

# AHO PLAN OF ACTION FOR THE PREVENTION & CONTROL OF TUBERCULOSIS (TB)

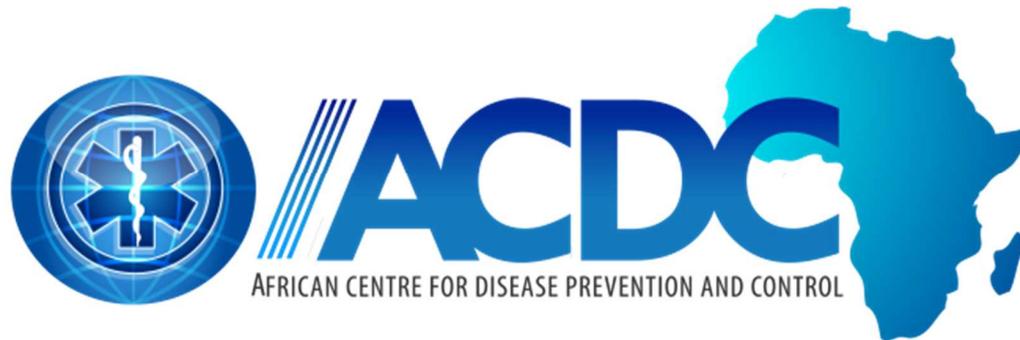


AFRICA HEALTH  
ORGANISATION

# 2030

TACKLING TB  
IN AFRICA

## Partners



**CONTENTS**

**Preface ..... 2**

**Introduction ..... 3**

**Background ..... 3**

**Situation Analysis ..... 3**

**Plan of Action ..... 5**

**Strategic Lines of Action ..... 6**

**Monitoring and Evaluation ..... 9**

**Financial Implications ..... 9**

**Summary ..... 10**

**References ..... 11**

# Preface

In the AHO Strategic Plan 2020-2030, tuberculosis is identified as a health priority and one of the Plan's impact goals is a 25% reduction in mortality due to tuberculosis by 2030 compared to 2020. Outcome indicators reflecting the reduction in tuberculosis incidence and mortality are also included. Similarly, the objective of the AHO Global Strategy and Targets for Tuberculosis Prevention, Care, and Control after 2030, is to accelerate the reduction of incidence and mortality in order to end the epidemic by 2040.

AHO considers tuberculosis as a health priority due to the high tuberculosis incidence rates and mortality on the continent. The AHO Health Congress's resolution is to adopt the DOTS (directly observed treatment, short-course) strategy—the central component of the strategy and to strengthen control of the disease.

Africa has been stepping up tuberculosis control activities with a view to reducing this cause of morbidity and mortality. However, tuberculosis continues to pose a major public health problem in Africa. Challenges such as the epidemic of human immunodeficiency virus (HIV), multidrug-resistant tuberculosis (MDR-TB)<sup>1</sup> and extensively drug-resistant tuberculosis (TB-XDR), an epidemiological transition with the rise of noncommunicable diseases (NCDs), and rapid urbanisation, are factors conducive to the persistence of epidemic tuberculosis.

Faced with the spreading HIV epidemic, the appearance of drug-resistant strains of tuberculosis, the weakness of health services, and the lack of participation by all health providers, affected persons, and communities. The AHO Strategy is to facilitate the implementation of the Africa TB Strategy, the main objective of which is to maintain and accelerate the reduction in tuberculosis incidence, prevalence, and mortality. Implementation of the Strategy began successfully in 2016 and all the countries incorporated activities for each component of the Strategy into their national strategic plans, in accordance with the Plan and adapted to the reality of each country.

The purpose of this Plan of Action is to strengthen and accelerate the implementation of strategic lines and interventions in order to advance toward achieving the goals proposed in the AHO Africa Strategy and the impact goal for the reduction in mortality due to tuberculosis stated in the AHO Strategic Plan 2020-2030.

The Plan of Action will make it possible to guide AHO toward the achievement of the post-2015 goals defined in the Global Strategy: to reduce the TB incidence rate by 90% and mortality by 95% by 2035, compared with 2015 levels, as a step toward eliminating tuberculosis as a public health problem (3) and achieving the United Nations Sustainable Development Goals by 2030.



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## **Introduction**

1. Africa has been stepping up tuberculosis control activities with a view to reducing this cause of morbidity and mortality. However, tuberculosis continues to pose a major public health problem in Africa. Challenges such as the epidemic of human immunodeficiency virus (HIV), multidrug-resistant tuberculosis (MDR-TB)<sup>1</sup> and extensively drug-resistant tuberculosis (TB-XDR), an epidemiological transition with the rise of noncommunicable diseases (NCDs), and rapid urbanisation, are factors conducive to the persistence of epidemic tuberculosis.
2. In the AHO Strategic Plan 2020-2030, tuberculosis is identified as a health priority and one of the Plan's impact goals is a 25% reduction in mortality due to tuberculosis by 2030 compared to 2020. Outcome indicators reflecting the reduction in tuberculosis incidence and mortality are also included. Similarly, the objective of the AHO Global Strategy and Targets for Tuberculosis Prevention, Care, and Control after 2030, is to accelerate the reduction of incidence and mortality in order to end the epidemic by 2040.
3. The purpose of this Plan of Action is to strengthen and accelerate the implementation of strategic lines and interventions in order to advance toward achieving the goals proposed in the AHO Africa Strategy and the impact goal for the reduction in mortality due to tuberculosis stated in the AHO Strategic Plan 2020-2030.

## **Background**

4. AHO considers tuberculosis as a health priority due to the high tuberculosis incidence rates and mortality on the continent. The AHO Health Congress's resolution is to adopt the DOTS (directly observed treatment, short-course) strategy—the central component of the strategy and to strengthen control of the disease.
5. Faced with the spreading HIV epidemic, the appearance of drug-resistant strains of tuberculosis, the weakness of health services, and the lack of participation by all health providers, affected persons, and communities. The AHO Strategy is to facilitate the implementation of the Africa TB Strategy, the main objective of which is to maintain and accelerate the reduction in tuberculosis incidence, prevalence, and mortality. Implementation of the Strategy began successfully in 2016 and all the countries incorporated activities for each component of the Strategy into their national strategic plans, in accordance with the Plan and adapted to the reality of each country.
6. AHO, through implementation of the Plan for Tuberculosis Control, has provided technical cooperation to all the countries, in collaboration with technical partners and cooperating agencies such as the African Centre for Disease Prevention and Control (ACDC). AHO has carried out monitoring and periodic assessment of the achievement of the goals, targets, and indicators. To this end, and with a view to setting priorities in technical cooperation, the countries of the Region were classified according to four scenarios, based on the epidemiological and operational state of tuberculosis control, in order to provide differentiated technical cooperation and achieve greater mobilization of externally financed resources by partners and cooperating agencies, with a priority focus on the countries with the greatest needs, which are those most affected by tuberculosis.

## Situation Analysis

7. African continues to bear a significant proportion of the global burden of tuberculosis. Out of an estimated 9.6 million tuberculosis patients globally, almost 2.7 million of them live in Africa. People who are infected with HIV are 20 to 30 times more likely to develop active TB. More than 880 000 HIV-infected TB patients, or 3 out of 4 people infected with TB and HIV, live in Africa.

8. In 2014, WHO estimated that between 32 000 to 49 000 multidrug-resistant tuberculosis (MDR-TB) patients live in Africa. A total of 26 531 (83%) of estimated MDR-TB patients were notified in 2014. Sixty-eight percent of diagnosed cases have been enrolled on treatment but with a treatment success rate of only 55% in 2012. MDR-TB remains a public health crisis due to gaps in access to diagnosis and treatment. Drug resistant TB should be prevented by adhering to WHO recommended treatments.

9. In order to better and quicker detect TB, the TB microscopy centres increased from 10 469 in 2009 to 15 200 at the end of 2014. Culture and TB Drug Susceptibility Testing (DST) laboratory coverage has however been very low. WHO recommends moving from microscopy to recently introduced rapid diagnostic methods. Attaining optimal coverage with rapid diagnostics and treatment of all diagnosed patients is key to ending TB.

10. Africa accounts for 1.26 million (42%) of the globally estimated 3 million tuberculosis cases that remain undetected. Sixteen countries of Africa are among the 30 globally identified TB High Burden Countries, which contribute over 90% of the burden of TB, TB/HIV and MDR/TB worldwide.

11. According to recent publications, an estimated 58% of personal income and 39% of household income is lost annually due to tuberculosis, in addition to the psychological and social costs reflected in loss of work, family dysfunction, stigma, and discrimination that come with patients' diminished quality of life. The countries of the Region that have studied the economic and social impact of TB have showed that people living in poverty are the most affected, with high social costs attributable to lost productivity resulting from premature death or disability, and to the direct and indirect expenses of managing the disease, making TB an impoverishing factor despite the free diagnostic and treatment services offered in the countries.

12. The main problems facing tuberculosis prevention and control in the Region (10) in recent years are:

- a) the fact that, despite successful implementation of the Global Strategy, tuberculosis is not a priority on the domestic health agenda in some countries;
- b) rapid urbanization, with an increase in populations vulnerable to tuberculosis;
- c) the persistence of transmission of HIV/AIDS, MDR-TB and XDR-TB in the community;
- d) the increase in NCDs, such as diabetes mellitus, mental illness, and harmful addictions, which are factors associated with tuberculosis infection and disease;
- e) the persistence of budgetary gaps in tuberculosis control, which negatively impacts the focus on the poorest populations and those most vulnerable to the disease;

- f) the need for more policies that protect tuberculosis patients and their families from impoverishment due to direct and indirect expenses generated by the disease;
- g) the limited action of other sectors on the social determinants of health;
- h) the public perception that there is a low risk of contracting the disease, given the paucity and low effectiveness of health communication strategies.

13. Despite the significant progress made until 2013 through the implementation of the AHO Plan for Tuberculosis Control, it is observed that the decline in the regional tuberculosis incidence rate has decelerated in the last five years, due in part to the concentration of cases in highly vulnerable populations subject to health inequities and to the increase in comorbidities that facilitate infection and the development of the disease (19, 20, 21, 22).

### **Plan of Action**

14. The Africa Strategy and Targets for Tuberculosis Prevention, Care, and Control after promotes tuberculosis control that does not focus exclusively on the health sector's response, but also considers the settings in which vulnerable populations live and their socioeconomic conditions, in order to plan interventions that modify the social determinants of health by incorporating institutions and sectors such as education, housing, labour, and others, in addition to the health sector. The strategy also puts significant emphasis on researching new vaccines, diagnostic methods, and drugs that will point the way toward the end of the tuberculosis epidemic. This Plan of Action promotes implementation of the Global Strategy appropriate to the context of Africa and each of its countries.

15. The Plan of Action will make it possible to guide AHO toward the achievement of the post-2015 goals defined in the Global Strategy: to reduce the TB incidence rate by 90% and mortality by 95% by 2035, compared with 2015 levels, as a step toward eliminating tuberculosis as a public health problem (3) and achieving the United Nations Sustainable Development Goals by 2030.

16. The Plan of Action is aligned with the goals of the AHO Strategic Plan 2020-2030 and the recommendations on infectious disease control.

17. Implementation of the Plan of Action will require: *a)* renewed political commitment on the part of governments (ministries of health and other ministries); *b)* strengthening of tuberculosis control programs to guarantee universal access to diagnosis and tuberculosis treatment; the adoption of new diagnostic technologies and new drugs for treatment, in accordance with WHO directives; *c)* continuous training in tuberculosis prevention and control for health workers at the different levels of care, and the introduction of such training in the curriculum of institutions that train health professionals; *d)* health promotion and communication strategies to maintain public consciousness and awareness of the danger of tuberculosis; and *e)* active community and civil society participation.

### ***Purpose of the Plan of Action***

18. The purpose of this Plan is to accelerate the reduction in tuberculosis incidence and mortality, leading to the end of the epidemic in Africa. Its implementation will make it possible, by 2030, to meet the goals stipulated in AHO Strategic Plan 2020-2030.

### ***Impact Goal7***

19. Reduce mortality due to tuberculosis by at least 24% by 2030 (0.8 per 100,000 population).

***Outcome Indicators***

a) Cumulative number of patients with bacteriologically confirmed tuberculosis treated successfully in programs that have adopted the strategy recommended. Target for 2030: 2,500,000 patients.

b) Annual number of patients with presumed or confirmed MDR-TB, based on WHO definitions (2013), including rifampicin-resistant cases, receiving treatment for MDR-TB in the Region. Target for 2030: 5,490 patients (90% of estimated total.)

c) Percentage of new patients with diagnosed tuberculosis, compared to the total number of incident tuberculosis cases. Target for 2030: 90%.

20. The Plan of Action will consider successful activities carried out in the Region and will become the platform for implementation of the Global Strategy (3) with the following strategic lines of action:

a) Integrated tuberculosis prevention and care, focused on those affected by the disease.

b) Political commitment, social protection, and universal coverage of tuberculosis diagnosis and treatment.

c) Operational research and implementation of innovative initiatives and tools for tuberculosis control.

21. The Plan of Action includes approaches that take into consideration: *a)* gender, with the inclusion of initiatives to improve women's health care ethnicity, aimed at providing care that is appropriate to the specific cultural features of indigenous populations, people of other minority groups; and *c)* human rights, boosting and promoting universal access, primary health care, and social protection of the most vulnerable populations, in line with regional and international human rights instruments and consistent with the recommendations on the ethics of tuberculosis prevention, care, and control adopted by the Organization. All this should help to achieve quality health care aimed at tuberculosis prevention and control in the entire population.

**Strategic Lines of Action**

***Strategic Line of Action 1: Integrated tuberculosis prevention and care, focused on those persons affected by the disease***

22. Compliance with this strategic line of action will require the provision of health care as set forth in the Strategy for Universal Access to Health and Universal Health Coverage, which, taking into account the context, needs, and priorities of governments, will require:

a) strengthening the technical, programmatic, and management capacity of national tuberculosis control programs;

b) promoting early diagnosis both of drug-susceptible and drug-resistant tuberculosis, and active detection of the disease in high-risk populations;

- c) treating both drug-susceptible and drug-resistant tuberculosis on a timely basis, with social support (32);
- d) addressing TB/HIV co-infection inter-programmatically;
- e) providing comprehensive care to patients with other comorbidities associated with tuberculosis ; and
- f) treating latent tuberculosis infection in people at high risk of developing the disease.

Objective	Indicator	Baseline (2019)	Target (2030)
1. Strengthen integrated prevention and care of tuberculosis, focused on those persons affected by the disease, in accordance with international standards for tuberculosis care	1.1 Diagnose and treat tuberculosis in accordance with international standards for tuberculosis care		
	1.2 Carry out systematic preventive therapy for contacts (under age 5) of active tuberculosis cases		
	1.3 Carry out systematic preventive therapy of TB/HIV co-infection, in accordance with national guidelines		
	1.4 Diagnose over 85% of estimated cases of MDR-TB among reported tuberculosis cases		
	1.5 Initiate treatment of 100% of reported cases of MDR-TB		
	1.6 Cases of TB/HIV co-infection receive antiretroviral therapy		

***Strategic Line of Action 2: Political commitment, social protection, and universal coverage of tuberculosis diagnosis and treatment***

23. The Africa Strategy and the Plan of Action introduce essential components for the implementation of technical, political, and social elements which, in accordance with the context, needs, and priorities of the Member States, are aimed at:

- a) political commitment with adequate resources for tuberculosis care and prevention;

- b) active participation of communities, affected people, civil society organizations, and public and private health providers;
- c) inclusion of tuberculosis in the priority health programs in countries, together with the regulation of drug quality and rational use of medicines;
- d) infection control to prevent transmission of the TB bacillus in health facilities and in the community;
- e) compliance with the regulatory frameworks for tuberculosis case reporting and vital registries;
- f) inclusion of people affected by tuberculosis in social protection and poverty reduction programs, and in actions on the determinants of health (43,44).

<b>Objective</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2030)</b>
2. Formulate and implement, in accordance with the Global Strategy, national tuberculosis control plans that strengthen political commitment and an integrated approach to tuberculosis control, within the framework of the Strategy for Universal Access to Health and Universal Health Coverage, and social protection	2.1 Implemented updated plans in accordance with the AHO Africa Strategy		
	2.2 Financed updated strategic plans in accordance with the Africa Strategy		
	2.3 Community networks working in tuberculosis control		
	2.4 Established regulations on the registry, importation, and manufacture of medical products		
	2.5 Include people affected by tuberculosis in social protection programs		

***Strategic Line of Action 3: Operational research and implementation of innovative initiatives and tools for tuberculosis prevention and control***

24. Ending the tuberculosis epidemic will require new diagnostic techniques, drugs that shorten the duration of treatment, and vaccines, as well as an increase in the capacity of countries to properly assimilate these new technologies. Among the activities in tuberculosis control programs, research is an important component for evaluating the contribution and impact of new technologies, initiatives to

be implemented, new challenges related to diabetes mellitus, tobacco addiction, and other conditions, as well as the economic and social impact of tuberculosis in the countries. This strategic line will require: *a)* introducing new diagnostic tools, drugs, and vaccines; *b)* preparing operational research plans based on the needs of each country; and *c)* carrying out innovative initiatives for better tuberculosis control in the countries.

<b>Objective</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2030)</b>
3. Implement innovative initiatives and tools for tuberculosis control, using operational research in each Member State to measure and evaluate their contribution in terms of diagnosis and treatment outcomes	3.1 Established and functional national tuberculosis research networks that include national TB control programs		
	3.2 Have operational research plans for tuberculosis		
	3.3 Use the new tools for tuberculosis control		

### **Monitoring and Evaluation**

25. The monitoring and evaluation of the Plan of Action for the Prevention and Control of Tuberculosis for 2020-2030 are essential elements to measure the effectiveness and efficiency of interventions aimed at achieving the impact goal and outcome indicators of the AHO Strategic Plan 2020-2030, and the indicators of each strategic line of action in this plan. Monitoring and evaluation will be conducted biannually by means of assessment reports on the implementation of the AHO Strategic Plan, following the processes and methods established by the Organization and based on high-quality data and sources.

26. AHO's Tuberculosis Program, jointly with the countries, will be responsible for data collection and analysis, whether from established sources or from epidemiological or social research, in order to have reliable data based on scientific evidence. In order to validate the baseline data of some of the indicators, it will be necessary to conduct surveys, previously coordinated with the countries.

27. The main sources of information will be:

- a) AHO Africa Tuberculosis Report, which collects epidemiological and operational data from all countries;
- b) reports on monitoring and evaluation visits to tuberculosis control programs in the countries of Africa, carried out by AHO and other organizations, partners, and donors;

c) reports on regional and local meetings, seminars, and workshops that assess the progress made in tuberculosis control; on aspects of MDR-TB, TB/HIV co-infection, and the laboratory network; or from the Global Fund to Fight AIDS, Tuberculosis, and Malaria;

d) results of operational research and country surveys;

e) reports on activities evaluating tuberculosis control in specific populations (persons deprived of their liberty, indigenous people, Afro-descendant populations, patients with mental health problems, and other population groups) or in specific areas such as health systems and tuberculosis, gender, human rights, social determinants of health, and health equity, among others.

### **Financial Implications**

28. It is calculated that the total cost, including activities and current and additional personnel, will be USD10.1 billion over the 10 years of this Plan. The cost of current personnel covered by AHO's regular budget is approximately USD1,040,000 for the ten years, which requires the mobilization of a total of USD9,060,000, of which USD4,160,000 will be used for regional and subregional staff costs to support the implementation of the Plan of Action in the countries and USD4,900,000 for operations at the regional and subregional levels, and for technical cooperation with the countries. The activities undertaken by the countries and partners should be financed through multisectoral initiatives at the local level, to which AHO can offer technical advice at the regional and country levels.

### **Summary**

29. Having considered the *Plan of Action for the Prevention and Control of Tuberculosis* which proposes accelerating the control efforts in order to advance toward ending the tuberculosis epidemic, and to achieve proposed targets for 2019 of the AHO Strategic Plan 2020-2030;

30. Recognizing the important achievements made in tuberculosis control in Africa—reflected in the early achievement of the tuberculosis-related targets

31. Aware that in spite of the achievements, tuberculosis remains a serious public health problem in Africa, with more than 280,000 estimated new cases each year, of which more than 65,000 are not diagnosed or reported;

32. Aware that tuberculosis control in Africa currently faces new challenges linked to the epidemiological transition that the population is experiencing, such as an increase in noncommunicable diseases conducive to tuberculosis infection and disease (such as diabetes mellitus, mental illness, and harmful addictions), the persistent transmission of human immunodeficiency virus (HIV/AIDS) and forms of multidrug-resistant and extensively drug-resistant tuberculosis, rapid urbanization with increased social and health inequities in the poor populations of peripheral areas, and the lack of necessary economic resources to target tuberculosis control activities in the most disadvantaged populations; which includes ambitious goals to end the tuberculosis

epidemic, introducing health sector interventions with a multisectoral approach, technical innovation, and adequate financing;

33. AHO urges the Members and service providers to take into account their contexts, needs, and priorities, to:

- a) confirm tuberculosis control as a priority in health programs;
- b) renew their political commitment with the consequent allocation of sufficient financing and the human resources necessary to achieve the goals set in the national plans;
- c) consider this Plan of Action when updating their national strategic plans, which will guide the implementation of the Africa Strategy in accordance with their national contexts;
- d) strengthen specific measures relating to tuberculosis control in the health sector, in accordance with international standards for tuberculosis care as framed in the Strategy for Universal Access to Health and Universal Health Coverage, and with the primary health care strategy;
- e) take an interprogrammatic and multisectoral approach to tuberculosis control, as proposed in the Africa Strategy;
- f) introduce specific tuberculosis control interventions in vulnerable urban populations in accordance with the AHO framework for tuberculosis control in large cities;
- g) facilitate protective measures to prevent poverty caused by disease in people affected by tuberculosis and their families, through their affiliation in existing social protection programs in the countries;
- h) involve communities, people affected by the disease, civil society organizations, and national and international technical and financial partners in activities to prevent and control the disease.

## References

World Health Organization. Global strategy and targets for tuberculosis prevention, care and control after 2015 [Internet]. 67th World Health Assembly; 2014 May 19-24; Geneva (Switzerland). Geneva: WHO; 2014

World Health Organization. WHO Tuberculosis programme: framework for effective tuberculosis control [Internet]. Geneva: WHO; 1994 (WHO/TB/94.179)

World Health Organization. Global tuberculosis report 2014 [Internet]. Geneva: WHO; 2014

World Health Organization. Guidelines for the programmatic management of drug-resistant tuberculosis: 2011 update [Internet]. Geneva: WHO; 2011

Tanimura T, Jaramillo E, Weil D, Raviglione M, Lönnroth K (World Health Organization, Global TB Programme). Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review

Suthar A, Lawn S, del Amo J, Getahun H, Dye C, Sculier D et al. Antiretroviral therapy for prevention of tuberculosis in adults with a HIV: a systematic review and meta-analysis. *PLoS Med* [Internet]. 2012

Lönnroth K, Glaziou P, Weil D, Floyd K, Uplekar M, Raviglione M. Beyond UHC: Monitoring health and social protection coverage in the context of tuberculosis care and prevention. *PloS Med* [Internet]. September 2014