

Overview of Global TB Situation

UN High-Level Meeting targets

S Sahu

Stop TB Partnership

28 Jan 2019, Geneva

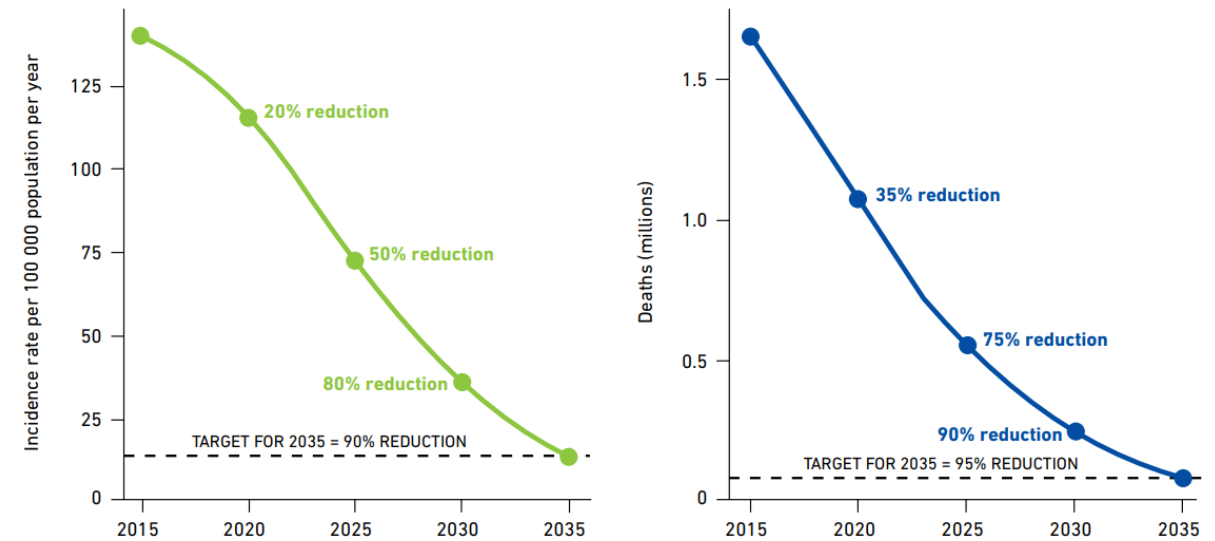
Tuberculosis

- TB Kills
 - One of the top 10 causes of death worldwide
 - Biggest killer among infections (1.6 million deaths in 2017)
 - Leading killer of people living with HIV
 - Drug-resistant TB accounts for nearly 1 in 3 people dying due to AMR
- Huge morbidity
 - 10 million people develop TB each year
 - Nearly 2 billion carry the infection and are at risk of developing TB
- Can be prevented, treated and cured
 - Existing tools to diagnose, treat and prevent need to reach all in need
 - New tools need to be developed

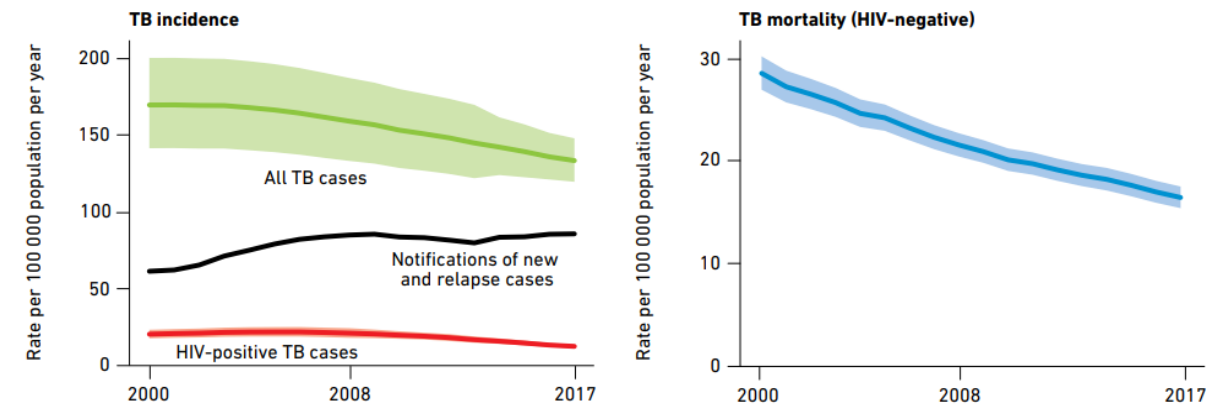
Progress

- 54 million lives saved between 2000 to 2017
- But, incidence decline is too slow to achieve the SDG target of ending TB and the 2020 End TB strategy milestones
- Drug-resistant TB remains a public health crisis and a health security threat

Projected incidence and mortality curves that are required to reach End TB Strategy targets and milestones, 2015–2035



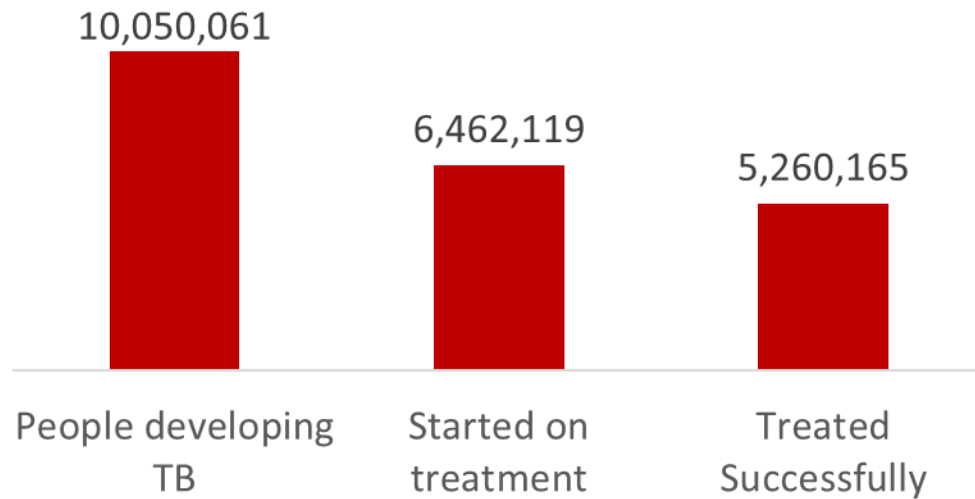
Global trends in estimated TB incidence and mortality rates, 2000–2017. Shaded areas represent uncertainty intervals.



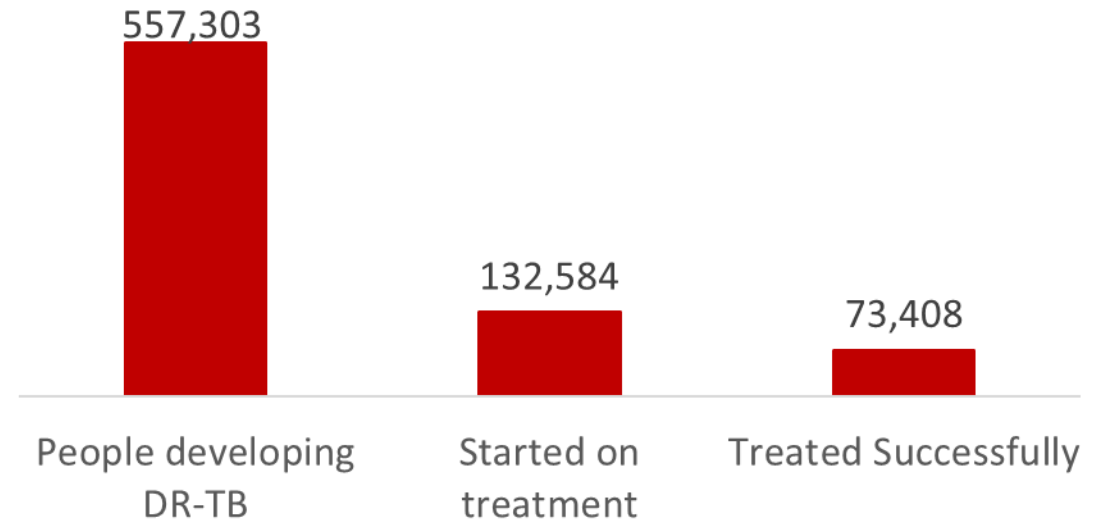
Source: WHO Global TB Report 2018

TB care currently leaves behind a large number of people

TB Treatment Coverage, 2017



Drug-resistant-TB Treatment Coverage



- Only half (52%) of the estimated people who developed TB are successfully treated
- Only 1 in 7 people estimated to develop DR-TB are successfully treated

UNHLM ON TB KEY TARGETS FOR 2022

'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':



- 1. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT**
with the aim of successfully treating 40 million people with tuberculosis by 2022.
- 2. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT**
with the aim of successfully treating 3.5 million children with tuberculosis by 2022.
- 3. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT**
with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drug-resistant tuberculosis, by 2022.



- 4. COMMIT TO PREVENT TUBERCULOSIS**
for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.



- 5. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING**
for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis reaching at least US\$13 billion a year by 2022.
- 6. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D**
with the aim of increasing overall global investments to US\$2 billion, in order to close the estimated US\$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.



- 7. PROMOTE AND SUPPORT AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION,**
including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.



- 8. COMMIT TO DELIVERING, AS SOON AS POSSIBLE, NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE, AVAILABLE VACCINES,**
point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis.



- 9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK**
and ensure its timely implementation no later than 2019.



- 10. FURTHER REQUEST THE SECRETARY GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO PROVIDE A PROGRESS REPORT IN 2020**
on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

UNHLM ON TB KEY COMMITMENTS

'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':

REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION

P24: 'Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis including 115,000 children...'

P25: 'Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022...'

TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED AND PEOPLE-CENTERED

P14: '...affirm that all these people [affected by TB] require integrated people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination.'

P17: '...in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil

society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica, the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders, and people who use tobacco, recognizing the higher prevalence of tuberculosis among men.'

P18: 'Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.'

P19: 'Commit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on

Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health...'

P25: 'Commit to... enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings.'

P33: 'Commit to developing community-based health services through approaches that protect and promote equity, ethics, gender equality and human rights in addressing tuberculosis...'

P34: 'Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage, such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and affordable prevention, diagnosis, treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public and community, including faith-based organizations, and private sector services.'

P37: 'Commit to... promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis...'

P38: 'Commit to providing special attention to the poor, those who are

In addition to the ten headline targets, these are some of the key commitments in the Political Declaration, grouped according to the Key Asks (<https://bit.ly/2AixuCY>) proposed by the TB community.

The full Declaration can be viewed here: <https://bit.ly/2OylPnA>

vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis, in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the tuberculosis response...'

ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

P42: 'Commit to advancing research for basic science, public health research and the development of innovative products and approaches... including towards delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines, point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection...'

P43: 'Commit to create an environment conducive to research and development of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration...'

P45: 'Promote tuberculosis research and development efforts aiming to be

needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity and which should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and, for multidrug-resistant tuberculosis, continue to support existing voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development...'

INVEST THE FUNDS NECESSARY TO END TB

P46: 'Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022...'

P47: 'Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development...'

COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP INCLUDING REGULAR UN REPORTING AND REVIEW

P48: 'Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership, preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector...'

P49: 'Request the Director General of the WHO to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019.'

P53: 'Also request the Secretary-General, with the support of the WHO, to provide a progress report in 2020 on global and national progress, across sectors... which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.'

UNHLM Targets

People on treatment (2018-2022)

- TB: 40 million for TB
- Children with TB: 3.5 million
- MDR-TB: 1.5 million
- Children with MDR-TB: 115,000
- TB Preventive therapy: >30 million

- All targets already broken down by country and year, except children with MDR-TB which will also be done soon

http://stoptb.org/global/advocacy/unhlm_targets.asp

The screenshot shows the Stop TB Partnership website page titled "UN HIGH-LEVEL MEETING ON TB KEY TARGETS & COMMITMENTS FOR 2022". The page features a navigation menu with links for HOME, ABOUT US, OUR WORK, NEWS AND EVENTS, RESOURCES, GET INVOLVED, and a Donate button. Below the navigation, there is a breadcrumb trail: Home > Our Work > Global Advocacy > UNHLM. The main content area includes a header image with the text "UN HIGH-LEVEL MEETING ON TB KEY TARGETS & COMMITMENTS FOR 2022" and several icons representing health, medicine, and people. Below this, the section "Key Targets and Commitments" is introduced, followed by a paragraph stating: "This page contains documents and data related to the UN High-Level Meeting (HLM) on TB key targets and commitments for 2022 and outlined in the UN Declaration on TB". A list of links provides the key targets and commitments in multiple languages: English, Spanish, Arabic, Chinese, French, and Russian. At the bottom, there is a section for "Key Targets per Country" with links for TB Country Targets, Drug-resistant TB Country Targets, Childhood TB Country Targets, and Preventive Therapy Targets.

UNHLM Targets

Funding commitments

Resource need for implementation

- 13 billion USD average per annum between 2018-2022
 - Work on unpacking per country is ongoing

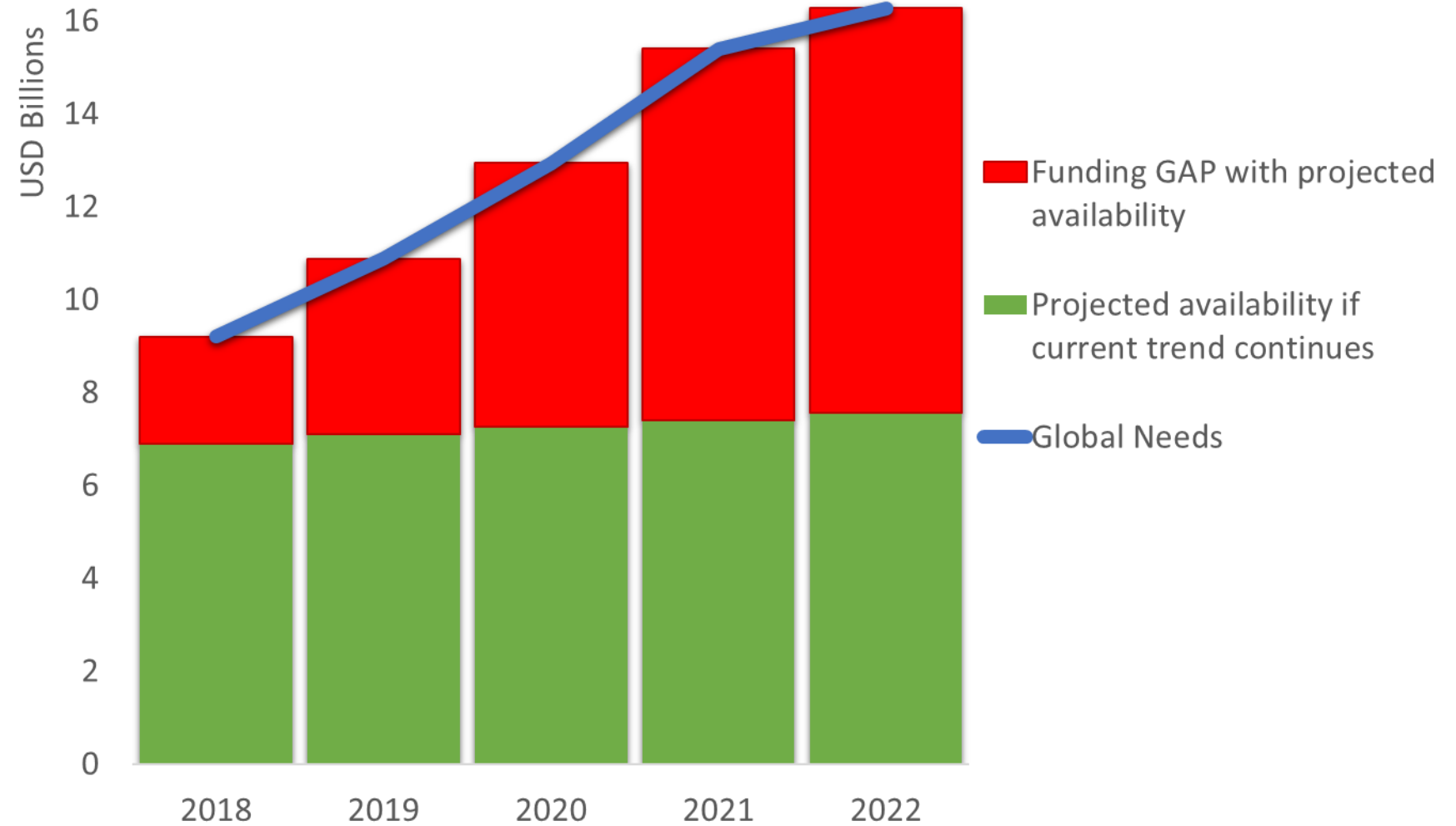
Resource need for research in new tools

- 2 billion USD per annum between 2018-2022
 - Fair share target for countries is under discussion



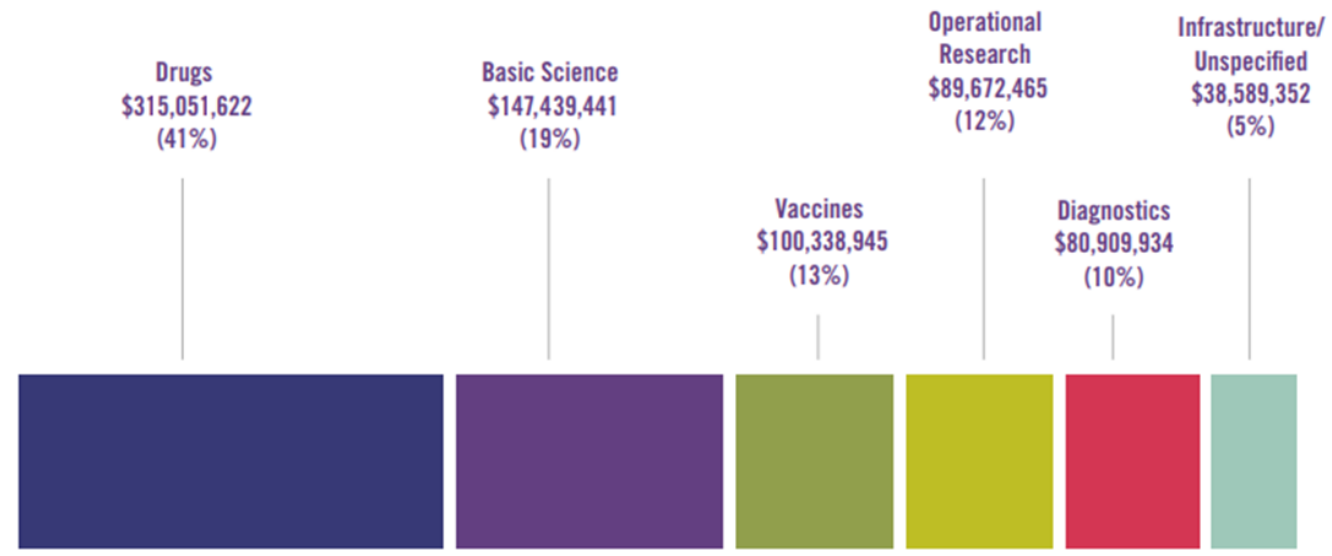
Global Resource Need to achieve 2018 UNGA TB implementation targets (USD Billions)

- 65 billion USD for 2018-2022
- average 13 billion USD per annum



TB R&D Funding available in 2017: Total USD 772 million

By Research Area



By Funder Category



Summary of global resource needs and resource availability for TB

	Resources needed (2018-2022)	Resources available (2017)	Gaps (2018-2022)
For implementation	<p>13 billion USD average per annum</p> <ul style="list-style-type: none"> Total of 65 billion USD for the 5-year period 	<p>6.9 billion USD available</p> <ul style="list-style-type: none"> 5.8 billion (84%) from domestic funds 730 million from GF 370 million from other external donors 	<p>6 to 7 billion USD per annum</p>
For research	<p>2 billion USD average per annum</p>	<p>0.77 billion USD available</p>	<p>1.3 billion USD per annum</p>

Conclusion

- TB is the leading killer among infections
- Progress so far has been slow
- 2018 UNHLM commitments are an opportunity:
 - To scale up TB prevention and care,
 - To increase investments in TB implementation and research
 - To get on course to achieve the SDG target of ending TB

