

S The Global Fund



# **Africa Regional TB summit**

## 4-6 March, 2019 | Kigali, Rwanda

Theme: It's time for Africa to step up efforts to find all missing people with TB



## **UNHLM Targets and Regional Context**

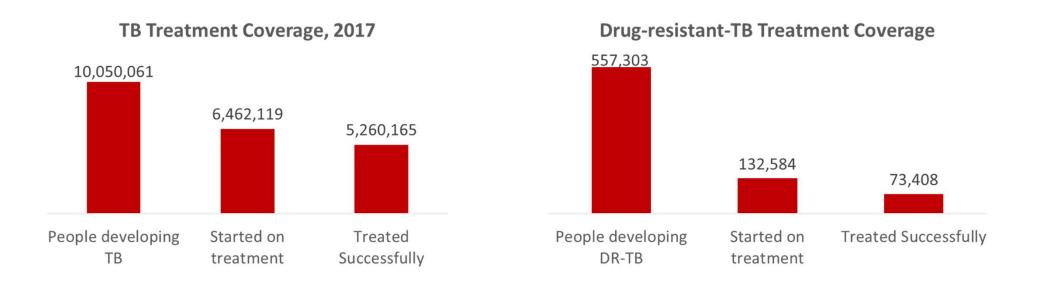
Jacob Creswell Head, Innovations and Grants Stop TB Partnership

4 March 2019, Kigali



Stop B Partnership

TB care currently leaves behind a large number of people



- Only half (52%) of the estimated people who developed TB are successfully treated
- Only 1 in 7 people estimated to develop DR-TB are successfully treated

Source: WHO's global tuberculosis database, October 2018

### Opportunity, 2019 UNCA Political Declaration on the fight against TP

### UNHLM ON TB KEY TARGETS FOR 2022

WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':



#### COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT

with the aim of successfully treating 40 million people with tuberculosis by 2022.

COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT

with the aim of successfully treating 3.5 million children with tuberculosis by 2022.

#### COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT

with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drugresistant tuberculosis, by 2022.



#### COMMIT TO PREVENT TUBERCULOSIS

for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.

#### by 2022. 6 COMMIT TO MOBILIZE SUFFICIENT AND

COMMIT TO MOBILIZE

for universal access to

treatment and care of

SUSTAINABLE FINANCING

quality prevention, diagnosis,

tuberculosis, from all sources.

overall global investments for

ending tuberculosis reaching

at least US\$13 billion a year

with the aim of increasing

SUFFICIENT AND

SUSTAINABLE FINANCING FOR R&D with the aim of increasing overall global investments to US\$2 billion, in order to close the estimated US\$1.3 billion gap in funding annually

for tuberculosis research,

contribute appropriately to

research and development.

ensuring all countries

#### PROMOTE AND SUPPORT AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION,

including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.



#### COMMIT TO DELIVERING. AS SOON AS POSSIBLE, NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE, AVAILABLE VACCINES,

point-of-care and child-friendly diagnostics. drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies. to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis.



#### **REQUEST THE DIRECTOR-**GENERAL OF THE WORLD HEALTH ORGANIZATION TO CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK

and ensure its timely implementation no later than 2019.



#### FURTHER REQUEST THE SECRETARY GENERAL WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO **PROVIDE A PROGRESS REPORT IN 2020**

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Stop B Partnership

→ END TB

on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

### UNHLM ON TB KEY COMMITMENTS

WE. HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018

#### REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS. TREATMENT AND PREVENTION

P24: 'Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022. including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis including 115,000 children...' P25: 'Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022 ....

#### TRANSFORM THE TB RESPONSE TO **BE EQUITABLE, RIGHTS-BASED AND PEOPLE-CENTERED**

P14: '...affirm that all these people [affected by TB] require integrated people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination." P17: '...in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil

hosted by

society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica. the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders, and people who use tobacco, recognizing the higher prevalence of tuberculosis among men." P18: 'Recognize the various sociocultural barriers to tuberculosis prevention diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and genderresponsive health services based on human rights.

P19: 'Commit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrugresistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on

Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health...

P25: 'Commit to... enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings." P33: 'Commit to developing

community-based health services through approaches that protect and promote equity, ethics, gender equality and human rights in addressing tuberculosis

P34: 'Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage, such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and affordable prevention diagnosis treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public and community, including faithbased organizations, and private sector services.

P37: 'Commit to... promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis 1

P38: 'Commit to providing special attention to the poor, those who are In addition to the ten headline targets, these are some of the key commitments in the Political Declaration, grouped according to the Key Asks (https://bit.ly/2AixuCY) proposed by the TB community. The full Declaration can be viewed here: https://bit.ly/20ylPnA

vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis, in accordance with the principle of social inclusion. especially through ensuring strong and meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the tuberculosis response.

#### ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

P42: 'Commit to advancing research for basic science, public health research and the development of innovative products and approaches... including towards delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines, point-ofcare and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection

P43: 'Commit to create an environment conducive to research and development of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration ....

P45: 'Promote tuberculosis research and development efforts aiming to be

needs-driven, evidence-based and guided by the principles of affordability. effectiveness, efficiency and equity and which should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and, for multidrug-resistant tuberculosis, continue to support existing voluntary initiatives and incentive mechanisms that senarate the cost of investment in research and development from the price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development...'

#### INVEST THE FUNDS NECESSARY TO END TB

P46: 'Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022

P47: 'Commit to mobilize sufficient and sustainable financina, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development...'

#### COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP INCLUDING REGULAR UN **REPORTING AND REVIEW**

P48: 'Commit to develop or strengthen. as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with highlevel leadership, preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector...

P49: 'Request the Director General of the WHO to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019." P53: 'Also request the Secretary-General, with the support of the WHO, to provide a progress report in 2020 on alobal and national progress, across sectors... which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.





END



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### **UNHLM Targets**

### People on treatment (2018-2022) - cumulative

- TB: 40 million for TB
- Children with TB: 3.5 million
- MDR-TB: 1.5 million
- Children with MDR-TB: 115,000
- TB Preventive therapy: >30 million
- Targets already broken down by country and year: http://stoptb.org/global/advocacy/unhlm\_targets.asp



### **Key Targets and Commitments**

This page contains documents and data related to the UN High-Level Meeting (HLM) on TB key targets and commitments for 2022 and outlined in the UN Declaration on TB

UNHLM on TB - Key Targets and Commitments (English) UNHLM on TB - Key Targets and Commitments (Spanish) UNHLM on TB - Key Targets and Commitments (Arabic) UNHLM on TB - Key Targets and Commitments (Chinese) UNHLM on TB - Key Targets and Commitments (French) UNHLM on TB - Key Targets and Commitments (Russian) Key Targets per Country UNHLM on TB - TB Country Targets UNHLM on TB - Drug-resistant TB Country Targets

UNHLM on TB - Childhood TB Country Targets

UNHLM on TB - Preventive Therapy Targets



### **TB in the WHO African Region**

- 2.5 million incident cases of TB in 2017
- Including 660,000 people with TB/HIV
- Children with TB: 300,000
- DR-TB: 90,000
- TB Preventive therapy: >30 million
- 86% of people with TB know their HIV status
- Region leading the way on preventative therapy scale-up (but room to continue)
- TB treatment coverage is 52% as a region
- Diagnosing 40% of DR TB among notified case
- Testing 23% of new cases for RR (S Africa)

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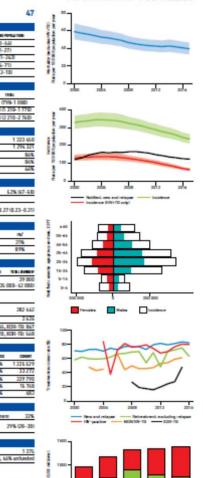
**UNOPS** 

• A number of countries have turned around declining notification rates

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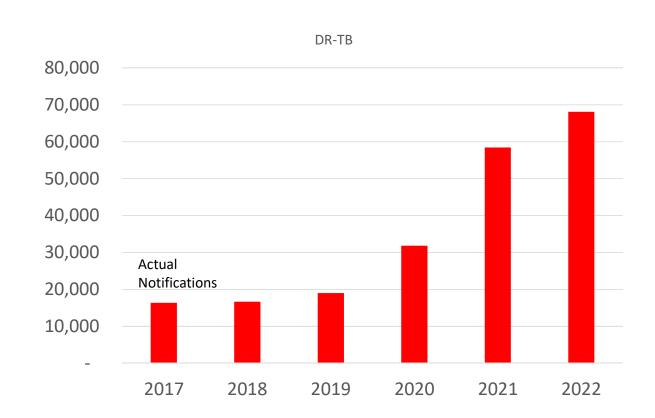
### Stop IB Partnership







### **UNHLM R/MDR TB treatment scale up target**



Country targets at: http://stoptb.org/assets/document s/global/advocacy/unhlm/UNHLM %20on%20TB%20-%20Drugresistant%20TB%20Country%20Tar gets.pdf

Action needed: 1. Find all people with TB 2. 100% DST coverage

4 fold increase needed

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### **UNHLM DS TB treatment scale up target**

**UNHLM Targets for 13 HB African Countries** 1,600,000 1,400,000 1,200,000 Actual Notifications 1,000,000 800,000 600,000 400,000 200,000 2017 2018 2019 2020 2021 2022



Country targets at: http://stoptb.org/assets/document s/global/advocacy/unhlm/UNHLM %20on%20TB%20-%20Drugresistant%20TB%20Country%20Tar gets.pdf

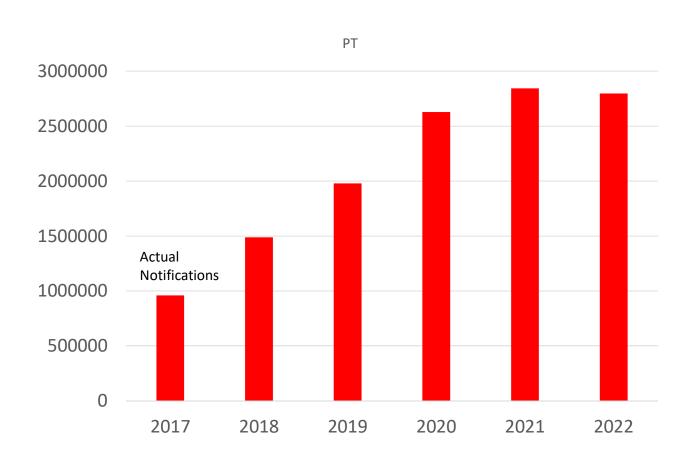
Action needed: 1. Expand access to care 2. Increase numbers of people tested 3. Involve other actors to reach more people

6.6m cumulative target





### **UNHLM** preventative treatment scale up target



Country targets at: http://stoptb.org/assets/document s/global/advocacy/unhlm/UNHLM %20on%20TB%20-%20Drugresistant%20TB%20Country%20Tar gets.pdf

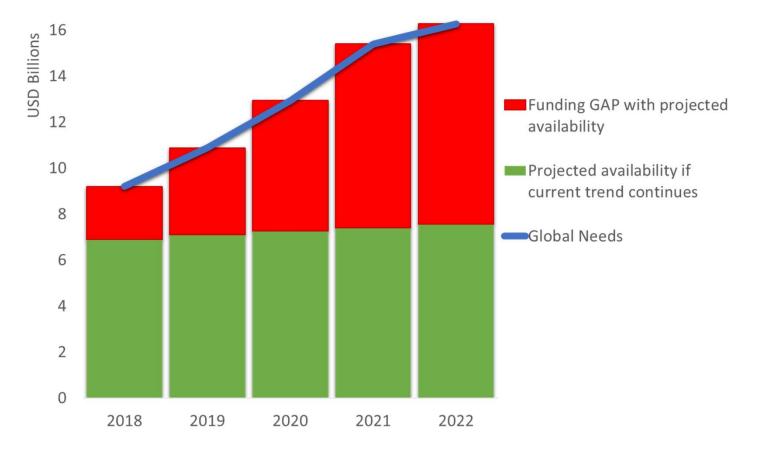
Action needed: 1. Updates in guidelines 2. Scale up contact investigation 3. Improved case finding From <1 million to 2.6 million

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Stop IB Partnership

Global Resource Need to achieve 2018 UNGA TB implementation targets (USD Billions)

- 65 billion USD for 2018-2022
- average 13
   billion USD per annum





Global Plan: Current plan is being updated to 2022







### **Thank You**





S The Global Fund



# **Africa Regional TB summit**

## 4-6 March, 2019 | Kigali, Rwanda

Theme: It's time for Africa to step up efforts to find all missing people with TB