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.

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.
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 2019:

REACH ALL PEOPLE BY CLOSING THE GAP BETWEEN DIAGNOSIS, 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 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 10 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and at least 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] require integrated people-centered 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, priorities as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups or 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 conflict, 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, underprivileged 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 social, cultural, and economic determinants that are the root causes of the burden of tuberculosis and underpin the need for a multi-sectoral approach to address and eliminate the disease, including poverty, discrimination, gender inequality, and other forms of social and economic exclusion.

P19: Commit to promoting and ensuring access to effective and affordable medicines, diagnostics, and vaccines, including for children, adolescents, and people living with HIV, making righteous and equitable procurement and delivery arrangements, ensuring the Global mechanisms and commitments will be effective.

P20: Commit to promoting and ensuring the availability of appropriate, safe, and effective treatment, as well as effective and affordable diagnostic tools, to all people, including those living in remote and underserved areas, where access to quality care is limited.

P33: Commit to making available and ensuring access to the new preventive treatment for latent tuberculosis infection, including for children and adults, and to ensuring that all people living with HIV and tuberculosis are provided with the necessary treatment and care.

P61: Commit to the development and implementation of new and improved drugs, vaccines, and diagnostic tools, including for children and adolescents, and to ensuring that all people living with HIV and tuberculosis are provided with the necessary treatment and care.

P62: Commit to ensuring that all people living with HIV and tuberculosis have access to quality care, including treatment, rehabilitation, and social support services, as well as psychosocial and economic support, including for children and adolescents.

P46: Commit to mobilizing 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 11 billion United States dollars a year by 2025.

P47: Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 11 billion United States dollars a year by 2025.

P48: Commit to develop and strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multiaxial 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 parliaments, 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 73.1 and ensure its timely implementation no later than 2023.

P53: Also request the Secretary-General, with the support of the WHO, to provide a progress report in 2020 on the 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.

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 for delivery, as soon as possible, new, safe, effective, and 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 other conditions.

P43: Commit to create an environment conducive to rapid 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 ensuring access.

P45: Promote tuberculosis research and development efforts aiming to be results-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency, equity and quality, and which should be considered as a shared responsibility, in this regard, we encourage the development of new product development partnerships and, for multi-drug-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
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COMMIT TO DECISIVE AND RESPONSIBLE LEADERSHIP INCLUDING REGULAR UN REPORTING AND REVIEW
P46: Commit to develop, strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multiaxial 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 parliaments, local government, academia, private sector and other stakeholders within and beyond the health sector.

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In addition to the ten headline targets, there are some of the core key commitments in the Political Declaration, proposed according to the Ask 1 (https://bit.ly/3AixucY) by the TB community.

The full Declaration can be viewed here: https://bit.ly/2OyPnA
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 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

- Make UNHLM targets relevant to countries
- Ensure that collectively the world reaches the targets, 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
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)
<table>
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<tr>
<th>Period</th>
<th>Global Plan 2016-2020</th>
<th>Updated Global Plan up to 2022</th>
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<tr>
<td>Targets</td>
<td>• 90-90-90</td>
<td>• UNHLM targets</td>
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<td>• Incidence &amp; mortality reductions</td>
<td>• FIND.TREAT.ALL initiative targets</td>
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<td>• R&amp;D milestones</td>
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<td>Resource needs</td>
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<td>• Investment Case of GF funding cycle 2017-2019 was based</td>
<td>• Aligned with UNHLM &amp; GF Inv Case 2020-2022</td>
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<td>on Global Plan resource needs</td>
<td>• Update “Return on Investment” figures</td>
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<td>• Update “Cost of Inaction” for R&amp;D part</td>
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<td>Contents</td>
<td></td>
<td>• Most contents are still relevant</td>
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<td>• Updated investment packages using new information,</td>
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<td>approaches, tools, etc.</td>
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<td>• UNHLM commitments &amp; areas of focus will be</td>
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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

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

September 2019: Final draft sent to the Board

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