



“Challenges of Current TB Problem to Today’s Asia”

**Regional Framework for Action**  
on Implementation of **the End TB Strategy**  
in the Western Pacific Region

The Asian National Stop TB Partnership Forum,  
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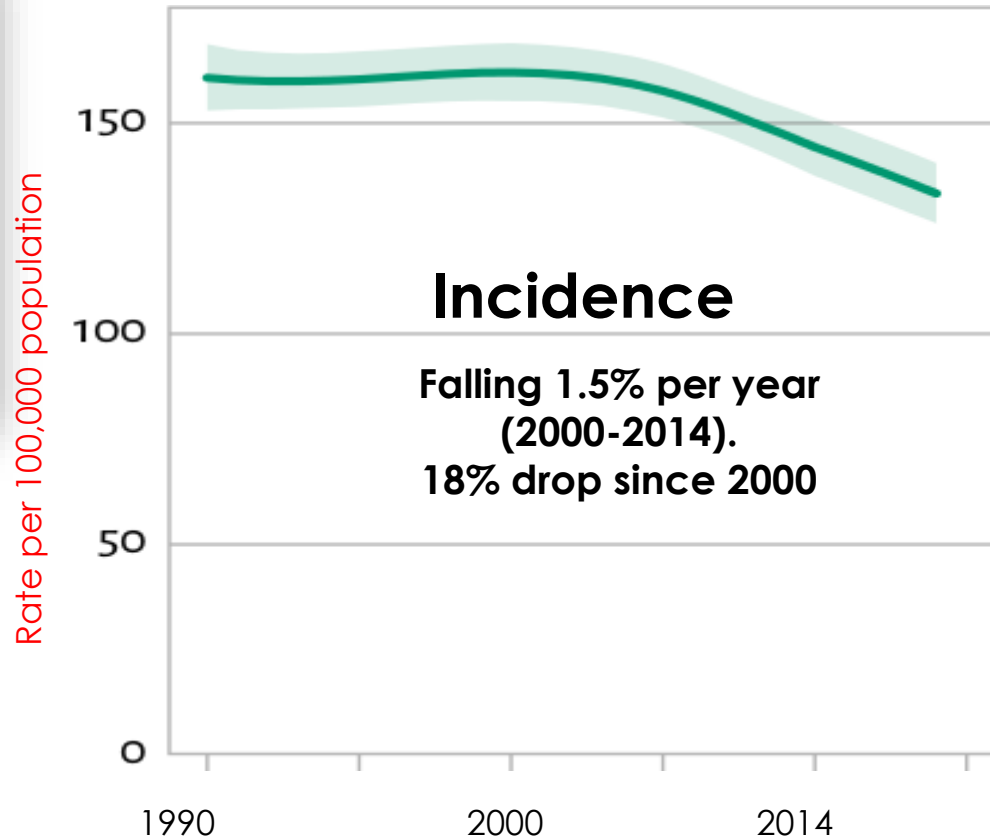


**Goal 6:**  
Combat HIV/AIDS,  
malaria and  
other diseases

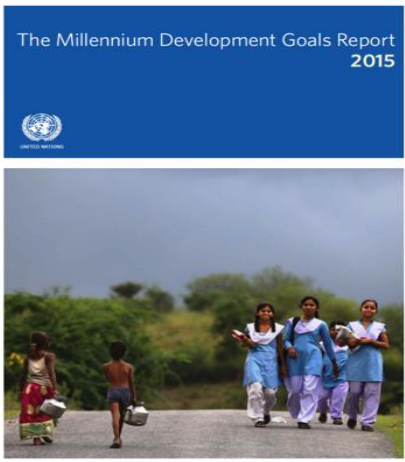
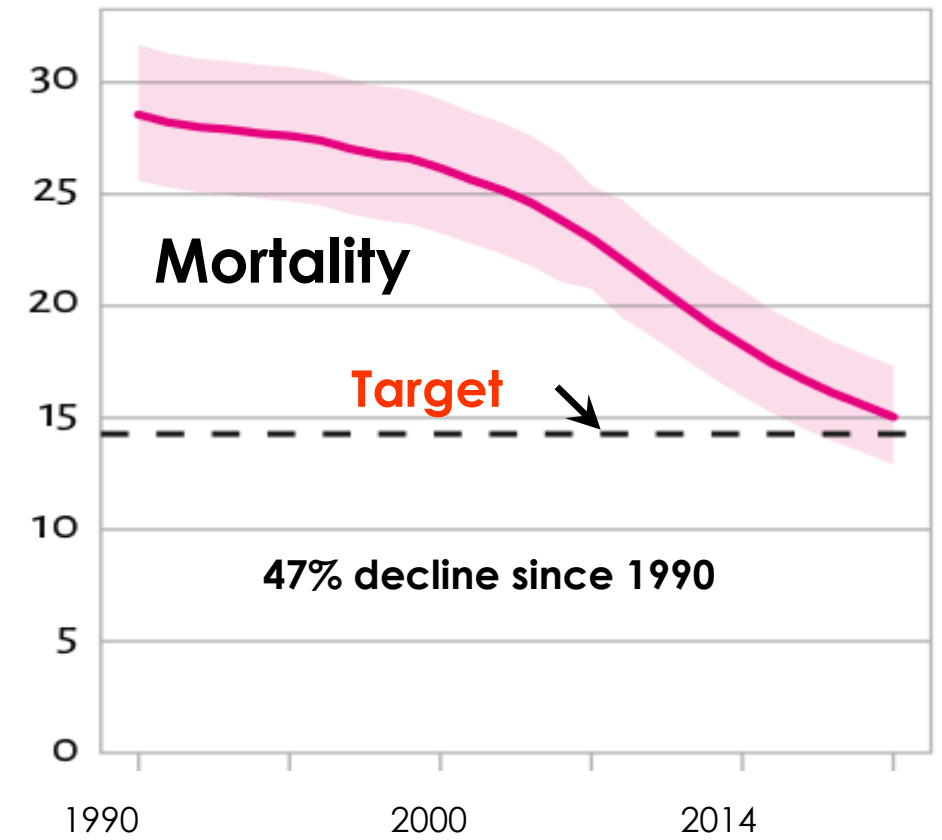


# MDG6 TB target achieved

## TB EPIDEMIC REVERSED



## 47% DROP IN TB MORTALITY

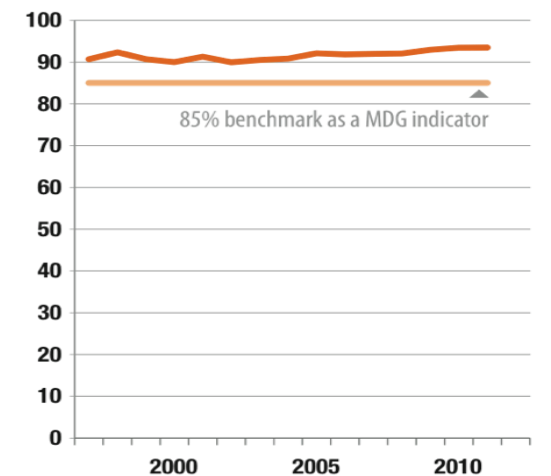


**43 million  
lives saved  
between 2000  
and 2014**

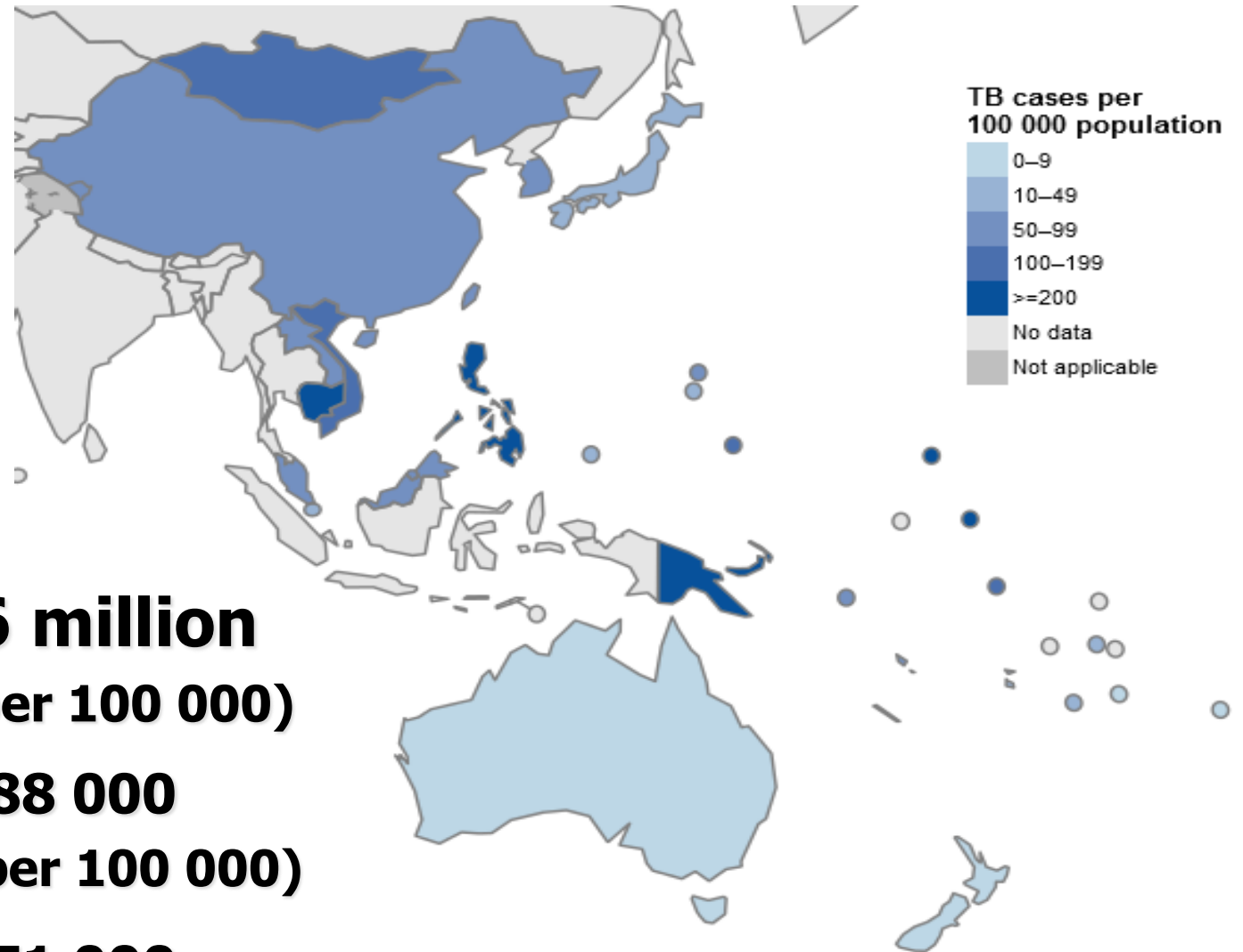
But huge burden of deaths and suffering remains.

**9.6 million** people **fell ill** with TB in 2014, and there were **1.5 million deaths**

# Surpassing MDGs and other targets in the Western Pacific Region



# TB burden in the Western Pacific Region



**Estimate number of TB (all forms)**

**1.6 million**  
(85 per 100 000)

**Estimated number of deaths due to TB\***

**88 000**  
(4.8 per 100 000)

**Multidrug-resistant TB**

**71 000**

**HIV-associated TB**

**31 000**

All estimates are for 2014.

Source: Global TB Report 2015 (WHO)

\* Excluding death due to TB-HIV co-infection



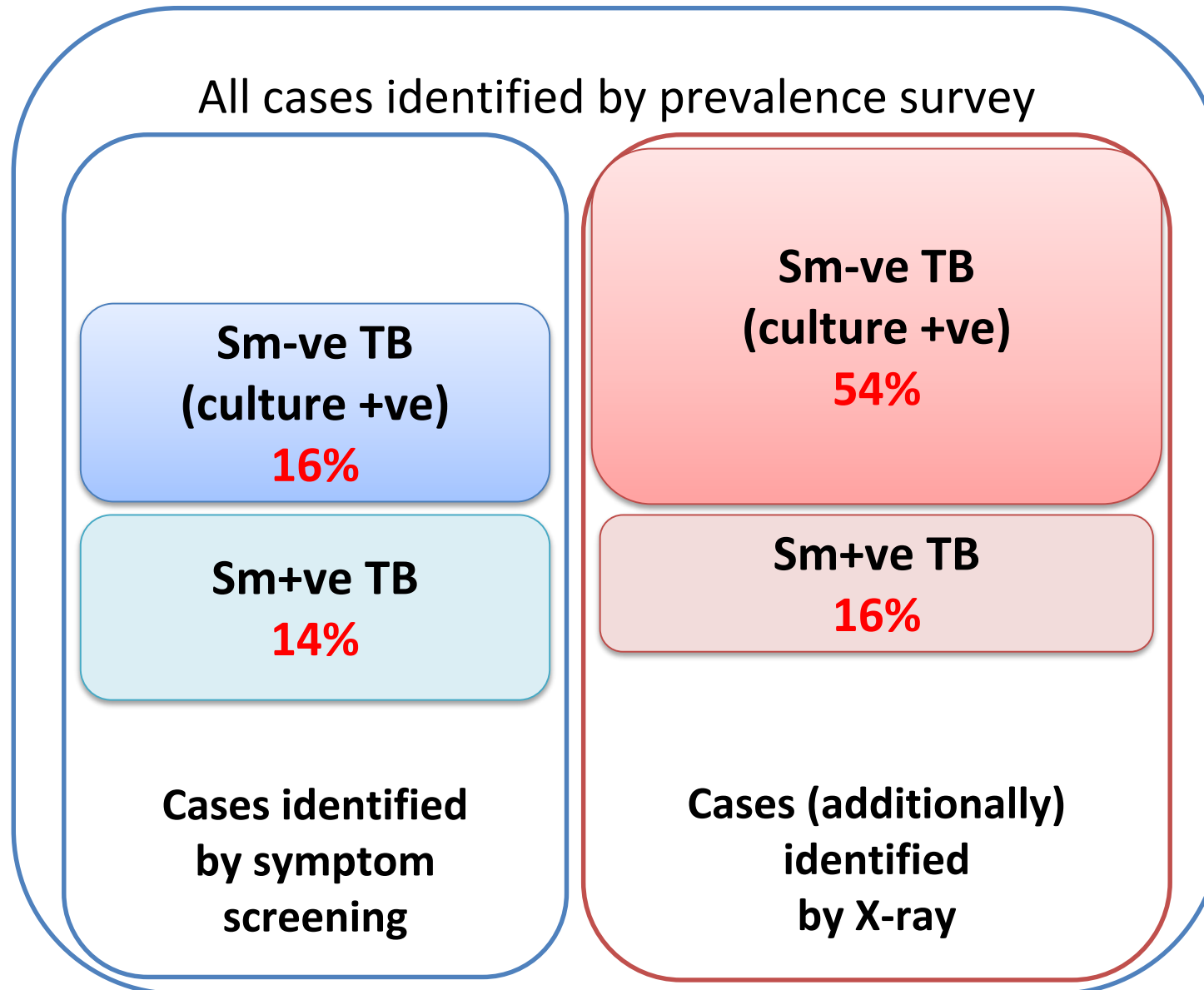


# Challenges

1. Many patients **unreached**
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**



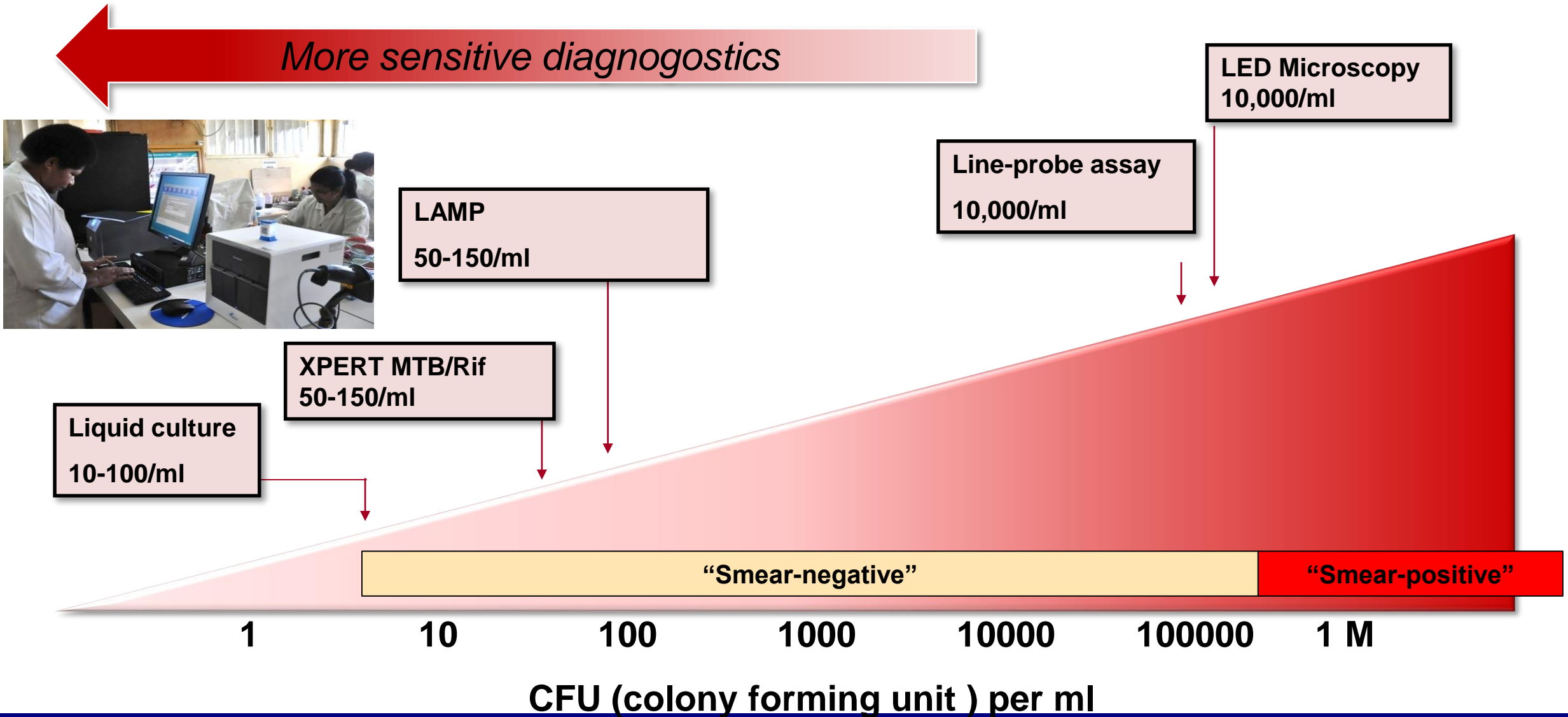
# Increasing difficulty in TB diagnosis



(Data from The Second National TB Prevalence Survey, Cambodia, 2011)



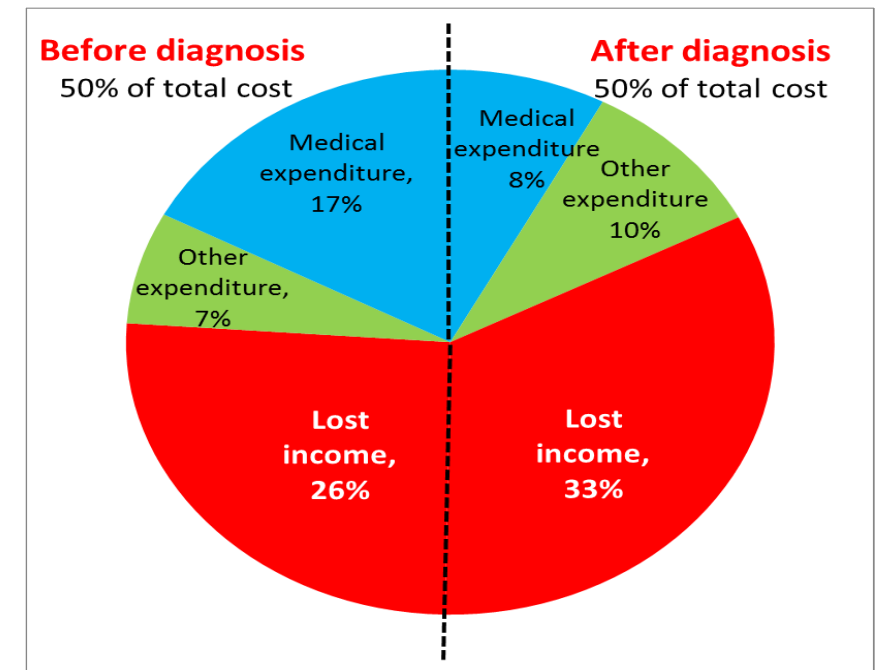
# Need for more sensitive diagnostics



# Financial hardship of TB patients and families

~ losing a half of annual income ~

- TB patients in low-and middle-income countries face expense equivalent to more than **50% of their annual income**.
- **A half of the costs are incurred before TB treatment**
- Patients often have to resort to coping mechanisms that may be irreversible:
  - up to 75% of TB patients must take out a loan;
  - up to 50% sell household items; and
  - up to 66% rely on financial support from relatives.
- Addressing catastrophic patient cost is prerequisite for further advancing TB control

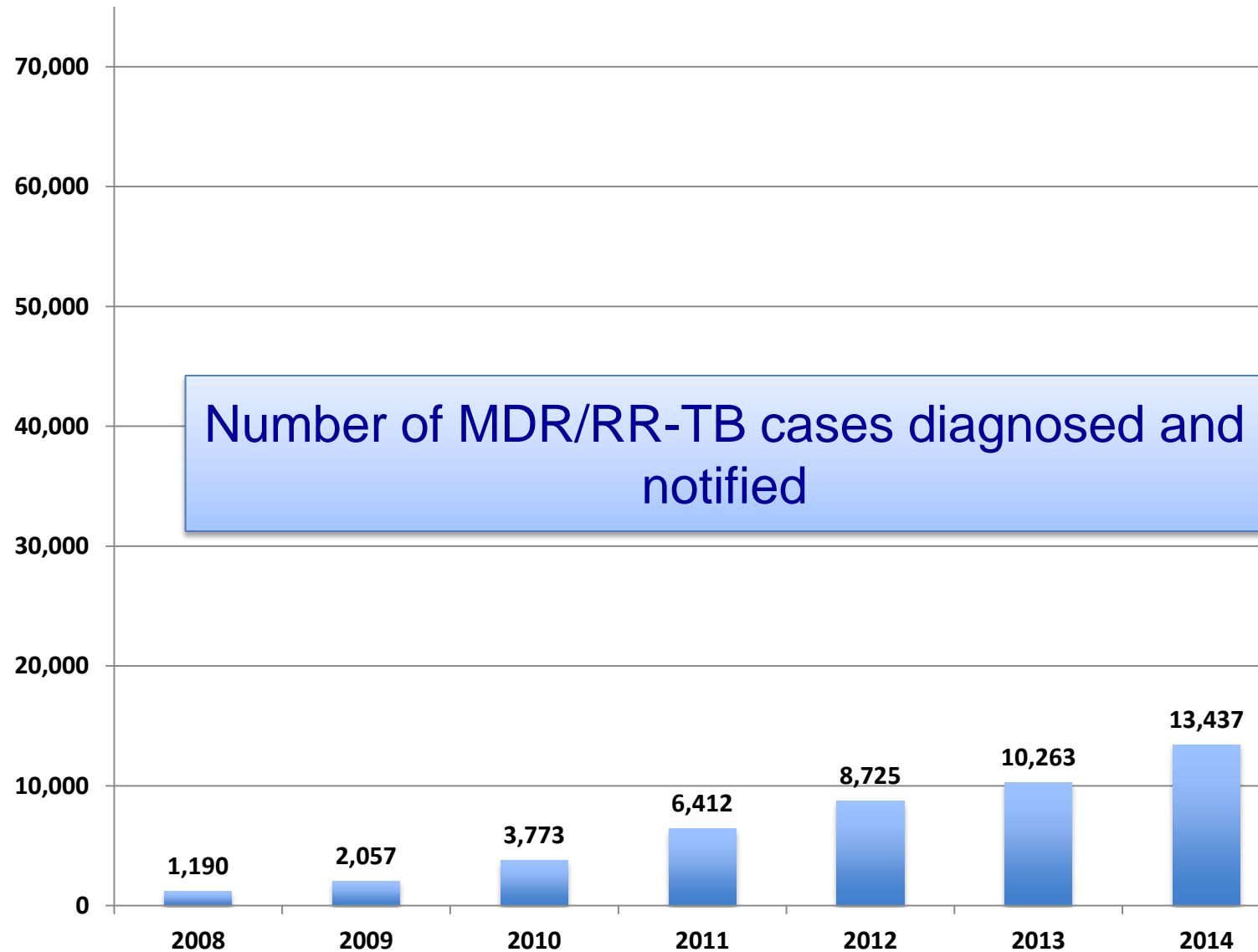


*Distribution of medical expenditures, other expenditures and income loss, before and during TB treatment\**



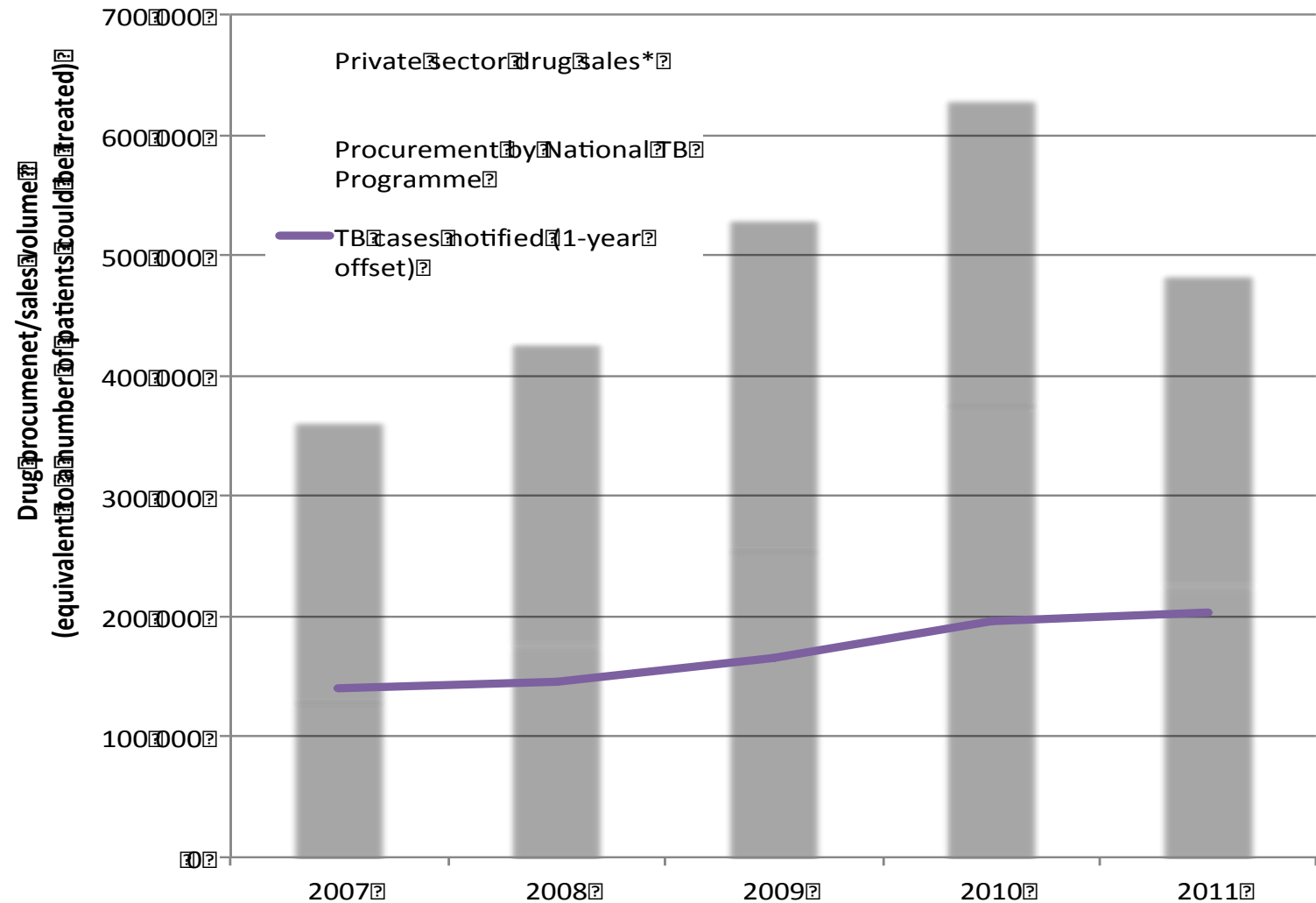


# MDR-TB diagnosis, enrolment vs estimated in the Western Pacific Region



# TB drugs in the private sector market

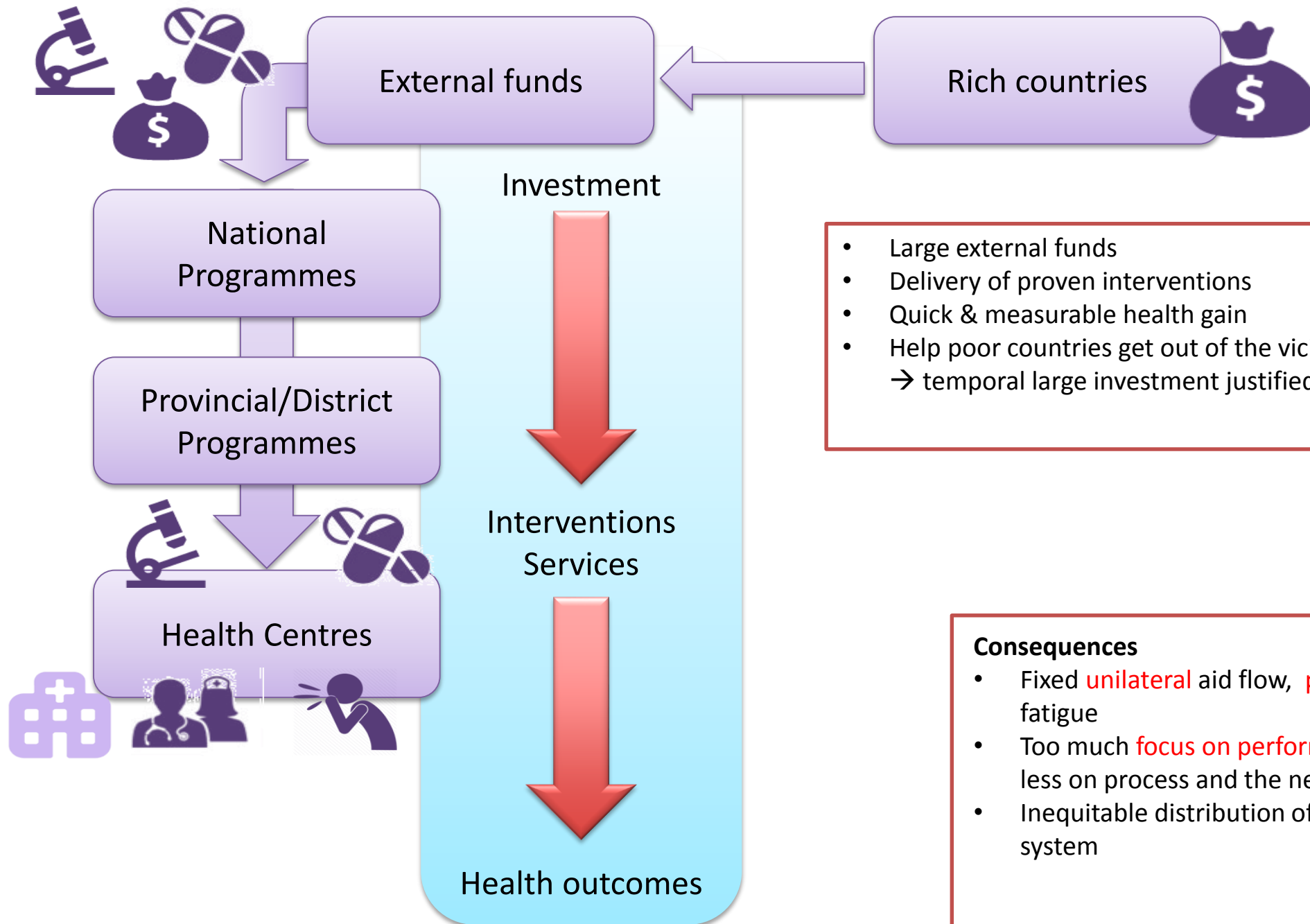
- **Growing evidence on a huge private sector drug market**
  - Public procurement sufficient for all notified TB case (Blue bar and line)
  - Private sector drug sales are almost equivalent to the notified TB cases (Red bar)
  - **Five times more drugs for initial treatment** relative to drugs for continuous phase
- **Reflecting:**
  - A weak notification system
  - Incomplete treatment in the private sector
  - Unnecessary patient costs



\* Private sales was translated as a number of patients could have been initiated intensive phase of treatment with 4 fixed-dose combination tablets.

(Islam, T. Tisocki, K. et al. Public Health Action 3, 337-341 (2013).)





- Large external funds
- Delivery of proven interventions
- Quick & measurable health gain
- Help poor countries get out of the vicious cycle  
→ temporal large investment justified

- Consequences**
- Fixed **unilateral** aid flow, **power imbalance** and donor fatigue
  - Too much **focus on performance in narrow agenda**, less on process and the net social benefit
  - Inequitable distribution of services within the health system

**Health development model in the MDG era**

# The End TB Strategy

Draft Regional Framework for Action



# Global commitment to **End TB**

Moving from halting TB to ending TB by 2030

**SDG 3.3 “End the epidemics of AIDS, tuberculosis, malaria and neglected tropical Diseases”**





# Health development model in the context of Sustainable Development

- Universal Health Coverage**  
**Health system capacity**
- Quality & safety
  - Efficiency
  - Equity
  - Accountability
  - Sustainability and resilience

- Efficient and coherent service delivery**
- 



- Disease control in the SDG era**
- Disease control efforts:
    - should support system building
    - should be supported by bold systems
  - System efficiency, equity and sustainability
  - Strong governance
  - Multisectoral engagement



## Vision:

**A world free of TB**

*Zero TB deaths,  
Zero TB disease, and Zero  
TB suffering*

## Goal:

**End the Global TB  
epidemic**

## TARGETS

MILESTONES		SDG*	END TB
2020	2025	2030	2035

**Reduction in number of TB deaths**  
compared with 2015 (%)

35%	75%	<b>90%</b>	<b>95%</b>
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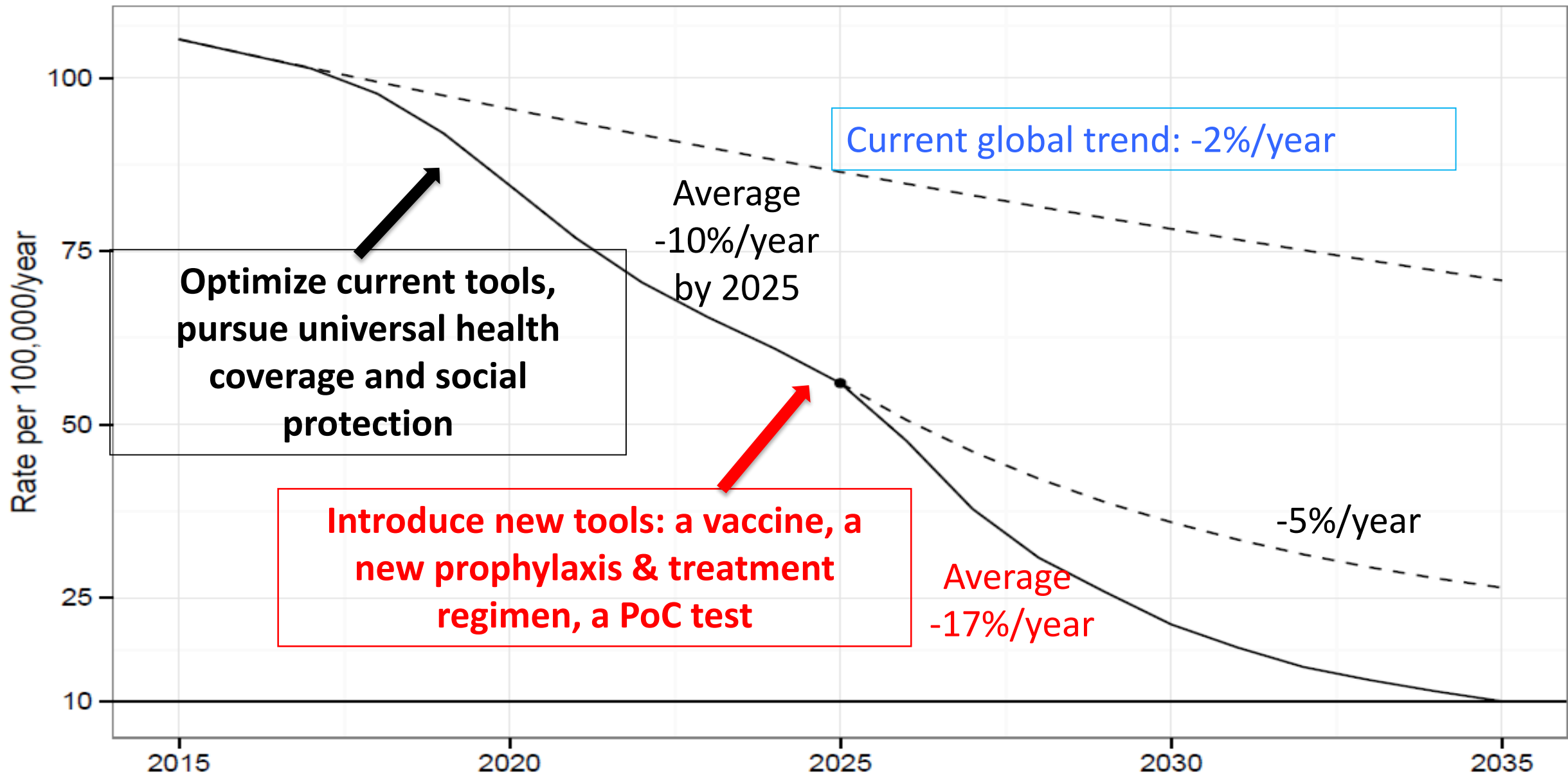
**Reduction in TB incidence rate**  
compared with 2015 (%)

20%	50%	<b>80%</b>	<b>90%</b>
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**TB-affected families facing catastrophic costs due to TB (%)**

0%	0%	<b>0%</b>	<b>0%</b>
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# Projected acceleration of TB incidence decline to target levels





# 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

# 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 66<sup>th</sup> RCM in Oct 2015**





# Regional Framework for Action

## 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

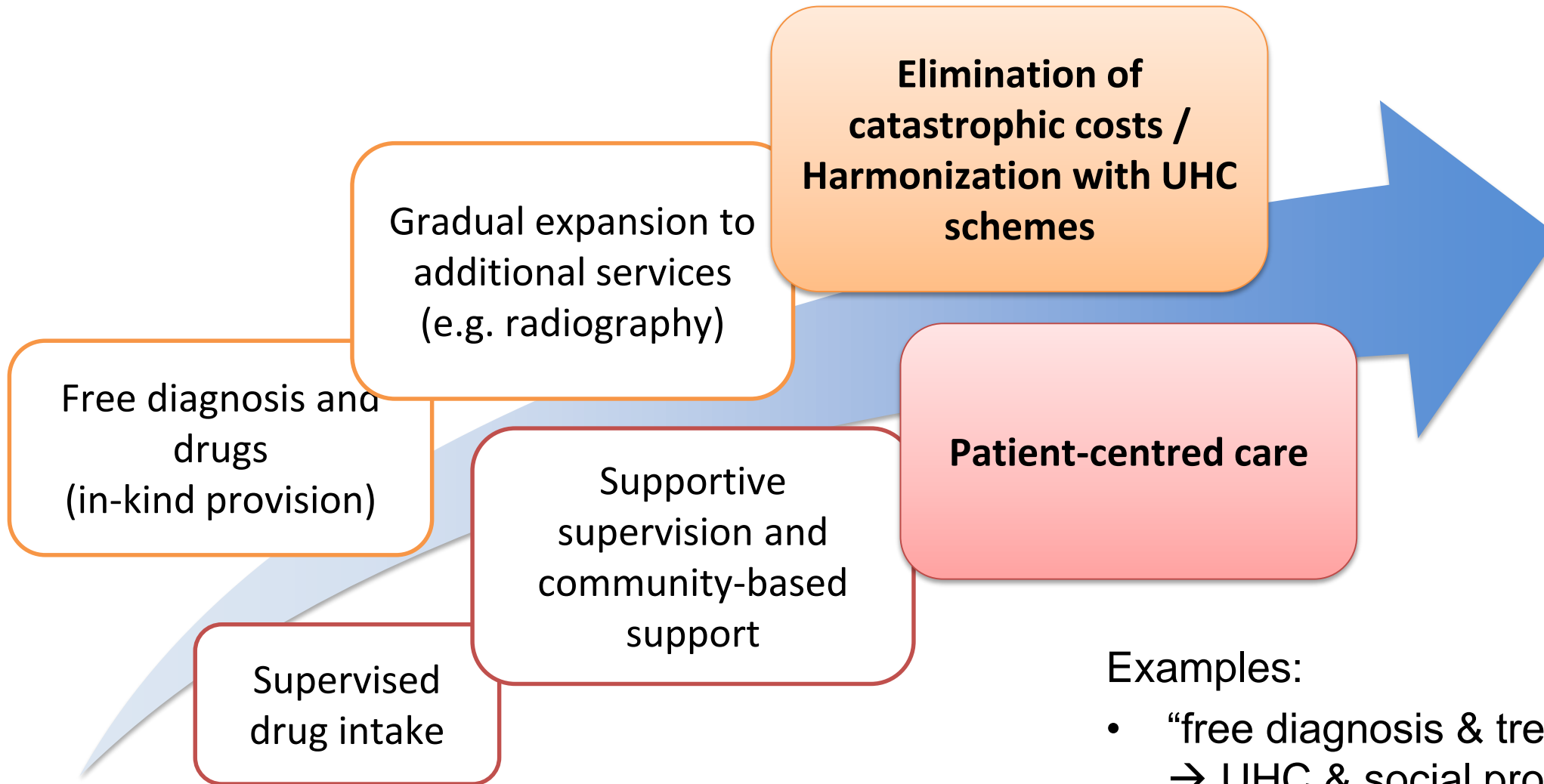


# Attributes highlighted and elaborated

- Paradigm shift in TB control
- Apply health system strategies and concepts
- Covering the whole epidemiological spectrum
- People-centred care



# Paradigm shift in TB control



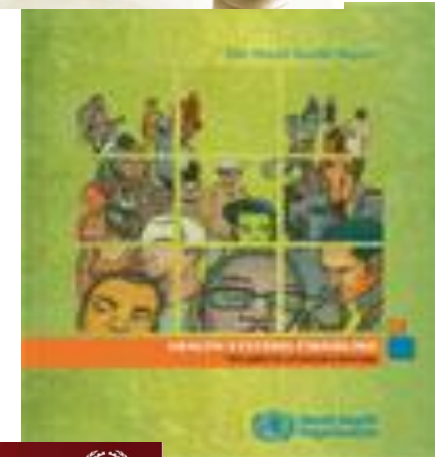
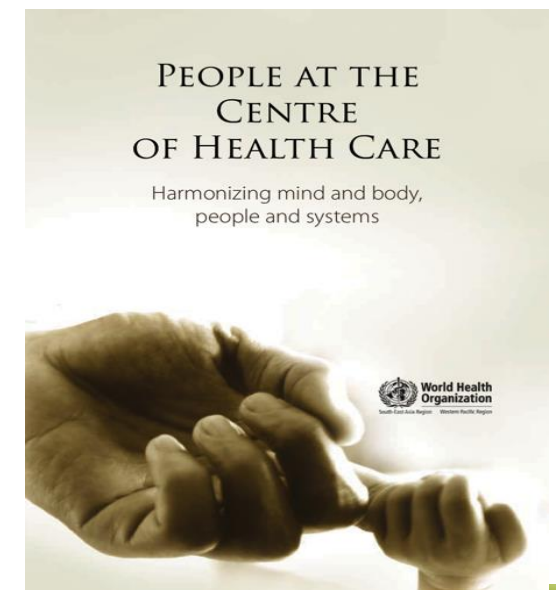
Examples:

- “free diagnosis & treatment”  
→ UHC & social protection
- DOT → Patient-centred care

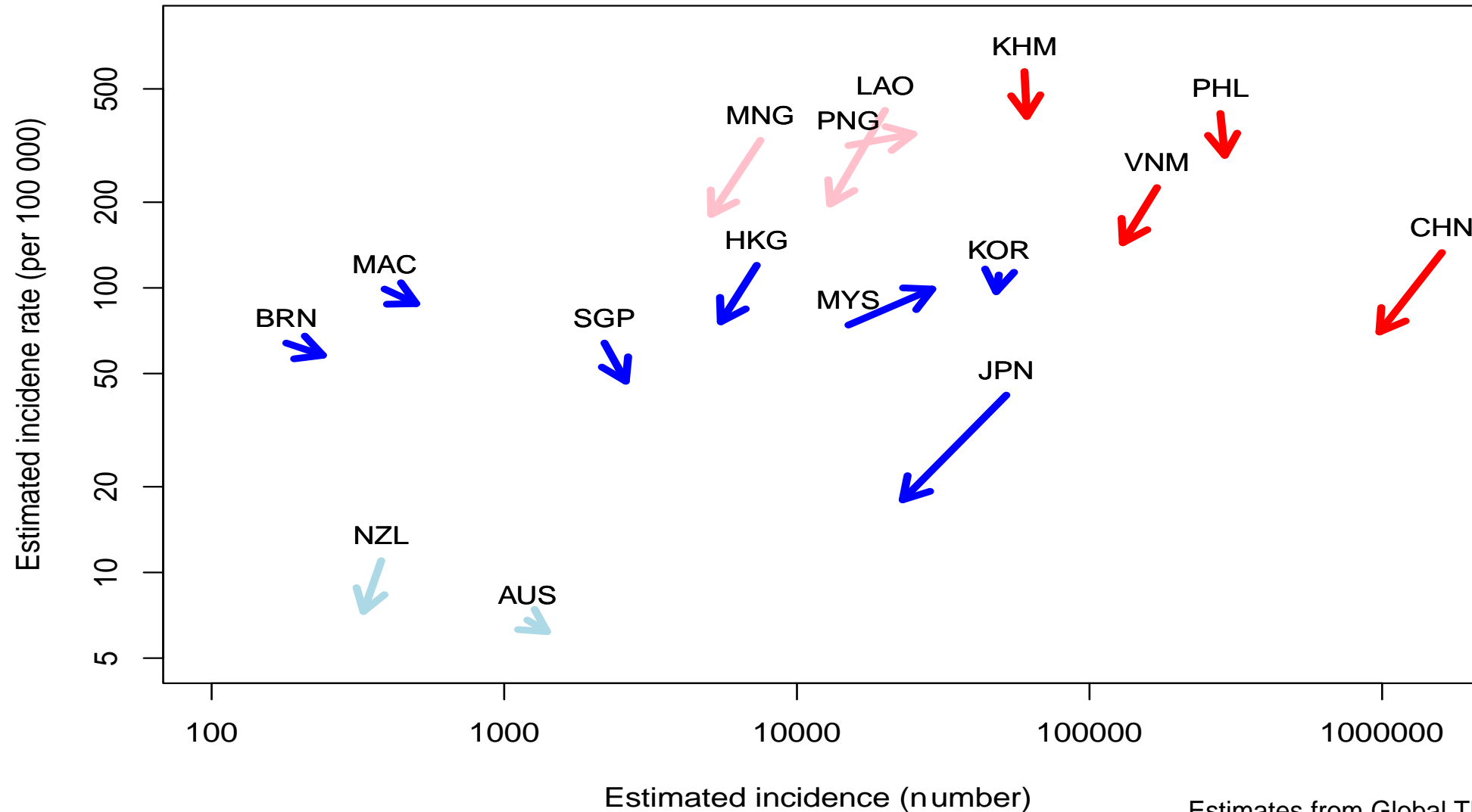


# Key areas elaborated

- People centered care → Principle
  - WPRO/SEARO 2007 Policy Document
- Co-morbidity management
  - Link with ageing societies
- TB care financing in the context of UHC
  - WPRO's policy framework on sustainable financing for priority health programmes
- Social protection floor
  - ILO Recommendation R202
- Social determinants
  - HiAP & Urban TB control



# Changes in TB incidence between 1994-2013

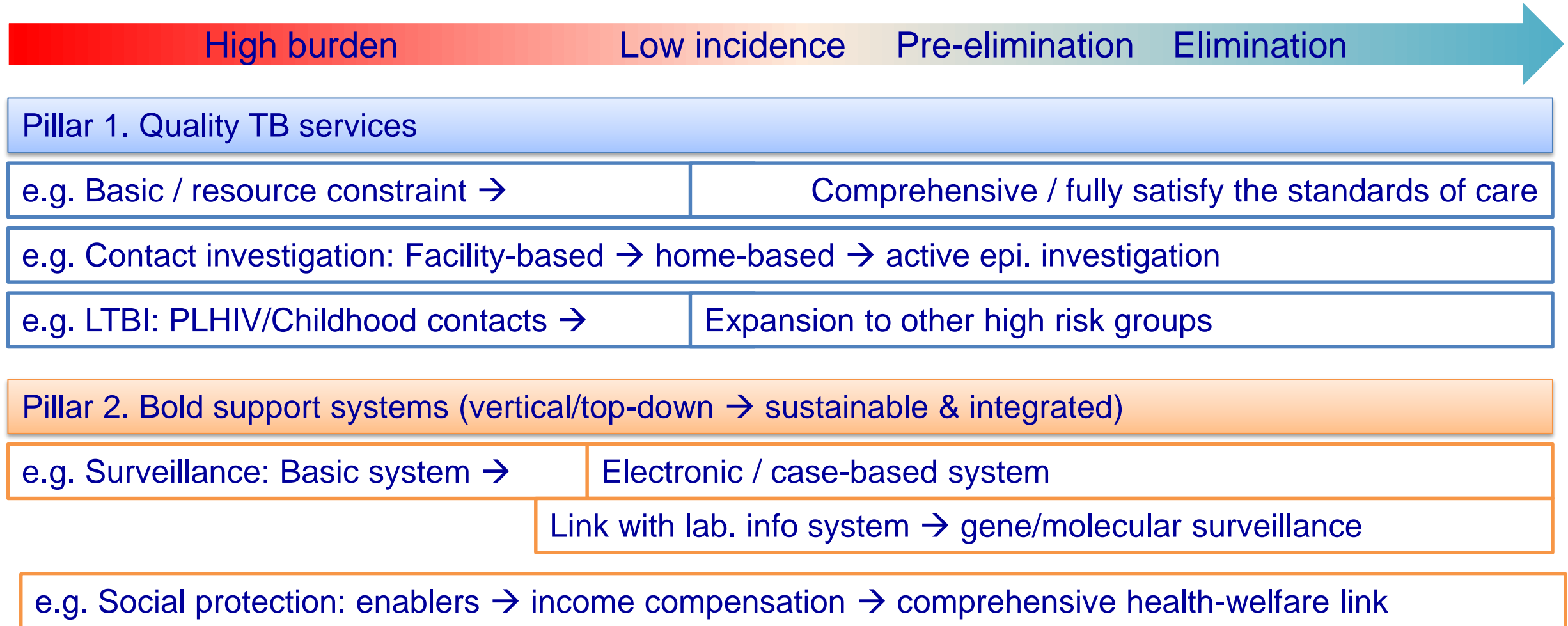


Estimates from Global TB Database





# Evolution of the TB control components along with an epidemiological spectrum



\* Only selected components are shown for the illustrative purpose.



# Three tiers of actions

Spectrum of TB epidemiology



*Progressive actions towards elimination*

*Universally applicable actions for all settings*

*Setting specific considerations (e.g. Pacific islands, urban areas)*



# TB control as a global public good for health



- Public goods—e.g. safe drinking water, clean air, etc.
- TB control has been regarded as a classic example of “a public good for health”
  - TB control in one setting will benefit everybody
  - Collective (global/regional) TB control is impacted by the level of control achieved in the worst national TB program (the weak link characteristics)
- **This principle is a key for continued advocacy for sustainable public financing as well as cross-country collaboration**

Smith R., Beaglehole R., Woodward D., Drager N. (ed.) Global Public Goods for Health: health economics and public health perspectives.



# A vision beyond DOT: People-centred health care

- Health care that is **organized around patients**, families and communities
- Responding **holistic needs** of patients, rather than the needs of programmes or systems
  - Medical, psychological, social, and financial
  - Strong service coordination

## Action domains

1. Informed and empowered patients, families and communities
2. Competent and responsive health workers
3. Efficient and humane health care organizations
4. Supportive health systems



# People-centred TB care



Community

Engagement & Partnership



Family



Social protection

Risk group  
BCG & LTBI

Social determinants

*Infected and become sick*

Patient

*Treatment and care*



Community health workers



Health Workers



Community health workers



Health care organizations

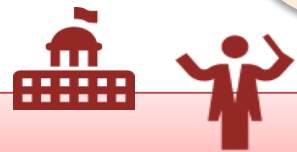
Health system capacity



Laboratory network

Treatment and care for all

Governance and stewardship





# Summary

- Substantial achievement in TB control globally
- Remaining and emerging challenges
  - TB among high-risk and vulnerable populations
  - Scaling up response to drug-resistant TB
  - Building sustainable TB control system while contributing to the overall health system strengthening efforts
- The End TB Strategy and its Regional Framework opened up new era of TB control
  - From a vertical programme to “an essential health system competency”
  - People-centeredness as a core principle
  - All countries to be aligned and cooperate for regional/global TB control



# END TB



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

Thank you!

