Full implementation of Global Plan: 2015 MDG target reached but TB not eliminated by 2050

Current rate of decline: 1.3%/yr

China, Cambodia: 4%/yr

W Europe after WWII: 10%/yr

Elimination target: <1/ million/ yr -20%/yr
Elimination of TB mortality
(<1 TB death per 100,000, incl. HIV)

Current: -5.4% / year

Needed: -11% / year
Innovative action needed in 4 areas

TB Care and Control
- Early & increased case detection
- New diagnostic algorithm
- Patient access and support, use of e-tools
- Scale-up TB/HIV and MDR-TB interventions
- Engage communities & all care providers
- M&E and impact measurement

Sustainable development
- Poverty reduction
- Food insecurity
- Better housing
- Addressing inequities
- Removing discrimination
- Increasing awareness,
- Eliminating risk behaviors

Health systems and policies
- Universal Health Coverage
- Free diagnosis and treatment
- Diagnostics, labs, quality drugs
- Regulated private sector
- Engaged civil society & communities
- Better M&E

Research
- New tools & rapid technology transfer
- Analysis of risk factors & determinants
- Operational research
China: from DOTS to Innovative TB control
Engaging public health and Hospitals

DOTS Program
(in CDC)

Diagnosis
• Smear microscopy

Empiric treatment
• Standardized regimen using 1st-line drugs

Community case-management
• Self or family members

Innovative Program
(CDC & hospital)

Molecular diagnosis
• Rapid dx of TB
• Rapid dx of MDR-TB

Treatment based on testing for resistance
• 2nd-line drugs for MDR
• 1st-line FDC drugs for non-MDR

Technology-supported case-management
• Use of mobile phone & med monitor

Hospital-CDC collaboration

Financing model for MDRTB

Quality-assured drugs

Incentive model for HCW’s

Courtesy: Daniel Chin, BMGF, 2012