Global TB commitments, strategy and targets

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Tuberculosis

- Tuberculosis (TB) is a communicable disease that is a major cause of ill health and one of the leading causes of death worldwide.
- Until the coronavirus (COVID-19) pandemic, TB was the leading cause of death from a single infectious agent, ranking above HIV/AIDS.
- TB is caused by the bacillus *M. tuberculosis*, which is spread when people who are sick with TB expel bacteria into the air (e.g. by coughing).
- The disease typically affects the lungs (pulmonary TB) but can affect other sites.
- Most people (about 90%) who develop the disease are adults, with more cases among men than women.
- About a quarter of the world’s population is infected with *M. tuberculosis*.
- TB is curable and preventable. About 85% of people who develop TB disease can be successfully treated with a 6-month drug regimen and regimens of 1–6 months can be used to treat TB infection.
- Universal health coverage (UHC) is necessary to ensure that all those with disease or infection can access these treatments.
- The number of people acquiring infection and developing disease (and thus the number of deaths caused by TB) can also be reduced through multisectoral action to address TB determinants such as poverty, undernutrition, HIV infection, smoking and diabetes.
2. Global commitments to fight TB

2015

2014

2017

2018
# End TB Strategy

## Vision and Goals

### Vision: A World Free of TB
Zero deaths, disease and suffering due to tuberculosis

### Goal: End the Global TB Epidemic

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Milestone</th>
<th>Targets</th>
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</thead>
<tbody>
<tr>
<td>Reduction in number of TB deaths compared with 2015</td>
<td>35% 2020, 75% 2025</td>
<td>90% 2030*, 95% 2035</td>
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<tr>
<td>Reduction in TB incidence rate compared with 2015</td>
<td>20% (&lt;85/100,000) 2020, 50% (&lt;55/100,000) 2025</td>
<td>80% (&lt;20/100,000) 2030, 90% (&lt;10/100,000) 2035</td>
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<tr>
<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>0 2020, 0 2025</td>
<td>0 2030, 0 2035</td>
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</table>

## Pillars and Principles

1. **Pillar 1**: Integrated, Patient-Centered TB Care and Prevention
2. **Pillar 2**: Bold Policies and Supportive Systems
3. **Pillar 3**: Intensified Research and Innovation

Source: [https://www.who.int/tb/End_TB_brochure.pdf?ua=1](https://www.who.int/tb/End_TB_brochure.pdf?ua=1)
Spotlight on 3 pillars

**PILLAR 1: KEY COMPONENTS**

A. Early diagnosis of TB including universal drug susceptibility testing, and treatment, screening of contacts and high-risk groups.

B. Treatment of all people with TB including drug-resistant TB, and patient support.

C. Preventive treatment of persons at high risk, and vaccination against TB.

**PILLAR 2: KEY COMPONENTS**

A. Political commitment with adequate resources for TB care and prevention.

B. Engagement of communities, civil society organizations, and all public and private care providers.

C. Social protection, poverty alleviation and actions on other determinants of TB.

**PILLAR 3: KEY COMPONENTS**

A. Discovery, development and rapid uptake of new tools, interventions and strategies.

B. Research to optimize implementation and improve, and promote innovations.

C. Universal health coverage policy, and regulatory framework for case notification, vital registration, quality and rational use of medicines, and infection control.
End TB Strategy and desired decline in TB incidence

- **Current global trend:** -1.5%/year
- **Optimize use of current & new tools emerging from pipeline, pursue universal health coverage and social protection**
- **Introduce new tools:** a vaccine, new drugs & treatment regimens for treatment of active TB disease and latent TB infection, and a point-of-care test
- **-10%/year by 2025**
- **-5%/year**
- **-17%/year**

Source: https://www.who.int/tb/End_TB_brochure.pdf?ua=1
Ministerial Declaration to End Tuberculosis: global commitment to scale up action

- In November 2017, a global conference on tuberculosis (TB) held in Moscow, Russian Federation.
- 75 ministers agreed to take urgent action to end tuberculosis (TB) by 2030.
- Resulted in a collective commitment to scale up action to end TB with the signing of the Moscow Declaration to End TB.
- At the core of the Moscow Declaration is the collective commitment to scale up action on 4 fronts that will play key roles in ending TB:
  - achieving universal health coverage;
  - mobilizing sufficient and sustainable financing to close gaps in implementation and research;
  - advancing research and development; and
  - building accountability, including through multisectoral approaches.
UN General Assembly High-Level Meeting on Tuberculosis

• In September 2018, the UN General Assembly held its first-ever high-level meeting on TB (UNGA-HLM-TB)
• Attended by more than 1000 heads of state and government as well as other leaders from across the world
• The outcome was a political declaration in which commitments to the SDGs and End TB Strategy were reaffirmed and new ones added.
• Global targets for the funding to be mobilized for TB prevention, care and research, and for the number of people to be treated for TB infection and disease, were set for the first time
## Global TB targets set in the SDGs, the End TB Strategy and the UNGA-HLM-TB

<table>
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<tr>
<th>SDG Target 3.3</th>
<th>By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases</th>
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| WHO End TB Strategy | 80% reduction in the TB incidence rate (new and relapse cases per 100,000 population per year) by 2030, compared with 2015  
2020 milestone: 20% reduction; 2025 milestone: 50% reduction  
90% reduction in the annual number of TB deaths by 2030, compared with 2015  
2020 milestone: 35% reduction; 2025 milestone: 75% reduction  
No households affected by TB face catastrophic costs by 2020a |
| UN high-level meeting on TB, 2018 | 40 million people treated for TB from 2018 to 2022, including:  
• 3.5 million children  
• 1.5 million people with drug-resistant TB, including 115,000 children  
At least 30 million people provided with TB preventive treatment from 2018 to 2022, including:  
• 6 million people living with HIV  
• 4 million children aged under 5 years and 20 million people in other age groups, who are household contacts of people affected by TB  
Funding of at least US$ 13 billion per year for universal access to TB prevention, diagnosis, treatment and care by 2022  
Funding of at least US$ 2 billion per year for TB research from 2018 to 2022 |
Progress to date

WHO End TB Strategy: 2020 milestones

- **TB INCIDENCE RATE**
  - Target: 20% reduction 2015–2020
  - 11% reduction 2015–2020

- **NUMBER OF TB DEATHS**
  - Target: 35% reduction 2015–2020
  - 9.2% reduction 2015–2020

- **PERCENTAGE OF PEOPLE WITH TB FACING CATASTROPHIC COSTS³**
  - Target: Zero by 2020
  - 47% of people with TB face catastrophic costs
UN-HLM-TB: Treatment targets

TB TREATMENT (ALL AGES)

Target: 40 million
2018–2022

19.8 million
(50%) treated in
2018–2020
UN-HLM-TB: Preventive treatment targets

Target: 30 million 2018–2022

8.7 million (29%) treated in 2018–2020
6. Progress to targets: part 2

**UN high-level meeting on TB: Funding targets**

- **Universal access to TB prevention, diagnosis, treatment and care**
  - Target: US$13 billion annually by 2022
  - US$ 5.3 billion in 2020

- **TB research**
  - Target: US$2 billion annually 2018–2022
  - US$ 901 million in 2019
Global number of TB deaths increased in 2020
first year-on-year increase since 2005, back to the level of 2017
TB second only to COVID-19 as cause of death from single infectious agent

1.5 million in 2020, up from 1.4 million in 2019
9% reduction vs 2015, one quarter of the way to the 2020 milestone

214,000, small increase from 209,000 in 2019
Global decline in TB incidence slowed in 2020

1.9% 2019-2020, down from 2.3% 2018-2019

11% since 2015, only about half-way to 2020 milestone of 20%
Most immediately obvious impact of COVID-related disruptions

Big global drop in number of people newly diagnosed with TB and reported

1.4 million fewer people received TB care in 2020

Half a million additional TB deaths could result
Country success stories: TB deaths

Seven high TB burden or global TB watchlist countries reached the End TB Strategy milestone (dashed line) of a 35% reduction, 2015-2020.
Country success stories: TB incidence

Nine high TB burden or global TB watchlist countries reached the End TB Strategy milestone (dashed line) of a 20% reduction, 2015-2020
WHO-led efforts to address the gap

- New policies on TB prevention, screening, diagnosis and treatment
- New tools including drugs, diagnostics, vaccine and innovations such as digital technologies
- Multisectoral accountability framework (MAF-TB)
- New Research and Innovation Strategy
- More data and surveillance including patient cost surveys
- New policies and tools addressing COVID-19, HIV/AIDS, diabetes pandemics
- WHO networks, working groups, advisory bodies:
  - SNRL network
  - Global Laboratory Initiative
  - GDG/TAG
SNRL network

Feb 2019

Supranational Reference Laboratory – Coordinating Centre
Supranational Reference Laboratory
National Centre of Excellence
Summary

• There are established global commitments to achieve the End TB Targets
• WHO policies and tools address gaps to ensure the best solutions are used and promoted
• Adoption of policies and tools is lagging behind and important gaps need to be closed
• Progress in new tools development varies
  • Diagnostics is rapidly expanding;
  • New drugs are coming to market but not enough;
  • Vaccine development at early stage
• The COVID-19 pandemic has reversed years of progress in providing essential TB services and reducing TB disease burden
• Global TB targets are mostly off-track, although there are some country and regional success stories
It’s time for action
It’s time to END TB

Thank you