

Global Plan to End TB

THE PARADIGM

SHIFT → 2016-2020

EXECUTIVE SUMMARY

Stop TB Partnership

a partnership hosted by United Nations at  **UNOPS**

**→ END
TB**

The UN Sustainable Development Goals (Global Goals) and the End TB Strategy aim to end tuberculosis (TB) within a generation and boldly challenge the global health community to demonstrate greater urgency and ambition.

People across the world are aligning behind this global movement to end TB once and for all. However, without a dramatic change in how we respond to the disease, these targets will not be achieved in 150 years, let alone by 2030.

The number of people becoming ill with TB each year has declined by just 1.5% annually over the past 15 years. This rate of decline is unacceptably slow for a preventable, curable disease, and must increase dramatically by 2020 to put the world on track to end TB. Moreover, TB has now the unenviable title of being the world's leading cause of death from an infectious disease. In addition, TB continues to be the leading killer of people with HIV, responsible for one in three HIV-related deaths. We should not, and must not, accept this.

Through our inaction, TB has mutated into drug-resistant forms that are exceedingly difficult and expensive to diagnose and treat. Drug-resistant TB is an ongoing global crisis, described by some as "airborne cancer". Unfortunately, this is widely overlooked by governments, despite the fact that it is overwhelming national health systems and budgets.

We must focus on prevention in addition to treatment.

To accomplish this, the global community must urgently take coordinated and bold action in the next five years. The Global Plan outlines a set of three new, ambitious targets – 90-(90)-90 – to guide country plans to aggressively scale up efforts to end TB. These targets are inspired by the commitment expressed by BRICS Health Ministers in their 2014 Declaration, as well as by the UNAIDS targets for HIV and AIDS.

To end TB, we need to shift the paradigm from barely controlling the epidemic to ending it altogether.

THE 90-(90)-90 TARGETS:

Reach at least

90%

OF ALL PEOPLE WITH TB

and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required

As a part of this approach, reach at least

(90)%

OF THE KEY POPULATIONS

the most vulnerable, underserved, at-risk populations

Achieve at least

90%

TREATMENT SUCCESS

for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.

These targets put the focus where it matters the most: on people with TB. Of the nearly 10 million individuals who get sick with TB each year, nearly 4 million people are consistently missed by health systems. They do not receive effective treatment and can infect up to 15 people among their chil-

dren, families and community each year. Finding and treating all of them is essential if we are to bring about the unprecedented rate of decline in TB that has not been seen since the Second World War, but will be necessary to end the disease.

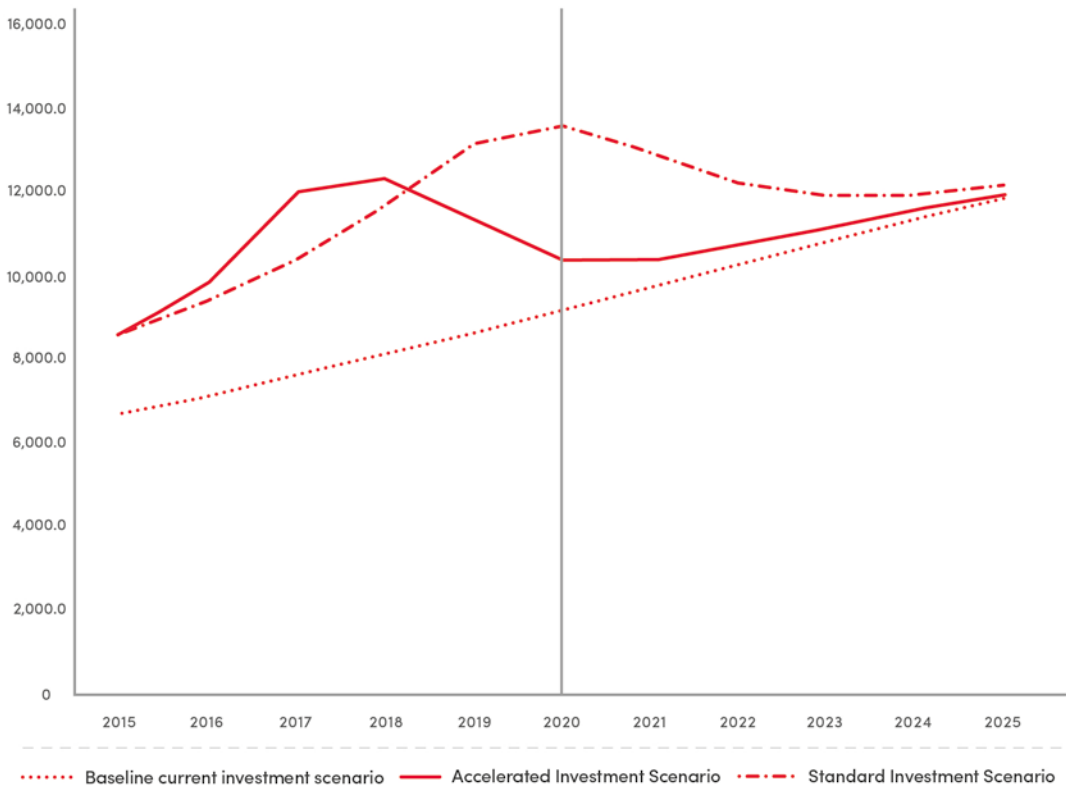
The impact of investing in the Global Plan targets

The Global Plan lays out two scenarios for scaling up investments to achieve the 90-(90)-90 targets: standard and accelerated. Under both investment scenarios the 2020 End TB milestones will be achieved.

The accelerated scenario will require upfront aggressive investments with less total funding over five years and enhanced impact. The standard scenario, on the other hand, would require more funding over five years and would achieve less impact.

The Global Plan strongly underlines that the End TB targets will be missed if current efforts continue without a paradigm shift.

RESOURCE NEEDS (IN US\$ MILLIONS): STANDARD AND ACCELERATED INVESTMENT SCENARIOS COMPARED WITH BASELINE CURRENT INVESTMENT SCENARIO.



Under the accelerated investment scenario, up to 29 million people will be treated for TB, 10 million lives will be saved and up to 45 million people will be prevented from having TB. Furthermore,

investing in this scenario gives one of the highest returns on investment of any health intervention. The return on investment is US\$ 85 for each dollar invested.

RETURN ON INVESTMENT:

29
million | PEOPLE
TREATED

10
million | LIVES
SAVED

45
million | CASES
PREVENTED

US\$ **56**
billion | RESOURCES
NEEDED

US\$ **85** | RETURN OF
INVESTMENT
per US\$ spent

Given the huge numbers of lives that can be saved, the billions of dollars in economic benefits that can be gained and the cost-efficiency of front-loading investments, the Global Plan's clear recommendation is for countries to implement programmes to achieve the 90-(90)-90 targets in the accelerated scenario by 2020.

The paradigm shift essential to ending TB

To achieve the Global Plan targets and set the world on course to end TB, we need a paradigm shift in our approach to TB. A change of course is necessary in eight areas in order to successfully

shift action from controlling TB to ending the disease once and for all.

EIGHT AREAS IN WHICH A PARADIGM SHIFT IS REQUIRED:

1

A change in mindset

2

A human rights and gender-based approach to TB

3

Changed and more inclusive leadership

4

Community- and patient-driven approach

5

Innovative TB programmes equipped to end TB

6

Integrated health systems fit for purpose

7

New, innovative and optimized approach to funding TB care

8

Investment in socioeconomic actions

The Global Plan calls for additional and significant efforts for meaningful engagement and work with key populations, people affected by TB, civil society and the private sector.

The plan presents an approach to identify, reach and work with key populations. Civil society and community-based organizations must play a key role in the planning and provision of TB care by increasing awareness; active case

finding; improving access to care; encouraging adherence; providing psychosocial support and reducing stigma; monitoring programmes; and facilitating community engagement in research and development.

Private health care providers and businesses have an important role to play in providing, developing and partnering to deliver quality and affordable TB care, new tools, resources and expertise.

The urgent need for new tools to fight TB

The Global Plan demonstrates that huge gains can be made by improving the quality and reach of existing medical interventions. But, these will only get us so far. Without the development and deployment of new tools, we cannot end TB.

Failing to immediately invest in R&D for new tools will result in major financial costs in the future. Delaying investment by just one year will cause future treatment costs to increase by US\$ 1.3 billion annually.

Currently, there is a huge gap in financing for R&D for new TB tools. In recent years, less than 30% of the investment in TB R&D called for by the global TB community was made available. The number of TB R&D investors must increase, as must the total amount they contribute.

The Global Plan therefore calls for the development of new tools, namely:

1 A VACCINE that protects people of all ages against TB;

2 highly sensitive **RAPID DIAGNOSTIC TESTS** that can be implemented at the point of care;

3 DRUG REGIMENS (including for drug-resistant TB) that are highly effective, faster-acting and non-toxic.

Although some of these tools will not be available until after 2020, the investments to develop these tools need to happen now.

Funding the Global Plan 2016–2020

Later on, the amount of funding required drops down to US\$ 10 billion annually in 2020, as a result of fewer people falling ill with TB.

The sources for funding identified are domestic, external and innovative financing, as described in the Global Plan.

While domestic and international financiers will remain the principal sources of TB investments, the Global Plan highlights innovative financing mechanisms that could contribute in new ways, including social impact bonds, blended finance and collaborative frameworks for R&D.

There is scope to optimize domestic funding in several countries in order to achieve greater impact. For high-income countries, BRICS countries (Brazil, Russia, India, China, South Africa) and upper middle-income countries, nearly all TB

investments should flow from domestic resources and innovative financing.

While middle-income, high-burden countries need to step up their domestic investments, it is clear that low- and lower middle-income countries must receive increased international support if they are to accelerate action.

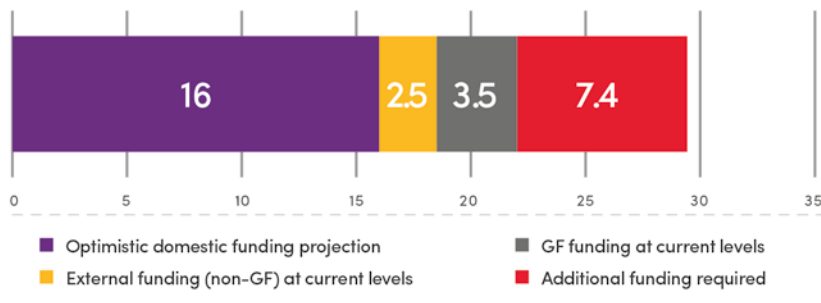
Among the Global Fund-eligible countries, the total resources needed amount to US\$ 29.4 billion for implementation costs over the next five years. Domestic funding (in the most optimistic projections), along with continued external funding at the current level from the Global Fund and other

sources, will be able to provide up to US\$ 22 billion.

This leaves a significant funding gap of US\$ 7.4 billion over five years. There are at least three possible solutions to fill this gap:

- 1 INCREASE THE EXTERNAL FUNDING** from donors, including the Global Fund
- 2 Optimize and INCREASE EFFICIENCIES** in the use of domestic resources where such resources are available
- 3 Deploy INNOVATIVE FINANCING MECHANISMS.**

RESOURCE NEEDS (IN US\$ BILLIONS) FOR THE PERIOD 2016-2020 IN GLOBAL FUND ELIGIBLE COUNTRIES:



A fully funded Global Plan will require a total amount of US\$ 65 billion, out of which US\$ 56 billion is needed to implement TB programmes and another US\$ 9 billion is need to fund R&D for new tools. Investments for implementation must be aggressively front-loaded, peaking at US\$ 12.3 billion globally in 2018, about double the amount currently invested in TB.

TB has claimed more lives than any other disease in human history. Seventy thousand years after the first known death from the disease, TB claims more lives today than any other infectious killer.

But it doesn't have to be that way. TB may have afflicted families, communities and entire countries throughout our past, but it doesn't have to be a part of our future.

With the bold, ambitious approach set out by the Global Plan, we can achieve where previous generations have failed. We can push back against the disease. We can change the paradigm. We can prevent millions of unnecessary deaths a year and prevent tens of millions of lives from being disrupted by the disease.

**We can end TB.
We must end TB.
And we will end TB.**

Stop  Partnership

Chemin de Blandonnet 2,
1241 Vernier
Geneva, Switzerland

www.stoptb.org