A TB-FREE WORLD

VISION

To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets

GOAL

OBJECTIVES

• Achieve universal access to high-quality care for all people with TB
• Reduce the human suffering and socioeconomic burden associated with TB
• Protect vulnerable populations from TB, TB/HIV and multidrug-resistant TB
• Support development of new tools and enable their timely and effective use
• Protect and promote human rights in TB prevention, care and control

TARGETS

• MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015
• Targets linked to the MDGs and endorsed by Stop TB Partnership:
  o 2015: reduce prevalence of and deaths due to TB by 50%
  o 2050: eliminate TB as a public health problem

THE 6 COMPONENTS

1. PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT
   a. Secure political commitment, with adequate and sustained financing
   b. Ensure early case detection, and diagnosis through quality-assured bacteriology
   c. Provide standardised treatment with supervision, and patient support
   d. Ensure effective drug supply and management
   e. Monitor and evaluate performance and impact

2. ADDRESS TB-HIV, MDR-TB, AND THE NEEDS OF POOR AND VULNERABLE POPULATIONS
   a. Scale-up collaborative TB/HIV activities
   b. Scale-up prevention and management of multidrug-resistant TB (MDR-TB)
   c. Address the needs of TB contacts, and poor and vulnerable populations

3. CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING BASED ON PRIMARY HEALTH CARE
   a. Help improve health policies, human resource development, financing, supplies, service delivery and information
   b. Strengthen infection control in health services, other congregate settings and households
   c. Upgrade laboratory networks, and implement the Practical Approach to Lung Health (PAL)
   d. Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health

4. ENGAGE ALL CARE PROVIDERS
   a. Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
   b. Promote use of the International Standards for Tuberculosis Care (ISTC)

5. EMPOWER PEOPLE WITH TB, AND COMMUNITIES THROUGH PARTNERSHIP
   a. Pursue advocacy, communication and social mobilization
   b. Foster community participation in TB care, prevention and health promotion
   c. Promote use of the Patients’ Charter for Tuberculosis Care

6. ENABLE AND PROMOTE RESEARCH
   a. Conduct programme-based operational research
   b. Advocate for and participate in research to develop new diagnostics, drugs and vaccines