

The Global Plan to Stop TB 2016 – 2020

(This document aims to provide a basic understanding of the scope and purpose of the Global Plan and form the basis for a pitching document/business case for fund-raising purposes)

Why a Global Plan to Stop TB?

For global health, the Millennium Development Goals have been a major rallying point and motivator, and the fight against tuberculosis has seen dramatic progress during the 15 years the world has been striving to achieve them. The MDGs' overall success in driving international action has led to a consensus that new goals should be developed for the next 15-year period. The new goals will be fanning far wider, reflecting the complex challenges facing today's world. It is important that the "unfinished agendas" of the MDGs are not forgotten and neglected as the world focuses on the new challenges.

The World Health Organization has acted to ensure that TB remains central in a global agenda by adopting a post-2015 strategy that aims to eliminate TB as a global epidemic by 2035. To achieve this ambitious goal, significant changes need to be made to the way most countries organize and run their TB interventions and programs, and we need to see significant acceleration in research and development of new drugs, diagnostic tools and a vaccine.

The Stop TB Partnership is a global movement to accelerate social and political action to stop the spread of TB. It provides the 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 effort to Stop TB.

Since its creation in 2001, the Stop TB Partnership has issued five and ten-year global plans to provide a road map for concerted global action, and to provide an estimate for the resources needed to achieve the goals the world has set. The first plan covered the period of 2001 – 2005; the second plan the ten-year span of 2006 – 2015; and a third plan provided an update for the 2011 – 2015 period.

The next Global Plan to stop TB 2016 – 2020 will outline what it takes to set the world on the right track to reach the goals set in the post-2015 Global TB Strategy. The Plan will cover the ground between the long perspective of the Post-2015 strategy and the focus of the plans that countries will develop. It will outline the changes that are needed, the different packages of interventions to be scaled up in different environments, and the costs involved in order to reduce global TB disease patterns. It will stake out a clear direction for global action to achieve this. In other words, it will provide a large-scale, costed blue-print for how global TB efforts can become significantly more ambitious and effective over the next five years on the road towards the 2035 targets.

The Challenge

Between 1998 and 2008 the fight against TB saw tremendous success. During the 1990s, the collapse of the Soviet Union and the rising AIDS pandemic together caused a dramatic increase in TB. Alongside the AIDS and malaria pandemics, TB was threatening to overwhelm health systems in large parts of the world. The leadership of WHO, the creation of the Stop TB Partnership in 2001 to coordinate a global effort, the significant boost in international resources for TB control through the Global Fund to Fight AIDS, Tuberculosis and Malaria, and heroic efforts by numerous partners and national TB programs in many countries succeeded in stemming the growth in the number of TB cases and – through better treatment regimens – cut TB-related deaths nearly by half.

Since 2006, the number of people globally who fall ill with TB has gone down on average by 2 percent per year. Yet, there is a growing sense that global efforts to fight TB are at risk of stagnation. At a rate of 2 percent reduction in new cases per year, it will take the world more than 160 years to reach the post 2015 goal of eliminating TB as a pandemic. It is becoming clear that the current approach and tools to detect, treat and cure TB have reached their capacity. In parallel, we face a growing problem of resistance to the most common TB drugs. TB strains resistant to most or all existing drugs (Multi-Drug Resistant and Extensively Drug Resistant TB), now infect as many as 450,000 people each year and – given the high costs involved in treating such strains – place a heavy strain on national health programs.

To bend the curve of reduction in TB cases downwards so we can bring elimination forward to 2035 or earlier, we need to think new. Radical, innovative ways of delivering services, new tools, detecting and treating TB are needed to find the 3 million people who fall ill with TB each year (out of 9 million total) but are not reached with proper treatment, diagnosis or effective care and therefore are likely to die, infect many others and develop drug-resistance. New and better ways also need to be devised to ensure that those who do start treatment conclude it and become well.

The Global Plan 2016 – 2020: Dramatically expanding the way we fight TB

The next Global Plan will use the WHA Post 2015 strategy as the foundation and its three pillars as the main arches in the Plan.

- The Plan will look at different types of country burdens, health system constraints, relevant socio-economic criteria as a basis for proposing different packages of interventions for similar country settings that need to be scaled-up;
- The Plan will explore what we can achieve if we integrate TB services better with existing health systems, community health services and with HIV service delivery;
- It will assess what can be achieved globally if new and successful projects that explore new ways of reaching vulnerable populations are taken to national scale; it will gauge the extent to which innovation in delivery and new technologies in detection and treatment can make a difference over the coming five years;
- It will prioritize and cost the development of new technologies (drugs, diagnostics, vaccines) that are in the pipeline and could come of use within the coming ten years; and

- It will describe ongoing efforts to change the “identity” of TB – the way the disease is described, the associations it provokes and how it is perceived among people living with the disease as well as those in the medical community – in order to reduce stigma and increase the sense of urgency in dealing with the disease, as well as creating a sense of optimism that the fight can be won.

In short, rather than outlining what will happen if we continue to fight TB the way we have done it in the past, the Global Plan will provide a blueprint of a bold new direction for global TB control, including an estimation of the costs needed to execute it.

To do this, the 2016 – 2020 Plan will take a more holistic approach than previous plans. It aims to define up to ten regions based on a combination of epidemiological factors, health system constraints and social characteristics. It will devise a “package” of interventions for each of these regions and – through a modelling exercise – assess the results each of these packages can achieve, and at what cost.

The report will also contain a section on the “new tools” being developed. This section will focus on four areas: new drugs or new combinations that can add to the “war chest” of effective medicines to treat both drug receptive and drug resistant TB, that can shorten treatment periods (from today’s 6-24 months), and can have avoid the severe side effects of many of today’s drugs; new rapid and increasingly mobile diagnostics; vaccine research; and new (mainly mobile phone-based) technologies to support case detection, treatment and patient care.

One section will focus on the work to change the “identity” of the disease in order to reduce stigma and excite political leaders, donors and the general public. Such a change in the view of what TB is and what we can do about it forms a foundation for success in both rolling out new packages on interventions and in securing sufficient funding to develop new technologies.

Creating the Plan

The work will be led by the Coordinating Board Task Force – as a sub group of the Executive Committee – and it will be supported by the Secretariat.

The Global Plan will be drafted based on input from expert discussions to develop suitable intervention packages, on a modelling exercise, on input from the three Partnership working groups of “new tools”. The Plan will also receive extensive input form a series of regional and specific stakeholder consultations during the drafting process.

A Task Force has been appointed by The Partnership Board (through a sub-group). This Task Force will oversee the creation of the Global Plan and shape its content. The Task Force will lead the expert discussion that sets the parameters of the Plan, the work of a modelling group, of the Partnership’s new tools working groups, the regional and stakeholder consultations and the drafting of the Plan itself.

The initial draft will delivered to the Task Force by the end of the year. Consultations will take place through the first five months of 2015 and a final draft will be delivered for Board approval by September 2015.

