PLACE OF PPM IN THE POST-2015 TB STRATEGY

Mukund Uplekar
END TB STRATEGY 2016-2035

VISION: A world free of TB
Zero deaths, disease or suffering due to TB

GOAL: End the Global TB Epidemic

TARGETS FOR 2035: 95% reduction in TB deaths (compared with 2015)
Less than 10 cases per 100,000 population

MILESTONES FOR 2025: 75% reduction in TB deaths (compared with 2015);
TB cases reduced to less than 50 per 100,000 population
No affected families face catastrophic costs due to TB

PRINCIPLES:
- Government stewardship and accountability, with monitoring and evaluation
- Strong coalition with civil society and communities
- Protection and promotion of human rights, ethics and equity
- Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND COMPONENTS:
1. HIGH-QUALITY, INTEGRATED TB CARE AND PREVENTION
   A. Early diagnosis of TB including universal drug susceptibility testing; systematic
      screening of contacts and high-risk groups
   B. Treatment of all people with TB including drug-resistant TB, with patient-centred support
   C. Collaborative TB/HIV activities and management of co-morbidities
   D. Preventive treatment of persons at high-risk and vaccination for TB

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS
   A. Political commitment with adequate resources for TB care and prevention
   B. Engagement of communities, civil society organizations, and public and private
      care providers
   C. Universal Health Coverage and other policy and regulatory frameworks for case notification,
      vital registration, drug quality and rational use, and infection control
   D. Social protection, poverty alleviation and actions on other TB determinants

3. INTENSIFIED RESEARCH AND INNOVATION
   A. Discovery, development and rapid uptake of new tools, interventions and strategies
      for case-detection, implementation and impact, and promote innovations
Why are many TB care providers, working within and outside the government, are left out of nationwide TB programmes?

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<th><strong>WHAT HAMPERS PPM?</strong></th>
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<td><strong>UNDER APPRECIATION</strong></td>
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<tr>
<td>(OF MERITS AND DEMERITS)</td>
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<td><strong>WEAK COMMITMENT</strong></td>
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<td>(TO COLLABORATE ON A LARGE SCALE)</td>
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<td><strong>WEAK RESOLVE</strong></td>
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<td>(TO ENACT OR ENFORCE REGULATION)</td>
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<td>(TO EXPAND AND SUSTAIN COLLABORATION OR REGULATION)</td>
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| VISION: | A TB-Free World  
(Zero deaths, disease or suffering due to TB) |
| GOAL: | End the Global TB Epidemic |
| TARGETS FOR 2035: | 1. 95% reduction in deaths (compared with 2015)  
2. Less than 10 cases per 100,000 population |
| MILESTONES FOR 2025: | 1. 75% reduction in TB deaths (compared with 2015)  
2. Less than 50 cases per 100,000 population  
3. No affected families face catastrophic costs due to TB |

**PRINCIPLES**

- Government stewardship and accountability with monitoring and evaluation
- Strong coalition with civil society and communities
- Protection and promotion of human rights, ethics and equity
- Adaptation of strategy and targets at country level and global collaboration
High-Quality, Integrated TB Care and Prevention

- Early diagnosis of TB including universal drug susceptibility testing; systematic screening of contacts and high-risk groups
- Treatment of all people with TB including drug-resistant TB, with support
- Collaborative TB/HIV activities and management of co-morbidities
- Preventive treatment for high-risk groups and vaccination for TB

Bold Policies and Supportive Systems

- Political commitment with adequate resources for TB care and prevention
- Engagement of communities, civil society organizations, and public and private care providers
- Universal health coverage and other policy and regulatory frameworks for case notification, vital registration, drug quality and rational use, and infection control
- Social protection, poverty alleviation and actions on other determinants of TB

Intensified Research and Innovation

- Discovery, development and rapid uptake of new tools, interventions and strategies
- Research to optimize implementation and impact, and promote innovations
High-Quality, Integrated TB Care and Prevention

A. Early diagnosis of TB including universal drug susceptibility testing; systematic screening of contacts and high-risk groups

B. Treatment of all people with TB including drug-resistant TB, with patient support

C. Collaborative TB/HIV activities and management of co-morbidities

D. Preventive treatment for high-risk groups and vaccination for TB
### Bold Policies and Supportive Systems

| **A.** Political commitment with adequate resources for TB care and prevention |
| **B.** Engagement of communities, civil society organizations, and public and private care providers |
| **C.** Universal health coverage and other policy and regulatory frameworks for case notification, vital registration, drug quality and rational use, and infection control |
| **D.** Social protection, poverty alleviation and actions on other TB determinants |
"IN THE PRESENT CONTEXT IN HIGH-PREVALENCE COUNTRIES, DEVELOPMENT AND ENFORCEMENT OF REGULATORY FRAMEWORKS IS ESSENTIAL FOR COUNTRYWIDE EXPANSION OF PPM FOR TB CARE AND CONTROL"
Intensified Research and Innovation

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

B. Research to optimize implementation and impact, and promote innovations
CONCLUSION

WITHOUT PPM IN IT

THE POST-2015 TB STRATEGY
(or whatever it may be called)

HAS NO PLACE IN TB CARE AND CONTROL