



Updates on the global TB

Global TB burden

Policy response

Treatment approaches

Tuberculosis is the leading infectious killer



KEY TB FACTS

Source: WHO Global TB Report 2016



1.8 MILLION TB DEATHS
INCLUDING 0.4 MILLION TB DEATHS AMONG PEOPLE WITH HIV*

TB was one of the top ten causes of death worldwide

TB was responsible for more deaths than HIV and malaria



MDR-TB crisis with gaps in detection and treatment

Only 1 in 5 needing MDR-TB treatment were enrolled on it



US\$ 2 BILLION GAP

Funding shortfall for TB implementation

Gap of over US\$1 billion per year for TB research

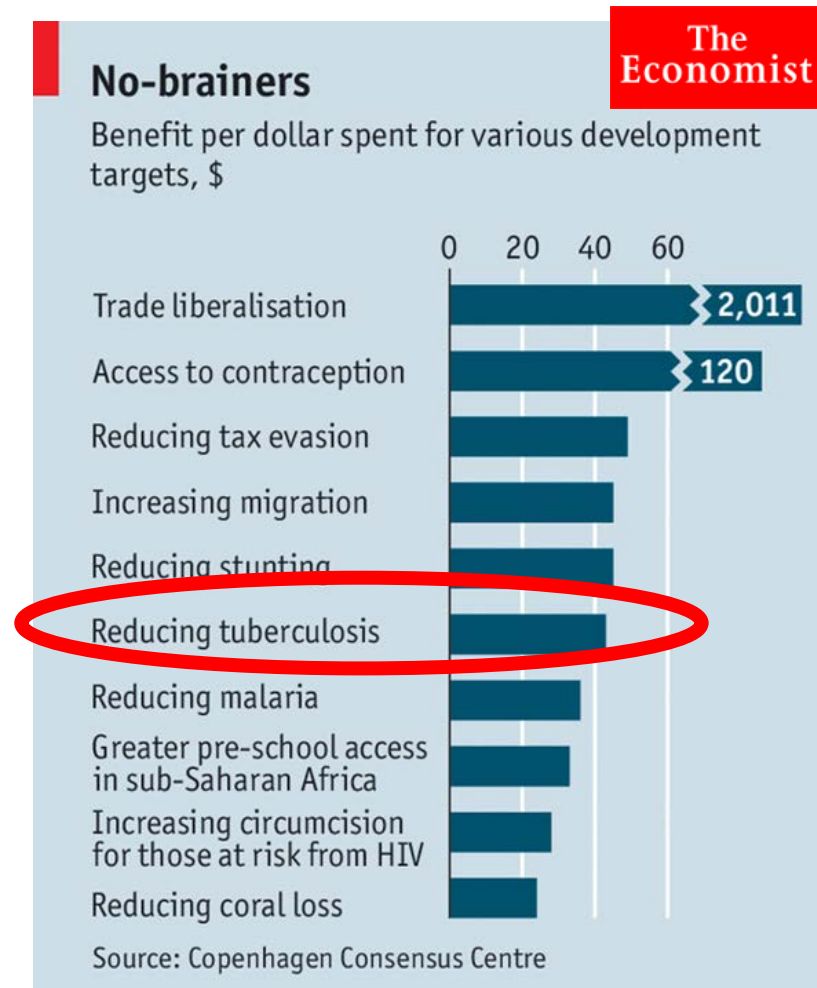
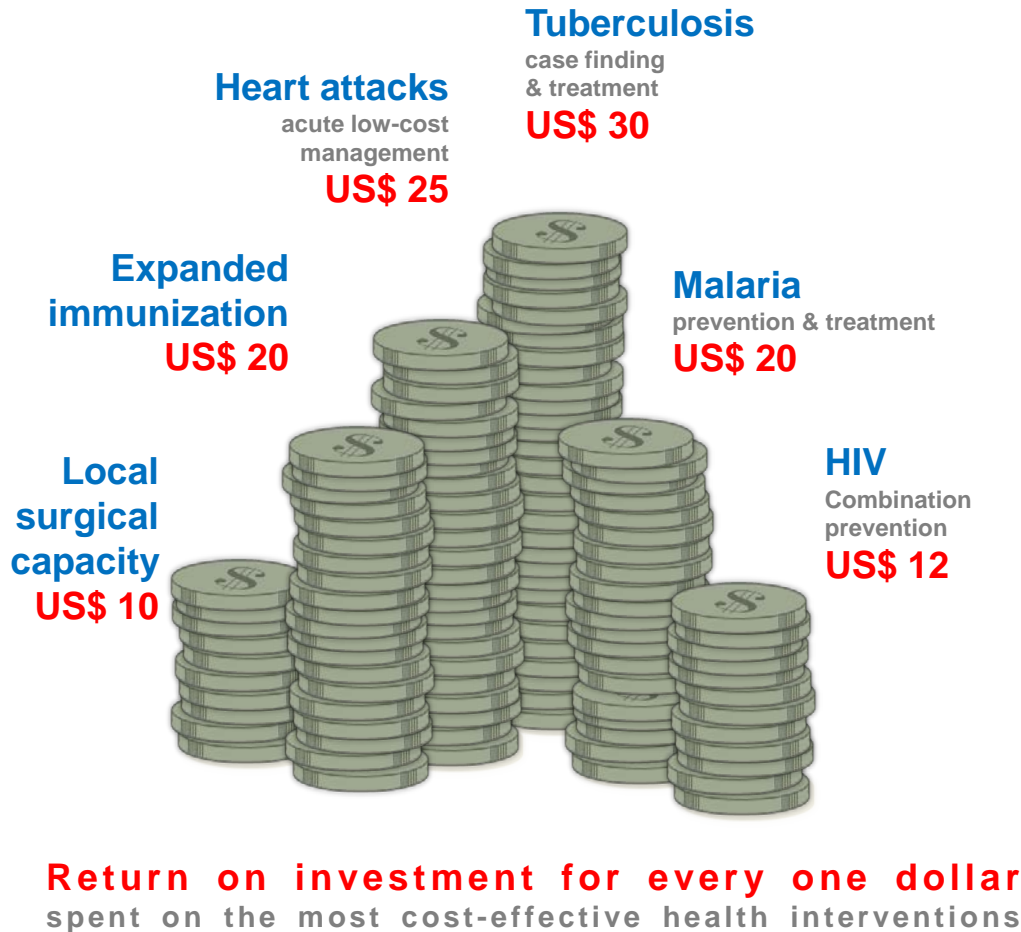
Current actions and investments are **falling far short**

Progress in Global Fund investments in tuberculosis

- The new Global Fund results also show significant progress in the fight against tuberculosis and malaria from the end of 2015 to the end of 2016. The number of new smear-positive TB cases detected and treated increased from 15.1 to 17.4 million, an increase of 15 percent, and the number of people treated for multidrug-resistant TB (MDR-TB) increased by 40 percent, from 267,000 to 373,000.

Why investing towards ending TB?

Simply it is the most cost-beneficial health intervention



Economist.com

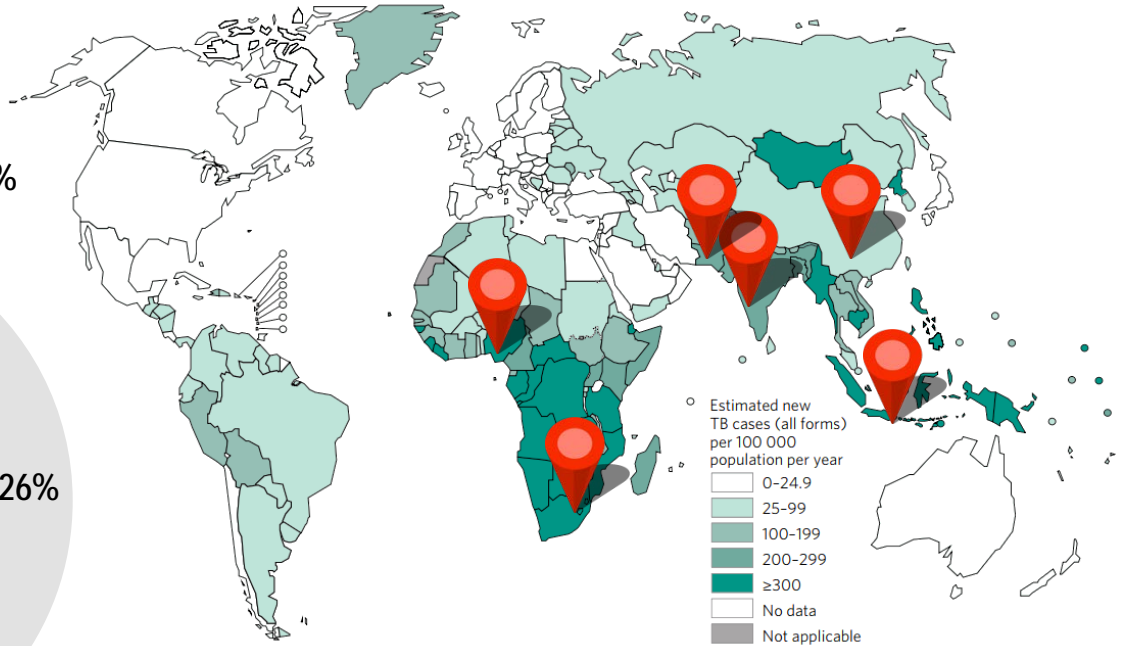
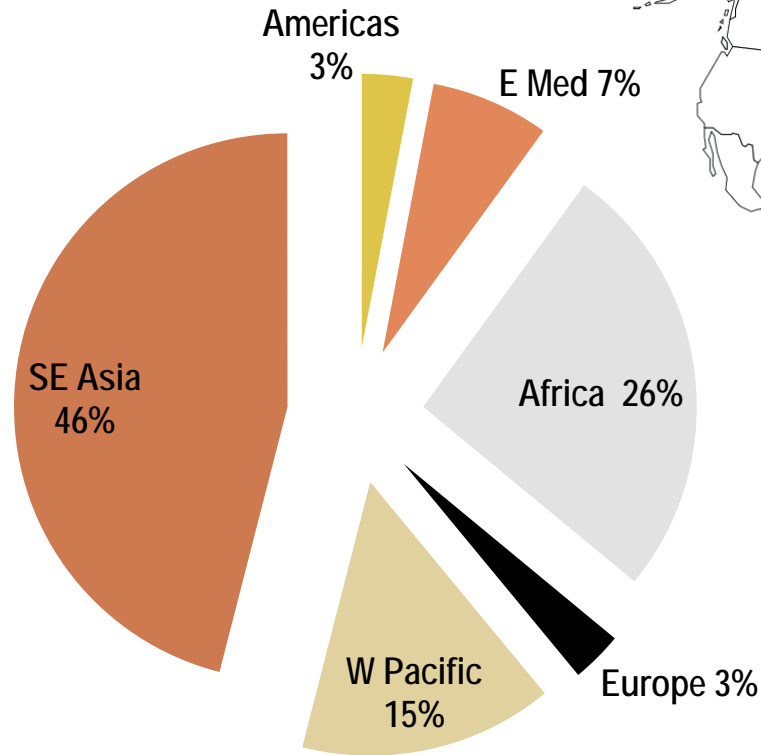


Part of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013



END TB

TB incidence: 10.4 million people/year



27% in India

9-10% each: Indonesia & China

5 % each: Nigeria, Pakistan & South Africa

The End TB Strategy: Vision, Targets and Pillars



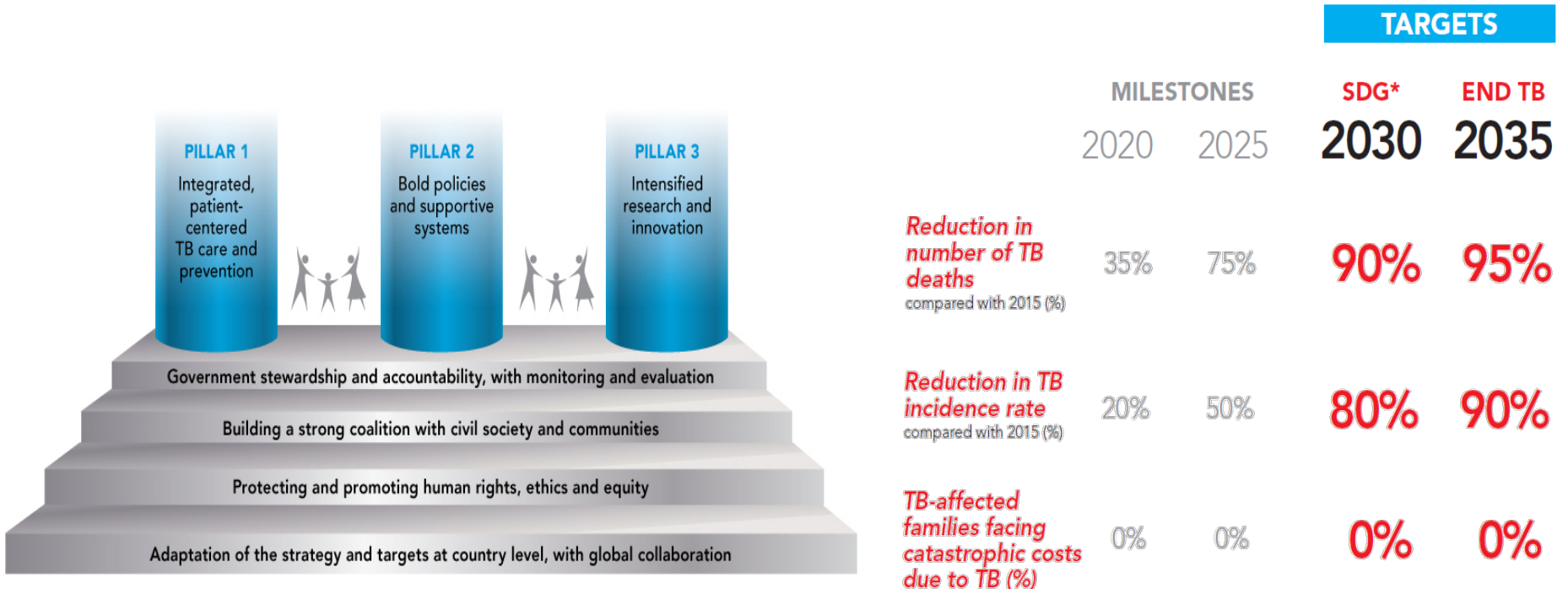
Vision:

A world free of TB

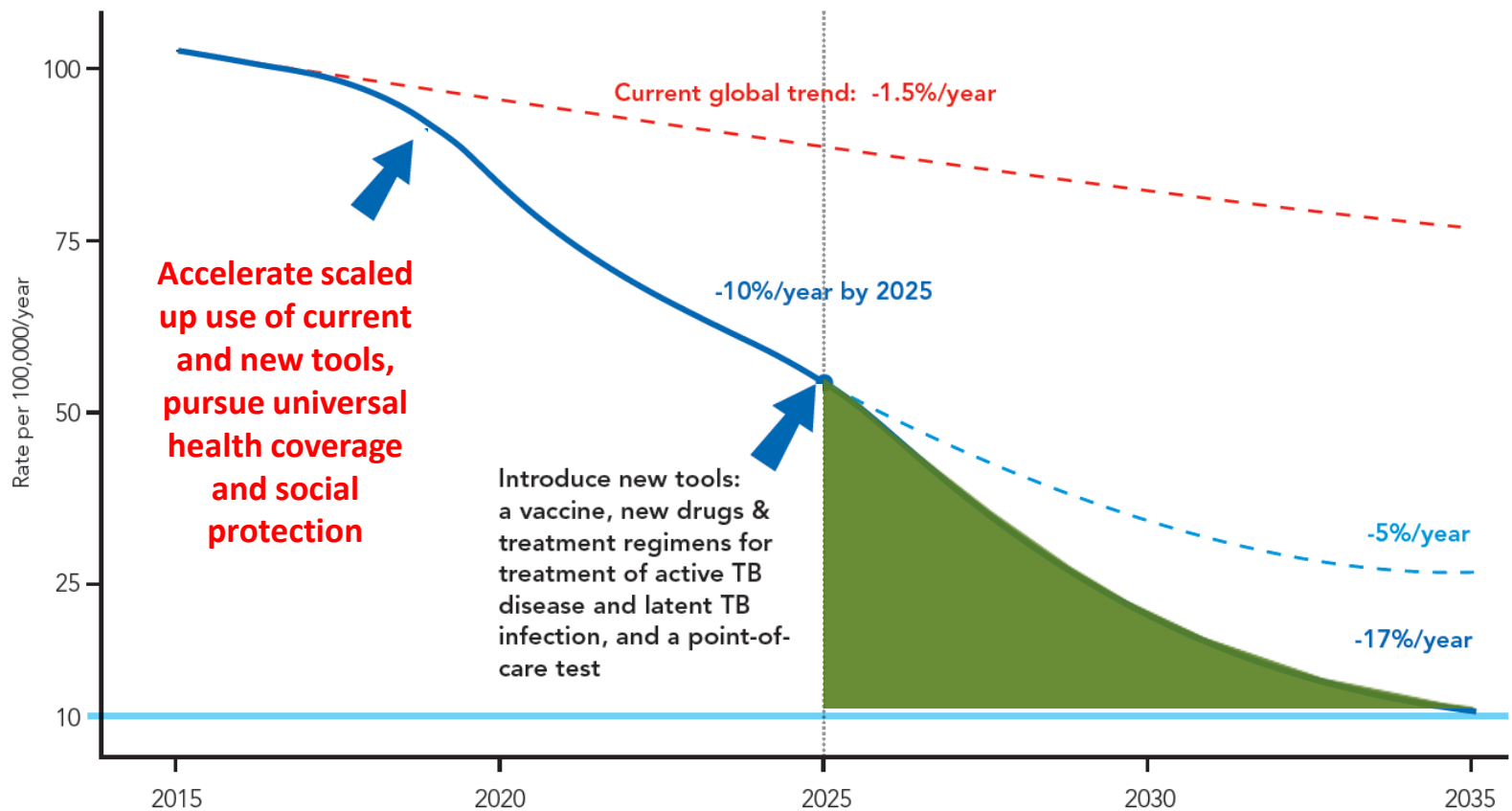
Zero TB deaths, Zero TB disease, and Zero TB suffering

Goal:

End the Global TB epidemic

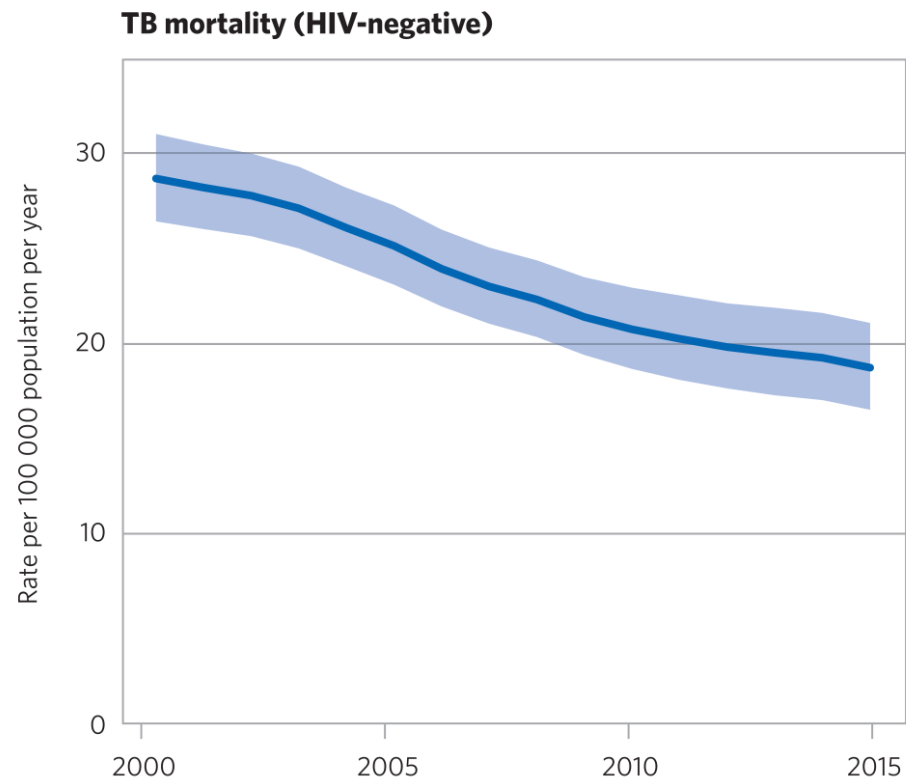
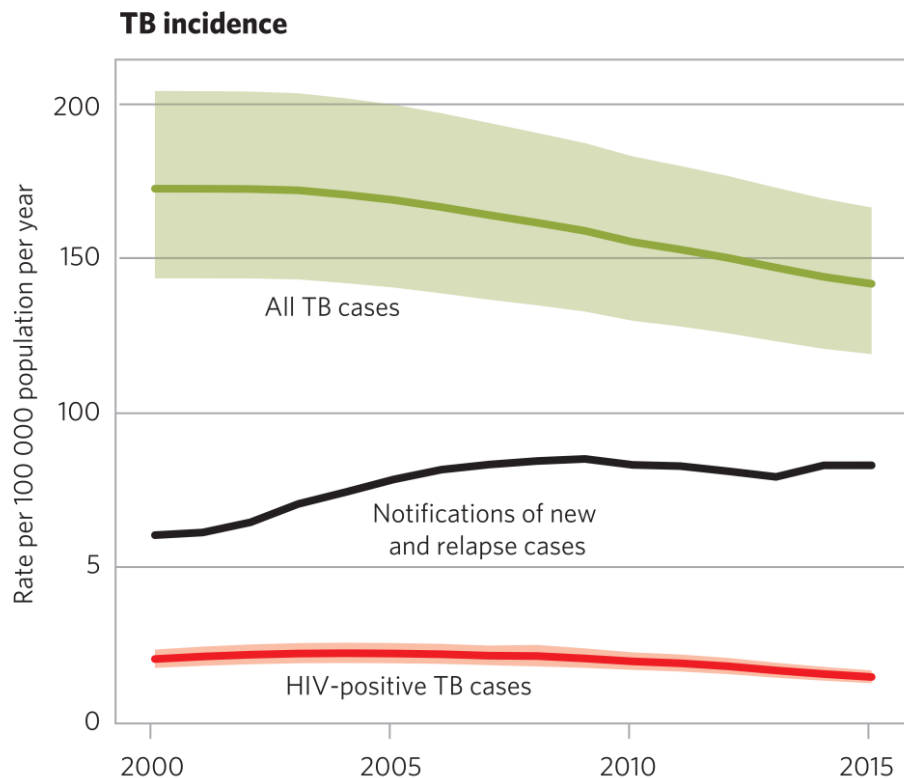


Accelerating to reach the WHO & SDG End TB targets

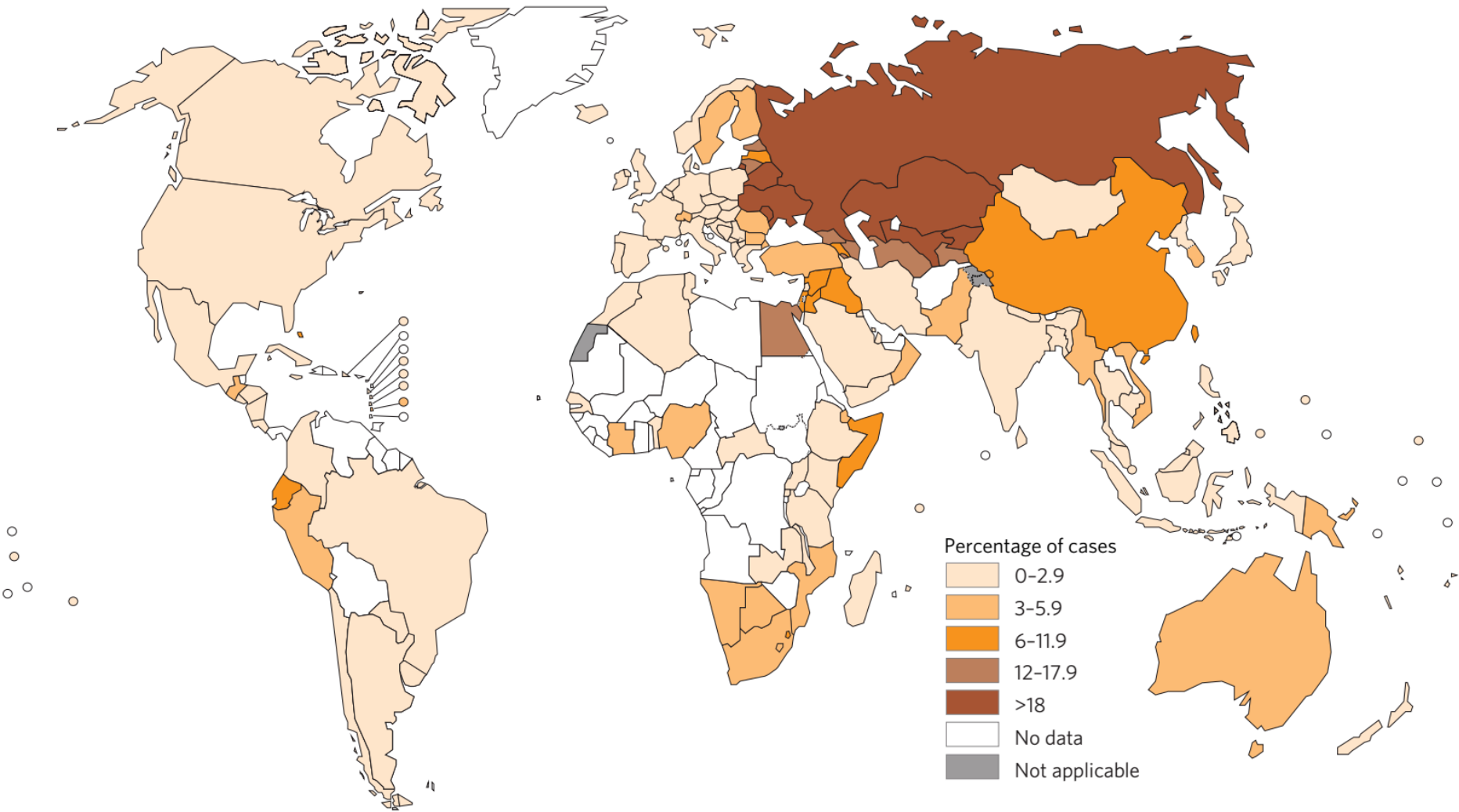


The global TB situation (2)

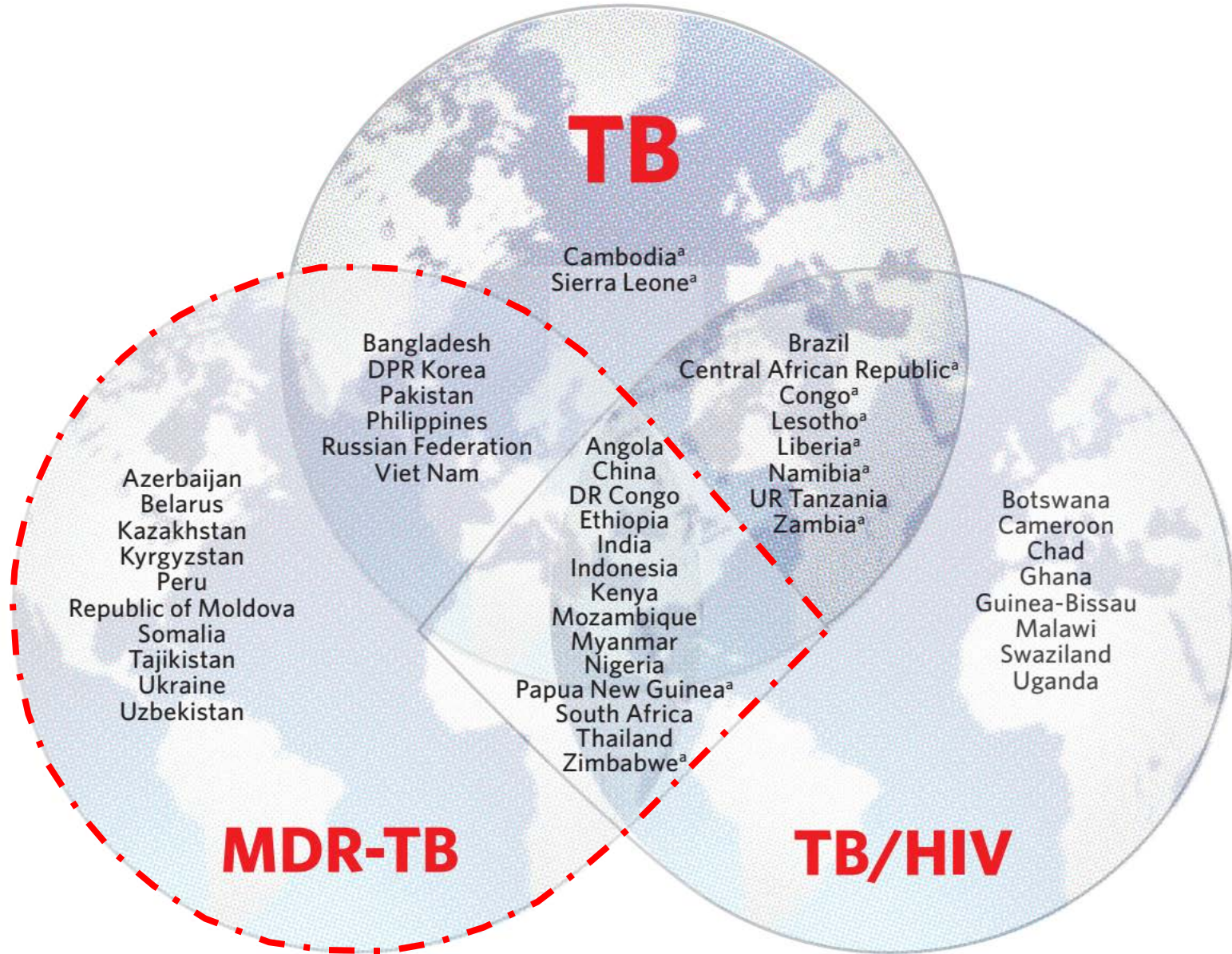
TB incidence and mortality, 2000-2015



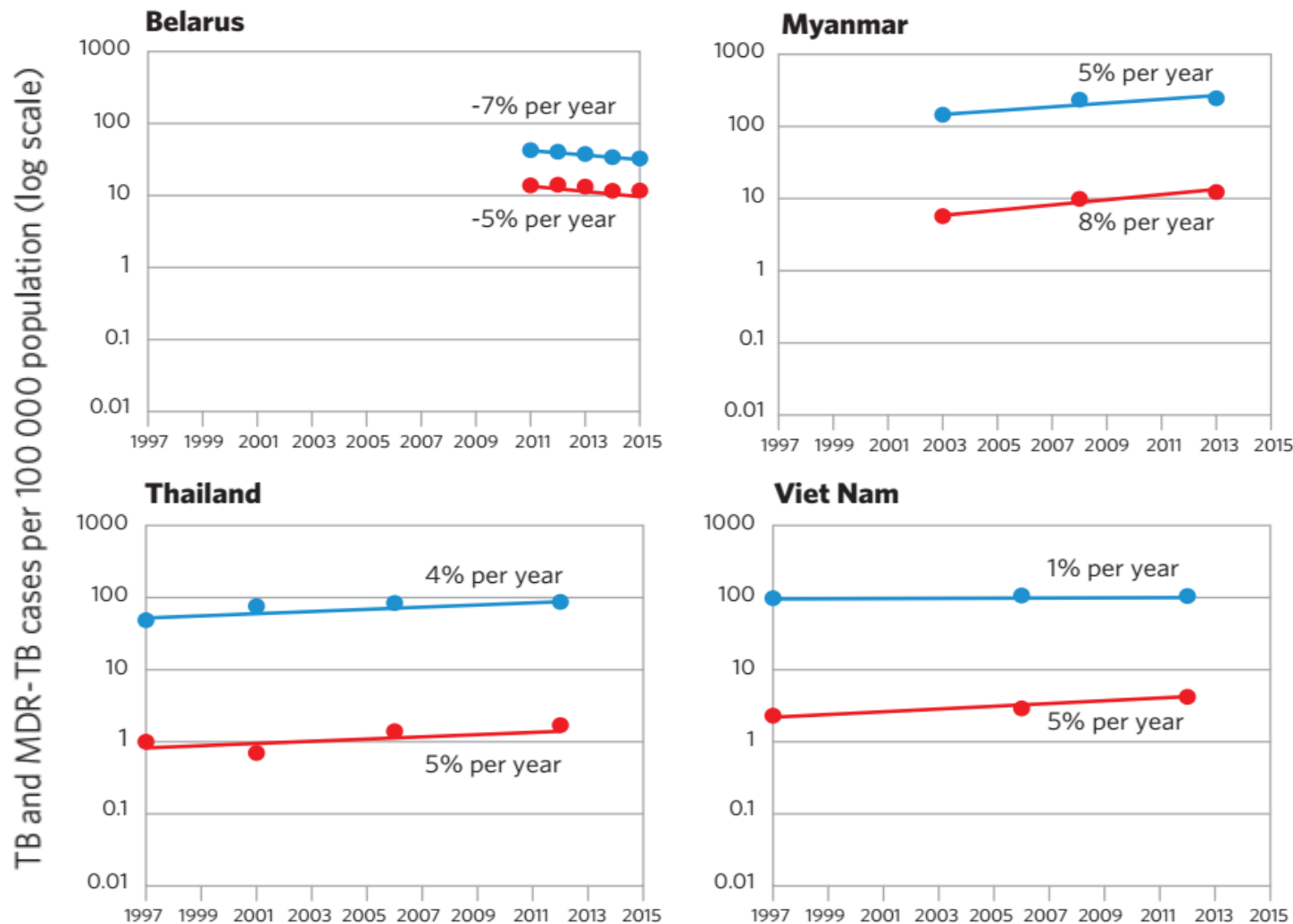
Percentage of new TB cases with MDR/RR-TB^a



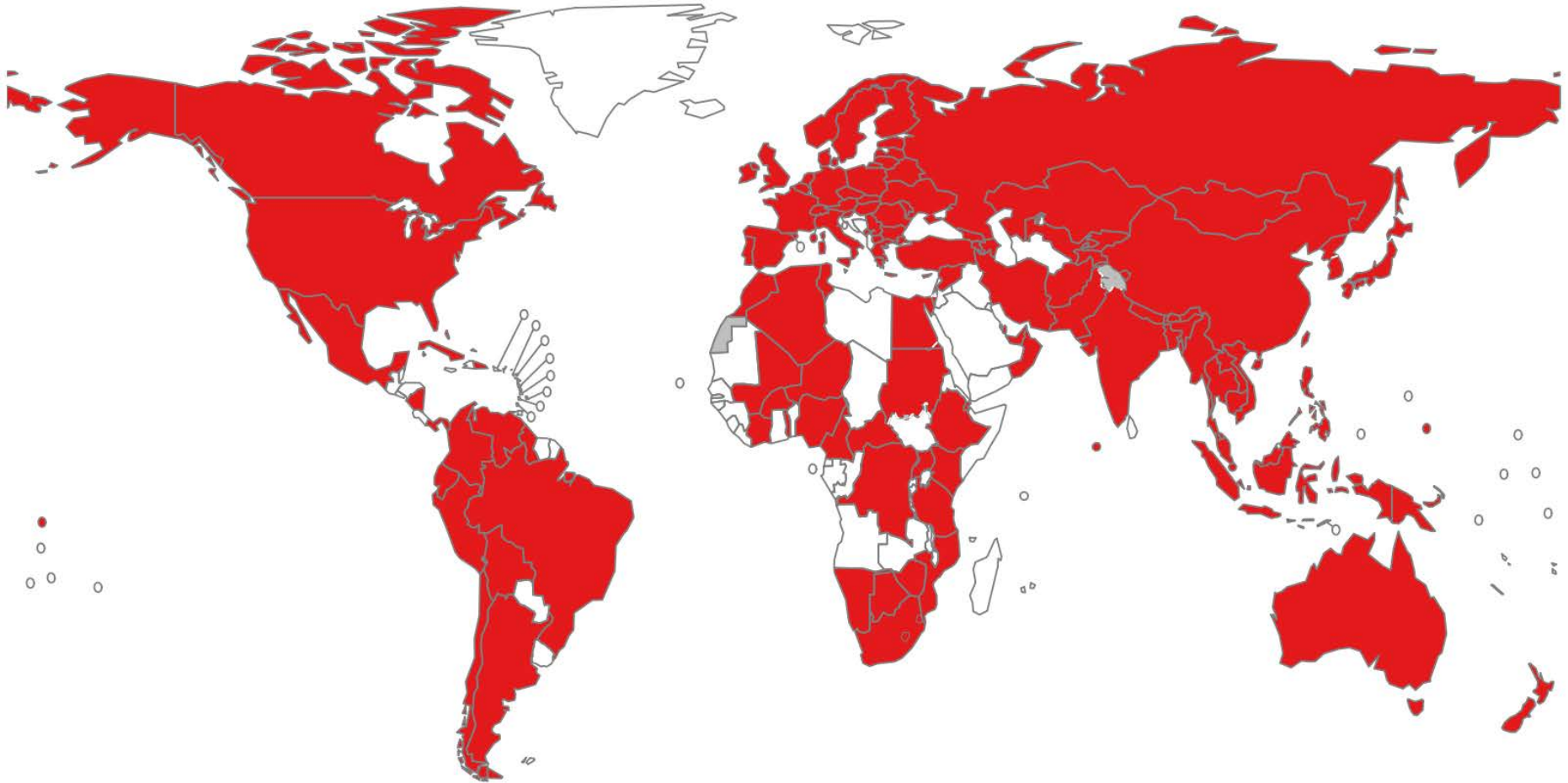
30 High MDR-TB burden countries



Trends in new TB (blue) and new MDR-TB (red) case rates. selected high MDR-TB burden countries



Countries ever notifying an XDR–TB case



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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GLOBAL TB
PROGRAMME

END TB

DR-TB RESPONSE



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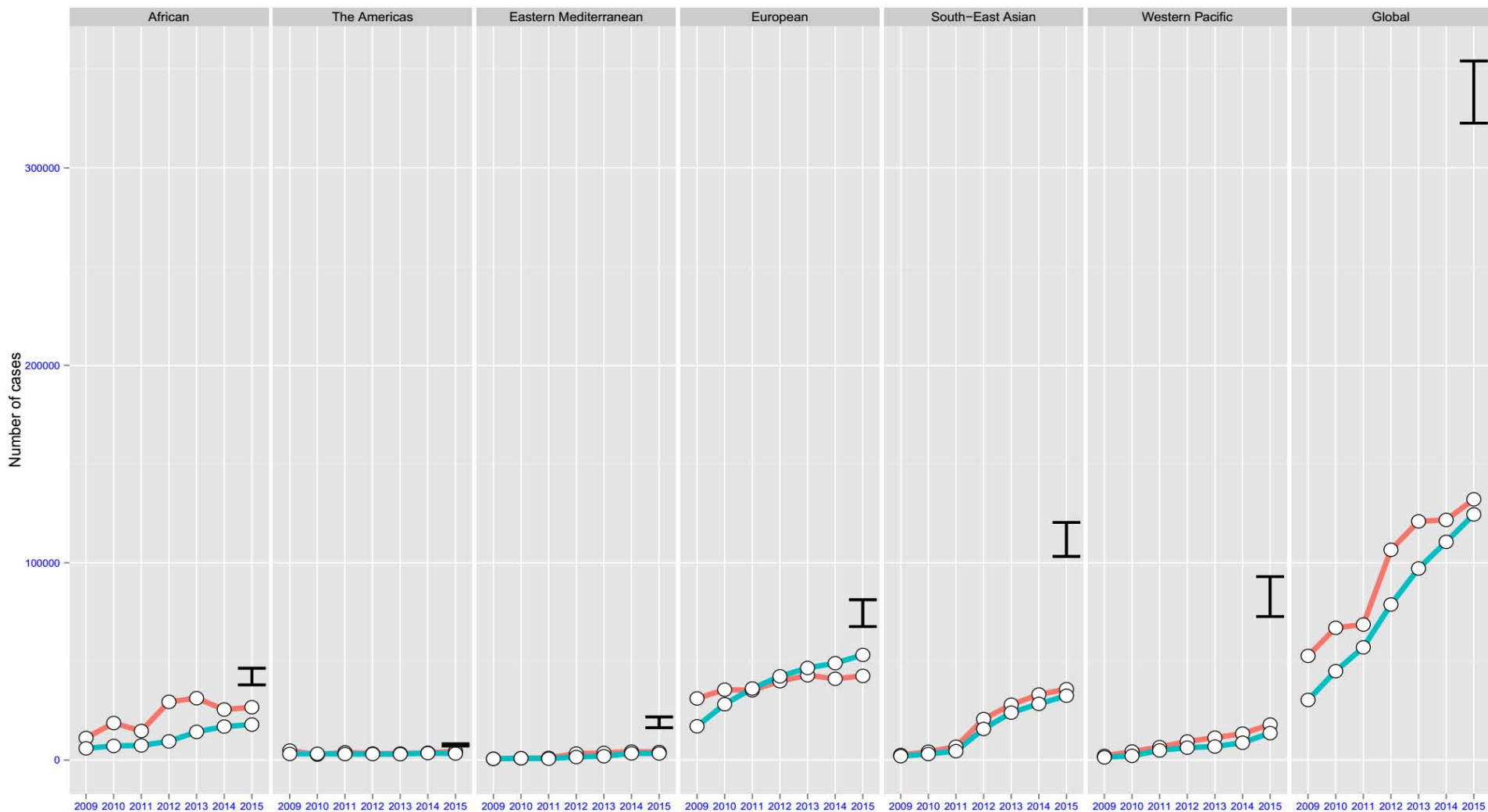


GLOBAL TB
PROGRAMME

END TB

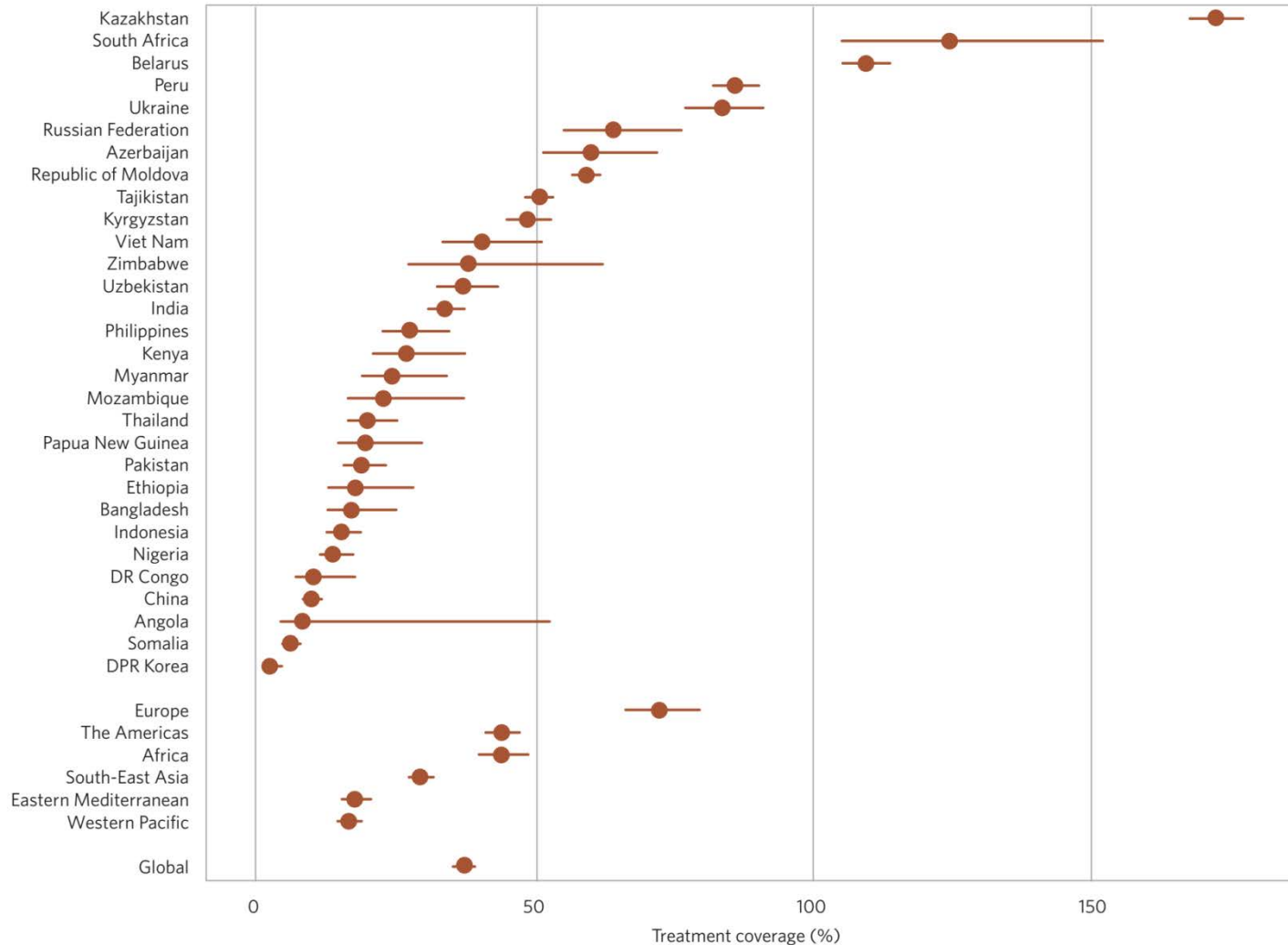
MDR/RR-TB detection and treatment

MDR/RR-TB cases detected (orange), TB cases enrolled on MDR-TB treatment (green), and estimated MDR/RR-TB cases among notified (black bar), by Region, 2009–2015



MDR/RR-TB treatment coverage

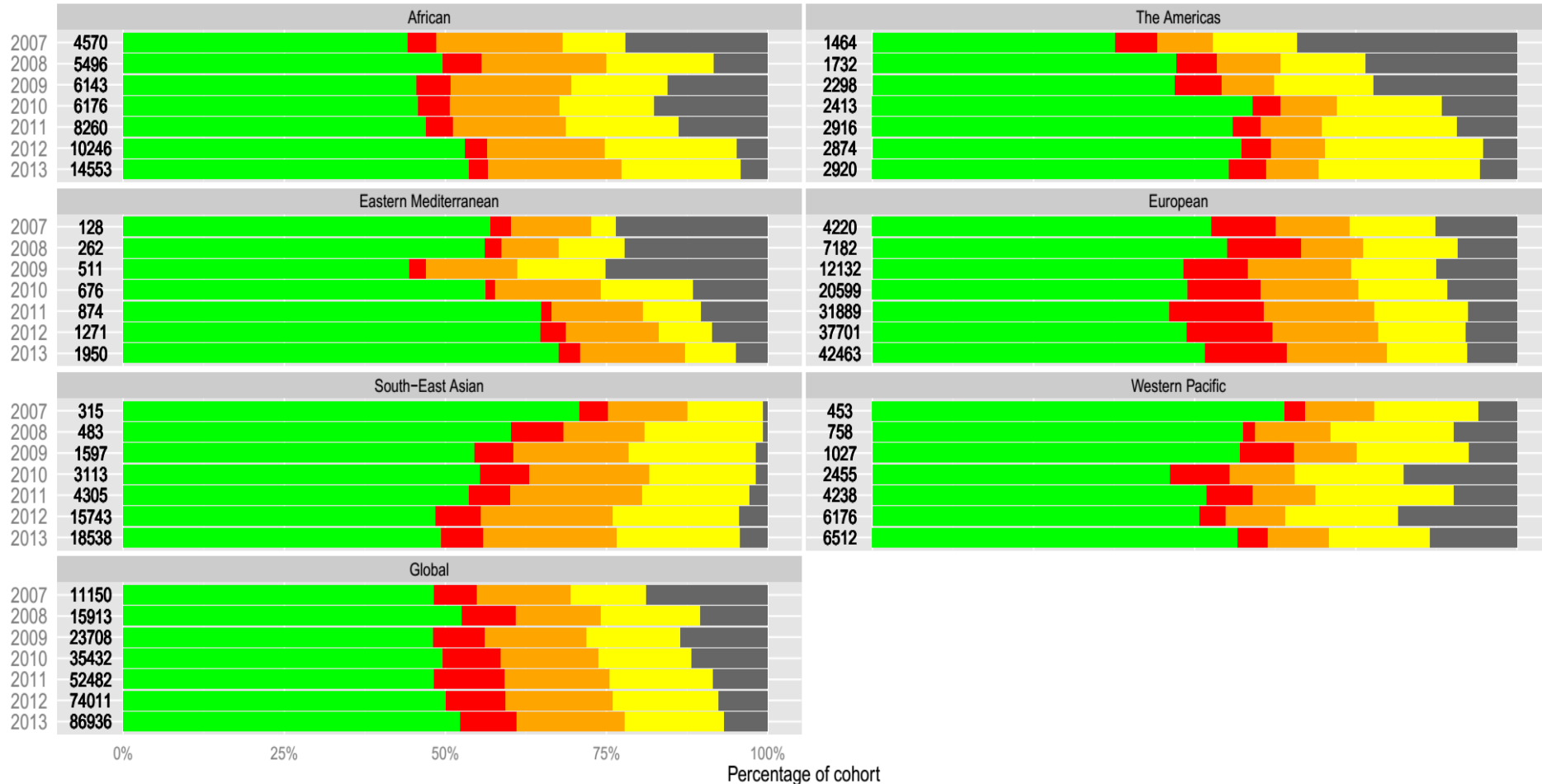
Enrolments on MDR-TB treatment as a % of the estimated MDR/RR-TB cases among notified pulmonary TB cases in 2015, 30 high MDR-TB burden countries, regions and globally



Outcomes of MDR/RR-TB treatment

Annual cohorts, by WHO region and global, 2007-2013

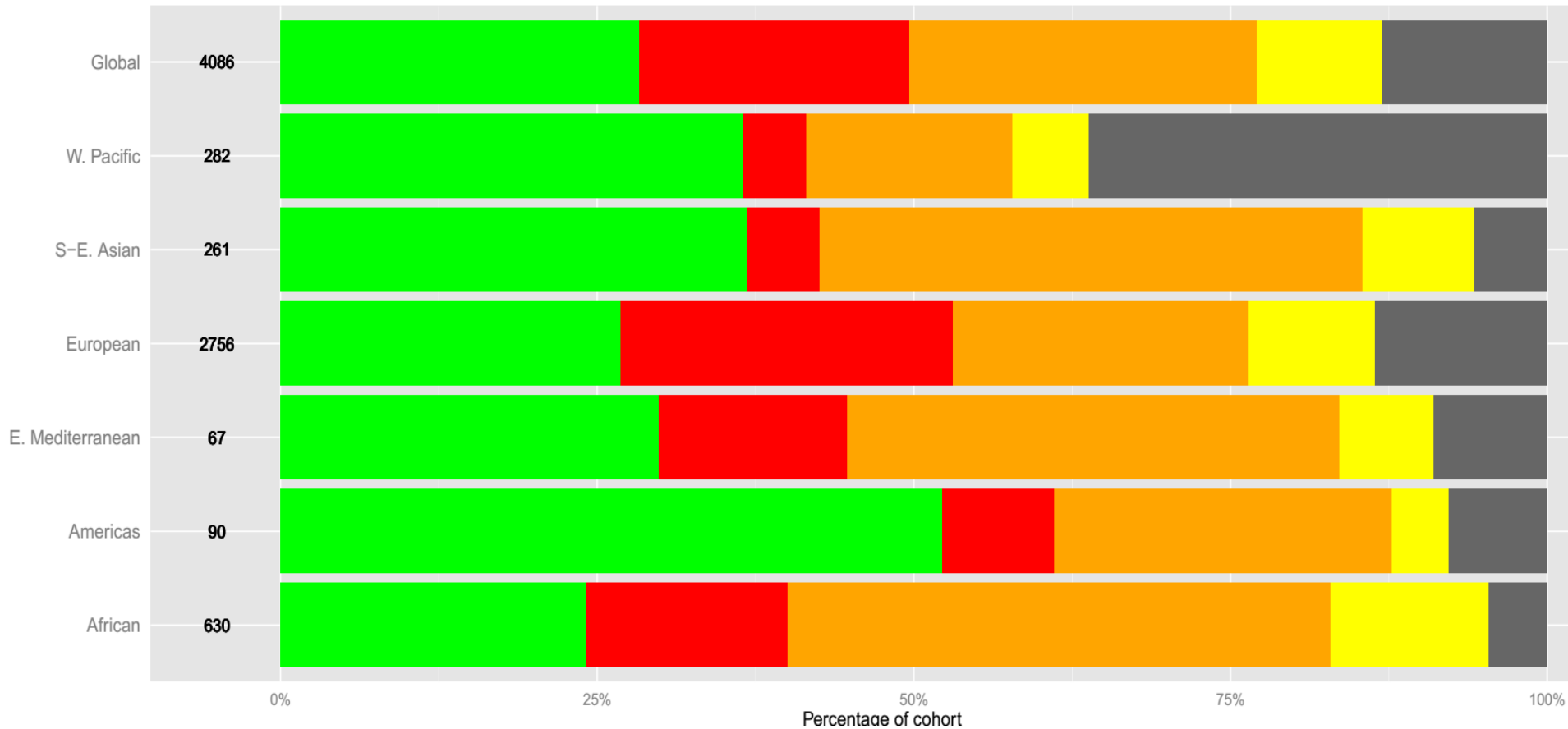
Treatment success Failure Died Lost to follow-up Not evaluated



Outcomes of XDR-TB treatment

2013 cohort, by WHO region and global

Treatment success Failure Died Lost to follow-up Not evaluated



*number of cases observed shown next to the bars

In summary

480 000



incident cases of MDR-TB in 2015
(with another 100 000 rifampicin-resistant
TB cases eligible for second-line treatment)

132 000



MDR/RR-TB cases detected in 2015

125 000



patients started on MDR-TB
treatment in 2015

52%

treatment success in MDR/RR-TB
patients starting treatment in 2013

5 priority actions



Prevent the development
of drug resistance through
high quality treatment of
drug-susceptible TB



Expand rapid testing and
detection of drug-resistant
TB cases



Provide immediate access
to effective treatment and
proper care



Prevent transmission
through infection control



Increase political commitment with financing

WHO policies related with management of drug-resistant tuberculosis

Global TB Programme, WHO/HQ/LDR unit – Geneva

Guidelines for the programmatic

The use of bedaquiline in the treatment of multidrug-resistant

The use of delamanid in

The use of delamanid in the treatment of multidrug-resistant tuberculosis in children and adolescents

WHO treatment guidelines for drug-resistant tuberculosis

2016 update
OCTOBER 2016 REVISION

THE END TB STRATEGY

THE END TB STRATEGY

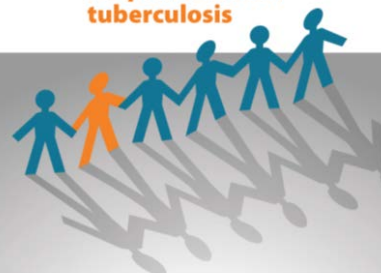
World Health Organization

Companion handbook

THE END TB STRATEGY

Active tuberculosis drug-safety monitoring and management (aDSM)

Guideline: Nutritional care and support for patients with tuberculosis



World Health Organization

World Health Organization

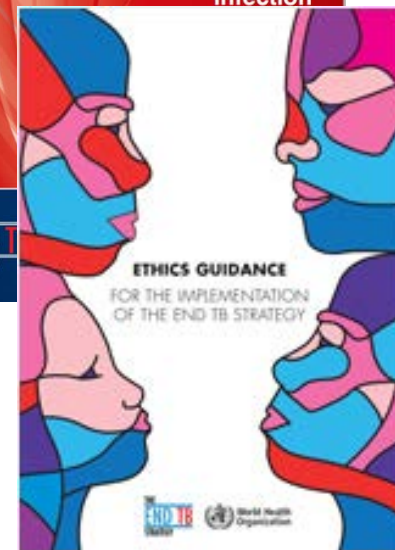
WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households



Guidelines on the management of latent tuberculosis infection

THE END TB STRATEGY

ETHICS GUIDANCE FOR THE IMPLEMENTATION OF THE END TB STRATEGY



THE END TB STRATEGY
World Health Organization

WHO guidelines for the treatment of drug-resistant tuberculosis. 2016 update

Key changes

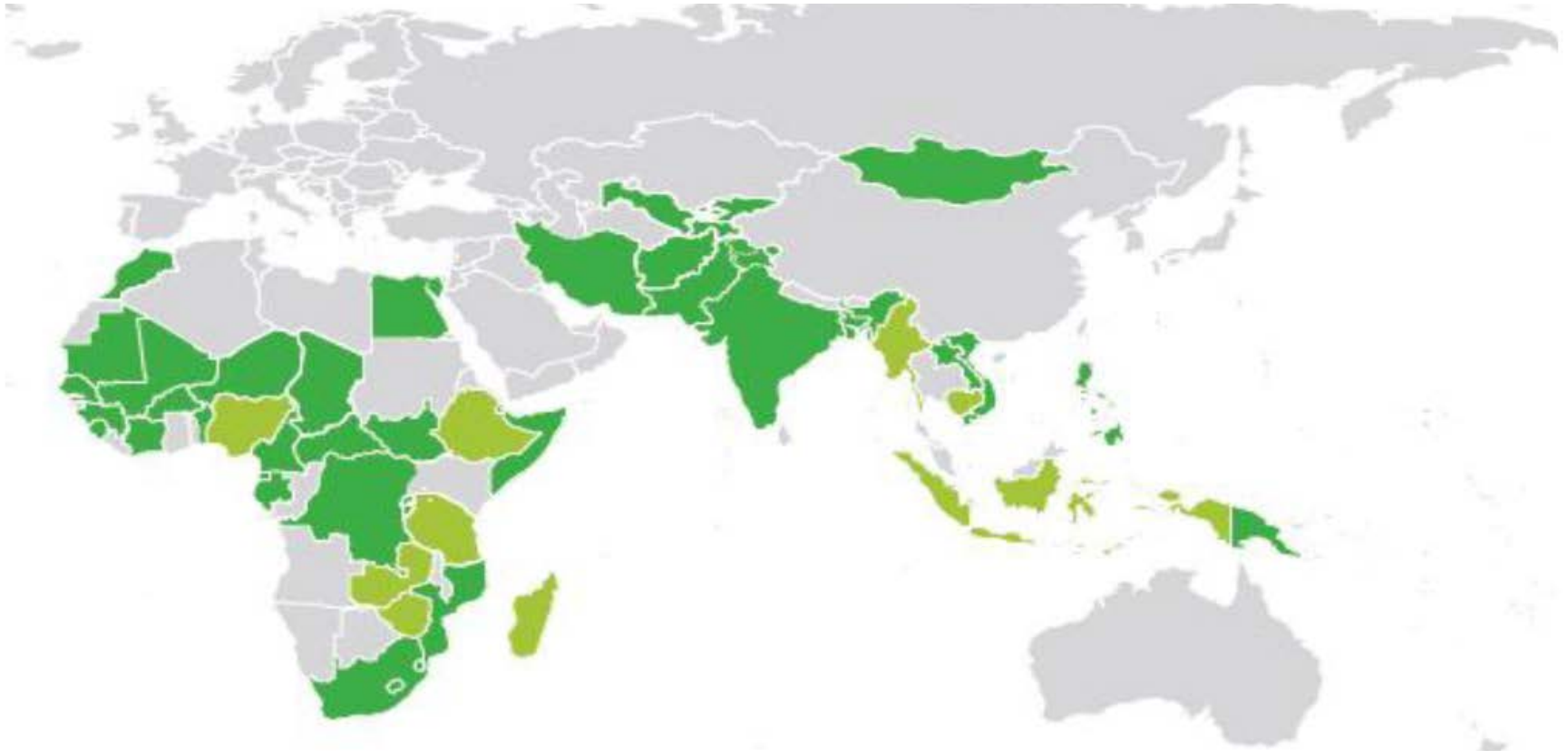
- *A shorter MDR-TB treatment regimen* is recommended for RR-/MDR-TB patients, under several conditions
- The design of conventional MDR-TB regimens uses a different *regrouping of second-line medicines*
- *Treatment of children with RR-/MDR-TB* based on a first-ever meta-analysis of individual-level paediatric patient data for treatment outcomes
- Recommendation on *partial lung resection surgery*

Shorter MDR-TB treatment

June 2017: 39 countries implementing STR

End 2017: 48 countries implementing STR

Report of the Global DR-TB initiative Triage Task Force
<http://www.stoptb.org/wg/mdrtb/taskforces.asp?tf=2>



Recommendation on longer MDR-TB regimen

- Evidence relies mostly on observational studies; RCTs rare
- All RR-TB cases to be treated with a recommended MDR-TB regimen, regardless if isoniazid resistance is confirmed or not (caution on InhA mutation)
- The detection of resistance to fluoroquinolones and to 2nd line injectable agents is important for regimen design.
- Access to reliable DST for pyrazinamide would be helpful as well.
- Recommendations apply to adults and children;

Regrouping of the medicines used for RR-/MDR-TB

GROUP A

Fluoroquinolones

Levofloxacin
Moxifloxacin
Gatifloxacin

GROUP B

Second-line injectable agents

Amikacin
Capreomycin
Kanamycin
(Streptomycin)

GROUP C

Other Second-line Agents

Ethionamide / Prothionamide
Cycloserine / Terizidone
Linezolid
Clofazimine

GROUP D

Add-on agents

D1

Pyrazinamide
Ethambutol
High-dose isoniazid

D2

Bedaquiline
Delamanid

D3

p-aminosalicylic acid
Imipenem-Cilastatin
Meropenem
Amoxicillin-Clavulanate
(Thioacetazone)

WHO interim policy guidance on new drugs

The use of bedaquiline in the treatment of multidrug-resistant tuberculosis

Interim policy guidance



The use of delamanid in the treatment of multidrug-resistant tuberculosis

Interim policy guidance

The use of delamanid in the treatment of multidrug-resistant tuberculosis in children and adolescents

Interim policy guidance



Table 1. Registration status of Bdq and Dlm worldwide ^[a]

	Countries in which the medicines are registered ^[b]	Countries in which regulatory dossiers have been filed ^[b]
Bdq	Armenia, <u>China</u> , EU, ^[c] Hong Kong, <u>India</u> , New Zealand, <u>Moldova</u> , <u>Peru</u> , <u>Philippines</u> , <u>Russia</u> , <u>South Africa</u> , South Korea, Taiwan, Turkmenistan, USA, <u>Uzbekistan</u> .	<u>Bangladesh</u> , Burundi, ^[d] Colombia, Ghana, ^[d] <u>Indonesia</u> , <u>Kenya</u> , ^[d] Mexico, <u>Nigeria</u> , ^[d] Rwanda, ^[d] Tanzania, ^[d] <u>Thailand</u> , Uganda, ^[d] <u>Vietnam</u> , Turkey.
Dlm	EU, ^[c] Hong Kong, Japan, South Korea, Turkey	<u>China</u> , <u>India</u> , <u>Indonesia</u> , <u>Peru</u> , <u>Philippines</u> , ^[e] <u>South Africa</u> .

Notes: ^[a] Data are updated to July 2017; ^[b] The countries underlined are MDR-TB high burden countries. ^[c] Countries belonging to the European Union are 28; ^[d] Countries are part of the WHO Collaborative Registration Procedure for Stringent Regulatory Authority-approved products; ^[e] December 2016 -Philippines rejected one component of the technical dossier, probably regarding compound manufacturing. Since rejection, the dossier was submitted again and Otsuka is now awaiting to receive the approval.

Table 1. Registration status of Bdq and Dlm in the 30 MDR-TB high burden countries^[a]

	MDR-TB HBCs in which the medicines are registered	MDR-TB HBCs in which regulatory dossiers have been filed
Bdq	China, India, Moldova, Peru, Philippines, Russia, South Africa, Uzbekistan.	Bangladesh, Indonesia, Kenya, ^[b] Nigeria, ^[b] Thailand, Vietnam.
Dlm	None	China, India, Indonesia, Peru, Philippines, ^[c] South Africa.

Notes: ^[a] Data are updated to July 2017; ^[b] Countries are part of the WHO Collaborative Registration Procedure for Stringent Regulatory Authority-approved products; ^[c] December 2016 -Philippines rejected one component of the technical dossier, probably regarding compound manufacturing. Since rejection, the dossier was submitted again and Otsuka is now awaiting to receive the approval.

WHO Essential Medicines List-21st Expert Committee



Executive Summary

The Selection and Use of Essential Medicines

2017

Report of the 21st WHO Expert Committee on the
Selection and Use of Essential Medicines

WHO headquarters, Geneva

27-31 March 2017

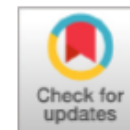
Update on anti –TB medicines

Clofazimine

Linezolid

Delamanid (indication for
children)

Ofloxacin (deletion)



Effects on the QT Interval of a Gatifloxacin-Containing Regimen versus Standard Treatment of Pulmonary Tuberculosis

Piero L. Olliaro,^a Corinne Merle,^{a,b} Thuli Mthiyane,^c Boubacar Bah,^d
Ferdinand Kassa,^e Evans Amukoye,^f Alimatou N'Diaye,^g Christian Perronne,^h
Christian Lienhardt,^{i,j} Helen McIlleron,^k Katherine Fielding^b

ence, 0.8%; 95% CI, -1.4% to 3.1% ; $P = 0.47$). No evidence was found of an association between C_{\max} of the antituberculosis drugs 1 month into treatment and the length of QTcF. Neither a standard 6-month nor a 4-month gatifloxacin-based regimen appears to carry a sizable risk of QT prolongation in patients with

Ongoing work

- Policy updates envisaged for the coming months
 - Update of the IPD MDR-TB longer regimen
 - Guideline developing group meeting on INH-resistant TB
 - Update of use of delamanid in childhood TB
- Pharmacokinetics/pharmacodynamics task force
 - Revision of the dosage of rifampicin
- TB Digital health agenda
 - Video observed therapy
- Update of the WHO Expression of Interests
- Update of the Companion Handbook to WHO policies for DR-TB management

The opportunity of the SDG era to reach the end TB targets



SDG TARGET 3.3 – BY 2030
END THE TB EPIDEMIC



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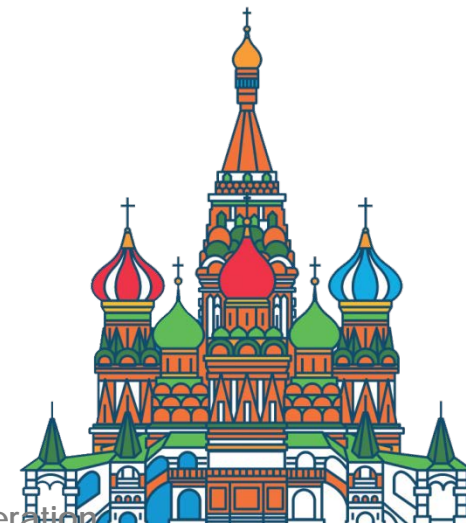


FIRST INTERGOVERNMENTAL CONSULTATION

WHO GLOBAL MINISTERIAL CONFERENCE

**ENDING TB IN THE
SUSTAINABLE
DEVELOPMENT ERA:
A MULTISECTORAL
RESPONSE**

16 - 17 November 2017, Moscow, Russian Federation





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FIRST WHO GLOBAL MINISTERIAL CONFERENCE ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE

Conference Vision

The WHO Global Ministerial Conference “Ending TB in the Sustainable Development Era: A Multisectoral Response” aims to **accelerate** implementation of the WHO End TB Strategy - with **immediate action** addressing gaps in access to care and the MDR-TB crisis - in order to reach the End TB targets set by the World Health Assembly and the United Nations (UN) Sustainable Development Goals (SDGs) through national and global commitments, deliverables and accountability. The Ministerial Conference will inform the UN General Assembly High-Level





FIRST WHO GLOBAL MINISTERIAL CONFERENCE

ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE



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All 194 Member States invited (Ministers of Health and other Ministers)

List of Member States for which travel support is available

- 40 TB and MDR-TB highest burden countries, according to the WHO Global Tuberculosis Report 2016, will be supported by WHO headquarters with financing provided by the Russian Federation
- 18 additional priority countries identified by the WHO regional offices will be supported with financing of regional offices

WHO WILL COVER TRAVEL EXPENSES OF TWO HIGH-LEVEL REPRESENTATIVES FROM EACH MEMBER STATE LISTED BELOW

AFR

Angola
Central African Republic
Congo
DR Congo
Ethiopia
Kenya
Lesotho
Liberia
Mozambique
Namibia
Nigeria
Sierra Leone
South Africa
UR Tanzania
Zambia
Zimbabwe
Guinea*
Swaziland*
Uganda*

EUR

Azerbaijan
Belarus
Kazakhstan
Kyrgyzstan
Republic of Moldova
Russian Federation
Tajikistan
Ukraine
Uzbekistan
Armenia*
Georgia*

SEAR

Bangladesh
DPR Korea
India
Indonesia
Myanmar
Thailand
Bhutan*
Maldives*
Nepal*
Sri Lanka*
Timor-Leste*

WPR

Cambodia
China
Philippines
Viet Nam
Papua New Guinea
Mongolia*
Lao PDR*

AMR

Brazil
Peru
Bolivia*
Colombia*
Mexico*
Haiti*

EMR

Pakistan
Somalia
Afghanistan*
Egypt*

* Supported by WHO regional office



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ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE



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All partners invited

- UN organizations
- Multilateral agencies
- Bilateral agencies
- International development agencies
- Regional bodies
- Partnerships
- Nongovernmental organizations; faith-based organizations
- Civil society representatives; affected people and communities
- Professional societies
- Academic and research institutions
- Philanthropic foundations
- Private sector



FIRST WHO GLOBAL MINISTERIAL CONFERENCE

ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE

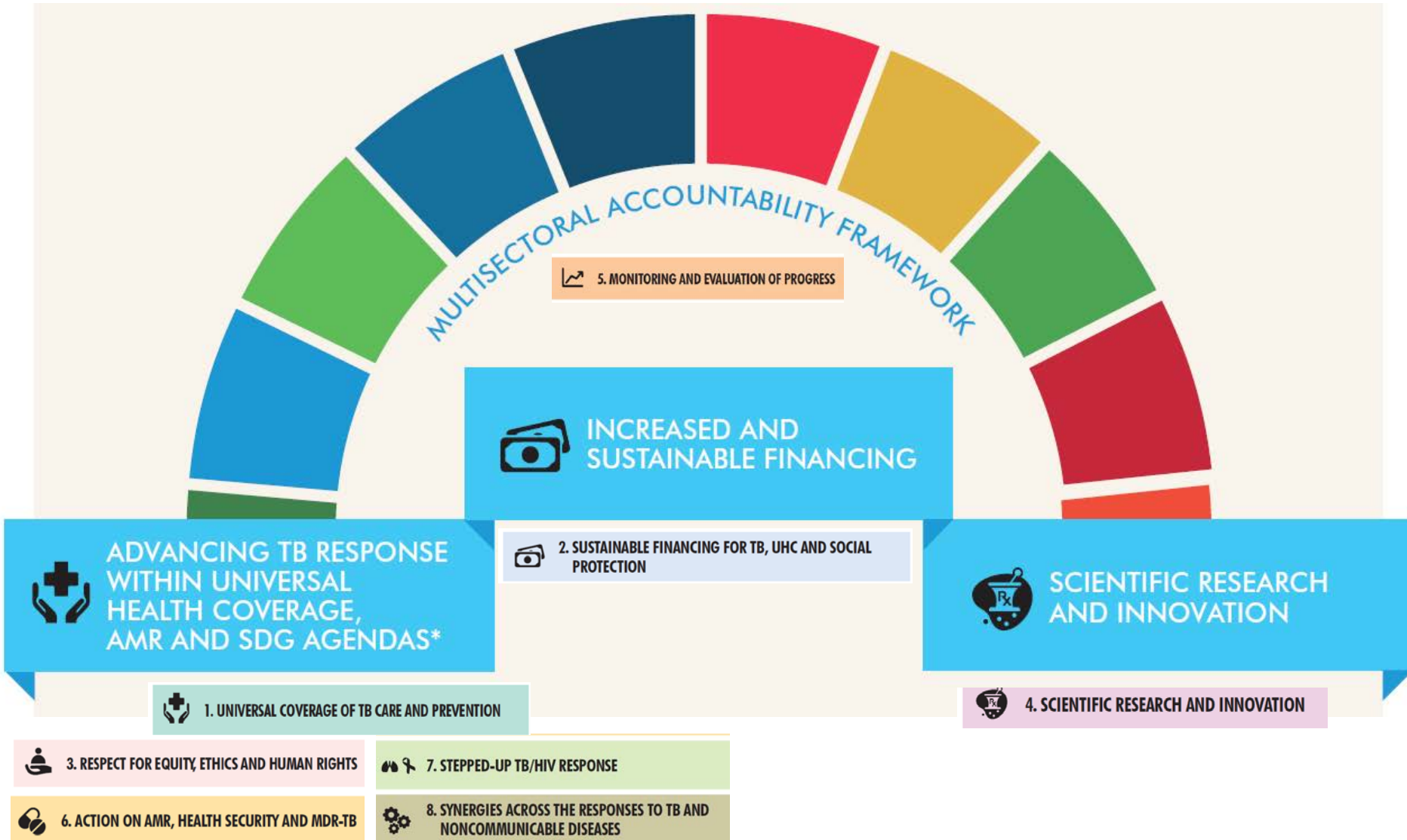


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Top outcome areas



Decision by the UN General Assembly for a High-Level Meeting on TB in 2018



UNITED NATIONS GENERAL ASSEMBLY RESOLUTION A/RES/71/159 - 15 DECEMBER 2016

Global health and foreign policy: Health Employment and Economic Growth

The General Assembly, (...)

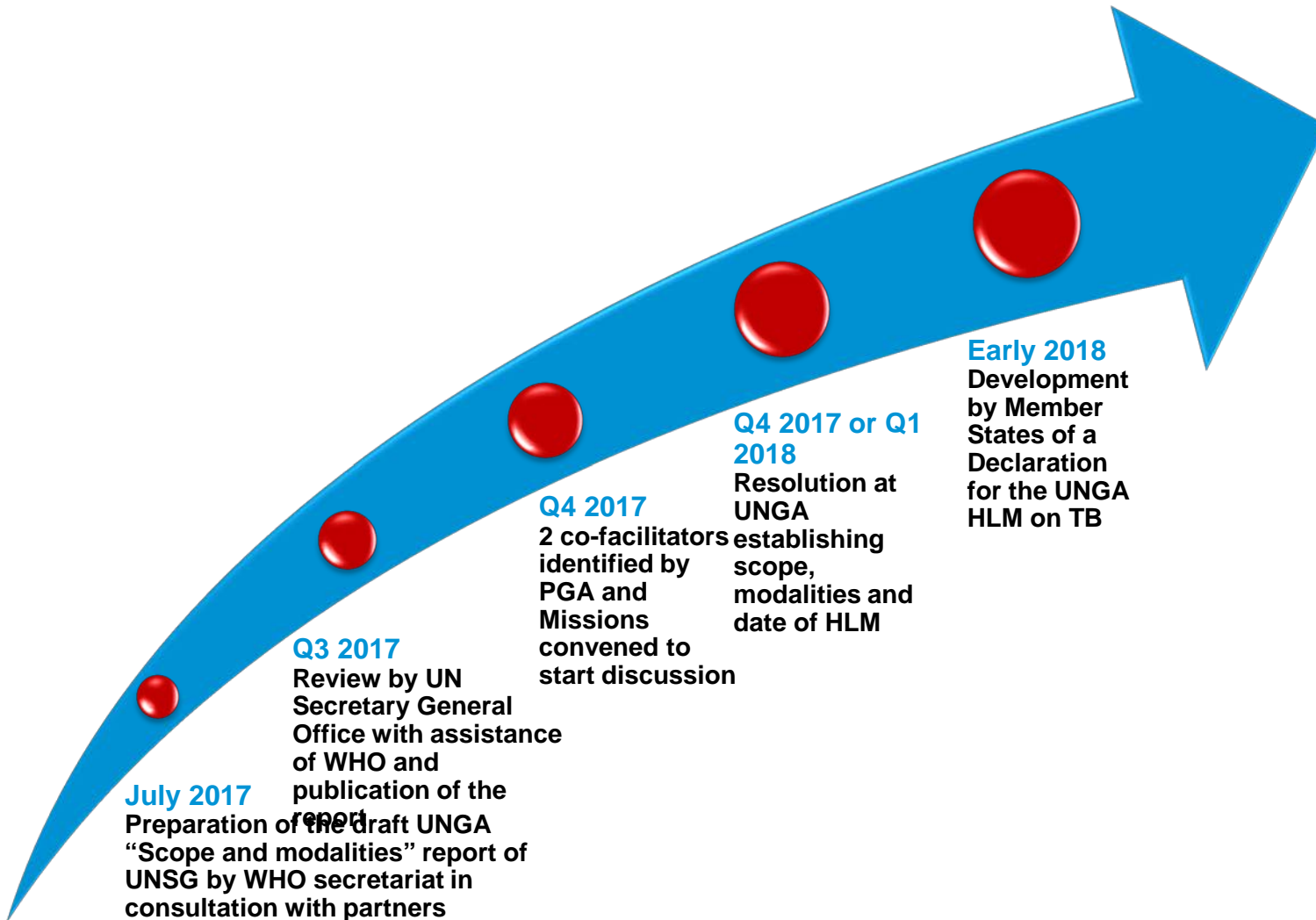
21. *Takes note* of the initiative to hold, in Moscow in November 2017, a global ministerial conference on the fight against tuberculosis in the context of public health and the Sustainable Development Goals;

22. *Decides* to hold a high-level meeting in 2018 on the fight against tuberculosis, and requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard;

(...)

UN General Assembly High Level Meeting on TB - 2018

Proposed process and roadmap



July 2017
Preparation of the draft UNGA "Scope and modalities" report of UNSG by WHO secretariat in consultation with partners

Q3 2017
Review by UN Secretary General Office with assistance of WHO and publication of the report

Q4 2017
2 co-facilitators identified by PGA and Missions convened to start discussion

Q4 2017 or Q1 2018
Resolution at UNGA establishing scope, modalities and date of HLM

Early 2018
Development by Member States of a Declaration for the UNGA HLM on TB

END TB



Together
we will
END TB



END TB