WHO Global Task Force on TB Impact Measurement
Mandate and strategic areas of work: proposal 2016–2020

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Meeting of the WHO Global Task Force on TB Impact Measurement
Glion-sur-Montreux, 19–21 April 2016
Overview

1. Mandate and strategic areas of work 2007–2015
2. The Sustainable Development Goals (SDGs) and the End TB Strategy
3. Implications of the SDGs and End TB Strategy for Task Force mandate and strategic areas of work
4. Other factors with implications for Task Force mandate and strategic areas of work
5. Proposal: mandate and strategic areas of work 2016–2020
1. Mandate, strategic areas of work 2007–2015
WHO core functions
mandated and endorsed by 194 Member States

1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed

2. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge

3. Setting norms and standards and promoting and monitoring their implementation

4. Articulating ethical and evidence-based policy options

5. Providing technical support, catalysing change and building institutional capacity

6. Monitoring the health situation and assessing health trends

http://www.who.int/about/role/en/
MDG framework, 2000–2015
8 goals and related targets

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal and child health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental stability
8. Global partnership for development

http://www.un.org/millenniumgoals/
2015 global TB targets

- MDG 6, Target 6c: Halt and reverse TB incidence
- Four other MDG indicators for TB:
  - prevalence, mortality, case detection, treatment success

- Halve prevalence and mortality rates compared with baseline of 1990

Mandate

To produce a robust, rigorous and widely-endorsed assessment of whether 2015 global targets for reductions in TB incidence, prevalence and mortality are achieved at global, regional and country levels

Three strategic areas of work (December 2007)

1. Strengthening surveillance of TB cases and deaths, all countries
2. National TB prevalence surveys in 22 global focus countries
3. Periodic review of methods to produce disease burden estimates
Contributors

NTPs of many countries

Convened by:
WHO/GTB/TME

Chair: Jaap Broekmans

And in particular, 11 long-standing contributors among those at this meeting:
Ibrahim Abubakar, Ana Bierrenbach, Emily Bloss, Martien Borgdorff, Chen-Yuan Chiang, Ted Cohen, Razia Fatima, Eveline Klinkenberg, Eliud Wandwalo, Marieke van der Werf, Norio Yamada
Global TB monitoring by WHO
status at time of last Task Force meeting, April 2015

Data reported by ~200 countries, >99% global population and TB cases
Launched 28 October
Washington DC

- 20th report
- 20 years since global TB monitoring established in WHO
- 20 rounds of global TB collection
- 2015 targets assessment
- Transition from MDGs to SDGs, Stop TB Strategy to End TB Strategy
2. The SDGs and the End TB Strategy
Sustainable Development Goals
adopted by UN September 2015, for 2016–2030

17 goals

Goal 3
Ensure healthy lives and promote well-being for all at all ages

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Indicators: HIV incidence, tuberculosis incidence, malaria incidence, Hep B incidence, number of people requiring interventions against NTDs

+ disaggregation → inequalities → equity
Global strategy and targets for tuberculosis prevention, care and control after 2015

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;
Vision: A world free of TB

Goal: End the Global TB epidemic

(≈10 cases per 100,000 population)

Vision, goal, indicators, targets

<table>
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<tr>
<th>INDICATORS</th>
<th>MILESTONES</th>
<th>TARGETS</th>
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<tr>
<td></td>
<td>2020</td>
<td>2025</td>
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<tr>
<td>1. Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
<td>75%</td>
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<tr>
<td>2. Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20%</td>
<td>50%</td>
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<td>3. TB-affected households facing catastrophic costs due to TB (%)</td>
<td>Zero</td>
<td>Zero</td>
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For strategy components (10) and principles, see background document 1
The End TB Strategy

Global trajectories to reach milestones and targets

Incidence

- 20% reduction (4–5% per year by 2020)
- 10% per year by 2025
- Technological breakthrough required by 2025, LTBI
- 50% reduction
- 80% reduction

TB deaths

- 35% reduction (CFR 10%)
- 75% reduction (CFR 6.5%)
- 90% reduction

Target 2035 = 90% reduction

Target 2035 = 95% reduction
3. SDGs and End TB Strategy

implications for Task Force mandate
and strategic areas of work post-2015
Five major implications

1. TB incidence and TB deaths remain high-level indicators
   - Strengthened routine surveillance SAoW* remains necessary
   - Periodic review of methods SAoW remains necessary

2. Costs faced by TB-affected households is now the third high-level indicator
   - Should be part of a Task Force SAoW if focus on measurement of high-level indicators is to remain

3. TB prevalence lower profile
   - National TB prevalence surveys may not justify being an entire SAoW

4. Disaggregation of TB indicators and related assessment of equity higher profile (disaggregation $\rightarrow$ inequalities $\rightarrow$ equity)
   - Key indicators will need disaggregation e.g. by age, sex, economic status, location; some will need to allow assessment of equity

5. Estimates of the burden of TB infection higher profile

*SAoW – Strategic Area of Work
4. Other factors with implications for Task Force mandate and strategic areas of work post-2015
Four other factors

1. Growing demand for dis-aggregations of national estimates for TB disease burden specifically
   - E.g. by age (adults/children), MDR-TB

2. Importance of analysis and use of data, as well as data generation

3. Commonalities with drug resistance surveillance
   - Surveillance, surveys, use of rapid tests… integrate in Task Force SAoW?

4. Growing demand for projections: notifications, disease burden
5. Proposal

mandate and strategic areas of work post-2015
Mandate
2016–2020

1. To ensure that assessments of progress towards End TB Strategy and SDG targets and milestones* at global, regional and country levels are as rigorous, robust and consensus-based as possible

2. To guide, promote and support the analysis and use of TB data for policy, planning and programmatic action

*i.e. TB incidence rate, number of TB deaths, percentage of TB-affected households facing catastrophic costs
Strategic areas of work
2016–2020

1. Strengthening national notification systems for direct measurement of TB cases*

2. Strengthening national vital registration systems for direct measurement of TB deaths

3. Priority studies to periodically measure TB disease burden, *including*
   - National TB prevalence surveys
   - Drug resistance surveys
   - Mortality surveys
   - TB patient/household cost surveys

4. Periodic review of methods used by WHO to estimate the burden of TB disease and latent TB infection

5. Analysis and use of TB data at country level, *including*
   - Disaggregated analyses (e.g. age, sex, location) to assess inequalities and equity
   - Projections of disease burden
   - Guidance, tools, capacity building

*Including drug-resistant TB and HIV-associated TB specifically*