Global Plan – an investment case for the End TB Strategy

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2 September 2015 | 4th Consultation Meeting | Buenos Aires, Argentina
Global strategy and targets for tuberculosis prevention, care and control after 2015

(8) to work with the Stop TB Partnership, including active support of the development of the global investment plan and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;
Global Plan Task Force

- Created by Stop TB Board in May 2014
- 17 members with Paula Fujiwara as Chair

**Process & Timeline**

- **Jul-Oct 2014:** 2 Task Force mtgs
- **Apr 2015:** TF mtg & Stop TB’s Board consult
- **Jun ’15:** 2nd Reg. Consult in Bangkok
- **July ’15:** 3rd Reg. Consult in Istanbul
- **Nov-Dec 2015:** Board approval & Launch

**Past Consultations:**

- **Dec 2014:** Country workshop
- **May ’15:** 1st Reg. Consult in Addis
- **Jun-August 2015:** Web Consult
- **Sept ’15:** 4th Reg. Consult & TF Mtg for endorsement
bend the curves of incidence and mortality options and recommendations to inspire countries serves as a resource mobilization tool
Need to move attitude from “controlling” TB to “ending” TB.

Need to change: way we talk and think about what we do.

Fight against TB must take on mind set of a multi-year campaign, like polio.
First 90: Find at least 90% of all people with TB in the population that require treatment and place all of them on appropriate therapy (first line, second line as well as preventive therapy);

Second 90: As a part of the effort to reach the first 90% target, make a special effort to reach at least 90% of the key populations (the most vulnerable, underserved or at risk) in countries; and

Third 90: Reach at least 90% treatment success through affordable treatment services, promoting adherence and social support.
Chapter 1

**differentiated approach**

9 country settings

**3 main factors:**
- Epidemiologic situation
- Health system constraints
- TB-relevant socio-economic factors and income
<table>
<thead>
<tr>
<th>Global Plan Country Settings</th>
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<td><strong>Setting 1.</strong> Eastern Europe and Central Asia that have a high proportion of drug-resistant TB with a hospital-based care delivery system</td>
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<td><strong>Setting 2.</strong> Southern and Central Africa where HIV and mining are key drivers of the epidemic</td>
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<td><strong>Setting 3.</strong> African countries with moderate to high HIV where mining is not a significant issue</td>
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<td><strong>Setting 4.</strong> Severely under-resourced health systems or countries whose health systems are weakened by conflicts</td>
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<td><strong>Setting 5.</strong> High to moderate burden of TB with large proportion in private care</td>
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<td><strong>Setting 6.</strong> Middle Income &amp; Moderate TB Burden Countries</td>
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<td><strong>Setting 7.</strong> India</td>
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<td><strong>Setting 8.</strong> China</td>
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<td><strong>Setting 9.</strong> Low burden countries and countries at the verge of eliminating TB</td>
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Combination of interventions likely to make maximum impact in a particular setting

Additional focus of investments
-on top of baseline interventions-

investment packages
Reaching 90-(90)-90 targets by 2025 will roughly meet WHO End TB Strategy for incidence and mortality for 2020 and 2025.

Reaching these targets by 2020 may even exceed milestones -making a case for early investments-
Countries with low detection and treatment success rate have huge potential for improving through 90-(90)-90 targets.
Chapter 3

key populations for TB

second 90% target

systematic approach presented to identify key populations

presents a case for additional efforts to reach them
Critical role in planning, implementation, monitoring and advocacy

Important contribution in care delivery

Innovative models

civil society communities

private health sector
social protection and universal health coverage

creating an enabling environment to fight TB - political will, policy making beyond health sector

regulatory framework

integrating TB in poverty and justice programs

mitigating catastrophic costs
new tools: the cost of inaction

Developed by the new tool working groups

Main message

– TB elimination not achievable without new tools
– While tools not widely available in next 5 years, investments NOW is key
Costing work under progress

Initial results show total need going up from 8 billion to 14 billion per annum

[Graph showing Global TB Costs (USD millions) from 2013 to 2025]
Thank you
Support slides
Global Plan (2016-2020)

Decision Point 25-8

1. The Board welcomes the update on progress on the development of the new Global Plan (2016-2020).

2. The Board welcomes the appointment of the Task Force to guide the development of the New Global Plan 2016-2020.

3. The Board asks the Task Force to keep the Executive Committee updated monthly on progress as well as providing regular updates to the Board.

4. The Board recognizes that significant progress has been made in closing the financing gap for the Global Plan, and thanks donors for their generous support, and also notes with concern the remaining gap in the funding required for the successful development of the plan. The Board also commits to support efforts to mobilize additional resources to address this need. The Board empowers the Secretariat to revise the workplan and budget in light of resources available.