World Health Organization

END TB

Tuberculosis and Non-Communicable Diseases

GLOBAL TB PROGRAMME

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Policy, Strategy and Innovations

Second Meeting of the WHO Global Coordination Mechanism (GCM/NCD)
Working Group on the inclusion Of NCDs in other programmatic areas

Global commitment to End TB

Moving from halting TB to ending TB by 2030

SDG TARGET 3.3 – BY 2030

END THE TB EPIDEMIC

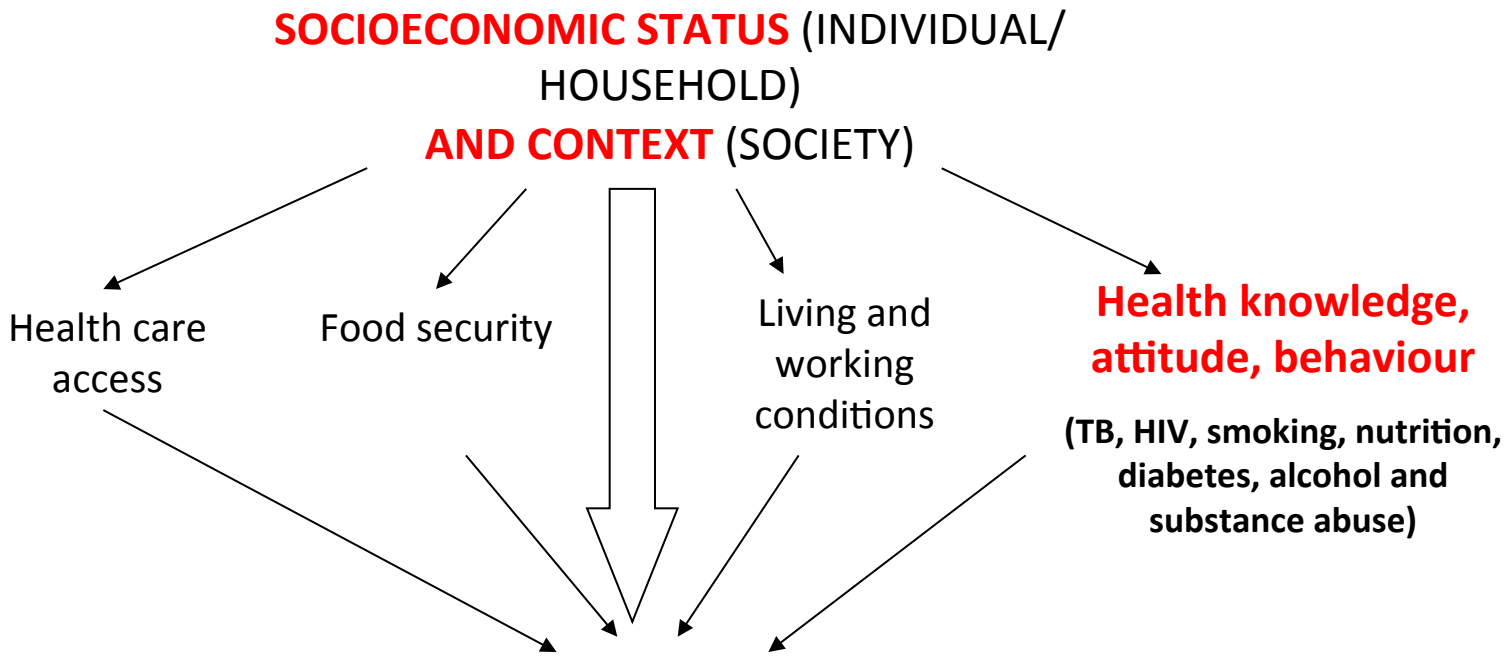
The End TB Strategy: Vision, Targets and Pillars

Vision:
A world free of TB
Zero TB deaths, Zero TB disease, and Zero TB suffering

Goal:
End the Global TB epidemic

	MILESTONES		TARGETS	
	2020	2025	SDG* 2030	END TB 2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20%	50%	80%	90%
TB-affected families facing catastrophic costs due to TB (%)	0%	0%	0%	0%

Ending TB will require a multisectoral approach to tackle risk factors



Influencing the risk of:

1. **Contact with infectious TB case**
2. **High level exposure to M tuberculosis**
3. **Infection**
4. **Progression to disease**
5. **Delayed diagnosis**
6. **Adverse outcomes**
   - **Poor TB treatment outcome**
   - **Poor general health outcome**
   - **Catastrophic costs**
   - **Adverse social consequences**

Population attributable fraction – risk factors for progression to disease

$$PAF = \frac{P \times (RR - 1)}{P \times (RR - 1) + 1}$$

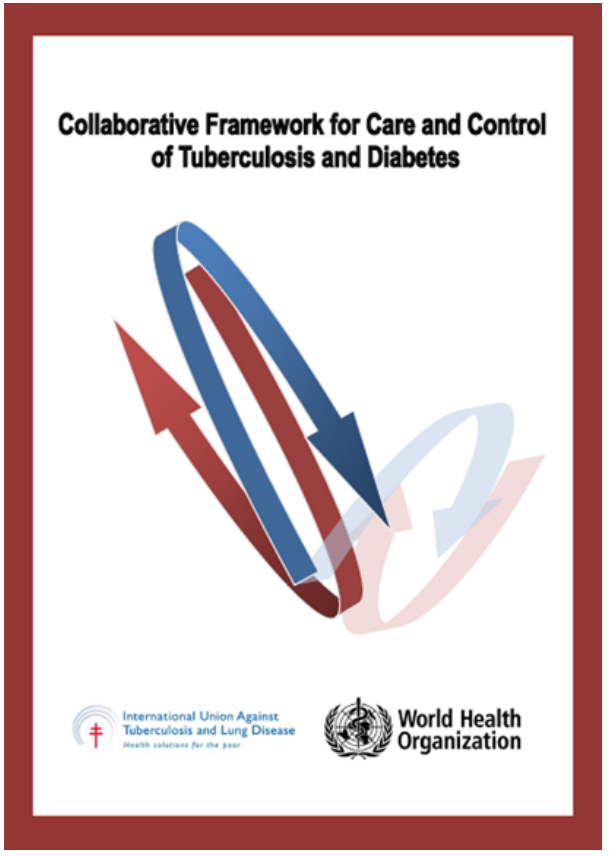
	Relative risk for active TB disease	Weighted prevalence (adults 22 HBCs)	Population Attributable Fraction (adults)
HIV infection	20.6/26.7	0.8%	**16%**
Malnutrition	3.2	16.7%	**27%**
Diabetes	3.1	5.4%	**10%**
Alcohol use (>40g / d)	2.9	8.1%	**13%**
Active smoking	2.0	26%	**21%**
Indoor Air Pollution	1.4	71.2%	**22%**

Sources: Lönnroth K, Castro K, Chakaya JM, Chauhan LS, Floyd K, Glaziou P, Raviglione M. Tuberculosis control 2010 – 2050: cure, care and social change. Lancet 2010 DOI:10.1016/s0140-6736(10)60483-7.

TB and diabetes

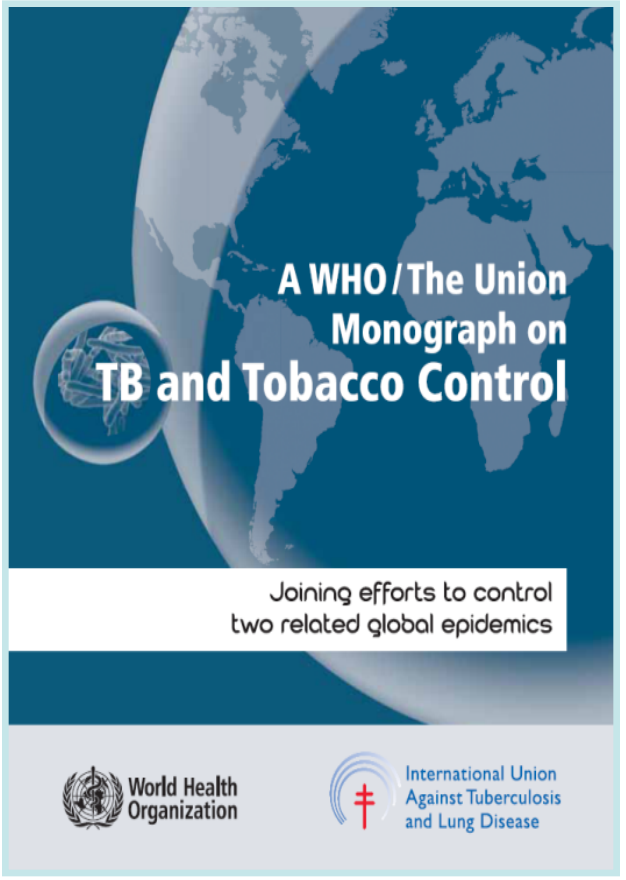
- **Deadly linkages**
  - People with a weak immune system, as a result of chronic diseases such as diabetes, are at a higher risk of progressing from latent to active tuberculosis.
  - Diabetes triples a person's risk of developing TB. About 15% of TB cases globally may be linked to diabetes
  - TB can temporarily cause impaired glucose tolerance which is a risk factor for developing diabetes
  - The likelihood that a person with TB will die or relapse is significantly higher if the person also has diabetes.
  - A large proportion of people with diabetes as well as TB are not diagnosed, or are diagnosed too late.

- **WHO Response**
  - WHO has developed guidelines on TB and DM



TB and tobacco

- Tobacco smoking increases the risk of TB, as well as case fatality among people with TB
- Smoking prevalance is often high in people with TB
- Correct diagnostic work-up of people with respiratory symptoms is essential for prompt and correct diagnosis of TB and other respiratory diseases
- WHO has developed guidelines on Practical Approach too Lung-health (PAL) and a monograph on TB and tobacco control.



TB and alcohol

- Alcohol use disorders (AUD) and harmful alcohol use increases the risk of TB
- AUD and harmful alcohol use also increases the risk of poor treatment adherence and thus contributes to M/XDR-TB development
- AUD is highly prevalent in TB patients in some regions (especially EUR), and especially in people with MDR-TB
- No guidelines exist on AUD screening, and proper management of AUD in people with TB
- Research agenda/protocol developed with WHO substance abuse team, Uni of Toronto, and MRC SA

The End TB Strategy- Components

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups

B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support

C. Collaborative tuberculosis/HIV activities, and management of co-morbidities

D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

A. Political commitment with adequate resources for tuberculosis care and prevention

B. Engagement of communities, civil society organizations, and public and private care providers

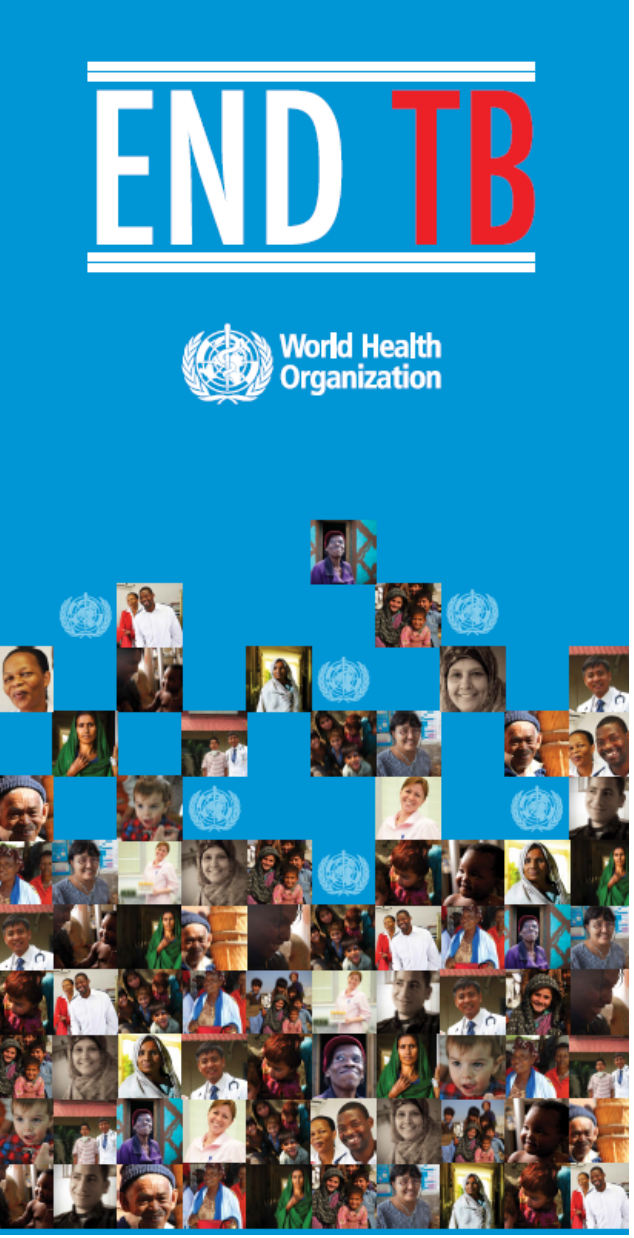
C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control

D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

3. INTENSIFIED RESEARCH AND INNOVATION

A. Discovery, development and rapid uptake of new tools, interventions and strategies

B. Research to optimize implementation and impact, and promote innovations



Let us UNITE TO END TB and NCDS