Updated Global Plan
- A costed road map to achieve the UNHLM on TB Targets and Commitments

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Suvanand Sahu, Deputy ED, Stop TB Partnership

11 December 2019, Stop TB Partnership Board Meeting, Jakarta
Outline

• Process of updating

• Content – key highlights

• Use of the document
Stop TB Board, in its 31st meeting in January 2019 had asked the Secretariat to update the Global Plan to End TB.

The Board endorses the proposed roadmap to develop an updated version of the Stop TB Partnership’s Global Plan to End TB up to 2022 under the guidance of the Global Plan Task Force, including a revision of the targets to align with the UN Political Declaration on TB and the Global Fund Replenishment period.
Process

- 2 meetings of the Task Force
- 2 web consultations
  - 5-19 July: on what needs to change
  - 28 Oct - 9 Nov: on the near final draft
- One meeting of the 3 new tools WGs
- Modeling and costing work
- Core writing group
Global Plan Task Force

• **Global Plan Task Force:** Paula I Fujiwara (Chair), Katherine Floyd, Blessina Kumar, David Lewinsohn, David Mametja, Thokozile B Nkhoma, Aaron Oxley, KS Sachdeva, Cheri Vincent, Eliud Wandwalo and Richard White.

• **Alternate Members of Task Force:** Sevim Ahmedov, Philippe Glaziou, Janika Hauser, Rachael Hore, Mukadi YaDiul and Mohammed A Yassin.

• **Writer, modelers:** David Dowdy, Paul M Jensen, Carel Pretorius

• **Secretariat to the Global Plan Task Force:** Mohammed Anouar, Lucica Ditiu, Suvanand Sahu and Shinichi Takenaka.
What was updated

• UNHLM on TB targets incorporated

• Costing and modeling was redone

• All chapters underwent major updating

• Chapter on new tools completely rewritten

• Priority actions added in the beginning of all chapters
Other highlights

Chapter 1
- 5 areas of paradigm shift
- Accountability

Chapter 2
- Country share of UNHLM targets
- Investment packages for 9 settings

Chapter 3
- UNHLM commitments on rights, gender, key populations

Chapter 4
- Communities
- Private sector

Chapter 5
- UHC including the 2019 UNHLM political declaration
- Other socio-economic actions

Chapter 6
- Updated costed frameworks for new tools
- “Off-the-shelf” projects
- Basic science research
- Digital technology
- Fair share for closing the TB R&D funding gap

Chapter 7
- Resource needs
- Sources of funding – traditional as well as innovative financing
5 areas of Paradigm Shift

1. Exhibit inclusive, multisectoral and accountable leadership that includes a strong commitment to regular reporting and review of progress.

2. Transform the TB response to be equitable, rights-based and people-centred, with proactive efforts to reach key populations.

3. Accelerate R&D and advance innovation in TB programmes and interventions.

4. Ensure TB programmes and activities are supported by strong health systems that leave no one behind.

5. Invest the funds necessary to end TB, using all available new and innovative funding streams.
The 90-(90)-90 targets now linked to:

- UNHLM on TB targets;
- UNHLM on HIV targets; and
- FIND.TREAT.ALL.# ENDTB approach

<table>
<thead>
<tr>
<th>Reach at least</th>
<th>As a part of this approach, reach at least</th>
<th>Achieve at least</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>90%</strong></td>
<td><strong>(90)%</strong></td>
<td><strong>90%</strong></td>
</tr>
<tr>
<td>OF ALL PEOPLE WITH TB</td>
<td>OF THE KEY POPULATIONS</td>
<td>TREATMENT SUCCESS</td>
</tr>
<tr>
<td>and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required</td>
<td>the most vulnerable, underserved, at-risk populations</td>
<td>for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.</td>
</tr>
</tbody>
</table>
Key population framework remains the same

Narrative under Key Population groups revised

Section on stigma and human rights strengthened

<table>
<thead>
<tr>
<th>People who have INCREASED EXPOSURE to TB due to where they live or work</th>
<th>People who have MIGRANT WORKERS, MIGRANT WORKERS, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who have LIMITED ACCESS TO QUALITY TB SERVICES</td>
<td>People who have increased risk of TB because of biological or behavioural factors that compromise immune function</td>
</tr>
<tr>
<td>People at INCREASED RISK of TB because of biological or behavioural factors that compromise immune function</td>
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</table>

### Key Population Groups

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- live in urban slums
- live in poorly ventilated or dusty conditions
- are contacts of individuals with TB, including children
- work in environments that are overcrowded
- work in hospitals or are health care professionals
- are in contact with or live with livestock

- are from tribal populations or indigenous peoples
- are homeless
- live in hard-to-reach areas
- live in homes for the elderly
- have mental or physical disabilities
- face legal barriers to access care
- are lesbian, gay, bisexual or transgender

- live with HIV
- have diabetes or silicosis
- undergo immunosuppressive therapy
- are undernourished
- use tobacco
- suffer from alcohol-use disorders
- inject drugs
What will be achieved by funding and implementing the Global Plan....

• Countries will **reach the UNHLM** treatment targets set for 2022;
• TB Prevention and Care
  • 40 million people will be treated for TB, including 3.5 million children and 1.5 million people with DR-TB, and
  • over 30 million people will receive TB preventive therapy,
  • leading to 1.5 million fewer deaths due to TB and
  • 48 million disability-adjusted life years (DALYs) averted.
• New tools
  • New tools from R&D will be on the horizon for the final battle to end TB by 2030.
  • A 5-year delay in increasing funding for TB R&D – the **cost of inaction** – would lead to approximately 2 million additional people dying and an additional 13.9 million people developing TB.
What will be achieved by funding and implementing the Global Plan:

- 2020 incidence milestone of End TB Strategy will be achieved a year later, in 2021;

- The world will be on track to achieve the 2025 milestones and the SDG target of ending TB by 2030.
Total resource needs

US$ 77.8 billion needed to reach the United Nations TB Targets
-Five-year period: 2018-2022 -

- TB Prevention and Care
- R&D of new diagnostics, drugs & vaccine
- Basic science research

(US$ Billion)
Resource needs for TB Care and Prevention

- US$65 billion for 5 years, i.e. US$13 billion per annum
- Increases from US$9.2 billion in 2018 to US$15.6 billion in 2022
Resource needs for new tools
- US$10.8 billion for new tools for 5 years, i.e. US$2.16 billion per annum
- US$2 billion for basic science for 5 years, i.e. US$400 million per annum
Return on investment/ cost of inaction

TB Prevention & Care

R&D of new tools

PROJECTED NUMBERS OF PEOPLE DEVELOPING TB WITH NEW TOOLS VERSUS WITHOUT NEW TOOLS

Increased rate of decline in 2019:
Investment in implementation + Reaping benefits of prior investments in tools

Cost of inaction
Next steps

• Completion of design work and printing

• Dissemination via social media and other channels of Stop TB and Partners

• Distribution of copies to heads of states, ministers, NTPs and partners

• Use by all Partners and Stakeholders

• Stop TB dashboards and interactive maps
For indicative country treatment & prevention targets visit http://www.stoptb.org/global/advocacy/unhlm_targets.asp

For interactive maps visit http://www.stoptb.org/resources/cd/MappingTool_Main.html and click UNHLM targets

May be we need a Task Force to support countries and coordinate
How should the Global Plan be used?

**Advocacy tool**
- For raising country ambition levels
- For country investment cases, NSP, GF application

**Resource mobilization tool**
- Reference document for donors, financing authorities and advocates
- Funding of “off-the-shelf” projects

**Accountability tool**
- Country treatment targets and country resource needs
- Fair share of R&D funding
Global Plan to End TB: 2018-2022
The Paradigm Shift

REACHING THE UNITED NATIONS TB TARGETS