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Tuberculosis: ‘Bending the Curve’

The South-East Asia (SEA) Region bears nearly half the global burden of tuberculosis (TB) disease in terms of new cases (incidence), although only about 26% of the global population lives in the Region. The current pace of response to the TB situation in the SEA Region needs to be accelerated to achieve the target of ending TB by 2030.

A Ministerial Meeting of the 11 Member States of the Region was held on 15–16 March 2017 in New Delhi, India. The purpose of the meeting was to ensure an urgent and extraordinary response to TB, and accelerate control to achieve the WHO End TB targets through the highest level of political commitment, increased funding and a fast-track plan. The meeting concluded with the issuance of a “Call for Action” to Member States to accelerate efforts at ending TB and allocating the needed resources. TB now is a WHO SEA Regional Flagship Priority – Accelerating efforts to End TB by 2030.

Ending the TB epidemic will therefore require an expansion of the scope and reach of interventions for TB care and prevention; institution of systems and policies to create an enabling environment and share responsibilities; and aggressive pursuit of research and innovation. The programme needs to be monitored at the highest political level and progress reviewed towards attainment of the milestones and targets of ending TB.

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventieth Session of the Regional Committee:

Actions by Member States

- (1) Review the current national plans to align them with the “Delhi Call for Action to End TB in the South-East Asia Region by 2030”.
- (2) Establish learning sites for testing and rapid expansion of innovative approaches towards ending TB.

- (3) Identify human and financial resources for ending TB in the respective Member States.
- (4) Engage all stakeholders, including communities, in efforts to end TB.

Actions by WHO

- (1) Facilitate the setting up of a regional “Innovation to Implementation” fund under the Bending the TB Curve Initiative (BTCI), and support the establishment of at least one learning site each in a high-burden and low-burden country.
- (2) Identify institution(s) in the Region to lead the process of research on innovation.
- (3) Provide technical support to Member States for fast-tracking strategies.
- (4) Facilitate the participation of Member States in the Global Ministerial Meeting to be held in Moscow in November 2017.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventieth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

Introduction

1. Tuberculosis (TB) is inextricably tied to poverty, overcrowding and malnutrition – these fuel TB and TB fuels them. The human, economic and social costs of not reaching the End TB targets in this Region are huge. At the same time, the human and scientific case for investing now in TB is attractive. Each dollar invested in averting TB deaths gives a return of \$43. On an average, appropriate treatment and cure may give an individual in the middle of their productive life around 20 additional years of life. New regimens, vaccines, drugs and diagnostics on the anvil can yield dramatic results once they are translated from “innovation to implementation” in this Region. The objective is to motivate Member States to mobilize and allocate the necessary resources to meet the TB targets. Modelling projections for annual resource needs indicate that most countries have to put in between 0.1% and 0.2% of their gross national income (GNI) into TB funding for a comprehensive set of interventions that would end TB. Resources will be required for national programmes

- to fast-track and scale up interventions while consistently improving the quality of implementation;
- to bridge operational gaps in implementing existing, known strategies as well as testing new approaches mainly focused on finding “missing” cases;
- to undertake research for innovation and adopting new approaches.

Current situation, response and challenges

2. TB remains the largest cause of death and suffering due to any communicable disease among the most productive age groups in the World Health Organization's South-East Asia (SEA) Region. Although the Region accounts for only about 26% of the global population, it has nearly half the global burden in terms of new cases (incidence), and close to 40% of the burden in terms of deaths due to TB (mortality). Six Member States – Bangladesh, Democratic People's Republic of Korea, India, Indonesia, Myanmar and Thailand – are among the 30 high TB burden countries globally.

3. The total number of new cases that were notified to national TB programmes of the SEA Region was only about 54% of the estimated incidence. The success rate of TB treatment stood at 79% in 2015, the lowest in the past 5 years.

4. The estimated number of multidrug-resistant and rifampicin-resistant TB (MDR/RR-TB) cases was 200 000, of which just 16% were started on treatment in 2015. Of those started on treatment in previous years (2013), less than half were successfully treated.

5. An estimated 227 000 cases (4.7%) of the 4.7 million incident cases were HIV-positive. An estimated 74 000 people died of HIV-linked TB in 2015.

6. The WHO End TB Strategy and corresponding Regional Strategic Plan to End TB targets reductions in disease burden – 90% reduction in deaths and 80% in TB incidence by 2030. This is in alignment with the Sustainable Development Goals (SDGs) to which all countries have committed.

7. The current pace of response needs to be accelerated to achieve the target of ending TB. Considering this, a Ministerial Meeting of the 11 Member States of the Region was held on 15–16 March 2017 in New Delhi, India. The purpose of the meeting was to ensure an urgent and extraordinary response to fast-track efforts at TB control to achieve the WHO End TB targets through the highest level of political commitment, increased funding and a fast-track plan. The meeting was attended by nine Ministers and two senior representatives from Member States, along with several partners that included heads of three international agencies. The meeting concluded with the issuance of a “Call for Action” to Member States to accelerate efforts at ending TB and allocating the needed resources. TB now is a SEA Regional Flagship Priority – Accelerating efforts to End TB by 2030.

Strategic issues and the way forward

8. Ending the TB epidemic is not merely a biomedical challenge; it is also a developmental challenge. The global-, regional- and country-level responses to ending the TB epidemic must therefore be a part of an inclusive response designed to meet the global development goals. Progress towards ending the TB epidemic will depend as much on improving overall health as it will on optimizing current strategies, developing new tools and technologies to diagnose, treat and prevent TB, and reaching them to all who need them.

9. Ending the TB epidemic will therefore require an expansion of the scope and reach of interventions for TB care and prevention; institution of systems and policies to create an enabling environment and share responsibilities; and aggressive pursuit of research and innovation to promote the development and use of new tools for TB care and prevention.

Proposed actions

10. “Bending the Curve” in the Region implies bringing down TB incidence and mortality at an accelerated pace by fast-tracking high-impact interventions in parallel, through collective actions of governments, partners, communities and stakeholders. Urgent investments commensurate with programme requirements for ending TB are needed.

11. To identify the strategies needed in the Region to end TB, three packages of interventions have been modelled. All interventions within each package are assumed to be implemented with a steady (linear) scale up over 5 years, starting from 2017. The packages of interventions include the following:

- (i) **Strengthening TB services** – this package includes strengthening of infrastructure and expansion of service-providing facilities, while the mode of case detection remains largely passive. The major milestones in this package include
 - engagement of 50% of the private/non-National TB Programme (NTP) sector in the national programme by 2020;
 - increase in the number of laboratories to improve the number of TB patients diagnosed by at least 20% by 2020; and

- at least 50% of all symptomatic persons being tested using rapid diagnostics by 2020.
- (ii) **Accelerated case detection** – this package includes active forms of case-finding in the community through various approaches:
- contact investigations for every passively diagnosed TB patient;
 - intensified case-finding – this could range from community referrals or sustained, active case-finding among specified risk groups, depending on the country context.
- Under the above two interventions, programmes should attempt to screen at least 1.5 million cases by 2020 to achieve the desired goals.
- (iii) **Prevent TB** – current strategies of isoniazid preventive therapy (IPT), infection control measures and screening need to be expanded as per WHO guidelines by 2020. It is assumed that from 2025, a mass preventive measure will be available if appropriate investments are made in research.

Conclusions

12. From the discussion, it was evident that all Member States supported the Delhi Call for Action, which would help them to reduce the burden of TB. Significant progress has been made in TB care and prevention, but Member States are aware that much more needs to be done, including the procurement and supply of affordable drugs and diagnostics. Effective and innovative community initiatives have been launched, such as community-based TB care and engagement of the private sector in rural and other areas. Regulations, including mandatory notification of TB cases, have been introduced in several Member States, which have helped to improve case notification. There is a need to address TB in congregate settings, among migrant workers, factory workers, persons with diabetes and HIV, and those living in border and hard-to-reach areas. The current national strategic plans for ending TB need to be reviewed to examine their alignment with the Delhi Call for Action, and the substantial human and financial resources that need to be mobilized. Other innovative initiatives include the use of information and communication technology (ICT) platforms for the management of TB patients, provision of universal drug-susceptibility testing (DST)-guided treatment, addressing MDR-TB and TB in immunocompromised patients, and focusing on the social aspects of TB. Therefore, the Regional Office will engage in the following actions.

- Continue high levels of advocacy to ensure political commitment and adequate resource mobilization.
- Work closely with the three levels of the Organization to identify bottlenecks and provide timely support to national programmes to accelerate progress towards ending TB.
- Continue engagement of the private/non-NTP sector and community to detect missing cases.

- Support Member States in fully implementing mandatory notification, and the drug regulatory authority (DRA) in introducing newer drugs for the treatment of drug-resistant TB.
- Review and support national programmes to examine their alignment with the Delhi Call for Action.
- Continue support for the provision of universal DST-guided treatment, addressing MDR-TB and TB in immunocompromised patients, and focusing on the social aspects of TB.