



Global strategy and targets for tuberculosis prevention, care and control after 2015

Dr Mario Raviglione
Director, Global TB Programme
World Health Organization, Geneva, Switzerland

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DRAFT POST-2015 GLOBAL TUBERCULOSIS STRATEGY FRAMEWORK

VISION	A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis
GOAL	End the global tuberculosis epidemic
MILESTONES FOR 2025	<ul style="list-style-type: none"> – 75% reduction in tuberculosis deaths (compared with 2015); – 50% reduction in tuberculosis incidence rate (compared with 2015) (less than 33 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis
TARGETS FOR 2035	<ul style="list-style-type: none"> – 95% reduction in tuberculosis deaths (compared with 2015) – 90% reduction in tuberculosis incidence rate (compared with 2015) (less than 10 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis

PRINCIPLES

1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND 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

ACTION BY THE EXECUTIVE BOARD

The Board is invited to consider the draft post-2015 global tuberculosis strategy and targets.

In May 2012, Member States called on WHO at the 65th World Health Assembly, to develop a post-2015 tuberculosis (TB) strategy and targets, and present these to the 67th World Health Assembly in 2014.

BACKGROUND

Ending the global TB epidemic is feasible with dramatic decline in TB deaths and cases, and elimination of economic and social burden of TB. Failure to do so will carry serious individual and global public health consequences.

Achievement of this goal by 2035 requires:

1. Expanding the scope and reach of interventions for TB care and prevention, with a focus on high-impact, integrated and patient-centered approaches;
2. Eliciting full benefits of health and development policies and systems, through engaging a much wider set of collaborators across government, communities and the private sector;
3. Pursuing new scientific knowledge and innovations that can dramatically change TB prevention and care.

To ensure full impact, these actions must build on principles of government stewardship, engagement of civil society, human rights and equity, and adaptation to the unique context of diverse epidemics and settings.

STRATEGY DEVELOPMENT PROCESS

- **June 2012:** WHO's Strategic and Technical Advisory Group for TB approval of the WHO Secretariat proposed consultative process.
- **July-December 2012:** WHO regional consultations held with ministry officials, national TB programme managers and partners.
- **November 2012:** Meeting of officials from 23 highest TB burden countries in Kuala Lumpur, Malaysia to discuss the strategy; consultation held with 700 partners at the World Conference on Lung Health.
- **January-June 2013:** Thematic consultations held to inform: (i) formulation of the post-2015 TB targets; (ii) approaches to eliminate the economic burden on TB-affected households through universal health coverage and social protection measures; and (iii) research and innovation for improved TB care and elimination.
- **June 2013:** WHO's Strategic and Technical Advisory Group for TB endorsement of the strategy and targets, and recommended finalization of document.

KEY TB FACTS

- In 2012, 8.6 million people fell ill with TB and 1.3 million died from it, including 320 000 among people who were HIV-positive. In 2012, there were an estimated 450 000 new cases of multidrug-resistant TB.

ACHIEVEMENTS



22 million
lives saved and
56 million people cured
since 1995



45% decrease
in TB mortality rate
since 1990

CHALLENGES



3 million people
who fell ill with TB still
unreached every year



MDR-TB crisis
detection, waiting lists
for treatment and
quality of care

WHO Global Tuberculosis Report 2013

© World Health Organization 2013

December 2013

World Health Assembly 2012

Call from Member States

At the 65th World Health Assembly in May 2012, Member States called upon WHO to develop a **new post-2015 TB strategy and targets**, and present this to Member States at the **67th World Health Assembly in 2014**.



The strategy development **process**

Strategic & Technical Advisory Group for TB (STAG-TB)

7 Consultations in 6 Regions

High burden country and partner consultations

Consultation on post-2015 targets

Consultation on Universal Health Coverage and Social Protection

Consultation on Research and Innovation and STAG-TB



June 2012

June-
December 2012

November
2012

February
2013

April
2013

June
2013

Vision, goal and targets

VISION:

- A WORLD FREE OF TB

Zero deaths, disease and suffering due to TB

GOAL:

- End the Global TB Epidemic

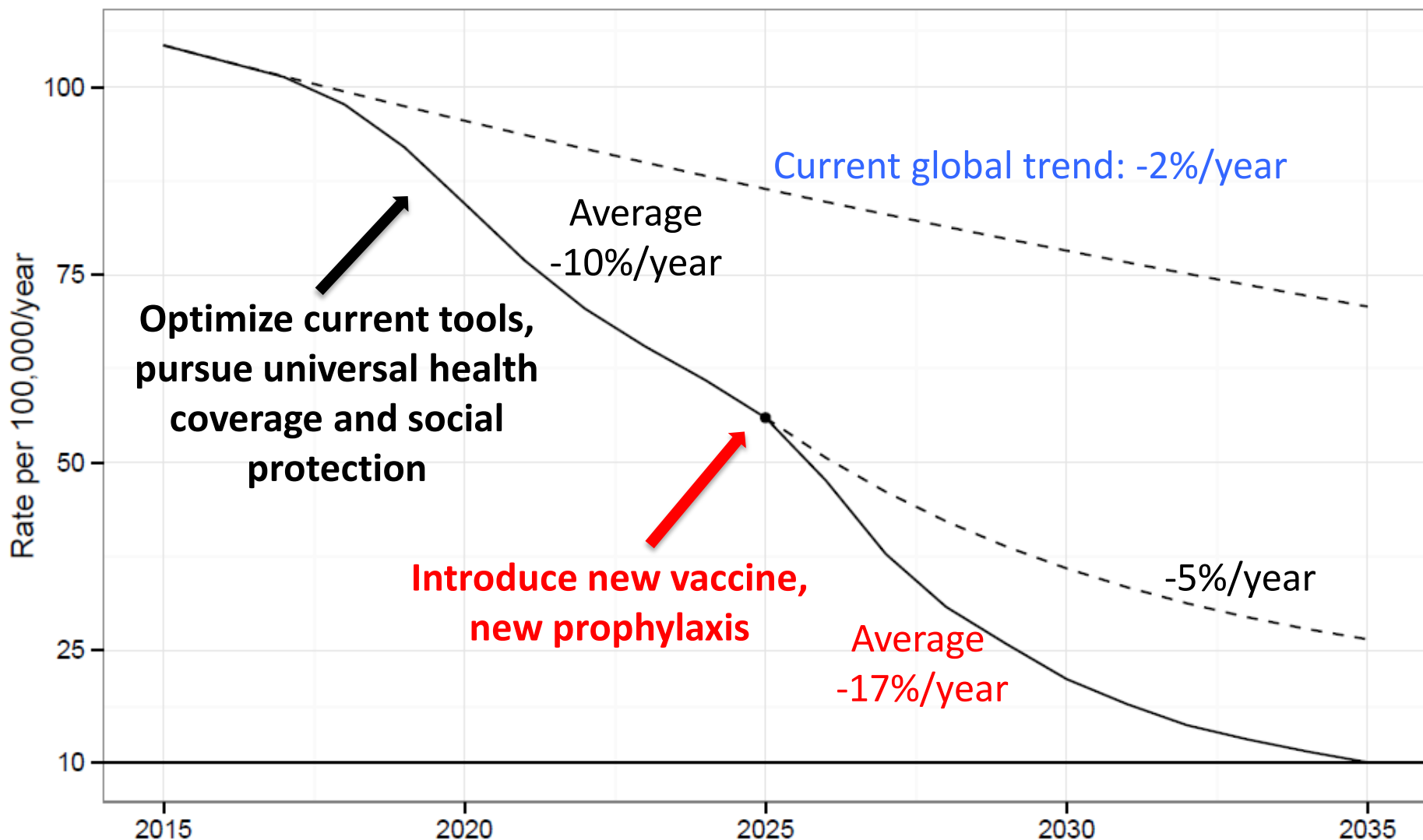
TARGETS FOR 2035:

- 95% reduction in TB deaths (compared with 2015)
- 90% reduction in TB incidence rate ($\leq 10/100,000$)
- No affected families face catastrophic costs due to TB

MILESTONES FOR 2025:

- 75% reduction in TB deaths (compared with 2015)
- 50% reduction in TB incidence rate (compared with 2015) (< than 55/100,000)
- No affected families face catastrophic costs due to TB

Projected acceleration of TB incidence decline to target levels



Proposed post-2015 Global TB Strategy

Pillars and principles



Post-2015 Global 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

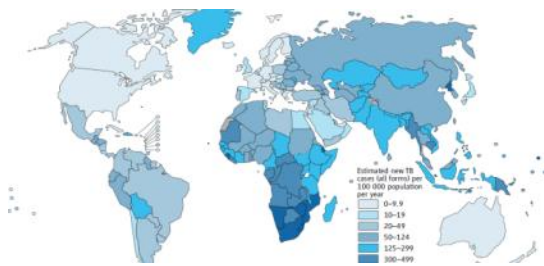
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- B. Engagement of communities, civil society organizations, and public and private care providers
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- D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

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

Thank you

The global burden of TB -2012



All forms of TB

Estimated number of cases

8.6 million

- 0.5 m in children
- 2.9 m in women

HIV-associated TB

1.1 million (13%)

Multidrug-resistant TB

450,000

Estimated number of deaths

1.3 million*

- 74,000 in children
- 410,000 in women

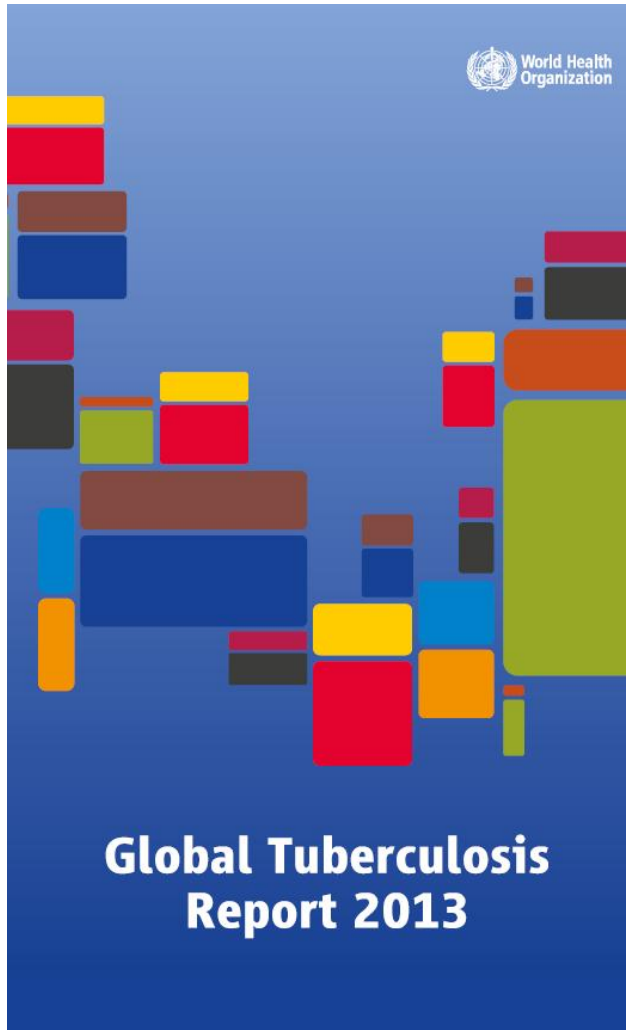
320,000

170,000

Source: WHO Global Tuberculosis Report 2013

* Including deaths attributed to HIV/TB

Global progress on impact - 2012



TARGETS ON TRACK

- ✓ Incidence falling slowly: 2015 MDG on track
- ✓ Reduction in TB mortality of 45% since 1990
- ✓ 22 million lives saved since 1995
- ✓ 87% cure rate and 56 million patients cured, 1995-2012

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
- ✓ Ensure rapid uptake of innovations