The Global Plan to Stop TB, 2006-2015 FAQs

What is the purpose of the Global Plan?

Worldwide, almost two million people die every year from TB, a disease that has been treatable and preventable for more than half a century. This is unacceptable. Urgent action is necessary to scale up our efforts to Stop TB. In response the Stop TB Partnership has developed the Global Plan to Stop TB, covering the period 2006–2015. The Plan sets out the activities that will make an impact on the global burden of TB and the associated costs.

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. In addition, the Plan supports the need for long-term planning for action at regional and country level.

What is the Stop TB Partnership?

The Stop TB Partnership was established in 2000 with the goal of eliminating TB as a public health problem by 2050 and, ultimately, to obtain a world free of TB. The Stop TB Partnership provides a 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.

What are the targets that the Global Plan aims to achieve?

The Plan sets out the activities that will make an impact on the global burden of TB. 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.

What are the Millennium Development Goals (MDGs)?

The eight MDGs form a blueprint agreed to by all the world's countries and all the world's leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world's poorest. Visit the MDG website (http://www.un.org/millenniumgoals) for further information.

What is the Millennium Development Goal (MDG) relevant to TB?
The MDG relevant to TB is: " to have halted by 2015, and begun to reverse the incidence [of TB]".

What are the main expected achievements of the Global Plan (2006-2015)?

- Implementation of the Stop TB Strategy will expand equitable access for all to quality TB diagnosis and treatment.
- Over the ten years of this Plan, 50 million people will be treated for TB under the Stop TB Strategy, including approximately 800 000 patients with multidrug-resistant TB (MDR-TB), and 3 million patients who have both TB and human immunodeficiency infection (TB/HIV) will be enrolled on antiretroviral therapy (ART) (in line with UNAIDS plans for universal access).
- 14 million lives will be saved from 2006 to 2015.
- The first new TB drug for 40 years will be introduced in 2010, with a new short TB regimen (1-2 months) shortly after 2015.
- By 2010, diagnostic tests at the point of care will allow rapid, sensitive and inexpensive detection of active TB. By 2012, a diagnostic toolbox will accurately identify people with latent TB infection and those at high risk of progression to disease.
- By 2015 a new, safe, effective and affordable vaccine will be available with potential for a significant impact on TB control in later years.

What progress is expected under the Plan towards the TB control targets for 2015?
Full funding (US$56 billion) and implementation of the Plan would result in:

- global achievement of the MDG "to have halted by 2015, and begun to reverse, the incidence" of TB;
- global achievement of the STOP TB Partnership's 2015 targets to TB halve prevalence and death rates from the 1990 baseline (although achievement of the 2015 targets will most likely be later than 2015 in Eastern Europe and even later in Africa, because of the particular challenges posed by MDR-TB and HIV respectively);
- enormous progress in all regions over the period of the Plan from 2006, to 2015, with prevalence and death rates halved, or almost halved.

How was the Global Plan developed ?
The development of the plan started in May 2004 with building consensus on the Plan's purpose and outline. The development of the Plan has been coordinated by the Stop TB Partnership Secretariat, with the process guided by a Steering Committee approved by the Stop TB Partnership Coordinating Board. The Plan has relied on contributions from the Partnership's seven working groups. At the request of the Partnership Coordinating Board, each of the Partnership's working groups developed its own strategic plan (2006-2015) in contribution to the development and subsequent implementation of the overall

Global Plan. The Partnership's working groups are the following: the implementation working groups (DOTS Expansion, TB/HIV, DOTS-Plus for Multi-Drug Resistant-TB); the research and development working groups (New Drugs, New Vaccines, New Diagnostics); and the Advocacy, Communications and Social Mobilization Working Group (ACSM).

The development of the implementation working group plans informed the development of regional and global epidemiological scenarios to estimate the impact and costs of planned activities.

What are the working group strategic plans?

The working groups developed their strategic plans based on a common template: each plan has a section on the strategic vision, objectives, activities, key risk factors, monitoring and evaluation, and budget of the working group. 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 in developing its plan.

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.

What are the regional and global scenarios?

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 countries (LAC); 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 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. Visit the Global Plan website (http://www.stoptb.org/globalplan) for full details of the methodology.

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), informed by the respective strategic plans.

How inclusive was the process of developing the Global Plan?

The inclusive process mandated by the STOP TB Partnership Board for developing the working group strategic plans was aimed at securing the necessary engagement of key stakeholders and therefore promoting effective implementation. Each of the Partnership's seven working groups developed its strategic plan through a process of consultation with their members, coordinated by the chairperson and secretary of each working group. The consultation process varied among the different working groups.

Finalization of the overall Plan reflected the comments received following a web-based consultation, in which the first complete draft of the Plan was made available on the Stop TB Partnership's website for public comment, and arising from presentation of the draft Plan and discussion at the joint meeting of the DOTS expansion, DOTS-Plus and TB/HIV Working Groups held in Versailles, France, 15-17 October 2005.

What is the cost of the Global Plan?

The total cost of the Plan – US$56 billion – represents a threefold increase in annual investment in TB control compared with the first Global Plan. This total includes US$9 billion for research and development and US$47 billion for implementation of current interventions:

- Over US$28 billion for DOTS expansion;
- An additional US$6 billion for DOTS-Plus;
- US$7 billion for TB/HIV activities;
- US$3 billion for ACSM activities, and;
- US$3 billion for technical cooperation.

Of the US$47 billion for implementation of current interventions, US$44 billion (94%) are country-level costs, representing about 80% of the Plan's total cost.

What is the financial gap to achieve the targets?

The estimated funding gap is US$31 billion, since an estimated US$25 billion is likely to be available based on projections of current funding trends. Full funding of the Plan will enable implementation of the Stop TB Strategy and global achievement of the Partnership's targets, as a step towards our vision of a TB-free world.

How will the funding gap be filled?

The additional large investments will require increased funding commitments from both governments of high-burden countries and donors. Given the existing distribution of funding for TB control and the size of the funding gap, it is likely that a large proportion of this gap will need to be financed by the governments of high-burden countries themselves (donor funding would need to increase about eight times to fill the gap for country needs for implementation of current interventions, whereas domestic funding would need to double to fill this gap).

To mobilize the level of financial support required to implement the Global Plan for 2006–2015 (US$56.2 billion over 10 years), the profile of TB on development agendas must be greatly enhanced and political commitment strengthened at all levels. The Stop TB Partnership will achieve these goals through:

- intensified and strategically focused advocacy at all levels;
- coalition building to engage a broader range of partners;
- strengthened partnership building, particularly with new donors, and;
- mobilization of civil society by empowering patient activists and communities.

Since the largest gap in funding needs for country-level implementation is in Africa, a particular focus on this region is necessary.

What is the link between this Global Plan (2006-15) and the first Global Plan (2001-05)?

The Global Plan (2006-15) builds on the Partnership's first Global Plan (2001-05). This provided a coherent agenda to rally new partners, promote research and development, and have a rapid impact on TB in the areas suffering most from the epidemic.

What are the main achievements of the first Global Plan (2001-2005)?

The first Global Plan called for a major effort and Stop TB partners have delivered remarkable results: the number of patients treated in DOTS programs more than doubled over 5 years, from 2 million in 2000 to well over 4 million in 2004. This rise has been driven, in part, by more ambitious program budgets, which have also more than doubled from US$ 400 m in 2002 to over US$ 800 m in 2005. As a result, several high burden countries, including India and China, are close to reaching the target of 70% case detection. In addition, there has been significant progress in research and development,

with a greater number than ever before of new products (diagnostics, drugs and vaccines) in the pipeline.

What is the link between TB control and poverty alleviation?

Since TB reduces people's ability to work and earn a living, TB control has the potential to reduce poverty. In order to gain a better understanding of this issue and to quantify the economic losses caused by TB, the Stop TB Partnership has recently commissioned a study by the World Bank of the economic impacts of TB at the household and macro-economic levels.

How can I contribute to the Global Plan?

This Plan is a call for action. For advocates in countries and at global level to argue the case for investing in the Plan. For all countries to fully implement the actions set out in the Plan, and to mobilize sufficient domestic and external resources to make this happen. For civil society to demand access to quality TB care and to the fruits of research and development. For community groups to support patients to come forward for diagnosis and to complete their treatment.

As Partners with a strong commitment to Stop TB, we can coordinate our actions to implement the Plan. In acting together as Partners, the sum of our efforts will be far greater than if we each acted on our own. Our actions in implementing the Plan will result in millions of lives saved.

If you would like to contribute to the implementation of the Global Plan, please contact the secretary of the working group that addresses the area of work with which you are most closely involved, or join the Stop TB Partnership (by sending an e-mail to partnerships@stoptb.org).

Who are the secretaries of the Working Groups?

DOTS Expansion Working Group
Dr Léopold Blanc (blancl@who.int)

TB/HIV Working Group
Dr Paul Nunn (nunnp@who.int)

DOTS plus MDR-TB Working Group
Dr. Ernesto Jaramillo (jaramilloe@who.int)

Working Group on New TB Drugs
Dr. Barbara Laughon (blaughon@niaid.nih.gov)
Working Group on New TB Diagnostics

Dr Jane Cunningham (cunninghamj@who.int)

Working Group on New TB Vaccines
Dr Uli Fruth (fruthu@who.int)

Advocacy, Communication and Social Mobilization Working Group
Mr Michael Luhan (luhanm@who.int)

Who holds the copyright for the Plan?
The World Health Organization (WHO) holds the copyright for the Plan, since the Stop TB Partnership Secretariat is housed by WHO.

Can I use some or all of the data or facts for dissemination (book, research project, presentation, etc.)?
Since the Plan is a WHO publication, requests for permission to reproduce or translate the Plan – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

What is the WHO copyright?
All rights reserved. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

How can I order a copy of the Global Plan?
The Global Plan and other WHO publications can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791

3264; fax: +41 22 791 4857; email: bookorders@who.int) or from the WHO Stop TB Department documentalist (tbdocs@who.int).

Is the Global Plan available in other languages than English?
Translations of the Global Plan in French and Spanish will be available in April 2006.

Which website can I download the Global Plan from?
http://www.stoptb.org/globalplan

How can I provide feedback on the Global Plan?
Please send your feedback to globalplan@stoptb.org

What should I do if I am experiencing a problem with downloading the Global Plan or other documents from the Global Plan website?
Please send a message to the following email address: globalplan@stoptb.org describing your technical problem.