TIME FOR ACTION

Dr Malgosia Grzemska
Coordinator, Technical Support Coordination
WHO Global TB Programme, WHO/HQ, Geneva
Outline

• Status of the global TB Epidemic
• Global response
  • End TB Strategy
• Closing the gaps
• Global commitments
  • First WHO Global Ministerial Conference (2017)
  • UNGA High Level Meeting on Tuberculosis (2018)
• Conclusions
Released on 18 September 2018 at the UN in New York, in the lead-up to the UN high-level meeting on TB
TUBERCULOSIS IS THE TOP INFECTIOUS KILLER IN THE WORLD

54 Million lives saved since 2000, yet…..

IN 2017

1.6 MILLION PEOPLE DIED FROM TB
INCLUDING 300 000 PEOPLE WITH HIV

10 MILLION PEOPLE FELL ILL WITH TB

TB is the leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance
Headline numbers, global burden of TB disease in 2017

• **10.0 million new cases** in 2017 (uncertainty interval 9.0–11.1 million)

• **558 000 new cases** of rifampicin-resistant TB, of which 82% had MDR-TB (uncertainty interval, 483 000–639 000)

• **1.3 million deaths** among HIV-negative people (uncertainty interval 1.2–1.4 million)

• **300 000 deaths** among HIV-positive people (uncertainty interval 266 000–335 000)
Global response to End TB

Moving from halting TB to ending TB by 2030

SDG TARGET 3.3 – BY 2030
END THE TB EPIDEMIC
**Vision:**
A world free of TB
Zero TB deaths, Zero TB disease, and Zero TB suffering

**Goal:**
End the Global TB epidemic

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**Vision, goal, targets, milestones**

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<thead>
<tr>
<th>TARGETS</th>
<th>END TB</th>
<th>SDG*</th>
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<tbody>
<tr>
<td>2030</td>
<td>2035</td>
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<tr>
<th>MILESTONES</th>
<th>2020</th>
<th>2025</th>
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<tbody>
<tr>
<td>Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
<td>75%</td>
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<tr>
<td>Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20%</td>
<td>50%</td>
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<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>0%</td>
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World Health Organization
The End TB Strategy: 3 pillars and 4 principles

**PILLAR 1**
Integrated, patient-centered TB care and prevention

**PILLAR 2**
Bold policies and supportive systems

**PILLAR 3**
Intensified research and innovation

- Government stewardship and accountability, with monitoring and evaluation
- Building a strong coalition with civil society and communities
- Protecting and promoting human rights, ethics and equity
- Adaptation of the strategy and targets at country level, with global collaboration
PILLAR 1: INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

A. Early diagnosis of TB including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups

B. Treatment of all people with TB including drug-resistant TB, and patient support

C. Collaborative TB/HIV activities; and management of co-morbidities

D. Preventive treatment of persons at high risk; and vaccination against TB
PILLAR 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 all public and private care providers

C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control

D. Social protection, poverty alleviation and actions on other determinants of TB
PILLAR 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
Innovations and Research are critical to break the trajectory of the TB epidemic

- Better diagnostics, including new point-of-care tests;
- Safer, easier and shorter treatment regimens;
- Safer and more effective treatment for latent TB infection;
- Effective pre- and post-exposure vaccines.
Closing gaps
Reach all people with TB with quality care

3.6 million global gap

6.4 million were detected and notified

3.6 million people with TB were undiagnosed or detected and not reported

Top 3 countries with the biggest gaps

India
Indonesia
Nigeria
Reach all people with TB with quality care

3 countries account for 46%: India, Indonesia, Nigeria
Tackling the MDR-TB public-health crisis

Only one in four people had access to MDR-TB treatment.

Of those treated only 55% were cured.
Tackling the MDR-TB
10 countries = 75% of DR-TB incidence: treatment enrolment gap

India and China: 40% of global gap
Ensure access to integrated TB and HIV care to all in need

Only around half of people with HIV associated TB access ART
Expand uptake of TB preventive treatment

Only 36% of people newly enrolled in HIV care were started on TB preventive treatment.

Only 23% of children under 5 years, estimated to be eligible for TB preventive treatment were started on it.

WHO strongly recommends preventive treatment for people living with HIV, and children under 5 years living in households with TB.
Expand uptake of TB preventive treatment

People living with HIV

Coverage ranged from 1% to 53% in countries that reported data

Global
Rest of Africa
South Africa
Rest of world
Close funding gaps that impede progress to End TB

US$ 10.4 billion required for TB implementation

Funding gap: 3.5 billion

2 billion required for TB research

Funding gap: 1.3 billion
118 national delegations participating in the Conference adopted the “Moscow Declaration to End TB" on 17 November 2017.

We reaffirm our commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development and its Sustainable Development Goals (SDGs), the World Health Organization (WHO) End TB Strategy, and the Stop TB Partnership Global Plan to End TB 2016-2020. We acknowledge that to fundamentally transform the fight against TB...
UNITED NATIONS

HIGH-LEVEL MEETING ON THE FIGHT TO END TUBERCULOSIS

26 SEPTEMBER 2018, UNHQ, NEW YORK
United to End Tuberculosis: An Urgent Global Response to a Global Epidemic

15 Heads of State/Government delivered statements

>100 Ministers/Country Delegations

>360 Civil Society/Other Stakeholders

10 UN Agencies

50 Ministerial Statements at Plenary

19 Country Statements at Panel 1

15 Country Statements at Panel 2

1000 participants
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<td>1</td>
<td>Providing diagnosis and treatment with the aim of <strong>successfully treating 40 million people</strong> with TB from 2018 to 2022, including <strong>3.5 million children</strong>, and <strong>1.5 million people</strong> with drug-resistant TB;</td>
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<td>2</td>
<td>Preventing TB for those most at risk of falling ill, through the rapid scaling up of access to testing and the provision of preventive treatment, so that at least <strong>30 million people</strong> receive preventive treatment by 2022, with specific targets for children, household contacts and people living with HIV;</td>
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<td>3</td>
<td>Mobilizing <strong>sufficient and sustainable financing</strong>, with the aim of increasing overall global investments for ending TB, and reaching at least <strong>US$ 13 billion a year by 2022</strong>, with an additional <strong>US$ 2 billion a year for TB research</strong>;</td>
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<td>4</td>
<td><strong>Overcoming the global public health crisis of multidrug-resistant TB</strong> through actions for prevention, diagnosis, treatment and care;</td>
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<td>5</td>
<td><strong>Improving policies and systems</strong> on each country’s path towards achieving and sustaining universal health coverage;</td>
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Enabling and pursuing **multisectoral collaboration** at the global, regional, national and local levels;

Addressing the economic and social determinants of the disease; **promoting an end to stigma** and all forms of discrimination, including through the protection and promotion of human rights and dignity; and providing **special attention to the poor, vulnerable and communities especially at risk**;

**Advancing research and innovation** through global collaboration including through **WHO mechanisms, and networks**;

Requesting the Director-General of WHO to continue to develop the **multisectoral accountability framework** and ensure its timely implementation no later than 2019;

Requesting the Secretary-General of the UN, with the support of WHO, to provide a **progress report in 2020** on global and national progress, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023;
People-centered care and support
The opportunity for multisectoral action in the SDG era

Head of State
Parliamentarians
Civil society
Minister of Health
Support to NTP

1 billion more people with health coverage
1 billion lives improved

END TB
Draft

WHO Multisectoral Accountability Framework

National (including local) level,
Individual countries, for adaptation

SDGs
(e.g. TB, UHC, R&D)
End TB Strategy
(Targets + milestones adapted to national level, principles, pillars)
UN HLM declaration, HIV
UN HLM declaration, TB
Other commitments

End TB Strategy implementation
Based on pillars and 10 components

Routine recording and reporting of cases and associated indicators via national information system

Routine death registration, with coding of causes of death, in national VR system

High-level review (e.g. by national inter-ministerial commission, or equivalent), with multisectoral perspective and engagement of key stakeholders, including civil society and TB-affected communities; and/or independent review

Other reviews

National TB report (annual), and associated products
Special studies

In red: elements that don’t yet exist, or need strengthening in many countries
WHO policies, tools, innovations, M&E to guide the way to End TB
WHO with partners leads on:

- Prioritizing health in the political agenda
- Universal Health Coverage
- Multisectoral action for health
- Accountability
- Guidelines, policies, uptake of new tools, data

We need country stakeholders in the driving seat to lead process by:

- Driving and pushing forward national efforts and plans to end TB
- Getting key legislation in place
- Breaking bureaucratic barriers
- Advocating to heads of state for TB as priority and for investments
- Getting other sectors on board
Acknowledgements

- Mario Raviglione
- Tereza Kasaeva
- Monica Dias
- Katherine Floyd
The time for action is **NOW**

Together we will **END TB**