



THE
END TB
STRATEGY





FOREWORD

We stand at a crossroads as the United Nations move from the 2015 Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) for 2030.

Integral to this transition, the world community is launching a dramatically accelerated fight against tuberculosis (TB) and for those most affected by it: the poorest, most vulnerable, socially marginalized and inequitably served. TB is a public health scourge, a health security threat and a development challenge. The World Health Organization's new and holistic strategy approved by the World Health Assembly of 194

Member States in 2014 places patients and communities at the heart of the response. Here is an introduction to the End TB Strategy.

We are thankful for the deep engagement of a wide array of partners in developing the strategy and targets: ministries of health and other governmental authorities, civil society representatives, development and public health experts, and researchers. We are all committed to support the robust roll-out of the Strategy. The time to gear up and to act is now. To end TB, we depend on your engagement.

Dr Mario Raviglione
Director, Global TB Programme
World Health Organization

TUBERCULOSIS

- *TB is a top killer worldwide, ranking alongside HIV/AIDS.*
 - *TB places its heaviest burden on the world's most poor and vulnerable, aggravating existing inequalities.*
 - *Due to TB, people face costs or suffer income loss equivalent on average to more than 50% of their income.*
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BURDEN



9.6 million people fell ill
with TB in 2014



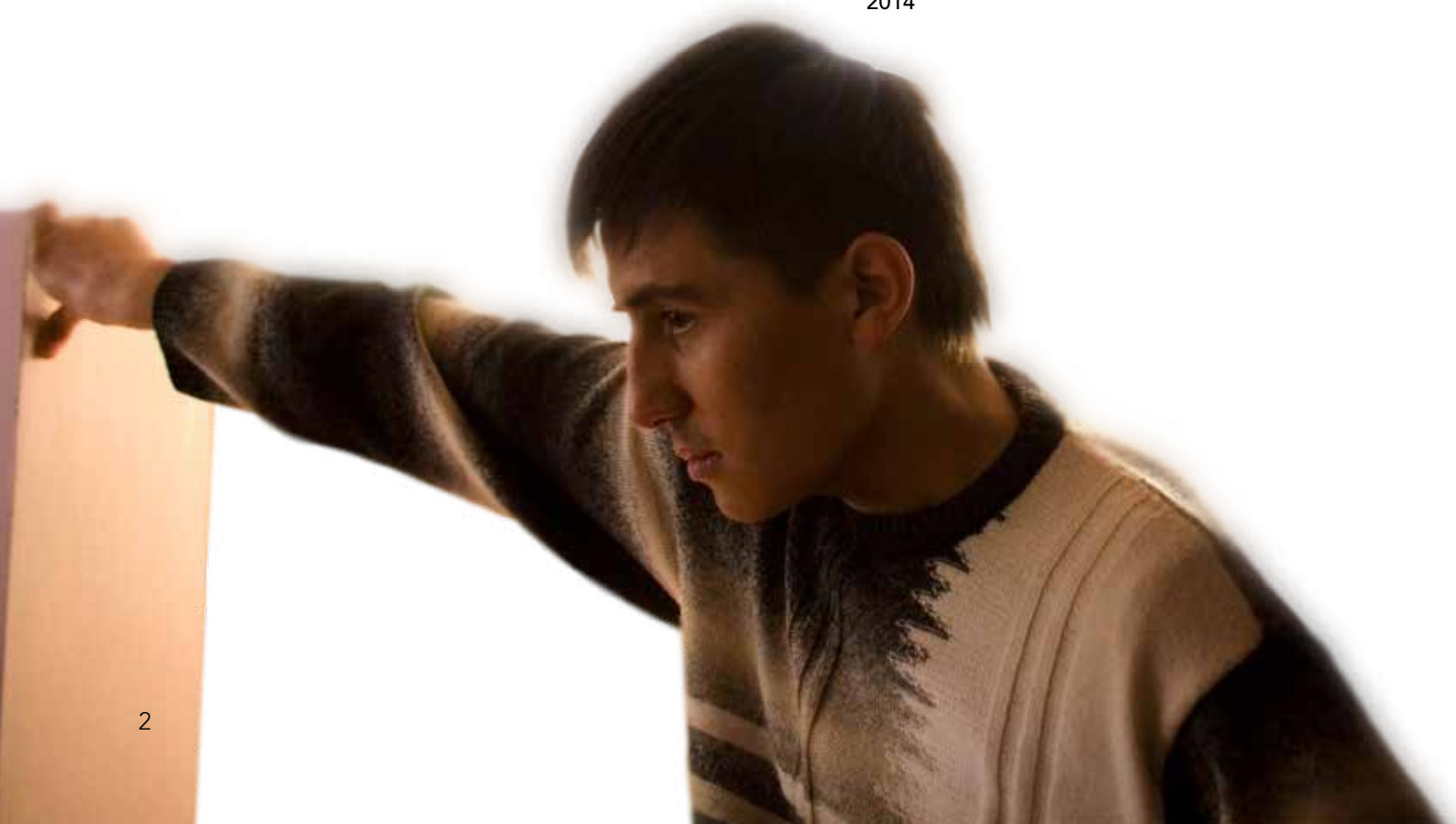
1.5 million men, women and children died
from TB in 2014



1.2 million people living with HIV developed TB,
with 0.4 million associated deaths in 2014



480 000 people developed MDR-TB
(multidrug-resistant TB) in 2014, with 190 000 associated deaths



WHERE ARE WE TODAY?



PROGRESS



43 million lives saved
between 2000 and 2014 through effective TB diagnosis and treatment



47% decline in TB mortality rate and 42% decline in TB prevalence rate since 1990



HIV-related TB deaths down by 32% in the last decade



Fragile progress in MDR-TB
Treatment for MDR-TB has increased with almost all cases detected in 2014 started treatment

CHALLENGES



US\$ 1.4 billion funding gap per year for implementation of existing TB interventions. An additional gap of US\$ 1.3 billion exists for research



3.6 million people with TB are missed by health systems every year and therefore may not get adequate care they need



TB/HIV response needs acceleration
Antiretroviral treatment, treatment of latent TB infection and other key interventions still need further scale-up



MDR-TB remains a public health crisis
Only one in four MDR-TB cases detected and one in two cases cured



A NEW

VISION

GOAL

“Everyone with TB should have access to the innovative tools and services they need for rapid diagnosis, treatment and care. This is a matter of social justice, fundamental to our goal of universal health coverage. Given the prevalence of drug-resistant tuberculosis, ensuring high-quality and complete care will also benefit global health security. I call for intensified global solidarity and action to ensure the success of this transformative End TB Strategy.”



Margaret Chan
Director General
World Health Organization

STRATEGY

A WORLD FREE OF TB

ZERO deaths, disease, and suffering due to TB

END THE GLOBAL TB EPIDEMIC

	MILESTONES		TARGETS	
	2020	2025	SDG* 2030	END TB 2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20%	50%	80%	90%
TB-affected families facing catastrophic costs due to TB (%)	0%	0%	0%	0%

* The United Nations Sustainable Development Goals (SDGs) include ending the TB epidemic by 2030 under Goal 3.

REACHING THE TARGETS W

The Strategy:

- Provides a unified response to ending TB deaths, disease, and suffering.
 - Builds on three strategic pillars underpinned by four key principles.
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THE END TB STRATEGY: PILLARS AND PRINCIPLES



WITH THE END TB STRATEGY

PILLAR 3

Intensified
research and
innovation

g and evaluation

munities

d equity

global collaboration

PILLARS

Bring together critical interventions to ensure that all people with TB have equitable access to high-quality diagnosis, treatment, care and prevention, without facing catastrophic expenditure or social repercussions.

PRINCIPLES

The success of the Strategy in driving down TB deaths and illness will depend on countries respecting the key principles as they implement the interventions outlined in each pillar.



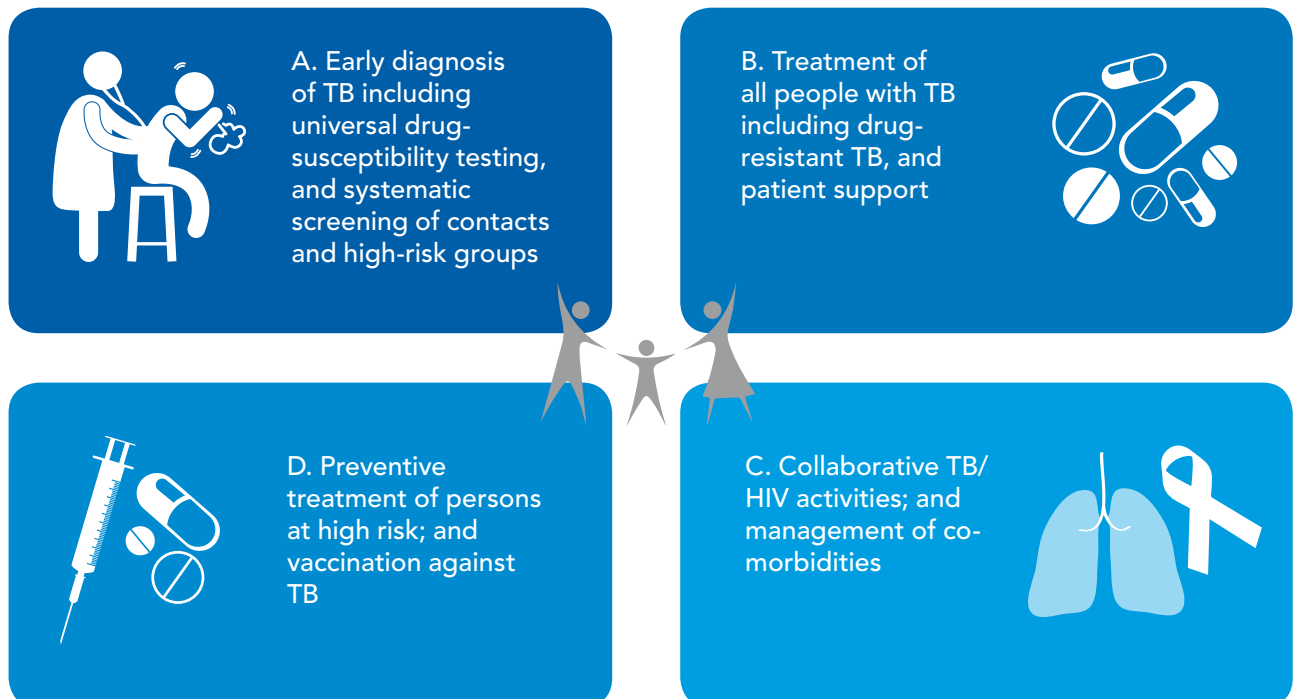
PILLAR 1

This pillar puts patients at the heart of service delivery.

INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

- Focuses on early detection, treatment and prevention for all TB patients including children.
- Aims to ensure that all TB patients not only have equal, unhindered access to affordable services, but also engage in their care.

How pillar 1 works : Key components



PILLAR 2

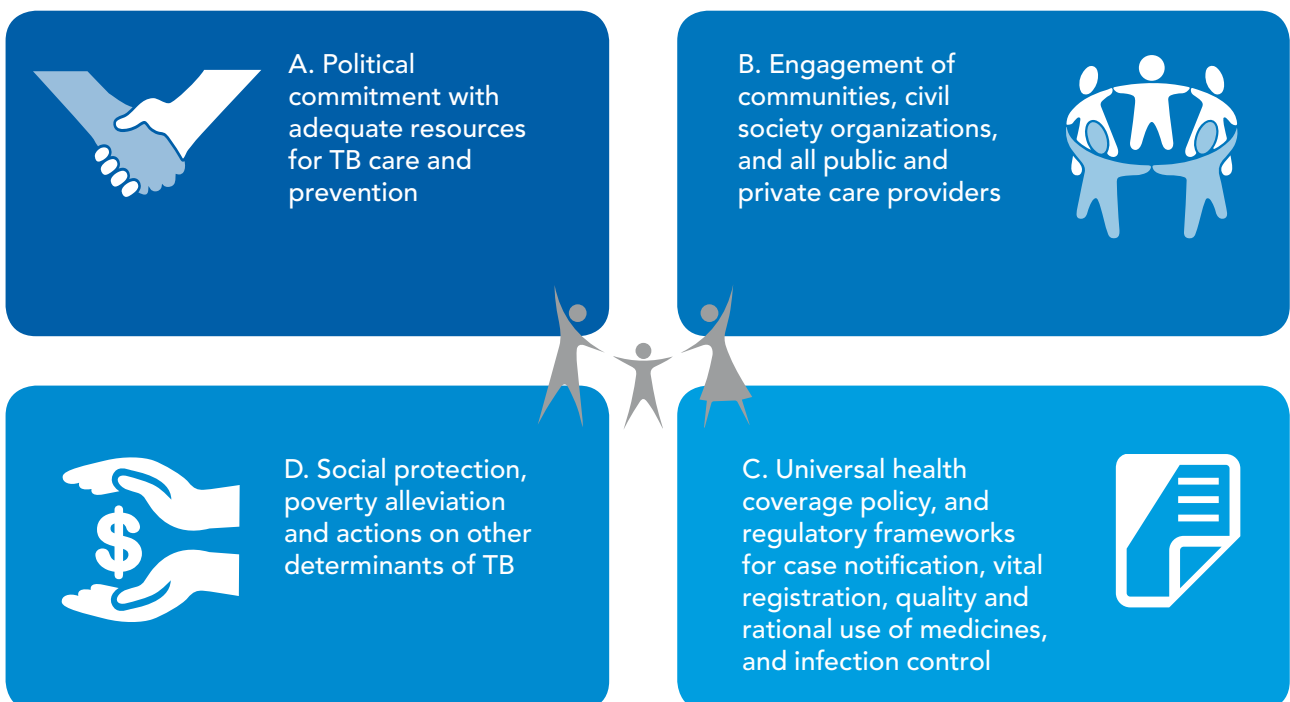


BOLD POLICIES AND SUPPORTIVE SYSTEMS

- Strengthens health and social sector policies and systems to prevent and end TB.
- Supports implementation of universal health coverage, social protection, and strengthened regulatory frameworks.
- Addresses the social determinants of TB and tackles TB among vulnerable groups such as the very poor, people living with HIV, migrants, refugees and prisoners.

This pillar requires intense participation across government, communities and private stakeholders.

How pillar 2 works : Key components





PILLAR 3

This pillar on research is critical to break the trajectory of the epidemic and reach the global targets.

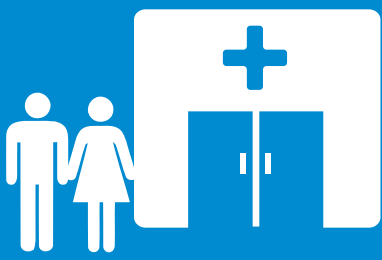
INTENSIFIED RESEARCH AND INNOVATION

- *Aims to intensify research from the development of new tools to their adoption and effective roll-out in countries.*
- *Pursues operational research for the design, implementation, and scaling-up of innovations.*
- *Calls for an urgent boost in research investments, so that new tools are developed, and made rapidly available and widely accessible in the next decade.*

How pillar 3 works : Key components



A. Discovery, development and rapid uptake of new tools, interventions and strategies



B. Research to optimize implementation and impact; and promote innovations

ACTIONS TO IMPACT

Getting to the 2025 targets requires

effective use of existing tools to combat TB, complemented by universal health coverage and social protection to:

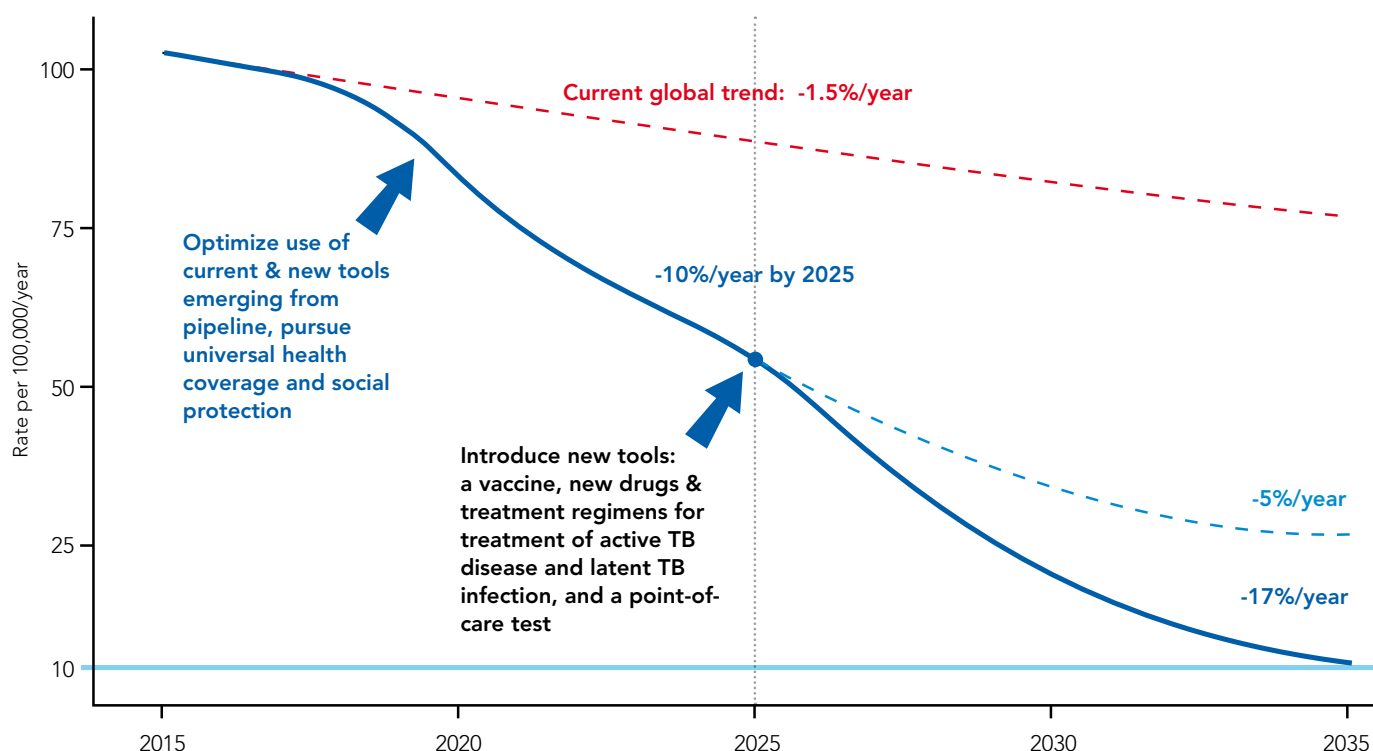
- Push down global TB incidence rates from an annual decline of 2% in 2015 to 10% by 2025.
- Reduce the proportion of people with TB who die from the disease from 15% in 2015 to 5% by 2025.

Moving forward to the 2035 targets requires

the ensured availability of new tools from the research pipeline, in particular:

- Better diagnostics, including new point-of-care tests;
- Safer, easier and shorter treatment regimens;
- Safer and more effective treatment for latent TB infection;
- Effective pre- and post-exposure vaccines.

Desired decline in global TB incidence rates to reach the 2035 targets





“The progress that has been made in combating TB has been hard won and must be intensified if we are to wipe out the TB epidemic. The End TB Strategy offers new hope to the millions of people suffering and losing their lives to TB each year. It is time to join forces to create a world free of TB.”



Dr Eric Goosby

United Nations Special Envoy on TB

HOW CAN COUNTRIES ADAPT THE STRATEGY?

To succeed, the strategy requires building on the gains made by current programmes while moving beyond to a broader systems response. This includes elevated TB leadership, commitment and collaboration within diverse settings.

To roll-out the Strategy, countries and all partners will need:

Advocacy

Advocate for and achieve:

- High-level political commitment
- Multisectoral collaboration
- High-level national mechanisms to direct the adaptation and implementation of the Strategy

Baseline Preparedness

Assess:

- TB situation: “Know your epidemic”
- Current status of response and health system capacity
- Policy and regulatory environment

Collaboration

Collaborate:

- Across relevant ministries and departments, such as health, finance, education, food, social-welfare, justice, labour, transport, and migration
- With patients, affected communities and civil society
- With the private sector
- With national and international supporters and partners



MEASURING PROGRESS

To assess and facilitate progress towards the targets, WHO recommends that countries use the following priority operational indicators.

Global priority indicators and targets for monitoring the implementation of the End TB Strategy

All countries should aim to reach these targets at the latest by 2025.

Treatment coverage

Number of people that developed TB, and were notified and treated, out of the total estimated number of incident cases in the same year (%).

≥ 90%

TB treatment success rate

Number of TB patients who were successfully treated out of all notified TB cases (%).

≥ 90%

Preventive treatment coverage

Number of people living with HIV and children who are contacts of cases who were started on preventive treatment for latent TB infection, out of all those eligible (%).

≥ 90%

TB affected households facing catastrophic costs

Number of TB patients and their households that experienced catastrophic costs due to TB, out of all TB patients (%).

0%

Uptake of new diagnostics and new drugs

Number of TB patients who were diagnosed using WHO-recommended rapid tests, out of all TB patients (%).

≥ 90%

Number of TB patients who were treated with regimens including new TB drugs, out of those eligible for treatment with such drugs (%).

“We now have the opportunity, by 2030, to end this epidemic that continues to bring suffering to so many families worldwide. Efforts must begin now to ensure the effective global roll-out of the End TB Strategy and to stimulate the research that will underpin its success.”



Ban Ki-moon

United Nations Secretary-General

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