Stop TB Partnership

World Health Organization

ISBN 978 92 4 150034 0

THE GLOBAL PLAN TO STOP TB 2011–2015

Stop TB Partnership

THE GLOBAL PLAN TO STOP TB 2011–2015

Transforming the Fight

TOWARDS ELIMINATION OF TUBERCULOSIS

World Health Organization

WHO Library Cataloguing-in-Publication Data

The global plan to stop TB 2011–2015: transforming the fight towards elimination of tuberculosis – reprinted with changes, 2011

1. Tuberculosis - prevention and control 2. Strategic planning 3. Financing, Health 4. Accounting 5. Budgets
I.World Health Organization II.Stop TB Partnership

ISBN 978 92 4 150034 0 (NLM classification: WF 200)

Printed in Italy

WHO/HTM/STB/2010.2

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The Partnership acknowledges with gratitude everyone who has contributed to the Global Plan:

Overall coordination of plan development and finalization
Katherine Floyd, Christian Lienhardt

Coordination of specific components of the plan
Malgorzata Grzemska and Salah Ottmani (DOTS); Ernesto Jaramillo, Dennis Falzon, Wayne van Gemert and Matteo Zignol (MDR-TB); Haileyesus Getahun and Delphine Sculier (TB/HIV); Christopher Gilpin and Karin Weyer (laboratory strengthening); Andrew Ramsay (new diagnostics), with substantial contributions from Bärbel Porstmann and Gerd Michel; Lisan Parker (new drugs); Michael Brennan, Uli Fruth and Jennifer Woolley (new vaccines); Christine Sizemore (fundamental research); Frank Cobelens and Anthony Harries (operational research)

Analysis and projections
Christopher Fitzpatrick, Katherine Floyd, Inés García Baena, Philippe Glaziou, Charalambos Sismanidis

Working group chairs and secretariats
William Bishai (Co-chair, Working Group on New Drugs), Jeremiah Chakaya (Chair, DOTS Expansion Working Group), Uli Fruth (Secretariat, Working Group on New Vaccines), Haileyesus Getahun (Secretariat, TB/HIV Working Group), Michel Greco (Chair, Working Group on New Vaccines), Diane Havlir (Chair, TB/HIV Working Group), Ernesto Jaramillo (Secretariat, MDR-TB Working Group), Aamir Khan (Chair, MDR-TB Working Group), Madhukar Pai (Co-chair, New Diagnostics Working Group), Lisan Parker (Secretariat, Working Group on New Drugs), Andrew Ramsay (Secretariat, New Diagnostics Working Group), John Ridderhof (Chair, Global Laboratory Initiative), Giorgio Roscigno (Co-chair, New Diagnostics Working Group), Mel Spigelman (Co-chair, Working Group on New Drugs), Omar Vandal (Secretariat, Working Group on New Drugs), Karin Weyer (Secretariat, Global Laboratory Initiative)

Stop TB Partnership Coordinating Board
Sandeep Ahuja, Meliton Arce Rodriguez, Rifat Atun, Nils Billo, Kenneth Castro, Jeremiah Chakaya, Paul de Lay, Marja Esveld, Christina Foley, Peter Gondrie, Michel Greco, Christy Hanson, Hao Yang, Diane Havlir, Nobukatsu Ishikawa, Aamir Khan, Michael Kimerling, Blessina Amulya Kumar, Montserrat Meiro-Lorenzo, Abdallah Abdillahi Miguil, Aaron Motsoaledi, Masato Mugiatani, David Mwakyusa, Kyaw Myint, Carol Nawina Nyirenda, Mphu Ramatlapeng, Mario Raviglione, Giorgio Roscigno, Herbert Schilthuis, Melvin Spigelman, Tonka Varleva

Core writing team
Christopher Fitzpatrick, Katherine Floyd, Christian Lienhardt, Judith Mandelbaum-Schmid

Additional contributions
Mohamed Abdel Aziz, Francis Apina, Yibeltal Assefa, Helen Ayles, Susan Bacheller, Noor Ahmed Baloch, Clifton Barry, Jacqueline Bataringaya, Karin Bergstrom, Léopold Blanc, Amy Bloom, Henry Boom, Raegan Boler, Annemieke Brands, Patrizia Carlevaro, Martina Casenghi, Richard Chaisson, Daniel Chemtob, Mean Chhi Vun, William Coggin, Anne Detjen, Riitta Dlodlo, Mark Doherty, Peter Donald, Paula Fujiwara, Jennifer Furin, Julia Geer, Robert Gie, Andrea Braza Godfrey, Ann Ginsberg, Jonathan Golub, Peter Gondrie, Robin Gorna, Reuben Granich, Jacques Grosset, Martine Guillerm, Willem Hanekom, Mark Harrington, Rumina Hasan, Anneke Hesseling, Phil Hopewell, Moses Joloba, Vishnuvardhan Kamineni, Netty Kamp, Nathan Kapata, Gilla Kaplan, Jacob Kayombo, Daniel Kent, Salmaan Keshavjee, Aamir Khan, Michael Kimerling, Mette Klouman, Afriano Kristki, Soleil Labelle, Barbara Laughon, Wang Lixia, Christopher Locher, Knut Lonnroth, Christine Lubinski, Gavin Macgregor-Skinner, Robert Makombe, Kai Man Kam, Gillian Mann, Neil Martinson, Win Maung, Eugene McCray, Bess Miller, Elisabetta Minelli, Fuad Mirzayev, Satoshi Mitarai, Carole Mitnick, Hassan Mohamed, Prima Kazoora Musiimenta, Carl Nathan, James Newell, Pierre-Yves Norval, Paul Nunn, Eric Nuermberger, Gloria Nwagboniwe, Rick O'Brien, Salah Ottmani, Sonia Qasba, Alasdair Reid, Gracia Violeta Ross Quiroga, Eric Rubin, I. D. Rusen, Javid Sayed, Miriam Schneidman, Alam Shabab, David Sherman, Tom Shinnick, Gurmit Singh, Lakhbir Singh Chauhan, Joseph Sitienei, James Smith-Plenderleith, Soumya Swaminathan, Mao Tan Eang, Maria Telles, Jelle Thole, Paul Thorn, Thelma Tupasi, Zafar Ullah, Mukund Uplekar, Maarten van Cleeff, Marieke van der Werf, Armand van Deun, Jeroen van Gorkom, Sanne van Kampen, Dick van Soolingen, Joel Spicer, Omar Vandal, Wim Vandevelde, Jay Varma, Suzanne Verver, Nguyen Viet Nhung, Tido von Schoen Angerer, Wanda Walton, Gerhard Walzl, Xie Xiu Wang, Diana Weil, Douglas Young, Rony Zachariah, Matteo Zignol, Alimuddin Zumla

Managing editor
Judith Mandelbaum-Schmid

Technical editor
Tim France (Inis Communication)

Editorial and graphics support
Isabelle Burnier, Tom Hiatt,
Tim France (Inis Communications)

Administrative and secretarial support
Loredana Clementi, Winnie de Guzman, Corazon Dolores, Gloria Haselmann, Hanan Twal

Graphic design
Vivian Lee

The development of the Global Plan was coordinated by the Stop TB Partnership Secretariat, under the overall guidance of the Executive Secretary, Marcos Espinal and the Executive Secretary a.i. Giuliano Gargioni.

ABBREVIATIONS

ACSM	advocacy, communication and social mobilization
AFB	acid-fast bacilli
ART	antiretroviral therapy
BCG	bacille Calmette-Guérin
CDR	case detection rate
CPT	co-trimoxazole preventive therapy
CPTR	Critical Path to New TB Drug Regimens (Initiative)
DEWG	DOTS Expansion Working Group
DOTS	the basic package that underpins the Stop TB Strategy
DRS	drug-resistance surveillance
DST	drug susceptibility testing
EBA	early bactericidal activity
EQA	external quality assurance
FDC	fixed-dose combination
GCLP	good clinical and laboratory practice
GDF	Global Drug Facility
GLC	Green Light Committee
GLI	Global Laboratory Initiative
GDP	gross domestic product
HBC	high-burden [TB] country
HIV	human immunodeficiency virus
HSS	health system strengthening
IC	infection control
ICF	intensified case-finding
IMF	International Monetary Fund
INAT	Introducing New Approaches and Tools (subgroup of the DOTS Expansion Working Group)
IPT	isoniazid preventive therapy
ISTC	International Standards for TB Care
LED	light-emitting diode
LPA	line probe assay
LTBI	latent TB infection
MDG	Millennium Development Goal
MDR-TB	multidrug-resistant TB
NGO	nongovernmental organization
NIAID	National Institute of Allergy and Infectious Diseases [US]
NIH	National Institutes of Health [US]
NRL	national reference laboratory
NTP	national TB control programme
OR	operational research
PAL	Practical Approach to Lung Health
PAS	para-aminosalicylic acid
PK	pharmacokinetic
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission [of HIV]
PPM	public-private mix
SNRL	supranational reference laboratory
STAG-TB	WHO's Strategic and Technical Advisory Group for TB
TA	technical assistance
TAG	Treatment Action Group
TB	tuberculosis
TBTEAM	TB Technical Assistance Mechanism
UNAIDS	Joint United Nations Programme on HIV/AIDS
VR	vital registration
WG	Working Group
WHA	World Health Assembly
WHO	World Health Organization
XDR-TB	extensively drug-resistant TB

FOREWORD

The Stop TB Partnership was established in 2000 as a global movement to accelerate social and political action to stop the spread of TB around the world. The Partnership's goal is to eliminate TB as a public health problem and, ultimately, to secure a world free of TB.

In 2006, the Partnership launched the *Global Plan to Stop TB 2006-2015* in Davos, Switzerland at the World Economic Forum. The plan – which provided a roadmap for scaling up prevention and treatment and for research and development, and set out the funding required – drew wide attention among broad audiences around the world. Nigerian President Olusegun Obasanjo, UK Chancellor of the Exchequer Gordon Brown and Bill Gates, Co-chair of the Bill and Melinda Gates Foundation were present at the launch and called on world leaders to rally behind the plan, whose goals included halving TB deaths compared with 1990 levels by 2015.

There have been impressive achievements to date. The incidence rate for TB worldwide is in gradual decline. Overall prevalence and death rates are falling. The number of organizations that have committed to working together to achieve the Partnership's goals has tripled since 2006 and now exceeds 1200. But there is yet a long way to go to reach the plan's targets, which comprise the TB target of the Millennium Development Goals and the Partnership's own targets for 2015.

The *Global Plan to Stop TB 2006-2015* remains both relevant and critical. In 2009, we released a report on progress to date on the occasion of the third Stop TB Partners' Forum in Rio de Janeiro, Brazil. It was clear that some of the plan's goals, objectives and targets were in need of a fresh look in order to assess their relevance to reaching the 2015 deadline. This revised plan retains the full spirit of the *Global Plan to Stop TB 2006-2015* while providing a clearer blueprint for action.

The stakes are high: without rapid scale-up of TB prevention and treatment, some 10 million people will die of this curable disease by 2015. Addressing TB is also critical for meeting other development goals on poverty, HIV and women and children's health. Without sufficient investment in the development of new diagnostic methods, anti-TB drugs and vaccines, we will not achieve the Partnership's goal of eliminating the disease as a public health problem by 2050.

The Stop TB Partnership remains uniquely placed to promote and coordinate the actions set out in this plan. During the past five years, Stop TB Partners have clearly demonstrated their capacities to achieve results – in research and development and in providing effective TB care. We are confident that this invigorated roadmap will inspire our Partners to even greater achievements.

We urge all those currently funding activities related to TB control and research not only to sustain, but to step up your investment in the plan. Only by working together can we achieve the vision of a world free of TB.

Marcos Espinal
Executive Secretary,
Stop TB Partnership

PREFACE

A pandemic, by definition, plays out on a massive scale. Controlling it requires a comparable scale of international consensus and commitment. This means having a sound roadmap that sets forth internationally agreed strategies for prevention, diagnosis and treatment, and research for improving all three; plus a clear plan for implementing those strategies worldwide. The global fight against TB benefits from broad alignment on both.

In 2006, the World Health Organization (WHO) launched the *Stop TB Strategy* as an evidence-based approach to reducing the burden of TB. Today, governments around the world have voiced their commitment to its key principles of achieving universal access to high-quality TB care, reducing human suffering, reaching out to vulnerable populations, protecting human rights and supporting the development and use of new tools.

In 2001, the Stop TB Partnership launched the *Global Plan to Stop TB 2001–2005*. In 2006, a more advanced plan for transforming these principles into action was issued: the *Global Plan to Stop TB 2006–2015*. Since then the Plan has garnered the world's confidence as a roadmap for dramatically reducing the global burden of TB by 2015.

We are now at the half-way mark, and it is a fitting moment to look at where we are and where we hope to go. This revised and updated plan further illuminates the way forward to 2015 by taking into account progress since 2006; updates on epidemiology, policy and costs related to multidrug-resistant TB and TB/HIV; the importance of urgently giving a higher profile to laboratory strengthening; and the need to address the full spectrum of TB research in a coherent and coordinated manner.

TB is an ancient illness. By all rights – as a bacterial disease that is curable with antimicrobial drugs – it should belong to the past. In 2006, when the *Global Plan to Stop TB 2006–2015* was launched, the epidemic was still believed to be growing by about 1% each year. The fruits of implementing the *Stop TB Strategy* and the Global Plan to Stop TB are now evident. The epidemic is in a steady, although modest and slow, decline.

Nonetheless more than 9 million people still develop active TB each year and nearly 2 million die. These figures should not inspire hopelessness, but rather an acknowledgment that TB is a unique pandemic. A third of the world's population harbours latent TB infection, which can emerge at any time as an airborne and transmittable disease. Reducing this human reservoir of infection will require many years of steady and untiring effort – plus more effective tools than we have at our disposal today.

No one ever said this would be an easy fight. However, with the Global Plan to Stop TB 2011–2015 the direction is set with renewed intensity in care and control efforts, and new approaches and tools finally becoming available. We are now at the start of a road that should take us towards the achievable goal of TB elimination.

Mario Raviglione
Director,
WHO Stop TB Department

EXECUTIVE SUMMARY

ABOUT TUBERCULOSIS

Tuberculosis (TB) – an infectious airborne disease – is a major global health problem. Each year, there are around nine million new cases of TB, and close to two million deaths. All countries are affected, but 85% of cases occur in Africa (30%) and Asia (55%), while India and China alone represent 35%.

TB is closely connected with HIV. People living with HIV, representing over 10% of annual TB cases, are up to 37 times more likely to develop TB than people who are HIV-negative. In 2009, TB accounted for one in four deaths among HIV-positive people. Yet TB is, in most instances, a curable disease. More than 90% of people with drug-susceptible TB can be cured in six months using combinations of first-line drugs. Treatment of multidrug-resistant TB (MDR-TB) – there are around 0.5 million cases each year – is more challenging, requiring the use of second-line drugs that are more costly, cause more severe side-effects, and must be taken for up to two years. Cure rates for MDR-TB are lower, typically ranging from around 50% to 70%.

THE FIGHT AGAINST TB: TARGETS AND ACHIEVEMENTS

Recognizing the scale of the problem, global targets

DOTS programmes. The Stop TB Partnership has also set two additional targets: to halve TB prevalence and death rates by 2015, compared with 1990 levels, thus paving the way for the elimination of TB (defined as less than one case of TB disease per one million population per year) by 2050.

There have been impressive achievements to date: the number of cases per capita is falling by around 1% per year, and death rates have fallen by about one third since 1990. From 1995 to 2009, 49 million TB patients were treated according to the DOTS strategy, 41 million of them successfully.

THE GLOBAL PLAN

In 2006, the Stop TB Partnership launched the *Global Plan to Stop TB 2006–2015*, a roadmap for scaling up prevention and treatment, for research and development, and for financing. The plan's goals included halving TB deaths compared to 1990 levels by 2015 – still a target today.

The end of 2010 marks the mid-point of the *Global Plan to Stop TB 2006–2015*, and is a natural time to update the plan with a focus on the final five years leading up to the target year of 2015. There are several other reasons why the original document had to be revised. There was a need to take into account actual progress made since 2006, significant changes