

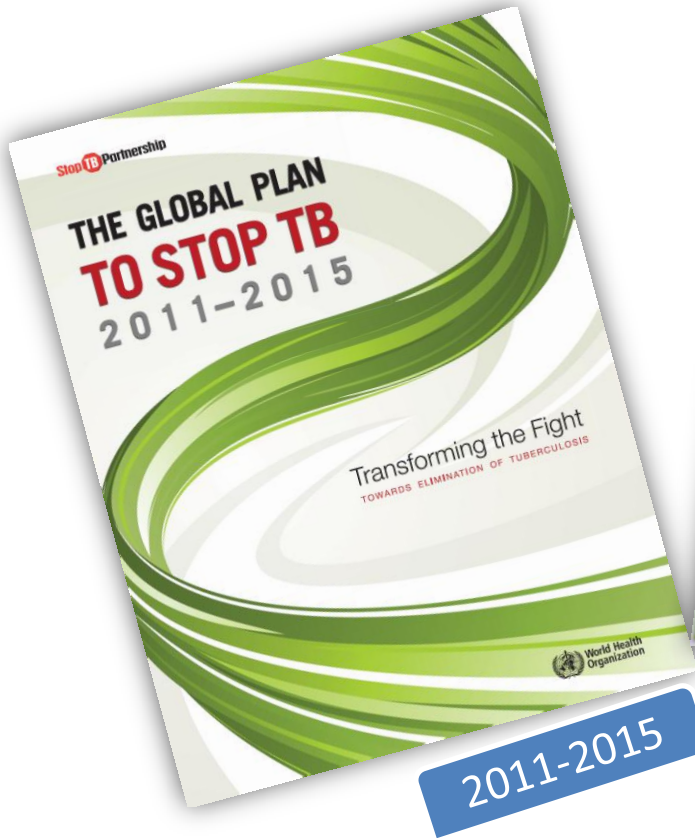
# Development of Global Plan 2016-2020

Stop TB Coordinating Board

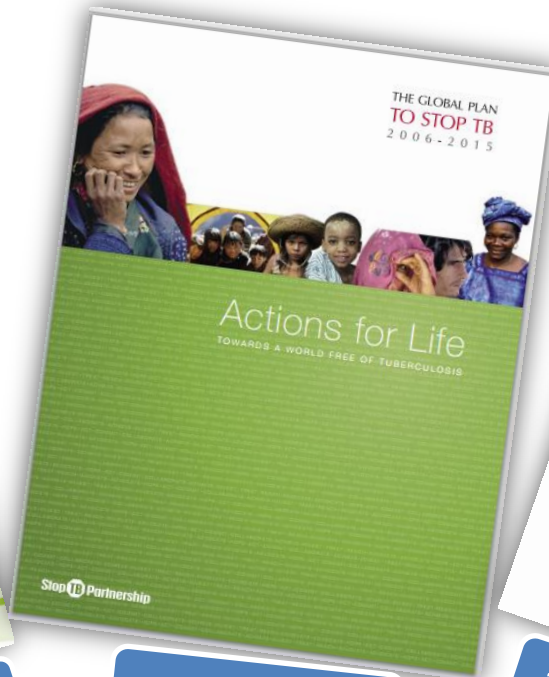
31 Jan 2014

# Global Plans to Stop TB

- Roadmap for global progress
- Benchmark for countries and partners



2011-2015



2006-2011



2001-2005

# Coordinating Board decision in July 2013



23<sup>rd</sup> Coordinating Board Meeting  
Ottawa, Canada  
**Decision Points**

## **New Global Plan to Stop TB (2016-2020): Process for Development**

### Decision Point: 23-8:

The Board:

- Approves initiation of the development of the next Global Plan by the Partnership, according to the process proposed.
- Notes that the plan needs to be developed based on, and in alignment with, the strategy being developed by WHO, and in close coordination with all stakeholders and Partners.
- Calls on the Secretariat, with support from the Executive Committee and the Coordinating Board, to mobilize the needed financial resources for this activity.

Date: 12 July 2013

**WHO EB 134.R4**  
**GLOBAL STRATEGY AND TARGETS**  
**FOR TUBERCULOSIS, CARE AND CONTROL AFTER 2015**

- 4. REQUESTS the Director-General:  
..... to work with Stop TB Partnership,  
including active support of the development  
of the Global investment Plan .....

# Focus of the Global Plan

- During 2016-2020, how much progress will be made globally towards the post-2015 targets (which are longer term)
- How these targets will be achieved at global level
  - What needs to happen in countries of different epidemiological and programmatic settings to achieve the targets
- How much it will cost
  - For implementation of prevention and care
  - For research and development of new diagnostics, drugs and vaccines

# Components of the plan

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Executive Summary

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Introduction

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Current status with respect to 2015 targets

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Post-2015 targets and strategy

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Part 1: Implementation (pillar 1 and pillar 2 of the Strategy)

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Part 2: Development of new tools

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Budget

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Detailed Targets and Indicators

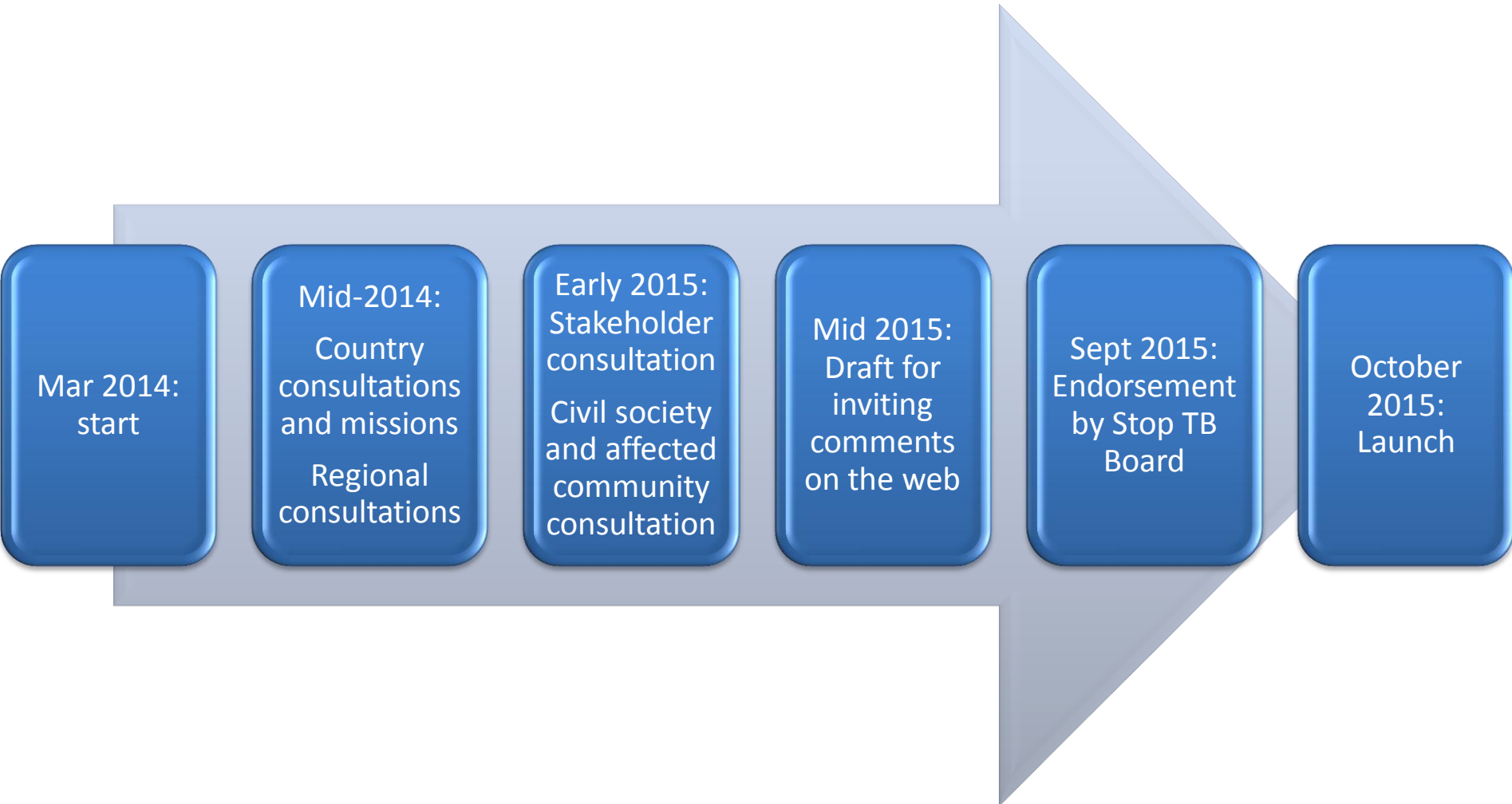
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Annexes: assumptions used, basis of the analytic work, etc.

# Process of development

- CB Steering Group - Time limited
- Project management done within Secretariat; contract out - Coordinator of process, a writer
- Costed pipelines for new diagnostics, new drugs/new drugs combinations and new vaccines
- Costed implementation plan (including innovative thinking for use current tools, implementation research , and roll out of new tools)
  - Up to 10 “country” profiles – each having 2-3 costed models of scaling up different combination of interventions in order to reach the global targets
  - Up to 10 “regional” profiles
    - Aggregated summary of the above
    - Selected regions will be based on a combination of different parameters (i.e., burden, income, geo-political localization, health system and centered around common challenges)
- Stakeholders consultation
- Civil society and affected community consultation
- Comments invited on the web with a close to final draft
- Endorsement of the Board and Launch

# Timeline





## Organizational Capacity & Budget

1. Steering Committee	Lay the foundation and provide overall guidance on the Plan's directions – ToRs, deliverables, timeline, etc.	No cost
2. Project Manager (STP Secretariat Staff)	Manage and oversee execution of the Plan's deliverables	No cost
3. Project Coordinator and Writer (Consultant)		\$300,000
4. WHO TME	Advise and guidance	\$200,000 - 600 000
5. Innovation Section Contractor	Development of basic research, new tools and costed roadmap	\$150,000
6. Country & Regional Modelling Section Contractor	Development of the country and regional costed projections and models	\$560,000

## Activities & Budget

1. Steering Committee Meeting #1	Mar. '14	\$30,000
4. Regional Consultations (8)	Oct.-Dec. '14	\$320,000
5. Steering Committee Meeting #2	Dec. '14	\$30,000
6. Draft Plan #1 (compile sections)	Dec. '14-Jan. '15	No cost
7. Communities/CS Consultation	Jan. '15	\$100,000
8. Stakeholders Meeting	Feb. '15	\$100,000
9. Draft Plan #2 (incorporate feedback)	Mar. '15	No cost
10. Launch Draft Plan for Global Feedback on World TB Day (web-based consultation)	Mar.-May '15	\$10,000
11. Finalize Plan (incorporate feedback and design, layout & print )	Jun.-Aug. '15	\$20,000
12. Launch Final Plan	Sept. '15	\$20,000

# Stop TB Partnership

## Overall Budget

Total Required  
**\$1,850,000 USD**

Currently Available  
**\$350,000 USD**

Modelling to support the New Global  
Plan to Stop TB (2016-2020)  
(proposal)

Richard White

London School of Hygiene and Tropical Medicine,

and

TB Modelling and Analysis Consortium (TB MAC)

# Stop TB Partnership COI

- Tenure at LSHTM
- Personal and research group funding support from (5yrs)
  - UK Medical Research Council
  - EU
  - BMGF
  - TB Alliance
  - Aeras



# Stop TB Partnership Overview

- Aims, scope and constraints
- Regions and 'deep-dive' countries
- Proposed modelling methods
- Example projection
- Timeline



# Stop TB Partnership

## Aims, scope and constraints

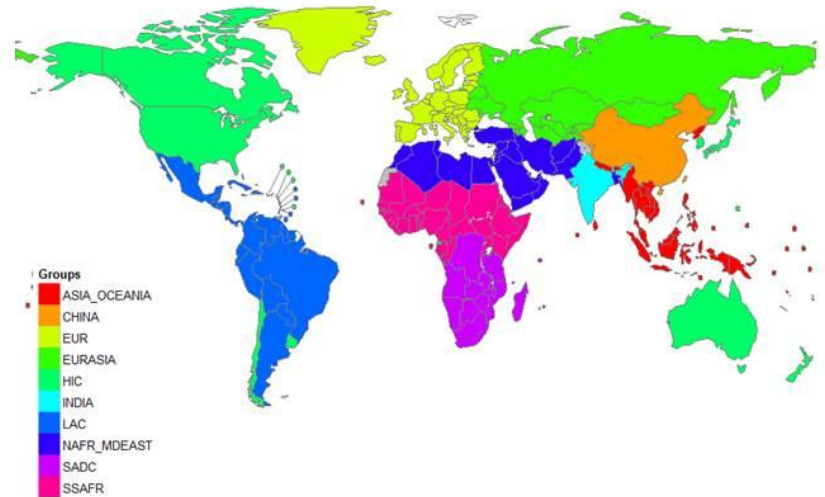
- Costed implementation plan 2016-2020
- Be feasible and technically sound
- Be consistent with WHO new Strategy (developed by GTB jointly with all partners)
  - same epi model used for GP as used to explore reaching the 2025/35 targets
- Be 'current'
  - Regional and Global estimates PLUS country 'deep dives'
  - Social protection/UHC





# Regions and 'deep-dive' countries (very provisional)

- As Mario presented
- ~9 possible 'Epi-geo-political' regions and 'deep dive' countries (in brackets), eg
  - Asia/Oceania (?)
  - China
  - Europe (?)
  - Eurasia (?)
  - High income countries (?)
  - India
  - Latin America (Brazil)

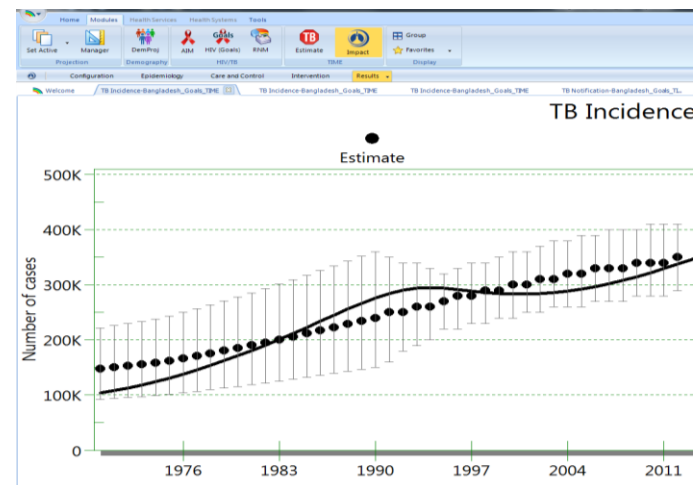




# Stop TB Partnership

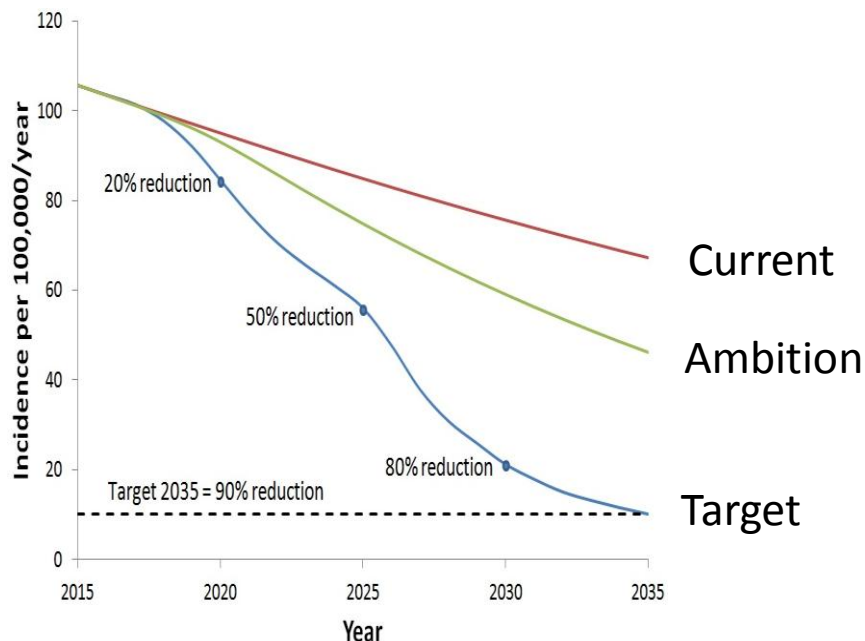
## Proposed modelling methods

- TIME (TB Model in Spectrum)
- New simple 'consensus' dynamic TB Model created from input from expert group of TB modellers
  - Houben, Pretorius, Dowdy, Cohen, White
- 4 components
  - Data review
  - Matches WHO TB/HIV current burden estimates
  - Project future health impact of TB/HIV interventions
  - Links to (now updated to WHO standard) OneHealth economic tool for costing and affordability
- Used by GF for Sudan & Bangladesh Allocative Efficiency country workshops & to inform NSPs & GF concept notes; +3-5 countries in 2014



# Stop TB Partnership Example projection for country/region X

- ~ 3 scenarios of costs (2016-2020) and epi impact (2016-2035)
  1. Current
    - Current trajectory in country/region/global
  2. Ambition
    - Projection for decline if country scale-up ambitions are realised
  3. Target



# Stop TB Partnership Timeline

- GTB scope and epi impact scenarios at global/regional/country level
- GP costing by STP
- Benefits from 'semi-independent' but aligned TB MAC multi-model country

	'2014				'2015				'2016				'2017			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
GTB global/regional modelling	x	x	x	x												
Global Plan costing					x	x	x	x								
TB MAC					x	x	x									

# Stop TB Partnership

## Key needs

- Strong backing from STP board
- Strong coordination between STP and GTB
- Input of countries and research partners
- People
  - Futures modelling team (Carel Pretorius @50% + 3 @100% for 1 year)
- \$s
  - US\$ 560,000 (Futures)

