Dr Mario Raviglione
Director of WHO's Global TB Programme

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

GLOBAL TB PROGRAMME

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

ZERO TB DEATHS  ZERO TB CASES  ZERO TB SUFFERING
Proposed Goal and Targets

**GOAL:** End the Global TB Epidemic

- **Target 1:** 95% reduction in TB deaths (compared with 2015)
- **Target 2:** $\leq 10/100,000$ TB incidence rate

2035

23rd Stop TB Partnership Coordinating Board Meeting
11 – 12 July 2013, Ottawa, Canada
GETTING THERE: **MILESTONES**

**TARGETS**
- 35% reduction in TB deaths
- \( \leq \frac{85}{100,000} \) TB incidence rate
- No affected families with catastrophic costs due to TB

**TARGETS**
- 75% reduction in TB deaths
- \( \leq \frac{55}{100,000} \) TB incidence rate
- No affected families with catastrophic costs due to TB

**TARGETS**
- 90% reduction in TB deaths
- \( \leq \frac{20}{100,000} \) TB incidence rate
- No affected families with catastrophic costs due to TB

**GOAL**
- 95% reduction in TB deaths
- \( \leq \frac{10}{100,000} \) TB incidence rate
- No affected families with catastrophic costs due to TB

---

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

Goal: End the global TB epidemic

1. Universal health coverage by 2025

TB deaths

-75% vs. 2015

4 per 100,000

-95% vs. 2015

<0.8 per 100,000

2. New tools available from 2025

TB incidence

10 per 100,000

Rate per 100,000 population

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

Goal: End the global TB epidemic

TB deaths

TB incidence

Existing + UHC

R&D

-75%

-95%

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

The State and Society

Health System and community

DOTS

STOP TB

POST-2015 TB STRATEGY

TB Programme, Providers and Patients

QUALITY CARE, SUPPORT, PREVENTION

ENABLING POLICIES AND SYSTEMS

TB DETERMINANTS

TB Care, Integrated

RESEARCH AND INNOVATION

Health Services

Social and Development Services

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

High-quality, integrated TB care and prevention

Bold policies and supportive systems

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
Three pillars of the Post-2015 TB Strategy

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

2. Treatment of all people with TB including drug-resistant TB, with patient-centered support

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

4. Preventive treatment of people at high-risk and vaccination for TB

High-quality, integrated TB care and prevention
Three pillars of the Post-2015 TB Strategy

1. Political commitment with adequate resources for TB care and prevention

2. Engagement of communities, civil society organizations, and public and private care providers

3. Universal Health Coverage and other policy and regulatory frameworks for case notification, vital registration, drug quality and rational use, and infection control

4. Social protection, poverty alleviation and actions on other TB determinants
Three pillars of the Post-2015 TB Strategy

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

2. Operational research to optimize implementation and impact and promote innovations

Intensified research and innovation

GLOBAL TB PROGRAMME

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Global Indicator</th>
<th>Milestone 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PILLAR 1 – UNIVERSAL HIGH-QUALITY TB CARE AND PREVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Early diagnosis</strong></td>
<td>% of persons with suspected TB examined using rapid, accurate TB diagnostic (WHO recommended)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of all TB patients for whom DST results are available</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of eligible TB index cases with contact investigation</td>
<td>100%</td>
</tr>
<tr>
<td><strong>B. Treatment</strong></td>
<td>TB treatment success ratio</td>
<td>&gt;90%</td>
</tr>
<tr>
<td></td>
<td>% patients with DR-TB enrolled under PMDT</td>
<td>100%</td>
</tr>
<tr>
<td><strong>C. TB/HIV and co-morbidities</strong></td>
<td>% TB patients screened for HIV</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% HIV+ tuberculosis patients on ART</td>
<td>100%</td>
</tr>
<tr>
<td><strong>D. Preventive treatment</strong></td>
<td>% eligible PLHIV and TB contacts &lt;5 on LTBI treatment</td>
<td>100%</td>
</tr>
<tr>
<td><strong>PILLAR 2 – BOLD POLICIES AND SUPPORTIVE SYSTEMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Government commitment</strong></td>
<td>% of annual funding in TB National Strategic Plans covered</td>
<td>100%</td>
</tr>
<tr>
<td><strong>B. Engagement of communities and providers</strong></td>
<td>% reporting of diagnosed TB cases</td>
<td>&gt;90%</td>
</tr>
<tr>
<td><strong>C. Universal Health Coverage and regulatory frameworks</strong></td>
<td>% of population without catastrophic health expenditures</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of countries with certified TB surveillance system</td>
<td>100%</td>
</tr>
<tr>
<td><strong>D. Social protection, social determinants</strong></td>
<td>% of TB patients covered by social protection benefits</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of population without undernutrition</td>
<td>&gt;95%</td>
</tr>
<tr>
<td><strong>PILLAR 3 – INTENSIFIED RESEARCH AND INNOVATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Discovery</strong></td>
<td>To be proposed</td>
<td></td>
</tr>
<tr>
<td><strong>B. Implementation</strong></td>
<td>To be proposed</td>
<td></td>
</tr>
</tbody>
</table>
Post-2015 Development Agenda

- 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

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

<table>
<thead>
<tr>
<th>Monica Dias</th>
<th>Lucica Ditiu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Falzon</td>
<td>Katherine Floyd</td>
</tr>
<tr>
<td>Giuliano Gargioni</td>
<td>Haileyesus Getahun</td>
</tr>
<tr>
<td>Philippe Glaziou</td>
<td>Ernesto Jaramillo</td>
</tr>
<tr>
<td>Christian Lienhardt</td>
<td>Knut Lönnroth</td>
</tr>
<tr>
<td>Grzemska Malgorzata</td>
<td>Fuad Mirzayev</td>
</tr>
<tr>
<td>Salah Ottmani</td>
<td>Mario Raviglione</td>
</tr>
<tr>
<td>Suwanand Sahu</td>
<td>Joel Spicer</td>
</tr>
<tr>
<td>Mukund Uplekar</td>
<td>Diana Weil</td>
</tr>
<tr>
<td>Karin Weyer</td>
<td>Matteo Zignol</td>
</tr>
</tbody>
</table>