Ending Global TB 2035

Global TB Programme

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The End TB Strategy: 3 pillars and 4 Principles

PILLAR 1
Integrated, patient-centered TB care and prevention

PILLAR 2
Bold policies and supportive systems

PILLAR 3
Intensified research and innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration
Desired decline in global TB incidence rates to reach the 2035 targets

**Current global trend:** -1.5%/year

**Optimize use of current & new tools emerging from pipeline, pursue universal health coverage and social protection**

**Introduce new tools:** a vaccine, new drugs & treatment regimens for treatment of active TB disease and latent TB infection, and a point-of-care test

**-10%/year by 2025**

**-17%/year**

**-5%/year**
“Global Consultation Towards Elimination of Tuberculosis in Countries with Low Incidence of Disease”

Rome, 4-5 July 2014
**TB low-incidence countries**

Countries with < 10/100,000 TB cases/year, notified all forms cases & > 300k population

Other countries progressing rapidly or with potential to consider elimination in the future

Ref: Global TB Control Report 2013
Definitions

Low TB incidence:
- <10 notified cases (all forms)/100,000
  = (<100/million)

Pre-elimination of TB:
- <1 notified case (all forms)/100,000
  = (<10/million)

TB elimination:
- <1 notified case (all forms)/ million
Targets

<100 cases per million
Current TB burden-2013
in low-incidence countries

<10 cases per million
Pre-elimination: 2035
in low-incidence countries

<1 case per million
Elimination: 2050
Epidemiological characteristics

High incidence

- Generalised (with social gradient)
- Important community transmission
- Many incident cases from recent transmission
- Relatively high burden among young people
- Dominant public health problem
- Poorly resourced health systems

Low incidence

- Highly concentrated to risk groups
- Close to elimination in large parts of the population
- Low transmission
- Outbreaks in special groups
- LTBI relatively more important
- Migration impact
- Stronger health system but less TB visibility
Challenges for TB elimination in low-incidence countries

- TB concentrated in vulnerable and high-risk groups
- Recent transmission vs. reactivation
- Cross-border migration
- Dwindling political commitment and visibility
Vulnerable and hard-to-reach groups

Know your epidemic – where is TB concentrated?:
- The poor
- Homeless
- Prisoners
- PLHIV
- Drug addicts / alcoholics
- Migrants (which?)
- Ethnic minorities / indigenous population
- Elderly
- Health care workers
- Chronic/immunocompromising diseases and treatments

Know their risks and how to address them:
1. Risk of TB infection and disease – better prevention
2. Health care access – improve early TB detection
3. Treatment adherence/outcomes – optimize outcomes

Surveillance with case-based M&E

Research
Approach and principles

✓ Adaptation of the post-2015 Global TB strategy, and building on existing national and regional frameworks

✓ The framework builds on existing approaches, it expands their aims, and ensures they are used strategically

✓ Prioritization of interventions is based on epidemiology and health systems context
TB Elimination Framework for low-incidence countries
ACTION FRAMEWORK
8 priority actions for elimination in low-incidence countries

1. Ensure political commitment, funding and stewardship for planning and essential services of high quality

2. Address the most vulnerable and hard-to-reach groups

3. Address special needs of migrants and cross-border issues

4. Undertake screening for active TB and latent TB infection in TB contacts and selected high-risk groups, and provide appropriate treatment

5. Optimize the prevention and care of drug-resistant TB

6. Ensure continued surveillance, programme monitoring & evaluation, and case-based data management

7. Invest in research and new tools

8. Support global TB prevention, care and control
1. Ensure political commitment, funding and stewardship for planning and essential services of high quality

- Political commitment and financing
- Advocacy from civil society, communities and other stakeholders
- Central level coordination, management and staffing for training, lab capacity, drug forecasting and management, and surveillance
2. Address the most vulnerable and hard-to-reach groups

- Map TB risk groups and hard-to-reach groups
- Analyze and address access and adherence barriers
- Provide social support and protection
- Address underlying social determinants
3. Address special needs of migrants and cross-border issues

- Undertake epidemiological assessment and surveillance
- Ensure universal access to culturally sensitive health services, including social support
- Establish cross boarded collaborations
- Consider selective screening
4. Undertake screening for active TB and latent TB infection in TB contacts and selected high-risk groups, and provide appropriate treatment

- Conduct contact investigation
- Outbreak management
- Consider and prioritize other screening activities based on mapping of risk groups and assessment of benefits, risks and costs
- Monitoring for effectiveness of screening programs and policies
5. Optimize the prevention and care of drug-resistant TB

- Universal rapid drug-susceptibility testing
- Optimized treatment, care, support, and social protection
- Drug regulation and management
6. Ensure continued surveillance and programme monitoring and evaluation, and case-based data management

- Enforce compulsory notification
- Establish electronic case-based TB registry and a core set of indicators
- Use molecular epidemiology tools
- M&E framework, integration with other surveillance systems
7. Invest in research and new tools

- Mobilise financial resources for TB research
- Influence the research agenda and main institutions
- Support national and international capacity building for research
8. Support global TB prevention, care, and control

- Contribute and mobilise financial resources
- Promote global TB advocacy and visibility
- Support bi-lateral and multi-lateral collaboration and technical assistance.
ACTION FRAMEWORK available at:

Get all stakeholders involved

1. Ensure political commitment, funding and stewardship for planning and essential services of high quality
2. Address most vulnerable and hard-to-reach groups
3. Address special needs of migrants; cross-border issues
4. Undertake screening for active TB and latent TB infection in high-risk groups and provide appropriate treatment
5. Optimize prevention and care of drug-resistant TB
6. Ensure continued surveillance and programme monitoring & evaluation
7. Invest in research and new tools
8. Support global TB prevention, care and control
Many thanks to all
Proposed target for low incidence countries

90% reduction in each low-incidence country between 2015 and 2035

- In line with the global strategy target
- Equivalent to "Reaching the pre-elimination phase in all current low-incidence countries"
- Can be combined with elimination target/vision by 2050