Updates on the global TB
Global TB burden
Policy response
Treatment approaches
Tuberculosis is the leading infectious killer

**KEY TB FACTS**

- **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
- Funding shortfall for TB implementation
  - Gap of over US$1 billion per year for TB research

Current actions and investments are falling far short
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

Return on investment for every one dollar spent on the most cost-effective health interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Heart attacks</td>
<td>US$ 25</td>
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<td>Acute low-cost management</td>
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<tr>
<td>Tuberculosis case finding &amp; treatment</td>
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<td>Malaria prevention &amp; treatment</td>
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<td>Local surgical capacity</td>
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<td>Tuberculosis</td>
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</table>

Source: Copenhagen Consensus Centre

Economist.com
TB incidence: **10.4 million people/year**

- **SE Asia**: 46%
- **Africa**: 26%
- **W Pacific**: 15%
- **Europe**: 3%
- **Americas**: 3%
- **E Med**: 7%

- **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

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**TARGETS**

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>SDG*</th>
<th>END TB</th>
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<tbody>
<tr>
<td>2020</td>
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Reduction in number of TB deaths compared with 2015 (%):
- 35% to 75%
- 90% to 95%

Reduction in TB incidence rate compared with 2015 (%):
- 20% to 50%
- 80% to 90%

TB-affected families facing catastrophic costs due to TB (%): 0% to 0%
Accelerating to reach the WHO & SDG End TB targets

Accelerate scaled up use of current and new tools, pursue universal health coverage and social protection.

Current global trend: -1.5%/year

-10%/year by 2025

Introduce new tools: a vaccine, new drugs & treatment regimens for treatment of active TB disease and latent TB infection, and a point-of-care test

-5%/year

-17%/year
The global TB situation (2)

TB incidence and mortality, 2000-2015
Percentage of new TB cases with MDR/RR-TB

Percentage of cases:
- 0-2.9
- 3-5.9
- 6-11.9
- 12-17.9
- >18
- No data
- Not applicable
30 High MDR-TB burden countries

- Bangladesh
- DPR Korea
- Pakistan
- Philippines
- Russian Federation
- Viet Nam
- Afghanistan
- Albania
- Azerbaijan
- Belarus
- Cambodia
- Cameroon
- Central African Republic
- Chad
- Congo
- Congo, Democratic Republic
- Eritrea
- Ethiopia
- Former Yugoslav Republic of Macedonia
- Georgia
- Ghana
- Guatemala
- Guinea
- Guinea-Bissau
- Haiti
- India
- Indonesia
- Israel
- Kenya
- Kyrgyzstan
- Lao People's Democratic Republic
- Lesotho
- Liberia
- Moldova
- Myanmar
- Nepal
- Niger
- Nigeria
- Pakistan
- Papua New Guinea
- Peru
- Philippines
- Polynesia
- Republic of Moldova
- Russian Federation
- Senegal
- Sierra Leone
- Somalia
- South Africa
- Tajikistan
- Thailand
- Ukraine
- Uzbekistan
- Vietnam
- Zambia
- Zimbabwe
- Yemen
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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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

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
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<th>Failure</th>
<th>Died</th>
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</table>

Percentage of cohort

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[World Health Organization logo]

[END TB logo]
Outcomes of XDR-TB treatment

2013 cohort, by WHO region and global

*number of cases observed shown next to the bars

- Treatment success
- Failure
- Died
- Lost to follow-up
- Not evaluated

Global: 4086 cases
W. Pacific: 282 cases
S-E. Asian: 261 cases
European: 2756 cases
E. Mediterranean: 67 cases
Americas: 90 cases
African: 630 cases

Percentage of cohort
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

1. Prevent the development of drug resistance through high quality treatment of drug-susceptible TB
2. Expand rapid testing and detection of drug-resistant TB cases
3. Provide immediate access to effective treatment and proper care
4. Prevent transmission through infection control
5. Increase political commitment with financing
WHO policies related with management of drug-resistant tuberculosis

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

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 2\textsuperscript{nd} 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
<table>
<thead>
<tr>
<th>GROUP A</th>
<th>Fluoroquinolones</th>
</tr>
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<tr>
<td></td>
<td>Levofloxacin</td>
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<td>Moxifloxacin</td>
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<td>Gatifloxacin</td>
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<th>GROUP B</th>
<th>Second-line injectable agents</th>
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<tr>
<td></td>
<td>Amikacin</td>
</tr>
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<td></td>
<td>Capreomycin</td>
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<td>Kanamycin (Streptomycin)</td>
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<th>GROUP C</th>
<th>Other Second-line Agents</th>
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<tr>
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<td>Ethionamide / Prothionamide</td>
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<td>Cycloserine / Terizidone</td>
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<td><strong>Linezolid</strong></td>
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<td><strong>Clofazimine</strong></td>
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<td>High-dose isoniazid</td>
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<td>Amoxicillin-Clavulanate (Thioacetazone)</td>
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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 in children and adolescents
Interim policy guidance
Table 1. Registration status of Bdq and Dlm worldwide [a]

<table>
<thead>
<tr>
<th>Countries in which the medicines are registered [b]</th>
<th>Countries in which regulatory dossiers have been filed [b]</th>
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<tbody>
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<td><strong>China, India, Indonesia, Peru, Philippines, [e] South Africa.</strong></td>
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<td>EU, [c] Hong Kong, Japan, South Korea, Turkey</td>
<td>China, India, Indonesia, Peru, Philippines, [e] South Africa.</td>
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</table>

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\textsuperscript{[a]}

<table>
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<th>MDR-TB HBCs in which the medicines are registered</th>
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<td>Bangladesh, Indonesia, Kenya,\textsuperscript{[b]} Nigeria,\textsuperscript{[b]} Thailand, Vietnam.</td>
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<td>China, India, Indonesia, Peru, Philippines, \textsuperscript{[c]} South Africa.</td>
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Notes: \textsuperscript{[a]} Data are updated to July 2017; \textsuperscript{[b]} Countries are part of the WHO Collaborative Registration Procedure for Stringent Regulatory Authority-approved products; \textsuperscript{[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.
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


ence, 0.8%; 95% CI, −1.4% to 3.1%; \( P = 0.47 \)). No evidence was found of an association between \( C_{\text{max}} \) 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
FIRST INTERGOVERNMENTAL CONSULTATION

WHO GLOBAL MINISTERIAL CONFERENCE

ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE

16 - 17 November 2017, Moscow, Russian Federation
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
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
Amenia*
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*
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
Top outcome areas

1. Universal coverage of TB care and prevention
2. Sustainable financing for TB, UHC and social protection
3. Respect for equity, ethics and human rights
4. Scientific research and innovation
5. Monitoring and evaluation of progress
6. Action on AMR, health security and MDR-TB
7. Stepped-up TB/HIV response
8. Synergies across the responses to TB and non-communicable diseases

Increasing and sustainable financing

Advancing TB response within universal health coverage, AMR and SDG agendas*
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
Together we will END TB