

# Updating Global Plan



**S Sahu**

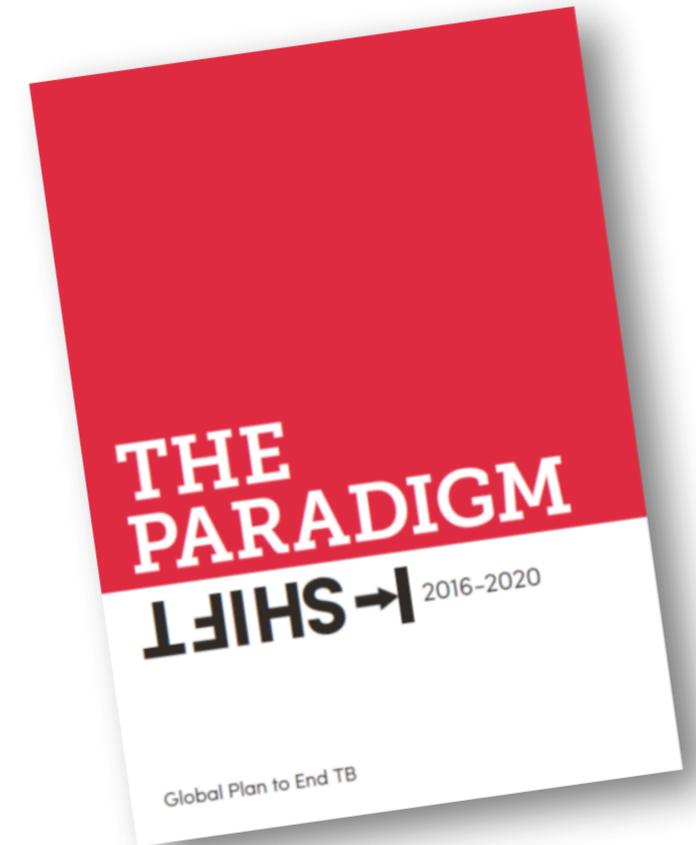
Stop TB Partnership

*29 Jan 2018, Stop TB Board Meeting, Geneva*



## Current Global Plan: 2016-2020

- Focused on paradigm shift
- Resource needs in 2 scenarios – accelerated/standard
- 9 country settings with tailored investment packages
- Impact modelling to achieve End TB Strategy milestones for 2020
- 90-(90)-90 TB care scale-up targets
- R&D milestones and funding targets
- Developed under the guidance of a Task Force
- Final document endorsed by the Stop TB Board



# UNHLM ON TB KEY TARGETS FOR 2022

'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':



1. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 40 million people with tuberculosis by 2022.

2. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 3.5 million children with tuberculosis by 2022.

3. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drug-resistant tuberculosis, by 2022.



4. COMMIT TO **PREVENT TUBERCULOSIS**

for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.

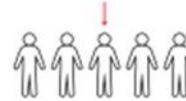


5. COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING**

for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis reaching at least US\$13 billion a year by 2022.

6. COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D**

with the aim of increasing overall global investments to US\$2 billion, in order to close the estimated US\$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.



7. PROMOTE AND SUPPORT **AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION,**

including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.



8. COMMIT TO DELIVERING, AS SOON AS POSSIBLE, **NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE, AVAILABLE VACCINES,**

point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis.



9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO **CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK**

and ensure its timely implementation no later than 2019.



10. FURTHER REQUEST THE SECRETARY GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO **PROVIDE A PROGRESS REPORT IN 2020**

on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a **comprehensive review by Heads of State and Government at a high-level meeting in 2023.**

countries... national and global collective actions...

## UNHLM ON TB KEY COMMITMENTS

'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':

### REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION

**P24:** 'Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis including 115,000 children...'

**P25:** 'Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022...'

### TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED AND PEOPLE-CENTERED

**P14:** '...affirm that all these people [affected by TB] require integrated people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination.'

**P17:** '...in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil

society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica, the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders, and people who use tobacco, recognizing the higher prevalence of tuberculosis among men.'

**P18:** 'Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.'

**P19:** 'Commit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on

Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health...'

**P25:** 'Commit to... enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings.'

**P33:** 'Commit to developing community-based health services through approaches that protect and promote equity, ethics, gender equality and human rights in addressing tuberculosis...'

**P34:** 'Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage, such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and affordable prevention, diagnosis, treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public and community, including faith-based organizations, and private sector services.'

**P37:** 'Commit to... promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis...'

**P38:** 'Commit to providing special attention to the poor, those who are

In addition to the ten headline targets, these are some of the key commitments in the Political Declaration, grouped according to the Key Asks (<https://bit.ly/2AixuCY>) proposed by the TB community.

The full Declaration can be viewed here: <https://bit.ly/2OylPnA>

vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis, in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the tuberculosis response...'

### ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

**P42:** 'Commit to advancing research for basic science, public health research and the development of innovative products and approaches... including towards delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines, point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection...'

**P43:** 'Commit to create an environment conducive to research and development of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration...'

**P45:** 'Promote tuberculosis research and development efforts aiming to be

needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity and which should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and, for multidrug-resistant tuberculosis, continue to support existing voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development...'

### INVEST THE FUNDS NECESSARY TO END TB

**P46:** 'Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022...'

**P47:** 'Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development...'

### COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP INCLUDING REGULAR UN REPORTING AND REVIEW

**P48:** 'Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership, preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector...'

**P49:** 'Request the Director General of the WHO to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019.'

**P53:** 'Also request the Secretary-General, with the support of the WHO, to provide a progress report in 2020 on global and national progress, across sectors... which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.'

# UNHLM Targets

## People on treatment (2018-2022)

- TB: 40 million for TB
- Children with TB: 3.5 million
- MDR-TB: 1.5 million
- Children with MDR-TB: 115,000
- TB Preventive therapy: >30 million
  
- All targets already broken down by country and year, except children with MDR-TB which will also be done soon

[http://stoptb.org/global/advocacy/unhlm\\_targets.asp](http://stoptb.org/global/advocacy/unhlm_targets.asp)

The screenshot shows the Stop TB Partnership website. At the top right is a search bar labeled 'Google Custom Search'. Below the navigation menu (HOME, ABOUT US, OUR WORK, NEWS AND EVENTS, RESOURCES, GET INVOLVED, Donate) is a breadcrumb trail: Home > Our Work > Global Advocacy > UNHLM. The main content area features a banner for the 'UN HIGH-LEVEL MEETING ON TB KEY TARGETS & COMMITMENTS FOR 2022' with a collage of photos and icons. Below the banner is the section 'Key Targets and Commitments', which includes a paragraph stating: 'This page contains documents and data related to the UN High-Level Meeting (HLM) on TB key targets and commitments for 2022 and outlined in the UN Declaration on TB'. This is followed by a list of links for the key targets and commitments in various languages: English, Spanish, Arabic, Chinese, French, and Russian. At the bottom of the page, there is a section titled 'Key Targets per Country' with links for: TB Country Targets, Drug-resistant TB Country Targets, Childhood TB Country Targets, and Preventive Therapy Targets.

## UNHLM Targets

### Funding commitments

#### Resource need for implementation

- 13 billion USD average per annum between 2018-2022
  - Work on unpacking per country is ongoing

#### Resource need for research in new tools

- 2 billion USD average per annum between 2018-2022
  - Fair share target for countries is under discussion



## Country targets

Available at: [http://stoptb.org/global/advocacy/unhlm\\_targets.asp](http://stoptb.org/global/advocacy/unhlm_targets.asp)

- Make UNHLM targets relevant to countries
- Ensure that collectively the world reaches the target s, with countries contributing their share of target
- Provide indicative figures for country level advocacy and accountability
- Trigger countries to revise their NSPs and set their own ambitious targets for national and sub-national levels
- Alignment with Global Fund Inv. Case
- Some countries are planning sub-national targets

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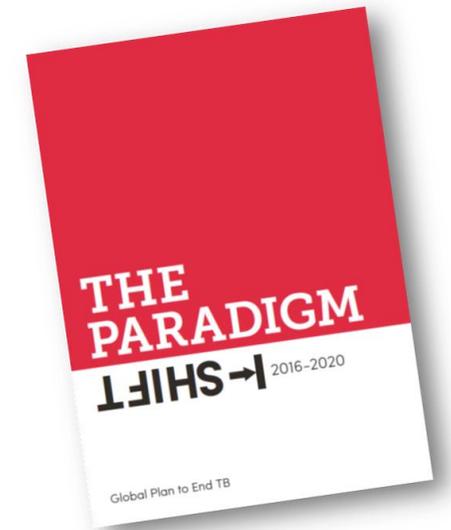
## Work already done on the UNHLM targets and commitments

- Used for targets and costing of the Global Fund Investment Case
- Communication to country leadership and stakeholders - work in progress
- FIND.TREAT.ALL initiative has aligned WHO, Stop TB Partnership, Global Fund and other Partners on UNHLM targets



## Why do we need to update the Global Plan 2016-2020

- New targets & commitments in UNGA political declaration
- New information, tools, guidelines and initiatives
- Progress has to come back on track
- Resource needs, already updated to 2022, needs to be incorporated



## What period should the Global Plan update cover?

- Global Plans have mostly aligned to 5-year cycles
- Next should have been 2020-2025
- However, now an exceptional situation:
  - UNHLM targets set in 2018 for 2018-2022
    - TB community strongly aligned behind UNHLM targets/ commitments
  - Global Fund Inv. Case 2020-2022
  - Find.Treat.All Initiative is up to 2022



## Proposal

- Immediately update current Global Plan up to 2022
- In 2021, develop next Global Plan for 2023-2030 (midway update in 2026)

## What needs updating in the Global Plan?

	Global Plan 2016-2020	Updated Global Plan up to 2022
Period	2016-2020	Up to 2022
Targets	<ul style="list-style-type: none"> <li>• 90-90-90</li> <li>• Incidence &amp; mortality reductions</li> <li>• R&amp;D milestones</li> </ul>	<ul style="list-style-type: none"> <li>• UNHLM targets</li> <li>• FIND.TREAT.ALL initiative targets</li> <li>• Updated incidence &amp; mortality reductions</li> <li>• Updated R&amp;D milestones</li> </ul>
Resource needs	<ul style="list-style-type: none"> <li>• Resource needs 2016-2020</li> <li>• Investment Case of GF funding cycle 2017-2019 was based on Global Plan resource needs</li> </ul>	<ul style="list-style-type: none"> <li>• Updated resource needs up to 2022</li> <li>• Aligned with UNHLM &amp; GF Inv Case 2020-2022</li> <li>• Update “Return on Investment” figures</li> <li>• Update “Cost of Inaction” for R&amp;D part</li> </ul>
Contents		<ul style="list-style-type: none"> <li>• Most contents are still relevant</li> <li>• Updated investment packages using new information, approaches, tools, etc.</li> <li>• UNHLM commitments &amp; areas of focus will be incorporated</li> </ul>

## Process

- Fast and light-touch approach
- To be completed by Quarter 4, 2019 (Final draft endorsed in next Board meeting)
- Guidance provided by Global Plan Task Force
  - Use the same Task Force that developed Global Plan
- Meetings
  - Task Force: One meeting, and calls as needed
  - One meeting of Research Working Groups
- Modelling and costing work
  - For implementation part, build on work already done during UNHLM and GF Inv Case
  - For research part, update the cost of inaction approach of the Global Plan
  - Redo the “Return on Investments”
- Writing, editing and design work

## Timeline

May 2019: First draft discussed with TF on a call

September 2019: Final draft sent to the Board

June/July 2019: Second draft discussed in a face-to-face meeting of TF

Quarter 4, 2019: Board endorsement and release

Feb-Sept 2019: Modelling, costing, writing and editing work. R&D WGs meeting in May-June 2019

Thank you

