

Global strategy and targets for tuberculosis prevention, care and control after 2015



DRAFT POST-2015 GLOBAL TUBERCULOSIS STRATEGY FRAMEWORK

VISION	A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis
GOAL	End the global tuberculosis epidemic
MILESTONES FOR 2025	– 75% reduction in tuberculosis deaths (compared with 2015); – 50% reduction in tuberculosis incidence rate (compared with 2015) (less than 55 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis
TARGETS FOR 2035	– 95% reduction in tuberculosis deaths (compared with 2015) – 90% reduction in tuberculosis incidence rate (compared with 2015) (less than 10 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis

PRINCIPLES

1. *Government stewardship and accountability, with monitoring and evaluation*
2. *Strong coalition with civil society organizations and communities*
3. *Protection and promotion of human rights, ethics and equity*
4. *Adaptation of the strategy and targets at country level, with global collaboration*

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

- A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
- B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
- C. Collaborative tuberculosis/HIV activities, and management of co-morbidities
- D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

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

3. 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

ACTION BY THE EXECUTIVE BOARD

The Board is invited to consider the draft post-2015 global tuberculosis strategy and targets.

In May 2012, Member States called on WHO at the 65th World Health Assembly, to develop a post-2015 tuberculosis (TB) strategy and targets, and present these to the 67th World Health Assembly in 2014.

BACKGROUND

Ending the global TB epidemic is feasible with dramatic decline in TB deaths and cases, and elimination of economic and social burden of TB. Failure to do so will carry serious individual and global public health consequences.

Achievement of this goal by 2035 requires:

1. **Expanding the scope and reach of interventions** for TB care and prevention, with a focus on high-impact, integrated and patient-centered approaches;
2. **Eliciting full benefits of health and development policies and systems**, through engaging a much wider set of collaborators across government, communities and the private sector;
3. **Pursuing new scientific knowledge and innovations** that can dramatically change TB prevention and care.

To ensure full impact, these actions must build on principles of government stewardship, engagement of civil society, human rights and equity, and adaptation to the unique context of diverse epidemics and settings.

STRATEGY DEVELOPMENT PROCESS

- **June 2012:** WHO's Strategic and Technical Advisory Group for TB approval of the WHO Secretariat proposed consultative process.
- **July-December 2012:** WHO regional consultations held with ministry officials, national TB programme managers and partners.
- **November 2012:** Meeting of officials from 23 highest TB burden countries in Kuala Lumpur, Malaysia to discuss the strategy; consultation held with 700 partners at the World Conference on Lung Health.
- **January-June 2013:** Thematic consultations held to inform: (i) formulation of the post-2015 TB targets; (ii) approaches to eliminate the economic burden on TB-affected households through universal health coverage and social protection measures; and (iii) research and innovation for improved TB care and elimination.
- **June 2013:** WHO's Strategic and Technical Advisory Group for TB endorsement of the strategy and targets, and recommended finalization of document.

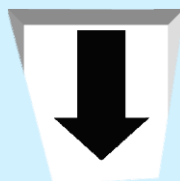
KEY TB FACTS

- In 2012, 8.6 million people fell ill with TB and 1.3 million died from it, including 320 000 among people who were HIV-positive. In 2012, there were an estimated 450 000 new cases of multidrug-resistant TB.

ACHIEVEMENTS



22 million lives saved and 56 million people cured since 1995



45% decrease in TB mortality rate since 1990

CHALLENGES



3 million people who fell ill with TB still unreached every year



MDR-TB crisis detection, waiting lists for treatment and quality of care