

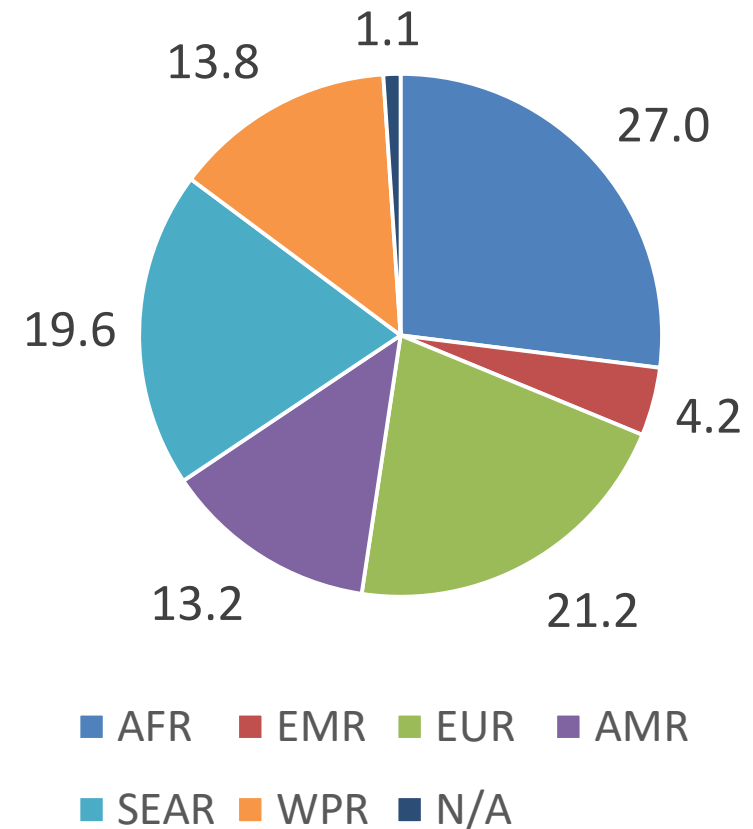
Online Consultation Results Global Plan, 2023-2030

5/17-6/7/2021

Overview of Responses

- 56 countries; 189 responses
- Multiple stakeholders
 - Individual 93 (49.2%)
 - Organizations 90 (47.6%)
- 6 questions:
 - Use of GP
 - Can TB be ended by 2030?
 - **If yes, interventions needed**
 - TB vaccine needs
 - Lessons for TB response from COVID-19
 - Additional comments

% of responses by region



Use of GP (77%)

How GP contributed to work (76%)

- Reference document (funding, new tools, key populations)
- Planning, target setting of NTP
- Advocacy for funding
- Rights- & gender-based approach to TB programming
- Understanding global strategies

Specific Examples/Lessons Learned (64%)

- Info resource for non NTP groups
- Coordination w/ other comm. & NCDs
- Used modeling results, investment plans
- Helps CSOs in their initiatives
- Finding missing people with TB
- Accountability tracking
- Buy-in, common vision from stakeholders

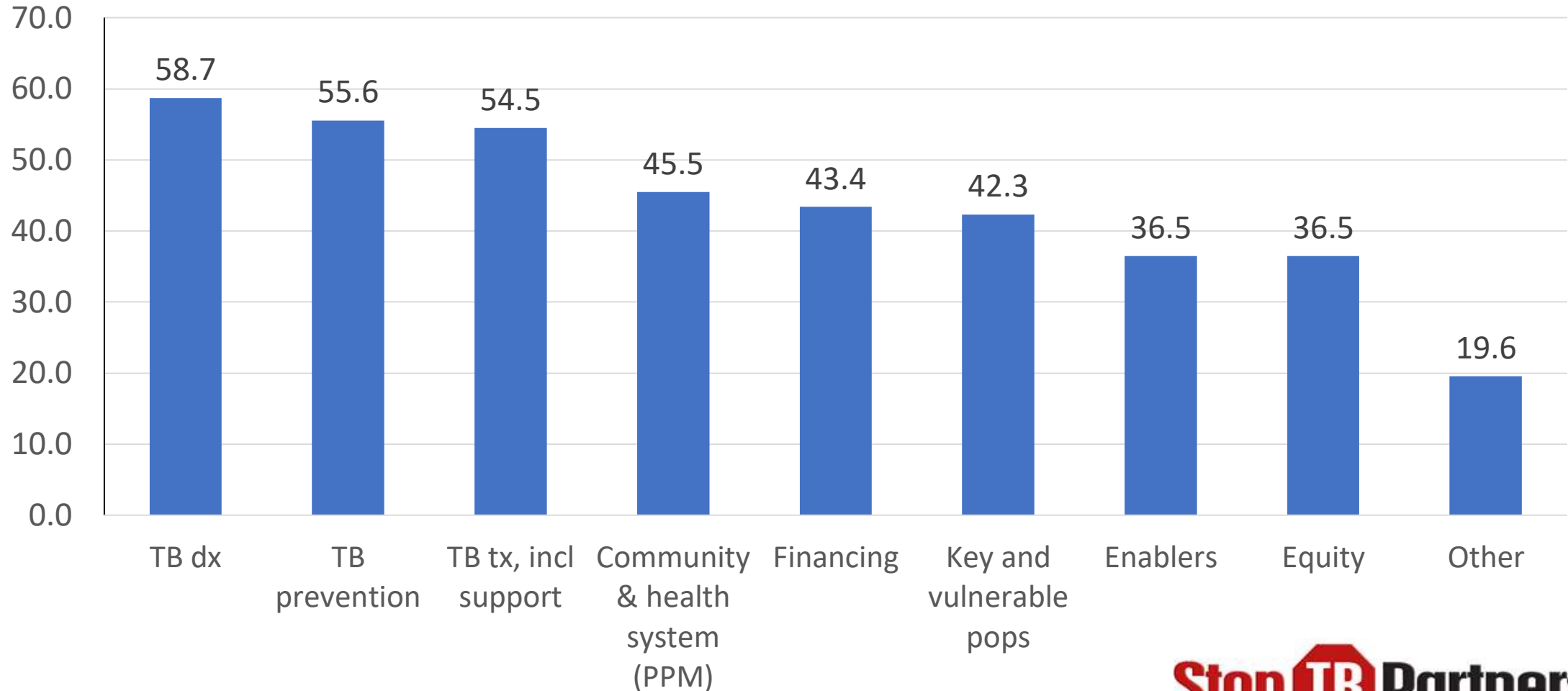
Can TB be ended by 2030? (52%) If not (45%), why not??

COVID, COVID, COVID

- Lack of political commitment; inertia of TB community
- Lack of alignment of all stakeholders
- Lack of attention/scaleup to missing cases, early dx, new meds and tools, vaccine, DR-TB, prevention, key populations
- Reliance on external funding which is decreasing; lack of domestic funding
- Inattention to poverty reduction, world conflicts, TB co-morbidities and drivers

Interventions needed by 2030

% of Responses by Intervention
(multiple responses allowed)



TB Diagnostic Needs

TEST-SPECIFIC

- Sensitive, accessible, fast, cheaper, POC tests and services
- New types: Xray, AI, self-test; non sputum-based
- DST: increased access; needed for SLDs

SYSTEMS

- Better tools to screen hard-to-reach vulnerable populations
- Increased contact tracing
- ACF; periodic mass screening of vulnerable populations
- Integrated primary care (PAL, bidirectional COVID screening)
- Address non-medical issues: TB education, health-seeking behavior
- Use community health workers; PPM

TB Prevention Needs

TREATMENT

- More access, including procurement of meds, and tx of TBI
- Shorter TBI regimens
- Prevention in children (include BCG) and at-risk populations

PROGRAMMATIC

- HCW training on prevention
- Increased contact tracing
- Improved airborne IC: use masks; UV lights
- Public prevention awareness/education campaigns
- community engagement
- Cost effective interventions

RESEARCH

- Risk of progression from TBI to active TB
- vaccine

TB Treatment Needs, Including Support

- **REGIMENS:** shorter, all oral, lower pill burden, address ADRs
- **SYSTEMS:** faster research regulatory approval; training for DOT facilities, free treatment, accessible, training, consistent drug supply, health insurance schemes
- **COMPREHENSIVE CARE:** person/people centered; use of TB survivors, treatment partners, address co-morbidities, post-treatment f/u, palliative care, nutrition, health promotion, stigma reduction, economic support
- **TECHNOLOGY:** for adherence support; digital tools (telemedicine; mobile phones)
- **COMMUNITY/PRIVATE SECTOR:** use for tx supervision

Community and Health Systems Needs (public/private)

SYSTEMS

- Reduce infrastructure for hospital-based care
- Flexible services close to person with TB
- Pre- and in-service training of health professionals
- UHC and innovative financing
- Interagency cooperation outside health sector
- Address, monitor, report service barriers

COMMUNITY

- Engage CSOs, traditional healers, pharmacies
- Invest in Challenge Facility for CS
- Pay community health workers
- PPM

TB Financing Needs

TECHNICAL

- Gap analysis

FUNDING NEEDS

- Increased upfront domestic investment
- Sustained national, subnational local budget lines for TB
- Financial reimbursement to persons with TB to avoid catastrophic costs
- Investments benefitting TB and COVID
- R & D funding, especially vaccines; transparency on product licensing
- Civil society organizations, key populations, human rights, gender issues

MULTISECTORAL FUNDING MECHANISMS

- UHC; poverty reduction strategies, national health insurance schemes
- Flexible funding for countries transitioning from external to domestic funding
- Private sector engagement; Corporate Social Responsibility
- World Bank

Key and Vulnerable Population Needs

- Prisoners, PLHIV, migrants, refugees, indigenous/tribal pops, miners, homeless, drug users, household contacts, children, transgender, disabled, slum populations, rural, malnourished, comorbidities
- Social support
- Education, focused interventions, involvement in TB response
- Use CBOs
- TB-COVID bidirectional screening
- ACF and outreach
- People-centered approach

Enablers Needed

POLITICAL

- Strong political leadership
- Policies to end stigma, discrimination

PROGRAMMATIC

- People-oriented: right to care even if undocumented, key populations, migrants
- Social and economic support: cash transfers, vouchers, food, transport, disabled due to TB, health insurance schemes
- Activities that improve adherence
- Digital tools
- More education of HCWS & persons with TB
- Emphasize airborne infection control
- Use CSOs, CBOS, faith healers, TB survivors, private sector

Equity in Access, Rights and Gender needs

COMMUNITY

- People/patient-centred; human rights-based approach; no one left behind
- Equitable access to services: dx tools, tx, psychosocial support
- Engage CSOs in care delivery
- Community and household-focused screening and care
- Community-led monitoring

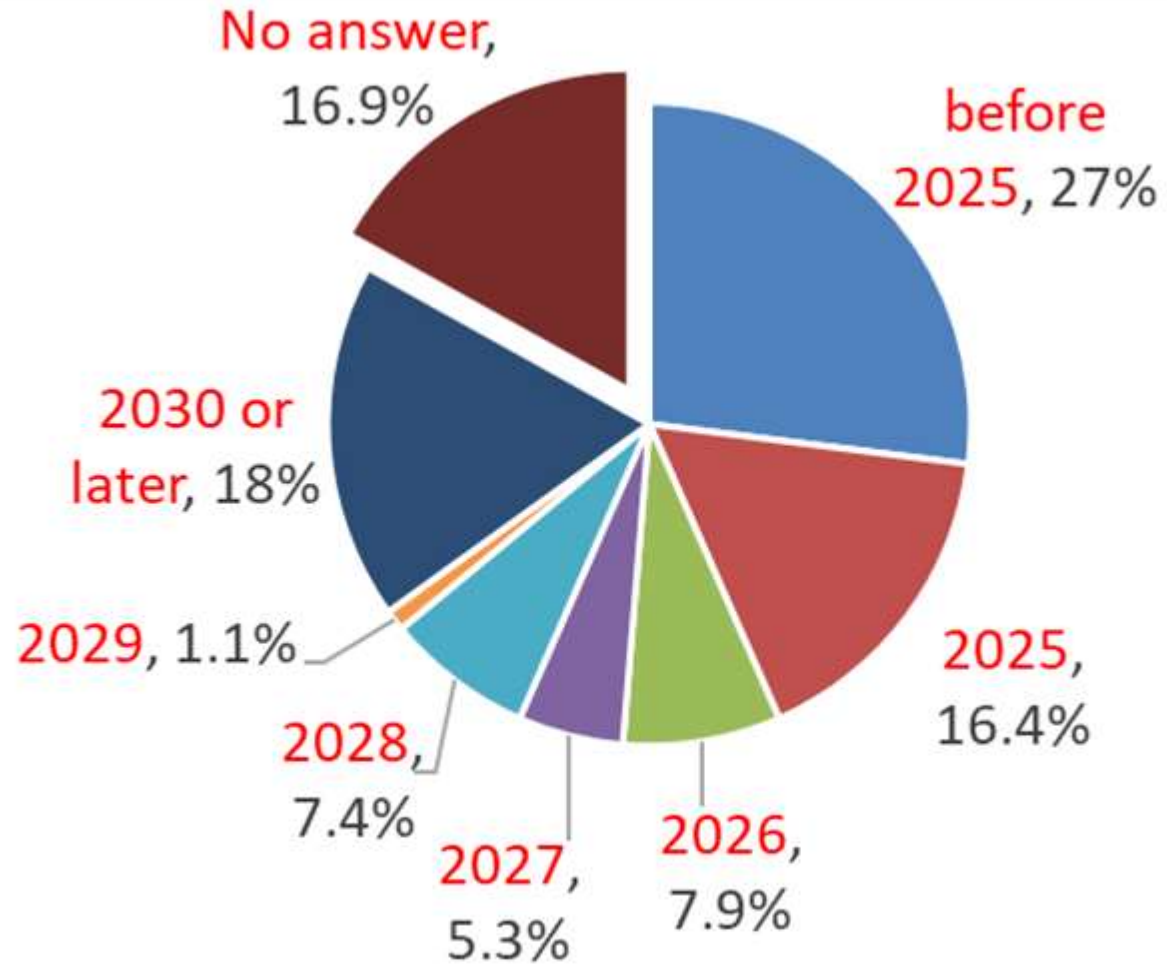
FUNDING

- Community, rights, gender (CRG) assessment w/ costed national action plans
- Decolonized research/public health funding; governance; systems
- GF should include these issues in funding model

Other Needs

- OR on key issues (predictors of recurrent TB, risks for tx failure)
- Improved TB IT (electronic systems; real time data)
- Better airborne IC in high risk areas; cough hygiene
- Integrate TB in COVID recovery plans
- Better training of HCWs
- Record gender-specific and KP data
- TB, COVID, HIV, malaria integration
- Tx outcome of TBI
- Demand accountability

TB Vaccine Ready for Rollout (n=189)



TB Vaccine Needs

TECHNICAL

- **Development:** pre-clinical phase pipeline; use mRNA platform; support most advanced candidates
- **Models:** NHP, human challenge, mouse and guinea pig
- **Qualities:** safe, good efficacy, tolerability; durable protection
- **Types:** primary/prevent progression/therapeutic vaccines; even low efficacy vaccines ($\geq 20\%$) can have impact; but more effective vaccines needed
- **Incentives:** attract small companies; prize money; clinical trials with efficacy endpoints
- **Access:** Prepare groundwork for vaccine access

POLICY

- More financial investment; political will from world leaders; use WHO/UN system
- Review vaccine trials, their bottlenecks, readiness for manufacture
- Adopt COVID-19 research approach (infrastructure, technology)
- Global Plan needs to focus on vaccine
- Develop communication plan for vaccine rollout

Vaccine Other Comments

TECHNICAL

- Need vaccine for adults (already have BCG for children)
- Rollout priority: high burden TB countries; vulnerable pops, then TBI
- $\geq 70\%$ efficiency; lifelong immunity
- Heat stable, low cost, available through >1 supplier

POLICY

- Address public awareness, misconceptions. Need good comms plan
- Need comprehensive approach, not just vaccine
- Need 3 types of vaccine: primary prevention, prevent progression from infection to disease; therapeutic vaccine
- Use TB vaccine roadmap as guidance document
- Zero cost to ensure access
- Part of routine immunization schedule

TB Lessons from COVID-19 (85% response)

POLITICAL

- Pandemic preparation
- Declare TB as a pandemic
- Government leadership
- Global, multisectoral partnership essential
- Political will for vaccine investment; “money is not an issue”

TECHNICAL

- Integrated Covid/TB symptom screening; ACF
- Services needed: Decentralized dx; home-based care; digital tools; mass screening?
- Real time data for all
- Functional Supply chain
- Fast-tracked R &D, policy adoption/change, enforcement has been crucial
- Heightened role of airborne IC

SYSTEMS

- Equity is important for drugs, vaccines
- Effective Risk communication, social mobilization
- need for resilient health systems

Additional Needs

PROGRAMMATIC

- Adequately funded and enough staff
- Better lab infrastructure
- Better modeling data
- Improved WHO reporting to capture lost before tx and during tx cascade
- Palliative care
- Nutritional support (to prevent disease, mortality)

POLITICAL/SYSTEMS

- Position TB within larger context – AMR, digital revolution, financial crisis
- See CSOs as partners, not competitors
- New funders