

Progress, challenges and catch-up needed to reach the UNHLM targets

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Stop TB Partnership, Geneva

18 November 2020

Stop TB Partnership

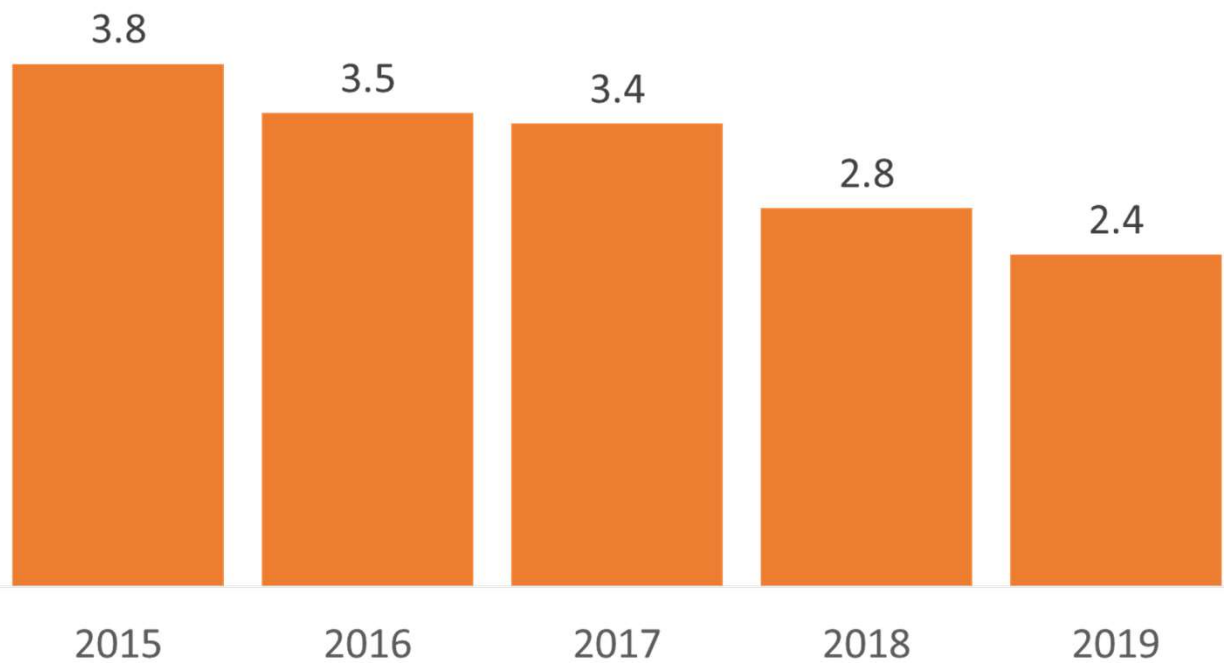


hosted by UNOPS



Unprecedented decline in missing people with TB in the last few years

Missing people with TB in 30 HBCs (in millions)

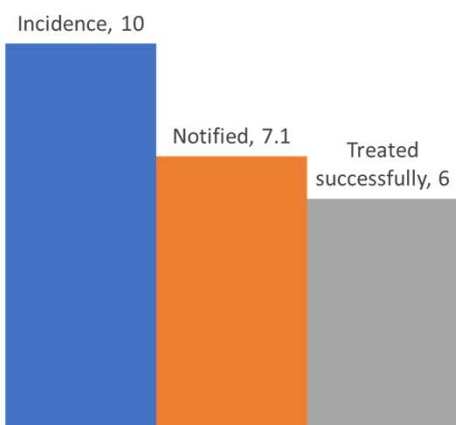


Missing people with TB in 30 High Burden Countries declined by **1.4 million** between 2015 and 2019

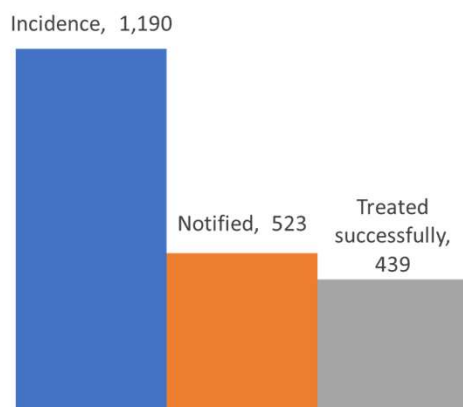
30 HBCs account for over 80% of global TB burden

Source of data: publicly available data from WHO
Missing people is the gap between estimated incidence and notification of TB

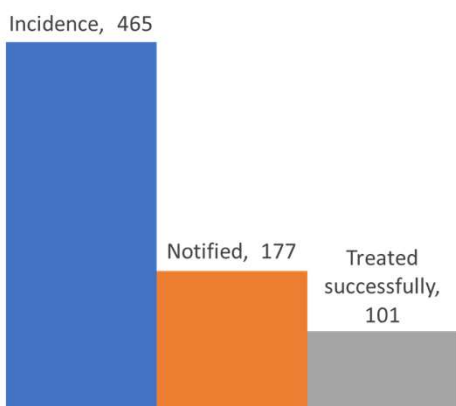
TB in 2019 – figures in millions



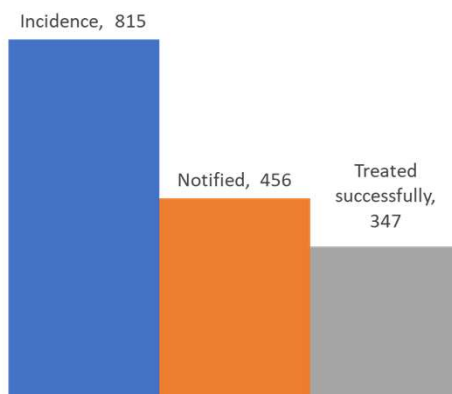
TB in Children in 2019 – figures in thousands



MDR/RR-TB in 2019 – figures in thousands



TB in PLHIV in 2019 – figures in thousands



Missing people with TB have decreased in last few years

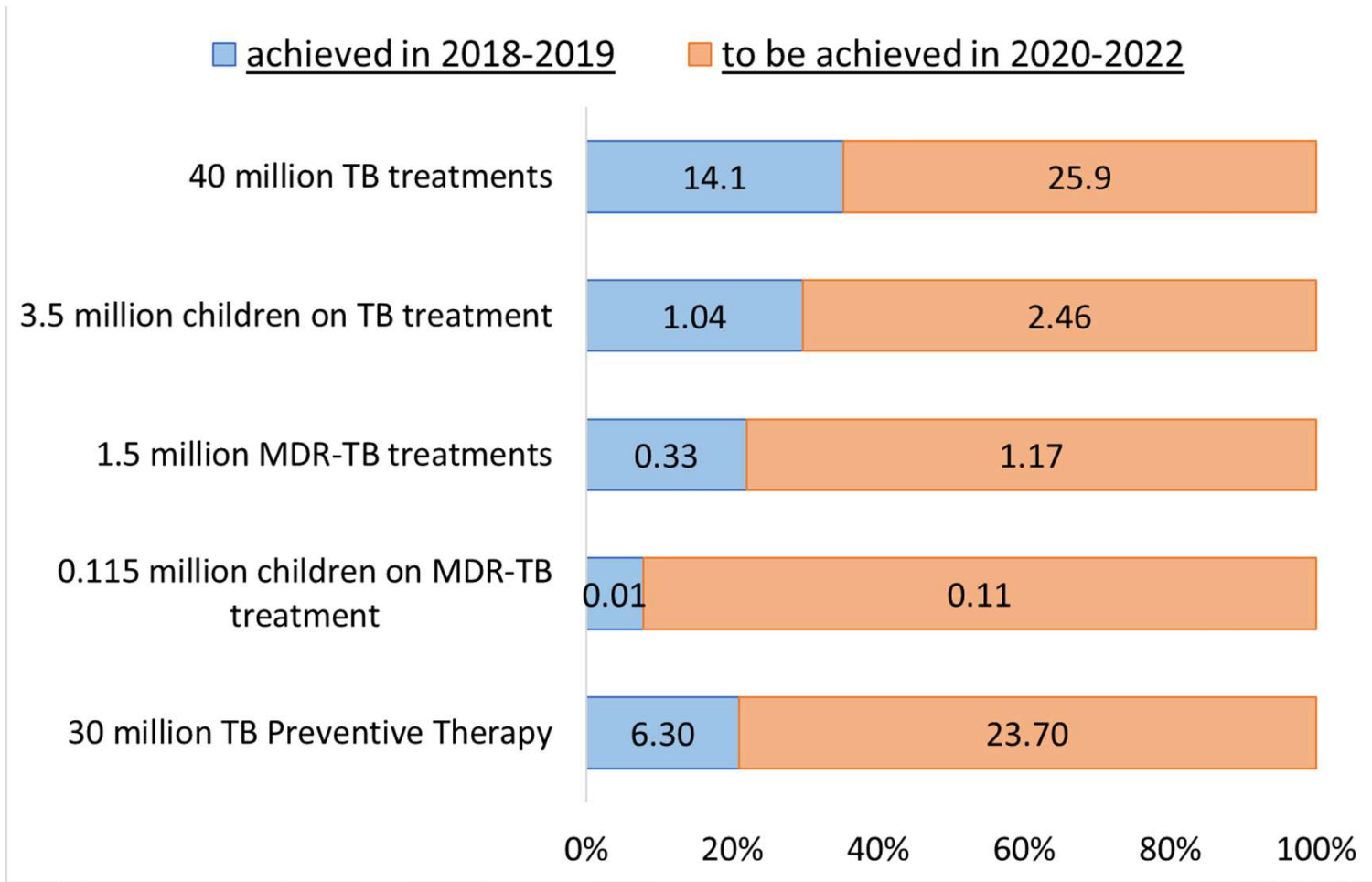
But still too many people are missing

Missing people:

- 29% TB
- 56% TB in children
- 62% MDR/RR-TB
- 44% TB in PLHIV

Source: publicly available data from WHO

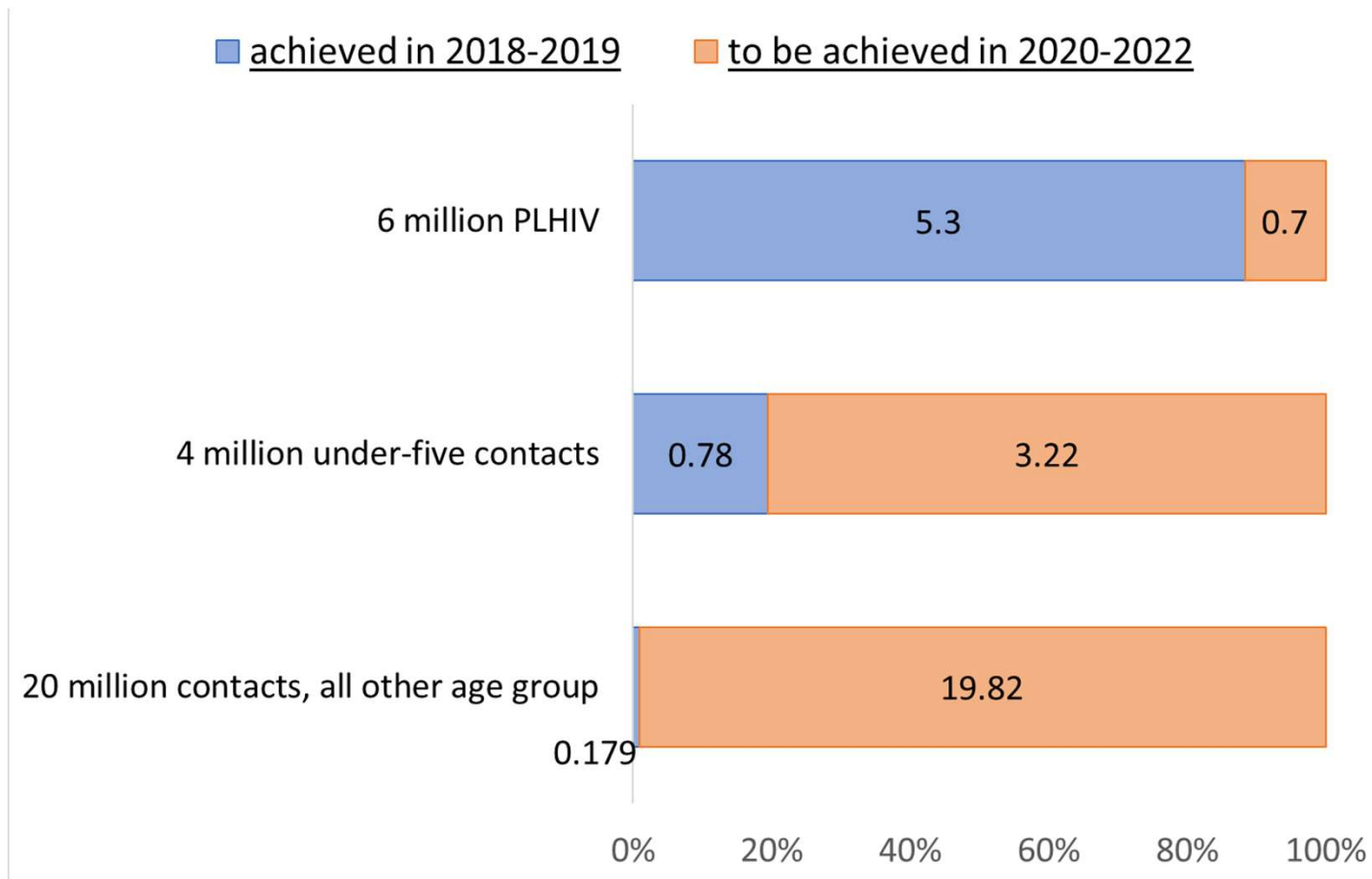
Progress in **2018-2019** against UNHLM global cumulative targets for **2018-2022**



**Good progress
but not enough
to reach UNHLM
targets at global
level**

Data source:
 • Targets: UNHLM on TB 2018, Political Declaration
 • Achievements: WHO Global TB Report 2020

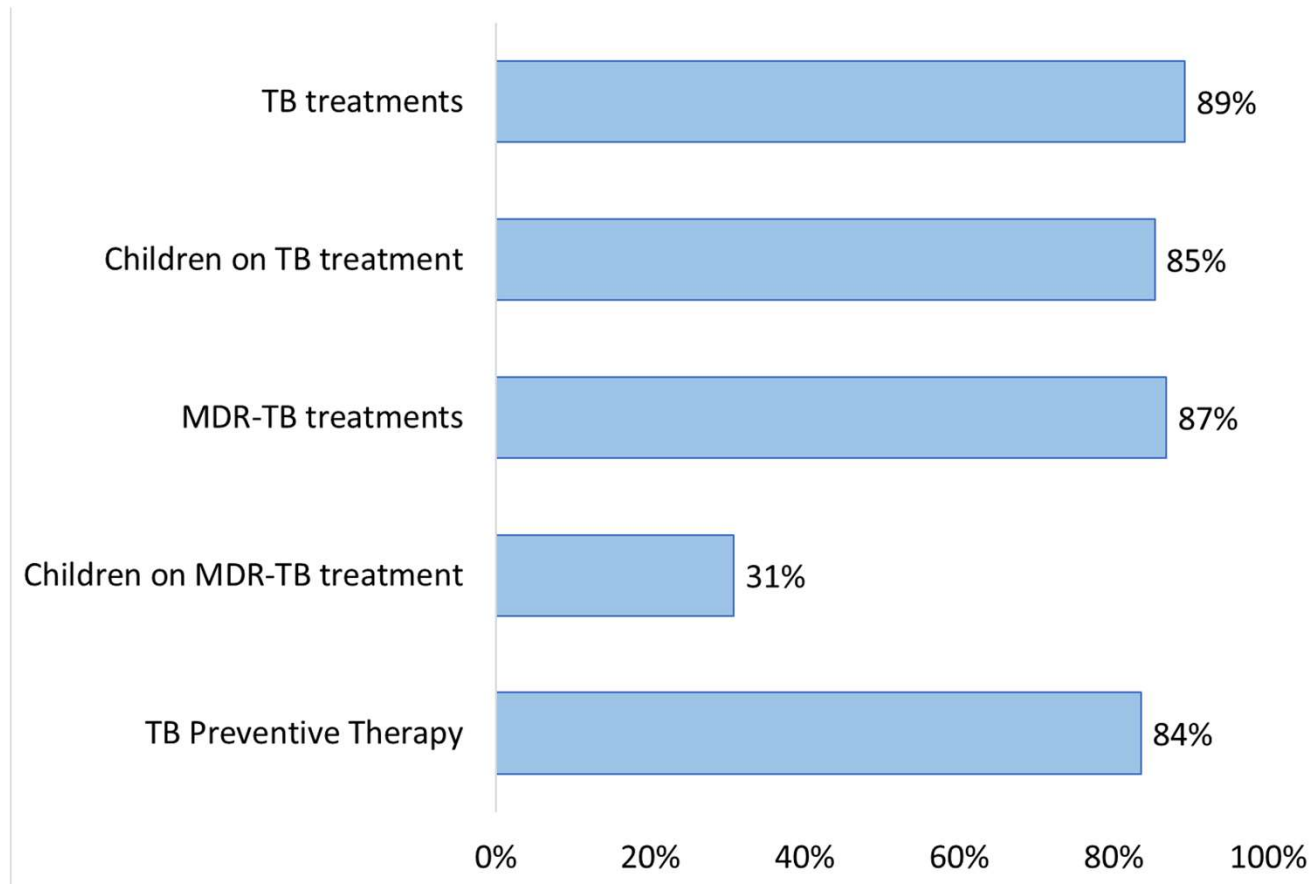
TB Preventive Therapy: progress 2018-2019 against UNHLM global targets 2018-2022



We are leaving behind contacts!

Data source:
 • Targets: UNHLM on TB 2018, Political Declaration
 • Achievements: WHO Global TB Report 2020

Percentage of 2018-2019 UNHLM global targets achieved



Good progress on most targets but not enough to be on track

More attention needed for Children with MDR-TB

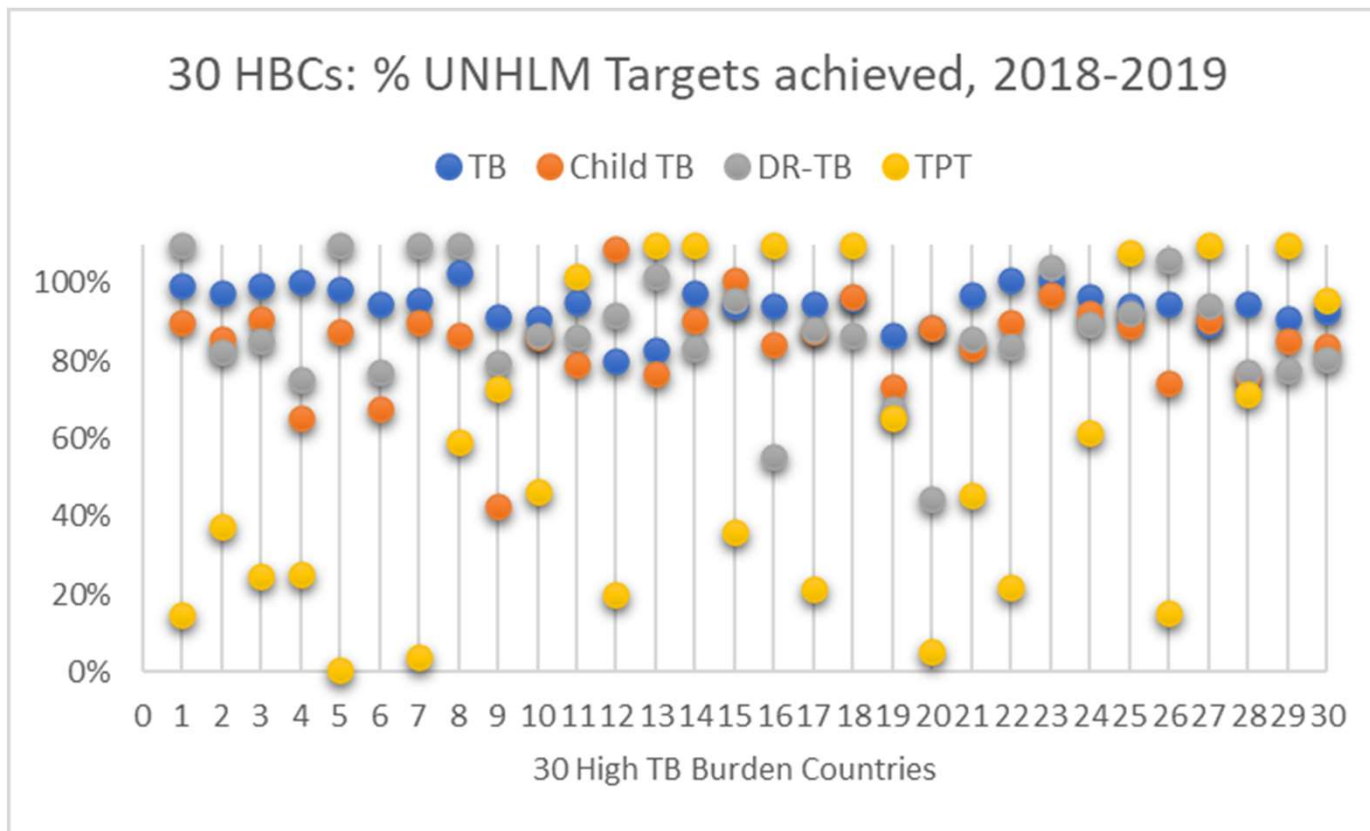
Data source:

- 2018-2019 Targets: <http://stoptb.org/resources/countrytargets/>
- Achievements: WHO Global TB Report 2020

Note:

- For children on MDR-TB treatment, year-wise targets were not established. For this graph, the target for 2018-2019 is assumed as the same proportion of the 5-year target as that of MDR-TB treatments for all age groups.

30 High TB Burden Countries (HBC): % UNHLM treatment targets achieved in 2018-2019



Aggregate for 30 HBCs:

- TB 93% (80%-103%)
- Child TB 85% (43%-109%)
- DR-TB 87% (45% to >100%)
- TPT 101% (1% to >100%)

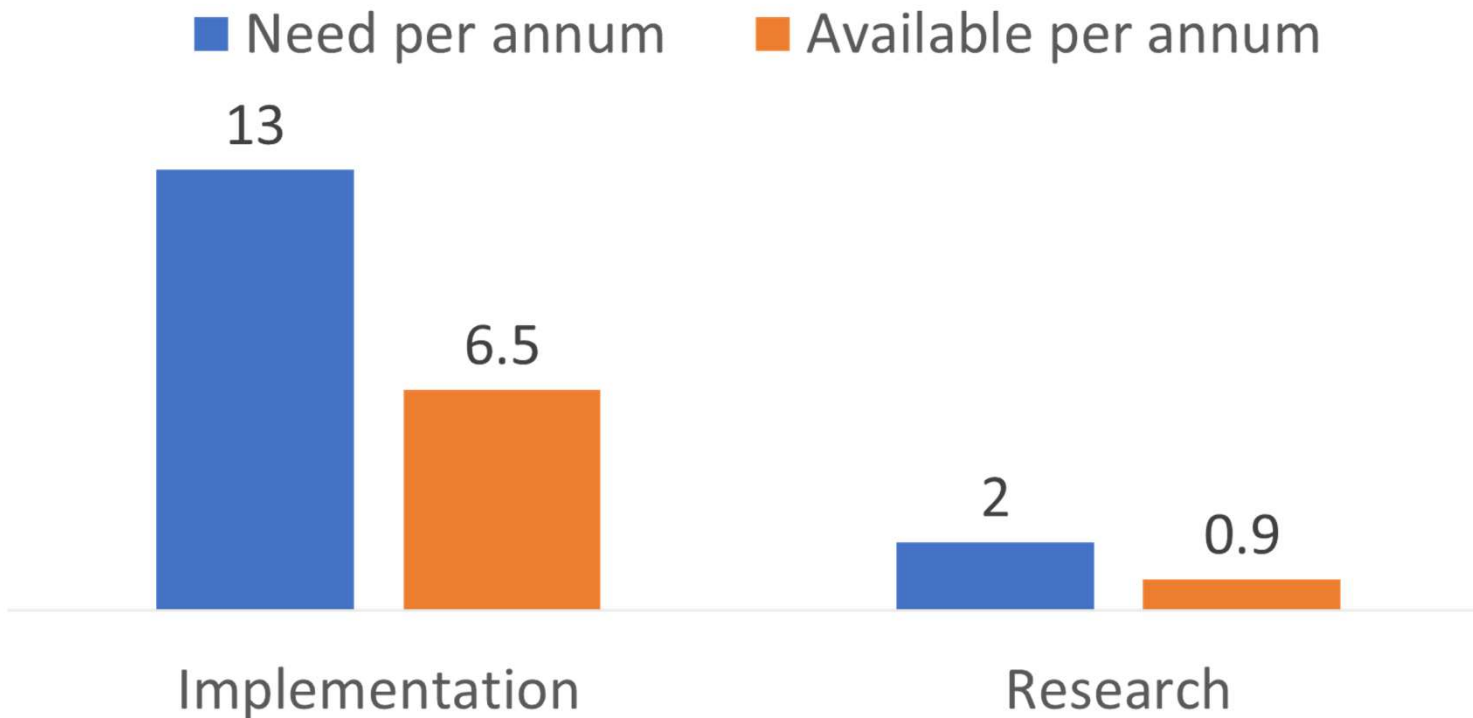
Data source:

- 2018-2019 Targets: <http://stoptb.org/resources/countrytargets/>
- Achievements: WHO Global TB Report database, publicly available

Note:

- For TB treatment, all new and retreatment notifications are included
- For DR-TB, all MDR/RR-TB initiated on treatment are included
- Any figure exceeding 110% is shown in the graph as 110%

Available TB financing verses UNHLM commitment (in USD billions)



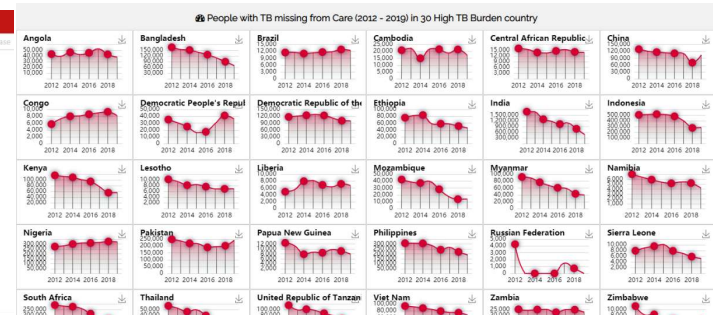
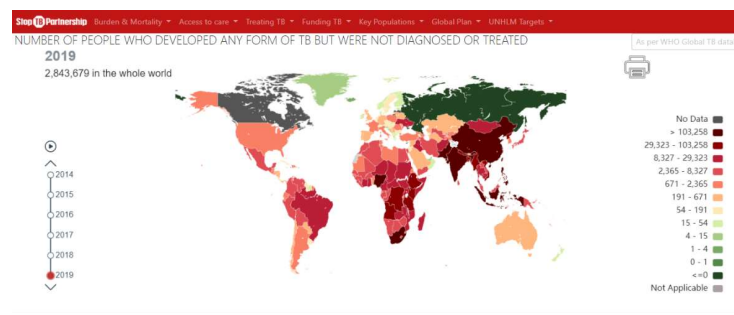
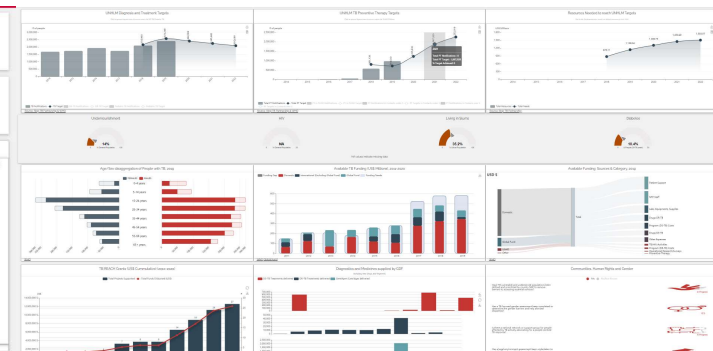
How can 100% UNHLM treatment targets be achieved with 50% funding missing?

Data source: WHO (for implementationon funding); TAG-Stop TB Research Funding Report

Stop TB work on monitoring UNHLM and Global Plan targets

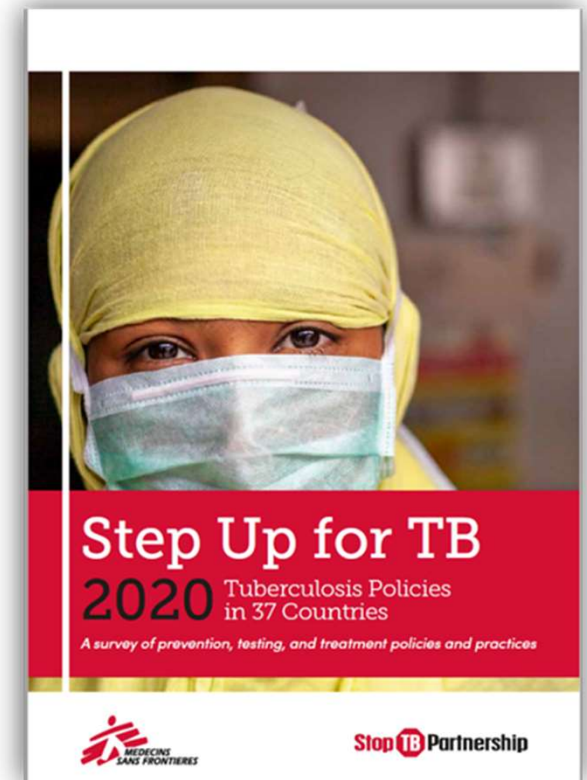
- Country dashboards, interactive maps and infographics

- Reports
 - Step-up for TB
 - Research Funding
 - Governance of TB responses
 - Civil society report on UNHLM



TB Policies in Countries: **Step Up for TB (SUFT) Report 2020**

- Are countries incorporating the most up-to-date science into national TB policies?
- **37** countries surveyed
- Policies assessed in **4** areas:
 - diagnosis,
 - treatment,
 - prevention and
 - procurement of medicines
- Total of **77** policy indicators, 14 of them highlighted as key
- Collaboration between **Stop TB Partnership and MSF**
- 4th report in the series – previously called Out-of-step Report



SUFT Report Key Findings on Policies

Diagnosing TB

- **>3/4** countries have **rapid molecular tests as initial test**, but many restrict use
- **1/3** countries have **LAM** for TB testing in PLHIV
- Most have **DST** for key drugs, but **1/4** have it for all drugs

Treating TB

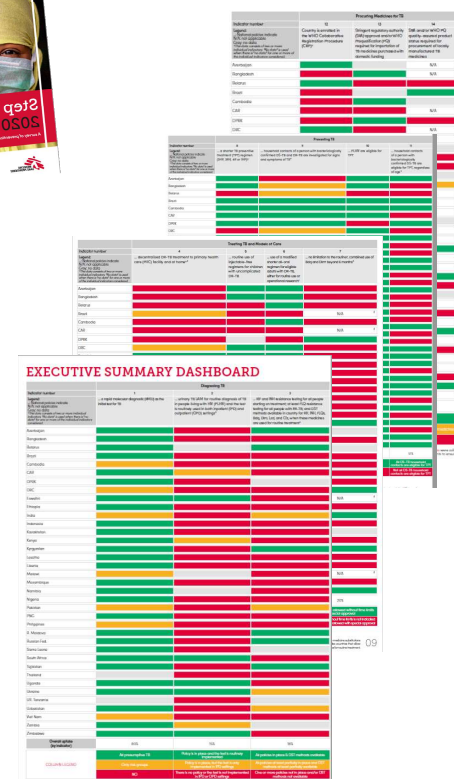
- **>3/4** countries have **updated guidelines** to include new recommendations for **DR-TB**
- Almost **all** have **longer all-oral DR-TB regimen** and **>1/2** have **shorter all-oral**
- Almost **half still use injectables**
- **Most** countries **still to adopt person-centred decentralized models** of care for DR-TB

Preventing TB

- **Half** of the countries don't include household **contacts >5 years** as eligible for TPT
- **2/3** have **shorter regimen** for TPT
- Many country policies are **unclear on LTBI testing**

Procuring medicines

- **Half** of the countries **meet international PQ standard** for importation and **1/3** meet for **local procurements**
- Over **half** are enrolled in WHO Collaborative Registration Procedure



Other Reports

Research Funding Report

2020 Report will be launched on **8th Dec 2020**

Annual report on funding available for TB R&D

Collaboration with TAG

Report on Governance of TB Responses

First report of its kind

To be published in Dec 2020

Governance assessed under 4 themes:

- Transparency
- Inclusiveness
- Legal framework
- Efficiency & effectiveness

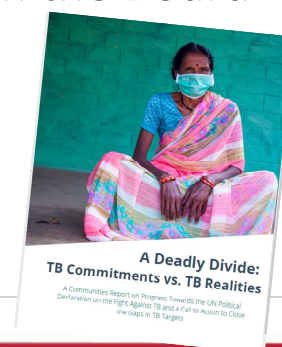
Civil Society Report on UNHLM

“A Deadly Divide: TB Commitments Vs. TB Realities”

Community led, first of its kind in TB

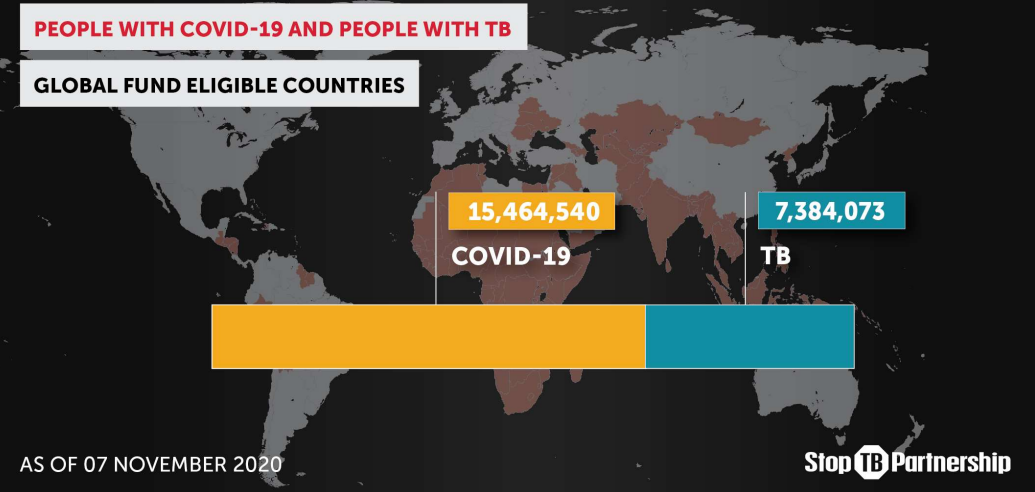
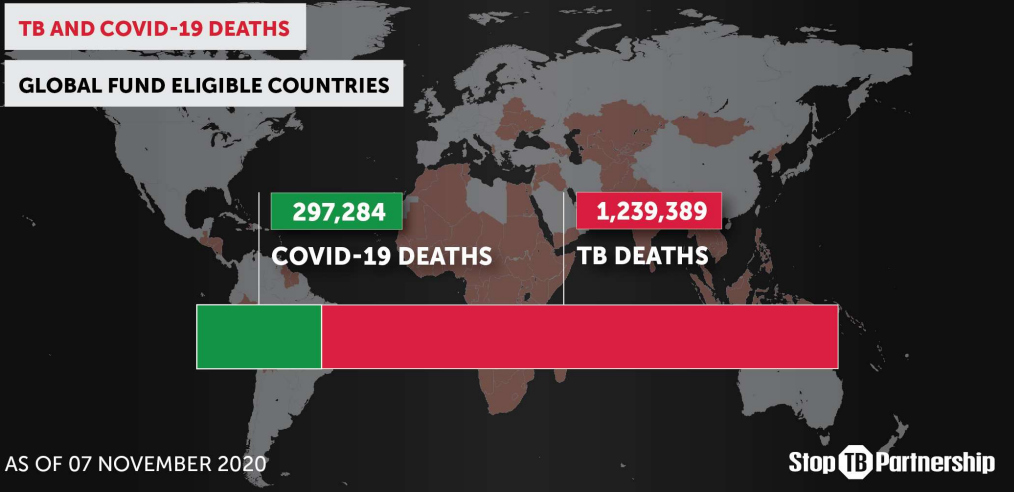
To be launched later in Nov 2020

More about this report in the Board communities session



Double pandemic of respiratory infectious killers

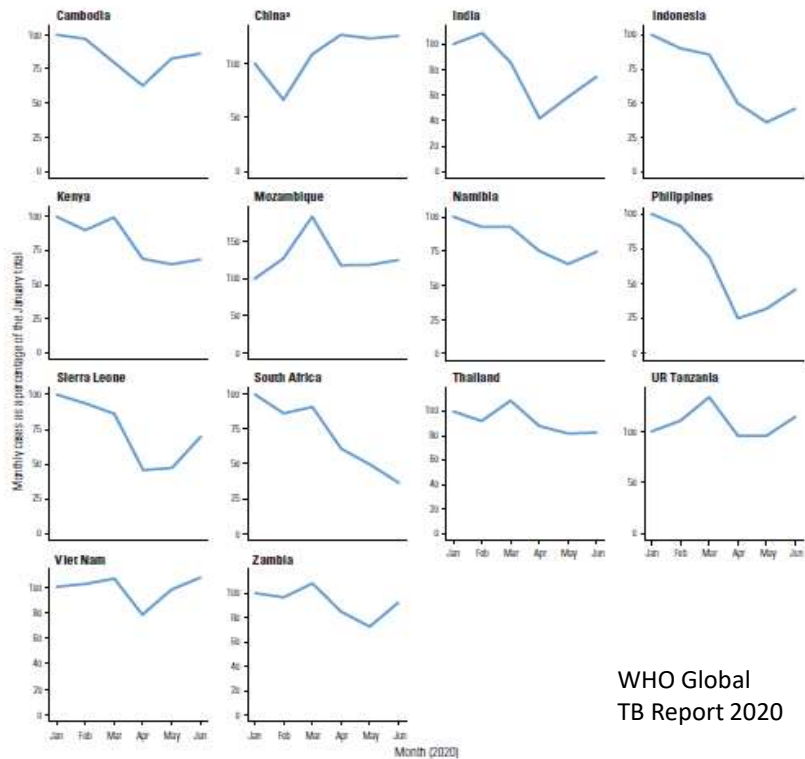
In Global Fund eligible countries TB deaths far exceed Covid deaths



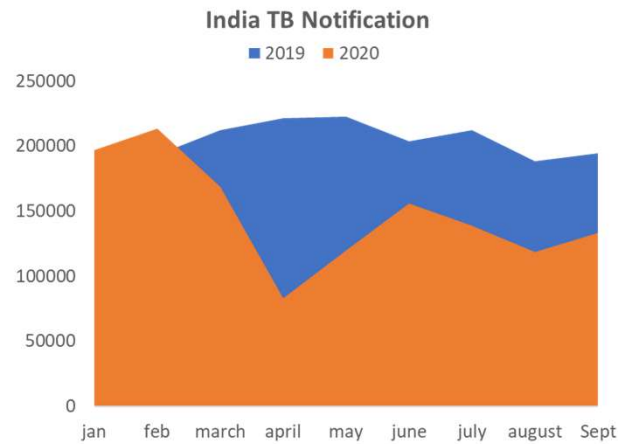
<http://stoptb.org/covid19maps.asp>

Covid-19 pandemic impact on 2020 TB notification: Increase in missing people with TB

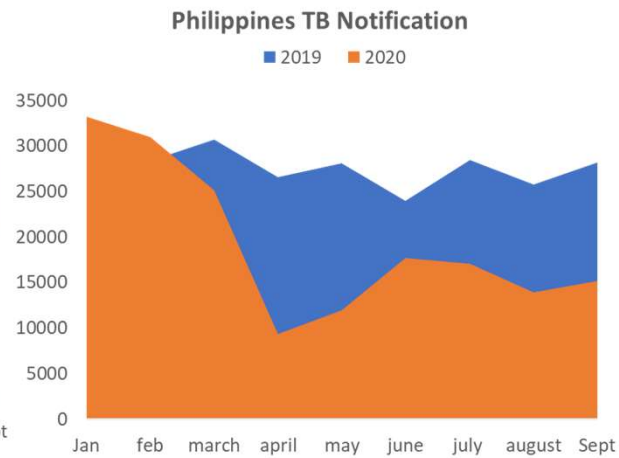
Trends in monthly notifications of TB cases from January–June 2020, 14 high TB burden countries
Data are shown for countries that were able to report provisional national numbers for all six months to WHO in August 2020.



* Data for China were extracted from monthly reports of notifiable diseases published by the National Health Commission. Notifications of TB cases drop every year in January and February, associated with national holidays during the Chinese Spring Festival.



India live data portal
<https://reports.nikshay.in/Reports/TBNotification>



Philippines monthly data portal
<http://racetb.doh.gov.ph/#!/layouts/dashboard-fullview.html>

Potential Impact of Covid-19 Response on TB in High Burden Countries – A Modelling Analysis

- *Stop TB Partnership*
- *Imperial College,*
- *Avenir Health,*
- *Johns Hopkins University*
- *USAID*

Summary results – at global level

- Scenario of 3 months lock down and 10 months restoration:
 - Between 2020 and 2025:
 - Additional **6.3 million** people will develop TB
 - Additional **1.4 million** people will die of TB
- Setback of at least **5 to 8 years** in the fight against TB
 - TB incidence levels per unit population will increase to the levels seen 5 to 8 years ago
- Each month of extra lockdown and extra restoration time will result in more people developing TB and more TB mortality

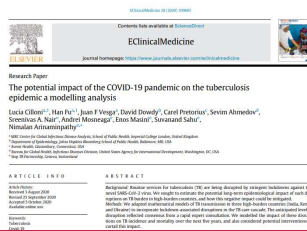
Stop TB Partnership 5 May 2020

Developed by Stop TB Partnership in collaboration with Imperial College, Avenir Health, Johns Hopkins University and USAID.

THE POTENTIAL IMPACT OF THE COVID-19 RESPONSE ON TUBERCULOSIS IN HIGH-BURDEN COUNTRIES: A MODELLING ANALYSIS

BACKGROUND AND AIM
The global response to COVID-19 has slowed the spread of the virus for now but is continuing to cause serious, short and longer term, disruptions to the programmes for other major diseases. For tuberculosis (TB) in particular, lockdowns on society are already showing signs of severely curtailing diagnosis and notifications (1) and potentially the availability of drugs (2). A modelling study was therefore developed, to address the following questions:

- What is the potential impact of short-term lockdowns on TB incidence and mortality over



http://stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf
[L. Cilioni et al. / EClinicalMedicine 28 \(2020\) 100603](https://doi.org/10.1016/j.eclinm.2020.100603)

TB COMMUNITY PERSPECTIVES



75% OF ADVOCATES FROM GLOBAL FUND ELIGIBLE COUNTRIES

reported a decrease in TB testing during the pandemic

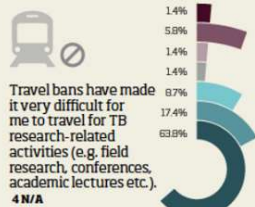
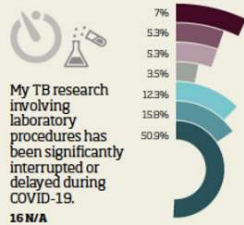
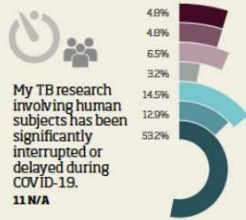


73%

reported people with TB to be facing significant challenges accessing treatment and care

● Strongly disagree ● Disagree ● Somewhat disagree ● Neither agree or disagree ● Somewhat agree ● Agree ● Strongly agree

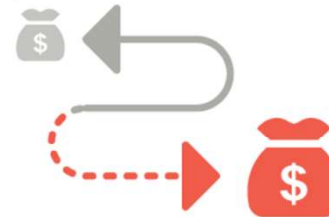
IMPACT ON TB RESEARCH



ADVOCATES

53% FROM GLOBAL FUND IMPLEMENTING COUNTRIES

said funding for TB was **diverted** to the COVID-19 response



51% said donor support for TB had decreased



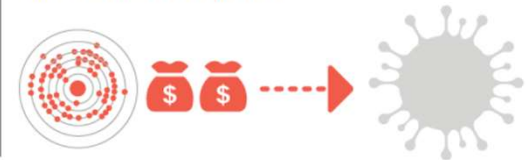
All groups called strongly for additional funding and increased resources to respond effectively and safely to both COVID-19 and TB.



POLICY AND PROGRAM OFFICERS

65% FROM GLOBAL FUND IMPLEMENTING COUNTRIES

said funding for TB was being **diverted** for the COVID-19 response

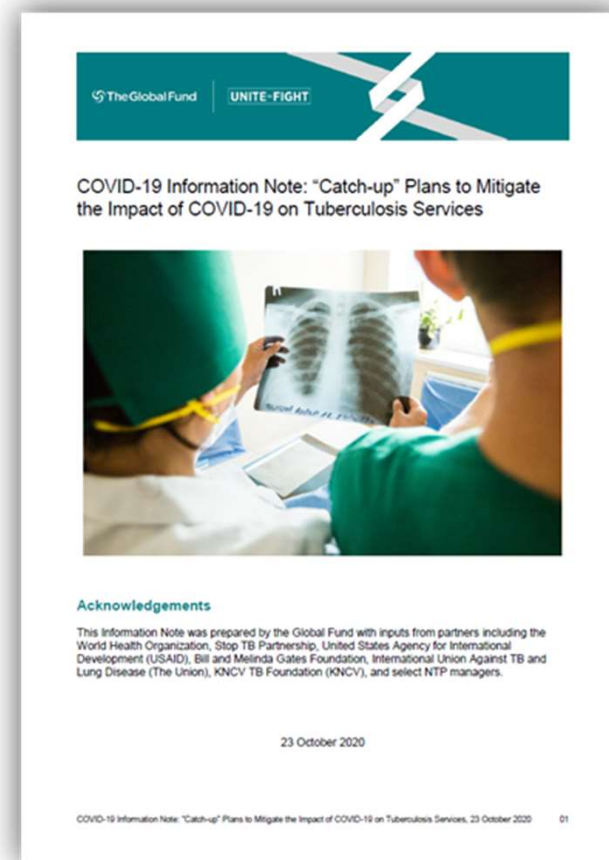


What is needed? “CATCH-UP Plan development and implementation”

- **Reverse** as much of the losses in diagnosis and treatment of TB to pre-COVID levels in 2021
- **Accelerate** TB diagnosis and treatment to reach UNHLM targets by 2022
- **Re-model** TB programming in the COVID-19 situation

Approach

- Protect and increase financing for TB
- Surge up multi-month TB Campaign
- Use innovative approaches and new tools to restore and scale up diagnosis, treatment and prevention



Lessons from Covid-19 to build back better TB responses

- Real-time disaggregated data to guide action
- Unprecedented scale up of testing and tracing
 - Opportunity for integrated/bi-directional TB and Covid testing and tracing
 - Common testing technologies – molecular tests, a.i.-based imaging
- Airborne infection control, masking and social distancing
- Virtual care, home-based and community-based treatment
- Accelerated research and development

Conclusion

- Good progress in 2018-2019, but not sufficient to be on track
- Covid-19 pandemic in 2020 is a huge setback, reversing progress
- Catch-up needed:
 - to get back to pre-covid stage and
 - to accelerate further to be on track to reach UNHLM targets

Thank you

