Ending TB in the Western Pacific Region

Regional Framework for Action on Implementation of the End TB Strategy

Dr Subhash Yadav
Medical Officer – TB and Leprosy
World Health Organization
Division of Pacific Technical Support,
Suva, Fiji
Disclosures

None
Objectives

- Describe the burden of TB
- Discuss the End TB strategy and its targets
- Identify Regional framework for action 2016-2020
- Explain trend of TB incidence in WPR
- Discuss 3 major challenges in management of TB
- Conclusion
TB burden in the Western Pacific Region

- 61% of global TB cases occur in the Asia Pacific Regions (WPR 15% + SEAR 46%)
- WPR carries 17% of drug-resistant TB burden

**Estimate number of TB (all forms)**
1.59 million (86 per 100,000)

**Estimated number of deaths due to TB***
89,000 (4.8 per 100,000)

**Multidrug-resistant TB + Rif resistant TB**
100,000

**HIV-associated TB**
34,000

All estimates are for 2015.
Source: Global TB Report 2016 (WHO)
* Excluding death due to TB-HIV co-infection
Challenges

1. Many patients **undiagnosed**
2. **Insensitive** diagnostics
3. Vulnerable and **high-risk** groups
4. Only a small fraction of **MDR-TB** patients diagnosed, yet treatment capacity insufficient
5. Limitations in **health systems**
Regional Framework for Action on implementation of the End TB Strategy

Purpose

• Facilitate the adaptation and implementation of the End TB Strategy

Structure and contents

• Follow the same three-pillar structure with 7 components
• Each component composed of:
  – Strategy
  – Regional situation
  – Proposed actions
• Region specific issues:
  – High risk groups, opportunities for social protection, urban TB control, co-morbidity management

Endorsed by Member States in 66th RCM in Oct 2015
The End TB Strategy:
3 pillars and 4 principles

PILLAR 1
Integrated, patient-centered TB care and prevention

PILLAR 2
Bold policies and supportive systems

PILLAR 3
Intensified research and innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration

World Health Organization
GLOBAL TB PROGRAMME
END TB
The structure and components

Pillar 1: Integrated, people-centred care and prevention

1. Treatment and care for all TB patients
   - MDR-TB
   - TB among children
   - High-risk populations (enhancing contact investigation)
   - TB/HIV
   - Co-morbidities

2. TB laboratory networks

3. Latent TB infection and BCG vaccination

Pillar 2: Bold policies and supportive systems

1. Governance and stewardship
   - NSP and TB control financing
   - UHC policy and TB control
   - Drug regulatory systems
   - Disease notification and surveillance systems

2. Engagement of public and private providers

3. Addressing social determinants and social protection

Pillar 3: Research

- Enhancing TB research capacity
Ten End TB operational targets by 2020/2025

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Recommended target level by 2025 latest</th>
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<tbody>
<tr>
<td>1. TB treatment coverage</td>
<td>≥90%</td>
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<tr>
<td>2. TB treatment success rate</td>
<td>≥90%</td>
</tr>
<tr>
<td>3. Percentage of TB-affected households that experience catastrophic costs due to TB</td>
<td>0%</td>
</tr>
<tr>
<td>4. Percentage of newly notified TB patients tested using WHO-recommended rapid tests</td>
<td>≥90%</td>
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<tr>
<td>5. LTBI treatment coverage</td>
<td>≥90%</td>
</tr>
<tr>
<td>6. Contact investigation coverage</td>
<td>≥90%</td>
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<tr>
<td>7. DST coverage for TB patients</td>
<td>100%</td>
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<tr>
<td>8. Treatment coverage, new TB drugs</td>
<td>≥90%</td>
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<tr>
<td>9. Documentation of HIV status among TB patients</td>
<td>100%</td>
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<tr>
<td>10. Case fatality ratio (CFR)</td>
<td>≤5%</td>
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</tbody>
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Trend of notification and estimated incidence by WHO Region

Africa

The Americas

Eastern Mediterranean

Europe

South-East Asia

Western Pacific
High-burden countries with a decreasing case notification trend

Cambodia

Viet Nam

China
High-burden countries with increasing or unclear trends
Non-high-burden countries with a decreasing case notification rates

Japan

Republic of Korea

China, Hong Kong SAR

China, Macao SAR
Non-high-burden countries with a increasing or unclear trends

Malaysia

Singapore

Brunei Darussalam

World Health Organization
Low incidence countries (notification rate and number)
Three high-level challenges

1. Accelerating adoption and expansion of innovations

2. Sustainable financing for TB care and control

3. Ensuring effective TB control structure and services
Accelerating adoption and expansion of innovations

- Many TB patients left undiagnosed
  - Requires diagnostic retooling with effective screening strategies
  - Serious low detection for DR-TB: only 22% of notified cases
- Disconnected cascade of care
  - 72% of notified DR-TB started treatment
  - DR-TB treatment coverage for 2015 was 17%
  - 57% treatment success rate in 2013
- Technologies are increasingly available but still far from covering all people in need
  - The shorter MDR-TB regimen: only around 400 patients
  - Bedaquiline: only 156 patients in 4 countries
  - Delamanid: very few patients
  - DST coverage low (8.8% new and 36% of retreatment cases tested for Rifampicin resistance)
Sustainable financing for TB care and control

- Economic development and decreasing disease burden leading to a reduction in external funding for disease control programmes
- Countries need to ensure (prepare for) smooth transitioning
  - Increasing domestic financing
  - Improving efficiency
  - Ensure core functions maintained
- Parallel to the structuring reforms (previous points)
Ensuring effective TB control structure and services

- Health systems are in transition in many countries
  - Social sector reforms / Health sector reforms / Hospital reforms / re-organization of public health structure
  - Health financing reforms
    (in the context of UHC or other reasons)

- Reorganization of TB control system is threatening effective service delivery
  - Ensuring core programmatic functions—’missing in transition’
  - Clinical sector increasing its role but link with public health is weak
  - Health insurance integration in some countries poses specific challenges
Three high-level challenges

1. Accelerating adoption and expansion of innovations
   - Overcome policy and technical barriers
   - Sufficient funding

2. Sustainable financing for TB care and control
   - Transition to stronger domestic financing
   - Address fragmentation and inefficiencies

3. Ensuring effective TB control structure and services
   - TB control as part of essential core public health functions
   - Stronger National TB control systems
     —a whole of government, a whole of society approaches

Session 4. DR-TB
Session 3. High-risk groups
rGLC-GLI-GFATM joint WS on 22 March (APRC2017)

Session 2. Sustainable financing

Session 2. UHC and social protection

Session 5. People-centre
Summary

• TB epidemiology: not yet reducing TB incidence in a consistent manner across the region
• High-level challenges:
  – Slow adoption and expansion of technologies
  – TB control structure and services face various transitions
  – Increasing and sustaining TB control financing
• The End TB Strategy opened up new era of TB control
  – Continue to pursue a full implementation of the End TB Strategy
  – Modernize TB services in diagnosis, treatment and prevention for all people
  – Enhancing inter-country collaboration achieving TB control as a global public good
• Continue to align TB control work with:
  – Overall health system strengthening efforts towards UHC
  – National move for SDGs through multi-sector engagement
Thank you!

Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020