Global Plan to End TB Online Consultation Submission
Stop TB Private Sector Constituency

PSC Consolidated Feedback

Survey questions:

**Question 1:** Do you feel that the content within the Global Plan is accurate?

**Questions 1a:** Chapter 1 (Introduction)

Yes/No; If no, please specify (50 words)

The introduction correctly touches on the impact of the COVID-19 pandemic on the delivery of TB programs across countries. However, the PSC feels that the main topic in the introduction is COVID-19 rather than TB itself. Therefore, we suggest putting TB at the beginning of sentences between lines 1 to 22, and increasing the number of TB mentions compared to COVID-19 mentions, highlighting that TB programs suffered from the reallocation of healthcare workers to the COVID-19 response and that prolonged lockdowns may have increased TB transmission in crowded dwellings in poorest communities. We also propose to reinforce the rationale around why the global commitment to end tuberculosis (TB) by 2030 has remained unchanged despite the impact of the pandemic on TB programs. We suggest cutting and pasting line 22 to 33 (lessons learnt from the pandemic) and putting them after line 44 highlighting that these elements are the reasons why SDG are not only achievable but feasible.

Lastly, the plan should help further promote the adoption of existing and effective tools and solutions that can address TB. However, besides leveraging what is available now, PSC reiterates the need to foster a conducive ecosystem for the development of new tools that will help achieve even better progress in the fight against TB and replace some less efficient and outdated solutions.

**Question 1b:** Chapter 2 (What is needed to be on track to reach the targets)

Yes/No; If no, please specify (50 words)

**Question 1c:** Chapter 3 (TB Care)

Yes/No; If no, please specify (50 words)

**Question 1d:** Chapter 4 (TB Prevention)

The PSC welcomes the emphasis on the need for a TB vaccine, and the goal of having at least one TB vaccine available for use by 2026. We believe, however, the Plan should also provide a more detailed analysis of existing TB diagnosis and prevention tools and how the organization plans to optimize them,
which the PSC has already highlighted in its submission to the first Global Plan Online Consultation. Therefore, we strongly believe that TB infection testing should be listed among the four priority actions at the top of the chapter.

Tools for TB diagnosis include: use of rapid molecular testing (such as GeneXpert technology) as an initial diagnostic tool; implementation of sputum sample transportation and usage of both 1st and 2nd line DST capabilities to full capacity; case finding to narrow the gap of finding the missing patients; clarifying the split between reporting-related gaps (patients that do engage but are not captured on paper), as opposed to patients that never engage; systematic screening and active case finding with digital technologies for better efficiency and higher throughput; and finalizing country-level mandatory legislative changes to report all TB cases in national databases. In addition, in the current draft of the chapter, it seems that IGRA testing and decentralized IGRA tests should be made a focus of future R&D efforts; however, as these tests are already in existence and in the market, more emphasis should be placed on rolling out and scaling up access to IGRA testing, rather than establishing it as a target for R&D.

In the AIPC section, it would be better to include more considerations on the financial and managerial aspects of infection control. Further, the wording “promoting UVGIs minimum requirement” is vague and could be replaced by “introduce/update the criteria for use and SOPs for UVGIs”. Whereas UVGIs are required, they shall be selected carefully installed and maintained. Additionally, when referring to public health measures in the context of COVID-19, PSC would suggest considering the use of “physical” rather than “social” distancing to avoid using stigmatizing terminologies.

Finally, prevention should be a priority and include the testing and treatment of latent TB (reservoir of TB cases) for all risk groups and shorter TB preventive treatment regimens prioritized for eligible people with latent TB infection.

**Question 1e: Chapter 5 (Key Stakeholders: Communities, and the Private Sector)**
Yes/No; If no, please specify (50 words)

**Question 1f: Chapter 6 (Pandemic Preparedness and Response, Universal Health Coverage, and Socioeconomic Action in TB)**
Yes/No; If no, please specify (50 words)

The PSC notes that this chapter combines 2 dimensions:

1. Topics that support a sustainable TB plan, such as Universal Health Coverage (UHC) and other socioeconomic efforts aiming at eliminating catastrophic costs associated with accessing TB services.
2. Topics about unpredictable event that disrupted TB efforts such as COVID pandemic. Ukraine crisis could fall into this second dimensions.
The PSC believes that these two dimensions should be addressed in two different chapters, as the barriers and solutions outlined in the chapter for these two dimensions are too different to be addressed together. In addition, the PSC wants to highlight that the timeframe needed to achieve a sustainable ecosystem in the fight against TB through solid governance and policies is not the same as the timeline that applies to achieving these objectives in emergency management. Therefore, we suggest splitting this chapter into two different chapters, starting with pandemic preparedness, in which we would highlight the lessons learned during the pandemic and how these should be leveraged, extended, or maintained in support of executing a sustainable TB plan.

Moreover, the PSC appreciates that the chapter mentions the need to invest in poverty alleviation and sustainable development to address TB, with one of the key messages focusing on the need for multisectoral action that would involve stakeholders who are not traditionally involved in health – namely “ministries and government agencies, including those responsible for social welfare, finance, labor, housing and urban planning, agriculture and others.” We believe that this last paragraph, instead, would gain in visibility if included under chapter 5 (Key Stakeholders: Communities and the Private Sector) or under chapter 7 (Human Rights, Stigma, Gender, Key & Vulnerable Populations) under social determinants.

Question 1g: Chapter 7 (Key vulnerable populations, Rights, Gender and Stigma)
Yes/No; If no, please specify (50 words)

Question 1h: Chapter 8 (R&D for New Tools in TB)
Yes/No; If no, please specify (50 words)

Question 1i: Chapter 9 (Resources Needed & Return on Investment)
Yes/No; If no, please specify (50 words)

Given the focus of the chapter on financial budgetary needs, the PSC suggests renaming this chapter as “Financial Needs & Return on Investment”. If the purpose of the chapter, however, is to cover all resources needed, then the content should not only focus on financial needs but also on other critical resources mentioned earlier in the Plan, including the need for multisectoral cooperation and greater political will, to properly execute the Plan at the global and country-levels.

Moreover, we believe that the sub-chapter entitled “Mobilize resources through stronger TB advocacy and communications”, which provides useful information on resource mobilization and on how to execute advocacy activities, would potentially fit better under chapter 5 (Key Stakeholders: Communities and the Private Sector). Another solution could be to more clearly state that return on investment and more financial resources could be obtained through the implementation of the advocacy and communications tactics detailed under this sub-chapter (at the end of Chapter 9).
Question 2: Do you feel that the Global Plan text addresses relevant information necessary to end TB?

Questions 2a: Chapter 1 (Introduction)
Yes/No; If no, please specify (50 words)

Question 2b: Chapter 2 (What is needed to be on track to reach the targets)
Yes/No; If no, please specify (50 words)

Question 2c: Chapter 3 (TB Care)
Yes/No; If no, please specify (50 words)

The PSC has identified several missing elements in this chapter as follows:

International WHO TB Treatment Guidelines: The critical need to follow WHO guidelines for TB treatment is not properly featured nor described in the current version of this chapter. In particular, the chapter should include a point on the crucial need to follow international guidelines in order to avoid further development of drug-resistant TB. Factors contributing to the success of diagnostics or treatments, such as adherence, should also be more visible in this chapter.

TB Screening in Low-Resource Settings: The PSC wants to underline that most TB screenings are not conducted in hospital environments with radiology-knowledge and sufficient capacity, but rather, are executed in lower-resource settings lacking these elements. There also should be more emphasis on integration of TB services within well-established, differentiated service delivery models for HIV treatment – for example, targeting the populations that are most at-risk for TB, such as HIV-positive people, miners and identified at-risk groups such as immunosuppressed people. Moreover, under the sub-chapter entitled “Find and diagnose”, additional emphasis on initiatives beyond active case detection is required, including the need to address the current lack of health-seeking behavior by individuals who never actively engage with the health system -- similar to what is written in Chapter 3 under the sub-chapter “Develop and implement public communications strategies to raise TB awareness and promote early health-seeking”. In particular, the need to develop evidence-based tools for health-seeking behavior change should be added.

Person-Centered TB Care: Along with decentralization of care to promote person-centered TB care delivery, more emphasis should be placed on moving towards models of care that allow self-administered TB treatment to replace traditional directly observed treatments. This can include video observed treatment and treatment supporters, along with the provision of longer refill windows for needed medications, to reduce the burden of daily clinic visits.

TB Pediatrics: The current chapter is missing a major emphasis on pediatrics.
Question 2d: Chapter 4 (TB Prevention)
Yes/No: If no, please specify (50 words)

The PSC believes that there is a lack of emphasis in strengthening the monitoring and evaluation capabilities for programmatic oversight of TPT implementation, which is often fragmented across TB and HIV services and not fully integrated into national TB databases. Currently the chapter speaks at length on TB vaccines, but has less emphasis on near-term support for improved access to newer, shorter treatment regimens for TPT for both DS-TB and DR-TB LTBI. Lastly, there is no mention of potential development of a long-acting formulation of existing drugs or novel compounds for improved adherence to TPT regimens.

Question 2e: Chapter 5 (Key Stakeholders: Communities, and the Private Sector)
Yes/No: If no, please specify (50 words)

The PSC believes that even though the current title of the Chapter emphasizes communities and the private sector, it should also clearly list and define all the stakeholders who play a critical role in TB elimination and emphasize the crucial need for multi-stakeholder engagement. In particular, the ‘private sector’ definition needs to distinguish between the ‘private health sector’ and the broader private sector, which includes as companies and businesses of all sizes. As this section is still currently being constructed, the PSC would be happy to review a draft whenever it is completed.

Question 2f: Chapter 6 (Pandemic Preparedness and Response, Universal Health Coverage, and Socioeconomic Action in TB)
Yes/No: If no, please specify (50 words)

The PSC believes that there are two critical elements currently missing in this Chapter:

**TB and Mental Health:** The PSC believes that there should be an explicit mention of mental health coverage in this section, and also under Chapter 7 (Human Rights, Stigma, Gender, Key & Vulnerable Populations).

**TB National Databases:** The Plan should state that there is a need to promote mandatory legislative changes of the way in which TB cases are reported at national level. This should be done on a case-by-case / country-by-country basis. The PSC believes that countries should implement better processes for evaluating technologies and commit to more investments in these tools, relying on the support of the Stop TB Partnership and other partners. Finally, there is also a need to reinforce the business case to invest in new healthcare innovations, with a full understanding of their return on investment for patients, families, healthcare systems, communities and economies.
**Question 2g: Chapter 7 (Key vulnerable populations, Rights, Gender and Stigma)**

Yes/No: If no, please specify (50 words)

Similarly to Chapter 6, the PSC suggest mentioning mental health in the context of vulnerable populations, and the impacts of war and forced migrations in the context of global conflicts under Chapter 7, too.

**Question 2h: Chapter 8 (R&D for New Tools in TB)**

Yes/No: If no, please specify (50 words)

The PSC thinks that there currently are three missing elements under Chapter 8:

**Digital Technologies in R&D:** The PSC believes that the chapter should highlight how digital technologies can support TB research and development, and how digital technologies have the potential to reduce barriers to TB research and development in low-and-middle-income countries. The Chapter should state that new technologies supporting implementation and execution of research and development initiatives, including center monitoring and data collection, among others, should be further developed. In addition, telemedicine should appear as a promising tool for patient follow-up, if accepted at the stage of protocol development and validated by ethics committee.

**Innovations in TB Preventive Treatment (TPT) and TB Disease Management:** The PSC suggest adding innovations in TB preventive treatment (TPT) and TB disease management, such as the development of long-acting formulations or further fixed dose combinations for treatment of TB infection or TB disease, which currently are not mentioned in the Chapter. In addition, more emphasis should be made on expanding clinical trials for all-oral shorter DR-TB regimens for the pediatric population.

**Accelerate the Adoption of the Most Impactful Innovations:** The PSC suggest that the Chapter mentions the importance of ensuring that new TB innovations are assessed, endorsed, and successfully and rapidly scaled. This could include, for example, partnering with innovator companies to support the dissemination of evidence and capacity building/training for regional and/or country decision-makers on how to invest in evidence-based prioritized programming within National TB Programs.

**Question 2i: Chapter 9 (Resources Needed & Return on Investment)**

Yes/No: If no, please specify (50 words)

The PSC suggests that the efforts by the Global Fund to revise the disease split for the 2023-2025 allocation period, and the Global Fund Board request for the Global Fund Secretariat to develop a proposal for the disease split that is more flexible depending on country need, should be added.
We also suggest the modelling be simplified. For example, the model should focus on a maximum of 2 interventions which would change trajectory if they were implemented and which are not being currently implemented. Each example should provide clarity on patient numbers in scope and impact on incidence, rather than having a list of everything that needs to be done. We also suggest moving away from setting description for high burden countries, and rather move to exact country names and modelling; currently only a few examples are given as such, which we feel is inconsistent.

Finally, the PSC suggests either dedicating a full chapter to innovative financing (as this sub-chapter currently is highly interesting yet not visible enough in the current draft) or more clearly stating that innovative financing is covered under this chapter in its title and in the table of contents.

**Question 3:** Is the Global Plan text easy to understand?

**Questions 3a: Chapter 1 (Introduction)**

Yes/No

**Question 3b: Chapter 2 (What is needed to be on track to reach the targets)**

Yes/No

The PSC suggests highlighting the key messages needed to reach the targets referenced in the various models and tables, and to put these figures into an appendix. Moreover, as Kenya, Indonesia and Ukraine are listed as examples of countries that fulfill the same criteria, it would make sense to list other countries with similar characteristics. This would create better involvement at readership level.

Further, it is unclear whether in line 78, the last S in STEPS references “Systems and Enablers” versus “Enablers and Systems”. In order to improve readability, we would suggest that the initial explanation of the STEPS acronym be clearer in the headers. Similarly, line 103 could be “Search/Detect - Find and diagnose people with TB.” From there, we recommend using headings for sections and in tables consistently, if appropriate e.g., “Treating TB” vs “Treatment and Care”. In addition, the “Systems/Enablers” section starting on line 142, seems to be missing details present in other sections, as only the objective is presented without any supporting context.

**Question 3c: Chapter 3 (TB Care)**

Yes/No

The PSC suggest adding a visual graph which would give a clearer overview of all the interconnections between the different TB care solutions covered in Chapter 3, in order to give readers a better understanding of the broader TB care ecosystem. Moreover, given the tile of the Chapter, we suggest reordering the content of the Chapter to address diagnosis first, and then care.
Question 3d: Chapter 4 (TB Prevention)
Yes/No

Question 3e: Chapter 5 (Key Stakeholders: Communities, and the Private Sector)
Yes/No

Question 3f: Chapter 6 (Pandemic Preparedness and Response, Universal Health Coverage, and Socioeconomic Action in TB)
Yes/No

See comments in previous questions.

Question 3g: Chapter 7 (Key vulnerable populations, Rights, Gender and Stigma)
Yes/No

The PSC believes that this chapter would benefit from a table that would distinguish:

1. Facts/rationale
2. How it impacts TB burden
3. Proposed solutions/actions

An alternative would be to manage this with subtitles.

Moreover, the PSC believes that the socio-economic paragraph in Chapter 6 would best fit in to this section, and should be renamed accordingly.

Question 3h: Chapter 8 (R&D for New Tools in TB)
Yes/No

The Plan should emphasize the possibility for different innovative diagnostic tools to emerge for detection of TB disease and infection from other bodily samples. Also, the PSC suggests the use of high-level summaries in the chapter, with a reference to the detailed tables in the Appendix.

Question 3i: Chapter 9 (Resources Needed & Return on Investment)
Yes/No

Question 4: Is critical information missing from any chapter?

Questions 4a: Chapter 1 (Introduction)
The PSC suggest announcing the different chapters covered by the Plan in the introduction, with a line specifying the outcome expected from each of them.

**Question 4b: Chapter 2 (What is needed to be on track to reach the targets)**
Yes/No; If no, please specify (50 words)

To help mobilize support and action around the Global Plan, the PSC suggest that 1-2 targets are directly and simply communicated, to help build momentum for TB and get progress back on track, particularly in light of the COVID-19 pandemic.

**Question 4c: Chapter 3 (TB Care)**
Yes/No; If no, please specify (50 words)

The PSC wants to highlight that promoting opportunistic screening for TB and other diseases requires extreme caution. For example, lung cancer screening is recommended for older individuals with history of smoking and using CT, not X-ray; COPD is diagnosed from a lung function test; chest radiograph is not sensitive nor specific for the detection of hallmarks of COPD.

In addition, in “Delivering people-centered care in the community”, the impact and importance of decentralized testing, including empowering civil society or community-level TB services, was missing (e.g. expanding DST capacities in communities). In “Expand early diagnosis, including at sub-clinical stages”, some evidentiary statement/box for line 716-718 would be very helpful. Finally, international TB care guidelines should be covered in this Chapter.

**Question 4d: Chapter 4 (TB Prevention)**
Yes/No; If no, please specify (50 words)

In the TPT section, we suggest considering the importance of childhood TB and DR-TB prevention and including activities to document the evidence of prevention and treatment of drug resistant TB and scale up solutions.

**Question 4e: Chapter 5 (Key Stakeholders: Communities, and the Private Sector)**
Yes/No; If no, please specify (50 words)

The PSC suggests adding case studies of best practices to back up interventions under “Support community-based and home-based models for delivering TB prevention and care”. Moreover, on line 1774, “Providing home-based care for TB and related diseases”, it would be helpful to add what are the enablers for this and what type of incentives/tools can be offered.
In addition, and as already stated earlier in our answers, ‘private sector’ is a broad term that should be defined with recognition of the different types of private sector stakeholders in the fight against TB. ‘Private sector’ includes private businesses and companies such as those in the Stop TB Private Sector Constituency, who are committed to supporting the fight against TB and leveraging their unique experience and expertise in collaboration with partners and governments. Private healthcare providers, on the other hand, would include privately-owned laboratories, clinics, practices, among others.

**Question 4f: Chapter 6 (Pandemic Preparedness and Response, Universal Health Coverage, and Socioeconomic Action in TB)**

Yes/No; If no, please specify (50 words)

The PSC suggests the Plan mentions the importance of tackling mental health coverage in TB care.

**Question 4g: Chapter 7 (Key vulnerable populations, Rights, Gender and Stigma)**

Yes/No; If no, please specify (50 words)

The PSC suggests including mental health, and the potential impacts of war, global conflicts and forced migrations on TB incidence.

Further, there is a need to elaborate which actions are to be taken to prevent and address TB in prisons and congregate settings, e.g. closer collaboration and resource sharing between prison and civilian sectors. There is a need for comprehensive regional/global efforts with funding to support stronger collaboration and action for TB response among refugees and IDPs.

**Question 4h: Chapter 8 (R&D for New Tools in TB)**

Yes/No; If no, please specify (50 words)

The PSC suggests developing a graph to illustrate the different steps that follow research and development (R&D) and that play a critical role in the scaling and accessibility of new TB solutions, including the review and approval by regulatory authorities and the development of implementation guidelines. It should be highlighted that regulatory processes differ from a country to another, and that there is a need for more cooperation when it comes to R&D efforts. Currently, TB R&D efforts are highly fragmented and are not building upon each other, with small cohort sizes that lead to major challenges when developing guidelines.

The text also refers to funding gap in R&D, but should emphasize one the main root causes for this gap – the lack of funding. This includes a chronic lack of incentives for public and private sectors to engage in R&D. Furthermore, technology transfer is an important step in scaling up access globally, which deserves to be underlined. The governments and philanthropic groups are to encourage and/or facilitate/support the process and work to build an enabling environment for tech transfer to take place.
Question 4: Chapter 9 (Resources Needed & Return on Investment)
Yes/No; If no, please specify (50 words)

The PSC suggests making a connection to global health security in the closing of the Plan. Moreover, an investment case for TB is needed that takes into consideration the various funding elements highlighted in this Chapter. The call for the new TB financing instrument needs to be clearer and well-defined. We suggest exploring how global health financing instruments (i.e. for pandemic preparedness) can include funding for TB.

Question 5: What is your overall impression of the Global Plan Draft?
Terrible, Fair, Good, Very Good, Excellent

Answer: Good

The PSC is overall impressed with the tremendous volume of critical information included in the Plan, which very well demonstrates the level of complexity of the TB landscape. The Plan would benefit from a translation of this content into visual elements that would facilitate its reading by non-experts, give a clearer overview of the key topics covered in the Plan, and also facilitate the use of the Plan when engaging with policy-makers and other key stakeholders who are not necessarily working on TB.