Overview of Global TB Situation
UN High-Level Meeting targets

S Sahu
Stop TB Partnership

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Tuberculosis

• TB Kills
  • One of the top 10 causes of death worldwide
  • Biggest killer among infections (1.6 million deaths in 2017)
  • Leading killer of people living with HIV
  • Drug-resistant TB accounts for nearly 1 in 3 people dying due to AMR

• Huge morbidity
  • 10 million people develop TB each year
  • Nearly 2 billion carry the infection and are at risk of developing TB

• Can be prevented, treated and cured
  • Existing tools to diagnose, treat and prevent need to reach all in need
  • New tools need to be developed
Progress

• 54 million lives saved between 2000 to 2017

• But, incidence decline is too slow to achieve the SDG target of ending TB and the 2020 End TB strategy milestones

• Drug-resistant TB remains a public health crisis and a health security threat

Source: WHO Global TB Report 2018
TB care currently leaves behind a large number of people

- Only half (52%) of the estimated people who developed TB are successfully treated
- Only 1 in 7 people estimated to develop DR-TB are successfully treated

Source: WHO's global tuberculosis database, October 2018
Opportunity: 2018 UNGA Political Declaration on the fight against TB

UNHLM ON TB KEY TARGETS FOR 2022

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 10 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 social, cultural and economic 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 and treatment of tuberculosis.
9. REQUEST THE DIRECTOR-GENERAL 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 targets, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.
REACH ALL PEOPLE BY CLOSING THE GAPS IN TB DISEASE PROGRESSION AND TREATMENT AND PREVENTION P24: Commit to providing diagnosis and treatment with the aim of successfully treating at least 10 million people with tuberculosis from 2018 to 2022, including 2.5 million children, and 1.5 million people living with drug-resistant tuberculosis including 15,000 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 10 million people, including 4 million children under 5 years of age, 20 million other households of contacts of people affected by tuberculosis, and 8 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 people affected by TB (including children) require integrated people-centred prevention, diagnosis, treatment, management of side effects, care, and psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination.
P15: In order to make the elimination of tuberculosis possible, prioritise community-based and gender-responsive health services based on human rights.
P16: 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 Declaration on the TRIPS Agreement and Public Health.
P22: Commit to ensuring 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, ethnic, gender equality and human rights in addressing tuberculosis.
P34: Commit to reduced improvements in policies and systems in 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 actors.
P35: 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.
P36: Commit to providing special attention to the poor, those who are 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 delivery, as soon as possible, new, safe, effective, 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 wider adoption and availability 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 innovation.
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 partnerships 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 multi-sectoral 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 government, 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 2017.
P50: 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
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 per annum between 2018-2022
  • Fair share target for countries is under discussion
Global Resource Need to achieve 2018 UNGA TB implementation targets (USD Billions)

- 65 billion USD for 2018-2022
- average 13 billion USD per annum
TB R&D Funding available in 2017: Total USD 772 million

By Research Area

- Drugs: $315,051,622 (41%)
- Basic Science: $147,439,441 (19%)
- Operational Research: $89,672,465 (12%)
- Infrastructure/Unspecified: $38,589,352 (5%)
- Vaccines: $100,338,945 (13%)
- Diagnostics: $80,909,934 (10%)

By Funder Category

- Public: $509,642,802 (66%)
- Philanthropic: $144,532,177 (19%)
- Multilateral: $32,489,122 (4%)
- Private: $85,337,659 (11%)
Summary of global resource needs and resource availability for TB

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<td>For implementation</td>
<td>13 billion USD average per annum</td>
<td>6.9 billion USD available</td>
<td>6 to 7 billion USD per annum</td>
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<td>• Total of 65 billion USD for the 5-year period</td>
<td>• 5.8 billion (84%) from domestic funds</td>
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<td>• 730 million from GF</td>
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<td>• 370 million from other external donors</td>
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<td>For research</td>
<td>2 billion USD average per annum</td>
<td>0.77 billion USD available</td>
<td>1.3 billion USD per annum</td>
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Conclusion

• TB is the leading killer among infections
• Progress so far has been slow
• 2018 UNHLM commitments are an opportunity:
  • To scale up TB prevention and care,
  • To increase investments in TB implementation and research
  • To get on course to achieve the SDG target of ending TB