

Global Plan – an investment case for the End TB Strategy



Jennifer Dietrich – Stop TB Partnership Secretariat

2 September 2015 | 4th Consultation Meeting | Buenos Aires, Argentina

67th World Health Assembly 2014

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.1

Agenda item 12.1

21 May 2014

Global strategy and targets for tuberculosis prevention, care and control after 2015

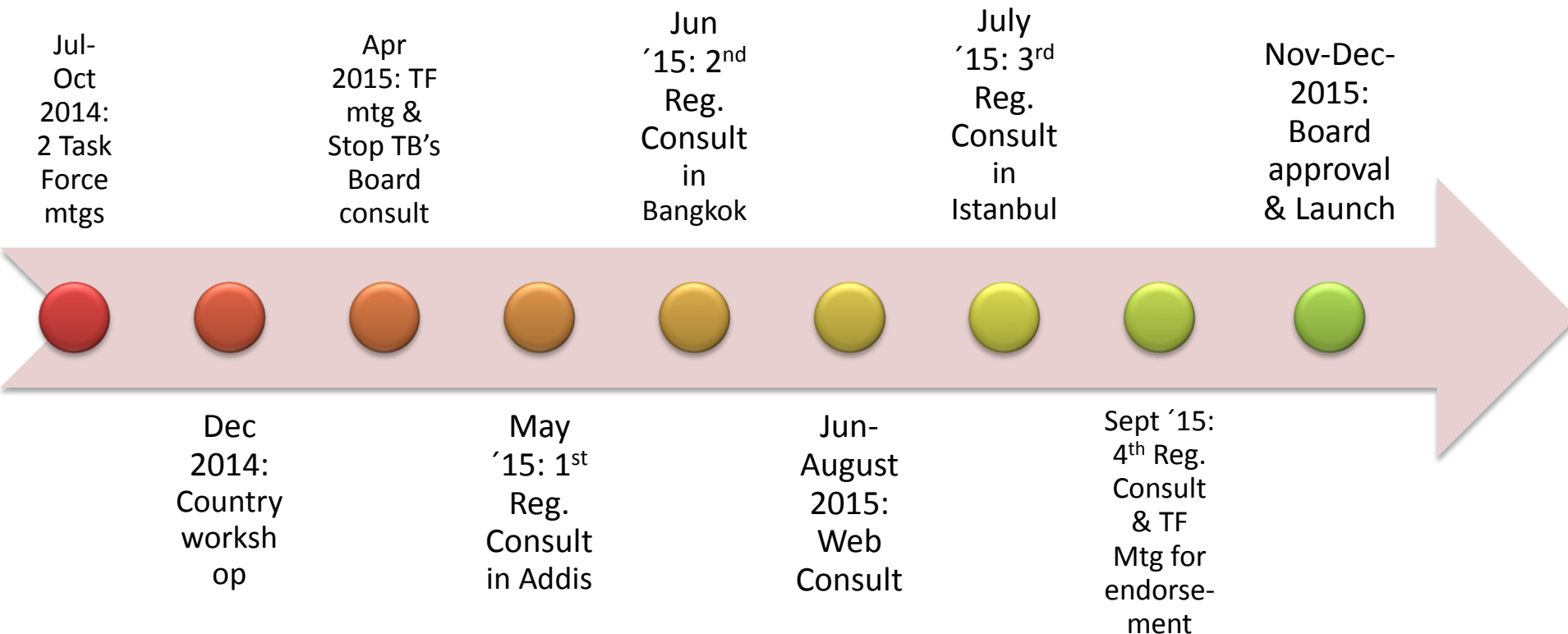


(8) to work with the Stop TB Partnership, including active support of the development of the global investment plan and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;



Global Plan Task Force

- Created by Stop TB Board in May 2014
- 17 members with Paula Fujiwara as Chair





**first 5
years
of
End TB
Strategy**

bend the curves of
incidence and mortality

options and
recommendations to inspire
countries

serves as a resource
mobilization tool



Chapter 1

a paradigm shift

Need to move attitude from “controlling” TB to “ending” TB.

Need to change: way we talk and think about what we do.

Fight against TB must take on mind set of a multi-year campaign, like polio.



Chapter 1

the 90- (90)- 90 targets

First 90: Find at least 90% of all people with TB in the population that require treatment and place all of them on appropriate therapy (first line, second line as well as preventive therapy);

Second 90: As a part of the effort to reach the first 90% target, make a special effort to reach at least 90% of the key populations (the most vulnerable, underserved or at risk) in countries; and

Third 90: Reach at least 90% treatment success through affordable treatment services, promoting adherence and social support.



differentiated approach

9 country settings

3 main factors:

- Epidemiologic situation
- Health system constraints
- TB-relevant socio-economic factors and income



Global Plan Country Settings

Setting 1. Eastern Europe and Central Asia that have a high proportion of **drug-resistant TB** with a **hospital-based care delivery system**

Setting 2. Southern and Central Africa where **HIV** and **mining** are key drivers of the epidemic

Setting 3. African countries with **moderate to high HIV** where mining is not a significant issue

Setting 4. Severely **under-resourced health systems** or countries whose health systems are **weakened by conflicts**

Setting 5. **High to moderate burden of TB** with large proportion in **private care**

Setting 6. **Middle Income & Moderate TB Burden Countries**

Setting 7. India

Setting 8. China

Setting 9. **Low burden countries** and countries at the verge of **eliminating TB**



Chapter 1

investment packages

Combination of interventions likely to make maximum impact in a particular setting

Additional focus of investments
-on top of baseline interventions-

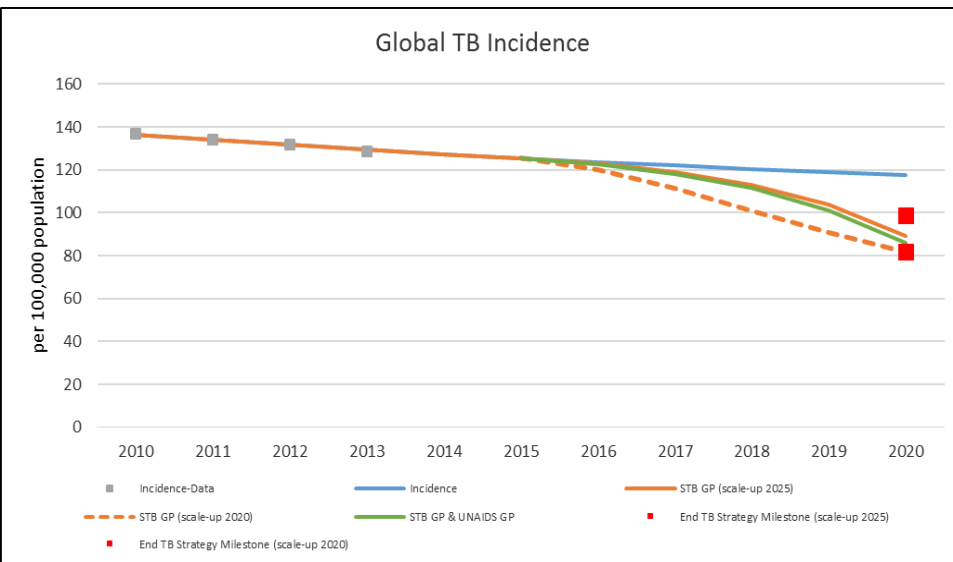


Chapter 2

impact modelling

Reaching 90-(90)-90 targets by 2025 will roughly meet WHO End TB Strategy for incidence and mortality for 2020 and 2025

Reaching these targets by 2020 may even exceed milestones -making a case for early investments-





Impact modelling for country settings

Countries with low detection and treatment success rate have huge potential for improving through 90-(90)-90 targets.



key
populations
for TB

second 90% target

systematic approach
presented to identify key
populations

presents a case for
additional efforts to
reach them



Chapter
4

**civil society
communities**

**Critical role in planning,
implementation, monitoring
and advocacy**

**private
health sector**

**Important contribution in
care delivery**

Innovative models



Chapter
5

**social protection
and
universal health
coverage**

creating an enabling
environment to fight TB -
political will, policy making
beyond health sector

regulatory framework

integrating TB in poverty
and justice programs

mitigating catastrophic
costs

**new tools:
the cost of
inaction**

**Developed by the new tool
working groups**

Main message

- **TB elimination not achievable without new tools**
- **While tools not widely available in next 5 years, investments NOW is key**

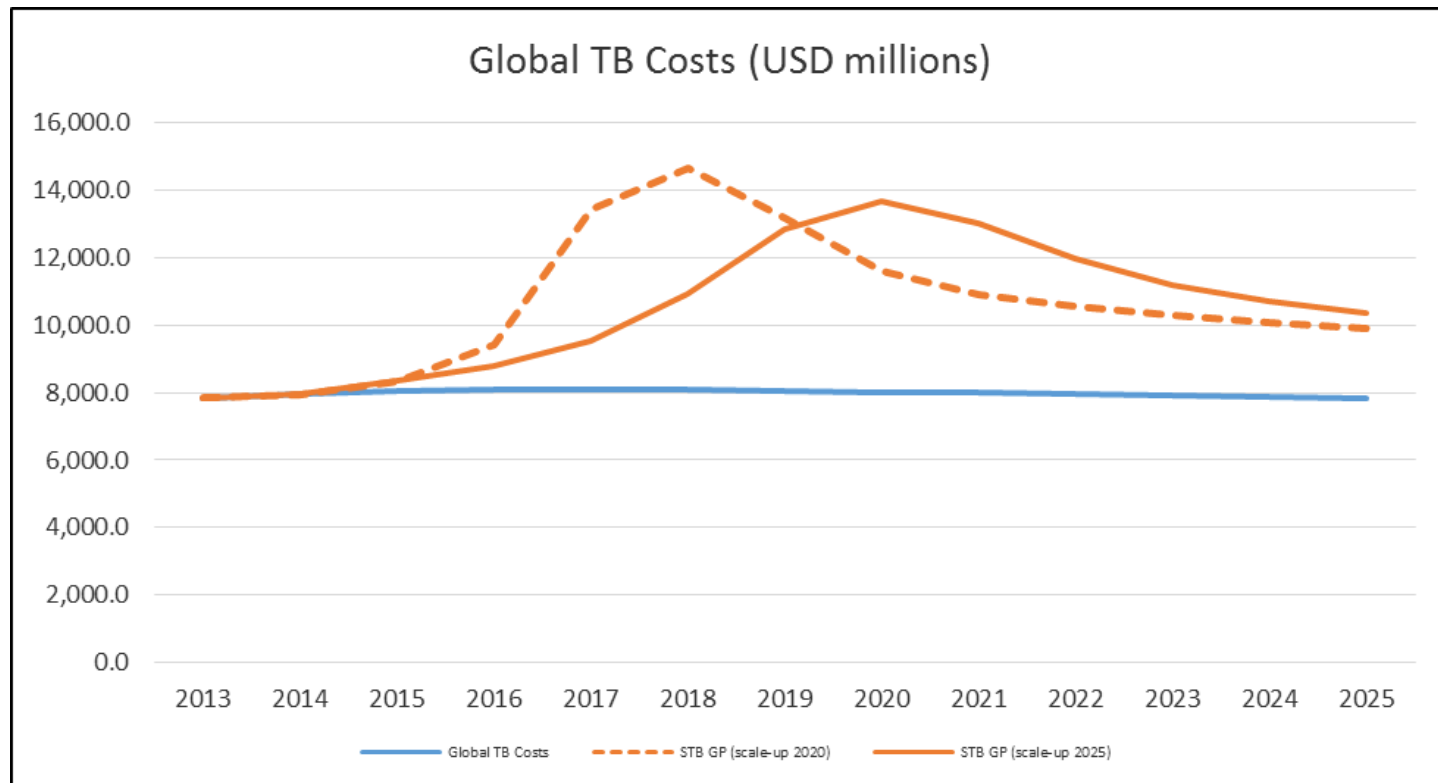


Chapter 7

resource needs

Costing work under progress

Initial results show total need going up
from 8 billion to 14 billion per annum





GLOBAL PLAN
TO STOP TB **2016/2020**

Thank you



Support slides

Global Plan (2016-2020)

Decision Point 25-8

1. The Board welcomes the update on progress on the development of the new Global Plan (2016-2020).
2. The Board welcomes the appointment of the Task Force to guide the development of the New Global Plan 2016-2020.
3. The Board asks the Task Force to keep the Executive Committee updated monthly on progress as well as providing regular updates to the Board.
4. The Board recognizes that significant progress has been made in closing the financing gap for the Global Plan, and thanks donors for their generous support, and also notes with concern the remaining gap in the funding required for the successful development of the plan. The Board also commits to support efforts to mobilize additional resources to address this need. The Board empowers the Secretariat to revise the workplan and budget in light of resources available.



Dr Lucica Ditiu
Executive Secretary



Dr Joanne Carter
Vice-Chair