



THE PARADIGM

SHIFT →

Global Plan to End TB: 2018–2022

EXECUTIVE SUMMARY

The 'Global Plan to End TB 2018–2022: The Paradigm Shift' is a costed plan and roadmap for a concerted response to tuberculosis (TB), aligned with the United Nations (UN) Political Declaration on TB. It provides an estimate of the resources needed to achieve the targets and commitments set at the UN High-Level Meeting (UNHLM) on TB in September 2018.

Following the UNHLM on TB, the Stop TB Partnership Board requested the development of an update to the 'Global Plan to End TB 2016–2020' (launched in December 2015) under the guidance of the Global Plan Task Force. The 'Global Plan to End TB 2016–2020' introduced an overhaul of the 'business-as-usual' approach to TB – a paradigm shift. This ambitious update calls for an even more determined push to accelerate the scale-up of TB care and prevention, and to increase investments in the research and development (R&D) of new tools, so that no one is left behind.

The Global Plan is centred on strong political leadership to achieve the country shares of the global TB targets agreed in the UN Political Declaration on TB. It highlights the need for a rights-based, people-centred approach, accelerated innovation in care delivery, the introduction of new tools, substantial investment in R&D and a strong country response.

TB is the world's leading cause of death from a single infectious agent. In 2018, an estimated 10 million people became ill with TB and an estimated 1.5 million died.¹ Drug-resistant (DR-) TB affected approximately half a million new people in 2018, presenting a public health crisis and health security risk in many countries. Yet, only an estimated one in three people with DR-TB are being treated today. A further challenge is the more than 3 million people with TB each year who are not diagnosed and, as a result, are left behind without effective treatment and care.

The global rate of decline in the number of people becoming sick with TB each year – a 2% decline from 2017 to 2018 – falls far short of the pace of progress needed to end the TB epidemic by 2030, as envisioned by the World Health Organization's (WHO) End TB Strategy. Without a clear investment plan and a paradigm shift in how TB is addressed, the world will not meet the UNHLM targets or the Sustainable Development Goal (SDG) to end TB by 2030.

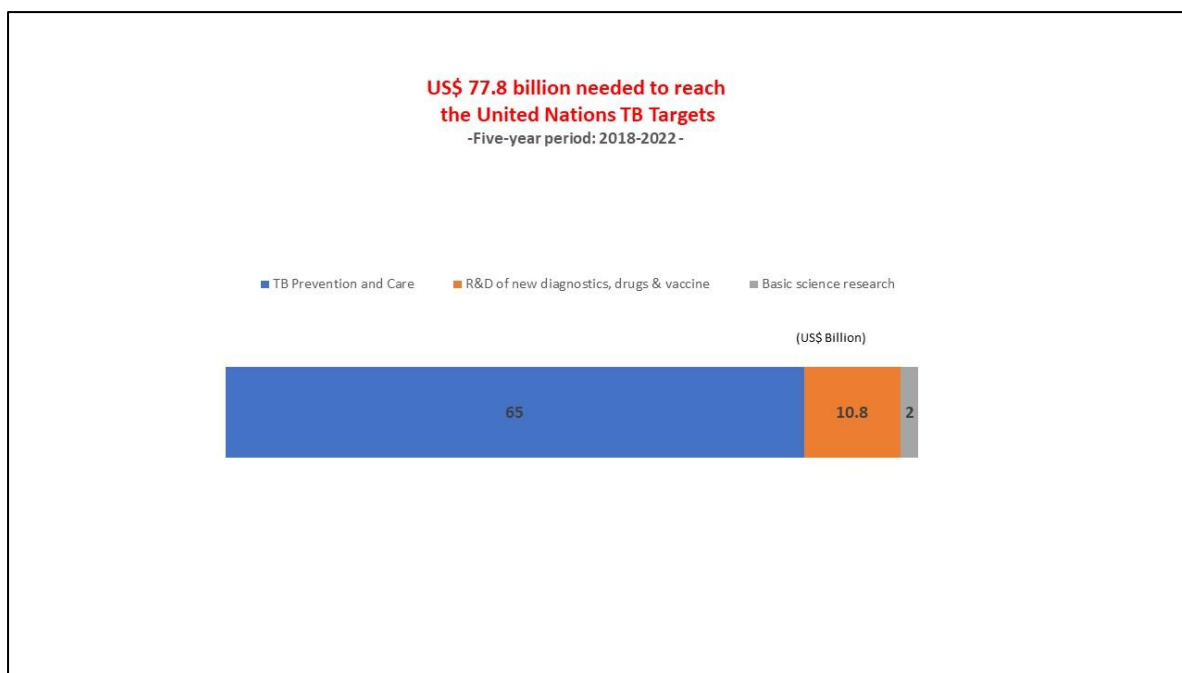
The world has a short window of opportunity to get on track to end TB.

The world must unite around a newly energized effort to end TB. The UN Political Declaration on TB not only articulates a crucial commitment to implementing a rights-based response to TB globally, but also sets out specific targets for UN Member States to achieve by 2022:

1. Successfully treat 40 million people with TB, including 3.5 million children (under 15 years of age).
2. Successfully treat 1.5 million people with DR-TB, including 115,000 children.
3. Provide TB preventive therapy for at least 30 million people, including 4 million children under the age of 5, 20 million other household contacts of people affected by TB, and 6 million people living with HIV.
4. Increase global investment for TB prevention, diagnosis, treatment and care to US\$ 13 billion annually.
5. Increase global investment for TB R&D to US\$ 2 billion annually.

Member States also committed to taking concrete actions necessary to achieve these targets, including working to end TB stigma and all forms of discrimination, and developing integrated, people-centred, community-based and gender-responsive health services based on human rights.

¹ Global tuberculosis report 2019. Geneva: World Health Organization; 2019.
https://www.who.int/tb/publications/global_report/en/



The Global Plan estimates that between 2018 and 2022 a total of US\$ 77.8 billion is needed, according to the following breakdown:

- A total of US\$ 65 billion is needed for providing TB prevention and care.
- A total of US\$ 12.8 billion is needed for R&D of new tools and basic science research, which consists of:
 - at least US\$ 10.8 billion needed for R&D of new TB diagnostics, medicines and at least one vaccine, at an average of US\$ 2.16 billion per year; and
 - a total of US\$ 2 billion needed for basic science research related to TB, at an average of US\$ 400 million per year.

Each chapter of the Global Plan to End TB 2018–2022 begins with a summary of the issues and priority actions for national governments and other key stakeholders.

Chapter 1 lays out five fundamental shifts that are needed to realize a paradigm shift in the global approach to TB. While the actions called for remain very much in line with the previous edition of the Global Plan, they have been reframed to align with the new UNHLM on TB commitments. This chapter describes the Global Plan people-centred targets called the 90-(90)-90 targets. This chapter also includes new recommendations for ensuring accountability for action. Specifically, it calls for governments and TB stakeholders to implement the elements of the *WHO Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030* (MAF-TB).

Chapter 2 provides updated TB Impact and Model Estimate (TIME) results showing how countries can make annual progress towards achieving the UNHLM on TB treatment and prevention targets. It also proposes “investment packages”, i.e., packages of priority interventions that countries should invest in to scale up progress to achieve the TB treatment and prevention targets. The updated modelling shows that reaching the targets to provide TB treatment to 40 million people and TB preventive therapy to 30 million will result in getting the world on track to end TB by 2030, albeit with the 2020 milestones for incidence and mortality achieved by 2021 – a year later than originally envisioned. This Global Plan update provides model treatment and prevention targets for nine different country settings. Indicative targets for individual countries can be found on the Stop TB Partnership website: <http://www.stoptb.org/resources/countrytargets>

Chapter 3 provides a blueprint for reaching key populations – people who are vulnerable, marginalized, underserved or at-risk of TB infection and illness – with TB care and services. This Global Plan update describes how key populations can be meaningfully engaged and empowered to participate in TB governance and decision-making. It calls for action to fulfil the UNHLM on TB commitments to promote

and support an end to stigma and all forms of discrimination, and to enact policies and practices that will improve outreach to key populations, including removing any laws, policies and programmes that discriminate against people with TB. This chapter provides recommendations for specific actions that can be taken to engage and support specific key populations.

Chapter 4 lays out approaches and best practices for engaging partners, with a focus on TB affected communities, community-based organizations, academics and the private sector. Community-based organizations must play a key role in the planning and provision of TB care at the local level, as they are ideally placed to help increase TB awareness, reach those who may be missed, provide social support, reduce stigma, monitor and evaluate programmes, and serve other vital roles. This chapter lays out approaches for advancing both community-based and community-led efforts. The chapter also lays out approaches for partnering with the private sector, including health-product manufacturers, actors within private health care systems, industries outside the health sector, academics and labour unions.

Chapter 5 focuses on approaches for addressing TB within the context of universal health coverage (UHC) and applying renewed strategies involving socioeconomic actions. The chapter calls for UN Member States to fulfil the commitment they made at the 2019 UNHLM on UHC to address TB through comprehensive approaches and integrated service delivery, leaving no one behind. Socioeconomic actions require going beyond biomedical interventions to engage a much broader array of stakeholders and allies, including those working in social welfare, labour, housing, urban regeneration, agriculture and justice, as well as cultural leaders and traditional healers.

Chapter 6 identifies priorities for advancing R&D and ensuring access to new TB tools with a focus on new diagnostics, medicines and vaccines. The Global Plan recognizes that when it comes to TB R&D, we cannot afford business as usual. New modelling included within the chapter shows the cost of delay in investment in R&D for new tools. This chapter calls on UN Member States to fulfil their commitment to closing the TB R&D funding gap by mobilizing an increase in funding from approximately US\$ 700 million in 2017 to over US\$ 2 billion annually by 2022. The chapter also provides an updated, costed framework to guide new investment in TB R&D in line with the forthcoming WHO Global Strategy for TB Research and Development. In addition to this funding support, global investment in basic science research also needs to increase to an estimated US\$ 400 million per year. The chapter describes a new fair-shares framework through which countries can fill the TB R&D funding gap. Model “off-the-shelf” research projects are included for the first time. These projects could be initiated quickly to contribute significantly to the development of new diagnostics, medicines and vaccines. The chapter also lays out the rationale and priorities for advancing basic science research, optimizing the delivery of new tools through operational research, putting new digital tools to use, and creating an overall enabling environment for R&D. To ensure access to new tools, the chapter concludes with an updated review of advocacy priorities, best practices for community engagement, and established rights-based access principles.

Chapter 7 provides an updated plan through which UN Member States should fulfil their commitment to increase financing for TB prevention and care to US\$ 13 billion annually and increase TB R&D financing to more than US\$ 2 billion annually. This chapter provides new projections of the annual resources needed to achieve the global UNHLM on TB treatment and prevention targets. Resource needs for TB prevention and care are presented by country income group, WHO Region, Global Plan country setting, Global Fund eligibility and BRICS membership. Individual country resource needs for TB prevention and care are available at <http://www.stoptb.org/resources/countrytargets>. The updated investment scenarios are designed to put countries on track to reach those treatment and prevention targets and to advance the R&D pipeline in order to end the TB epidemic by 2030. Updated calculations project that countries will save US\$ 44 for every US dollar invested in Global Plan activities, with a net global economic benefit of US\$ 711 billion for full implementation.

By financing the Global Plan’s investment scenario (2018–2022):

- countries will reach the UNHLM treatment targets set for 2022;
- the End TB Strategy 2020 milestones will be achieved a year later, in 2021;
- the world will be on track to achieve the 2025 milestones and the SDG target of ending TB by 2030;
- 40 million people will be treated for TB, including 3.5 million children and 1.5 million people with

DR-TB, and over 30 million people will receive TB preventive therapy, leading to 1.5 million fewer deaths due to TB and 48 million disability-adjusted life years (DALYs) averted.

- New tools from R&D will be on the horizon for the final battle to end TB by 2030. A 5-year delay in increasing funding for TB R&D – the cost of inaction – would lead to approximately 2 million additional people dying and an additional 13.9 million people developing TB.