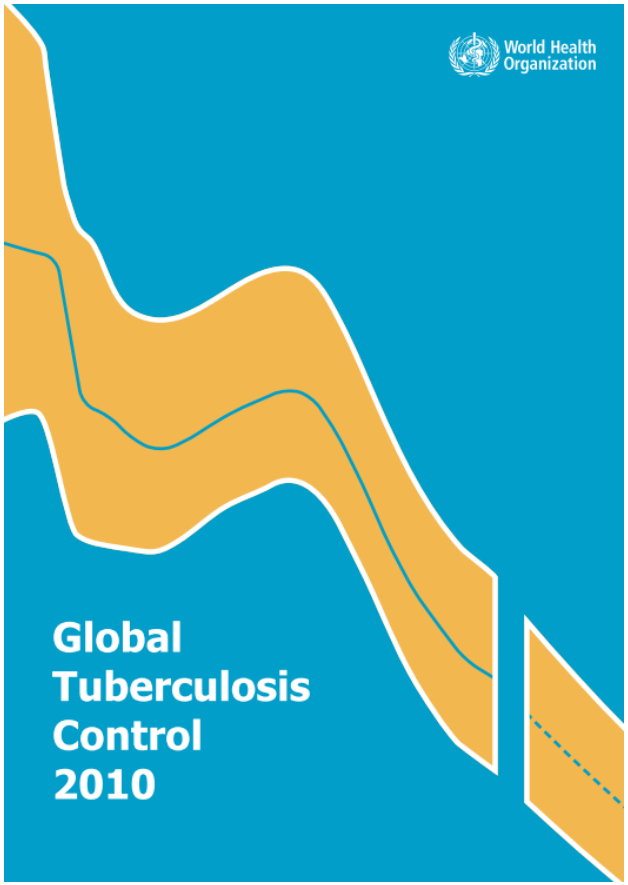
Global TB control report 2010

Short briefing

with particular attention to reasons for not publishing estimates of the sm+ case detection rate

Stop TB Coordinating Board
Johannesburg, South Africa
14–15 October, 2010

Structure and content

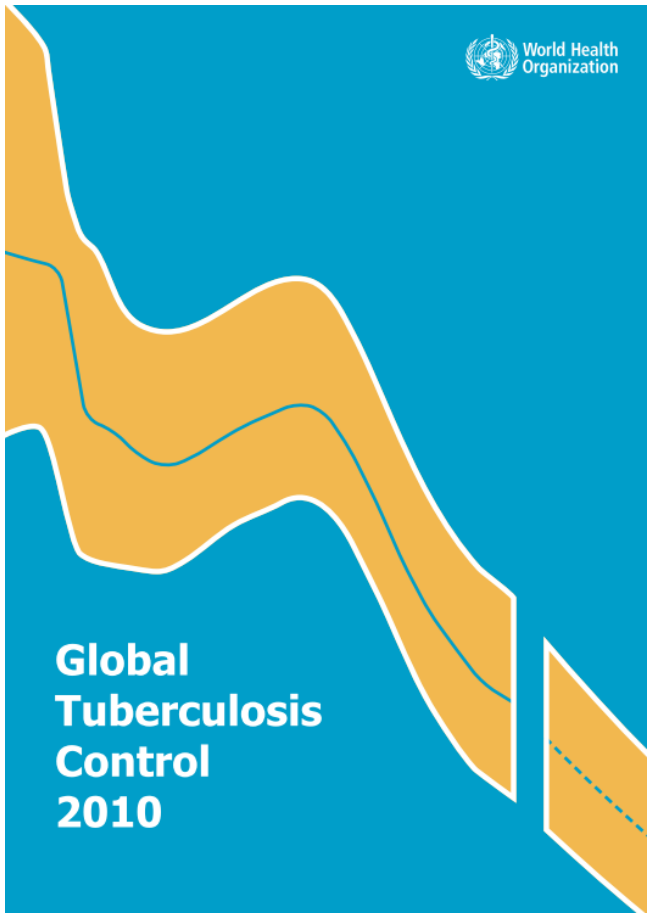


Summary

- Introduction
- Methods
- Global burden of TB, 2009
- Global targets, the Stop TB Strategy and the Global Plan to Stop TB
- Progress in implementing the Stop TB Strategy
- Financing
- Progress towards 2015 impact targets
- Improving measurement of the burden of TB
- Conclusions

- Annex 1 – Methods to estimate disease burden
- Annex 2 – Detailed data tables
- Annex 3 – Country profiles online, all countries

What's new?



- More up-to-date data
- Analysis of progress in TB control in context of targets set in Global Plan 2011–2015
- Estimates of lives saved 1990–2009 and projections for 2010–2015, including for women and children specifically
- For each HBC: projections of whether targets of falling incidence and halving 1990 mortality rate by 2015 will be achieved
- New and much more comprehensive evidence about contribution of PPM to case notifications
- Country profiles online for all countries
- Further de-emphasis of CDR estimates, sm+ CDR estimates not included (Box 6 in report)

Estimates of the sm+ CDR

Estimates of the smear-positive CDR: reasons to publish them

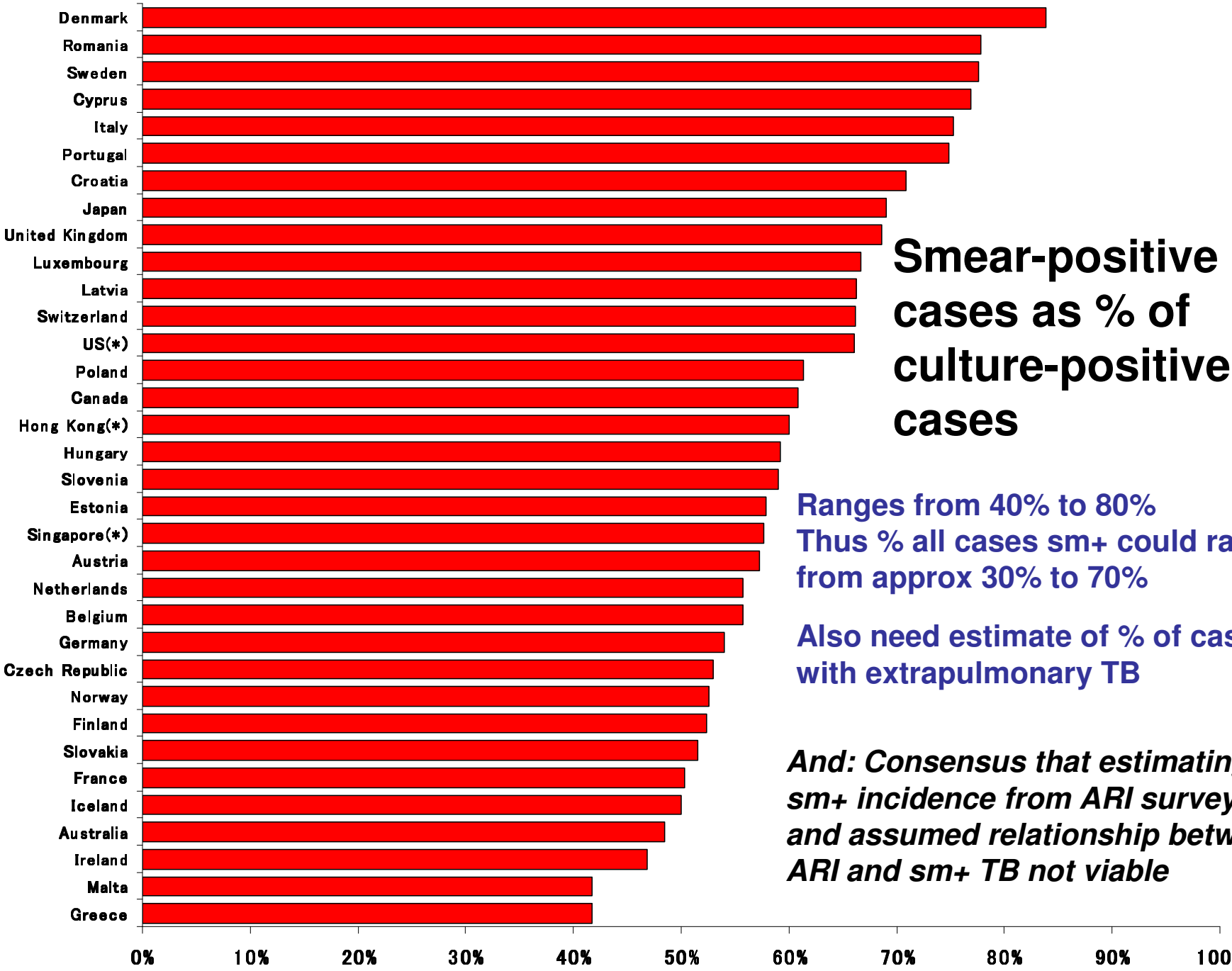
1. One of the two indicators for which international targets for TB control were set for the period 1991 to 2005
2. People are very familiar with the indicator and the target of 70%, and have used/given great emphasis to it for up to 15 years
   - Political significance in some countries, with associated reporting requirements
   - Problems if CDR sm+ → CDR all means "high" → less good performer
3. Gives strong emphasis to diagnosis of cases using smear microscopy
4. May be included as an indicator for which targets are set in strategic plans for TB control**

*BUT problems with this have been highlighted in the context of Global Fund proposals – see later

Estimates of the sm+ CDR: reasons not to publish them

Estimation difficulties

1. **Difficult to estimate, more uncertain than all forms CDR**
   - Incidence, the denominator for the CDR, can't be directly measured
   - For most countries, total incidence (all forms of TB) is estimated from an estimate of the case detection rate for all forms of TB
   - To go from estimate of all forms incidence to an estimate of sm+ incidence requires estimate of the % of incident cases that are sm+, which is more problematic than previously thought



Smear-positive cases as % of culture-positive TB cases

Ranges from 40% to 80%
Thus % all cases sm+ could range from approx 30% to 70%

Also need estimate of % of cases with extrapulmonary TB

And: Consensus that estimating sm+ incidence from ARI surveys and assumed relationship between ARI and sm+ TB not viable

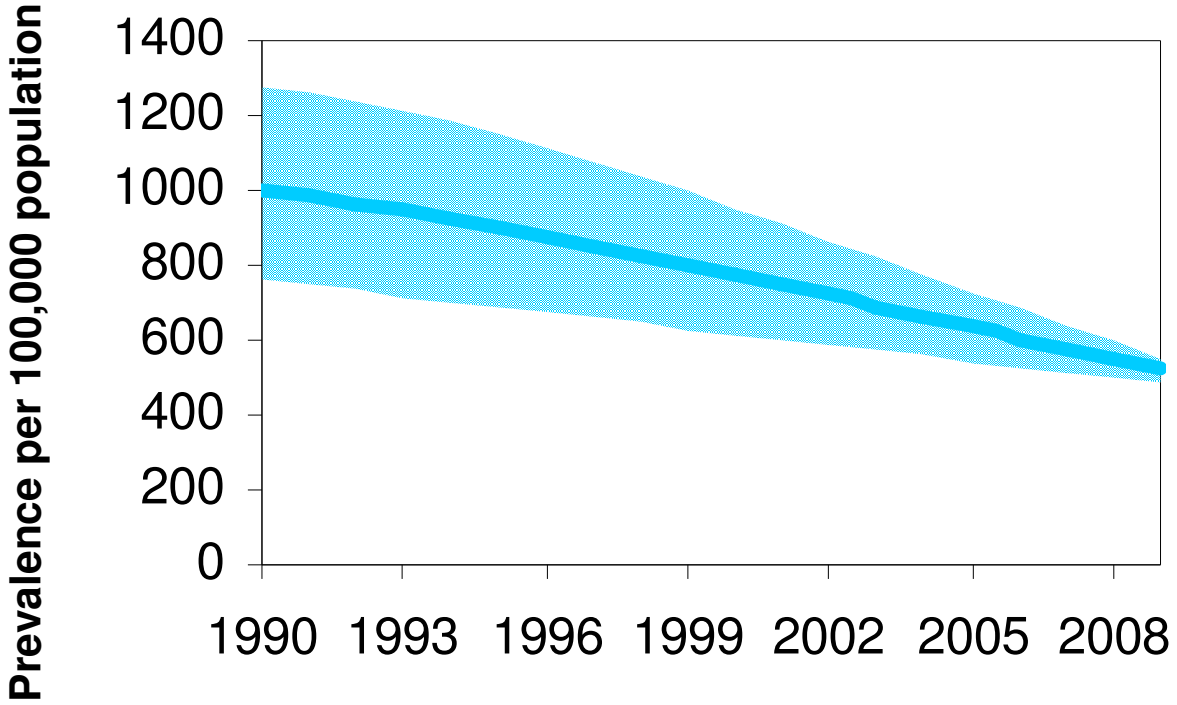
Times have changed

2. Stop TB Strategy - detection and treatment of all cases

3. International targets that apply to the period 2006 up to 2015 are MDGs and Stop TB Partnership "impact" targets
   - reductions in disease burden
   - no CDR target, MDG indicator for the CDR is the all forms CDR

4. Publishing estimates of sm+ CDR distracts attention from focus on progress in reducing disease burden, can even lead to progress in reducing disease burden being unrecognized or ignored

Estimated TB prevalence in the Philippines, 1990–2009



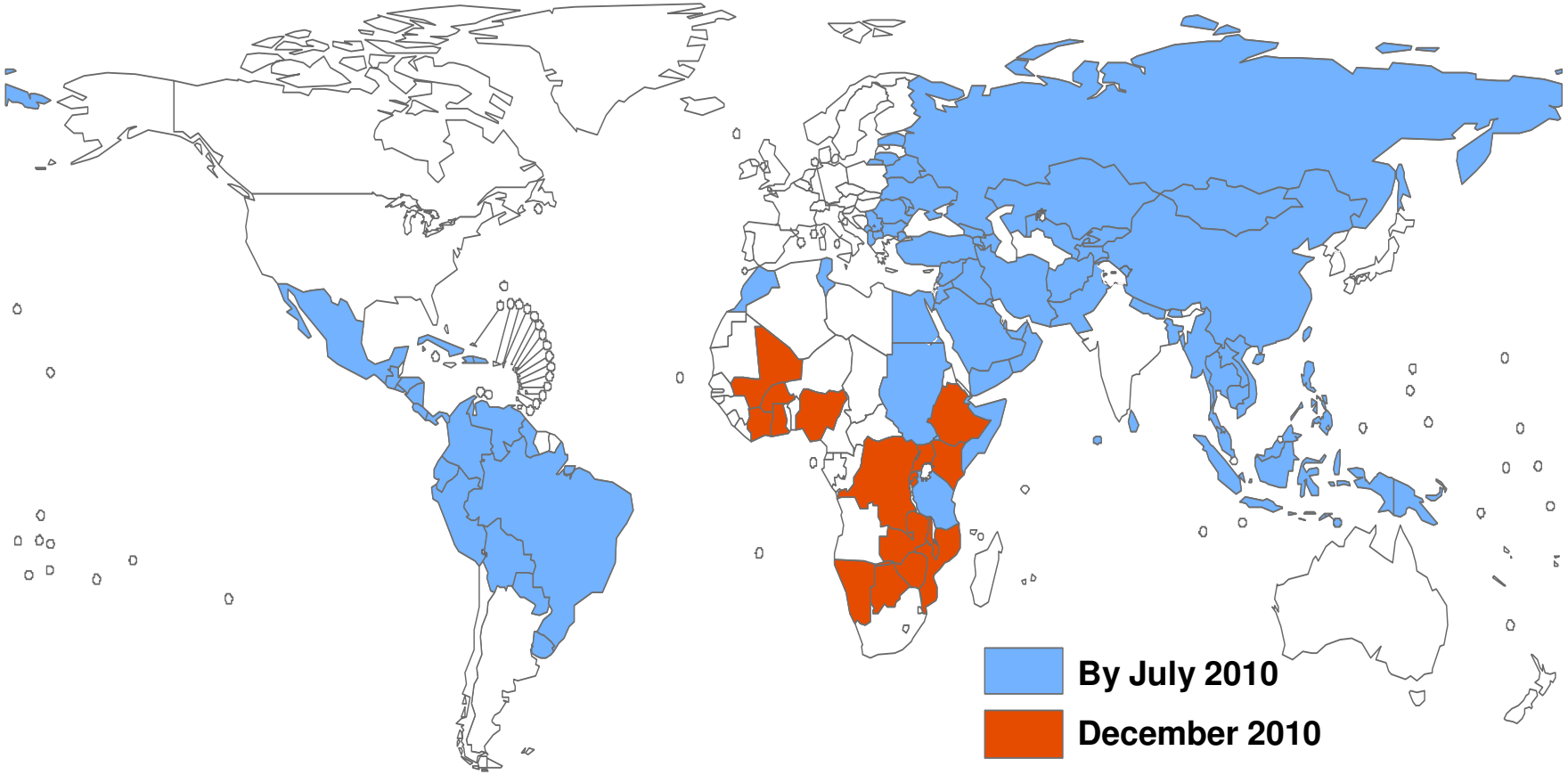
Times have changed

5. **Increased transparency and wider discussion about methods used to estimate disease burden, with partners and countries**
   - **Methods must stand up to scientific scrutiny, be in line with latest evidence and best practices (e.g. presentation of uncertainty intervals)**

6. **Expert review June 2008-October 2009, co-led by WHO and KNCV**
   - **Consensus reached on updated methods**

7. **Consultations with countries April 2008 to end 2010**
   - **87 countries**
   - **Used to update estimates of incidence, prevalence and mortality**
     - **Incidence based on estimates of all forms CDR (using multiple analyses/discussions)**
     - **No attempt to estimate sm+ CDR (not required to estimate total incidence, prevalence, mortality)**

Consultations on estimates with countries, latest status



Can still emphasize proper diagnosis, plans can be adjusted

1. **Emphasis on proper diagnosis can be maintained without sm+ CDR**
   - E.g. % of notified pulmonary cases sm+ and/or culture + (Table 2, global report)
     OR, increasingly given new diagnostics
   - % notified cases with *confirmed* TB (by conventional or molecular tests)

2. **Strategic plans and reporting requirements can be updated**
   - For planning and budgeting, most important to estimate number of cases to be treated
     - from trends in notifications and anticipated impact of interventions to improve case-finding (as in e.g. new Global Plan)
   - Global Fund updated M&E performance framework – CDR removed
     - recent shift from CDR to case notifications in response to multiple problems with GF grants with CDR targets

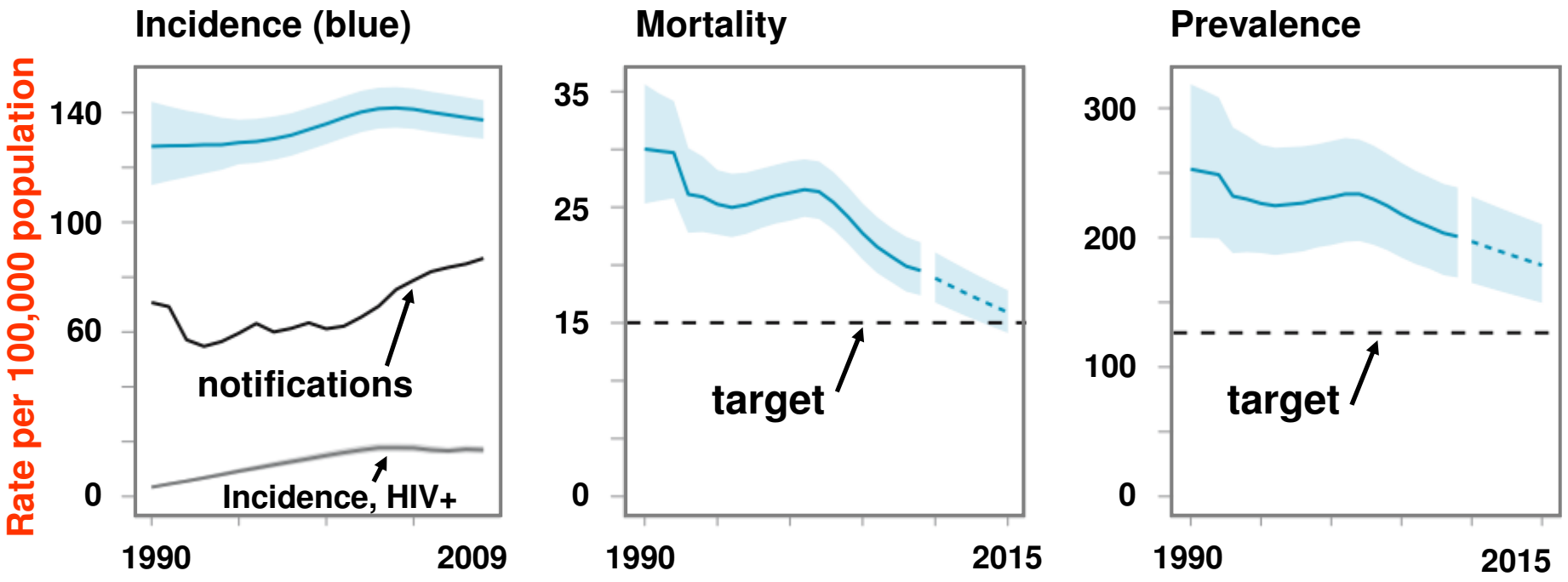
Managing the transition

1. **Communication by WHO to countries**
   - WHO – workshops, country missions, via regional and country offices
   - Q and As for WHO regional and country office staff and NTP managers
   - Flyer in 2010 report, memos to WRs
   - Letters/other support to specific countries if needed

2. **Communication by Global Fund to countries on new performance framework (removal of CDR)**

3. **Communication by WHO to technical partners** ***(beyond staff involved in Task Force on TB Impact Measurement)*****, and with donor agencies**
   - Coordinating Board discussion in November 2009
   - De-emphasis of CDR in WHO global report update December 2009
   - Consultants supporting R10 Global Fund proposals informed about change in performance framework (CDR to CNR)
   - Global report 2010 shared with USAID and KNCV
   - Briefing for KNCV, 4 October 2010
   - Briefing for Global Fund TRP, 8 October 2010
   - Coordinating Board in October 2010
   - Standard letter to be sent

Incidence, mortality and prevalence: global estimates



shaded areas = uncertainty bands