

THE GLOBAL PLAN
TO STOP TB
2011-2015

Transforming the Fight
TOWARDS ELIMINATION OF TUBERCULOSIS

**An investment
framework for TB**

Stop TB Partnership Coordinating Board meeting
31 January-1 February 2012

Rationale for a TB Investment Framework

- The global economic crisis and need to use funds wisely and to their maximum effect
- Rising concerns regarding drug resistance and associated global risks
- The continuing evolution of the HIV/AIDS epidemic and its close association with TB
- Newly available tools and approaches (e.g., new diagnostics, active CF approaches, community mobilization)
- Need for resource mobilization advocacy to be driven by latest evidence

2015 targets for global TB control

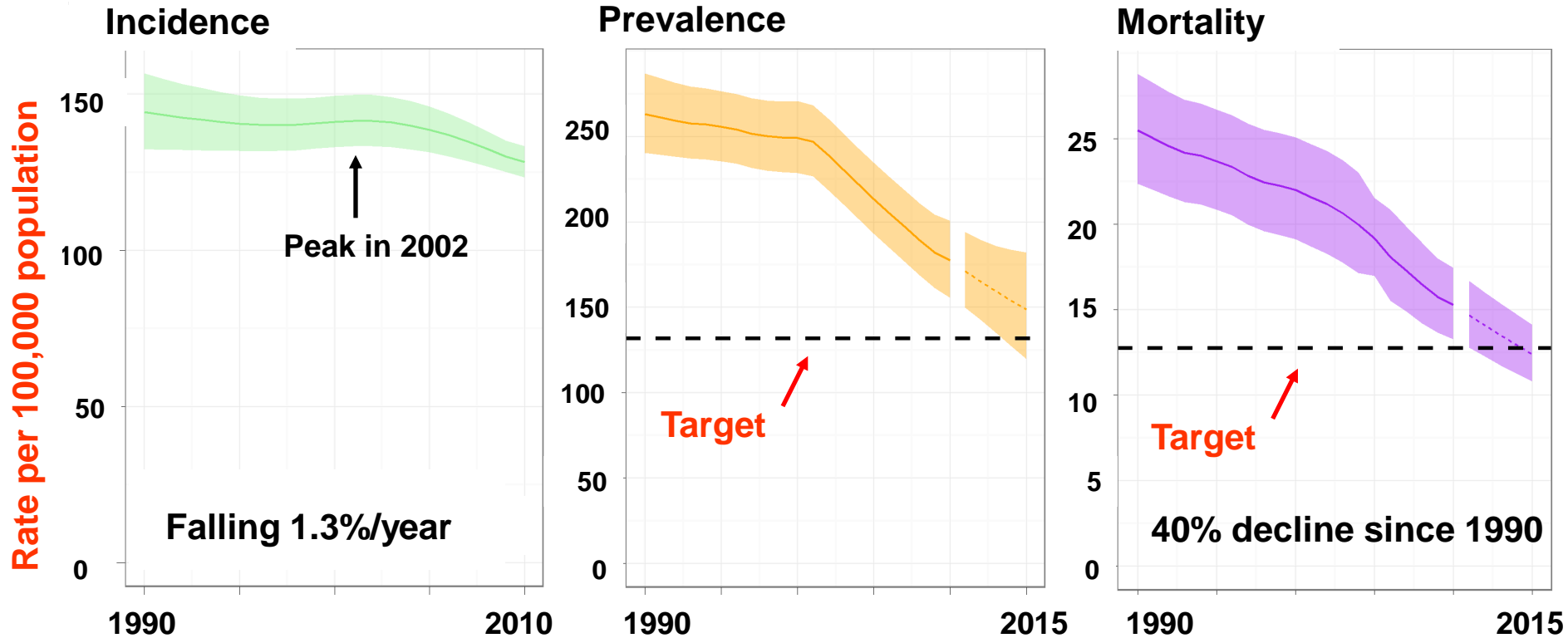


- **Halt and reverse incidence (MDG 6, Target 6.c)**



- **Halve TB prevalence and mortality rates compared with baseline of 1990**

Globally, mortality rates are down 40% since 1990; incidence is falling



THE LANCET

Tuberculosis - May, 2010

www.thelancet.com

“Proper tuberculosis care and control averted up to 6 million deaths and cured 36 million people between 1995 and 2008. Much intensified action is needed to control and ultimately eliminate the disease.”

46 million people successfully treated for TB 1995–2010

Big improvements in TB/HIV prevention and care

- 34% of TB patients tested for HIV in 2010, 59% in Africa
- 46% TB patients known to be living with HIV enrolled on ARVs, and 77% on CPT

Diagnosis and treatment of MDR-TB expanding, with case rates falling in some countries

TB funding almost doubled since 2002

Tuberculosis

TB control is highly cost-effective

Costs (US\$) per year of life saved, low- and middle-income countries

Population	Intervention	Cost per year of life saved
Patients with smear-positive TB	First-line treatment under DOTS "among the best buys in public health"**	5–50
Patients with smear-negative or extrapulmonary TB	First-line treatment under DOTS "among the best buys in public health"**	60–200
Patients with MDR-TB	18-24 months of second-line treatment under WHO guidelines	200–800
People living with HIV, infected with TB	Isoniazid preventive therapy	15–300
People living with HIV, with TB disease	First-line drugs under DOTS plus ART	100–365
People in whom TB is suspected	Diagnosis of TB using Xpert MTB/RIF as an add-on to smear	40-200
Uninfected children	BCG vaccination	40–170

****1. Jamison D et al, Disease control priorities in developing countries, 2006**

****2. Copenhagen consensus, 2008**

WHO World Health Report, 2002 – "highly cost-effective" if cost per year of life saved < per capita GDP

There are ambitious targets for better TB care & control by 2015

DOTS/lab strengthening

INDICATOR	TARGET
Number of countries with ≥1 smear microscopy lab per 100 000 population	149 (All countries in plan)
Patients notified + treated	6.9 million
Treatment success rate	90%

TB/HIV

INDICATOR	TARGET
TB patients tested for HIV	100%
HIV+ TB patients on CPT	100%
HIV+ TB patients enrolled on ART	100%

MDR-TB/lab strengthening

INDICATOR	TARGET
Number of 22 HBCs and 27 MDR-TB HBCs with ≥ 1 culture lab per 5M and ≥ 1 DST lab per 10M population	36/36
Previously treated cases tested for MDR	100%
New cases tested for MDR	20%, all at high-risk
MDR-TB patients treated following WHO guidelines	100% , or ~ 270 000

*CPT, cotrimoxazole preventive therapy
ART, antiretroviral therapy

There are also ambitious targets for 2015 for R&D

New Diagnostics

- Point-of-care tests that can be used in health centres to:
 - diagnose active TB
 - diagnose latent TB infection and predict risk of progression to TB disease
 - detect drug resistance

New Drugs

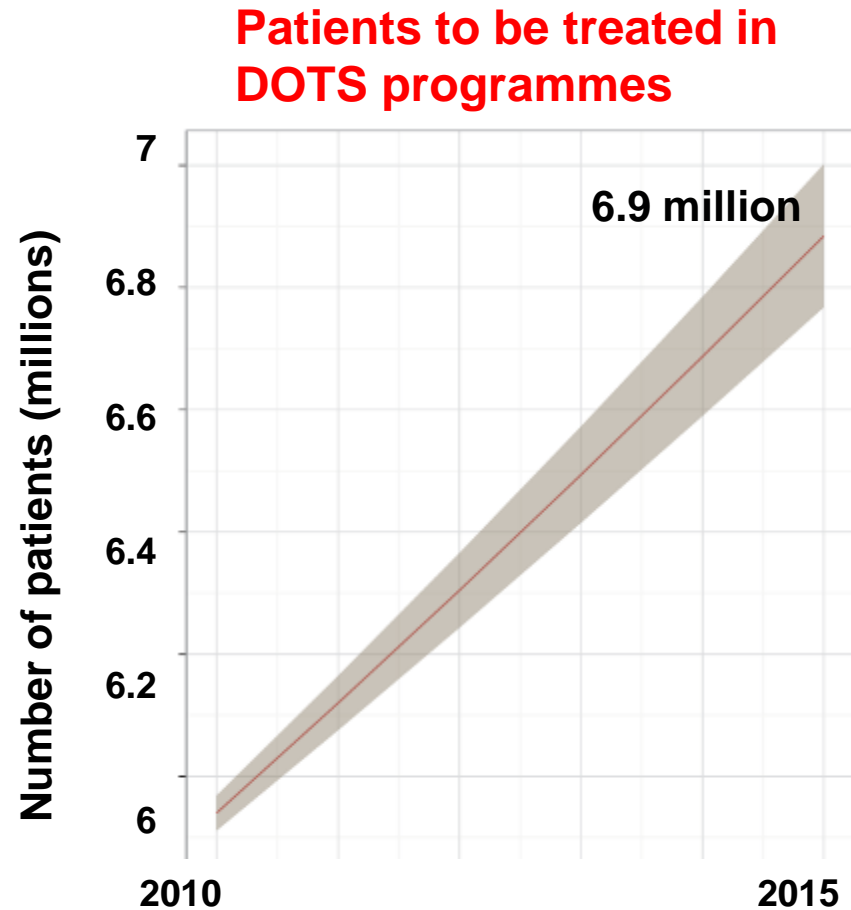
- 4-month TB treatment regimen for drug-susceptible TB
- At least one new drug on the market to treat drug-resistant TB
- Safer, higher-efficacy regimen to treat latent TB infection

New Vaccines

- 4 TB vaccine candidates in Phase III clinical trials for safety and efficacy

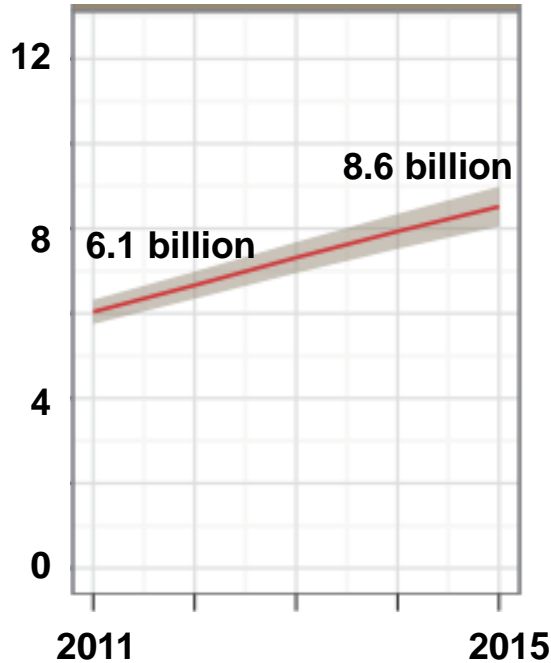
We have estimates of the scale-up required to reach 2015 targets

Indicator	Baseline	Target
TB Patients notified + treated	5.8 million in 2010	6.9 million
Treatment success rate	87% in 2009	90%

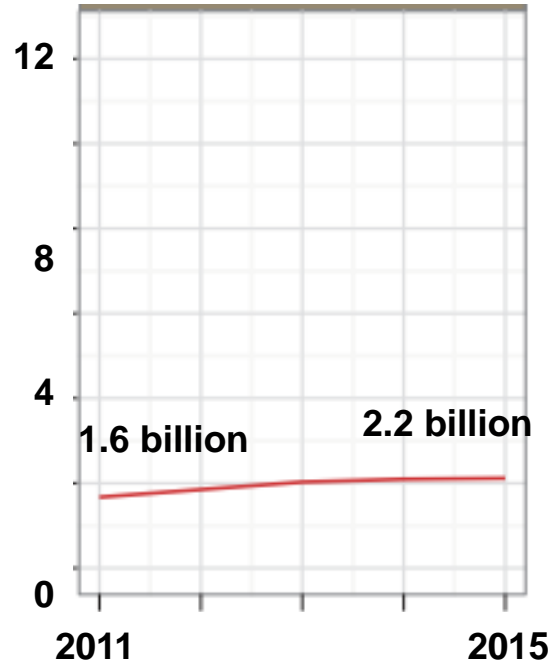


We have estimates of funding needs

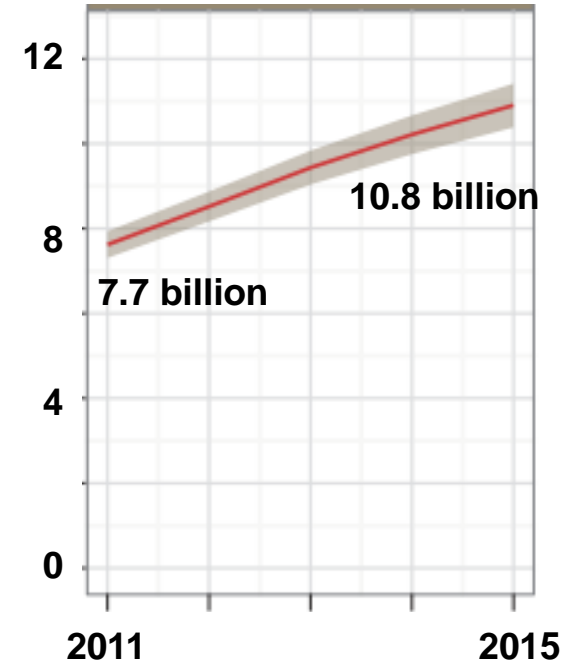
Implementation



R& D

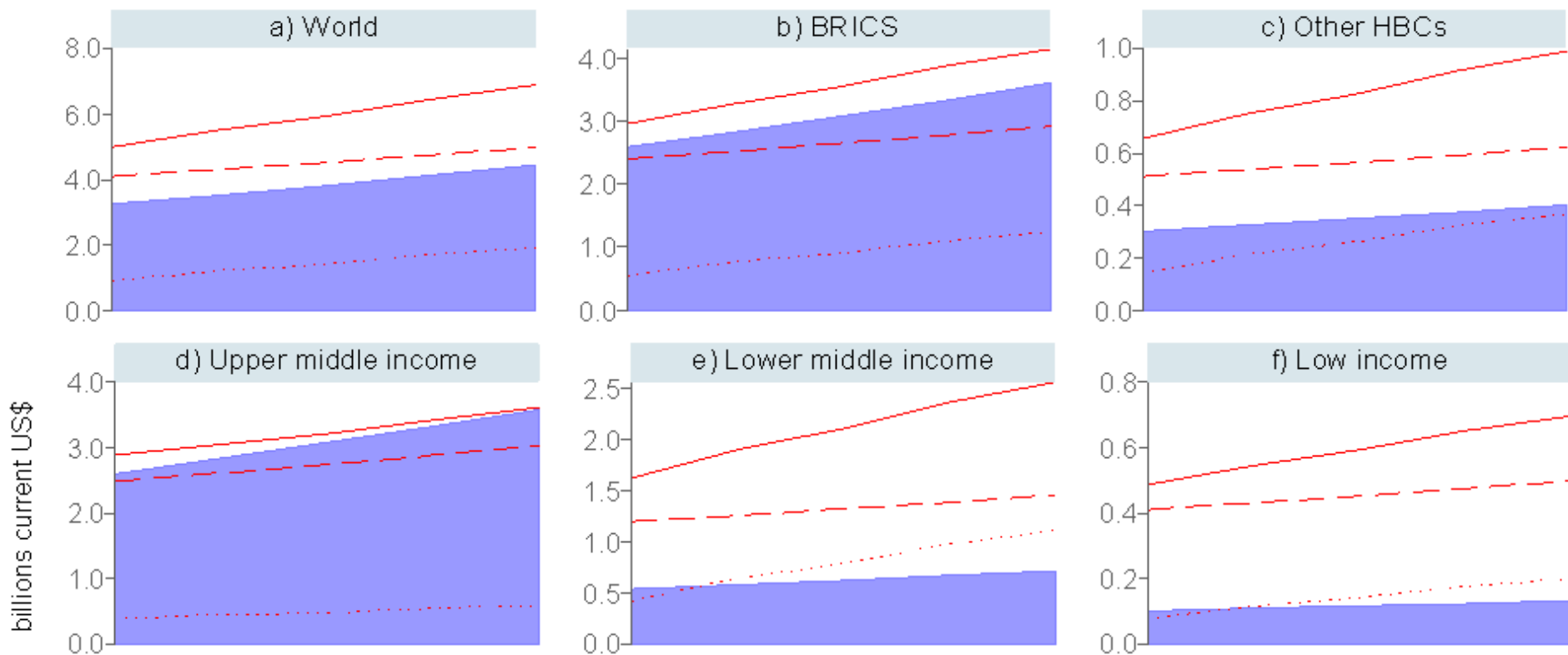


Total



Total funding needed: US\$46.7 billion 2011–2015

And there are estimates of funds that can be raised from domestic sources – this is one scenario for DOTS and MDR-TB



- Funding required for DOTS and MDR-TB
- - - Funding required for DOTS
- ... Funding required for MDR-TB
- Funding forecast to be available from domestic sources*

Returns on investment by 2015

DOTS

- 32 million people with TB diagnosed and treated
- 28 million successfully treated

MDR-TB

- 7 million people tested for MDR-TB
- 1 million cases treated according to international guidelines

TB/HIV

- 30 million TB patients tested for HIV
- 4 million HIV+/TB patients enrolled on CPT and ART

- 14 million lives saved
- Falling TB incidence globally and in all WHO regions
- Mortality reduced by 50% versus 1990

2011-2015 returns on TB investment

	Cost/Returns
Total investment in TB control	US\$36.9 billion
Lives saved	~14 million
Life years gained	~ 280 million
Cost per life year gained	~ US\$130

NB: in HIV 2011-2020 investment framework, 7.4 million lives saved, 29.4 million life years gained over 10 years, for additional investment of US\$46.5 billion and cost per life year gained of about US\$ 1,000

Vision to 2020: Noting the epi dynamics, innovations and implementation opportunities and risks

Current trends: using current strategy what are trends projected beyond 2015?

- Initial projections

**Epidemiological trends analysis and “epidemics mapping”:
What are we learning from the TB prevalence surveys and improved data**

- Underway by WHO and the Global Impact Measurement Task Force

& Implications of implementation innovations and new technologies for a revised Stop TB Strategy and future targets beyond 2015 & Global Plan post-2015

- Strategy revision and targets-setting process planned for discussion with STAG-TB, TBP , regions, EB,/WHA?

Vision to 2020: Some innovations to be included in post-2015 forecasting

- 1. Active case finding among contacts, clinical risk groups and risk populations**
- 2. Shortened treatment duration**
- 3. Introduction new diagnostics / point of care tests**
- 4. Preventive treatment**
- 5. Community engagement**
- 6. Introduction of new drugs for MDR and DS TB**

Promoting current investment framework & preparing the next

Steps	Timeline
-Summary paper on GP 2011-2015 and vision towards 2020; & Advocacy document	Spring 2012
STAG-TB discussion on epi analysis; strategy & targets development process; TBP subgroup around STAG-TB	June 2012
Discussion of draft post-2015 investment framework in TBP	Fall CB meeting 2012
Endorsement by CB; EB & WHA	WHO EB ?, Spring CB 2013 and WHA