

BRIEF SUMMARY

THE WESTERN PACIFIC REGIONAL FRAMEWORK TO END TB (2021–2030)





The *Western Pacific Regional Framework to End TB (2021–2030)* was developed at the request of and in consultation with the Member States in the World Health Organization (WHO) Western Pacific Region. It is aligned with the global *End TB Strategy* and with *For the Future: Towards the Healthiest and Safest Region* – a vision for WHO work with Member States and partners in the Western Pacific in the coming years. This new Regional Framework focuses on system development. People and communities – not diseases – are at the centre of the health system in the Framework, with universal health coverage (UHC) and multisectoral partnerships as key elements in facilitating the reduction of the burden and suffering caused by tuberculosis (TB) in the Region. The Framework can be adapted by Member States in formulating their national TB plans, based on their local experiences.

The aim of the 2030 Framework is to provide the basis (reasoning) and concepts for multisectoral actions that countries can adapt to their context and implement with all stakeholders to achieve the targets of the *End TB Strategy* by 2030.

The target audience for the Regional Framework is all those with an interest in the promotion of TB prevention, control and care, including: ministries or departments of health (TB and non-TB); industry; the commerce, education and environment sectors; social sciences; health-care workers in the public and private sectors; civil society; and TB-affected communities.

This Framework is applicable for all countries of the Western Pacific Region; however, priorities may differ in different countries based on their specific TB situation.

The objectives of the Framework are:

- to further accelerate progress on TB in the Western Pacific Region and to be an essential tool for national TB programmes and technical partners to develop their national strategic plans or national health plans;
- to strengthen health systems and UHC and leverage them for: a) ending TB in the context of a changing demographic, epidemiological and financial landscape; and b) introducing the future innovations in TB and health systems; and
- to be a thought-provoking advocacy document and tool for collaboration and partnership, targeting policy-makers of various levels and of various sectors, and to ensure that programme managers, policy-makers and decision-makers understand the complexities around the disease and support TB control through a wide, multisectoral set of interventions and policies.



The Regional Framework employs the principle of backcasting to address the End TB Strategy targets from a different angle.

Through the lens of 2030

The Regional Framework employs the principle of backcasting to address the *End TB Strategy* targets from a different angle – through the lens of 2030. It begins with the desired state – a reduction in TB deaths by 90% and new cases by 80% between 2015 and 2030, and ensuring that no family is burdened with catastrophic expenses due to TB – regardless of the current feasibility of those targets, but with the intention to determine the priority actions needed to achieve them.

The TB situation, service delivery system and surrounding environment are likely to be very different in 2030 than they are today. The progress towards ending the TB epidemic will not occur at a similar pace in all 37 countries and areas of the Western Pacific Region, with countries at different stages of social and economic development and TB epidemiology. Considering the scale of the TB burden and evolving national health priorities, there may be a risk of weakening essential TB functions at the central level, which could lead to a re-emergence of TB and a rise in drug-resistant strains. To prevent such a scenario, specific TB functions need to be maintained at the central level – and strengthened towards and beyond 2030.

Policy, monitoring and evaluation, and quality of services, can be thought of as “control levers” for managing and ending the TB epidemic.

The backcasting exercise has helped identify key areas of action for the future and essential TB functions that need to be strengthened, including a major emphasis on research and innovation. The exercise also found that health system strengthening and working with sectors beyond health are essential if the future vision of a healthier and safer region is to be realized.

The premise for the Regional Framework

Nearly 2 million people develop TB in the Western Pacific Region every year. An estimated 9.9 million people developed TB globally in 2020. About 18% of those people were in the Western Pacific Region. The Region had an estimated: 1.8 million people who developed TB (93 per 100 000 population) in 2020, 37 000 people who developed TB and were co-infected with HIV (1.9 per 100 000 population) in 2020, 101 000 people with multidrug-resistant tuberculosis (MDR-TB)/rifampicin-resistant tuberculosis (RR-TB) (5.2 per 100 000 population) in 2019, and 93 000 people with TB who died (87 000 were HIV negative, and 5900 were HIV positive) in 2020.

COUNTRIES AND AREAS OF THE WESTERN PACIFIC REGION BASED ON BURDEN OF TB DISEASE

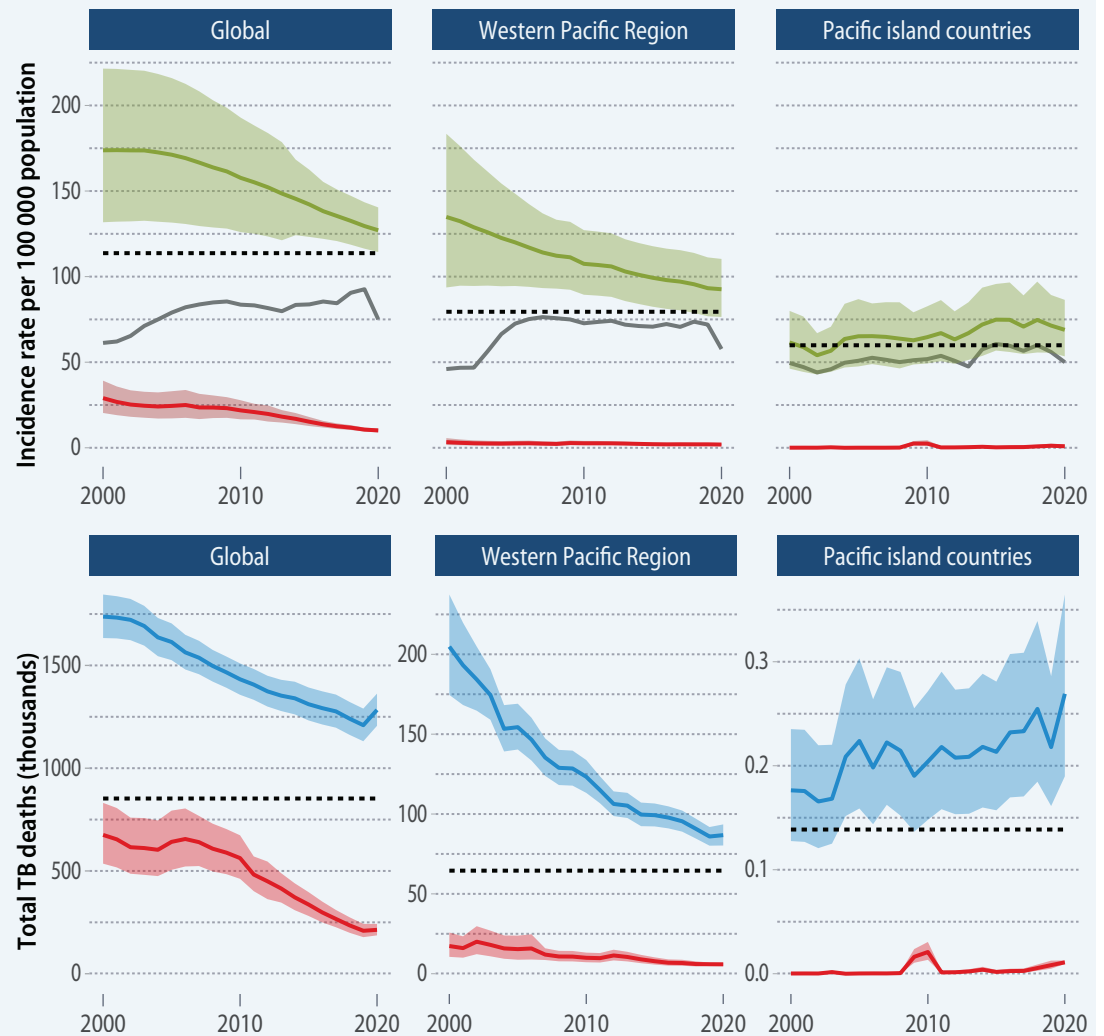
Estimated TB incidence (per 100 000)	> 500	300–499	100–299	50–99	10–49	< 10
Grouping	Severely endemic	Highly endemic	Endemic	Upper moderate	Lower moderate	Low incidence
Countries and areas	<ul style="list-style-type: none"> Philippines 	<ul style="list-style-type: none"> Kiribati Marshall Islands Mongolia Papua New Guinea 	<ul style="list-style-type: none"> Cambodia Lao People's Democratic Republic Nauru Tuvalu Viet Nam 	<ul style="list-style-type: none"> Brunei Darussalam China Hong Kong SAR (China) Macao SAR (China) Malaysia Micronesia, Federated States of Northern Mariana Islands, Commonwealth of the Palau Solomon Islands Tokelau 	<ul style="list-style-type: none"> Cook Islands French Polynesia Guam Japan New Caledonia Niue Republic of Korea Singapore Tonga Vanuatu 	<ul style="list-style-type: none"> American Samoa Australia New Zealand Samoa Wallis and Futuna



The Region has succeeded in reducing TB deaths and incidence; however, the progress thus far is not sufficient to achieve the End TB Strategy targets and Sustainable Development Goal targets for TB by 2030.

The Western Pacific Region has succeeded in reducing TB deaths by 13% and TB incidence by 6%, compared to the 2015 levels. But progress thus far has not been sufficient to achieve the targets contained in the *End TB Strategy* and the Sustainable Development Goals (SDGs). Regional milestones set earlier for 2020 have not been reached, and at the current rate of progress, subsequent milestones might be missed as well. Almost 20% of those in the Region notified that they have TB are older people. Also, more than 35% of the people with TB in the Region are either undiagnosed or never notified in 2020. Of the estimated number of people who developed TB, only two thirds have been successfully treated. The situation is worse for those with drug-resistant tuberculosis (DR-TB) or TB with HIV co-infection. More than one third of those people in the Region with TB face catastrophic costs.

TRENDS OF ESTIMATED RATE OF TB INCIDENCE AND NUMBER OF TB DEATHS AT THE GLOBAL LEVEL, REGIONAL LEVEL AND FOR PACIFIC ISLAND COUNTRIES, 2000–2020



Note: Estimated incidence and numbers of deaths are shown in green and blue, respectively, and those among people who are HIV positive in red. The horizontal dashed lines show the 2020 milestones of the *End TB Strategy*. Shaded areas represent uncertainty intervals. The grey solid lines show notifications of new and release TB cases for comparison with estimates of the incidence rate.

Data source: WHO.



The coronavirus disease 2019 (COVID-19) pandemic has resulted in the disruption of TB services and decreased detection of both TB disease and infections in several countries, which may have a major negative impact if TB services are not restored and maintained quickly. And while COVID-19 has imposed great challenges on TB programmes, it also has created opportunities to build back a stronger system.

A slow decline of TB incidence is expected if the current effort continues. However, a scenario analysis confirms that by scaling up a set of interventions – including the use of rapid molecular diagnostics for detection, active case finding with a treatment provision for both TB disease and infection, and support for treatment adherence – it will be possible to achieve the *End TB Strategy* milestones of a 50% reduction of the TB incidence rate by 2025 in comparison to 2015. However, the 2030 targets would be missed without a breakthrough, such as a new and effective vaccine.

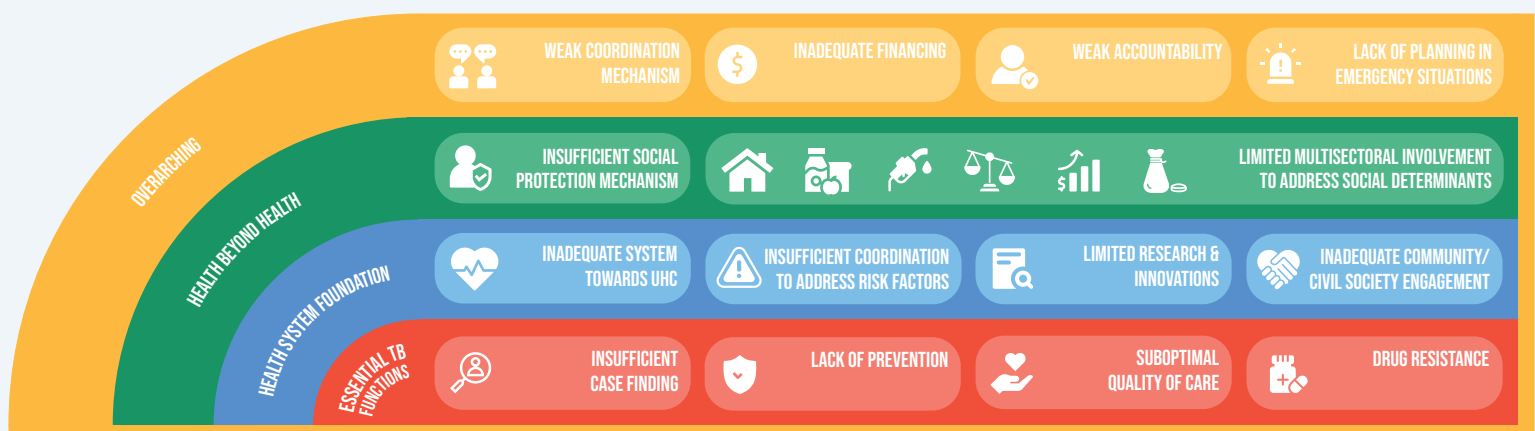
Interventions in TB care already make economic sense, generating at least fourfold return on investment. The situation in each country needs to be reviewed in detail to select efficient, context-appropriate and acceptable interventions that together can put the Western Pacific Region on a path towards eliminating TB as a public health threat.

The Regional Framework recognizes future socio-demographic and economic trends, such as ageing, urbanization and income inequality. The ever-growing burden of noncommunicable diseases (NCDs) in countries that are part of an epidemiological transition means additional efforts will be needed to keep TB under control, given the link between TB and risk factors, such as diabetes, the harmful use of alcohol, air pollution, malnutrition and tobacco. Therefore, all of these factors must now be considered in the design of TB programmes.

Challenges are categorized into four groups:

- 1. TB specific:** missing cases (those undiagnosed and/or unreported), inadequate quality of care and prevention efforts. These issues are equally important for both drug-susceptible TB and DR-TB cases.
- 2. Beyond TB, within health:** inadequate systems for UHC, insufficient coordination to address risk factors, limited research and innovations, and inadequate engagement of civil society and community.
- 3. Beyond health:** inadequate social protection mechanisms and limited multisectoral involvement with accountability to address the social determinants of health.
- 4. Overarching governance and accountability:** issues such as inadequate financing, weak coordination mechanisms and accountability.

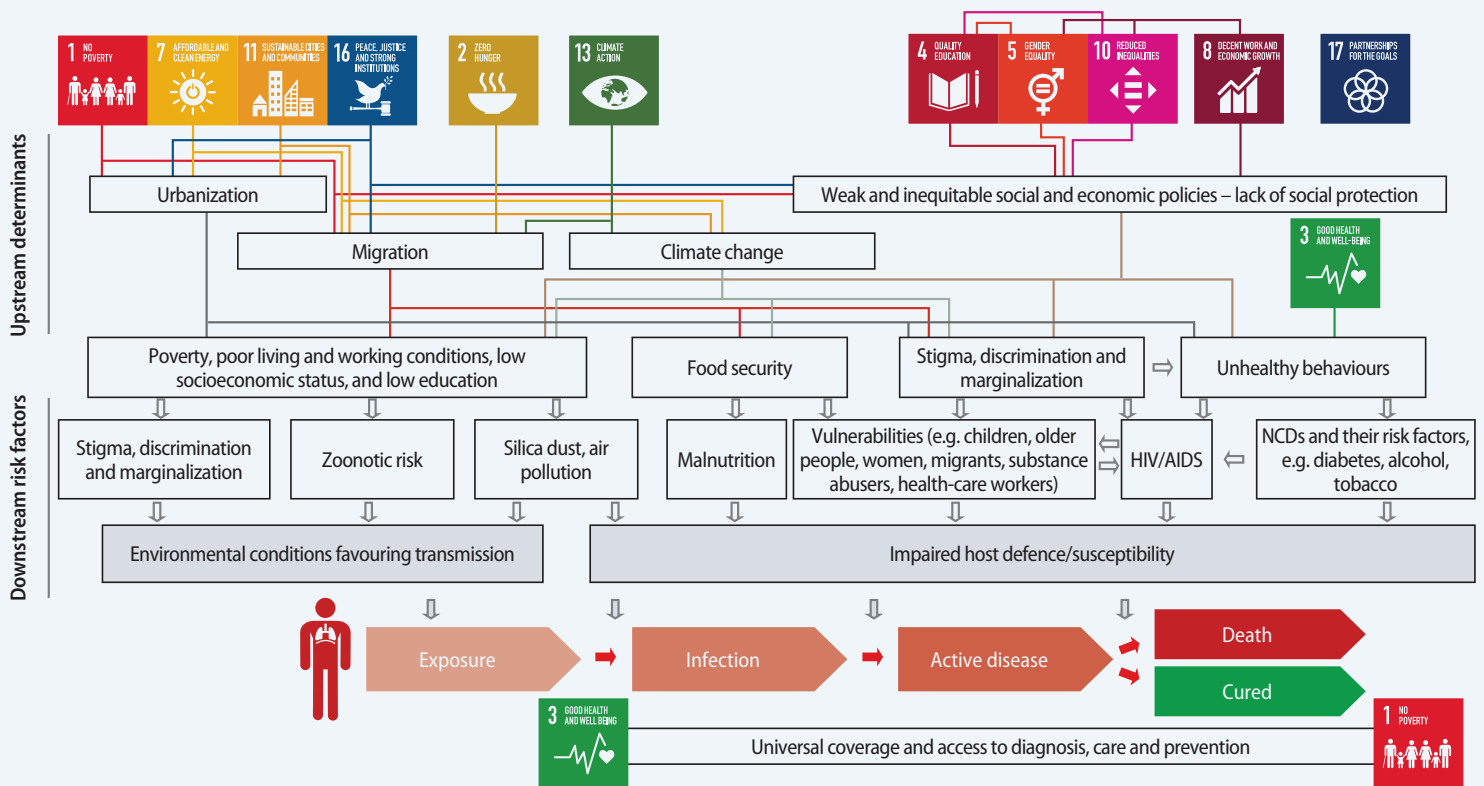
CHALLENGES TO TB CONTROL AND ELIMINATION



Limited multisectoral involvement to address social determinants

The TB burden has shown a clear socioeconomic gradient between countries, within countries and within communities, and the poorest have the highest risk. Addressing these risk factors and the social determinants of TB requires a holistic approach with strong multisectoral involvement. At least 12 SDG goals are linked with TB.

INTERCONNECTEDNESS OF THE CAUSES AND EFFECTS OF TB



Source: Lönnroth K, Jaramillo E, Williams B, Dye C, Raviglione M. Tuberculosis: the role of risk factors and social determinants. World Health Organization 2010: 219–241. Geneva, Switzerland. Further modified by Villa S and Raviglione M)

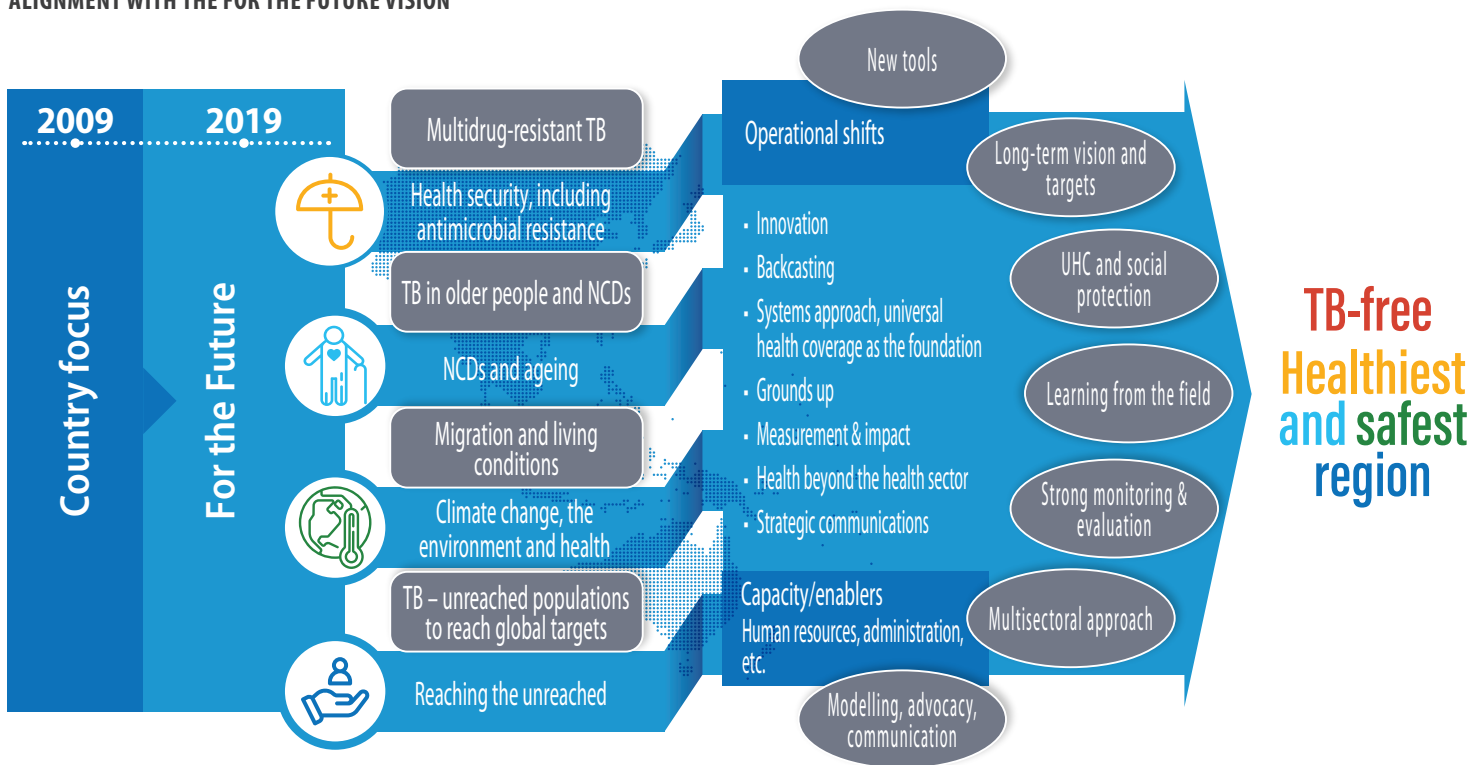
The Regional Framework

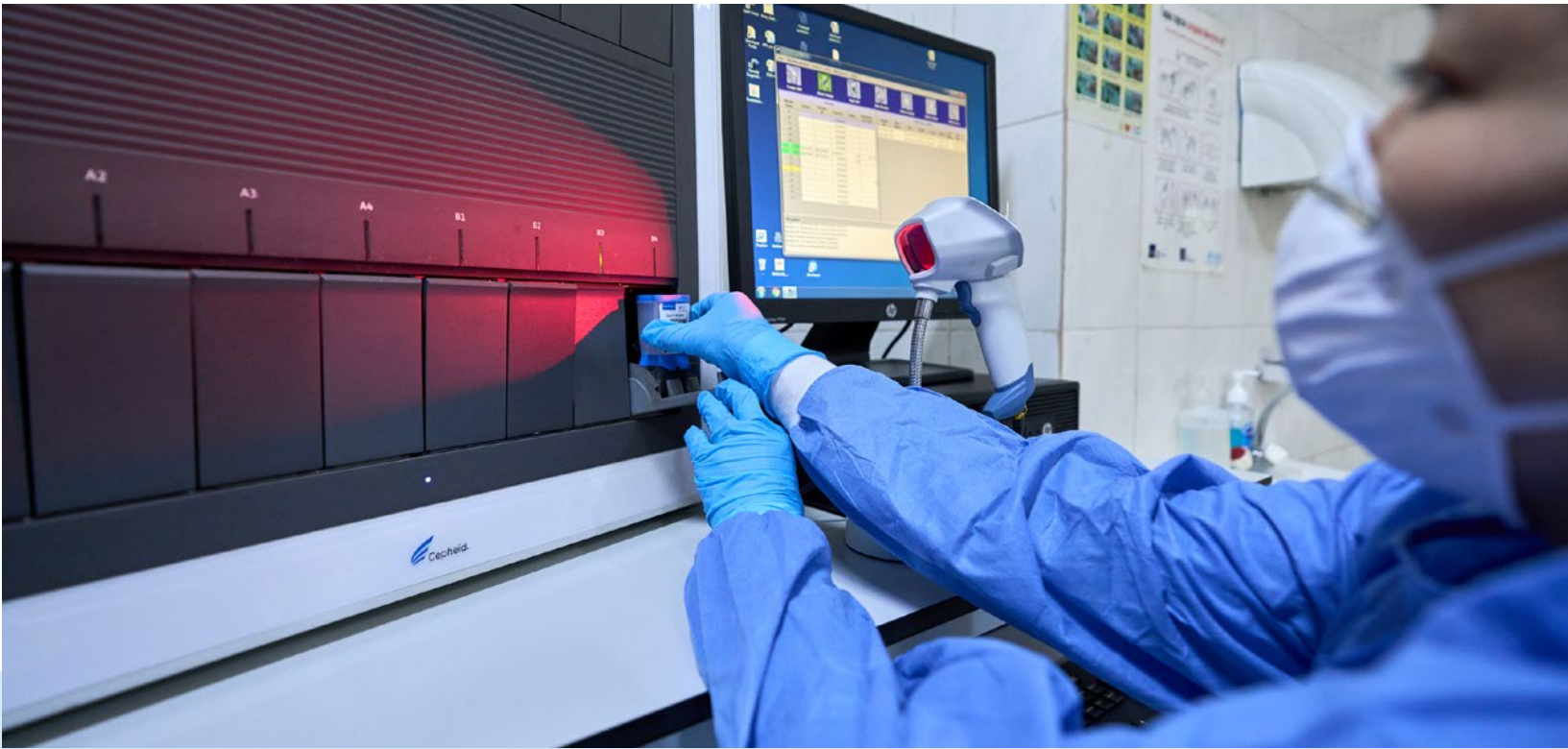
With the vision of a TB-free Western Pacific Region, the Regional Framework adopts a human-rights-based approach and aims to achieve the targets of an 80% reduction in the number of people who newly develop TB (TB incidence rate), a 90% reduction in number of TB deaths by 2030, as compared to 2015, and no catastrophic costs. The Framework is aligned with *For the Future*, which promotes TB efforts as a part of all four thematic priorities of the regional vision: 1) health security, including antimicrobial resistance; 2) NCDs and ageing; 3) climate change, the environment and health; and 4) reaching the unreached. The Framework is linked with specific strategies to address those thematic priorities. It highlights reaching the unreached through a special focus on high-risk groups and the most vulnerable, underserved populations.

Key principles of the Framework are social justice, ethics and human rights. The approach of the Regional Framework features a country-specific and multisectoral partnership. The Framework draws on the following operational modalities: 1) a systems approach to strengthen service delivery; 2) fostering information for action; 3) strategic communications and change management; and 4) innovation and rapid uptake.



Key principles of the Framework are social justice, ethics and human rights.





The Framework identifies action domains

This Framework is organized into four action domains: (1) strengthen essential TB functions (within TB); (2) build health system foundations (within health); (3) promote health beyond health (beyond health); and (4) governance and accountability (overarching).

THE RESPONSE FRAMEWORK

PRINCIPLES



SOCIAL JUSTICE



ETHICS



HUMAN RIGHTS

APPROACHES



COUNTRY FOCUS



MULTISECTORAL APPROACH

ACTION DOMAINS



STRENGTHEN ESSENTIAL
TB FUNCTIONS (WITHIN TB)



BUILD HEALTH SYSTEM
FOUNDATIONS (WITHIN HEALTH)



PROMOTE HEALTH BEYOND
HEALTH (BEYOND HEALTH)



GOVERNANCE AND
ACCOUNTABILITY (OVERARCHING)

OPERATIONAL MODALITIES



SYSTEMS APPROACH TO STRENGTHEN
SERVICE DELIVERY



INFORMATION FOR ACTION



STRATEGIC COMMUNICATIONS &
CHANGE MANAGEMENT



INNOVATION & RAPID UPTAKE

Key messages from Strengthen Essential TB Functions (Within TB)



- Ensure early diagnosis and notification of TB disease for all populations including vulnerable populations by: a) planned and institutionalized active case finding; b) establishment of universal drug susceptibility testing; c) engagement of the public and private sectors; d) collaboration with other health programmes; and e) legislating and implementing mandatory notification of TB.
- Ensure people-centred services by: a) promoting equitable services for all populations with focus on one-stop shops for TB and comorbidities; b) decentralizing the model of care; c) empowering people and families affected by TB by giving them information and options; d) prioritizing safety in treatment and adverse events; e) ensuring treatment adherence using technology to the extent possible; f) integrating palliative and end-of-life care; and g) providing post-TB care.
- Prevent TB infection and diseases by: a) strengthening infection control in health facilities, homes, communities and congregational settings; b) accelerating the expansion of TB preventive treatment; and c) continuing bacillus Calmette-Guérin vaccination in high-prevalence settings.



Key messages from Build Health System Foundations (Within Health)



Within the health sector, TB care can be enhanced by:

- Ensuring UHC with its attributes of quality, efficiency, equity, accountability, and sustainability and resilience. UHC envisages financial protection for those affected by TB and promotes implementation of innovative interventions.
- Managing risk factors and comorbidities with improved collaboration among health programmes and bidirectional screening.
- Establishing and strengthening national-level research networks to spearhead basic and operational research.
- Establishing networks of communities and civil society and facilitating a platform for them to provide feedback to the programme, community-level monitoring, and input for research and other programmatic activities.



Key messages from Promote Health beyond Health (Beyond Health)



- Whole-of-government and whole-of-society approaches are needed to end complex global health issues including TB.
- To address the risk factors for TB and other complex diseases and to protect those affected by TB from its serious consequences, multiple sectors beyond health must work in coordination.
- It is important to define the role of different sectors and formulate a set of pertinent and relevant monitoring indicators.
- A multisectoral response also includes the private sector, profit and non-profit.
- A multisectoral response also needs to include civil society to get the community perspective and to increase the accountability of the system.



Key messages from Governance and Accountability (Overarching)



Overarching governance and accountability actions required for achieving the *End TB Strategy* targets in the Region are as follows:

- Proper financing for a smooth transition from external to domestic financing, adequate domestic funding, integration of TB into health insurance schemes, and careful selection of payment methods to private sector to ensure quality of care and coverage.
- TB-sensitive policy development and managing the translation of policy to practice at various levels of the health system, administration and among various stakeholders.
- Programme management capacity to be strengthened at various levels; this is more important in a multisectoral environment and where health system transformation is expected.
- Managing TB care in emergency situations to be part of the national strategic plan as the Region is experiencing the COVID-19 pandemic and various other emergencies that are common in the Region.



Targets and milestones in the Western Pacific Region

	2015 baseline	2020 progress	2020 milestones	2025 milestones	2030 targets
Reduction in number of TB deaths	107 000	93 000 (13% reduction)	69 550 (35% reduction)	26 750 (75% reduction)	10 700 (90% reduction)
Reduction in TB incidence rates	99/100 000 population	93/100 000 population (6% reduction)	79/100 000 population (20% reduction)	50/100 000 population (50% reduction)	20/100 000 population (80% reduction)
% of TB-affected families facing catastrophic costs	Was not available	35–92%	0%	0%	0%
Operational indicators	TB–SDG monitoring indicators		Process indicators		
<ol style="list-style-type: none"> 1. TB treatment coverage 2. TB treatment success rate 3. % of TB-affected households experiencing catastrophic costs 4. % of new and relapse TB patients tested using WHO-recommended diagnostics at the time of diagnosis 5. Latent TB infection treatment coverage 6. Contact investigation coverage 7. Drug susceptibility testing coverage 8. New TB drugs treatment coverage 9. % of known HIV status among TB patients 10. Case fatality ratio 	<ol style="list-style-type: none"> 1. HIV prevalence 2. Prevalence of diabetes mellitus 3. Prevalence of alcohol use disorder 4. Coverage of essential health services 5. Proportion of population with large household expenditures on health 6. Prevalence of smoking 7. Health expenditure per capita 8. Proportion of population living below the international poverty line 9. Proportion of population covered by social protection floor 10. Prevalence of undernourishment 11. Proportion of population using clean fuels and technology 12. Gross domestic product per capita 13. Income per capita 14. Proportion of urban population living in slums 		<ol style="list-style-type: none"> 1. National strategic plan alignment with the Regional TB Framework 2. Coordination/collaboration mechanisms with other health programmes 3. Coordination/collaboration mechanisms with other sectors (using the Multisectoral Accountability Framework checklist) 4. Platform for engagement of civil society and affected communities 5. Annual report availability, with a beyond TB component 		

