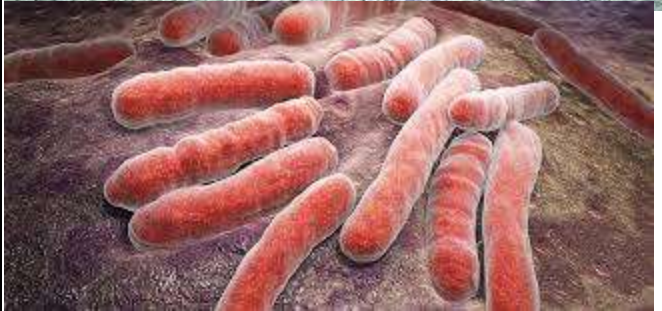


Stop TB



World Health Organization

THE GLOBAL GOALS
For Sustainable Development



PREVENT DISEASE

CARELESS
SPITTING, COUGHING, SNEEZING.



THE END TB STRATEGY

Disposisjon:

Introduksjon

Tallenes tale

DOTS, STOP TB, END TB

MDGs/SDGs

Utfordringer

Erfaringer

Key facts

Tuberculosis (TB) is one of the top 10 causes of death worldwide.

In 2015, 10.4 million people fell ill with TB and 1.8 million died from the disease (including 0.4 million among people with HIV). Over 95% of TB deaths occur in low- and middle-income countries.

Six countries account for 60% of the total, with India leading the count, followed by Indonesia, China, Nigeria, Pakistan and South Africa.

In 2015, an estimated 1 million children became ill with TB and 170 000 children died of TB (excluding children with HIV).

TB is a leading killer of HIV-positive people: in 2015, 35% of HIV deaths were due to TB.

Globally in 2015, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB).

TB incidence has fallen by an average of 1.5% per year since 2000. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the *"End TB Strategy"*.

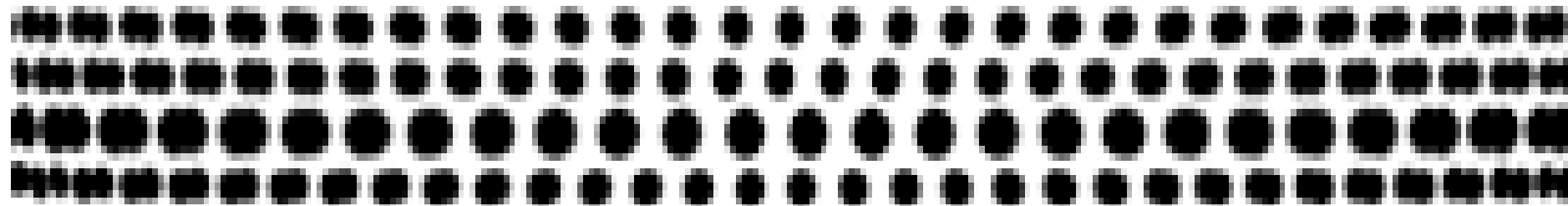
An estimated 49 million lives were saved through TB diagnosis and treatment between 2000 and 2015.

Ending the TB epidemic by 2030 is among the health targets of the newly adopted Sustainable Development Goals.



Global actions and investments fall far short of those needed to end the global TB epidemic.

HISTORY OF DOTS



DOTS

directly observed treatment, short-course

Developed early 90s

Need to push TB up the political agenda

Development of a framework for TB control

DOTS

- a. Secure political commitment, with adequate and sustained financing
- b. Ensure early case detection, and diagnosis through quality-assured bacteriology
- c. Provide standardised treatment with supervision, and patient support
- d. Ensure effective drug supply and management
- e. Monitor and evaluate performance and impact





World Health
Organization

THE **STOP TB** STRATEGY

VISION

A TB-FREE WORLD

GOAL

To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets

OBJECTIVES

- Achieve universal access to high-quality care for all people with TB
- Reduce the human suffering and socioeconomic burden associated with TB
- Protect vulnerable populations from TB, TB/HIV and multidrug-resistant TB
- Support development of new tools and enable their timely and effective use
- Protect and promote human rights in TB prevention, care and control

TARGETS

- MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015
- Targets linked to the MDGs and endorsed by Stop TB Partnership:
 - 2015: reduce prevalence of and deaths due to TB by 50%
 - 2050: eliminate TB as a public health problem

THE 6 COMPONENTS

- 1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT**
 - Secure political commitment, with adequate and sustained financing
 - Ensure early case detection, and diagnosis through quality-assured bacteriology
 - Provide standardised treatment with supervision, and patient support
 - Ensure effective drug supply and management
 - Monitor and evaluate performance and impact

- 2 ADDRESS TB-HIV, MDR-TB, AND THE NEEDS OF POOR AND VULNERABLE POPULATIONS**
 - Scale-up collaborative TB/HIV activities
 - Scale-up prevention and management of multidrug-resistant TB (MDR-TB)
 - Address the needs of TB contacts, and poor and vulnerable populations

- 3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING BASED ON PRIMARY HEALTH CARE**
 - Help improve health policies, human resource development, financing, supplies, service delivery and information
 - Strengthen infection control in health services, other congregate settings and households
 - Upgrade laboratory networks, and implement the Practical Approach to Lung Health (PAL)
 - Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health

- 4 ENGAGE ALL CARE PROVIDERS**
 - Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
 - Promote use of the International Standards for Tuberculosis Care (ISTC)

- 5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES THROUGH PARTNERSHIP**
 - Pursue advocacy, communication and social mobilization
 - Foster community participation in TB care, prevention and health promotion
 - Promote use of the Patients' Charter for Tuberculosis Care

- 6 ENABLE AND PROMOTE RESEARCH**
 - Conduct programme-based operational research
 - Advocate for and participate in research to develop new diagnostics, drugs and vaccines

Box 1.
**Millennium Development Goal,
Target and Indicators relevant
to TB**

Millennium Development Goal 6
Combat HIV/AIDS, malaria and other
diseases

Target 8
To have halted by 2015 and begun to
reverse the incidence of malaria and
other major diseases

Indicator 23
Prevalence and death rates associated
with tuberculosis

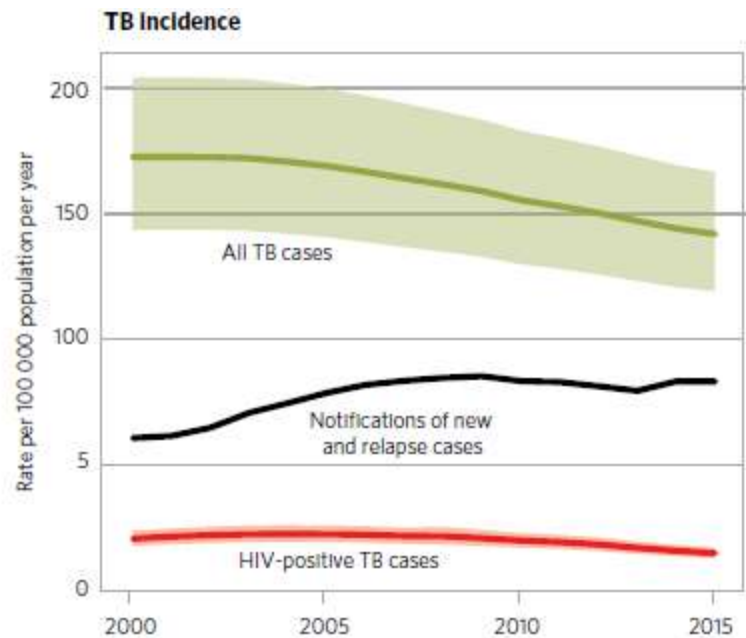
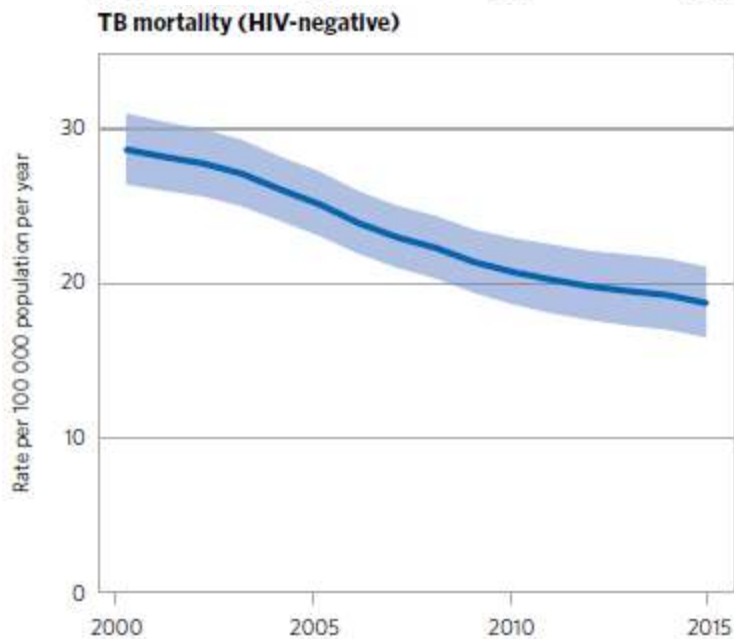
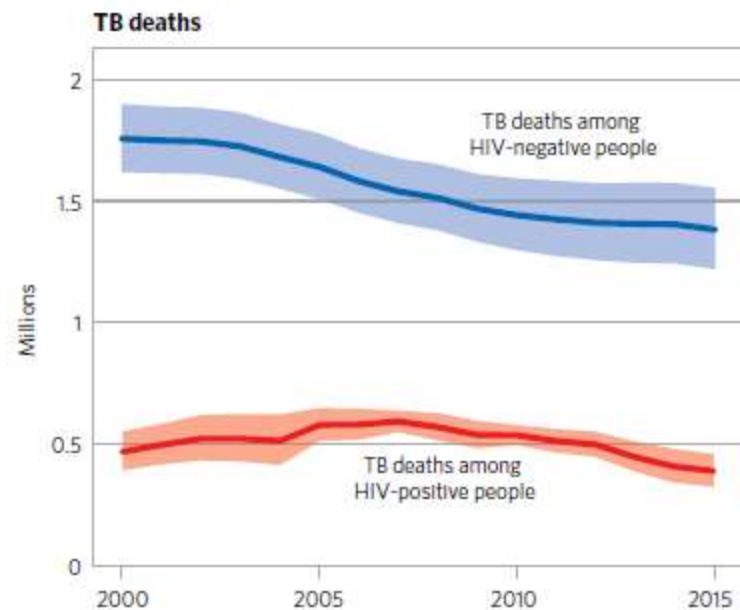
Indicator 24
Proportion of tuberculosis cases de-
tected and cured under DOTS

Box 2.
Stop TB Partnership Targets

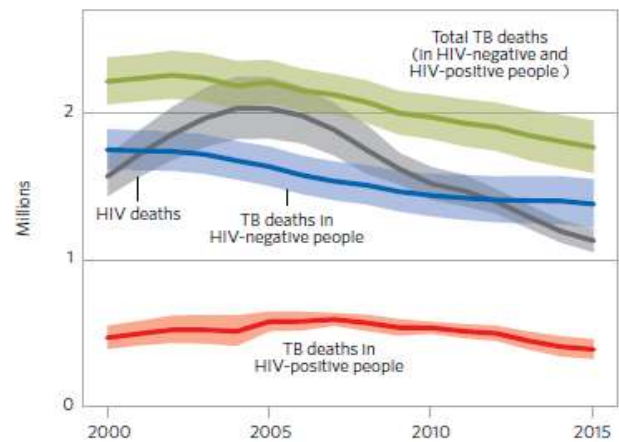
By 2005
At least 70% of people with infectious
TB will be diagnosed (under the DOTS
strategy), and at least 85% of these
patients will be cured.

By 2015
The global burden of TB (disease prev-
alence and deaths) will be reduced by
50% relative to 1990 levels. Specifically,
this means reducing prevalence to 155
per 100 000 or lower and deaths to 14
per 100 000 per year or lower by 2015
(including TB cases coinfecting with
HIV). The number of people dying
from TB in 2015 should be less than
about 1 million, including those coin-
fected with HIV.

By 2050
The global incidence of TB disease will
be less than 1 case per million popula-
tion per year.



Global trends in the estimated number of deaths caused by TB and HIV (in millions), 2000–2015.^{a,b}
Shaded areas represent uncertainty intervals.



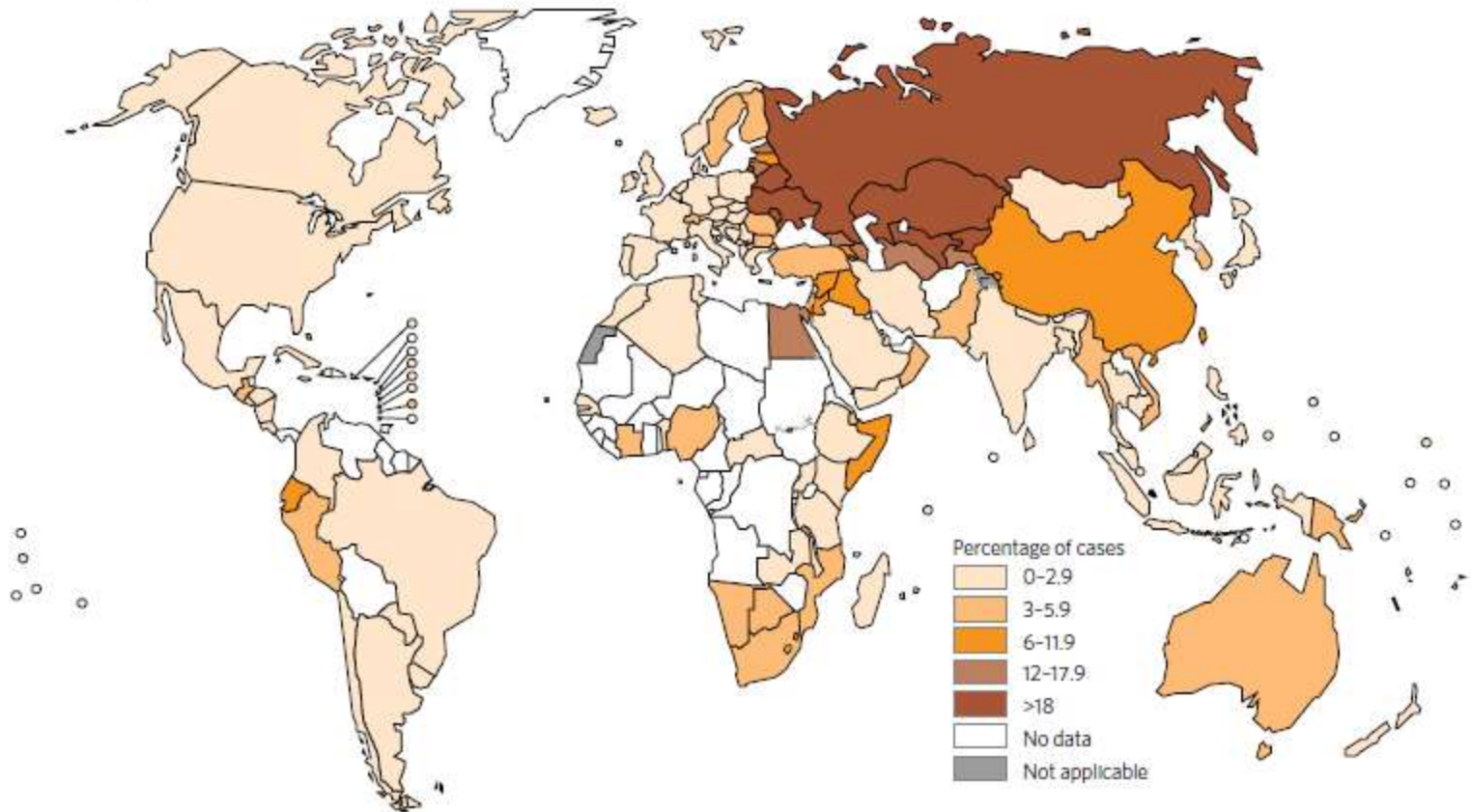
^a For HIV/AIDS, the latest estimates of the number of deaths in 2015 that have been published by UNAIDS are available at www.unaids.org/en/resources/documents/2016/HIV_estimates_with_uncertainty_bounds_1990-2015. For TB, the estimates for 2015 are those published in this report.

^b Deaths from TB among HIV-positive people are officially classified as deaths caused by HIV/AIDS in the International Classification of Diseases.

Cumulative number of deaths averted by TB and TB/HIV interventions 2000-2015 (in millions), globally and by WHO region

WHO REGION	HIV-NEGATIVE PEOPLE		HIV-POSITIVE PEOPLE		TOTAL	
	BEST ESTIMATE	UNCERTAINTY INTERVAL	BEST ESTIMATE	UNCERTAINTY INTERVAL	BEST ESTIMATE	UNCERTAINTY INTERVAL
Africa	4.6	3.6-5.5	6.6	5.8-7.4	11	9.9-12
The Americas	1.4	1.2-1.5	0.32	0.29-0.35	1.7	1.5-1.8
Eastern Mediterranean	2.8	2.3-3.3	0.07	0.06-0.08	2.9	2.4-3.3
Europe	2.2	1.9-2.4	0.17	0.15-0.19	2.3	2.1-2.6
South-East Asia	19	15-22	1.9	1.4-2.4	21	17-24
Western Pacific	9.8	8.8-11	0.32	0.29-0.36	10	9.1-11
Global	39	34-45	9.6	8.5-11	49	43-54

Percentage of new TB cases with MDR/RR-TB^a



^a Figures are based on the most recent year for which data have been reported, which varies among countries. Data reported before the year 2001 are not shown.

THE

END TB

STRATEGY

The Sustainable Development Goals

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts*
- Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development



* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change

SDG3: Ensure healthy lives and promote well-being for all at all ages

Targets

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
- 3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries; provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

VISION	A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis
GOAL	End the global tuberculosis epidemic
MILESTONES FOR 2025	75% reduction in tuberculosis deaths (compared with 2015) 50% reduction in tuberculosis incidence rate (less than 55 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis
TARGETS FOR 2035	95% reduction in tuberculosis deaths (compared with 2015) 90% reduction in tuberculosis incidence rate (less than 10 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis

PRINCIPLES

1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND 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 comorbidities
- D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

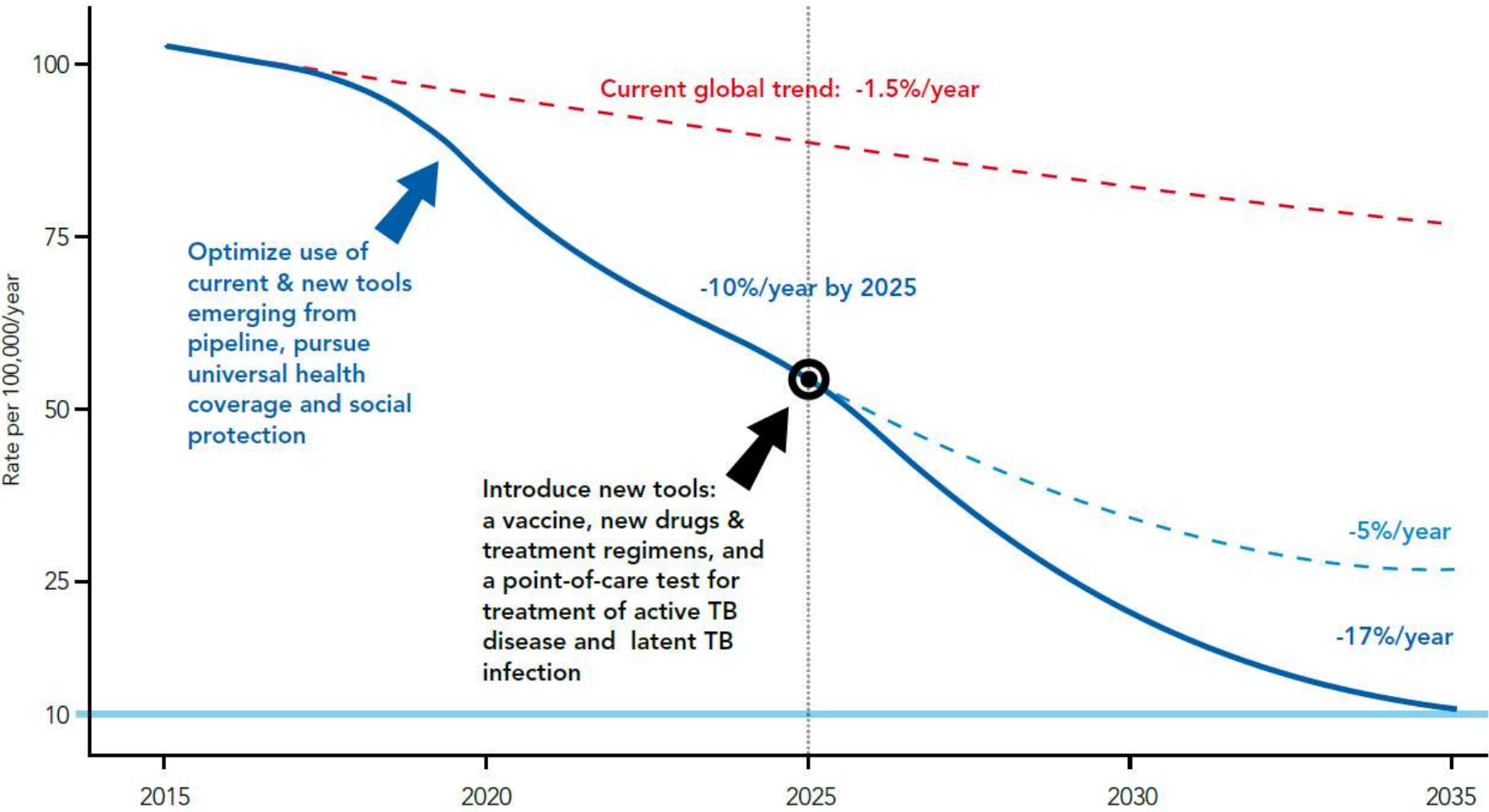
- A. Political commitment with adequate resources for tuberculosis care and prevention
- B. Engagement of communities, civil society organizations, and public and private care providers
- C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality 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

Indicators with baseline values for 2015	Milestones			Targets
	2020	2025	2030	2035
<i>Percentage reduction in deaths due to tuberculosis (projected 2015 baseline: 1.3 million deaths)</i>	35%	75%	90%	95%
<i>Percentage and absolute reduction in tuberculosis incidence rate (projected 2015 baseline 110/100 000)</i>	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)	90% (<10/100 000)
<i>Percentage of affected families facing catastrophic costs due to tuberculosis (projected 2015 baseline: not yet available)</i>	Zero	Zero	Zero	Zero

Figure 2. Projected acceleration in the decline of global tuberculosis incidence rates to target levels



THE
END TB
STRATEGY

Utfordringer

Rapportering?

Finansiering?

NGO/NTP/Private/OPS?

UHC?

Global fund to fight aids

tuberculosis and malaria? Gates?



د نوي رنځ د کنټرول ملي پروګرام
د نوي رنځ راجستر

کال ۱۳۹۵ ۲۰۱۶

نوم	تاریخ	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس	د نوي رنځ کلاس
P-T-B	24-7-11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malaria T.B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B B-K-M	30-7-11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malaria T.B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
T-B-M	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P-T-B	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
T-B-M	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

په ښار کې د نوي رنځ

د HIV د تعیناتو شمېر	د نوي رنځ شمېر	د نوي رنځ کلاس
277	+	+
273	+	+
264	+	+
Malaria T.B	-	-
276	+	+
273	+	+
275	+	+
278	+	+
279	+	+

د نوي رنځ د کنټرول ملي پروګرام د نوي رنځ راجستر

د نوي رنځ د کنټرول ملي پروګرام د نوي رنځ راجستر

د نوي رنځ د کنټرول ملي پروګرام د نوي رنځ راجستر



R PA





4. Budget Summary

National TB Control Program (NTP) Afghanistan is dependant mainly on donor resources. Less than 1% is being contributed from government budget. Total budget required to implement NSP 2013-17 is **(64,148,910 million USD)**. Available money till

dates from different sources is (16,384,379 million USD). Budgetary gap is **(47,764,531 million USD)**. Strategic Direction wise breakdown of budgetary needs, availability of funds and budgetary gap is summarized below.

Summary budget NSP 2013-2017

Sn	Strategic Direction	2013	2014	2015	2016	2017	Total
1	Strategic Direction 1	1,245,272	889,936	895,696	889,936	889,936	4,810,776
2	Strategic Direction 2	719,460	625,680	646,680	625,815	686,180	3,303,815
3	Strategic Direction 3	653,022	569,566	599,272	609,566	605,672	3,037,098
4	Strategic Direction 4	3,348,605	3,348,055	3,310,500	4,473,570	5,363,170	18,843,800

د ليرديدونكو
ناروغيو خانگه
Isolation Ward
IW

ساري ناروغي









