

Development of the Global Plan to Stop TB, 2006-2015

Background

As a global movement to accelerate social and political action to stop the spread of TB, the Stop TB Partnership provides the platform for international organizations, countries, donors (public and private sector), governmental and nongovernmental organizations, patient organizations and individuals to contribute to a collective and concerted campaign to Stop TB. Making the most of Partners' efforts, in terms of effectiveness and efficiency, depends on sound planning. The Partnership's Coordinating Board requested the Secretariat to coordinate the contributions of the Partnership's seven Working Groups¹ to the development of a Global Plan to Stop TB for 2006–2015. This Plan builds on the Partnership's first plan (for 2001–2005). It supports the need for long-term planning for action at regional and country level.

The Coordinating Board envisaged a Plan setting out the Working Groups' activities for the next decade that will make an impact on the global TB burden. This involves reducing TB incidence – in line with the Millennium Development Goals (MDGs) – and reaching the Partnership's targets for 2015 of halving TB prevalence and deaths compared with 1990 levels. TB control is a marathon and not a sprint: the Plan represents a step towards the elimination of TB as a global public health problem by 2050, and the realization of the Partnership's vision of a TB-free world. The Plan will serve as a powerful tool for advocacy, in setting out the resources needed for actions, underpinned by sound epidemiological analysis with robust budget justifications.

Process of developing the Plan

Development of the Global Plan started in May 2004 with building consensus on the Plan's purpose and outline. At its meeting in Beijing in October 2004, the Partnership Coordinating Board requested each of the Working Groups to develop its own strategic plan (2006-2015) in contribution to the development and subsequent implementation of the overall Plan. The Board stressed the importance of an inclusive process for developing these strategic plans, to secure the necessary engagement of key stakeholders and so ensure effective implementation. The Board also agreed that regional and global epidemiological scenarios, with accompanying costings, should inform the Working Group strategic plans and the overall Global Plan. A Steering Committee approved by the Board guided the process of developing the Global Plan. The WHO Strategic and Technical Advisory Group on TB reviewed and endorsed the Plan development process in June 2005.

a) Regional and global scenarios for impact and costs of planned activities

These scenarios represent an analysis of the expected impact, with the accompanying costs, of the planned scale-up of activities oriented towards achieving the targets for 2015. The analysis required close interaction between representatives of the implementation Working Groups (DOTS Expansion, DOTS-Plus and TB/HIV), WHO Regional Offices and the team assessing the epidemiological impact and costs of interventions. The scenarios are indicative of what could be achieved, with ambitious but realistic assumptions. Scenarios have been developed globally and for seven of the eight TB epidemiological regions: Africa (high HIV prevalence) and Africa (low HIV prevalence), which are presented together; American region (AMR, Latin America only); Eastern European Region (EEUR); Eastern Mediterranean Region (EMR); South-East Asian Region (SEAR); and Western Pacific Region (WPR). The Established Market Economies (EME) and Central Europe are considered together as one epidemiological region because they have similarly high per capita income rates and low

¹ The Stop TB Partnership has seven Working Groups: DOTS Expansion, DOTS-Plus, TB/HIV, Vaccines, Diagnostics, and new drugs, and Advocacy, Communications and Social Mobilization.

tuberculosis incidence rates. Since the main focus of the Global Plan is on the countries with high TB incidence, and the combined estimated incident cases in the EME and Central Europe in 2003 represented only 1.7% of the global total, detailed implementation scenarios have not been developed, this regional profile does not include a detailed set of projections.

The scenarios involved assumptions about the pace of scale-up and the implementation coverage of the activities. Estimates have been made of TB case detection and treatment outcomes over the next 10 years, as well of TB prevalence, incidence and death rates in relation to the 2015 targets. The scenarios also include estimated costs of country implementation as well as external technical support. Full details of the methodology can be found at <http://www.stoptb.org/GlobalPlan>.

Although these regional scenarios are not implementation plans, the methodology offers an approach applicable at country level. The next step will be to develop detailed regional and country implementation plans (integrating DOTS Expansion, DOTS-Plus and TB/HIV actions), based on the respective strategic plans.

b) Working Group strategic plans

The Working Groups developed their strategic plans based on a common template: the strategic vision, objectives, activities, key risk factors, monitoring and evaluation, and budget. A summary of each strategic plan appears in the Global Plan. Each Working Group, guided by its chairperson and coordinated by its secretary, undertook its own process of consultation among the Working Group members.

The activities set out in the strategic plans of the implementation Working Groups are consistent with those in the regional and global scenarios. The activities of these three Working Groups provide the foundation for the efforts of the Advocacy, Communications and Social Mobilization Working Group to strengthen strategic communication and social mobilization for TB control in countries. The strategic plans of the research and development Working Groups indicate how the successive introduction of new tools plays a progressively more important part in making progress towards the Partnership's targets for 2015 and the long-term target of eliminating TB as a global public health problem by 2050.

c) Finalization of the overall Global Plan

At the end of September 2005 the first complete draft of the Global Plan was posted on the Stop TB Partnership website for several weeks' open review. Subsequent finalization of the Plan reflected the comments arising from this consultation period, and from discussions following presentation of the draft Plan at the Working Group meetings in Versailles and Paris in October 2005. The Coordinating Board endorsed the final Global Plan in November 2005, for launch in January 2006.