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F. PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF TUBERCULOSIS: MIDTERM REVIEW

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in the implementation of the Plan of Action for the Prevention and Control of Tuberculosis, approved in October 2015 (Document CD54/11 and Resolution CD54.R10) (1, 2). The goal of the Plan of Action is to accelerate the reduction in tuberculosis incidence and mortality, leading to the end of the epidemic in the Region of the Americas. Implementation of the Plan of Action will make it possible, by 2019, to meet the goals stipulated in the PAHO Strategic Plan 2014-2019. The Plan of Action is within the framework of the World Health Organization's (WHO) Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015, subsequently known as the End TB Strategy, which was adopted by the Sixty-seventh World Health Assembly in May 2014 (3).

2. In November 2017, the First WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response was organized by WHO and the Russian Federation. The conference issued the Moscow Declaration to End TB (4), in which countries affirmed their commitment to end the TB epidemic by 2030. The Declaration calls on WHO to support accelerating the response to meet the targets agreed under the End TB Strategy and the Sustainable Development Goals, through increased national and global commitments. The Region of the Americas is the WHO region closest to achieving the elimination target first, and PAHO has committed to provide all necessary support to its Member States toward this end. The Moscow conference will be followed in 2018 by the first United Nations General Assembly (UNGA) high level meeting on ending tuberculosis, which will further engage the highest political level in the commitment to achieve TB elimination.

Analysis of Progress Achieved

3. Since 2015, countries in the Region have developed and/or updated their National TB Strategic Plans based on the Global Strategy and the Regional Plan of Action. Progress has been made on the three outcome indicators and on the indicators for the three strategic lines of action outlined in the Plan of Action. The main sources of information for this midterm review are the WHO Global Tuberculosis Report 2017 (5), reports of monitoring and evaluation visits to national TB programs, and reports of regional and subregional consultations and workshops (6).

<i>Outcome Indicators</i>		
Indicator	Baseline and target	Status
1. Cumulative number of patients with bacteriologically confirmed TB treated successfully in programs that have adopted the WHO-recommended strategy since 1995	Baseline: 1.45 million patients in 2013 Target: 2.50 million patients in 2019	As of 2015 (most recent available cohort), 2.05 million TB patients had been successfully treated in countries.
2. Annual number of patients with presumed or confirmed multidrug-resistant TB (MDR-TB), based on WHO definitions (2013), including rifampicin-resistant (RR-TB) cases, receiving MDR-TB treatment in the Region	Baseline: 2,960 patients in 2013 Target: 5,490 patients in 2019	As of 2016 (most recent available data), 3,509 presumptive or confirmed MDR/RR-TB patients have received treatment.
3. Percentage of new patients with diagnosed TB, compared to the total number of incident TB cases	Baseline: 79% in 2013 Target: 90% in 2019	As of 2016 (most recent available data), 81% of estimated TB incident cases were diagnosed.

4. For the first strategic line, technical cooperation has been provided to National TB Programs (NTP) through country missions and capacity-building events. Capacity for early diagnosis and case detection has been stepped up through a regional grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen TB laboratories of 20 countries (7). Treatment of TB and drug-resistant TB has been strengthened through technical support provided by the regional Green Light Committee (rGLC), and TB drug management is improving through joint work with the PAHO Strategic Fund. Likewise, TB/HIV collaboration has been strengthened, including updating of regional clinical guidelines. Other TB co-morbidities (TB/diabetes and TB/tobacco) have been further addressed.

<i>Strategic Line of Action 1: Integrated tuberculosis prevention and care, focused on those persons affected by the disease</i>		
Objective	Indicator, baseline, and target	Status
1. Strengthen integrated prevention and care of tuberculosis, focused on those persons affected by the disease, in accordance with international standards for tuberculosis care	1.1 Number of countries that diagnose and treat tuberculosis in accordance with international standards for tuberculosis care Baseline: 20 in 2013 Target: 35 in 2019	<p>As of 2017, 25 countries have updated their national tuberculosis guidelines to include WHO recommendations on TB diagnosis and treatment.</p> <p>Progress on this indicator is constrained by the frequent updates of TB recommendations, especially on new diagnostics and drugs. Likewise, review and approval processes at country level may delay updating of national guidelines.</p> <p>PAHO is supporting NTPs in these processes.</p>
	1.2 Number of countries that carry out systematic preventive therapy for contacts (under age 5) of active tuberculosis cases Baseline: 5 in 2013 Target: 20 in 2019	<p>As of 2017, 15 countries are providing preventive therapy with isoniazid to children under 5 years of age who are contacts of active TB cases, as recommended by PAHO/WHO.</p> <p>The activity reflected in this indicator is key to preventing TB disease in a highly vulnerable group, and critical along with TB case findings to achieve TB elimination. Efforts are being made to increase notification and follow-up.</p>
	1.3 Number of countries that carry out systematic preventive therapy of TB/HIV co-infection, in accordance with national guidelines Baseline: 5 in 2013 Target: 10 in 2019	<p>As of 2017, seven countries notify initiation of isoniazid preventive therapy (IPT) in people with HIV. There is anecdotal evidence that this activity is being widely conducted in HIV services, but available data are scarce.</p> <p>Some countries have developed innovative ways to ensure recording and reporting of this information.</p>
	1.4 Number of countries that diagnose over 85% of estimated cases of MDR-TB among reported tuberculosis cases Baseline: 6 in 2013 Target: 16 in 2019	<p>As of 2017, only one country is diagnosing more than 85% of estimated cases of MDR-TB, including rifampicin-resistant TB, among reported TB cases, following the current classification by WHO of</p>

Objective	Indicator, baseline, and target	Status
		<p>drug-resistant TB (8) and the introduction in countries of the rapid molecular diagnostic test, Xpert® MTB/RIF.</p> <p>There have been changes to the WHO definition of MDR-TB, which currently includes RR-TB, thereby superseding the criteria used to establish the 2013 baseline and target values. This indicator needs to be adjusted accordingly.</p> <p>PAHO is facilitating the implementation of the Xpert® MTB/RIF assay. It is also providing support for the improvement of routine surveillance of drug-resistant TB that will improve the available data and thus make possible more realistic estimates.</p> <p>Note: This indicator should be updated to reflect the current classification by WHO of drug-resistant TB and rephrased as “Number of countries that diagnose over 85% of estimated cases of MDR/RR-TB among reported tuberculosis cases.” Accordingly, the baseline and target could be modified more realistically to 1 and 10 countries, respectively.</p>
	<p>1.5 Number of countries that initiate treatment of 100% of reported cases of MDR-TB</p> <p>Baseline: 6 in 2013 Target: 12 in 2019</p>	<p>As of 2017, 14 countries initiate treatment for all of their reported MDR-TB cases. This already exceeds the 2019 target. Intense technical support was provided by MDR-TB experts through the regional Green Light Committee mechanism.</p>
	<p>1.6 Number of countries where 100% of cases of TB/HIV co-infection receive antiretroviral therapy</p> <p>Baseline: 6 in 2013 Target: 15 in 2019</p>	<p>As of 2017, nine countries provide antiretroviral therapy to all TB/HIV co-infected patients. PAHO is providing support to countries to fulfill this important indicator, and HIV programs are increasing access to antiretrovirals, thus benefiting co-infected patients.</p>

5. Political commitment has been enhanced through coordination with the TB Regional Parliamentary Caucus (9), including representatives from 20 countries of the Americas. Support was provided to the annual commemoration of World TB Day. Intensified work on vulnerable populations (children and indigenous groups) and involvement of civil society organizations have been promoted; support for strengthening TB information analysis has been given; and steps have been taken to promote inclusion of TB patients in social protection programs.

<i>Strategic Line of Action 2: Political commitment, social protection, and universal coverage of tuberculosis diagnosis and treatment</i>		
Objectives	Indicator, baseline, and target	Status
2. Formulate and implement, in accordance with the Global Strategy, national tuberculosis control plans that strengthen political commitment and an integrated approach to tuberculosis control, within the framework of the Strategy for Universal Access to Health and Universal Health Coverage, and social protection	2.1 Number of countries that have implemented updated plans in accordance with the Global Strategy Baseline: 0 in 2013 Target: 30 in 2019	As of 2017, 21 countries are implementing national strategic plans for TB based on the End TB Strategy.
	2.2 Number of countries that have financed their updated strategic plans in accordance with the Global Strategy Baseline: 0 in 2013 Target: 30 in 2019	As of 2016, 15 countries reported that their updated national strategic plans for TB were funded. Funding for TB activities was 67% domestic, 15% international, and 18% unfunded; the preceding year the unfunded proportion was 21%.
	2.3 Number of countries that have community networks working in tuberculosis control Baseline: 3 in 2013 Target: 10 in 2019	As of 2017, 13 countries have established community networks supporting TB prevention and control activities in coordination with health officials and facilities. Based on experiences in these countries, PAHO is promoting the creation of a regional community network that will facilitate the establishment and expansion of national networks.
	2.4 Number of countries with established regulations on the registry, importation, and manufacture of medical products Baseline: 28 in 2013 Target: 30 in 2019	As of 2017, 31 countries have established regulations on aspects related to registry, importation, and manufacture of medical products, including those for TB (drugs, diagnostics, and supplies), exceeding the target (10, 11).

Objective	Indicator, baseline, and target	Status
	<p>2.5 Number of countries that include people affected by tuberculosis in social protection programs</p> <p>Baseline: 5 in 2013 Target: 15 in 2019</p>	<p>As of 2017, 10 countries have social protection programs in which TB patients are included. In some instances their families also benefit. A lesson learned with the implementation of these social protection programs concerns their sustainability. When such programs are in place for only a short period of time, there can be negative effects, such as loss of adherence to treatment.</p>

6. For the third strategic line, introduction of new diagnostic technology (GeneXpert® and Line Probe Assay) and new drugs (bedaquiline and delamanid) has been fostered. National capacity was developed through training (SORT-IT) for implementing operational research. The initiative for TB control in large cities has been expanded to 13 urban centers. Development of active DR-TB pharmacovigilance has taken place in five pilot sites, and follow-up of seven low-burden countries in the TB elimination initiative has been done.

<i>Strategic Line of Action 3: Operational research and implementation of innovative initiatives and tools for tuberculosis prevention and control</i>		
Objective	Indicator, baseline, and target	Status
<p>3. Implement innovative initiatives and tools for tuberculosis control, using operational research in each Member State to measure and evaluate their contribution in terms of diagnosis and treatment outcomes</p>	<p>3.1 Number of countries with established and functional national tuberculosis research networks that include national TB control programs</p> <p>Baseline: 1 in 2013 Target: 10 in 2019</p>	<p>As of 2017, three countries have established national TB research networks that are functional and that coordinate with the NTP, and other countries are in the process of developing them.</p>
	<p>3.2 Number of countries that have operational research plans for tuberculosis</p> <p>Baseline: 1 in 2013 Target: 10 in 2019</p>	<p>As of 2017, six countries have developed TB operational research plans on specific topics. Other countries are setting their research priorities as a first step toward developing a plan.</p>
	<p>3.3 Number of countries that use the new tools for tuberculosis control</p> <p>Baseline: 11 in 2013 Target: 20 in 2019</p>	<p>As of 2017, 16 countries are using new tools for TB prevention and control, including new diagnostics (GeneXpert® and Line Probe Assay). Innovative initiatives for TB control are being implemented in large cities and have contributed to an increase in TB case detection.</p>

Action Necessary to Improve the Situation

7. Consider reaffirming the commitments and calls to action of the Moscow Declaration to end TB, including strengthening of interprogrammatic and intersectoral interventions; civil society participation in TB prevention and control; coordinated action with the regional TB parliamentary caucus to increase political commitment and domestic funding by governments; and operational research to inform policy; and, also, following up on the decisions issued by the UNGA high level meeting on ending tuberculosis in September 2018.

8. Strengthen TB case detection in countries in order to address the existing gap of 50,000 undiagnosed cases in the Region which maintains the transmission of TB, by developing strategies such as information and communication campaigns on the symptoms of the disease targeted at vulnerable populations, better promotion of TB services, and reinforcement of health sector staff training on TB, among others.

9. Develop and/or strengthen services suitable for populations vulnerable to TB, such as children, prisoners, indigenous peoples, afro descendants, drug addicts, street dwellers, and the poor in urban settings, taking into consideration social and cultural aspects.

10. Promote early diagnosis for both sensitive and drug resistant TB using molecular tests for rapid diagnostics such as GeneXpert®— at the first level of care for initial diagnosis as it may also serve as a multi-disease diagnostic platform—and Line Probe Assay.

11. Pursue the strengthening of the TB laboratory networks through effective transportation of samples, quality control, and interconnectivity for realtime transmission of results.

12. Promote the shift towards a TB patient-centered approach to improve treatment of affected populations in an integrated manner. Actions aimed at facilitating adherence to treatment, like introducing and expanding shorter MDR-TB regimens, the use of fixed-dose combinations, of the latest pediatric dispersible presentations, and innovative ways to supervise treatment, as well as addressing stigma that still surrounds TB, are urgently needed.

13. Study the increasing presence of TB co-morbidities, especially those linked to diabetes and mental health (addictions) and develop innovative interprogrammatic approaches to address them.

14. Promote the inclusion of TB patients and their families in existing social protection schemes in countries to alleviate their needs and facilitate treatment adherence and outcome as evidence has shown.

15. Improve dissemination of TB information within the health information system in countries, and the data analysis directed toward decision making.

Action by the Directing Council

16. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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