ENDING TB and MDR-TB
The WHO END-TB Strategy
Joint GDI/GLI Partners Forum
WHO Geneva, 27 April 2015
This talk will deal with...

- TB Burden
- Progress, Challenges
- Way Forward
Who carries the burden of tuberculosis?

...mostly, the most vulnerable

TB spreads in poor, crowded & poorly ventilated settings

510,000 women and 80,000 children die of TB each year; 10 million “TB” orphans

Migrants, prisoners, minorities, refugees face risks, discrimination & barriers to care

TB linked to HIV infection, malnutrition, alcohol, drug and tobacco use, diabetes
TB is a **top infectious disease killer**

Infectious diseases
Global Deaths (N= 9.491 M)

In blue: TB/HIV deaths
The Global Burden of TB - 2013

9 million people fell ill with TB in 2013
- 550,000 in children
- 3.3 m in women

1.5 million men, women and children died from TB in 2013
- 510,000 in women
- 80,000 in children

1.1 million people living with HIV developed TB, with 360 000 associated deaths in 2013

480 000 people developed MDR-TB (multidrug-resistant TB) in 2013, with 210 000 associated deaths

Source: WHO Global TB Report 2014
Estimated TB incidence rates, 2013

- South-East Asia: 38%
- Western Pacific: 18%
- Africa: 29%
- Americas: 3%
- Europe: 4%
- E. Mediterranean: 8%

34% in India + China
23% in India
Addressing MDR-TB as a crisis

Percentage of new TB cases with MDR-TB

India, China, Russia, Pakistan and Ukraine have 60% of all MDR-TB cases

Ref: Global TB Control Report 2014

India, China, Russia, Pakistan and Ukraine have 60% of all MDR-TB cases

ga. Figures are based on the most recent year for which data have been reported, which varies among countries.
Number of MDR-TB cases estimated to occur among notified pulmonary TB cases, 2013
TB cases and deaths in **slow decline**, 1990-2013

**Estimated absolute numbers of estimated TB cases and deaths (in millions per year), 1990–2013**

**TB incidence**

- **All TB cases**
  - Peaks at around 9.5 million in 2004
  - Decreases to 9 million in 2013

- **HIV-positive TB cases**
  - Increases steadily from 0 to 2.5 million

**TB deaths**

- **All TB deaths**
  - Peaks in 2002 at 1.7 million
  - Decreases to 1.5 million in 2013

- **TB deaths among HIV-negative people**
- **TB deaths among HIV-positive people**

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*a* HIV-associated TB deaths are classified as HIV deaths according to ICD-10.

**Incidence peaked at 9.5 million in 2004**

**9 million in 2013**

**Total mortality peaked in 2002 at 1.7 million**

**1.5 million in 2013**
Global progress on impact - 2013

- 37 million lives saved since 2000
- Reduction in TB mortality rate 45% since 1990
- Incidence falling slowly (1.5%/yr): 2015 MDG on track
- 4.8 million lives saved since 2005 through TB/HIV collaborative activities
- 86% cure rate
- 61 million patients cured, 1995-2013
Challenges: Priorities for action 2015

5 PRIORITIES FOR ACTION

- Reaching the “missed” cases (3 million not in the system)
- Address MDR-TB as crisis
- Accelerate response to TB/HIV
- Increase financing to close resource gaps
- Intensify research and ensure rapid uptake of innovations
Global strategy and targets for tuberculosis prevention, care and control after 2015

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;
The End TB Strategy: Snapshot
**Vision:**
A world free of TB  
Zero TB deaths,  
Zero TB disease, and  
Zero TB suffering

**Goal:**
End the Global TB epidemic

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<thead>
<tr>
<th>TARGETS</th>
<th>SDG*</th>
<th>END TB</th>
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<tbody>
<tr>
<td>2030</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>2035</td>
<td>80%</td>
<td>90%</td>
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<tr>
<td>0%</td>
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- **Vision, goal, targets, milestones**

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>2020</th>
<th>2025</th>
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<tr>
<td>Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
<td>75%</td>
</tr>
<tr>
<td>Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20%</td>
<td>50%</td>
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<tr>
<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>0%</td>
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*SDG*: Sustainable Development Goals
The End TB Strategy: 3 pillars and 4 Principles

**PILLAR 1**
Integrated, patient-centered TB care and prevention

**PILLAR 2**
Bold policies and supportive systems

**PILLAR 3**
Intensified research and innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration
# The End TB Strategy - Components

## 1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups

B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support

C. Collaborative tuberculosis/HIV activities, and management of co-morbidities

D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

## 2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

A. Political commitment with adequate resources for tuberculosis care and prevention

B. Engagement of communities, civil society organizations, and public and private care providers

C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control

D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

## 3. INTENSIFIED RESEARCH AND INNOVATION

A. Discovery, development and rapid uptake of new tools, interventions and strategies

B. Research to optimize implementation and impact, and promote innovations
# The End TB Strategy - Components

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Five priority actions to address the global MDR-TB crisis

ACTIONS NEEDED ON ALL FRONTS FROM PREVENTION TO CURE

1. Prevent the development of drug resistance through high quality treatment of drug-susceptible TB
2. Expand rapid testing and detection of drug-resistant TB cases
3. Provide immediate access to effective treatment and proper care
4. Prevent transmission through infection control
5. Increase political commitment with financing
Desired decline in global TB incidence rates to reach the 2035 targets

Current global trend: -1.5%/year

-10%/year by 2025

-5%/year

-17%/year

Optimize use of current & new tools emerging from pipeline, pursue universal health coverage and social protection

Introduce new tools: a vaccine, new drugs & treatment regimens for treatment of active TB disease and latent TB infection, and a point-of-care test
Investing in TB control is highly beneficial

**Development** - The economics of optimism, Jan 24th 2015 - The debate heats up about what goals the world should set itself for 2030

**No-brainers**
Benefit per dollar spent for various development targets, $

- Trade liberalisation: $2,011
- Access to contraception: $120
- Reducing tax evasion
- Increasing migration
- Reducing stunting
- Reducing tuberculosis
- Reducing malaria
- Greater pre-school access in sub-Saharan Africa
- Increasing circumcision for those at risk from HIV
- Reducing coral loss
- Source: Copenhagen Consensus Centre

**Health: Infectious Diseases**
Benefits and Costs for the Post-2015 Development Agenda

- WHAT ARE THE BEST TARGETS TO FIGHT INFECTIOUS DISEASES?
  - Reduce TB deaths by 95% and TB incidence by 90%, which returns $43 for every dollar spent.
  - Delay artemisinin resistance greater than 1% and reduce malaria incidence by 50% between 2015 and 2025, which returns $36 for every dollar spent.
  - In hyper-endemic countries, attain circumcision coverage of at least 90% amongst HIV-negative adult men, which returns $28 for every dollar spent.

*"The economic case, put simply, is that TB treatment is low cost and highly effective, and on average may give an individual... around 20 years of additional life."*
Many thanks to all!