

The Global Partnership
to Stop TB



THE GLOBAL PLAN TO STOP TB, 2006-2015

Preparing the ground for elimination

IUATLD-North America Region

February 22, 2007

Vancouver, CANADA

Stop TB Partnership
www.stoptb.org

A partnership hosted by
The World Health
Organization



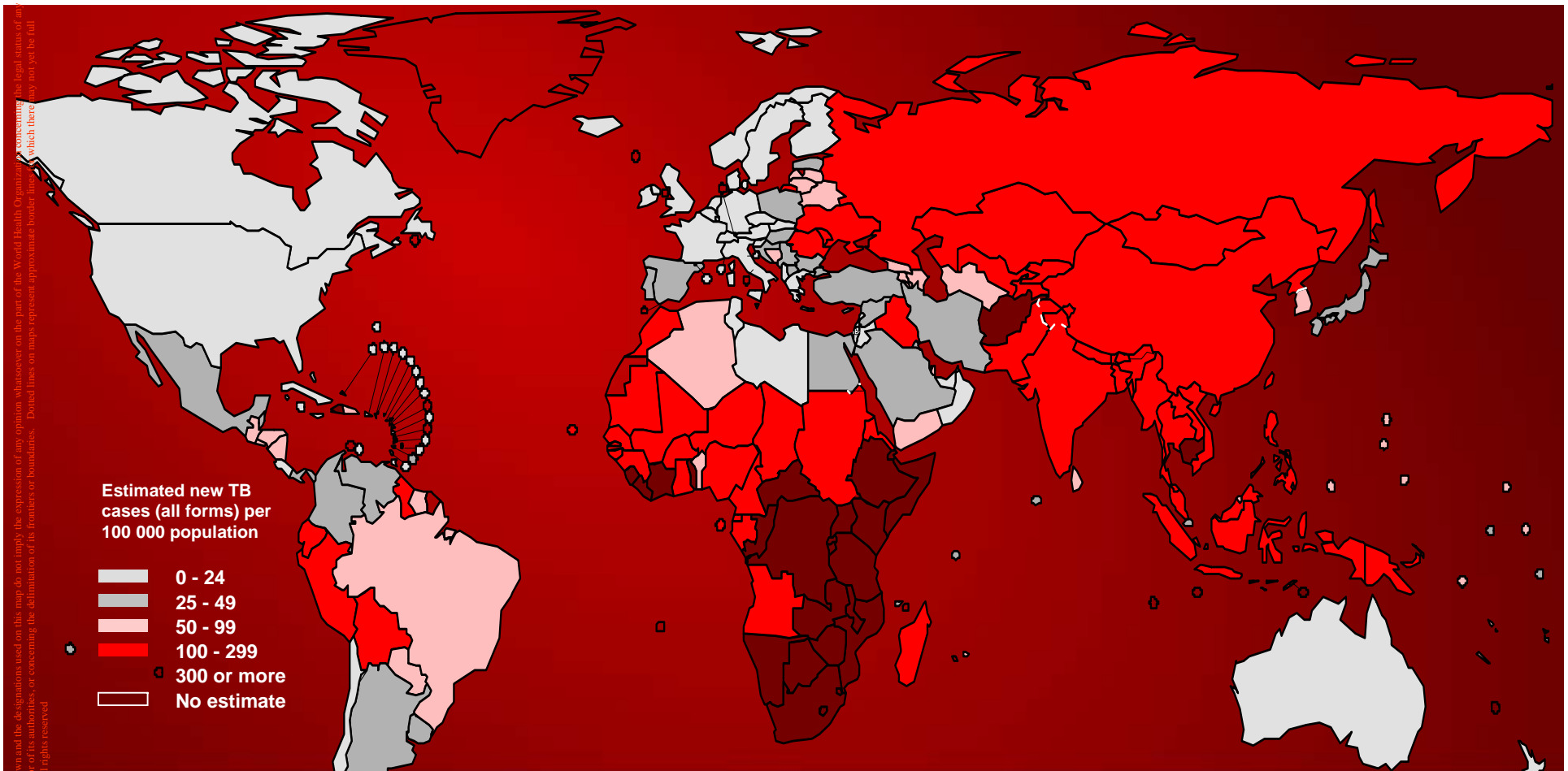
Introduction



- The problem – the global TB burden
- The vehicle for action – the Stop TB Partnership
- The targets – what we want to achieve
- The way ahead – the Global Plan to Stop TB
- The latest on the implementation of the Global Plan - are we on track?

2005 Burden

8.8 million new and 14.1 million prevalent TB cases
and 1.6 million deaths due to TB (195 000 HIV-infected)



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Economic impact



■ Damaging economic impact on TB patients and their families

- Household and poverty dimensions important: mean household spending on TB can account for 8 – 20% of annual household income (Russell, 2004)
- Over the next 20 years the impact of TB in the migrant population of the US will result in direct and indirect costs of \$1.985 b and \$632 m respectively (Schwartzman, 2005)
- Premature death accounts for over 80% of DALYs lost to TB (Dye, 2006)
- For High Burden Countries, estimated economic burden of TB deaths under no DOTS scenario (including HIV co-infections) = \$164 billion/year (Laxminarayan, 2007)

The Global Partnership to Stop TB



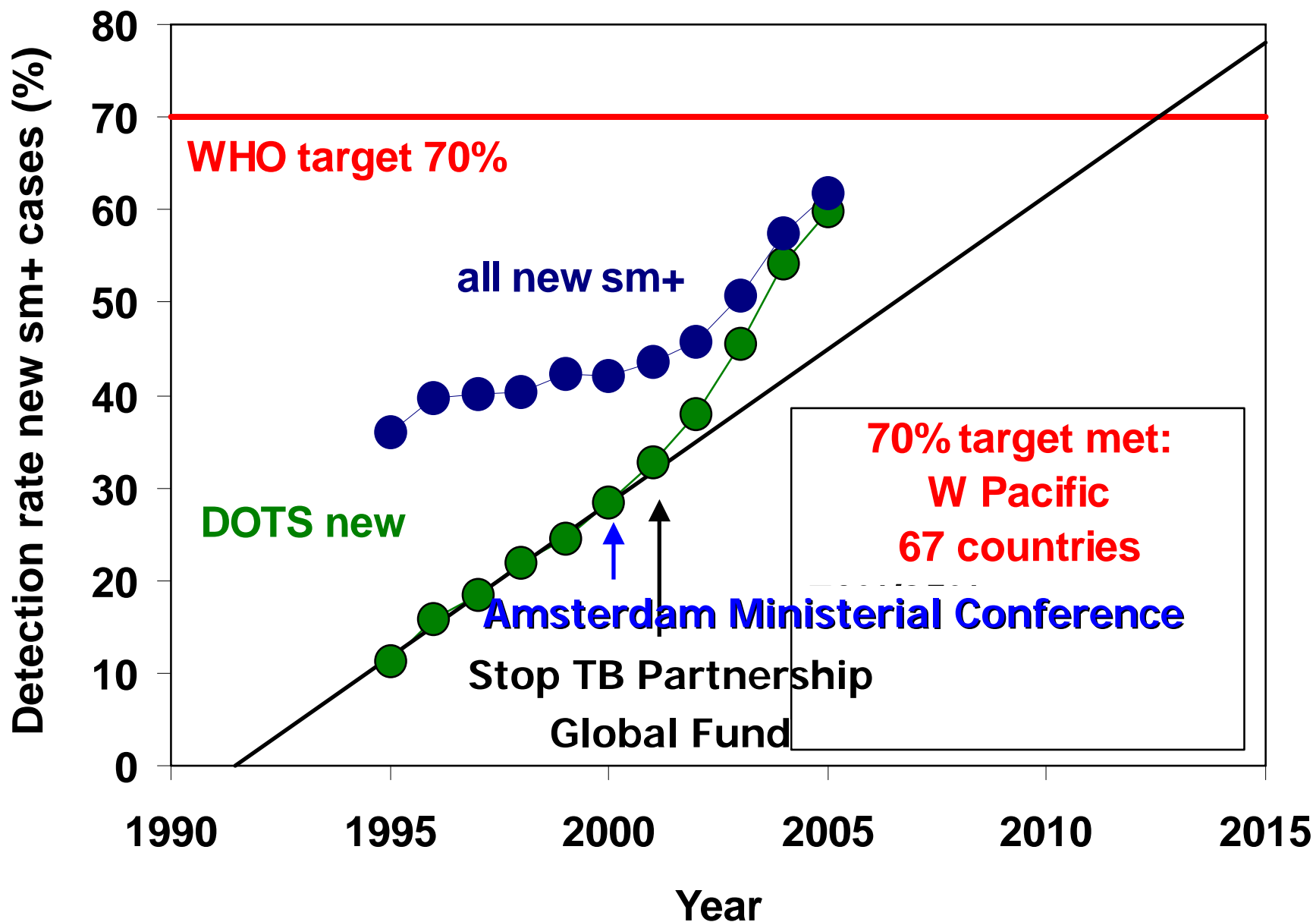
- established in 2000
- a global movement to accelerate social and political action to stop the spread of TB
- a network of international organizations, countries, donors (public and private sector), governmental and non-governmental organizations and individuals
- secretariat is housed in WHO

Global targets

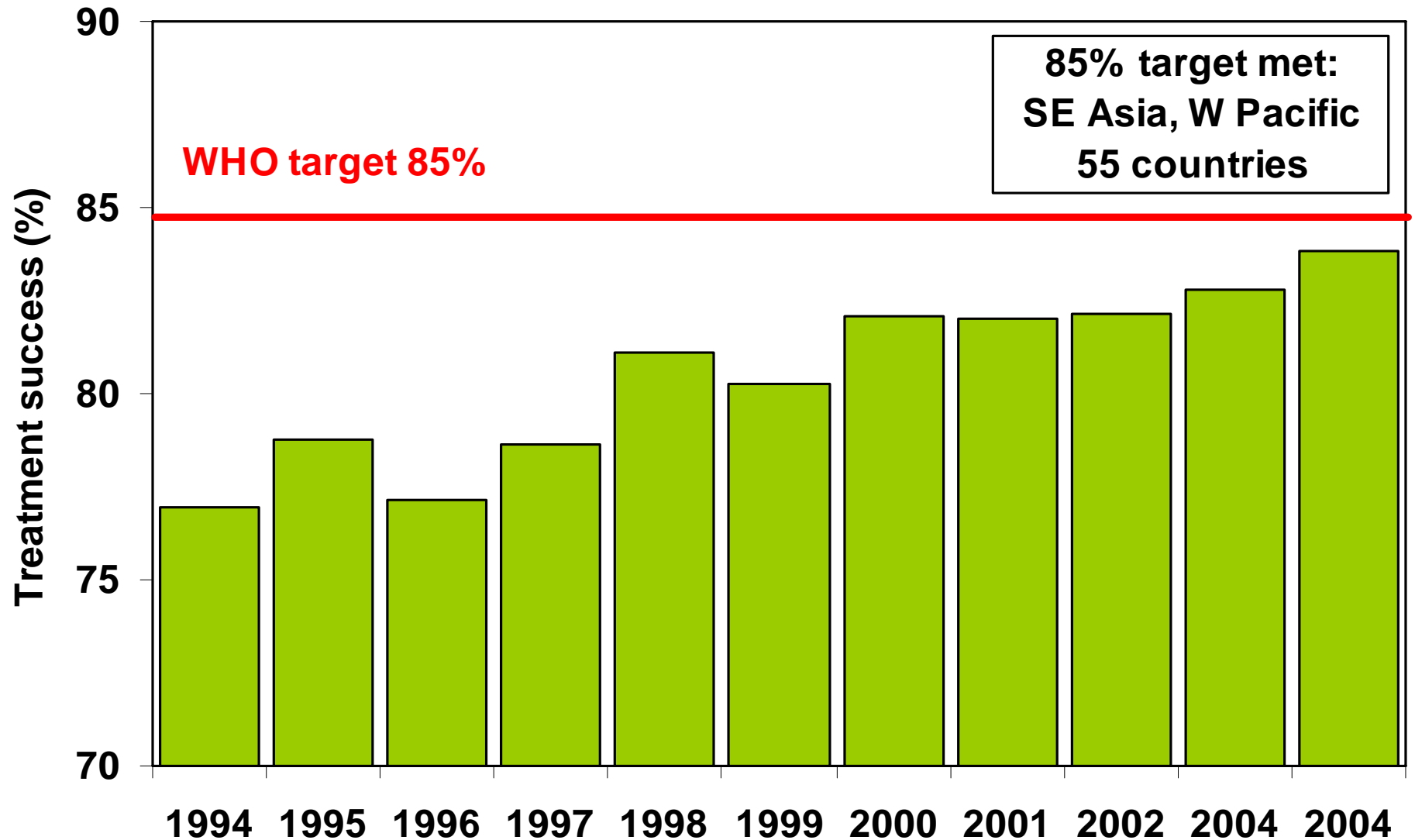


- **by 2005**
at least 70% of people with infectious TB will be diagnosed (i.e. under the DOTS strategy) and at least 85% cured
- **by 2015**
the global burden of TB disease (prevalence and deaths) will be reduced by 50% relative to 1990 levels (specifically, this means reducing prevalence to 155 per 100,000 and deaths to 14 per 100,000 per year by 2015)
- **by 2050**
the global incidence of TB disease will be less than 1 case per million population

Case detection: 60% by 2005



Treatment success: 84% in 2004



Over 26 million TB patients treated under the DOTS strategy

THE GLOBAL PLAN
TO STOP TB
2006-2015



Actions for Life

TOWARDS A WORLD FREE OF TUBERCULOSIS

Stop **TB** Partnership

The Global Plan



- Builds on achievements in progress towards targets for 2005
- Looks ahead to achievement of targets for 2015 (incidence, prevalence, mortality)
- Prepares the ground for revolution in TB control technology required to achieve targets for 2050

The Global Plan



- What activities are proposed to reach the Stop TB Partnership's targets for 2015?
- What is their expected impact?
- At what cost?

Structure of Plan



- Outline of content
 - Part I General strategic directions
 - Part II Regional scenarios
 - Part III Specific actions/plans by working groups and secretariat

Part I: WHO's Stop TB Strategy to reach the 2015 targets



COMPONENTS OF THE **STOP TB** STRATEGY

1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT

- a. Political commitment with increased and sustained financing
- b. Case detection through quality-assured bacteriology
- c. Standardized treatment with supervision and patient support
- d. An effective drug supply and management system
- e. Monitoring and evaluation system, and impact measurement

2 ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES

- Implement collaborative TB/HIV activities
- Prevent and control multidrug-resistant TB
- Address prisoners, refugees and other high-risk groups and special situations

3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
- Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
- Adapt innovations from other fields

4 ENGAGE ALL CARE PROVIDERS

- Public-Public, and Public-Private Mix (PPM) approaches
- International Standards for TB Care (ISTC)

5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES

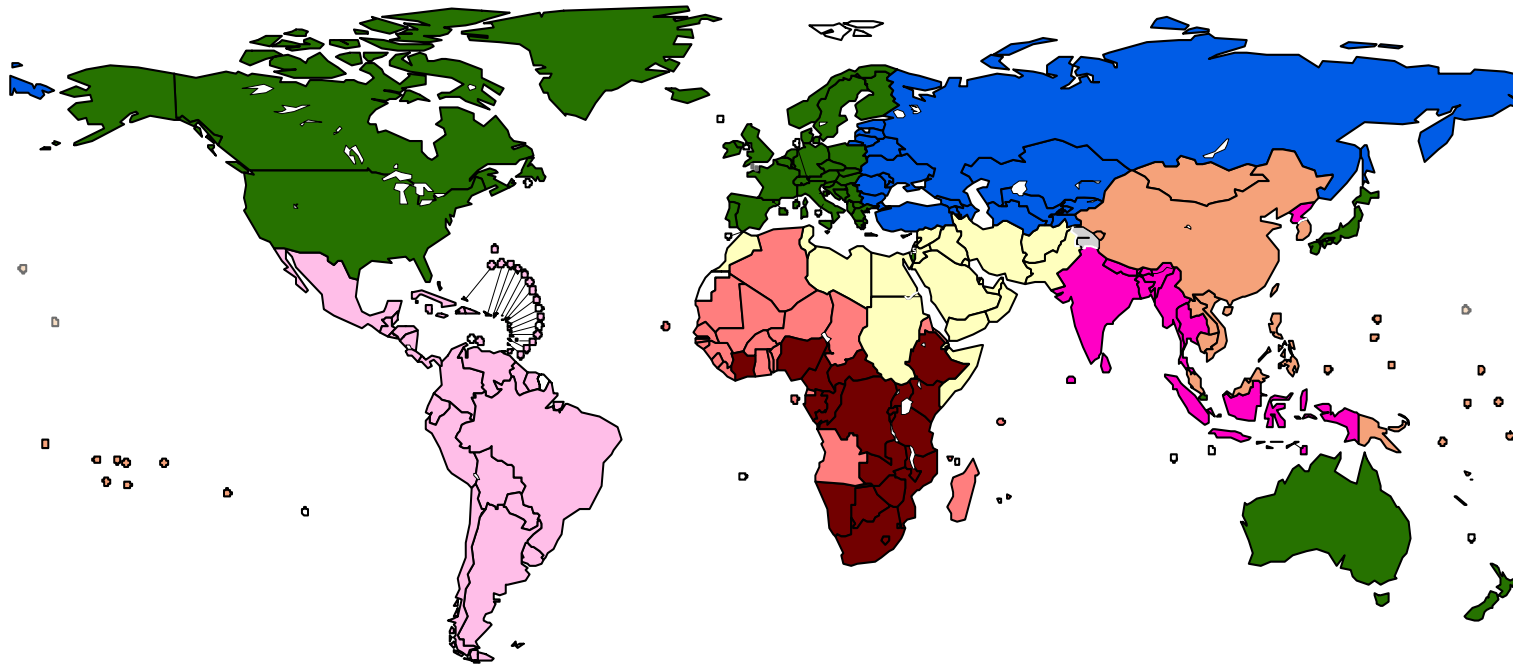
- Advocacy, communication and social mobilization
- Community participation in TB care
- Patients' Charter for Tuberculosis Care

6 ENABLE AND PROMOTE RESEARCH

- Programme-based operational research
- Research to develop new diagnostics, drugs and vaccines



Part II: Eight epidemiological regions

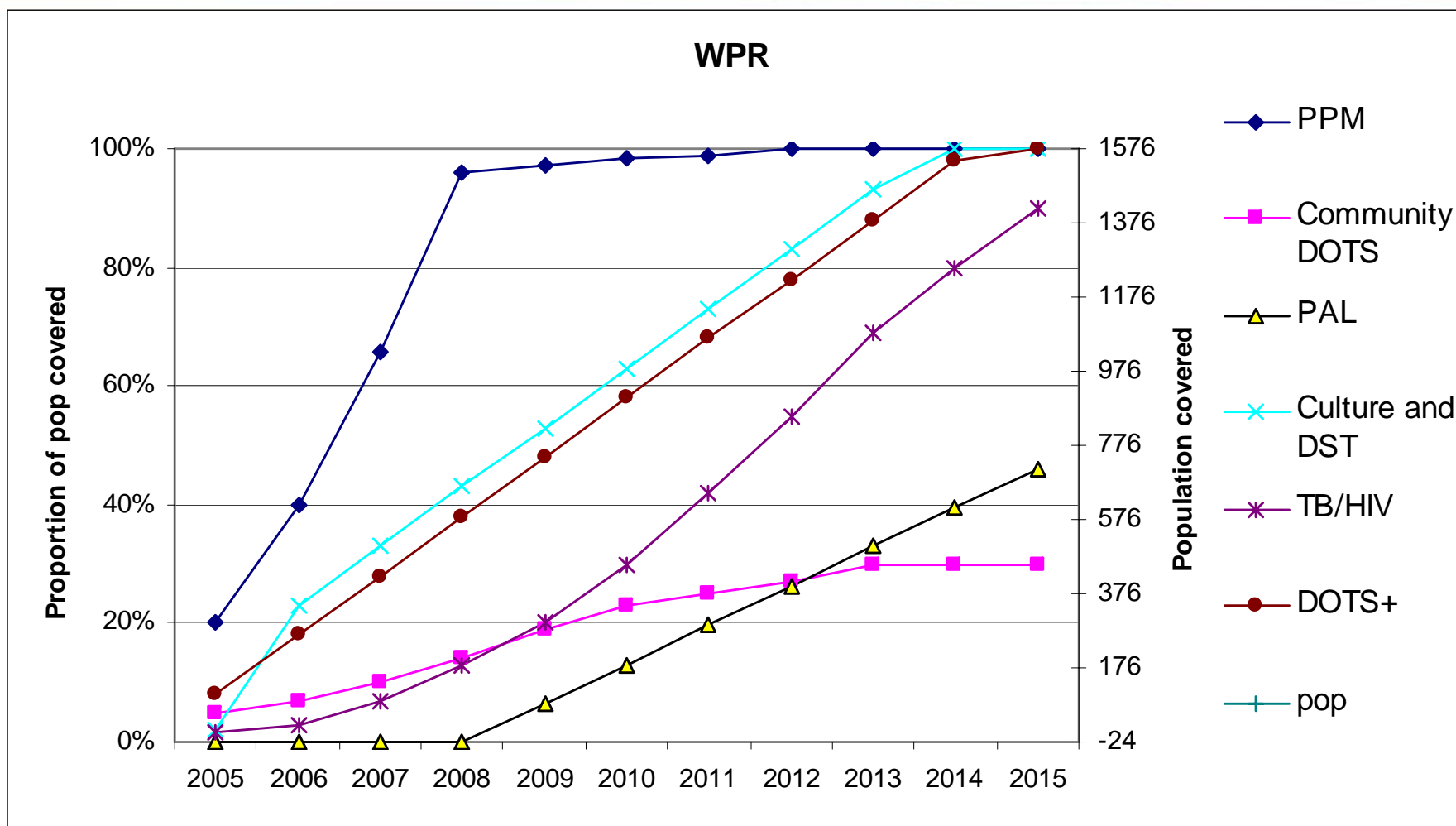


Development of regional scenarios

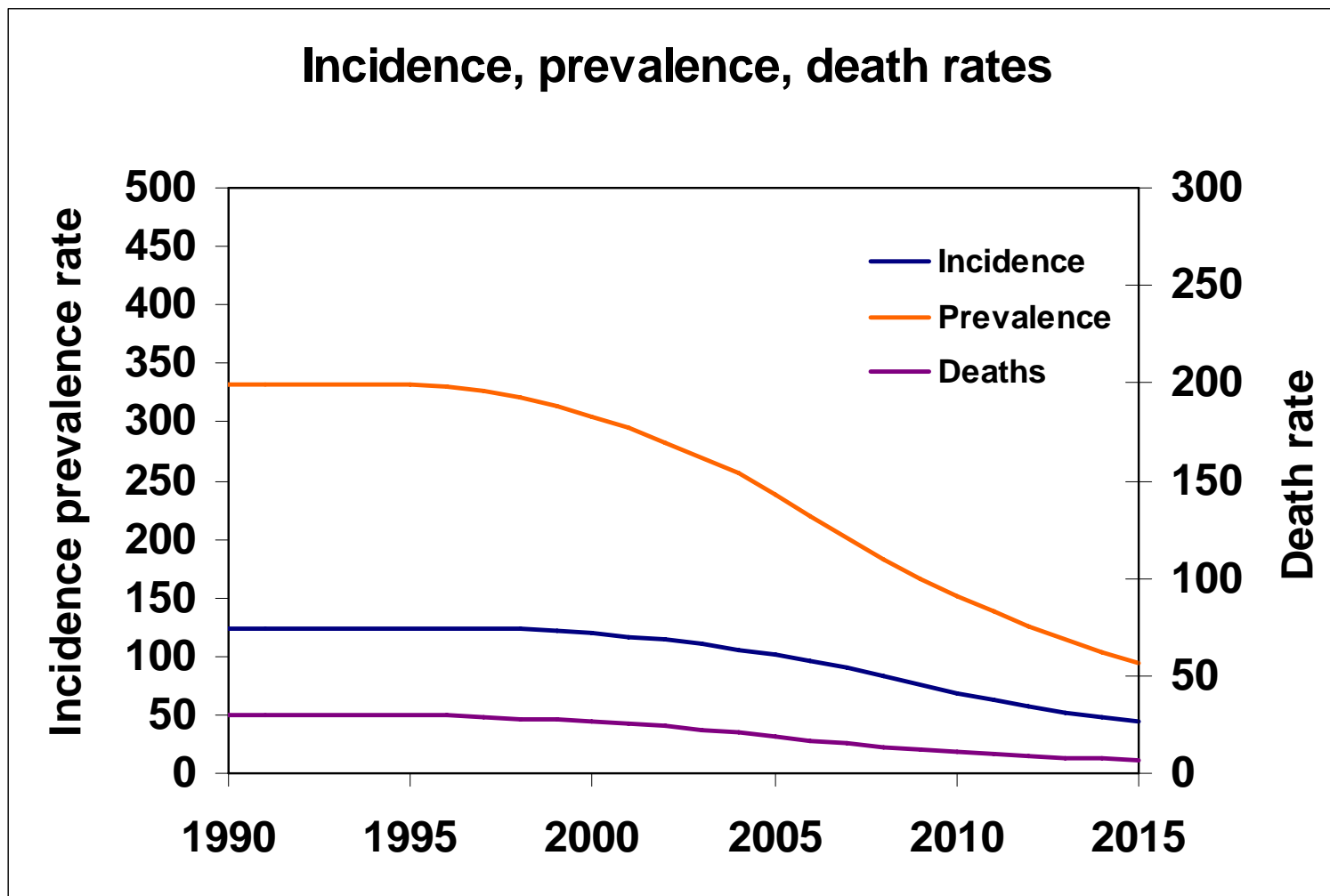


- **Step 1. Defining and costing intervention packages**
- **Step 2. Estimating the magnitude and pace of scaling up of activities**
- **Step 3. Estimating TB control outcomes and impact**
- **Step 4. Estimating the cost of DOTS expansion, MDR-TB and TB/HIV**

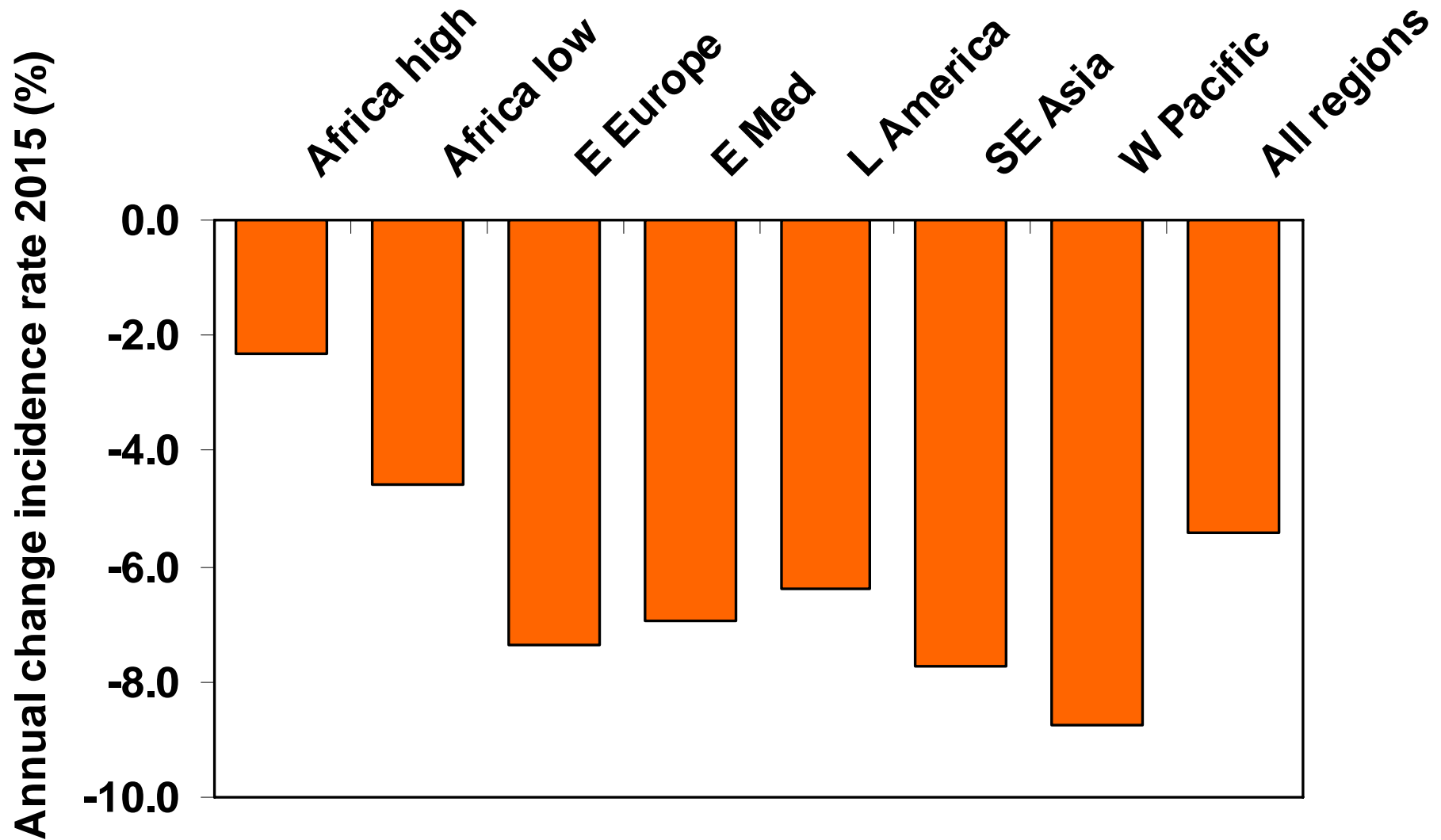
Scenario for scale-up of activities in Western Pacific Region



Impact on TB burden in Western Pacific Region with planned activities, 2006-2015



MDG target 8: Incidence falling in all regions by 2015



Part III: Implementation Working Groups



1. DOTS Expansion

2. DOTS-Plus

3. TB/HIV

1. 50 million people treated for TB

2. 800,000 people treated for MDR

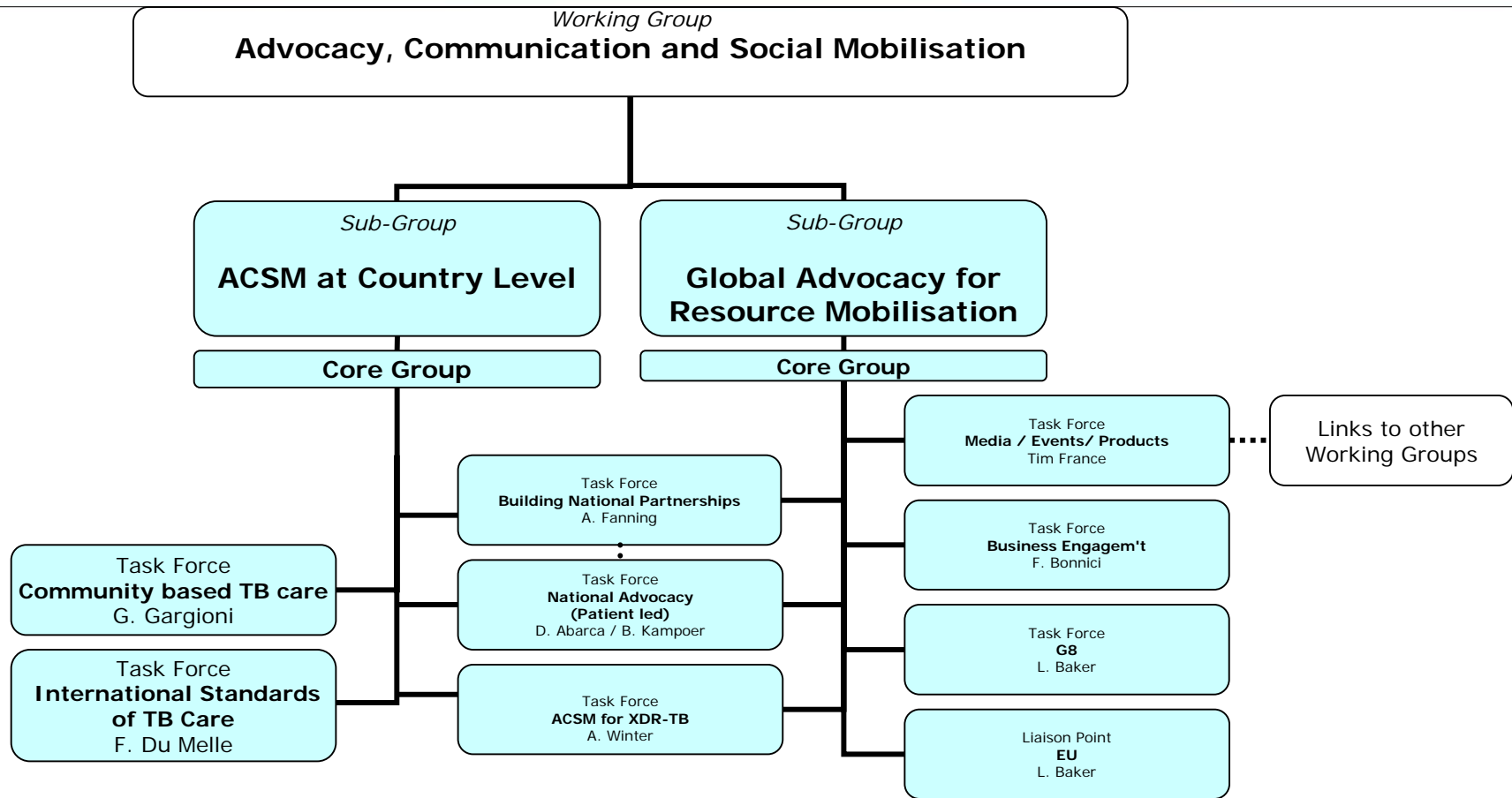
3. 3 million TB/HIV patients enrolled on ART

Part III: Research & Development Working Groups



	By 2006	By 2010	By 2015
vaccines	3 vaccines in phase I trials	9 candidates in phase II trials; at least 2 vaccines in "proof of concept" trials; beginning phase III trials	4 phase III trials carried out; one safe, effective vaccine available
drugs	27 new compounds in the pipeline	1-2 new drugs registered; treatment shortened to 3-4 months	7 new drugs; treatment shortened to 1-2 months
diagnostics	rapid culture for case detection and DST in demonstration phase	point of care, rapid culture, improved microscopy, phage detection, simplified NAAT	predictive test for LTBI

The ACSM Working Group

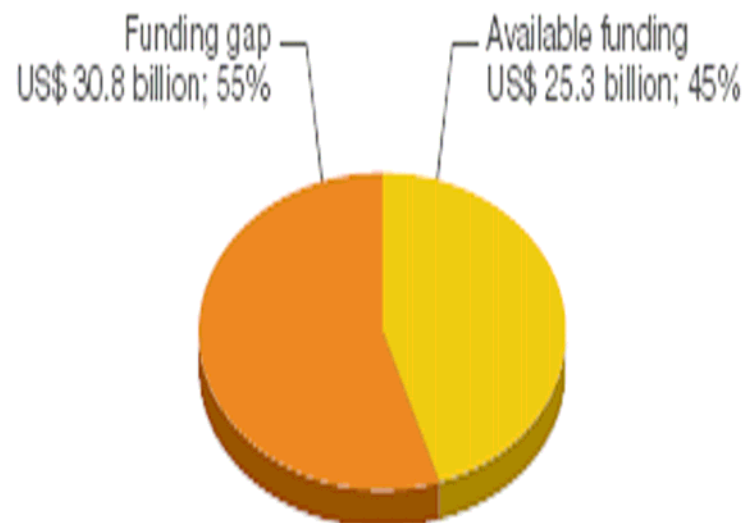
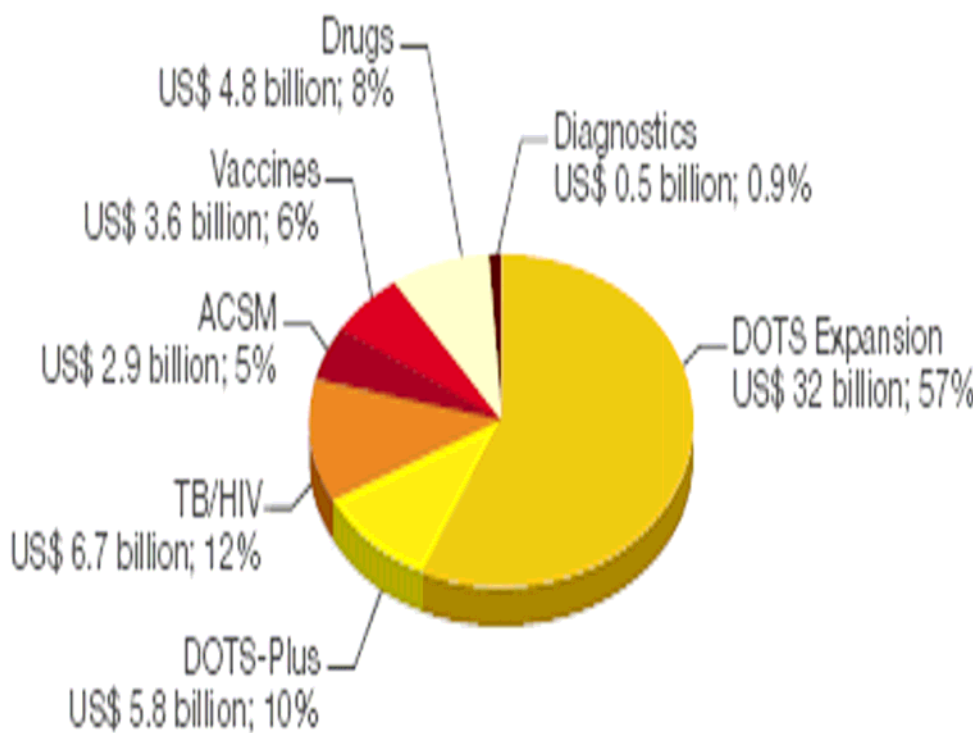


Funding needs, available funding and gaps

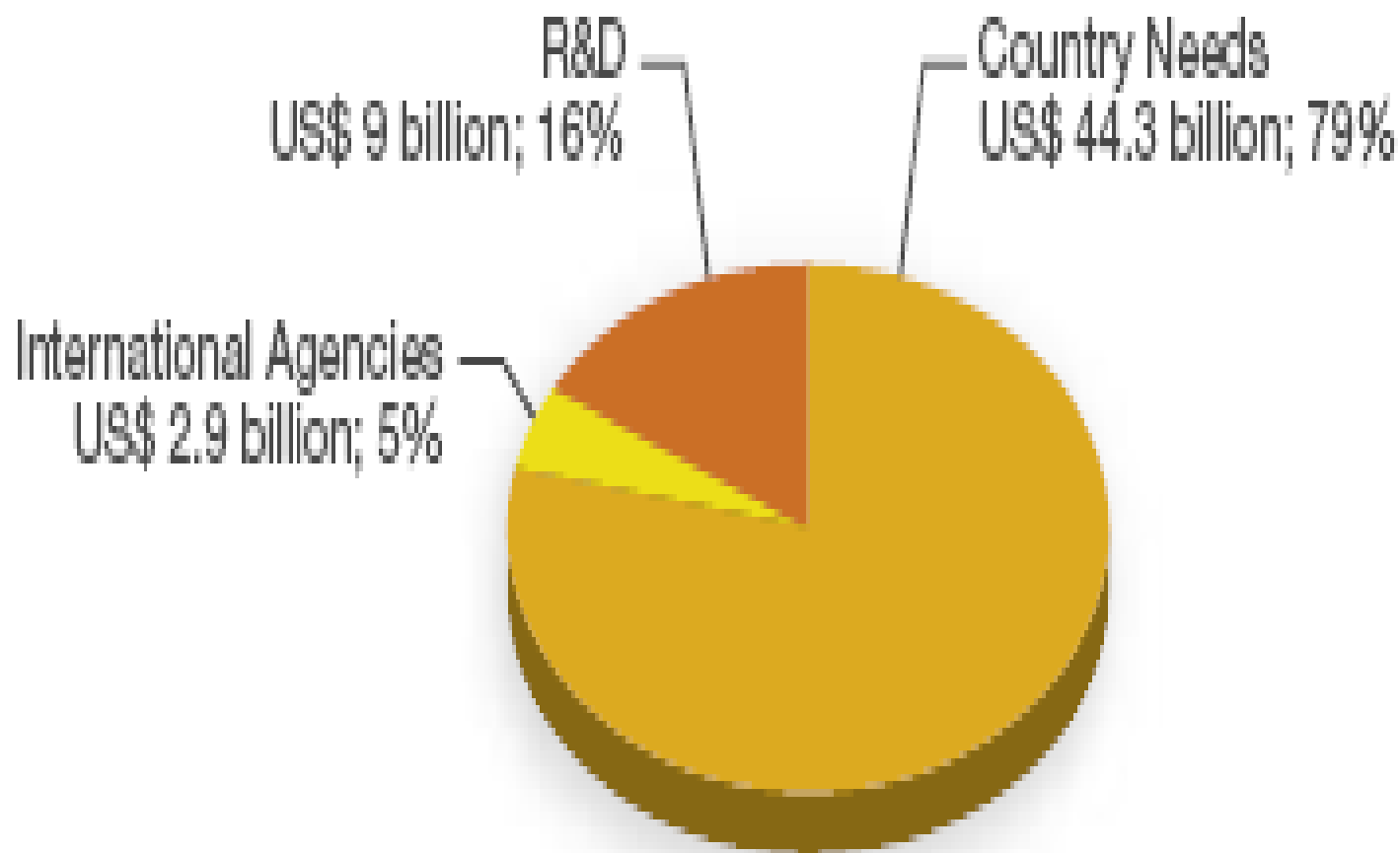


- What is the expected cost of the activities set out in the Plan?
- How much funding is likely to be available?
- What is the funding gap?

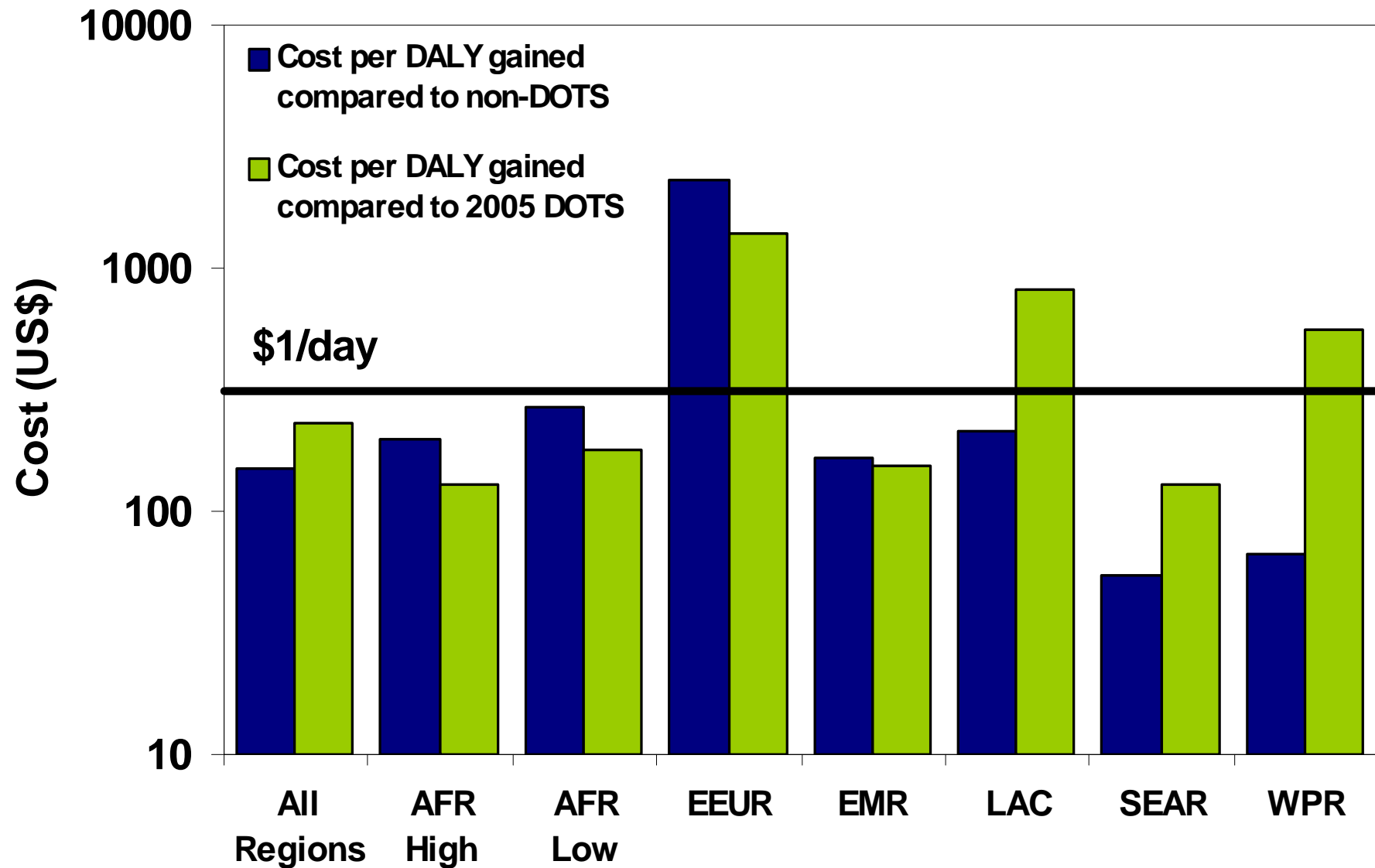
56 Billion US\$ 2006-2015



Total needs for countries, R & D, and international agencies, 2006-2015



Global Plan: <\$1 per day of healthy life gained



Summary



- Full funding (US\$ 56 billion) for implementation of the Plan would result in achievement of:
- the MDG "to have halted by 2015, and begun to reverse the incidence" of TB
 - the Partnership's 2015 targets to halve prevalence and death rates from a 1990 baseline globally, with enormous progress in all regions
 - the 2015 targets most likely later than 2015 in E Europe and even later in Africa


What happens next?



- Global Plan used for global advocacy and resource mobilisation
- Development of regional and national plans in line with approach of Global Plan
- Monitoring of implementation of Global Plan



Turning the tide



THE LANCET

Volume 367 Number 9314 Pages 875-958 March 18-24, 2006 www.thelancet.com

"The New Stop TB Strategy and the Global Plan, with the important new developments outlined in this issue, present an ideal opportunity to turn the tide against tuberculosis."

See Comment page 877

Articles	Articles	Articles	Review	Essay Focus
DOTS for tuberculosis control in Nepal See page 907	Tobacco: the challenge to prevent orphan and maternal mortality See page 910	Quality of paediatric care in Kazakhstan, Moldova, and Russia See page 919	Tuberculosis in sub-Saharan Africa See page 926	Tuberculosis See page 938

£5.00 Registered as a newspaper. ISSN 0140-6736
Founded 1835. Published weekly

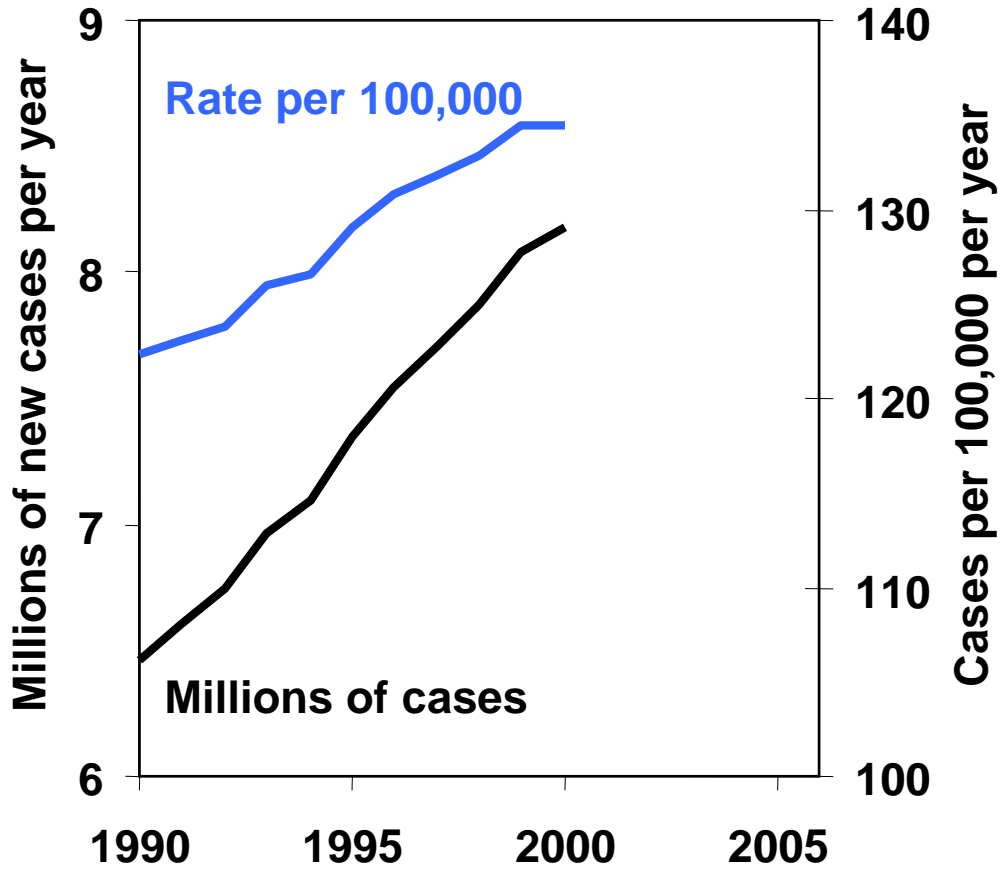
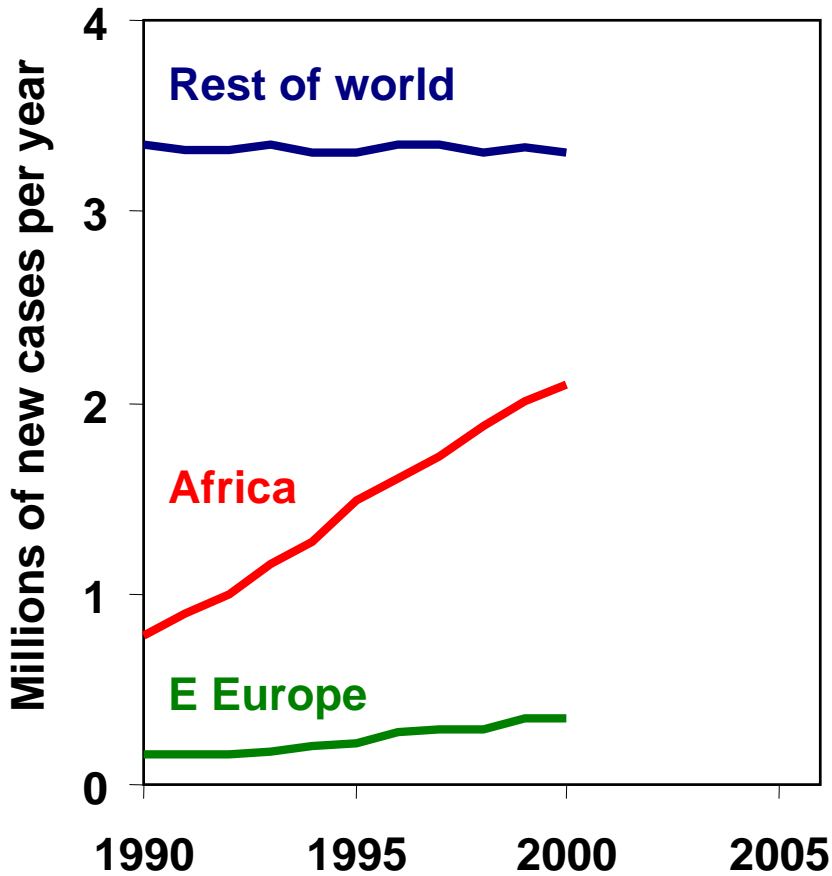


But how are we doing today?

Are we on track to reach the MDG and Partnership Targets for tuberculosis?

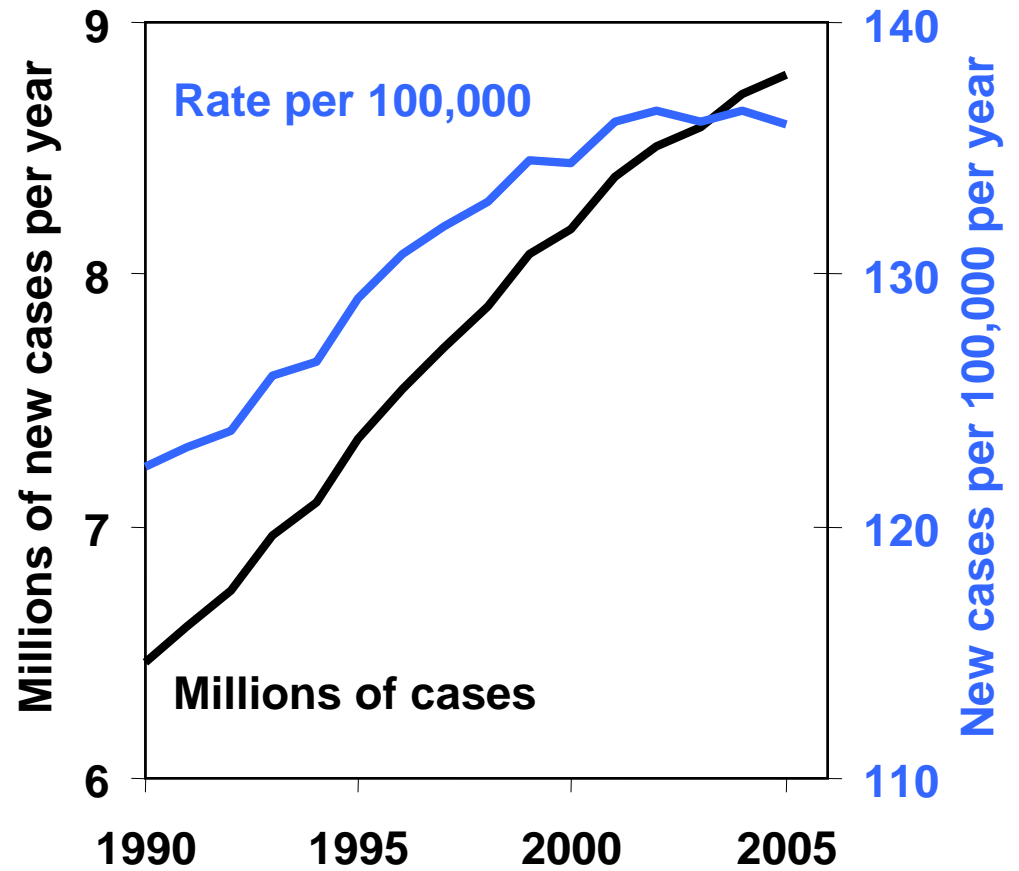
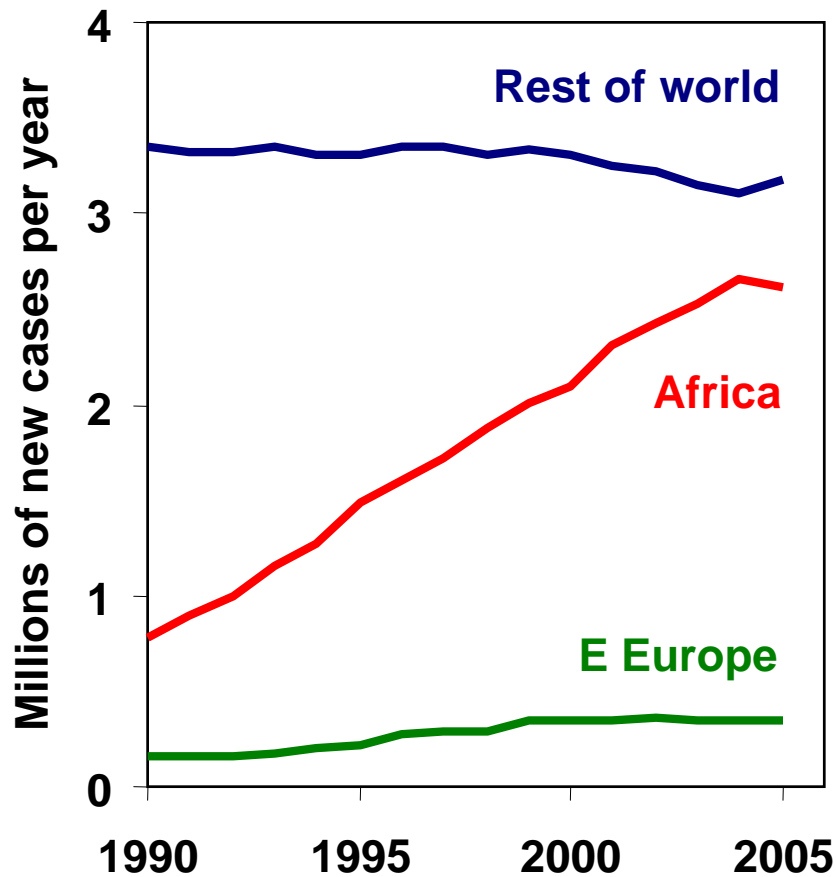
More than 6m cases growing at 2-3%/yr in 1990s

Asia dominates burden **Africa governs trend**

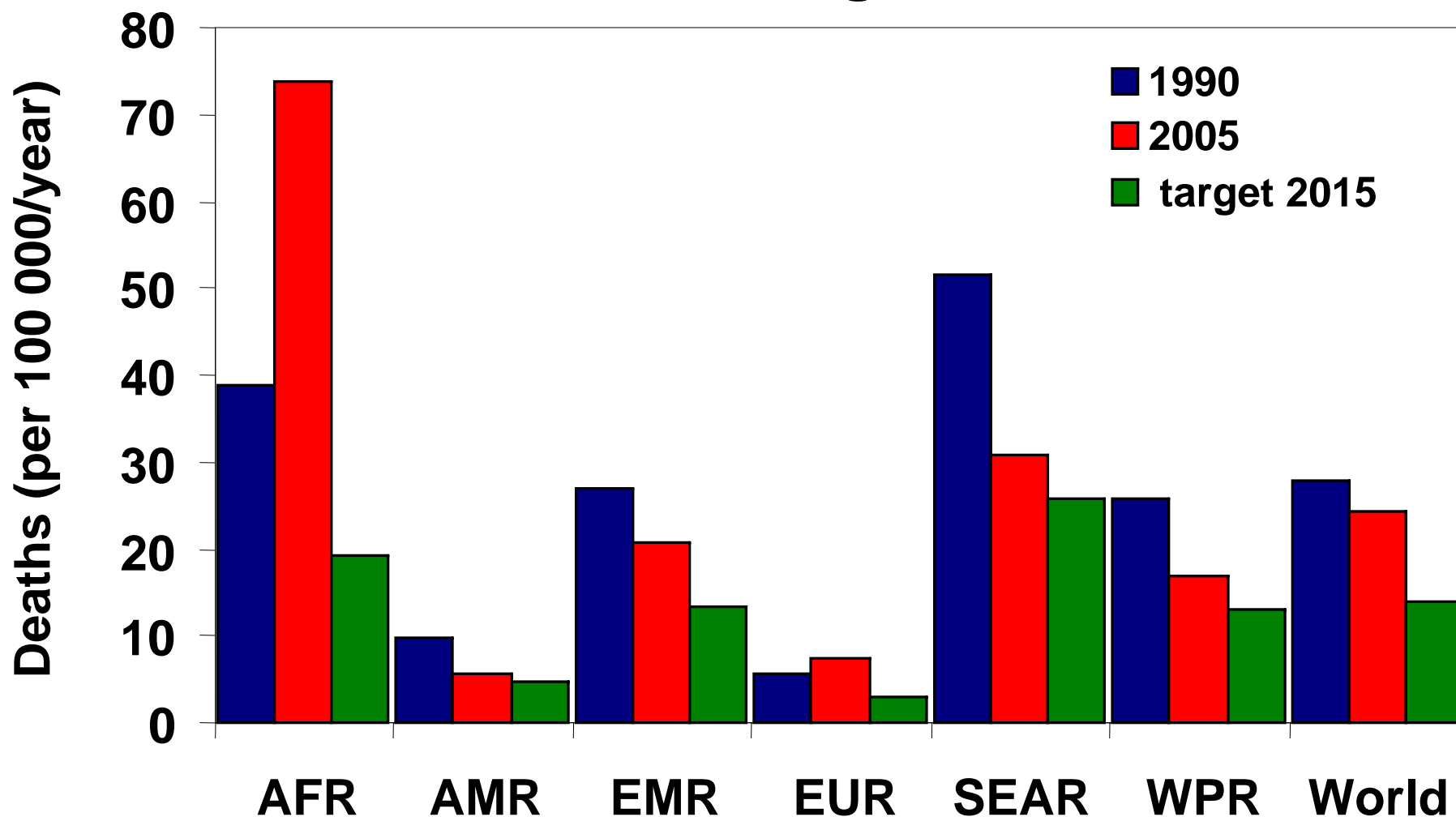


Global TB incidence

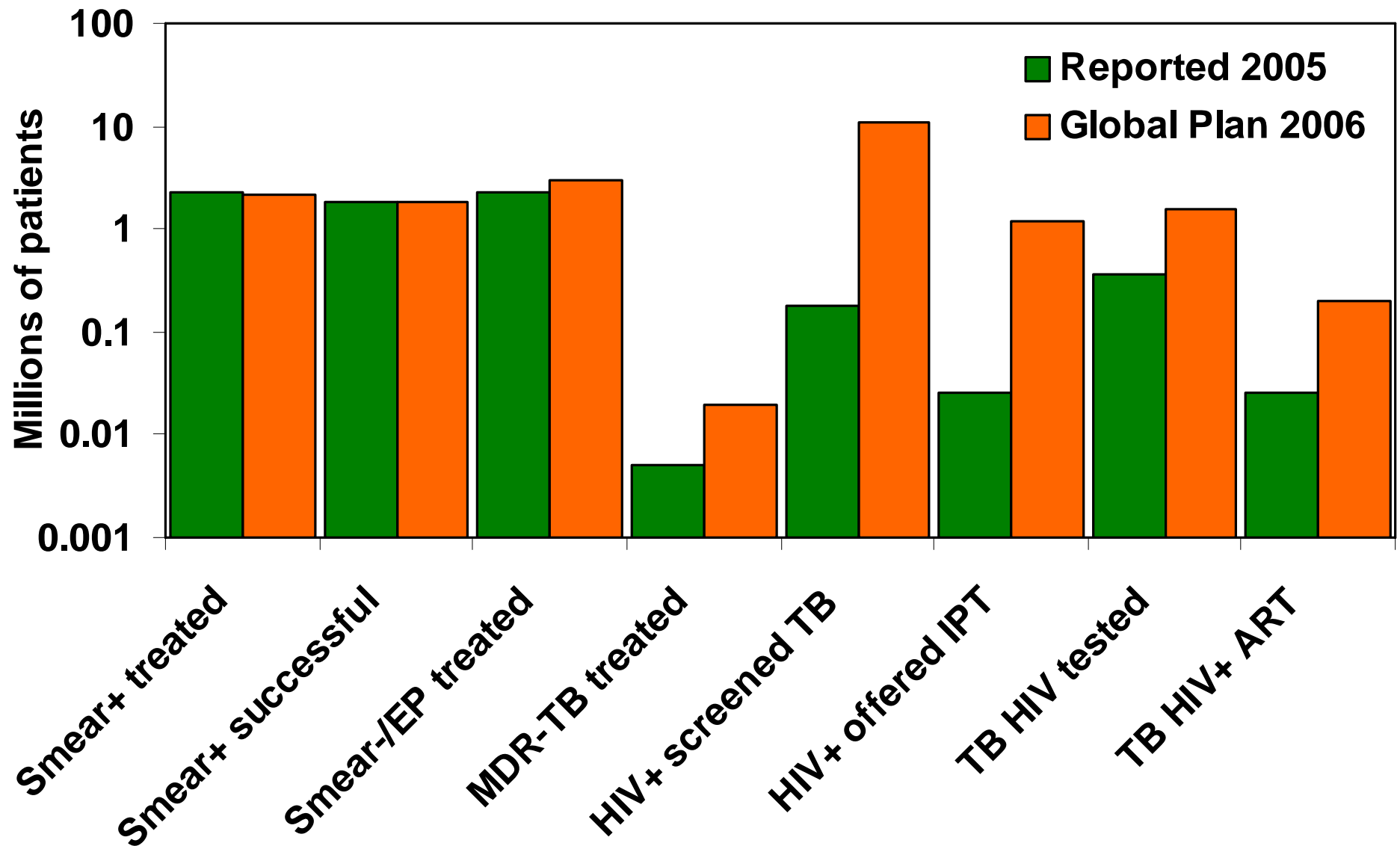
rate stable or falling by 2005, numbers still increasing



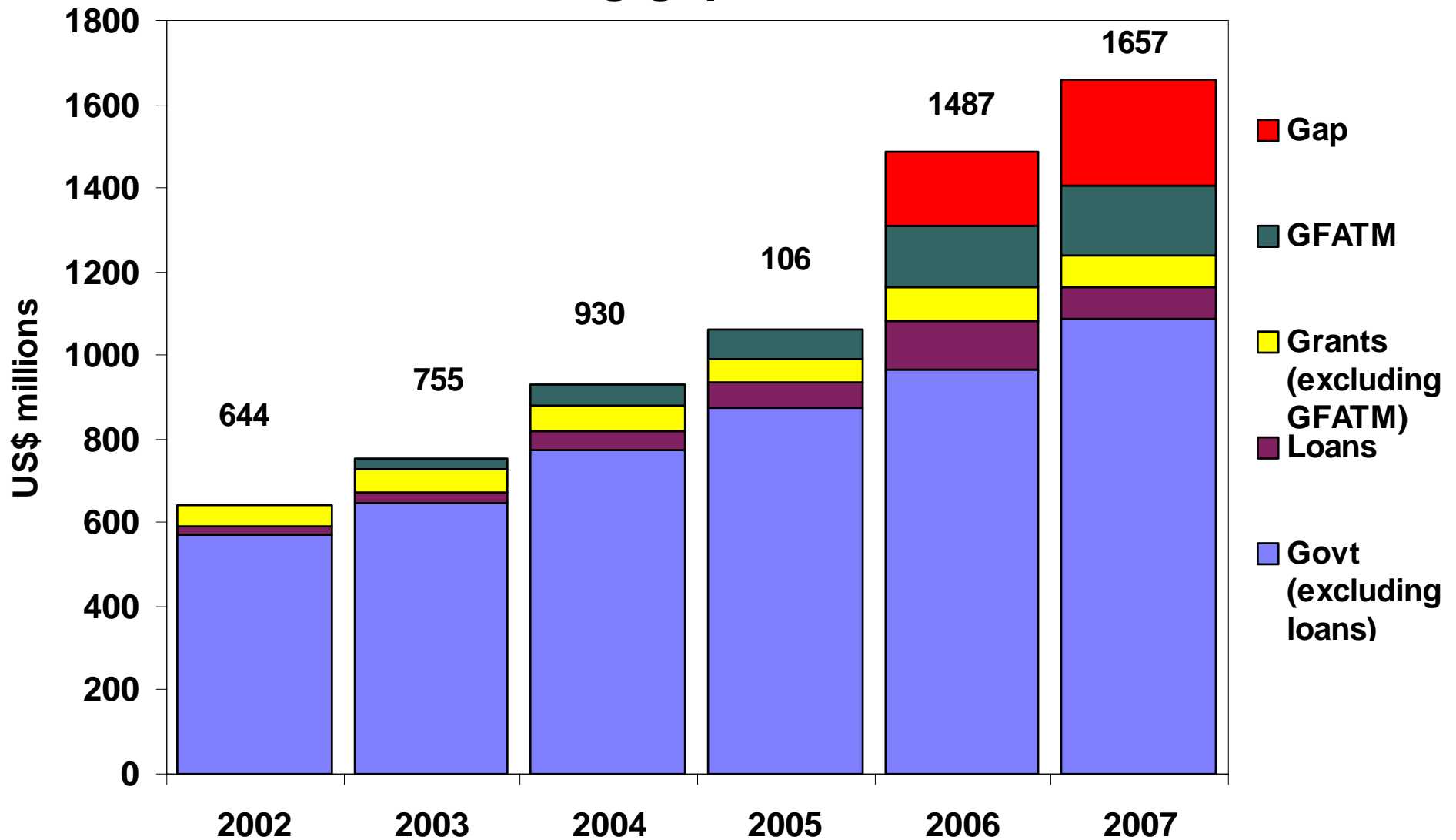
Global epidemic in decline... but not fast enough to meet MDGs



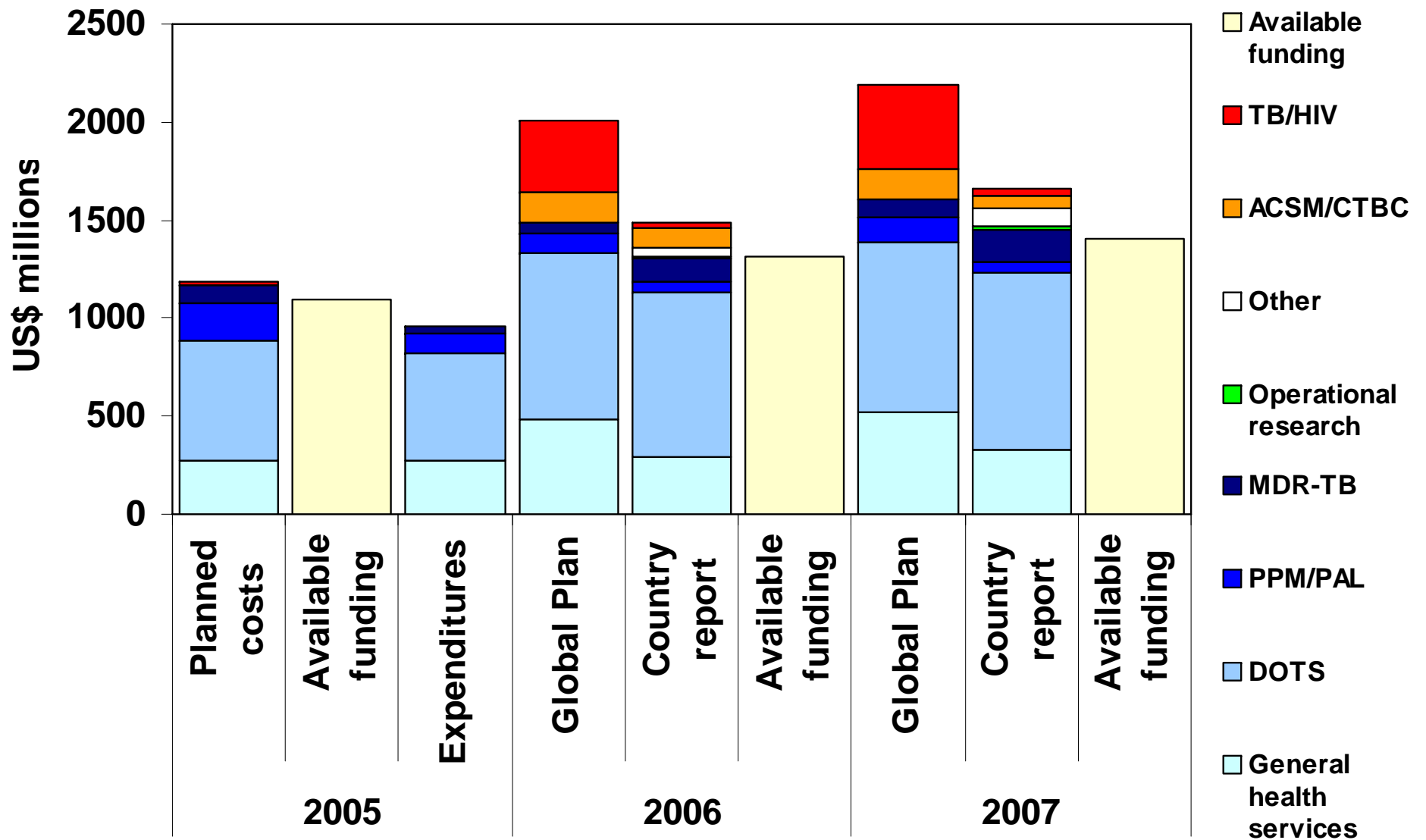
DOTS is on course, TB/HIV and MDR control are not



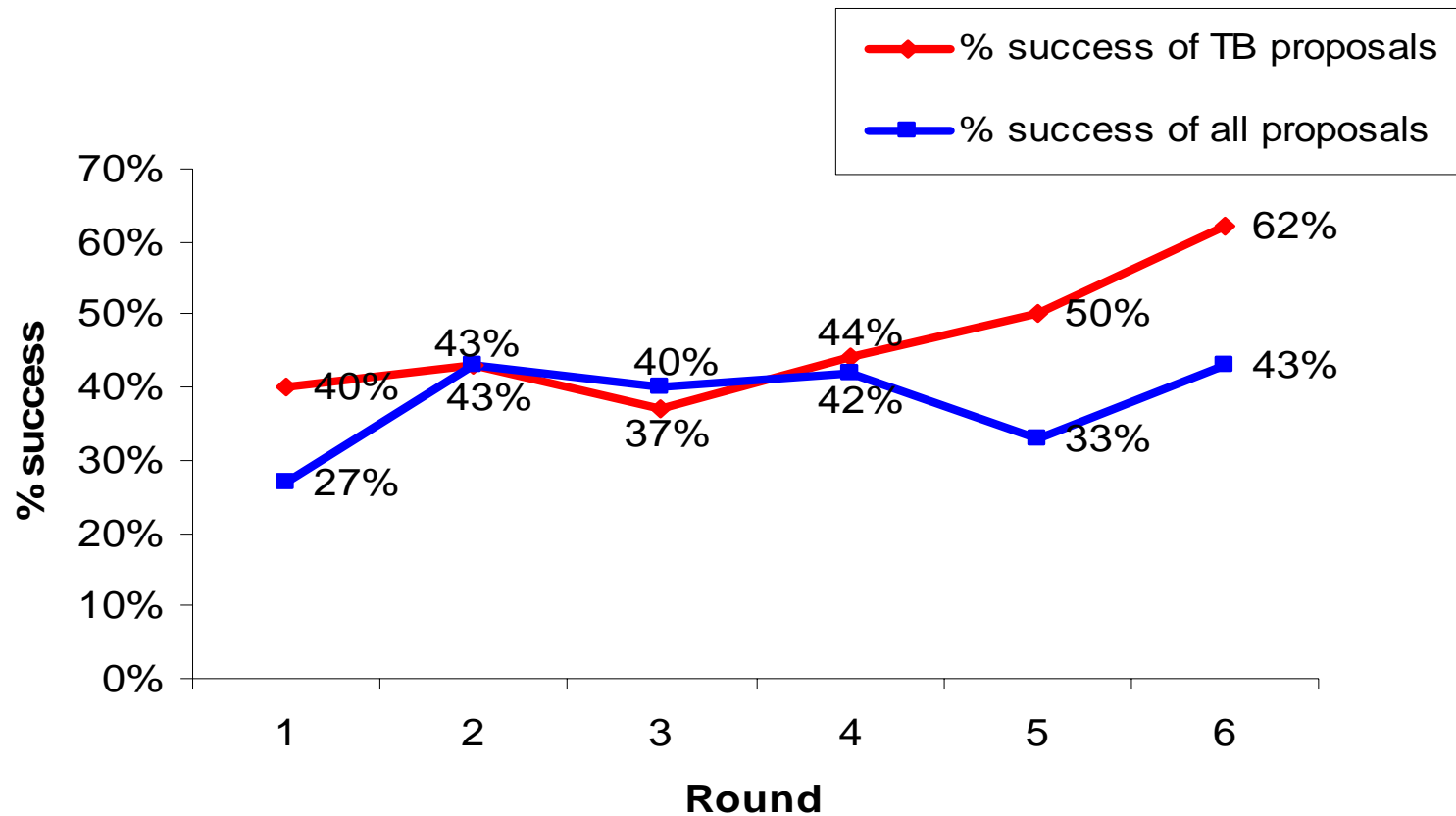
Cost of TB control increased by \$1 bn 2002-07 and funding gap has widened



Global Plan opens a bigger funding gap



Success rate of TB proposals

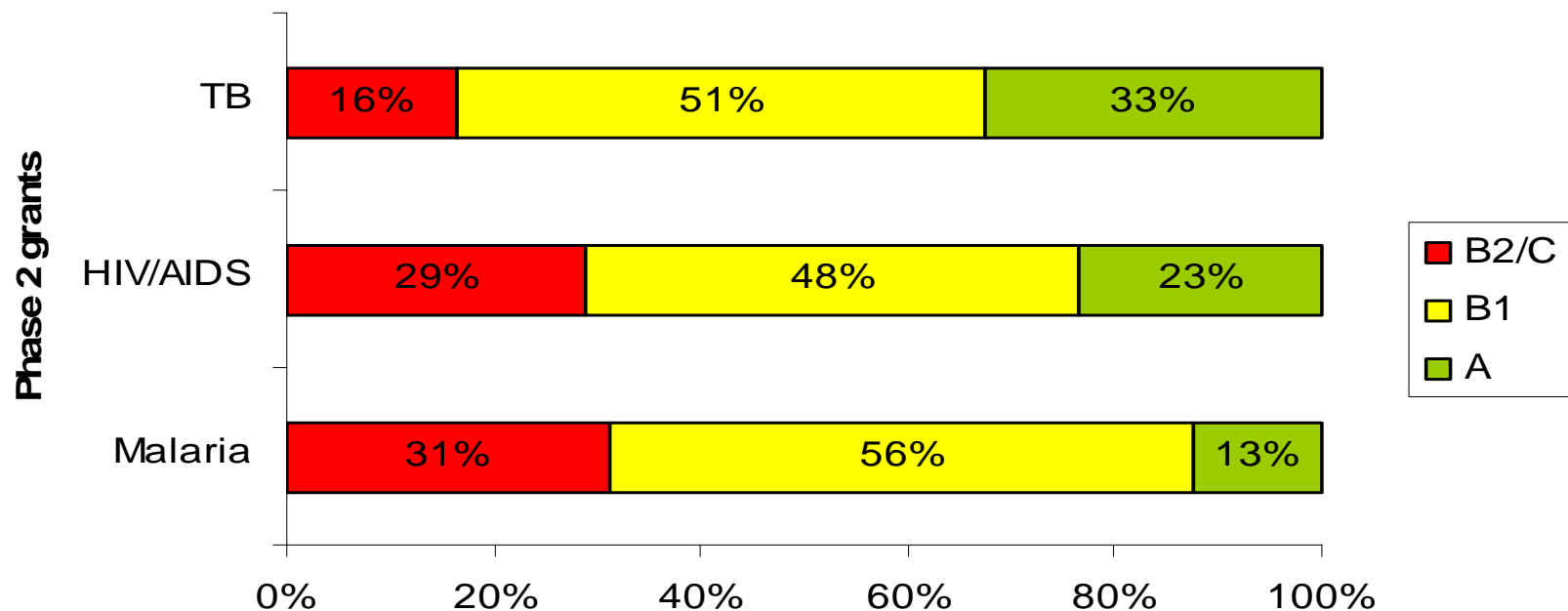


Performance



TB grants perform better than Malaria and HIV grants at Phase 2 review

Possible reasons: maturity of TB programs; procurement systems are robust, well established and predictable

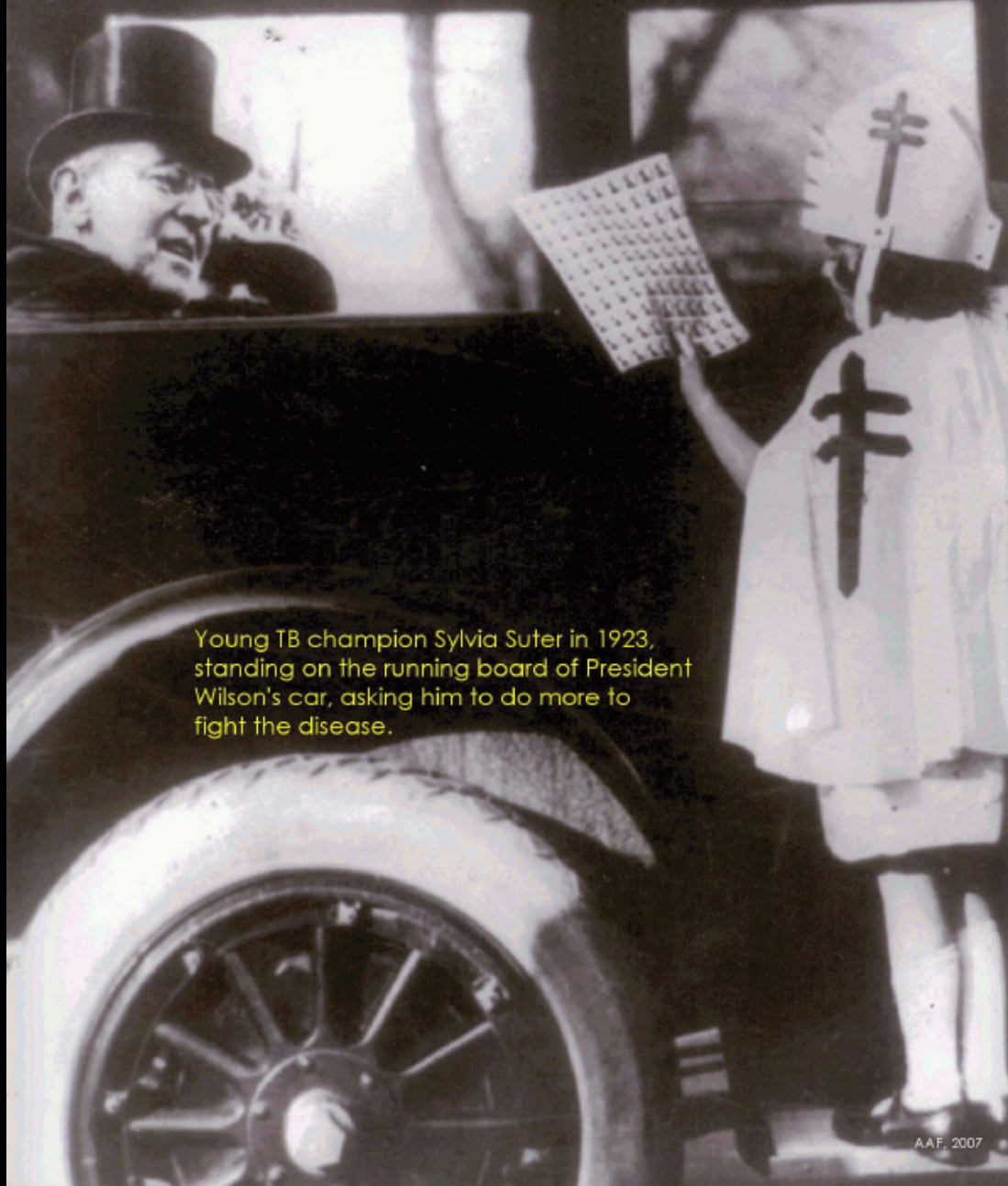


The good, the less good and...

- **10-year Business plan**
- **Stop TB Strategy**
- **Global TB epidemic on point of decline**
- **DOTS is on track**
- **Budgets increased by \$1bn 2002-7**
- **Strong unified Partnership**

- **Not yet fast enough to meet MDGs**
- **70/85 targets not met globally**
- **Behind in critical areas : TB/HIV, MDR**
- **New tools not yet in**
- **GP says an extra \$1bn+ needed in 2007**
- **So.....**

Ask world leaders to stop TB



Young TB champion Sylvia Suter in 1923, standing on the running board of President Wilson's car, asking him to do more to fight the disease.





Stop TB Partnership



TB: elimination by 2050?

