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PROGRESS REPORT ON THE FRAMEWORK FOR IMPLEMENTING THE "END TB STRATEGY" IN THE AFRICAN REGION 2016–2020

Information Document

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BACKGROUND

1. Due to the importance of the Tuberculosis (TB) epidemic, ending it is one of the targets of the Sustainable Development Goals (SDGs).[1] On its part, the Sixty-seventh World Health Assembly,[2] in May 2014, adopted the Global 'End TB Strategy', whose aim is to operationalize the SDG target of ending the TB epidemic.

2. At the Regional level, the Sixty-sixth session of the Regional Committee adopted a Framework for implementing the "End TB Strategy" in the African Region[3] which calls upon Member States to expand TB diagnosis and treatment and to combat all forms of TB including drug-resistant TB, and TB in children. It also calls for a scale-up of interventions against TB/HIV coinfections; building resilient health systems for universal health coverage (UHC); and addressing social determinants of tuberculosis.

3. The Regional Committee requested the Regional Director to periodically report on progress in implementing the Framework. This is the first such report. It draws heavily from the WHO Global TB Reports for 2016[4] and 2017,[5] both derived from a country-fed global TB database.

PROGRESS MADE

4. By the end of December 2017, all Member States had adopted the End TB Strategy. Two strategy adaptation workshops were held for participants from 35 Member States to orient them on the elements of the global and regional strategies. Comprehensive programme reviews were conducted in 17 Member States (eight[6] in 2016 and nine[7] in 2017) to inform alignment of national strategic plans to the Global and Regional Strategies. The workshops and reviews showed that despite important health system challenges, all Member States had embraced the most programmatic aspects of the frameworks.

5. In the area of diagnosis, TB laboratory diagnostic policies are being updated to adopt molecular testing as a first line of diagnosis for both new and previously treated TB cases in most Member States. All 47 Member States except seven[8] have started using the Xpert rapid testing technology since it was introduced in 2010, while Line Probe Assay (LPA) technology for detecting resistance to first- and second-line anti-TB medicines is now available in 59 and 22 laboratories respectively. Prior to this era, second-line testing was only available in three supranational laboratories in the Region (Algeria, Kampala and South Africa).

6. Thirty-seven of the 47 Member States now have the capacity for conventional TB culture, 31 of which also have the capacity for drug susceptibility testing. This compares to approximately 23 and

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1 Resolution A/RES/70/1. Transforming our world: the 2030 Agenda for Sustainable Development. Seventieth Session of the General Assembly, 25 September 2015.

2 Resolution WHA67.1. Global strategy and targets for tuberculosis prevention, care and control after 2015. In Resolutions and Decisions of the Sixty-seventh World Health Assembly, Geneva, 19-24 May 2014. Document WHA67.1/2014/REC/1.

3 WHO, Framework for implementing the "End TB Strategy" in the African Region (Document AFR/RC66/10). *In: Sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Ethiopia, 19–23 August 2016*. Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2016.

4 Global Tuberculosis Report 2016, WHO/HTM/TB/2016.13.

5 Global Tuberculosis Report 2017, WHO/HTM/TB/2017.23.

6 Burkina Faso, Cameroon, Democratic Republic of the Congo, Namibia, Niger, Rwanda, Zambia and Zimbabwe.

7 Botswana, Cameroon, Chad, Ethiopia, Guinea-Bissau, Kenya, Lesotho, Madagascar and Eswatini.

8 Global Tuberculosis Report 2017, WHO/HTM/TB/2017.23.

13 Member States respectively before 2015. Furthermore, during 2017, the National TB Reference Laboratory of Benin became a Supranational TB Reference Laboratory (SNRL) bringing to four such laboratories in the Region among 32 such laboratories globally.

7. In the area of treatment and care, a Regional Framework for Childhood TB Control was launched and actively promoted for implementation through a workshop for all 16 TB high-burden Member States in the Region to develop roadmaps for national adaptation and implementation. Furthermore, by the end of 2017, eighty-eight per cent of TB patients living with HIV had access to anti-retroviral treatment, among the highest coverage across all WHO regions. Technical support was provided to 42 Member States[9] to scale up programmatic management of drug-resistant TB (PMDT) as a result of which PMDT expansion plans were developed and new or continued funding for PMDT was facilitated from the Global Fund and other donors. Seventeen[10] and eight[11] Member States respectively were supported to incorporate new medicines, namely Bedaquiline and Delamanid, in their treatment guidelines, and twenty-three Member States[12] introduced shorter treatment for MDR-TB, while eleven[13] others were at various planning stages.

8. In the area of research, ten Member States[14] conducted anti-TB Drug Resistance Surveys (DRS) which overall showed 2% or lower levels of MDR-TB among new TB cases and approximately 10-13% among previously treated cases. Kenya, Uganda and Zimbabwe finalized national TB prevalence surveys that generally showed twice or more as many TB cases than previously estimated. Namibia and South Africa commenced national prevalence surveys while Botswana, Lesotho, Mozambique and Eswatini finalized survey protocols for similar surveys. Ghana, Kenya, Mozambique, Nigeria, Uganda, and South Africa were supported to conduct TB patient cost surveys to inform policies on social protection in the context of universal health coverage (UHC). Preliminary findings from some of these surveys are already indicating high levels of catastrophic costs from both direct and indirect spending associated with TB services.

9. Despite the progress made, the Region accounts disproportionately for the global TB burden relative to its population. Sixteen of the thirty global TB high-burden countries are in the Region. The current rate of decline in TB incidence and death still falls far short of the 2030 targets. Recent prevalence surveys have shown that only half of existing cases are being detected; drug-resistant TB forms are spreading; and financing for TB control is grossly inadequate, especially from domestic sources.

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9 Angola, Botswana, Burundi, Benin, Burkina Faso, Cabo Verde, Chad, Cameroon, Central African Republic, Côte d'Ivoire, Congo, Democratic Republic of the Congo (2), Eritrea, Ethiopia (2), Gabon (2), Gambia, Ghana, Guinea, Guinea-Bissau, Kenya (2), Lesotho, Liberia, Malawi, Mali, Mauritania, Niger, Nigeria, Madagascar, Mozambique, Rwanda, Sao Tome and Principe (2), Senegal, Eswatini, United Republic of Tanzania, Uganda, Zimbabwe and Togo.

10 Benin, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Lesotho, Liberia, Mali, Namibia, Niger, Nigeria, Eswatini, United Republic of Tanzania, Uganda and Zimbabwe.

11 Cameroon, Côte d'Ivoire, Mali, Kenya, Nigeria, Mozambique, South Africa and Eswatini.

12 Benin, Burkina, Burundi, Cameroon, Cabo Verde, Central African Republic (CAR), Chad, Democratic Republic of the Congo, Congo, Ethiopia, Ghana, Gabon, Guinea, Kenya, Mali, Mauritania, Namibia, Nigeria, Rwanda, Eswatini, Uganda, United Republic of Tanzania and Zimbabwe.

13 Algeria, Botswana, Congo, Gabon, Gambia, Madagascar, Malawi, Mozambique, Liberia, Sierra Leone and Togo.

14 Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Namibia, Eswatini, South Africa, Uganda and Zimbabwe.

NEXT STEPS

10. Member States should:

(a) Expand access to patient-centred TB diagnosis, treatment and care through programming for universal health coverage.

(b) Adopt high-yielding diagnostic technologies, and introduce new medicines and regimens.

(c) Identify key populations and introduce targeted intensified case finding.

(d) Abolish diagnosis treatment gap for DR-TB by enrolling all confirmed cases on treatment.

(e) Significantly increase domestic financing for core TB control activities, especially anti-TB medicines and laboratory reagents.

11. WHO should:

(a) Continue supporting the review and updating of national medium-term plans towards SDG and End TB Strategy policies and targets.

(b) Support Member States to measure the burden of disease and monitor progress towards set targets.

(c) Work with other partners to support mobilization of additional resources for TB control in Member States.

12. The Regional Committee took note of the progress report and adopted the next steps.