Zero TB Cities and 90-90-90

Suvanand Sahu
Deputy Executive Director, Stop TB Partnership, Geneva

10 September 2019, London
Tuberculosis

- **Big airborne killer**
  - Biggest killer amongst infectious diseases (1.6 million deaths in 2017)
  - Leading killer of people living with HIV
  - Leading cause of death due to AMR - 1 in 3 AMR deaths due to TB

- **Tremendous impact on lives of people**
  - 10 million people develop TB each year
  - Nearly 2 billion carry the infection and the risk of developing active TB disease
  - Drug-resistant TB is a health security threat

- **TB Can be prevented, treated and cured, and we can end the epidemic**

CITIES

- Some of the most important drivers of TB epidemic are concentrated in cities
- Cities have the resources to act and put an end to TB
Zero TB Initiative: a global movement for comprehensive TB care

- Launched in July 2016
- Initiating partners:
  - Stop TB Partnership
  - Harvard Medical School, Department of Global Health and Social Medicine
  - Advance Access & Delivery (AA&D)
  - Interactive Research and Development (IRD)
- Purpose: to create ‘islands of elimination’ that will contribute to lowering rates of TB
- Pioneer cities to participate:
  - Chennai, India
  - Karachi, Pakistan
  - Carabayllo (Lima), Peru
  - Kisumu, Kenya
ZTBI coalition members are supported by:
### Zero TB cities and districts – current and potential

<table>
<thead>
<tr>
<th>City</th>
<th>City</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almaty, Kazakhstan</td>
<td>Indore, India**</td>
<td>Mumbai, India**</td>
</tr>
<tr>
<td>Balti, Moldova</td>
<td>Karachi, Pakistan</td>
<td>Muscat, Oman**</td>
</tr>
<tr>
<td>Batumi, Georgia**</td>
<td>Kathmandu, Nepal**</td>
<td>Nur-Sultan, Kazakhstan</td>
</tr>
<tr>
<td>Chennai, India</td>
<td>Kisumu, Kenya</td>
<td>Odessa, Ukraine</td>
</tr>
<tr>
<td>Dhaka, Bangladesh*</td>
<td>Lima (Carabayllo), Peru</td>
<td>Pattaya, Thailand**</td>
</tr>
<tr>
<td>Durban, South Africa**</td>
<td>Manila, Philippines**</td>
<td>Shenzhen, China*</td>
</tr>
<tr>
<td>Geissen, Germany</td>
<td>Melbourne, Australia**</td>
<td>Tbilisi, Georgia**</td>
</tr>
<tr>
<td>Hai Phong, Vietnam</td>
<td>Mexicali, Mexico</td>
<td>Ulaanbaatar, Mongolia</td>
</tr>
<tr>
<td>Hanoi, Vietnam</td>
<td>Mtata, South Africa**</td>
<td>Vladimir, Russian Federation</td>
</tr>
<tr>
<td>Ho Chi Mihn City, Vietnam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*First of multiple cities planned

**Discussions of alignment underway
Key messages

Approaches:

- Supporting a coalition of the local government, businesses, and civil society
- Using the comprehensive Search-Treat-Prevent approach.
- Focusing TB prevention and care in households, the places where people seek care and where they work.
TB 90-(90)-90 targets

Achieve as early as possible but not later than 2025

HIV UNHLM (2016) Political Declaration commits to TB 90(90)90
FIND. TREAT. ALL.

#ENDTB

Joint Initiative of the World Health Organization, Stop TB Partnership, the Global Fund, countries and partners

40 million people with TB reached with care, 2018-2022

Commitments → Accountable actions to accelerate access → Measurable Progress
UNHLM TB, UNGA 2018

Unprecedented Solidarity of Demands from TB Community and Stakeholders at the UN Interactive Civil Society Hearing for UN HLM on TB

Heads of State and Government Endorse Political Declaration on TB

The real job begins now - converting the declaration into reality

26 September 2018 (New York): World Leaders endorsed today the UN Political Declaration on TB.
2018 UNGA Political Declaration on UNHLM on TB

http://stoptb.org/global/advocacy/unhlm_targets.asp
2018 UNGA TB UNHLM Political Declaration has bold targets for 2022

People on treatment (2018-2022)
- TB: 40 million
- Children with TB: 3.5 million
- MDR-TB: 1.5 million
- Children with MDR-TB: 115,000
- TB Preventive therapy: >30 million

For country wise targets see [http://stoptb.org/global/advocacy/unhlm_targets.asp](http://stoptb.org/global/advocacy/unhlm_targets.asp)

Resource needs (2018-2022)
- 13 billion USD avg. per year for implementation
- 2 billion USD per year for research
53. Also request the Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed tuberculosis goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.
Too many people with TB are left behind - not diagnosed and treated properly
(MISSING PEOPLE WITH TB)

• Only half (52%) of estimated people who developed TB are diagnosed and successfully treated
• Only 1 in 7 people estimated to develop DR-TB are diagnosed and successfully treated
• Limited attention, coverage and data for Preventive TB Treatment

Source of data: WHO's global tuberculosis database, September 2018
Scale up to the UNHLM target of TB Preventive Therapy of “at-least 30 million by 2022”

- People on TPT – source WHO annual TB report
- Target of people on TPT

Country-wise targets are available at: [http://stoptb.org/global/advocacy/unhlm_targets.asp](http://stoptb.org/global/advocacy/unhlm_targets.asp)
Ending HIV and TB together in cities need bold targets

Can we interpret bold targets more widely?

- 90% of all people living with HIV will know their HIV status.
  - Not enough, they also need to know their TB status
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
  - Not enough, they also need TB preventive treatment or active TB treatment
- Find.Treat.All TB.
  - Not enough, they also need HIV testing and ART
In closing

Cities can and should end TB faster than rest of the country

Opportunities for action

• Zero TB Cities
• Fast Track Cities for HIV
• UNHLM commitments for both TB and HIV

City level leadership, bold targets, resources, action and an accountability mechanism can make it happen
Thank you

It’s TIME

To put people first in the TB response