



GLOBAL PLAN
TO STOP TB **2016/2020**
Stop TB Partnership



90-(90)-90



Paradigm shift

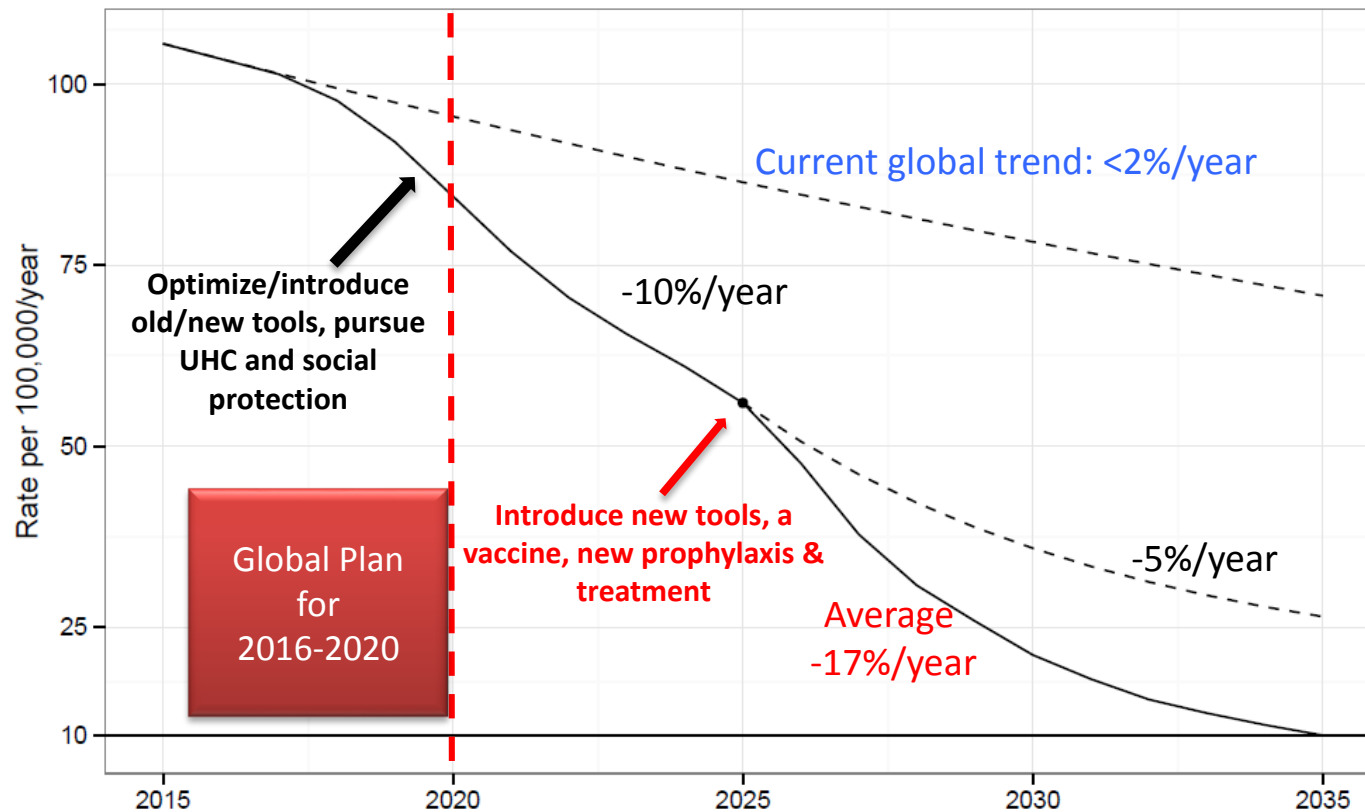
Suvanand Sahu

Stop TB Partnership



Pathway to end TB

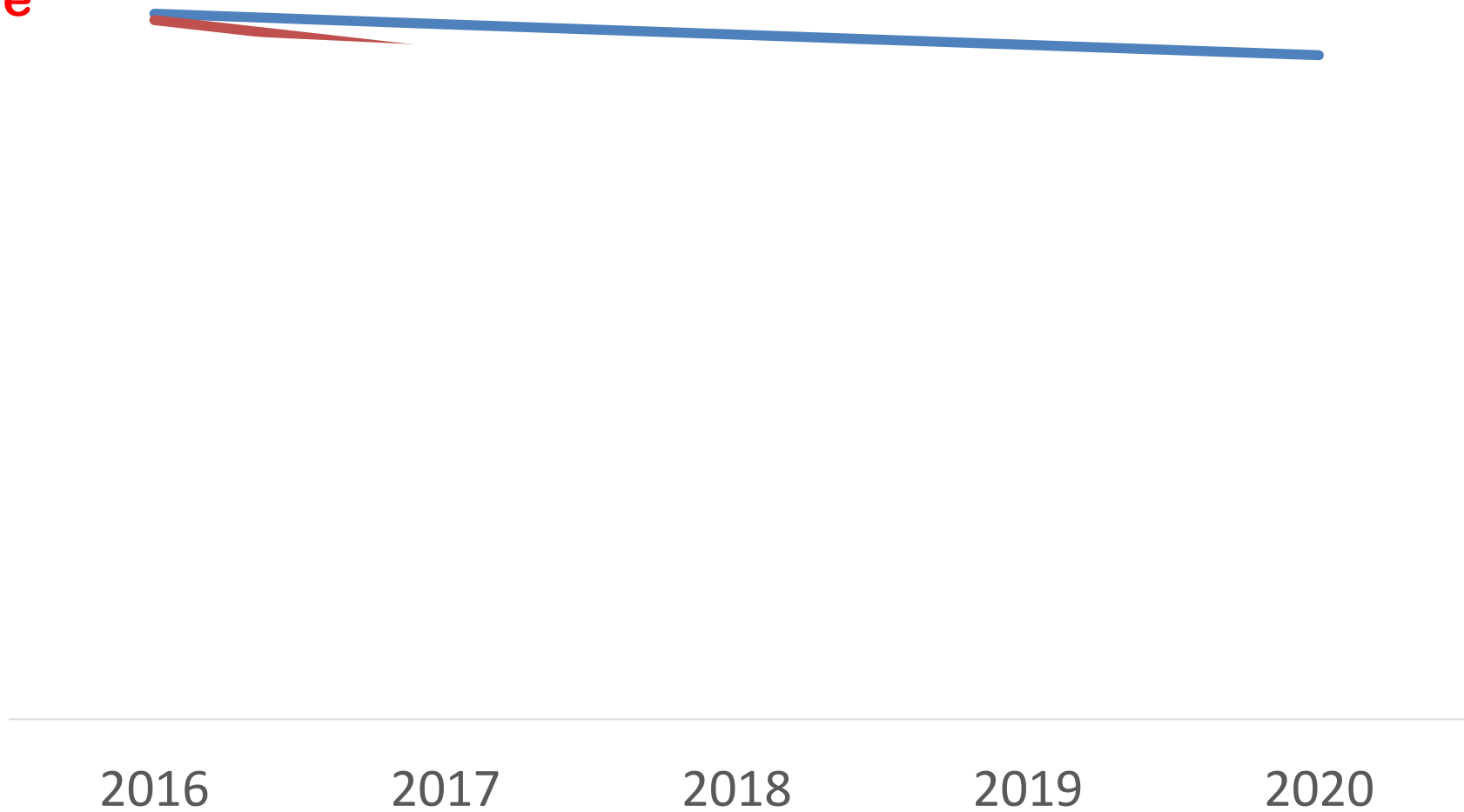
Agreed pathway to end TB – End TB Strategy approved by WHA in 2014





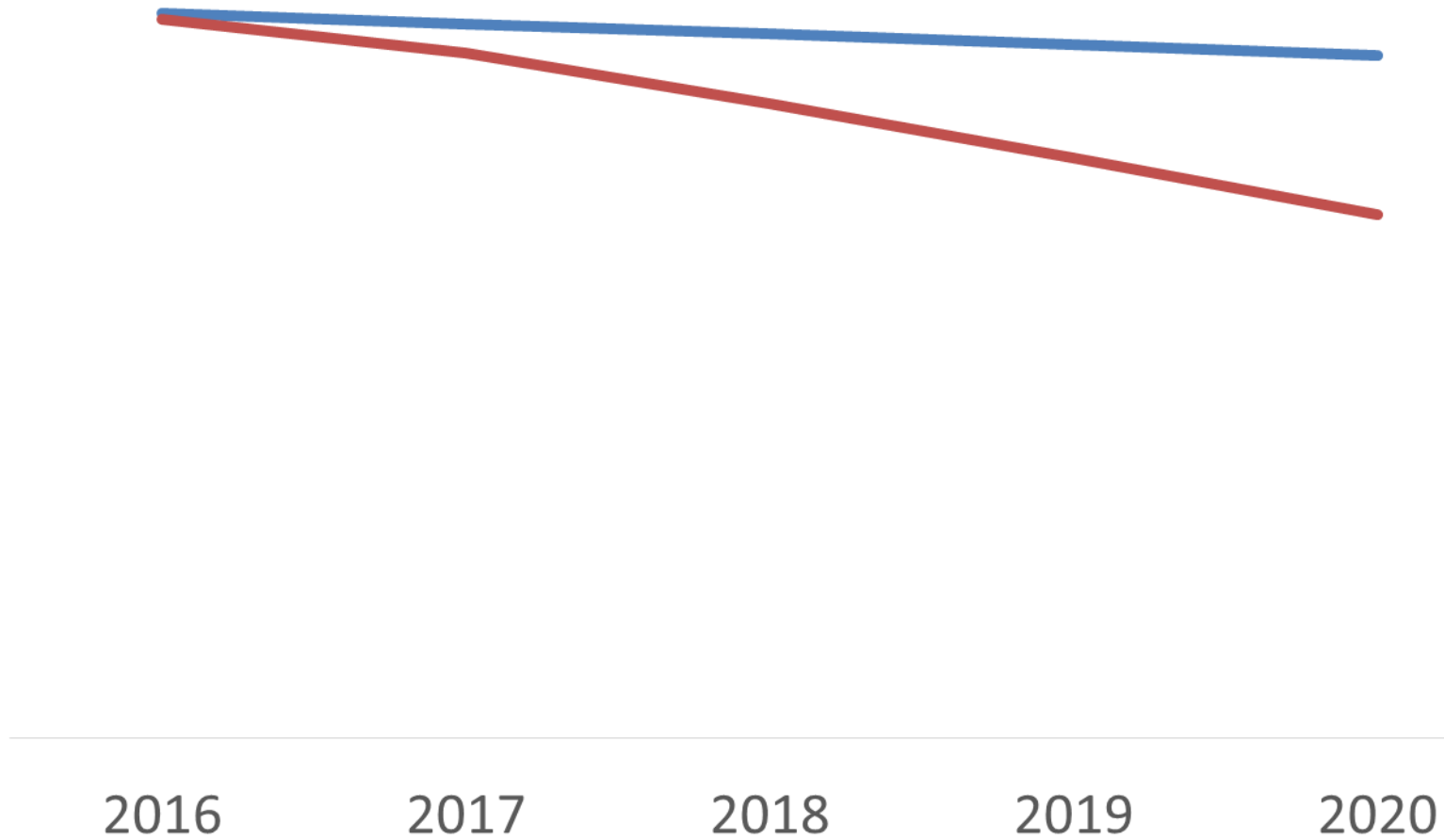
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**Bending
the
curve**



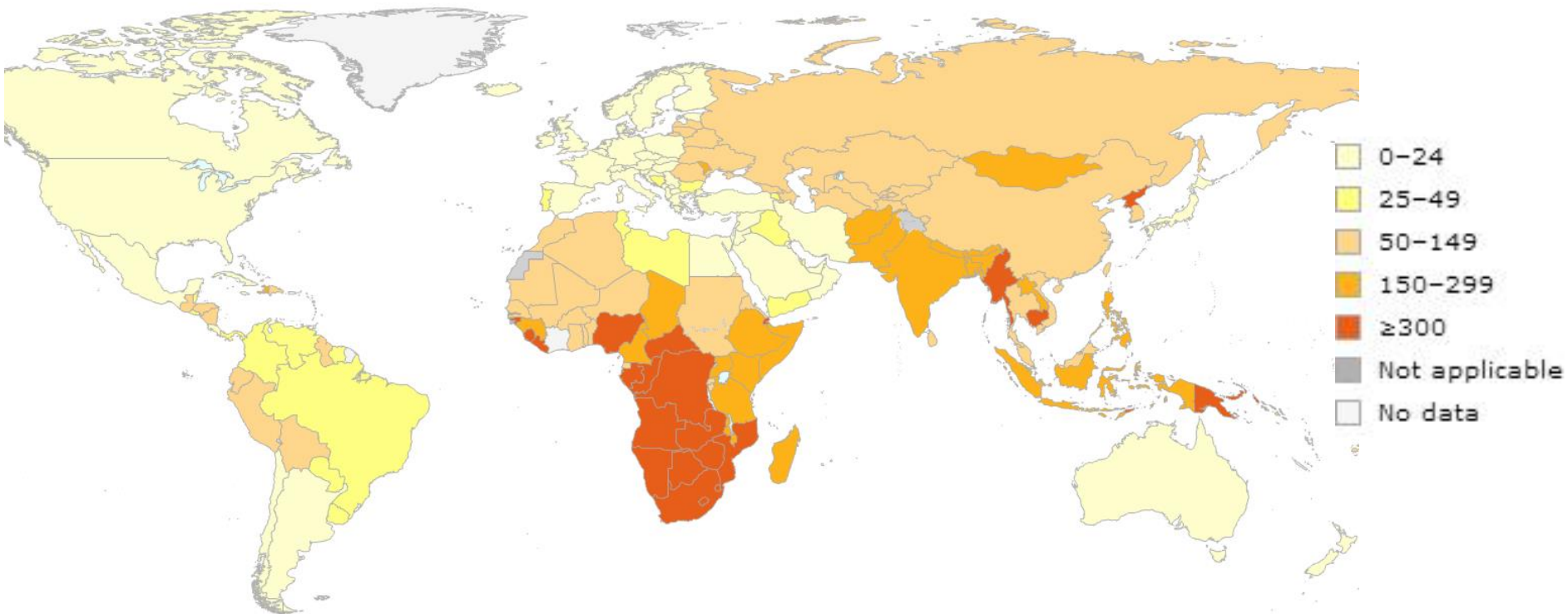


**Bending
the
curve**





Diversity of TB: Over 9 million new cases each year globally
Map shows rate per 100 000 population (2013 data from WHO)



Current status of TB care Vs. proposed 2020 targets

	Numbers of people	Numbers in need	Percentage*	Proposed targets for 2020
Detection (from estimated newly occurring TB)	5.7 million	9 million	63%	90% of estimated TB cases to be diagnosed, all of them treated and notified
Detection (from all new and existing TB)	6.1 million	11 million	55%	
Detection (from estimated new MDR-TB)	97,000	0.48 million	20%	
Successful treatment (newly occurring TB)	4,553,993	5,295,341	86%	90% of patients initiated on treatment receive a successful outcome
Successful treatment (re-treatment TB)	259,429	399,121	65%	
Successful treatment (MDR-TB)	25,059	52,206	48%	

*trend over last few years is a flat-line for all indicators, except MDR-TB detection

Ref: Extracted from WHO Global TB Report 2014.

Note: Detection data are for 2013; treatment success is for the 2012 cohort for new and retreatment cases and 2011 cohort for MDR-TB cases.



**What
needs to
change**

Attitude and action:

“controlling” TB to “ending” TB

“saving lives alone” to “stopping
transmission as well”



Paradigm shift

Eight paradigm shifts

1. Change in mindset
2. Human rights approach to TB
3. Broader, more inclusive leadership
4. Community & patient-driven approach
5. Bold, innovative and modernized TB programmes, ready to end the epidemic
6. Integrated health systems that are responsive to needs and fit for purpose
7. New approach to funding TB care
8. Investment in socio-economic actions

1st 90



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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);

How to reach 90%?

How to detect TB early?

Innovations

Improving access

Active case finding

Differentiated care delivery

Community systems

Health system

Policies

UHC

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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;

In all settings: equity, human rights and leaving no one behind

In some settings: they carry a substantial proportion of TB burden

Current situation: Variable efforts by countries

What are the key populations?

-In LAC prisoners, indigenous population, urban slum population

What actions needed to reach them?

How do you measure progress?



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

How to improve treatment
success?

Decentralization
Ambulatory care
Community systems
Social protection
Innovations

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**Bold
leadership**

Example of leapfrogging in South Africa



"You cannot choose the air you breathe"

"Don't ask the treasury if they can afford to invest in TB. Ask if they can afford not to."

-- Minister of Health for South Africa, Dr Aaron Motsoaledi



- **Unprecedented scale up of screening and focussed intervention**
- **Xpert completely replaced microscopy as the diagnostic tool**

**Bold
leadership**

Heads of State in Southern Africa

- Highlighted mining as a driver of TB in the Region
- Signed a declaration
- Resulted in significant additional resources and action

www.stoptb.org/news/stories/2012/ns12_053.asp



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Southern African heads of state join forces to end tuberculosis in the mining sector



30 August 2012 - Johannesburg - South Africa has started addressing serious issues around the conditions under which miners live and work in a more focused way in the wake of the recent platinum mine tragedy. As the country begins a fresh examination of the rights of miners, South Africa and neighbouring countries are also confronting an ongoing debacle - one that has, virtually unnoticed, been taking the lives of thousands of mine workers and their families every year: tuberculosis (TB).

A regional initiative to confront this issue was taking shape just as the platinum mining crisis unfolded. Two years of efforts by a trio of health ministers culminated on August 18 in a pledge by Southern African Heads of State to address the raging tuberculosis (TB) epidemic among current and ex-mine workers, their families and affected communities. In a major step, the Declaration on TB in the Mining Sector, a legal instrument, was signed at the Summit Meeting of the Southern African Development Community (SADC) Heads of State and Government.

"For more than one hundred years, legions of miners in the Southern African region have been suffering from and dying of tuberculosis. This declaration gives us the opportunity to change this lamentable situation, and the Stop TB Partnership is fully committed to supporting an action plan to realize the aims of the declaration and its implementation," said Dr Lucica Ditiu, Executive Secretary of the Stop TB

Bold leadership

www.stoptb.org/news/stories/2014/ns14_081.asp

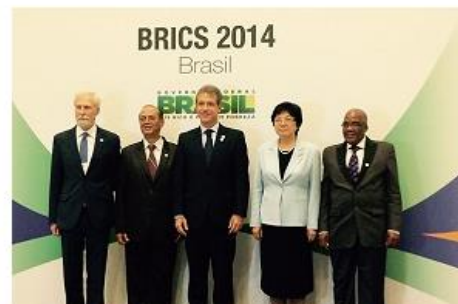


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BRICS Health Ministers Make Historic Commitments in the Fight Against TB



5th December, 2014 - Brasilia, Brazil - Ministers of Health from Brazil, Russia, India, China and South Africa made historic commitments today in the fight against tuberculosis at the BRICS Health Ministers Meeting in Brasilia, Brazil.



The Ministers approved the development of a cooperation plan that includes a common approach to universal access to first line tuberculosis medicines for all people with TB in BRICS countries, as well as in low- and middle-income countries.

BRICS Ministers agreed that intensified action in their countries was essential to ending TB and agreed to aspire towards a 90-90-90 TB target: 90% of vulnerable groups screened, 90% diagnosed and started on treatment, and 90% treatment success. The target was first suggested by Dr. Aaron

- BRICS leadership
- Nearly 50% of TB and 60% on MDR-TB is in BRICS
- BRICS adopt 90-90-90 target for TB



Bold leadership

Campaign to engage with European leaders in the heart of the battle field against drug resistant TB



THE PRICE OF A PANDEMIC: Counting the cost of MDR-TB

- By 2050 an additional 2.59 million people will die every year from MDR-TB compared to current UN mortality projections.
- 75 million additional people will lose their lives over the next 35 years as a result of the disease, half of these in just 5 countries.
- MDR-TB will cost \$16.7 trillion over the next 35 years and will be responsible for reducing global GDP by 0.63 per cent in 2050.

LAC



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Differentiated approach

Multiple settings:
middle income & moderate burden,
low burden countries,
health systems weakened by conflict

Response to hot spots

Cities

Social protection

Key populations



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Thank you



90-(90)-
90

the
90- (90)- 90
targets

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.



End TB Strategy

Top-ten priority indicators developed by WHO

- TB treatment coverage $\geq 90\%$
- TB treatment success rate $\geq 90\%$
- % of TB-affected households that experience catastrophic costs due to TB 0%
- % of newly notified TB patients tested using WHO-recommended rapid tests $\geq 90\%$
- LTBI treatment coverage $\geq 90\%$
- Contact investigation coverage $\geq 90\%$
- DST coverage for TB patients 100%
- Treatment coverage, new TB drugs $\geq 90\%$
- Documentation of HIV status among TB patients 100%
- Case fatality ratio (CFR) $\leq 5\%$