Online Consultation Results
Global Plan, 2023-2030

5/17-6/7/2021
Overview of Responses

• 56 countries; 189 responses
• Multiple stakeholders
  • Individual 93 (49.2%)
  • Organizations 90 (47.6%)
• 6 questions:
  • Use of GP
  • Can TB be ended by 2030?
  • If yes, interventions needed
  • TB vaccine needs
  • Lessons for TB response from COVID-19
  • Additional comments

% of responses by region

- AFR: 27.0%
- EMR: 19.6%
- EUR: 13.8%
- AMR: 13.2%
- SEAR: 21.2%
- WPR: 4.2%
- N/A: 1.1%
## Use of GP (77%)

<table>
<thead>
<tr>
<th>How GP contributed to work (76%)</th>
<th>Specific Examples/Lessons Learned (64%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reference document (funding, new tools, key populations)</td>
<td>• Info resource for non NTP groups</td>
</tr>
<tr>
<td>• Planning, target setting of NTP</td>
<td>• Coordination w/ other comm. &amp; NCDs</td>
</tr>
<tr>
<td>• Advocacy for funding</td>
<td>• Used modeling results, investment plans</td>
</tr>
<tr>
<td>• Rights- &amp; gender-based approach to TB programming</td>
<td>• Helps CSOs in their initiatives</td>
</tr>
<tr>
<td>• Understanding global strategies</td>
<td>• Finding missing people with TB</td>
</tr>
<tr>
<td></td>
<td>• Accountability tracking</td>
</tr>
<tr>
<td></td>
<td>• Buy-in, common vision from stakeholders</td>
</tr>
</tbody>
</table>
Can TB be ended by 2030? (52%) If not (45%), why not??

COVID, COVID, COVID

• Lack of political commitment; inertia of TB community
• Lack of alignment of all stakeholders
• Lack of attention/scaleup to missing cases, early dx, new meds and tools, vaccine, DR-TB, prevention, key populations
• Reliance on external funding which is decreasing; lack of domestic funding
• Inattention to poverty reduction, world conflicts, TB co-morbidities and drivers
Interventions needed by 2030

% of Responses by Intervention
(multiple responses allowed)

- TB dx: 58.7%
- TB prevention: 55.6%
- TB tx, incl support: 54.5%
- Community & health system (PPM): 45.5%
- Financing: 43.4%
- Key and vulnerable pops: 42.3%
- Enablers: 36.5%
- Equity: 36.5%
- Other: 19.6%
TB Diagnostic Needs

TEST-SPECIFIC

• Sensitive, accessible, fast, cheaper, POC tests and services
• New types: Xray, AI, self-test; non sputum-based
• DST: increased access; needed for SLDs

SYSTEMS

• Better tools to screen hard-to-reach vulnerable populations
• Increased contact tracing
• ACF; periodic mass screening of vulnerable populations
• Integrated primary care (PAL, bidirectional COVID screening)
• Address non-medical issues: TB education, health-seeking behavior
• Use community health workers; PPM
TB Prevention Needs

**TREATMENT**
- More access, including procurement of meds, and tx of TBI
- Shorter TBI regimens
- Prevention in children (include BCG) and at-risk populations

**PROGRAMMATIC**
- HCW training on prevention
- Increased contact tracing
- Improved airborne IC: use masks; UV lights
- Public prevention awareness/education campaigns
- Community engagement
- Cost effective interventions

**RESEARCH**
- Risk of progression from TBI to active TB
- Vaccine
TB Treatment Needs, Including Support

- **REGIMENS**: shorter, all oral, lower pill burden, address ADRs
- **SYSTEMS**: faster research regulatory approval; training for DOT facilities, free treatment, accessible, training, consistent drug supply, health insurance schemes
- **COMPREHENSIVE CARE**: person/people centered; use of TB survivors, treatment partners, address co-morbidities, post-treatment f/u, palliative care, nutrition, health promotion, stigma reduction, economic support
- **TECHNOLOGY**: for adherence support; digital tools (telemedicine; mobile phones)
- **COMMUNITY/PRIVATE SECTOR**: use for tx supervision
Community and Health Systems Needs (public/private)

SYSTEMS
• Reduce infrastructure for hospital-based care
• Flexible services close to person with TB
• Pre- and in-service training of health professionals
• UHC and innovative financing
• Interagency cooperation outside health sector
• Address, monitor, report service barriers

COMMUNITY
• Engage CSOs, traditional healers, pharmacies
• Invest in Challenge Facility for CS
• Pay community health workers
• PPM
TB Financing Needs

TECHNICAL

• Gap analysis

FUNDING NEEDS

• Increased upfront domestic investment
• Sustained national, subnational local budget lines for TB
• Financial reimbursement to persons with TB to avoid catastrophic costs
• Investments benefitting TB and COVID
• R & D funding, especially vaccines; transparency on product licensing
• Civil society organizations, key populations, human rights, gender issues

MULTISECTORAL FUNDING MECHANISMS

• UHC; poverty reduction strategies, national health insurance schemes
• Flexible funding for countries transitioning from external to domestic funding
• Private sector engagement; Corporate Social Responsibility
• World Bank
Key and Vulnerable Population Needs

- Prisoners, PLHIV, migrants, refugees, indigenous/tribal pops, miners, homeless, drug users, household contacts, children, transgender, disabled, slum populations, rural, malnourished, comorbidities

- Social support

- Education, focused interventions, involvement in TB response

- Use CBOs

- TB-COVID bidirectional screening

- ACF and outreach

- People-centered approach
Enablers Needed

**POLITICAL**

- Strong political leadership
- Policies to end stigma, discrimination

**PROGRAMMATIC**

- People-oriented: right to care even if undocumented, key populations, migrants
- Social and economic support: cash transfers, vouchers, food, transport, disabled due to TB, health insurance schemes
- Activities that improve adherence
- Digital tools
- More education of HCWS & persons with TB
- Emphasize airborne infection control
- Use CSOs, CBOS, faith healers, TB survivors, private sector
Equity in Access, Rights and Gender needs

COMMUNITY
• People/patient-centred; human rights-based approach; no one left behind
• Equitable access to services: dx tools, tx, psychosocial support
• Engage CSOs in care delivery
• Community and household-focused screening and care
• Community-led monitoring

FUNDING
• Community, rights, gender (CRG) assessment w/ costed national action plans
• Decolonized research/public health funding; governance; systems
• GF should include these issues in funding model
Other Needs

• OR on key issues (predictors of recurrent TB, risks for tx failure)
• Improved TB IT (electronic systems; real time data)
• Better airborne IC in high risk areas; cough hygiene
• Integrate TB in COVID recovery plans
• Better training of HCWs
• Record gender-specific and KP data
• TB, COVID, HIV, malaria integration
• Tx outcome of TBI
• Demand accountability
TB Vaccine Ready for Rollout (n=189)
TB Vaccine Needs

TECHNICAL

- **Development**: pre-clinical phase pipeline; use mRNA platform; support most advanced candidates
- **Models**: NHP, human challenge, mouse and guinea pig
- **Qualities**: safe, good efficacy, tolerability; durable protection
- **Types**: primary/prevent progression/therapeutic vaccines; even low efficacy vaccines (≥20%) can have impact; but more effective vaccines needed
- **Incentives**: attract small companies; prize money; clinical trials with efficacy endpoints
- **Access**: Prepare groundwork for vaccine access

POLICY

- More financial investment; political will from world leaders; use WHO/UN system
- Review vaccine trials, their bottlenecks, readiness for manufacture
- Adopt COVID-19 research approach (infrastructure, technology)
- Global Plan needs to focus on vaccine
- Develop communication plan for vaccine rollout
Vaccine Other Comments

TECHNICAL

• Need vaccine for adults (already have BCG for children)
• Rollout priority: high burden TB countries; vulnerable pops, then TBI
• >70% efficiency; lifelong immunity
• Heat stable, low cost, available through >1 supplier

POLICY

• Address public awareness, misconceptions. Need good comms plan
• Need comprehensive approach, not just vaccine
• Need 3 types of vaccine: primary prevention, prevent progression from infection to disease; therapeutic vaccine
• Use TB vaccine roadmap as guidance document
• Zero cost to ensure access
• Part of routine immunization schedule
TB Lessons from COVID-19 (85% response)

POLITICAL

• Pandemic preparation
• Declare TB as a pandemic
• Government leadership
• Global, multisectoral partnership essential
• Political will for vaccine investment; “money is not an issue”

TECHNICAL

• Integrated Covid/TB symptom screening; ACF
• Services needed: Decentralized dx; home-based care; digital tools; mass screening?
• Real time data for all
• Functional Supply chain
• Fast-tracked R &D, policy adoption/change, enforcement has been crucial
• Heightened role of airborne IC

SYSTEMS

• Equity is important for drugs, vaccines
• Effective Risk communication, social mobilization
• need for resilient health systems
Additional Needs

PROGRAMMATIC

• Adequately funded and enough staff
• Better lab infrastructure
• Better modeling data
• Improved WHO reporting to capture lost before tx and during tx cascade
• Palliative care
• Nutritional support (to prevent disease, mortality)

POLITICAL/SYSTEMS

• Position TB within larger context – AMR, digital revolution, financial crisis
• See CSOs as partners, not competitors
• New funders

Stop TB Partnership