

# The Global Plan to Stop TB



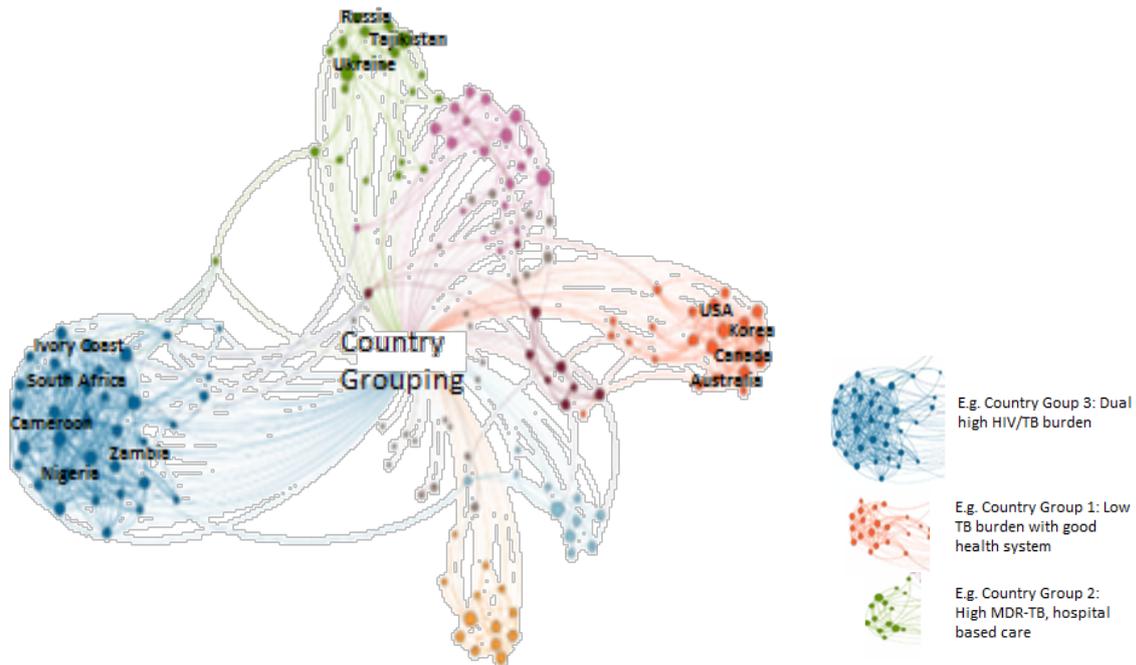
2016-2020

## ***“Bending the Curve: A global investment framework to win the fight against TB”***

The next Global Plan to Stop TB 2016 – 2020 will outline what it takes to set the world on the right track to reach the goals set in the post-2015 Global TB Strategy. The Plan will cover the ground between the long perspective of the Post-2015 strategy and the focus of the plans that countries will develop. It will provide a large-scale, costed blue-print for how global TB efforts can become significantly more ambitious and effective over the next five years on the road towards the 2035 targets.

### *Country Grouping: Epidemiological, health system and socio-political/economical*

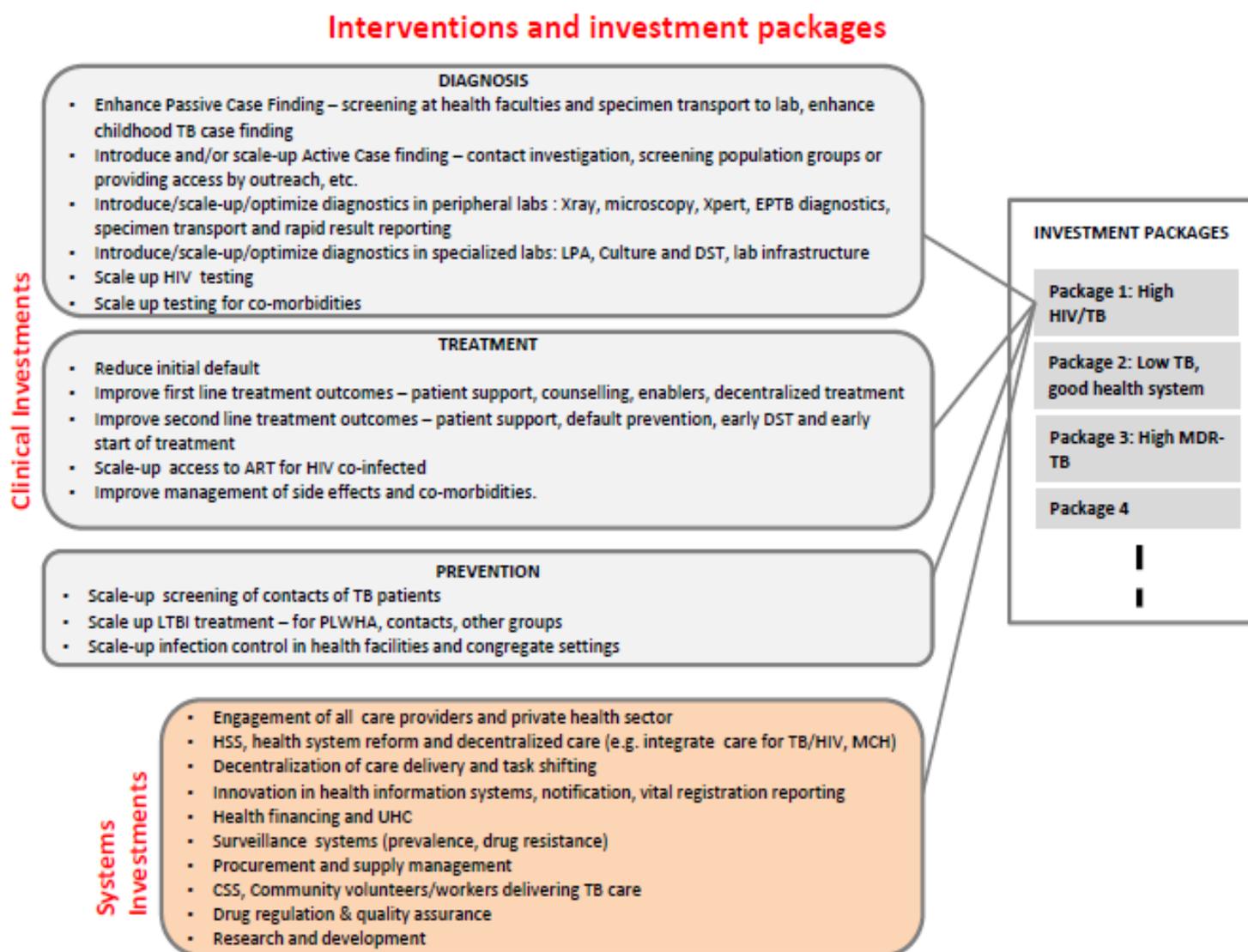
In the next global plan, rather than simply stratifying countries on the nature of their TB epidemic, country groupings will be determined based on a combination of epidemiological, health system-related and social/political/economical factors that together form a specific set of challenges, constraints and opportunities for each region.



**Figure 1:** Country Grouping based on similar epidemiological, health system and social/political/economic characteristics

## TB Investment framework

Similarly to HIV and other diseases, the Global Plan to stop TB 2016-2020 will include an investment framework (Figure 2). However, contrary to existing investment frameworks, it will also feature different **investment packages**, comprising of clinical and systems investments prioritized to reflect the challenges, constraints and opportunities specific to country groups. This approach is intended to further accelerate progress in TB through an even more focused and strategic use of scarce resources.



### ENABLERS AND SYNERGIES WITH DEVELOPMENT SECTORS

Social protection, education, legal reform, gender equality, poverty reduction, urban planning, community systems and employer practices, minister of finance

**Figure 2:** TB investment framework- Investment packages comprising of clinical and system investments prioritized according to country groups characteristics

### *Modelling cost-effectiveness of investment packages*

For each investment package, the key components/activities required will be defined using literature reviews and country group interviews. Similarly, the cost of each component will be considered from a provider perspective (i.e. unit - cost per patient treated, for which cost estimated per 500 000 population) and assessed using existing databases (DCPP, WHO-CHOICE, PPM, WHO global financial monitoring project), literature reviews and by in-country interviews.

The baseline (2014) levels of intervention coverage and the scaling up anticipated by 2020 as well as the total costs by year for each investment package (calculated as the quantity of an intervention that is required in each year multiplied by its unit price, summed up for all interventions in an investment package) will be input into a mathematical modelling of TB to be converted into 5 major outputs or impact indicators per country group: (i) the total number of TB patients to be treated; (ii) the total number of individuals benefiting from an intervention; (iii) the total size of population covered by an intervention; (iv) the total costs for each major intervention and all interventions combined; and (v) the total number of TB cases and deaths.

The Global funding required for TB control 2016-2020 will be estimated by summing up the financial resource required (cost of all investment package) for TB reduction in each country group and by major intervention type.

### *Projections of Funding- Plan for addressing funding gap*

A modelling of projections of funding will be included using the assumption that funding from domestic and donor sources will be sustained at 2014/2015 levels in real terms and then adding on other funding commitments. This will result in an analysis of what funding is available, the size of the funding gap, and an assessment of how the funding gap can be closed (e.g. middle middle-income countries could fund all, or almost all, of their health care from domestic sources)