revised

Section on stigma and human rights strengthened

People who have  
**INCREASED EXPOSURE**  
to TB  
due to where they live or work

Prisoners, sex workers, miners, hospital visitors, health care workers and community health workers

PEOPLE WHO:

- ✦ live in urban slums
- ✦ live in poorly ventilated or dusty conditions
- ✦ are contacts of individuals with TB, including children
- ✦ work in environments that are overcrowded
- ✦ work in hospitals or are health care professionals
- ✦ are in contact with or live with livestock

People who have  
**LIMITED ACCESS TO QUALITY TB SERVICES**

Migrant workers, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants

PEOPLE WHO:

- ✦ are from tribal populations or indigenous peoples
- ✦ are homeless
- ✦ live in hard-to-reach areas
- ✦ live in homes for the elderly
- ✦ have mental or physical disabilities
- ✦ face legal barriers to access care
- ✦ are lesbian, gay, bisexual or transgender

People at  
**INCREASED RISK**  
of TB because of biological or behavioural factors that compromise immune function

PEOPLE WHO:

- ✦ live with HIV
- ✦ have diabetes or silicosis
- ✦ undergo immunosuppressive therapy
- ✦ are undernourished
- ✦ use tobacco
- ✦ suffer from alcohol-use disorders
- ✦ inject drugs

REACHING  
THE  
UNITED NATIONS  
TB TARGETS  
31 / 12 / 2022

# THE PARADIGM SHIFT

Global Plan to End TB: 2018-2022

REACHING  
THE  
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# THE PARADIGM SHIFT

Global Plan to End TB: 2018-2022



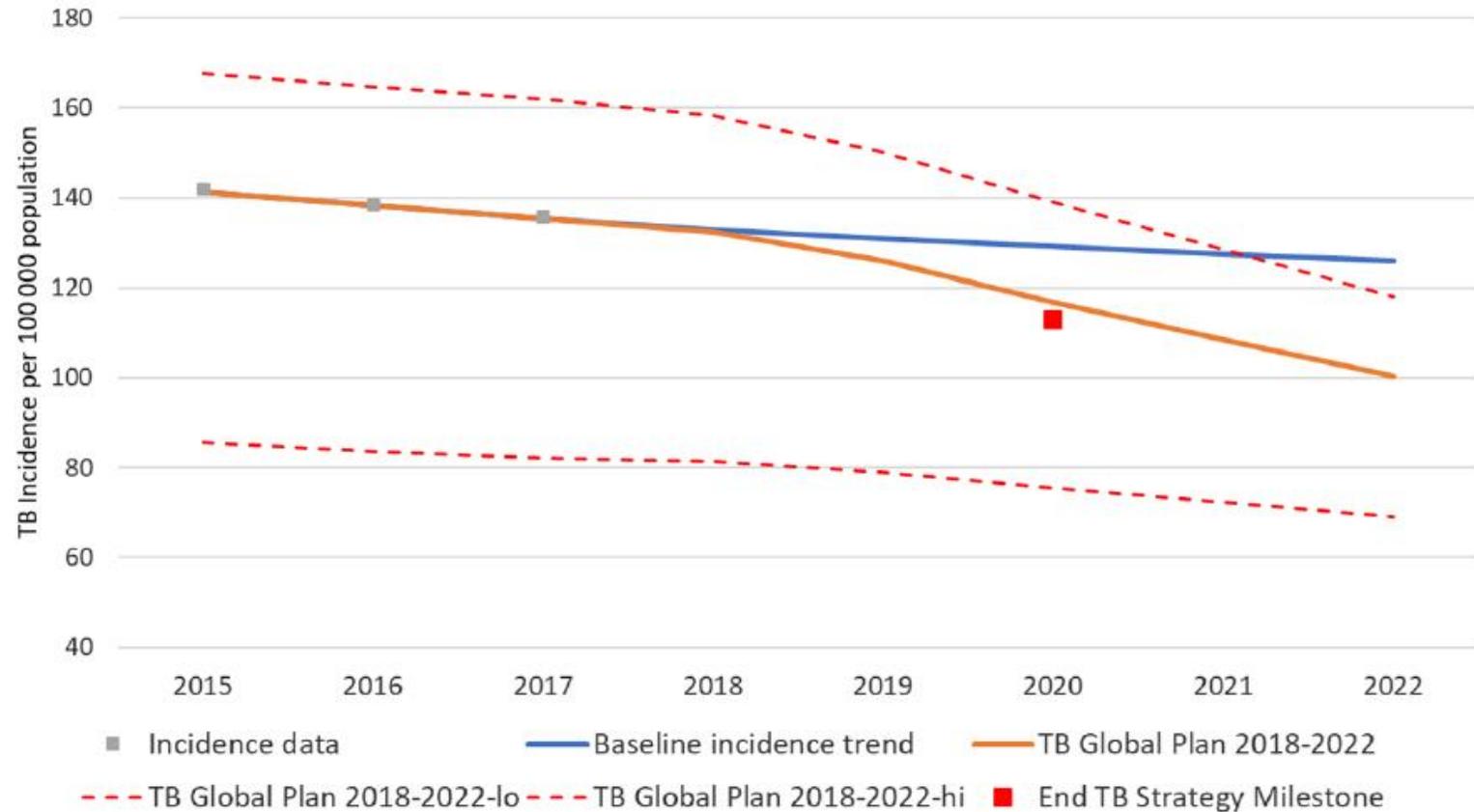
## What will be achieved by funding and implementing the Global Plan....1

- Countries will **reach the UNHLM** treatment targets set for 2022;
- TB Prevention and Care
  - **40** million people will be treated for TB, including **3.5** million children and **1.5** million people with DR-TB, and
  - over **30** million people will receive TB preventive therapy,
  - leading to **1.5** million fewer deaths due to TB and
  - **48** million disability-adjusted life years (DALYs) averted.
- New tools
  - New tools from R&D will be on the horizon for the final battle to end TB by 2030.
  - A 5-year delay in increasing funding for TB R&D – the **cost of inaction** – would lead to approximately **2** million additional people dying and an additional **13.9** million people developing TB.

## What will be achieved by funding and implementing the Global Plan....2

- 2020 incidence milestone of End TB Strategy will be achieved a year later, in 2021;
- The world will be on track to achieve the 2025 milestones and the SDG target of ending TB by 2030.

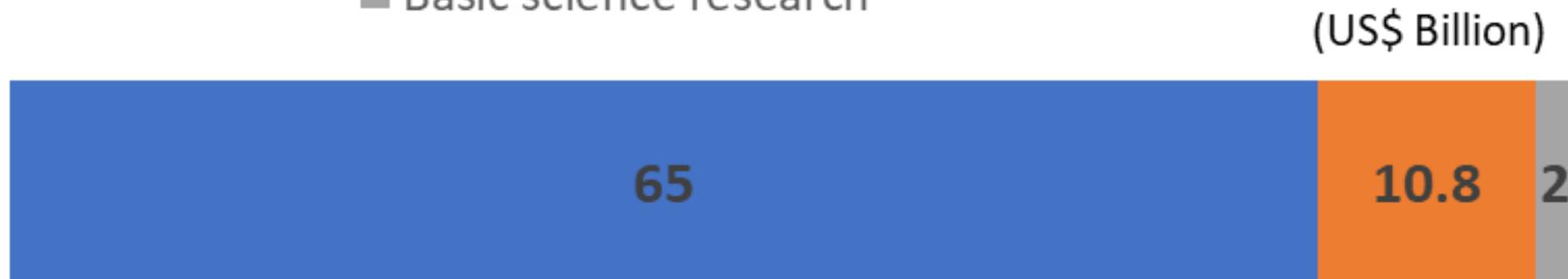
### Impact on incidence



Total resource needs

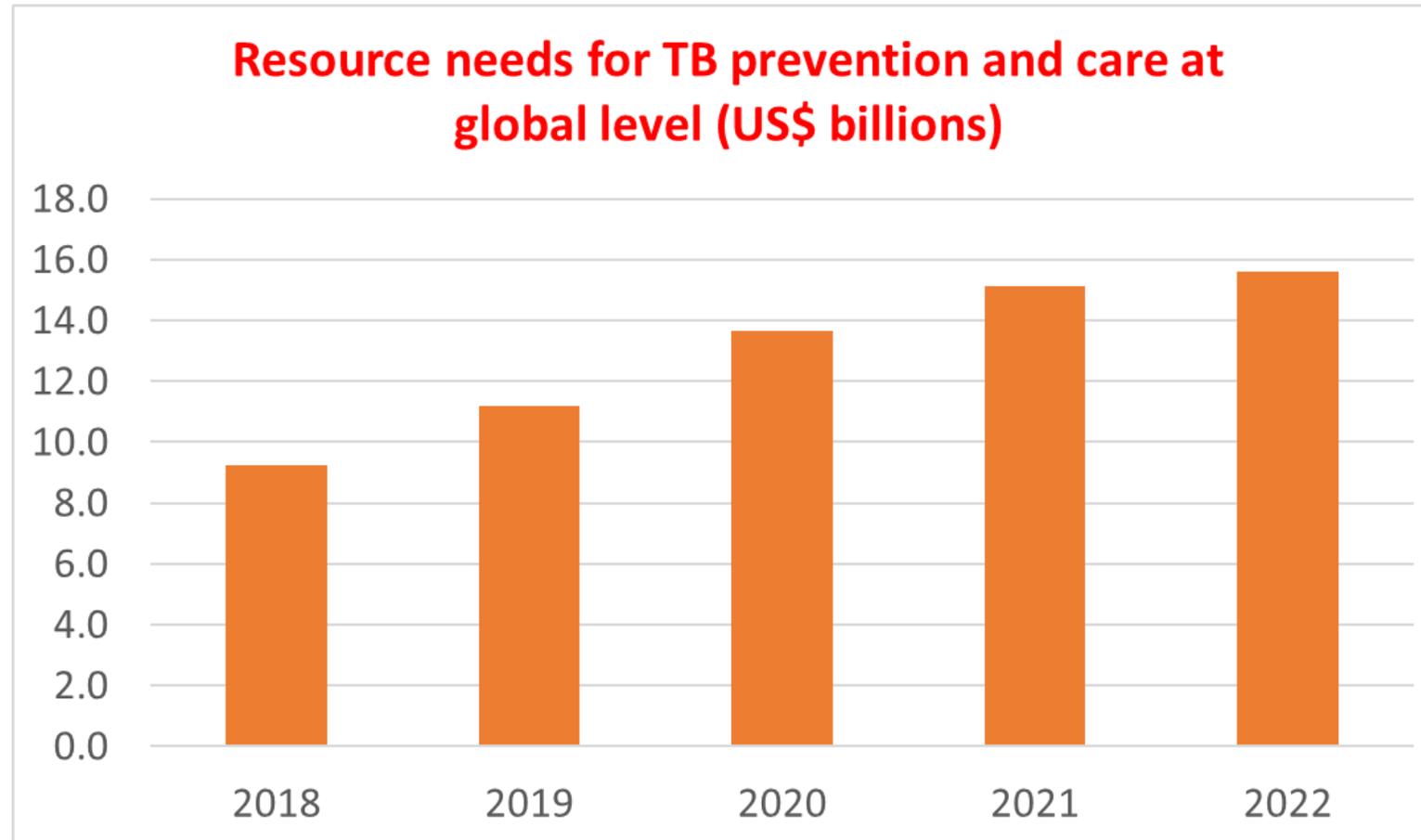
**US\$ 77.8 billion needed to reach the United Nations TB Targets**  
 -Five-year period: 2018-2022 -

- TB Prevention and Care
- R&D of new diagnostics, drugs & vaccine
- Basic science research



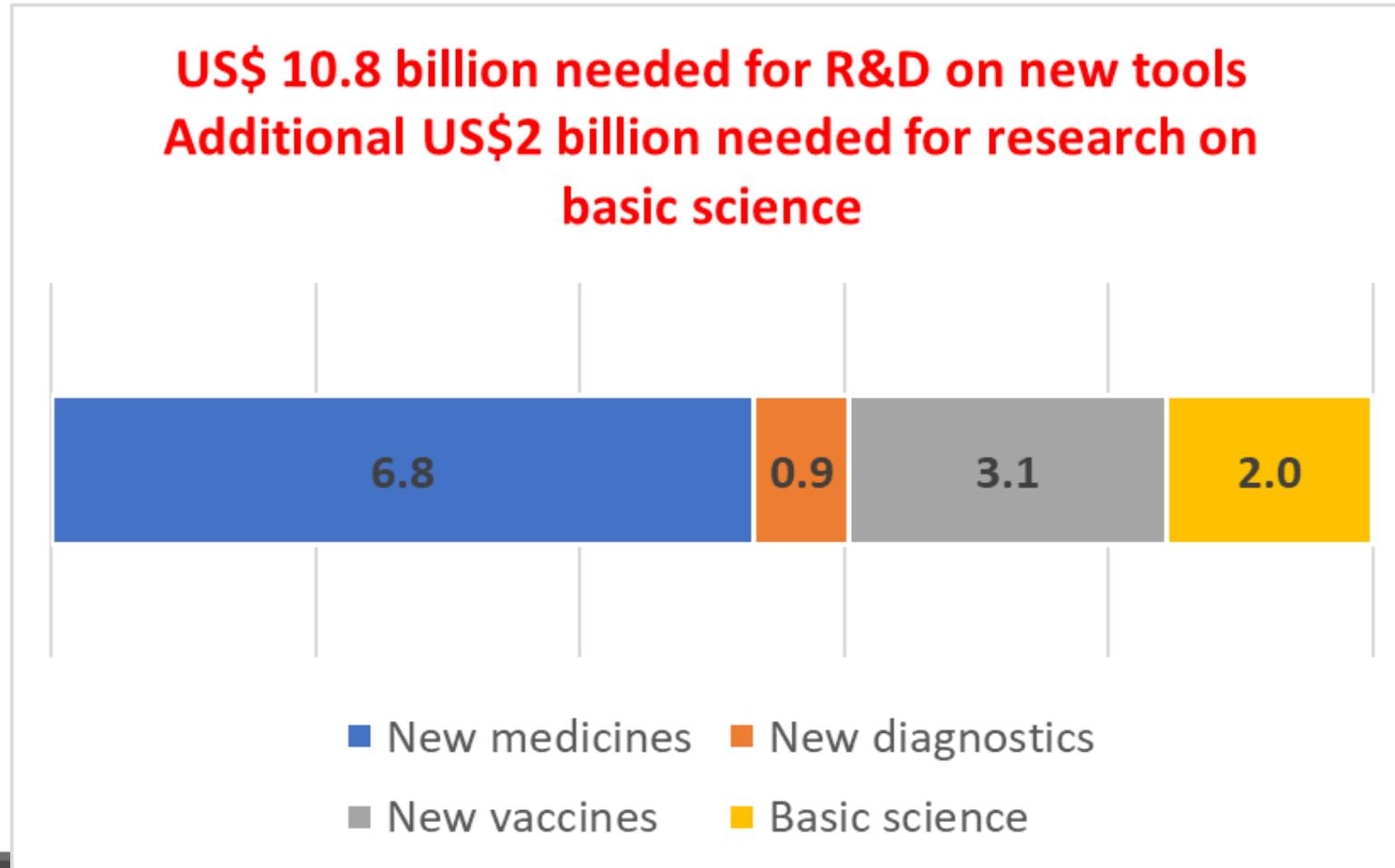
## Resource needs for TB Care and Prevention

- US\$65 billion for 5 years, i.e. US\$13 billion per annum
- Increases from US\$9.2 billion in 2018 to US\$15.6 billion in 2022



## Resource needs for new tools

- US\$10.8 billion for new tools for 5 years, i.e. US\$2.16 billion per annum
- US\$2 billion for basic science for 5 years, i.e. US\$400 million per annum



# Return on investment/ cost of inaction

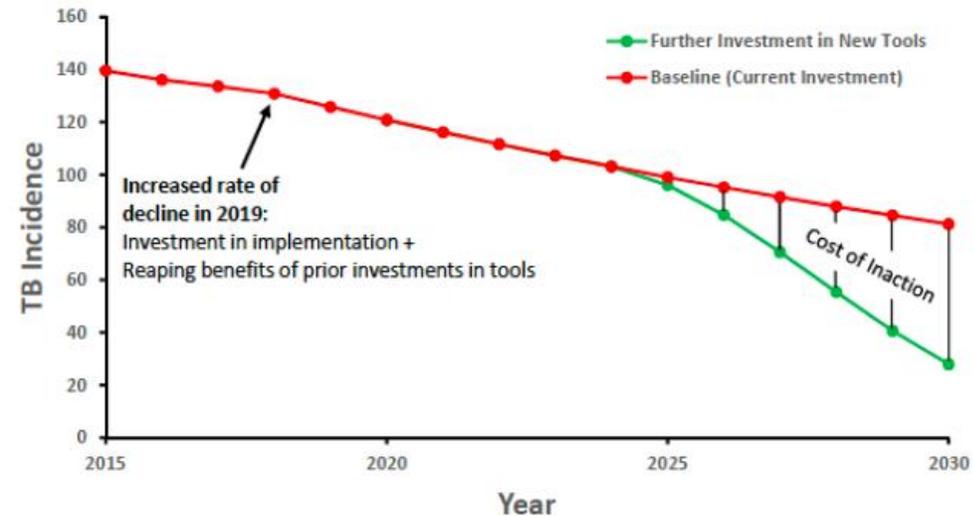
TB Prevention & Care



**\$44**

R&D of new tools

**PROJECTED NUMBERS OF PEOPLE DEVELOPING TB WITH NEW TOOLS VERSUS WITHOUT NEW TOOLS**

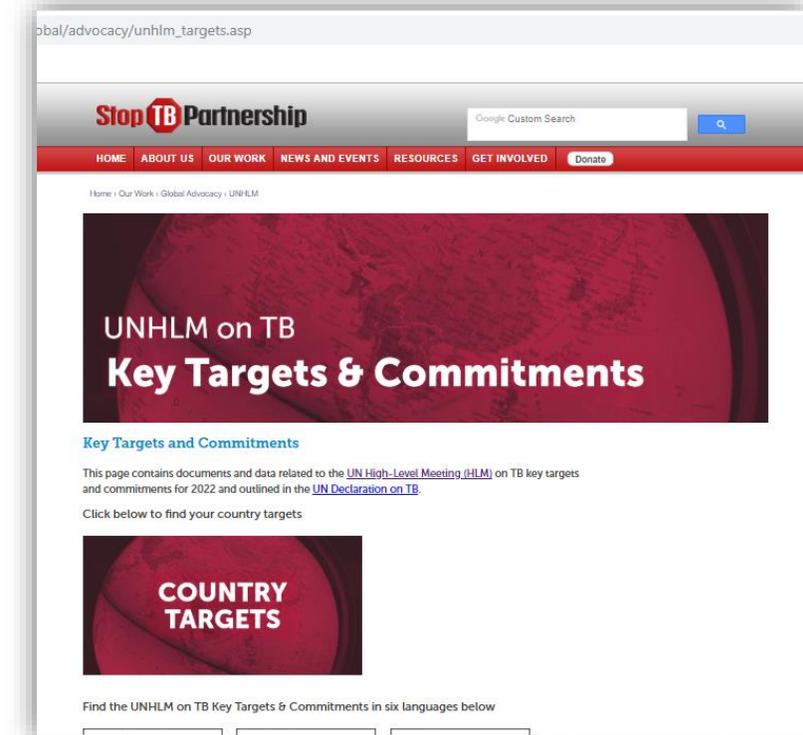
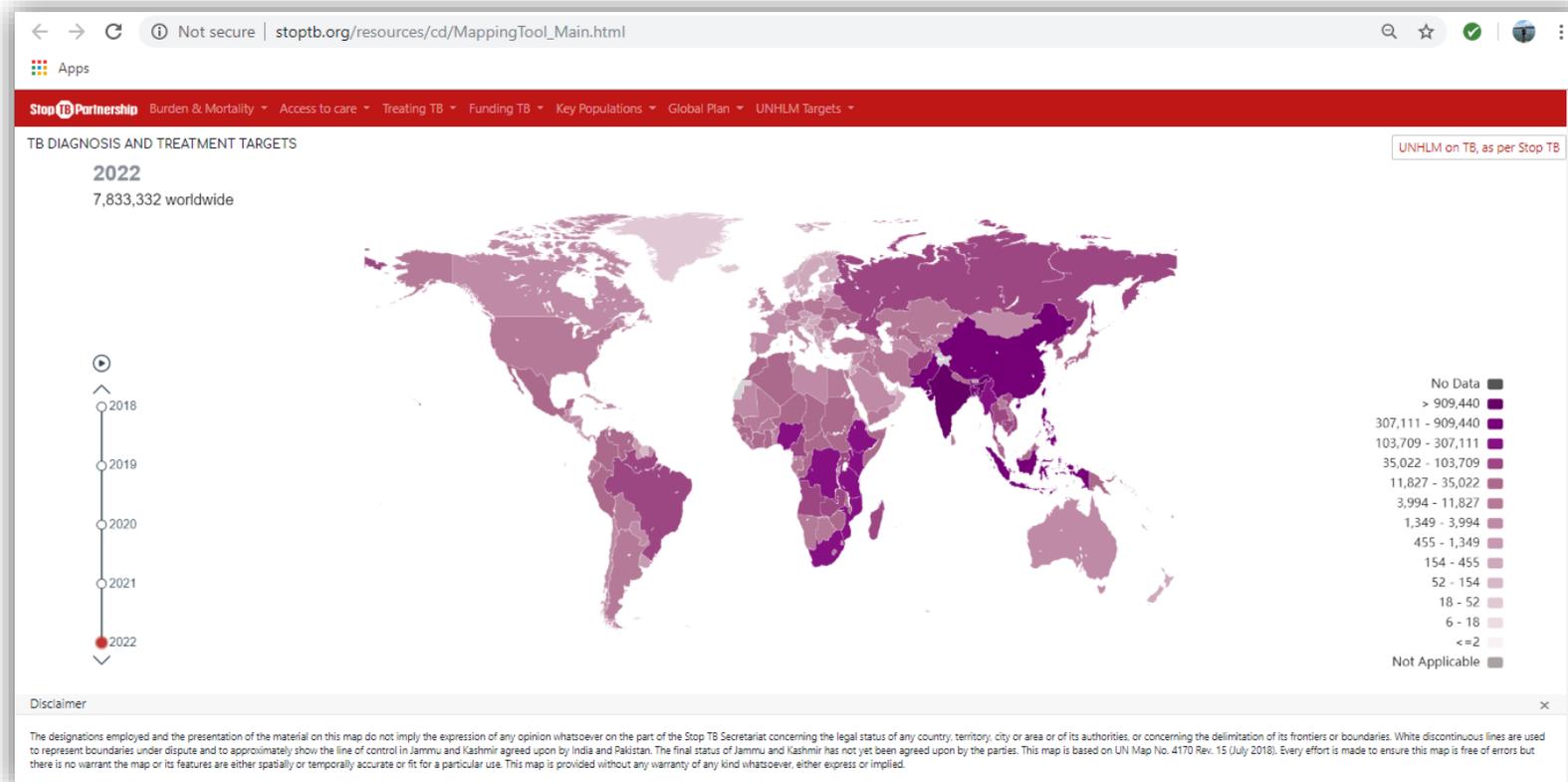


## Next steps

- Completion of design work and printing
- Dissemination via social media and other channels of Stop TB and Partners
- Distribution of copies to heads of states, ministers, NTPs and partners
- Use by all Partners and Stakeholders
- Stop TB dashboards and interactive maps

For indicative country treatment & prevention targets visit [http://www.stoptb.org/global/advocacy/unhlm\\_targets.asp](http://www.stoptb.org/global/advocacy/unhlm_targets.asp)

For interactive maps visit [http://www.stoptb.org/resources/cd/MappingTool\\_Main.html](http://www.stoptb.org/resources/cd/MappingTool_Main.html) and click UNHLM targets



May be we need a Task Force to support countries and coordinate

## How should the Global Plan be used?

### Advocacy tool

For raising country ambition levels

For country investment cases, NSP, GF application

### Resource mobilization tool

Reference document for donors, financing authorities and advocates

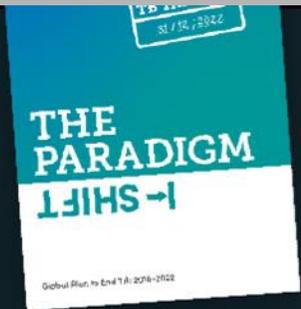
Funding of “off-the-shelf” projects

### Accountability tool

Country treatment targets and country resource needs

Fair share of R&D funding

Thank you



Global Plan to End TB: 2018-2022  
The Paradigm Shift

**REACHING THE UNITED NATIONS TB TARGETS**

