



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

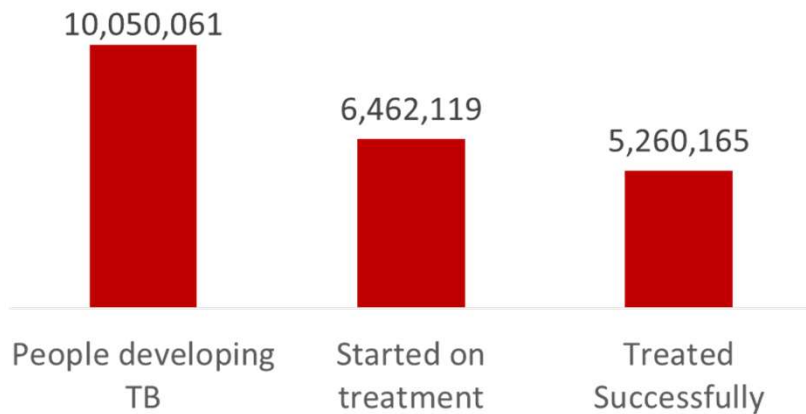
Jacob Creswell
Head, Innovations and Grants
Stop TB Partnership

4 March 2019, Kigali

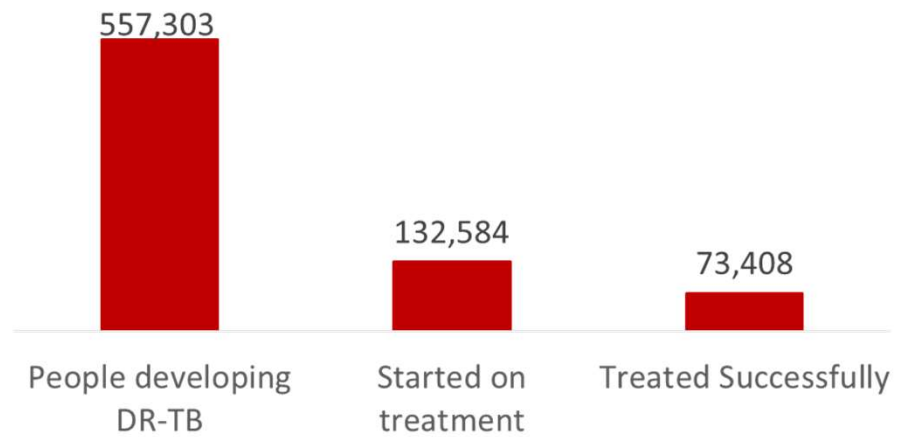


TB care currently leaves behind a large number of people

TB Treatment Coverage, 2017



Drug-resistant-TB Treatment Coverage



- 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

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':



1. **COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT** with the aim of successfully treating 40 million people with tuberculosis by 2022.

2. **COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT** with the aim of successfully treating 3.5 million children with tuberculosis by 2022.

3. **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 drug-resistant tuberculosis, by 2022.



4. **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.



5. **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 reaching at least US\$13 billion a year by 2022.

6. **COMMIT TO MOBILIZE 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, ensuring all countries contribute appropriately to research and development.



7. **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 socio-cultural 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.



8. **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.



9. **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.



10. **FURTHER 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, 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

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 gender-responsive 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 multidrug-resistant 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 faith-based 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...'

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/2OylPnA>

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-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...'

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 separate 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 financing, 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 high-level 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 global 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.'



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

The screenshot shows the Stop TB Partnership website. At the top, there is a navigation menu with links for HOME, ABOUT US, OUR WORK, NEWS AND EVENTS, RESOURCES, GET INVOLVED, and a Donate button. A search bar is also present. Below the navigation, a breadcrumb trail reads 'Home > Our Work > Global Advocacy > UNHLM'. The main content area features a large image of a meeting with the title 'UN HIGH-LEVEL MEETING ON TB KEY TARGETS & COMMITMENTS FOR 2022'. To the right of the image are several icons representing different aspects of TB treatment and prevention. Below the image, the heading 'Key Targets and Commitments' is followed by a paragraph stating: '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'. A list of links follows, providing translations of the key targets and commitments in English, Spanish, Arabic, Chinese, French, and Russian. At the bottom, there is a section titled 'Key Targets per Country' with links for TB Country Targets, Drug-resistant TB Country Targets, Childhood TB Country Targets, and 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)
- A number of countries have turned around declining notification rates

WHO African Region

WHO Member States 47

ESTIMATED TB BURDEN ^a , 2017		
	NUMBER (95% CI)	RATE PER 100,000 POPULATION
Mortality (includes HIV+TB)	452 (248-696)	39 (23-64)
Mortality HIV+TB only	262 (209-327)	24 (21-27)
Incidence (includes HIV+TB)	2 488 (2 216-2 768)	227 (211-243)
Incidence HIV+TB only ^b	663 (586-763)	63 (56-71)
Incidence MDR/RR-TB ^c	90 (76-104)	8.4 (7.2-10)

ESTIMATED TB INCIDENCE BY AGE AND SEX (TWOSEX) ^a , 2017			
	0-14 YEARS	15-64 YEARS	≥65 YEARS
Female	163 (177-344)	668 (666-734)	941 (799-1 098)
Male	164 (159-363)	1 200 (1 163-1 240)	1 448 (1 316-1 578)
Total	326 (248-332)	2 168 (1 976-2 458)	2 488 (2 216-2 768)

TB CASE NOTIFICATION, 2017	
Total cases notified	1 223 460
Total new and relapse	1 294 227
— % with known HIV status	86%
— % pulmonary	86%
— % bacteriologically confirmed among pulmonary	86%

UNIVERSAL HEALTH COVERAGE AND SOCIAL PROTECTION	
TB treatment coverage (notified/estimated incident), 2017	52% (47-63)
TB patients facing catastrophic and/or impoverishing costs	29 (20-38)
TB case fatality rate (estimated mortality/estimated incident), 2017	0.27 (0.23-0.31)

NEW CASE MORTALITY AND ESCAPES TO PATIENTS, 2017	
Patients with known HIV status who are HIV-positive	244 893 27%
— on antiretroviral therapy	290 474 89%

MDR/RR-RESISTANT TB CASES, 2017			
	NUMBER	PER 100,000 POPULATION	% OF MDR/RR-TB
Estimated MDR/RR-TB cases among notified pulmonary TB cases	29 000	2.6	2.4
Estimated % of TB cases with MDR/RR-TB	2.7% (1.7-4)	54% (4.9-6.2)	
% notified and/or for whom resistance was confirmed	23%	43%	382 642
MDR/RR-TB cases started for resistance to second-line drugs	2 624		
Laboratory-confirmed cases	MDR/RR-TB: 2 640, RR-TB: 847		
Patients started on treatment ^d	MDR/RR-TB: 19 278, RR-TB: 648		

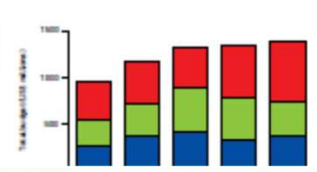
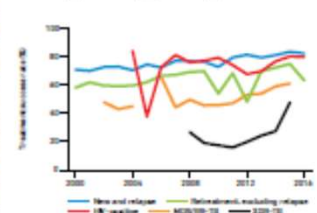
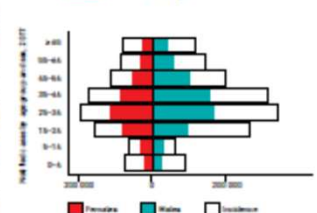
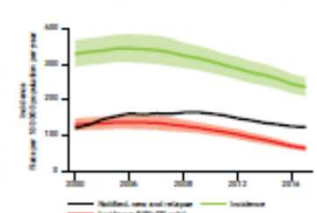
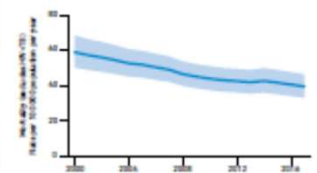
TREATMENT SUCCESS IN YEARS SINCE START		
	NUMBER	CASES
New and relapse ^e cases registered in 2016	62%	1 224 629
Previously treated cases, including relapses, registered in 2016	43%	227 277
HIV-positive TB cases, all types, registered in 2016	68%	279 790
MDR/RR-TB cases started on second-line treatment in 2016	47%	16 748
XDR-TB cases started on second-line treatment in 2016	43%	487

TB PREVENTIVE TREATMENT, 2017	
% of HIV-positive people newly enrolled in care on preventive treatment	37%
% of child or caregiver TB household contacts of bacteriologically confirmed TB cases on preventive treatment	29% (26-32)

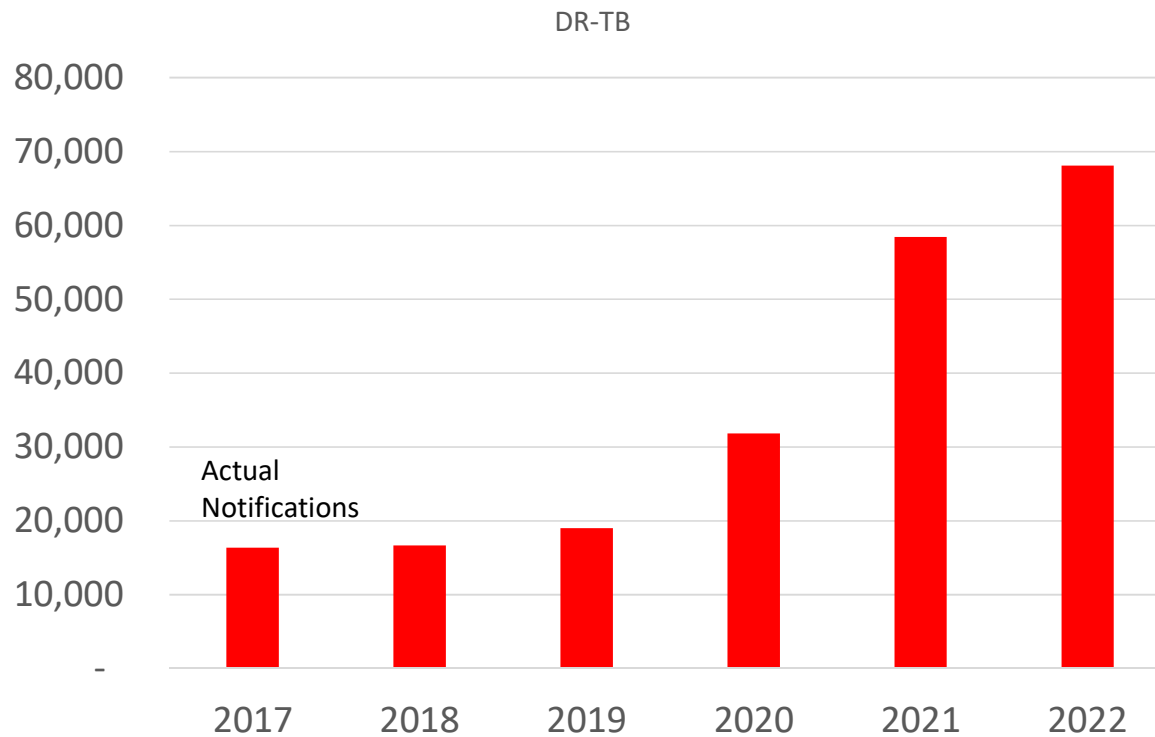
TB FINANCING 2016-2018: A MINIMAL-REVENUE CONTEXT ^a , 2018	
National TB budget (US\$ million)	1 371
Funding source:	27% domestic, 27% international, 46% unfunded

^a Data are as reported by WHO. Estimates of TB and MDR/RR-TB burden are produced by WHO in consultation with country experts. Estimates are rounded and totals are computed prior to rounding.
^b Deaths registered under-lying other cause.
^c MDR is TB resistant to rifampicin and isoniazid; RR is TB resistant to rifampicin.
^d Includes persons TB unknown, previously TB and new TB.
^e Includes patients diagnosed before 2017 and patients who were not laboratory-confirmed.

POPULATION 2017 1 047 MILLION



UNHLM R/MDR TB treatment scale up target



Country targets at:

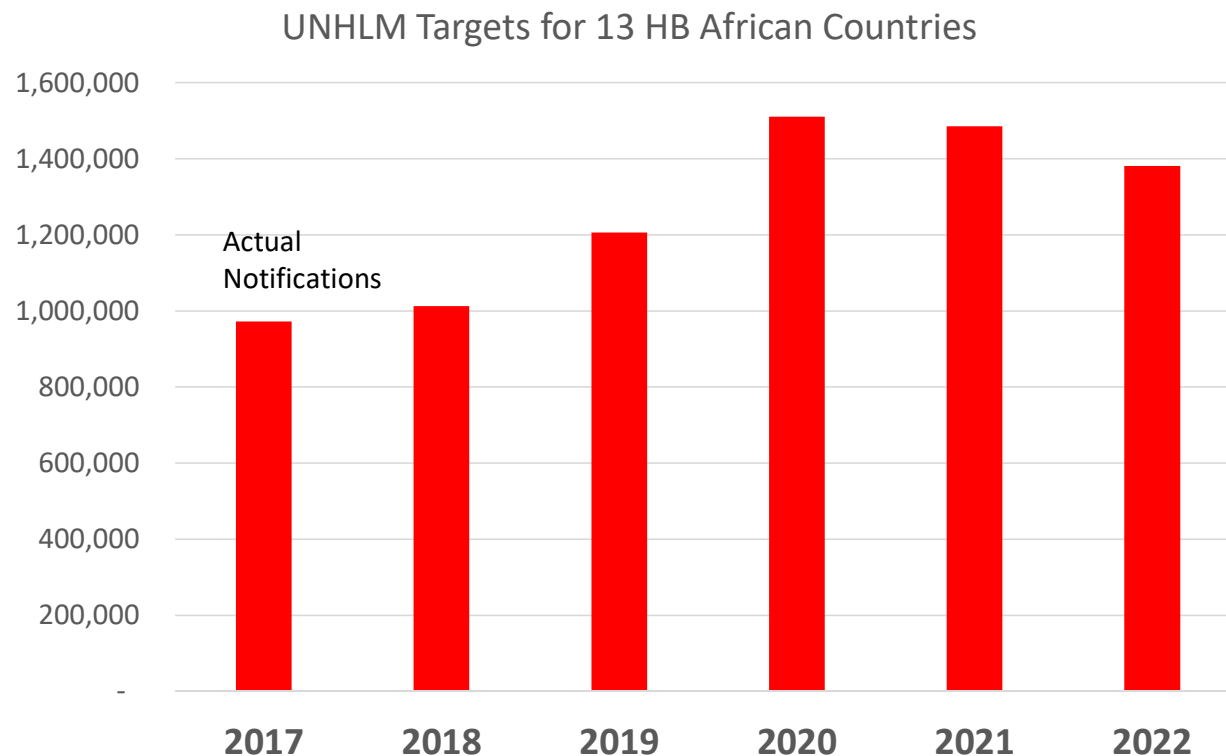
<http://stoptb.org/assets/document/s/global/advocacy/unhlm/UNHLM%20on%20TB%20-%20Drug-resistant%20TB%20Country%20Targets.pdf>

Action needed:

- 1. Find all people with TB**
- 2. 100% DST coverage**

4 fold increase needed

UNHLM DS TB treatment scale up target



Country targets at:

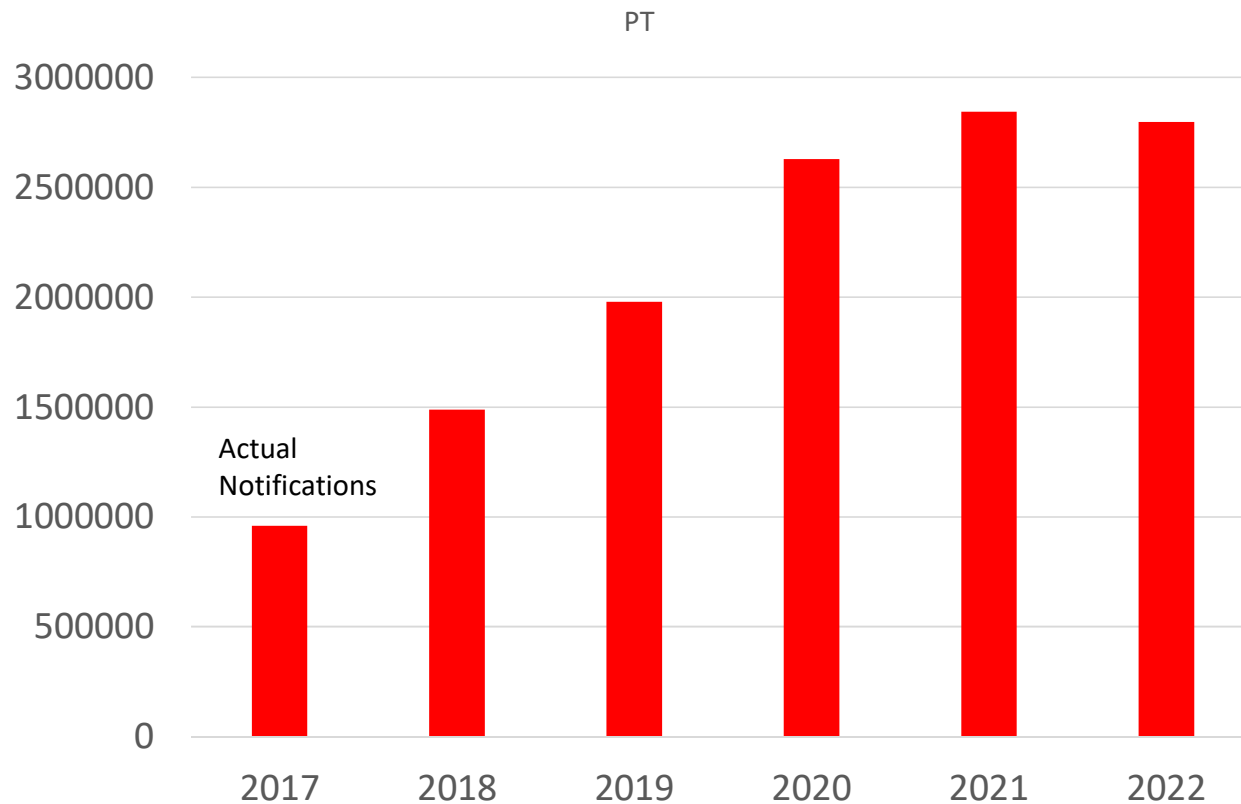
<http://stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM%20on%20TB%20-%20Drug-resistant%20TB%20Country%20Targets.pdf>

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/documents/global/advocacy/unhlm/UNHLM%20on%20TB%20-%20Drug-resistant%20TB%20Country%20Targets.pdf>

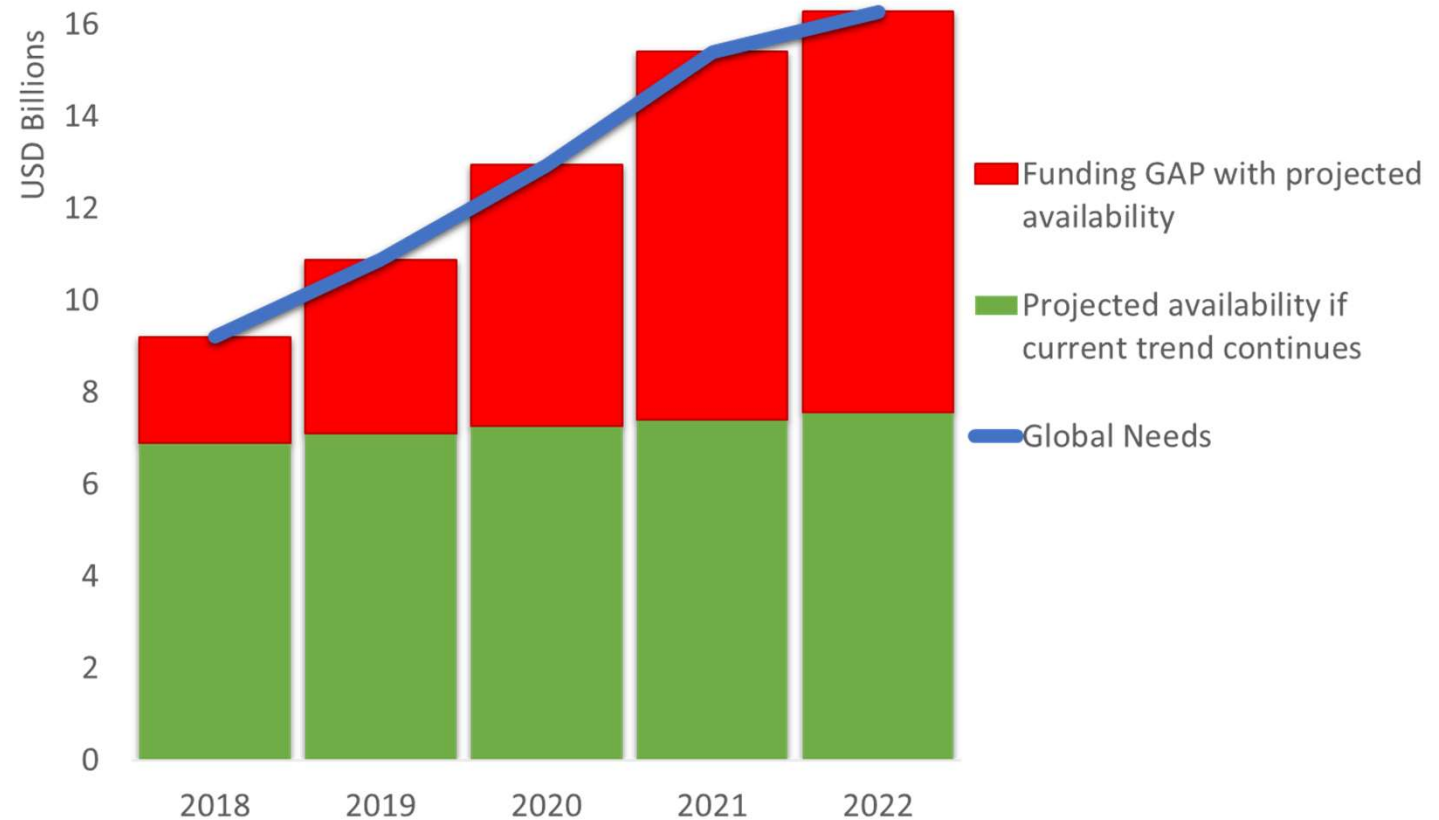
Action needed:

1. Updates in guidelines
2. Scale up contact investigation
3. Improved case finding

From <1 million to 2.6 million

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





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*