Ending TB in the Western Pacific Region: a journey toward 2030

Regional Framework to implement End TB Strategy, 2021- 2030

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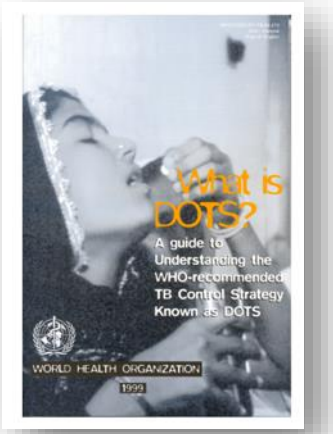
WHO Western Pacific Region

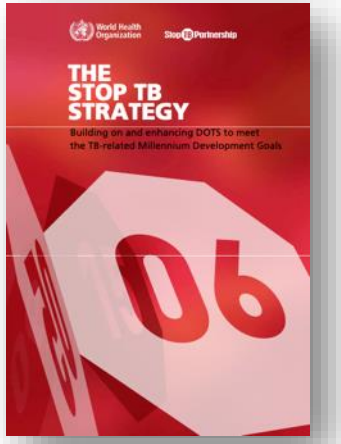
Evolution: Global Strategy and Regional Framework

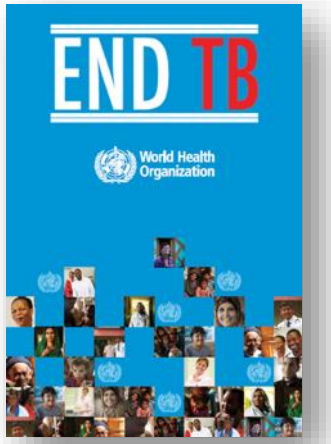
World Health Organization
Western Pacific Region

1994 — DOTS Strategy
2006 — Stop TB Strategy
2015 — End TB Strategy
2021

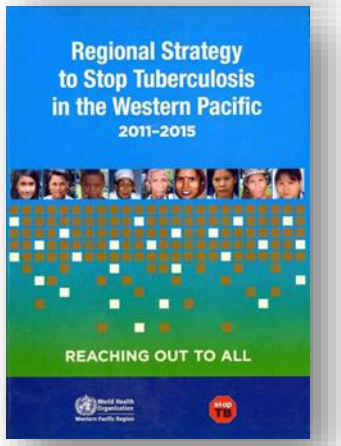
Global

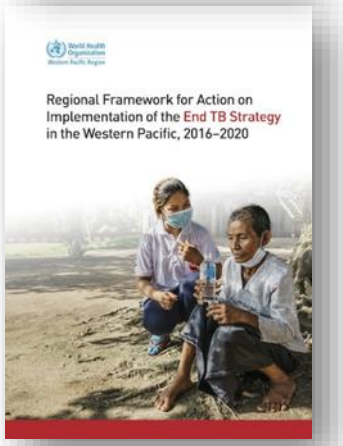


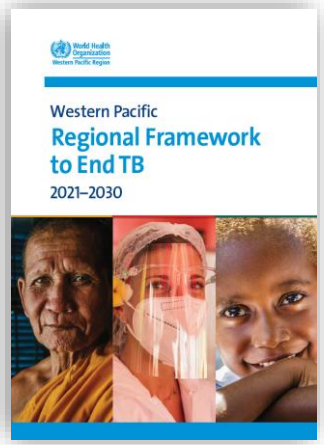




Regional







Introduction to the new Framework

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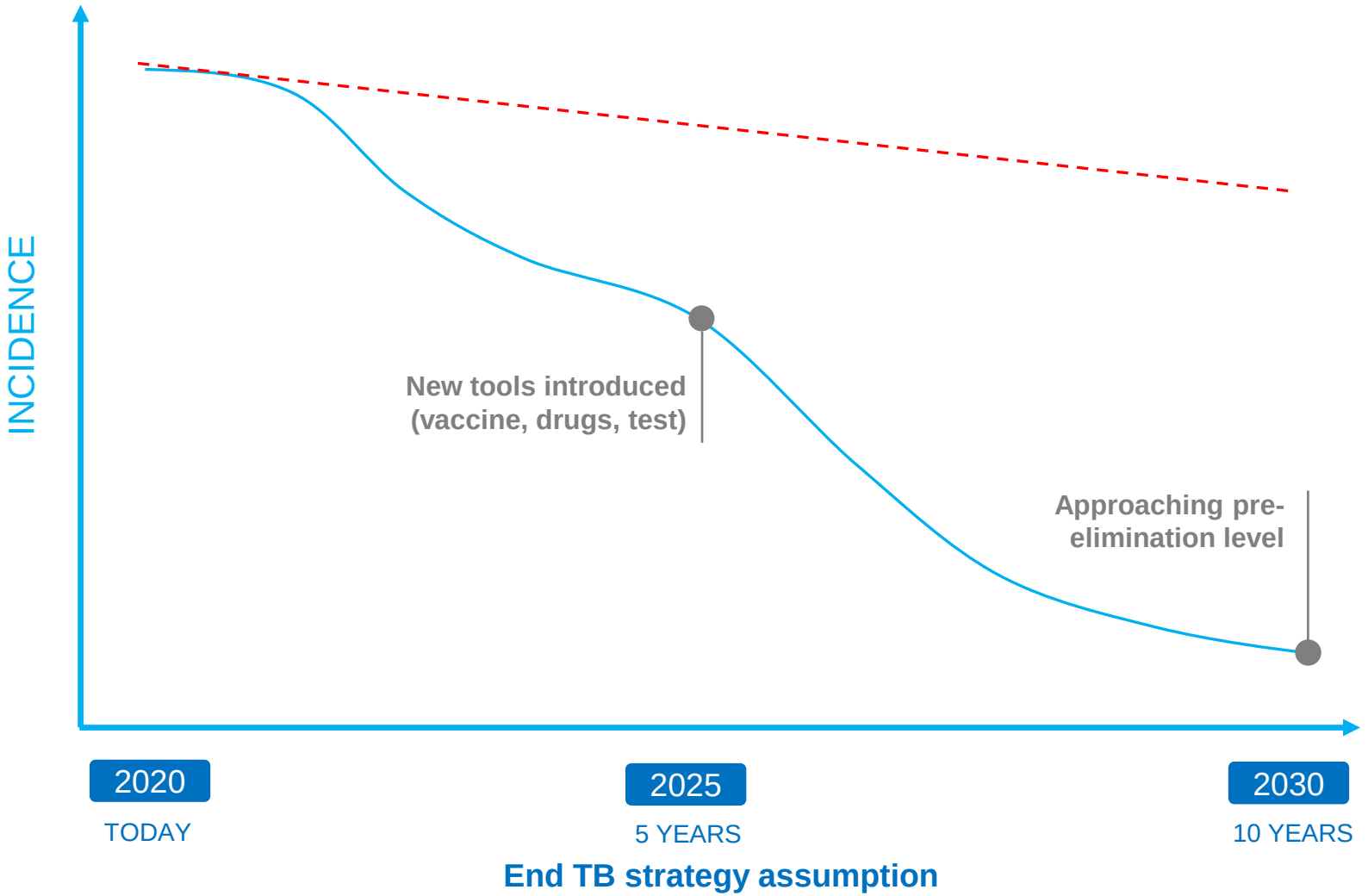
Why a new Framework?

- Slow progress, requiring fresh thinking
- Existing and emerging challenges
- New experiences, tools and guidance available
- Unprecedented political momentum
- WPRO's new vision/ diversity
- Lessons identified from COVID-19

How is it developed?

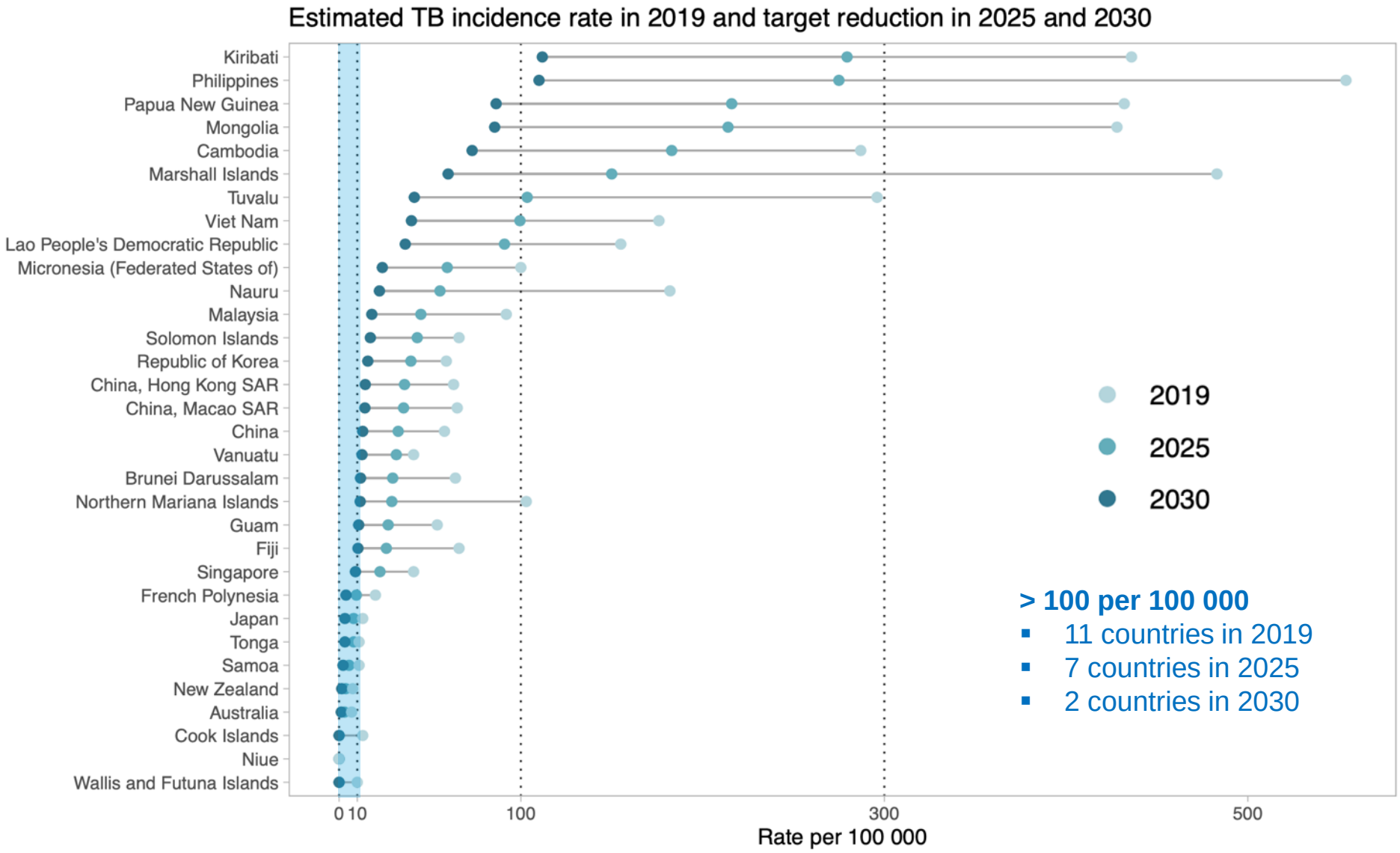
- Evaluation
- Studies
- Consultation

Future scenario: TB in 2030

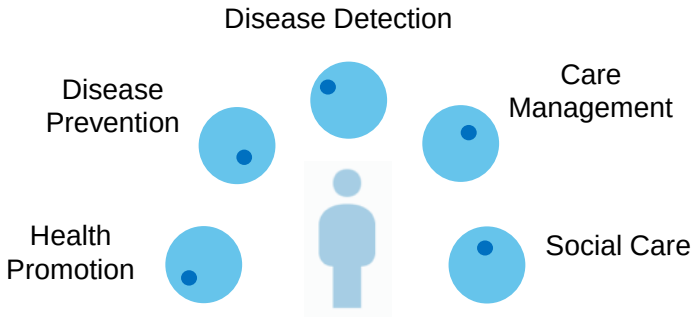


- Social determinants of TB largely addressed
- Universal coverage for TB is mostly ensured
- New tools are effectively introduced
- Incidence and mortality reduced dramatically
- Majority are intermediate and low burden countries
- Concentrated in high-risk groups
- Big proportions are due to reactivation of old infection
- Outbreak response as a norm

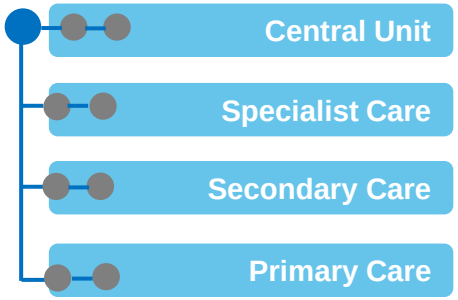
Future scenario: Country specific TB epidemiology



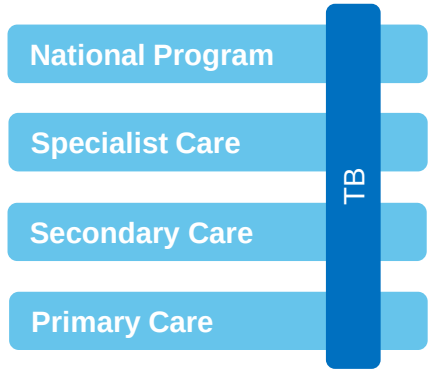
Future scenario: System



Personalized care system with precision medicine



Integrated care systesm



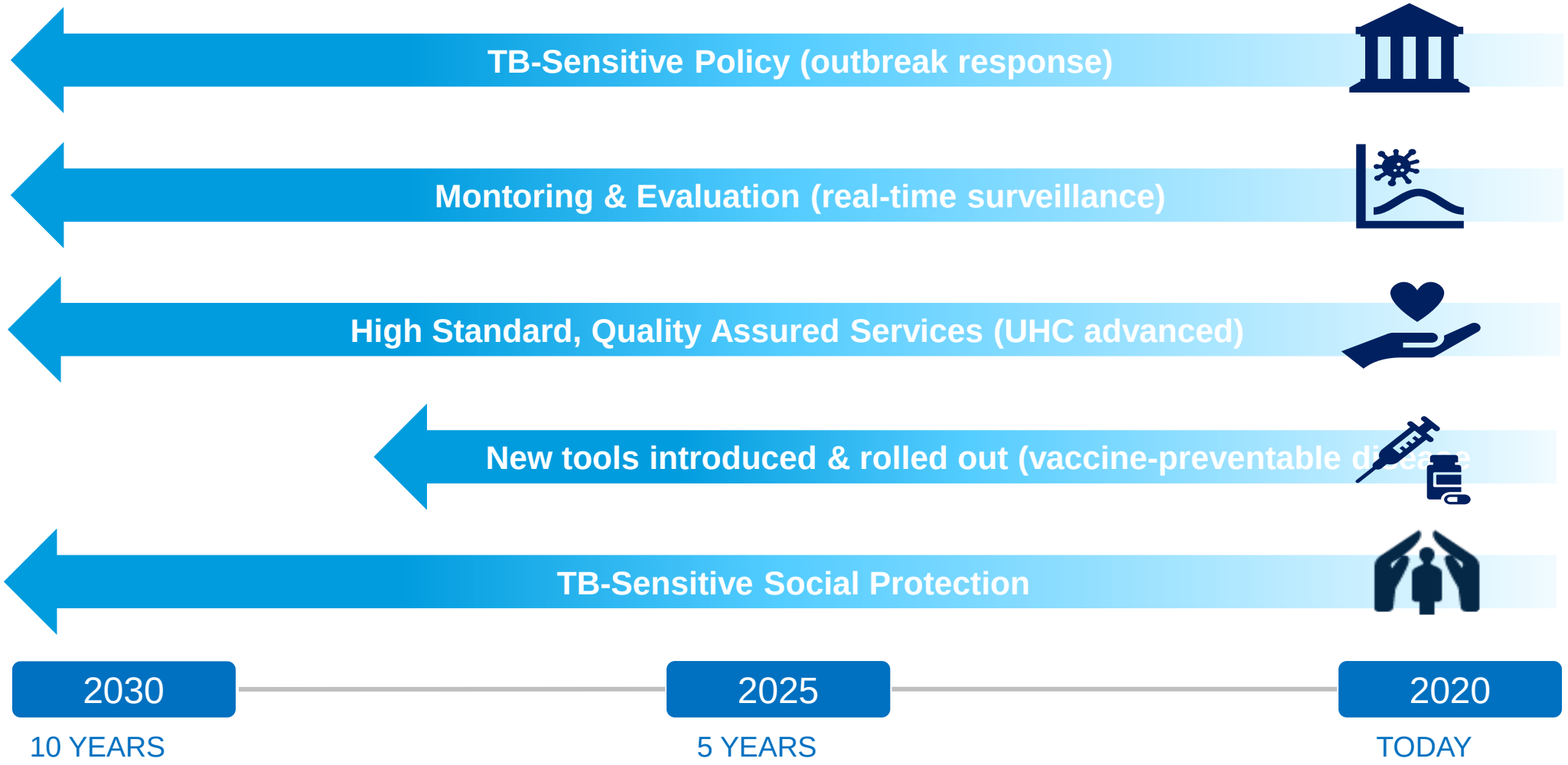
Disease specific programe approach

2030 — 10 YEARS

2025 — 5 YEARS

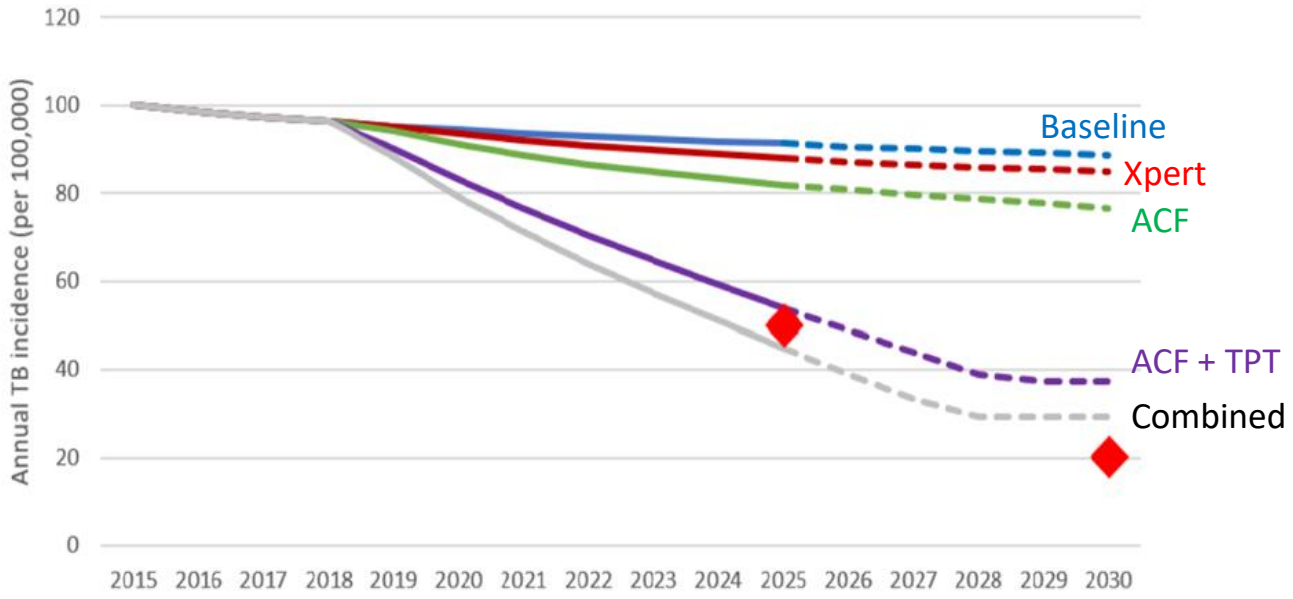
2020 — TODAY

Future scenario: Essential TB functions



The 2030 vision requires a combination of tools

Modeled estimates of TB incidence with different interventions, 2019-2030



Results of modelling;

- A slow decline in incidence (9%) is expected
- Optimal coverage of the current tools is needed to accelerate the progress
  - Systematic screening (ACF)
  - Xpert expansion
  - TB preventive therapy
- New tool(s) are necessary to reach the 2030 target
- Extremely profitable investment, providing at least a four-fold return on investments

Prevailing challenges causing slow progress

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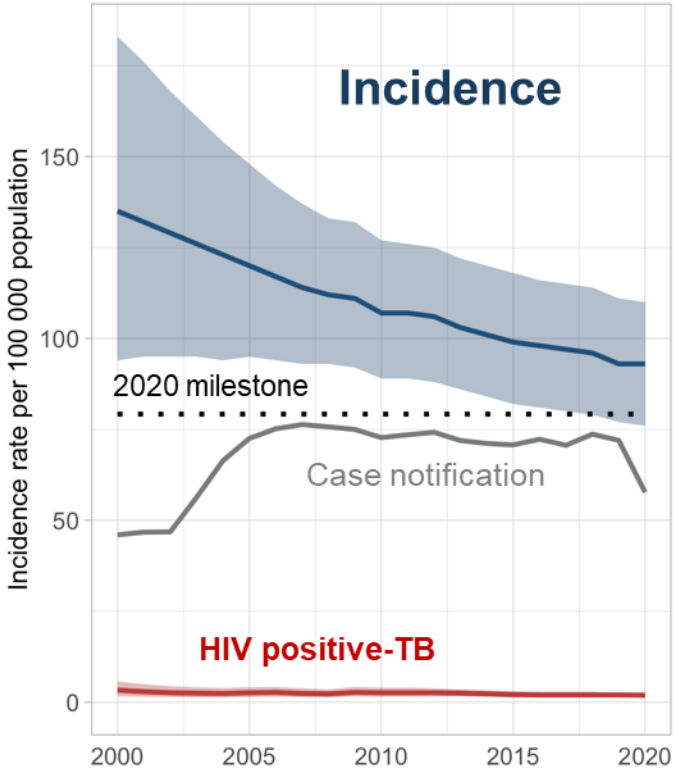
Incidence falling by just 1.5% per annum



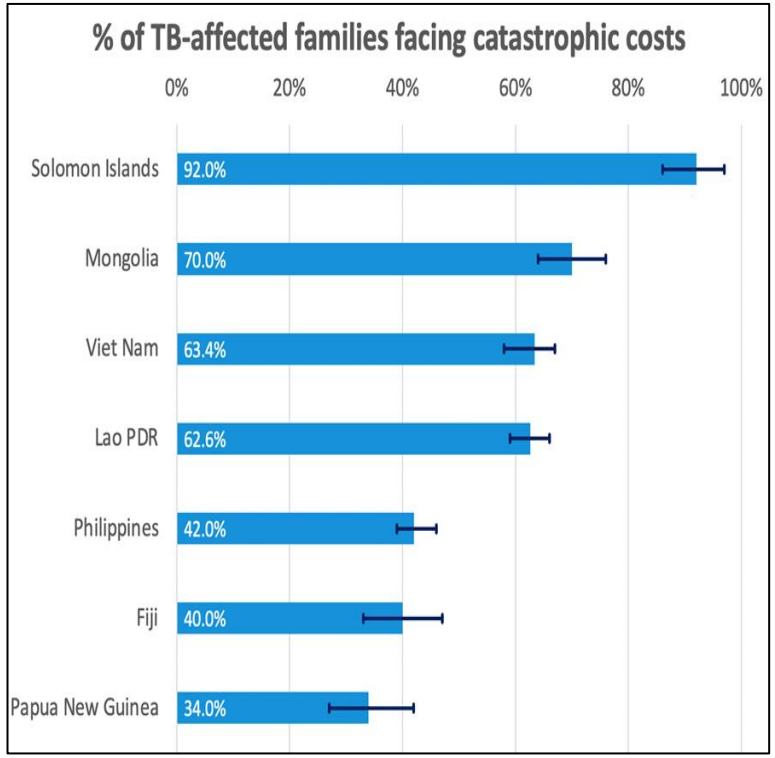
Gaps in services

Missing TB cases (25%)

Slow roll-out of newer technologies/ guidelines

Large pool of infected people, and TPT not adequately implemented

High catastrophic cost due to TB



Factors influencing future TB epidemic/response in WPR

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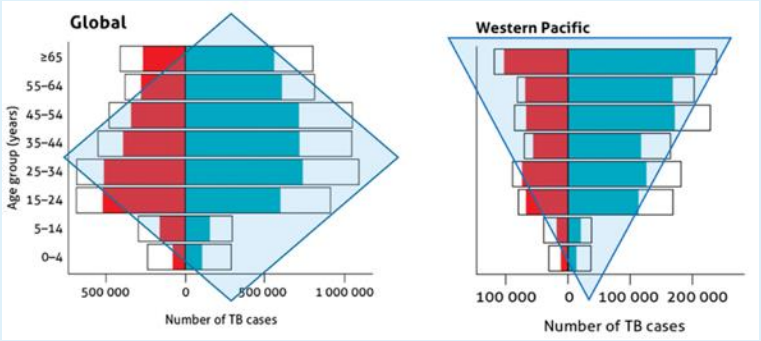
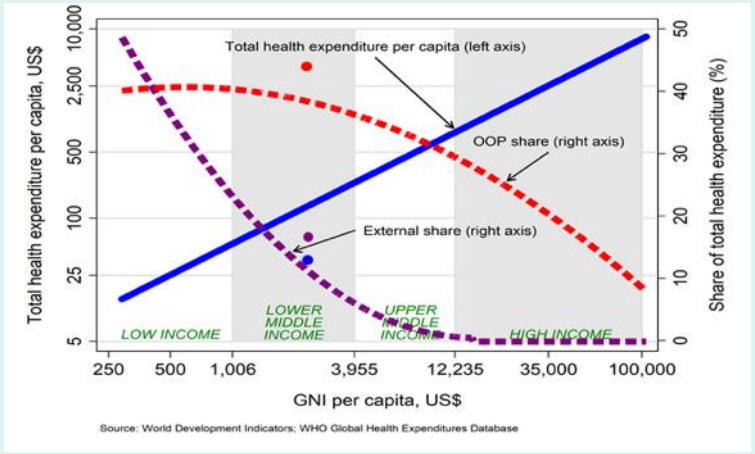
Demographic transition



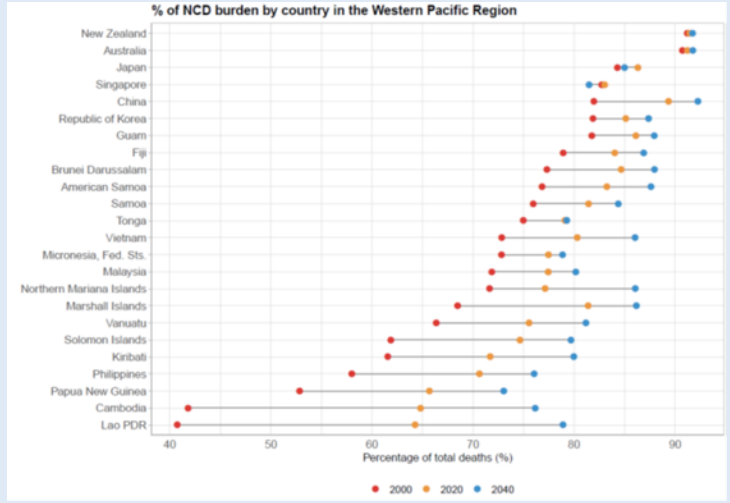
- Ageing society
- Reactivation of old infection will drive the epidemic
- Management of elderly TB

Economic transition



- Rapid economic development
- Transition from donor to domestic funding
- Rapid urbanization

Epidemiological transition

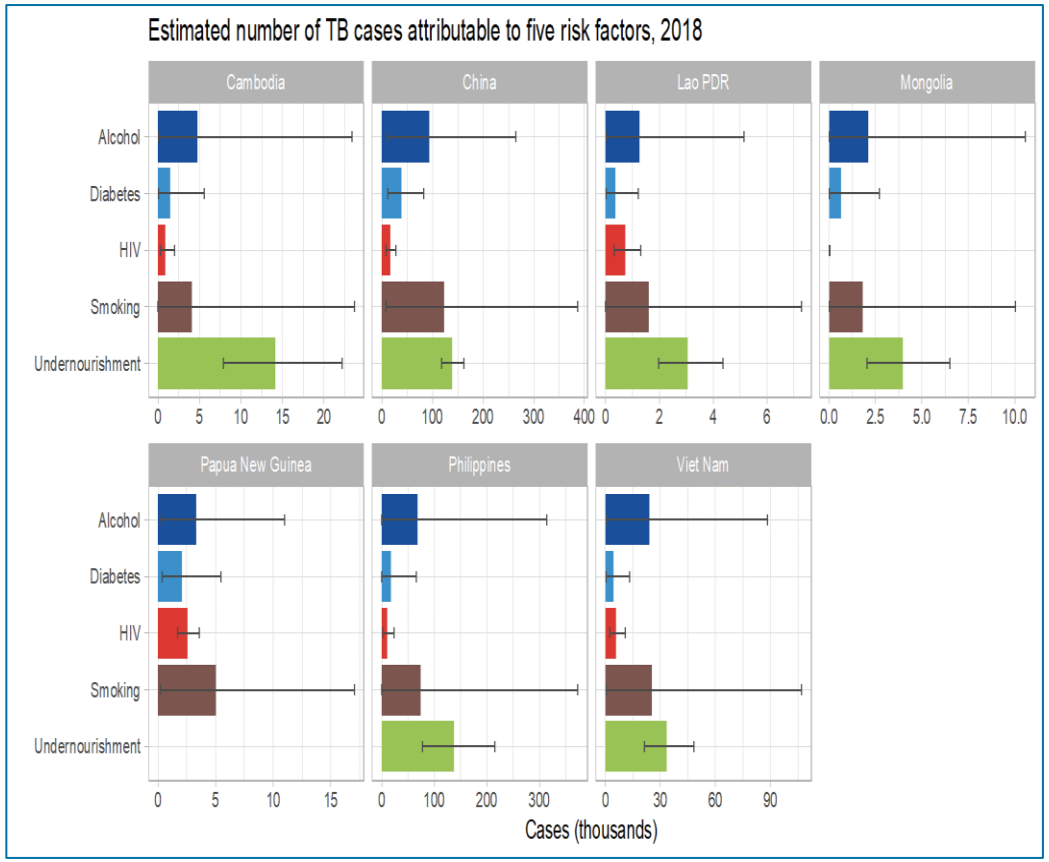


- Increased NCDs
- Management of co-morbidities

Key drivers of TB

Interconnectedness

Risk factor	Population attributable fraction (%)	Attributable burden of TB (millions)
Alcohol use disorder	8.1	0.74
Diabetes	3.1	0.37
HIV infection	7.6	0.74
Smoking	7.1	0.73
Undernutrition	19	1.9



In short, we have four layers of challenges

1. Challenges within TB area
2. Weakness within health system
3. Limited work on risk factors
4. Overarching related to governance

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The Response Framework toward 2030

Vision and Goal

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- **Vision:** **TB free, the healthiest and safest Region.**
- **Goal**: In line with the WHA approved End TB Strategy goals
  - Reduce the number TB **deaths by 90%** by 2030,
  - Reduce the rate of TB **incidence by 80%** by 2030; and
  - **Zero TB affected-families facing catastrophic cost** due to TB.

	2015 baseline	2020 progress	2020 milestones	2025 milestones	2030 targets
Reduction in **number of TB deaths**	107 000	93 000 (13% reduction)	69 550 (35% reduction)	26 750 (75% reduction)	10 700 (90% reduction)
Reduction in TB **incidence rates**	99/100 000 population	93/100 000 population (6% reduction)	79/100 000 population (20% reduction)	50/100 000 pop (50% reduction)	20/100 000 pop (80% reduction)
% of TB-affected families facing **catastrophic costs**	Was not available	35–92%	0%	0%	0%

Priorities and Approaches

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Principles

Social Justice | Ethics | Human Rights

Approach

Country Focus | Multi-sectoral approach

Action Domain

1. Strengthen Essential TB Functions (within TB)
2. Build Health system foundations (within Health)
3. Promote Health beyond Health (beyond Health)
4. Coordination and accountability (Overarching)

Operational modalities

1. System approach to strengthen service delivery
2. Information for action
3. Strategic communication and change management
4. Innovations and rapid uptake

Proposed Responses by Action Domain as per country context

		Specific activities per response	Considerations	
			HBCs	LICs
Essentials TB functions	1. Ensure early diagnosis and notification 2. Ensure people-centered care services 3. Prevent TB infection and diseases			
Health system Foundations	1. Contribute to universal health coverage 2. Enhance collaboration for managing risk factors and co-morbidities 3. Establish/strengthen national level research networks 4. Establish networks of community and civil society			
Health beyond Health	1. Contribute to enhancing social protection mechanism 2. Promote whole-of-government and whole-of-society approach			
Governance and accountability	1. Establish and sustain proper financing mechanisms 2. Manage translation of policy to practice 3. Develop coordination mechanism and implement the accountability framework for TB 4. Manage TB care in emergency situations			

Summary

TB is a continuing pandemic; incidence reducing slowly

COVID-like events may further hinder progress

Need actions in all four domains (TB, within health, beyond health and overarching)

Time to act now