Global commitments and targets to end TB

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World Health Organization
Overview of progress towards global targets

SDGs and end TB strategy: targets

- Incidence: Target 20% reduction 2015-2020, 9% reduction 2020-2030
- Deaths: Target 35% reduction 2015-2020, 14% reduction 2020-2030
- % of people with TB facing catastrophic costs: Target 40% by 2020

UN high-level meeting on TB: treatment targets

- Treatment: Target 40 million 2015-2020, 14.1 million treated in 2016 & 2017
- Preventive treatment: Target 30 million 2015-2020, 6.2 million treated in 2016 & 2017

UN high-level meeting on TB: targets for increased funding

- Universal access to TB prevention, diagnosis, treatment and care: Target US$ 13 billion annually by 2022
- Research: Target US$ 2 billion annually by 2019-2020
- WHO end TB strategy
- World Health Assembly
- First WHO Global Ministerial Conference
- Ending TB in the Sustainable Development Era: A multisectoral response
- 16-17 November 2017, Moscow, Russian Federation
- First UN General Assembly high-level meeting on TB in 2018
- 26 September 2018
With 15 months left to reach at least 30 million people with tuberculosis (TB) preventive treatment, as committed by Heads of State at the UN High Level Meeting on TB (UN-HLM) in 2018, there is great urgency to step up health programmatic action.

WHO and partners are calling on governments and other stakeholders to keep the promises they made and to accelerate coverage of TB preventive treatment for those in need.
PREPARATIONS FOR THE 2023
UN HIGH LEVEL MEETING ON TB

Also 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 within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed tuberculosis goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

“I look forward to working together with the Office of the UN Secretary General, the World Health Organization, Member States and civil society to initiate preparations and set the modalities for this high-level meeting. Inputs from civil society, affected people and communities, will be especially vital to inform discussions and commitments by Heads of State at the high-level Meeting.”

Honorable Abdulla Shahid.
President of the UN General Assembly
COVID-19 IMPACT ON THE TB RESPONSE
TB real-time notification data for all months/quarters of 2020

Over 100 countries reported provisional data.
26 HBCs* reported
4.9m cases in 2020,
6.3m in 2019

shortfall vs expected: 28%
shortfall vs 2019: 21%
1. Fully activate high-level leadership to urgently reduce TB deaths and drive multisectoral action to end TB

2. Urgently increase funding for essential TB services including for the health workforce

3. Advance universal health coverage to ensure all people with TB have access to affordable quality care and resolve under-reporting challenges

4. Address the drug-resistant TB crisis to close persistent gaps in care

5. Dramatically scale up provision of TB preventive treatment

6. Promote human rights and combat stigma and discrimination

7. Ensure meaningful engagement of civil society, communities and people affected by TB

8. Substantially increase investments in TB research to drive technological breakthroughs and rapid uptake of innovations

9. Ensure that TB prevention and care are safeguarded in the context of COVID-19 and other emerging threats

10. Request WHO to continue to provide global leadership for the TB response, working in close collaboration with Member States and other stakeholders, including to prepare for a High-Level Meeting on TB in 2023
People-centered care: People-centred outpatient and community-based care strongly preferred where possible and visits to TB treatment centres minimized.

Prevention and infection control: Limit transmission of TB and COVID-19 in congregate settings and health care facilities, basic infection prevention and control for health staff and patients, cough etiquette, patient triage. TPT maintained.

Rapid roll-out of measures to minimize healthcare visits
- WHO recommended, all-oral TB treatments for MDR-TB
- TB preventive treatment with shorter regimens
- Mechanisms to deliver medicines and collect specimens at home
- Effective use of digital technologies for patient support, such as AE reporting

Diagnosis: Simultaneous testing recommended. Tests for the two conditions to be made available for individuals with respiratory symptoms, which may be similar for the two diseases. TB laboratory networks and platforms could also be leveraged for the COVID 19 response.

TB treatment: Provision of anti-TB treatment, in line with the latest WHO guidelines, must be ensured for all TB patients, including those in COVID-19 quarantine and those with confirmed COVID-19 disease.

Digital technologies intensified to support patients and programmes through improved communication, counselling, care, and information management, among other benefits.

Proactive planning, procurement, supply and risk management to ensure supplies are not interrupted.

Leveraging capacity: TB programme staff can share expertise and logistical support, such as in active case finding and contact tracing.
New knowledge and lessons from successful programmatic innovations

23 Case study from 19 Countries in 6 Regions

Case study 18. Russian Federation: Preventive therapy for drug-resistant tuberculosis contacts in high-risk populations: Experience from Vladimir oblast

18.1 Contact person
Grigory Volchenkov

18.2 Thematic areas
Prevention; screening and diagnosis; treatment

18.3 Background of the project
The goal is to accelerate a decrease in TB morbidity and mortality in Vladimir oblast (Vladimir City and Kovrov and Murom rural districts) by implementing a comprehensive package of services based on the search, treat and prevent strategy. The objectives include provision of TB preventive therapy to people infected with TB, early detection of TB and effective treatment with contemporary methods of TB care based on a patient-centred approach, including during COVID-19. The project is implemented by the Vladimir oblast centre for phtisiopulmonology and the oblast AIDS centre.
The opportunity for multisectoral action and accountability

1 billion more people with health coverage
1 billion lives improved
1 billion more people made safer
WHO guideline updates and roll out to ensure access to quality care - even more important in time of crisis

- Living guidelines
- Public consultation
- Rapid communication
- Guidelines accompanied by operational guides to enable rapid implementation
- Close collaboration with Chief Scientist division

mSTRs: six times less pill burden for patients

Fully-oral modified shorter treatment regimen for DR-TB

- 9 months
- 2,300 pills
- 0 injections

More than 6 times less burden for patients compared with standard treatment regimen (before 2018)
17 new and updated recommendations for the screening of TB disease were developed.

These recommendations identify contacts of TB patients, people living with HIV, people exposed to silica, prisoners and other key populations to be prioritized for TB screening.

The new guidance recommends different tools for screening, namely symptom screening, chest radiography, computer-aided detection software, molecular WHO-approved rapid diagnostic tests, and C-reactive protein.
TB Knowledge Sharing Platform

24/7 Accessibility Everywhere
WHO GLOBAL TB REPORT

Data reported annually by ~200 countries, >99% global population and people with TB

Collaboration with other agencies e.g. UNAIDS, World Bank, UN SDG database

1997-2001: Epi-focused
2016: SDG-TB monitoring framework, Chapter on UHC and broader determinants
2018: Progress on commitments
2019: App version
2020: Chapter on COVID and TB, available in 3 languages
2021: Real time monitoring on COVID impact

Monitoring of the above indicators can be used to identify key influences on the TB epidemic at national level and inform the multisectoral actions required to end TB.
Advancing research and innovation

Global Strategy for TB Research and Innovation adopted by the World Health Assembly in August 2020

- COVID/TB Compendium
- Digital tech
- Progress in diagnostics, 11 technologies endorsed by WHO 19 under evaluation
- Drug pipeline
- Vaccine pipeline (2 in phase III)

BRICS TB RESEARCH NETWORK
STRENGTHENED ENGAGEMENT OF PARTNERS AND CIVIL SOCIETY

WHO CIVIL SOCIETY TASKFORCE ON TB

Bertand Kampoer  Evaline Nsamba  Harry Hausler  Jeffry Acaba  Esty Febrian  Mikes

Ezio Tavora dos Santos Filho  Tenzin Kunor  Amir Khan  Jamila Ismoilova  Blessina Kumar

Aneeta Pasha  Roger Kamugasha  Chameun Sok  Choub  Nyan Win Phyo  Fatima Karmadwala

Yuliya Chorna  Paran Sarimita Winarni

JOINT STATEMENT: WHO DIRECTOR-GENERAL AND THE CIVIL SOCIETY TASK FORCE ON TB URGENT ACTIONS TO STOP PREVENTABLE DEATHS AND SUFFERING DUE TO TUBERCULOSIS AND RECOVER GAINS LOST DURING THE COVID-19 PANDEMIC

WHO Director-General Dr Tedros Adhanom Ghebreyesus held a virtual session with the members of the WHO Civil Society Task Force on Tuberculosis (CSTF-TB) in April 2021, focused on addressing the alarming global impact of the COVID-19 pandemic on the TB response. The meeting highlighted the need for urgent restoration of essential TB services. The far-reaching consequences of COVID-19 on access to TB services and on the determinants of TB, including poverty and food insecurity, make it even more pertinent to adopt a multi-sectoral approach, with engagement of affected communities and civil society, to stop further declines in case notifications and get on track to end TB. The session was part of the annual meeting of the CSTF- TB with all the three levels of the WHO Global Tuberculosis Programme.
Thank you!