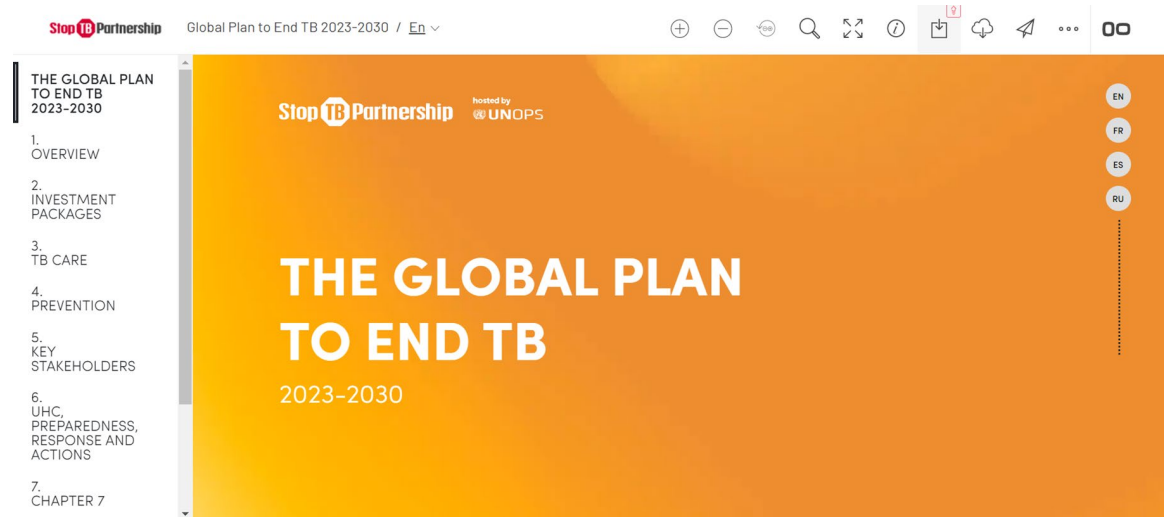


Global Plan to End TB 2023-2030



Lucica Ditiu

Stop TB Partnership

21 March 2023

With thanks to Suvanand Sahu



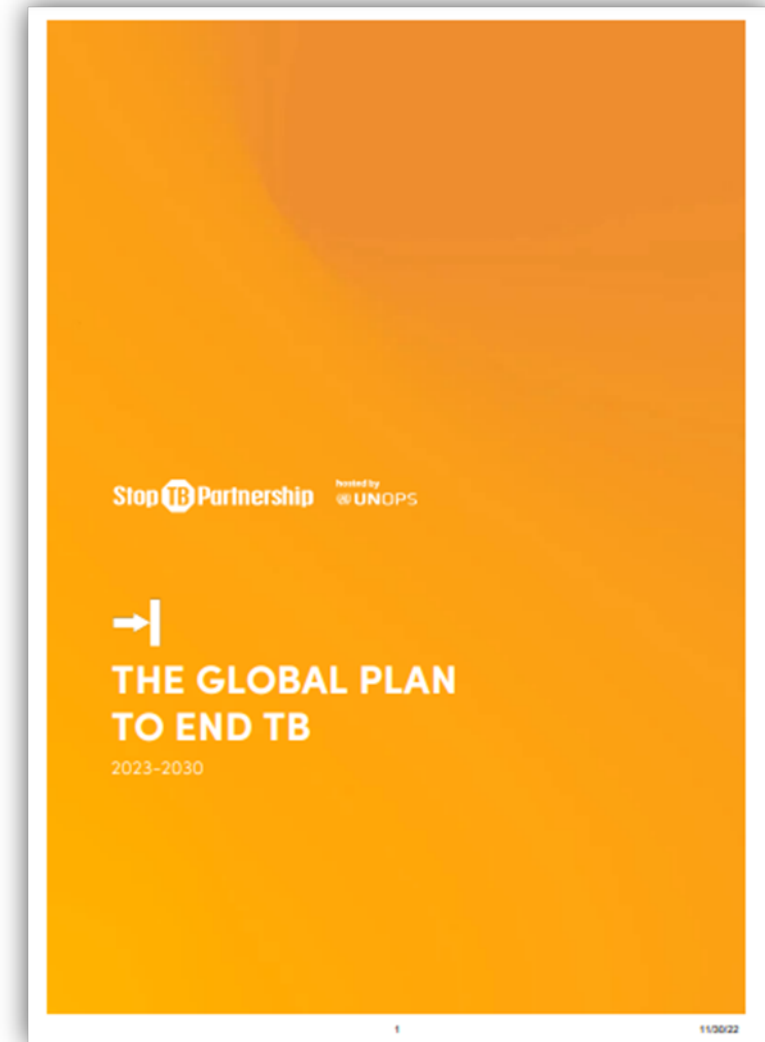
Global Plan to End TB 2023-2030

- Requested by Stop TB Partnership Board
- Inclusive process
 - **24** Task Force members – diverse expertise, met **10** times
 - **7** regional consultations -- **310** participants
 - Modeling and costing team
 - Writing team
 - **2** online surveys
 - **166** responses from **65** countries



Global Plan – Key Contents

- Priority actions to end TB
 - Comprehensive Investment Package
 - Early diagnosis
 - Treatment and care
 - Prevention
 - Systems and enablers
 - R&D
- Resources needed
 - Return on Investment
 - Cost of inaction
 - Sources for resource mobilization



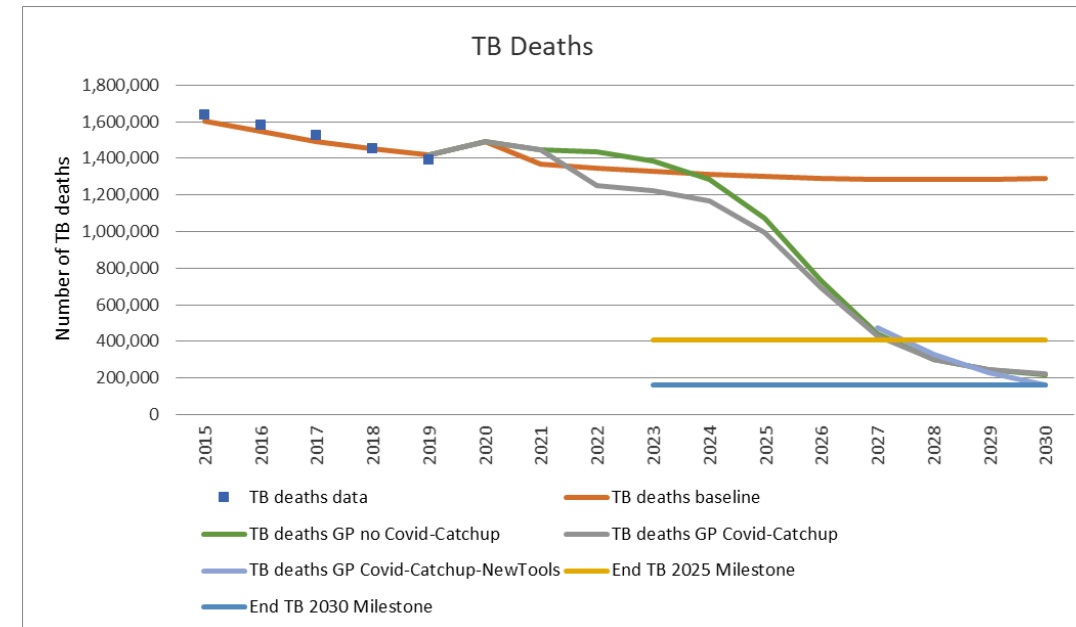
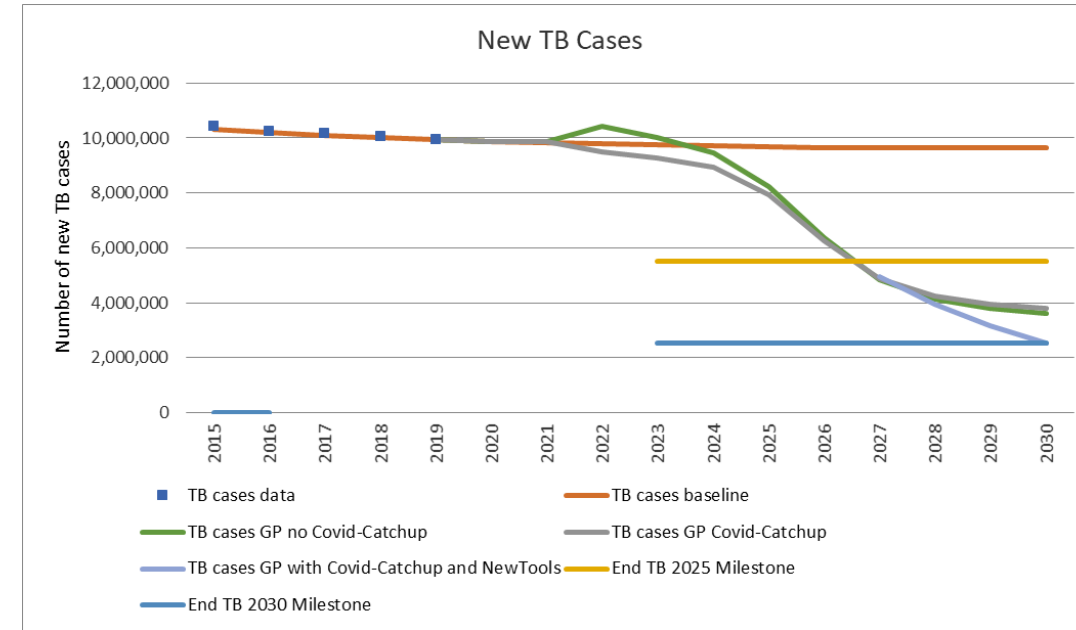
Global Plan Priority Actions and Impact, 2023-2030

Projected Impact by 2030

- $\geq 95\%$ diagnosed
- All high-risk and key & vulnerable pops periodically screened
- 50M access tx, including 3.7M children and 2.2M with DR-TB
- 35M access TPT
- ≥ 1 TB vaccine for widespread use by 2026

Compared to 2015 baseline:

- 80% decline in TB/yr/100 000 pop
- 90% decline/yr in deaths



CHAPTER 2.

Ending TB through comprehensive investment packages implemented at scale

Priority actions:

- Invest in a comprehensive investment package.
- Scale up interventions to achieve key objectives and targets.

CHAPTER 3.

Scaling up TB diagnosis and care

Priority actions:

- Re-imagine TB care, delivering services through a people-centred approach.
- Scale up the use of modern diagnostics.
- Find the missing people with TB.
- Expand early diagnosis, including at subclinical stages.
- Develop and implement public communications strategies to raise TB awareness and promote early health seeking.
- Integrate TB screening and testing into other health services, with a focus on services that address common comorbidities or risk groups, depending on local epidemiological context.
- Provide support that enables people receiving TB care to complete a full course of treatment without an undue burden on them and their families, while avoiding catastrophic costs.
- Strengthen procurement systems and supply chains.

CHAPTER 4.

Scaling up TB prevention

Priority actions:

- Implement airborne infection prevention and control measures in health care settings and high-risk indoor places where people congregate.
- Provide TPT for those living with TB infection and who are at higher risk of progression to active TB disease.
- Deploy effective vaccines once such vaccines are officially recommended and available.
- Address TB risk factors and social determinants.

CHAPTER 5.

Partnering with key stakeholders: communities and the private sector

Priority actions:

- Increase funding support for engaging TB-affected communities in the TB response at least fourfold.
- Support community-based and home-based models for delivering TB prevention and care.
- Scale up public-private mix approaches to improve the quality of TB care, reduce out-of-pocket expenses and improve data reporting in the private health sector.
- Support a multisectoral TB response through stronger partnerships.

CHAPTER 6.

Ending TB through universal health coverage, pandemic preparedness and response, and socioeconomic actions

Priority actions:

- Expand access to TB services through universal health coverage initiatives.
- Position the TB response at the centre of pandemic preparedness and response efforts.
- Invest in poverty alleviation and sustainable development.

CHAPTER 7.

Human rights, stigma, gender, and key and vulnerable populations

Priority actions:

- Position universal human rights as the foundation of the TB response.
- Eliminate TB-related stigma and discrimination.
- Ensure that TB interventions are gender-sensitive and gender-transformative.
- Prioritize, reach and involve key and vulnerable populations.

CHAPTER 8.

Accelerating development of new TB tools

Priority actions:

- Invest, at minimum, US\$ 4 billion annually to accelerate the R&D of new TB diagnostics, medicines and vaccines. Resources need to be mobilized from governments and philanthropies, increased engagement with the private sector, and new approaches to innovative and sustainable financing.
- Develop a new TB vaccine by 2025.
- Accelerate the development of new tools to prevent, diagnose and treat TB by identifying innovative product-development pathways and improving collaboration among actors in product development.
- Invest at least US\$ 800 million annually in basic science research.
- Expand the use of operational research.
- Develop and implement digital tools.
- Create an enabling environment for TB R&D.
- Apply best practices in community engagement throughout the R&D process.
- Apply access principles in rolling out and optimizing the use of new tools.
- Strengthen advocacy for TB innovation.

CHAPTER 9.

Resource needs, return on investment, and cost of inaction

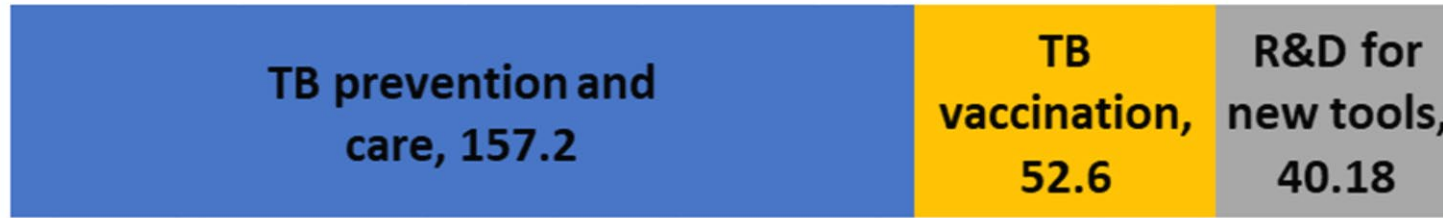
Priority actions:

- Mobilize US\$ 209.8 billion in funding between 2023 and 2030 for TB care and prevention, of which US\$ 52.6 billion is for vaccination once a new vaccine is available. The resources needed for care and prevention excluding vaccination total US\$ 157.2 billion, which averages to US\$ 19.65 billion per year.
- Mobilize US\$ 40.18 billion in funding between 2023 and 2030 for TB R&D and basic science research through a more diversified funding base.

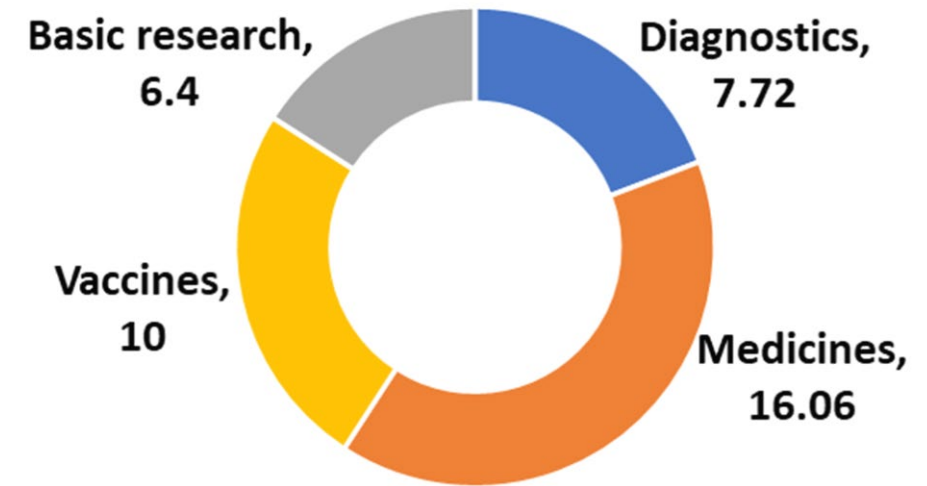
Global Plan Resource Needs, 2023-2030

Resources Needed to End TB, 2023-2030

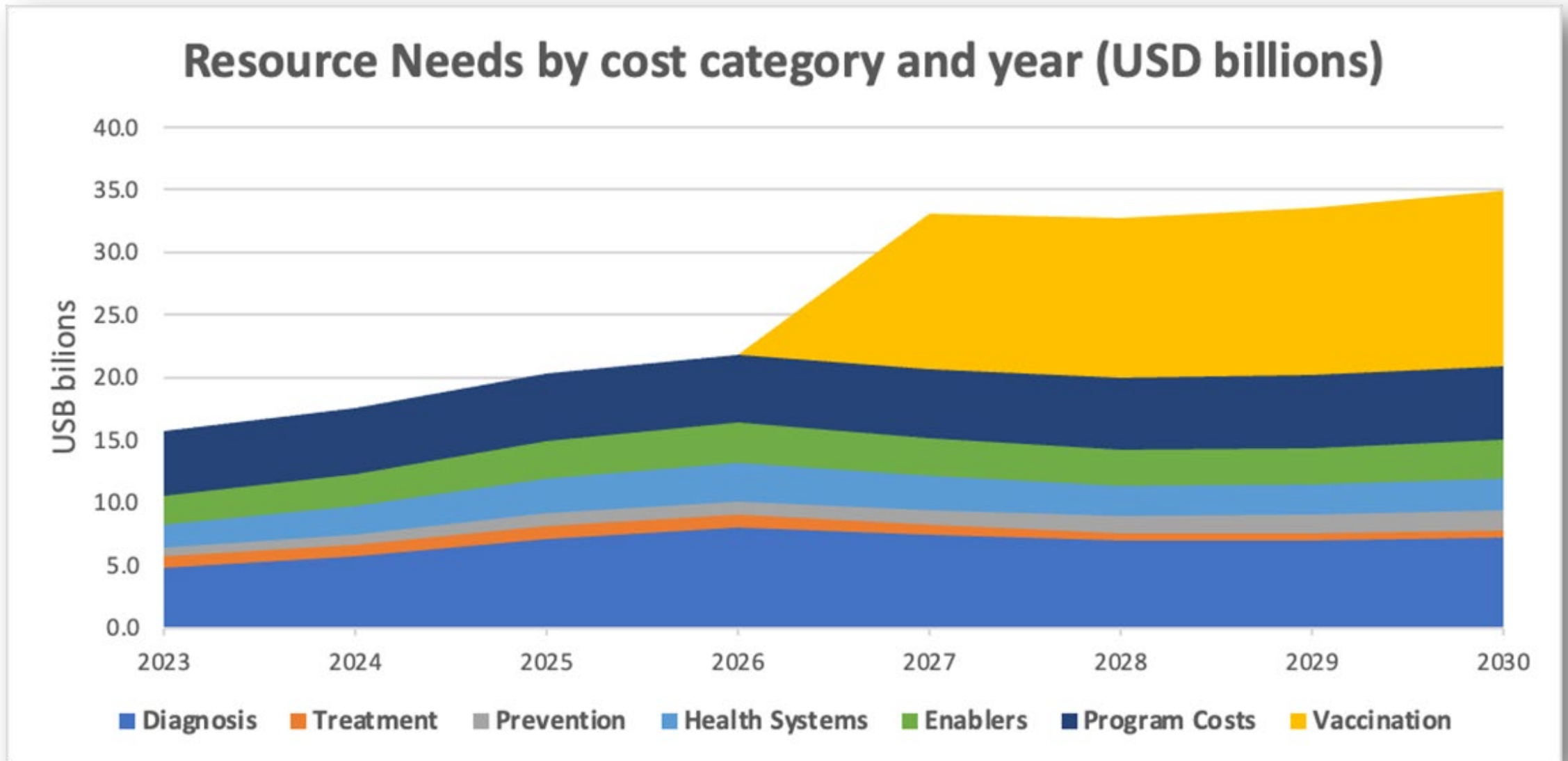
Resource needs in US\$ billions, 2023-2030
Total US\$ 249.98



Resource needs for R&D in US\$ billions



Resources Needed for Care, Prevention and Vaccination

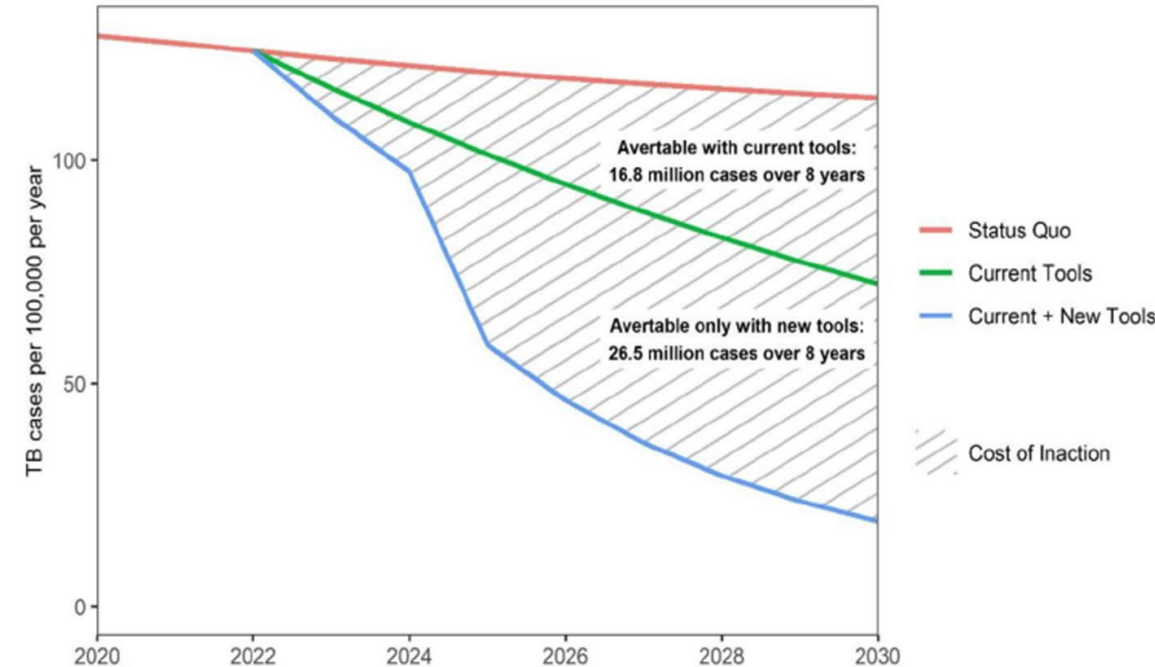
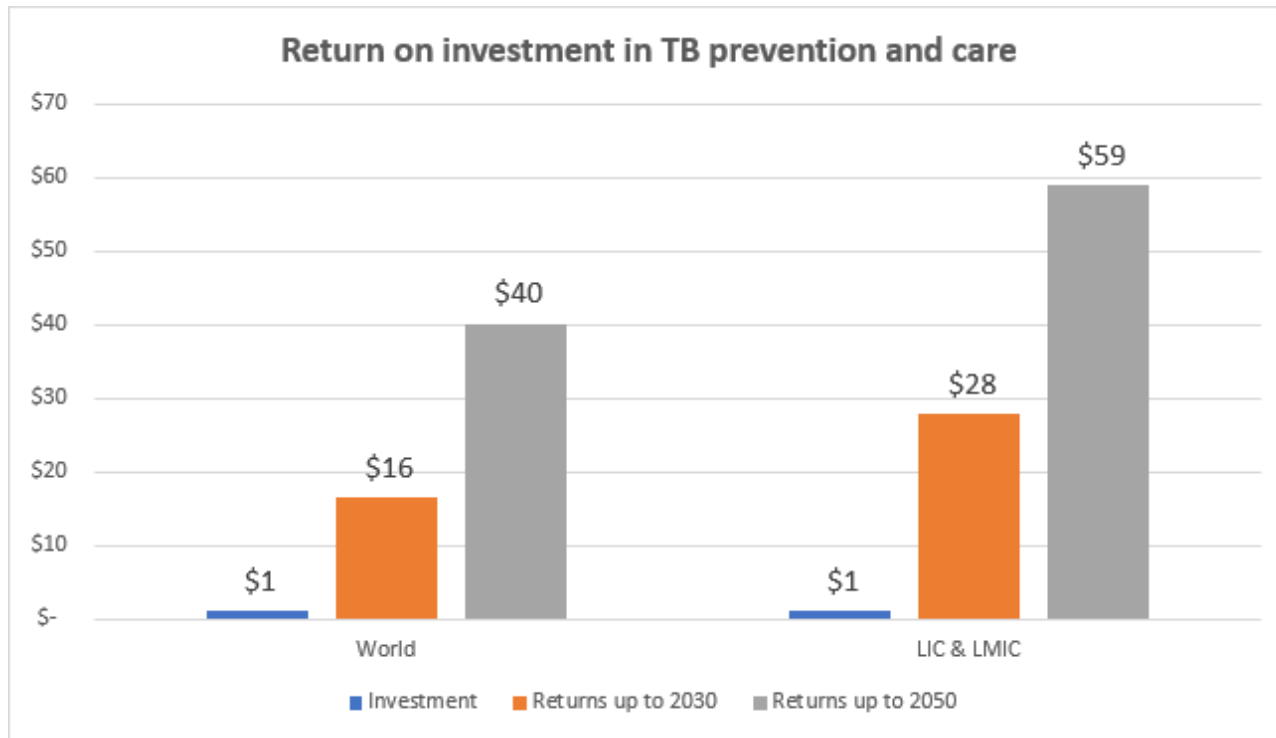


To end TB significantly more resources will be needed than currently available

- **4 times** more at global level

But we must mobilise the resources because:

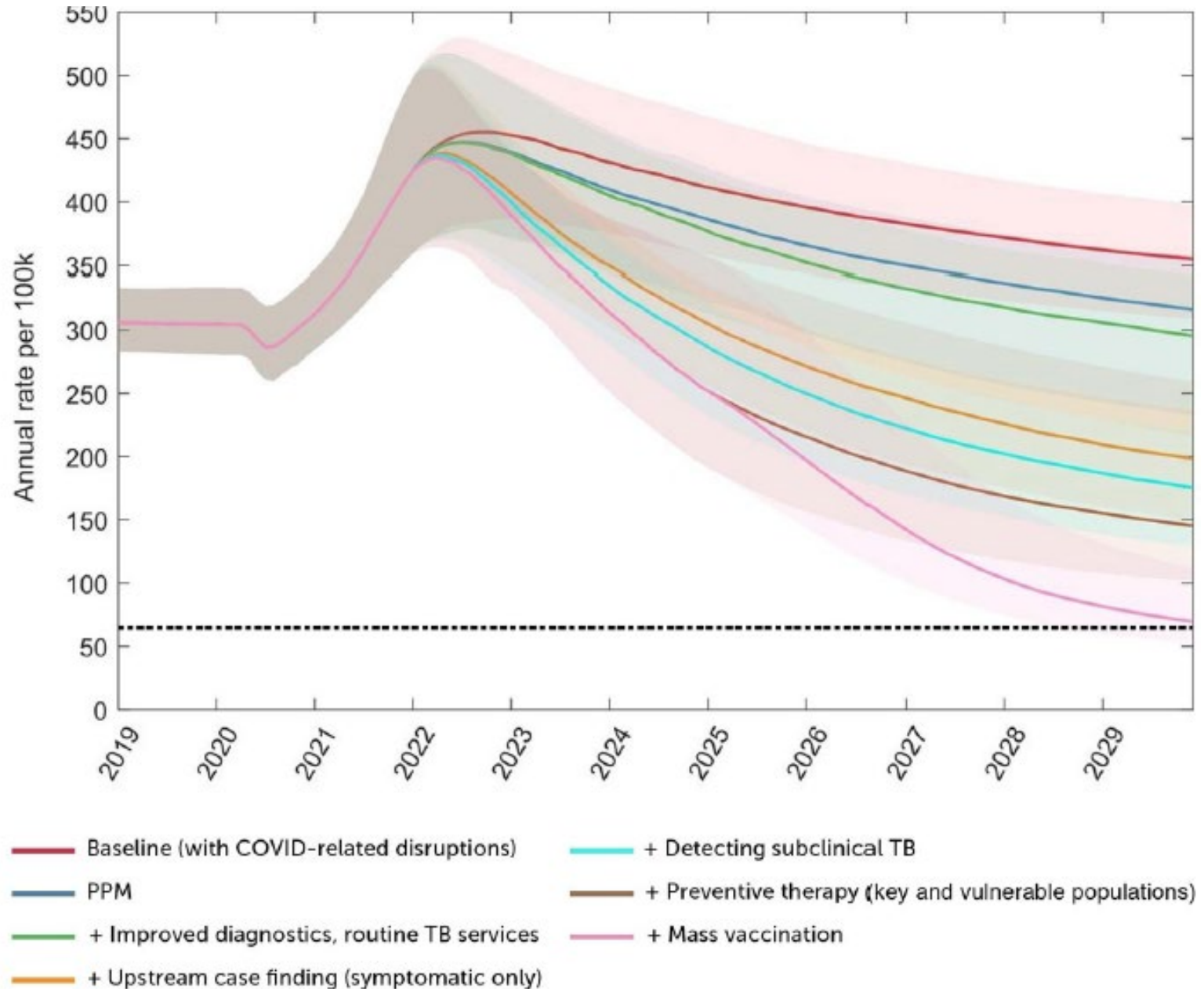
- Return on investment is huge (1:40)
- Cost of inaction is very expensive – 1 trillion USD



Aligning National Strategic Plans with Global Plan

Principles of Global Plan can apply to Country NSPs

- Ambition
 - What is needed to end TB (not just a multiyear plan to diagnose and treat TB)
 - Global Plan has a few country thematic modelling as example
- Full costing of needs
- Investment case – ROI / cost of inaction



Benefits of aligning NSPs to Global Plan

- Higher ambition
- Focus is on ending TB
- The full resource need to end TB is estimated
- Investment approach helps in resource mobilization
- Adds credibility to NSP
- Benefit from global advocacy, e.g. UNHLM 2023



Thank you

What is not planned cannot be achieved