

TOWARDS

TB ELIMINATION

AN ACTION FRAMEWORK FOR LOW-INCIDENCE COUNTRIES

THE
END TB
STRATEGY



World Health
Organization

**Towards tuberculosis elimination:
an action framework
for low-incidence countries**



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Abbreviations

BCG	bacillus Calmette-Guérin
ECDC	European Centre for Disease Prevention and Control
LTBI	latent tuberculosis infection
MDR	multidrug-resistant
TB	tuberculosis
USAID	United States Agency for International Development
US CDC	United States Centers for Disease Control and Prevention
XDR	extensively drug-resistant

Preface

On 19 May 2014, the World Health Assembly approved WHO's post-2015 global tuberculosis (TB) strategy, with the ambitious targets of reducing the numbers of deaths due to TB by 95% and the incidence rate of TB by 90% by 2035 as compared with 2015. The new global strategy is the result of 2 years of wide consultation with governments, nongovernmental organizations, civil society and other stakeholders. Built on three pillars, it emphasizes, among its four fundamental principles, the importance of adaptation of the approach according to context-specific situations.

In view of the progress made in several low-incidence countries, WHO joined forces with the European Respiratory Society and other partners to adapt the global strategy to provide a framework for TB elimination in these countries. Preparation of the framework included setting up a "writing committee" of world-wide experts and a workshop and conference held in Rome on 4–5 July 2014. Representatives from over 30 low-incidence countries and experts from various institutions convened to review the draft document and to discuss its finalization. The product is now available, and our two organizations are proud to promote it and disseminate it widely.

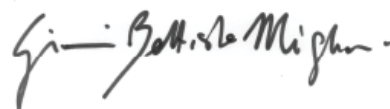
The framework, which represents an adaptation of the new global TB strategy to low-incidence (usually high-resource) settings, outlines eight priority action areas that can be considered the key interventions for accelerating progress towards pre-elimination and, ultimately, elimination of TB. The aim of this document is to provide strategic direction to governments and their partners for an intensified, well-structured effort to rapidly reduce the burden of TB in countries that have the capacity to eliminate the disease in the foreseeable future.

It is the hope of all of us involved in this effort that the document be transformed into an operational plan of action. The risks for not pursuing the actions highlighted in the framework are high, since unattended tuberculosis epidemics and outbreaks are costly, not only in terms of human suffering but also economically, as observed in the recent past.

WHO, the European Respiratory Society and the other partners involved stand ready to support governments and their partners in implementing the Framework, in the hope that its principles will be applied with intensity, persistence and assertiveness until the last case of TB is cured.



Mario C. Raviglione
Director, Global TB Programme
World Health Organization



Giovanni Battista Migliori
Secretary General,
European Respiratory Society

Executive Summary

This Framework offers a coherent approach for eliminating tuberculosis (TB) in low-incidence countries. It is designed to guide national policy-makers and those responsible for technical aspects of the national TB response in accelerating efforts towards elimination. The document will also be informative for public health surveillance officers, practitioners and nongovernmental and civil society partners working on national TB care and prevention and serving the populations most vulnerable to TB.

The World Health Assembly approved WHO's post-2015 global TB strategy in May 2014. The long-term vision of the strategy is a world free of TB and the strategy goal is to end the global TB epidemic by 2035, defined as a global incidence of fewer than 100 cases per million population. This will require a 95% reduction in the number of deaths due to TB and a 90% reduction in the incidence of TB.

The strategy emphasizes global collaboration and national adaptation, based on the nature of the local epidemic and health system context. This framework provides an adaptation of that global strategy for low-incidence countries; those which have already reached a TB incidence of less than 100 per million. For the global incidence to reach <100 per million, and in order to progress further towards "pre-elimination" of TB (defined as <10 TB case per million), and elimination of TB as a public health problem (<1 TB case per million population) the current low-incidence countries need to progress further to even lower levels. Therefore, with the same vision, this framework provides further targets and modified strategy for this subset of countries.

In describing the Framework and how it can be pursued, the document builds on available evidence, best practices in low-incidence countries and expert consultation. It makes reference to existing WHO guidelines and policy documents and should be helpful for updating national plans and guidelines.

Pre-elimination of TB can be reached in low-incidence countries by 2035, while elimination should be possible by 2050 or before, with the introduction of new tools such as a hoped-for new vaccine. This trajectory is highly ambitious but feasible. Rapid progression towards pre-elimination and elimination will require accelerated annual decreases in TB incidence, with intensified effort domestically and globally.

The response must be multisectoral. Further progress towards elimination will require better access to high-quality diagnosis and care and more effective TB prevention, including addressing the social determinants of TB, with special attention to groups at the highest risk for TB.

While there have been encouraging examples of significant progress in TB control, there have also been set-backs and threats, including increasing development and spread of drug resistance, financial and social crises and diminishing government support for TB care and control. An additional threat is the sad state of funding for research on TB, which has resulted in a meagre pipeline of new technologies for TB diagnosis, treatment and prevention.

Owing to increasing globalization and population mobility, significant progress will be possible in low-incidence countries only if TB care and prevention are scaled up dramatically in countries with high and moderate incidence. This interdependency calls for concerted action and close collaboration among countries with high and low incidences of TB.

The epidemiology of TB in most low-incidence countries is characterized by: a low rate of transmission in the general population; occasional outbreaks; most cases of active TB due to reactivation of latent TB infection (LTBI); a high concentration of the disease in certain at-risk groups (including poor and homeless people, migrants, prisoners, ethnic minorities, people living with HIV infection or with other diseases, people with harmful alcohol use, users of illicit drugs and other marginalized groups); and challenges posed by cross-border migration.

Common challenges to the health system in low-incidence countries are diminishing political commitment, diminishing clinical and diagnostic expertise and diminishing general awareness of TB as TB incidence falls. The tailored response to these challenges is grouped into eight priority actions:

1. Ensure political commitment, funding and stewardship for planning and essential services of high quality.
2. Address the most vulnerable and hard-to-reach groups.
3. Address special needs of migrants and cross-border issues.
4. Undertake screening for active TB and LTBI in TB contacts and selected high-risk groups, and provide appropriate treatment.
5. Optimize the prevention and care of drug-resistant TB.
6. Ensure continued surveillance, programme monitoring and evaluation and case-based data management.
7. Invest in research and new tools.
8. Support global TB prevention, care and control.

This document first provides the rationale for the Framework, outlines the approach used to develop it and gives definitions of important terms. The epidemiological basis for TB elimination in low-incidence countries and the specific challenges for TB care and prevention in those countries are summarized, followed by a detailed description of each of the eight priority actions, including illustrative case studies based on experience in countries. Finally, approaches to engaging national and international partners in TB care and prevention are discussed.

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