

TO: Jon Lidén, STBP Representative, Global Plan Development Task Force
Paula Fujiwara, Technical Agencies Representative, Global Plan Development Task Force
Aaron Oxley, Global Advocacy Specialist, Global Plan Development Task Force
David Lewinsohn, New Tools Researcher and Working Group Representative, Global Plan Development Task Force
Richard White, Health Analysis and Modeling Specialist, Global Plan Development Task Force
Rein Houben, Health Analysis and Modeling Specialist, Global Plan Development Task Force
Theo Vos, TB Costing and Economics Specialist, Global Plan Development Task Force
Amy Bloom, Global TB Programmatic and Operational Advisor, Global Plan Development Task Force
Draurio Barreira, High TB Burden Country Program Representative, Global Plan Development Task Force
David Mametja, High TB Burden Country Program Representative, Global Plan Development Task Force
Michel Kazatchkine, External Relations and Health Diplomacy Strategist, Global Plan Development Task Force
Blessina Kumar, Community Systems and Engagement Advisor, Global Plan Development Task Force
Knut Lönnroth, WHO TB Program Representative, Global Plan Development Task Force
Mukund Uplekar, WHO TB Program Representative, Global Plan Development Task Force
Eliud Wandwalo, TB Specialist, Global Plan Development Task Force
CC: Katherine Floyd, Coordinator, TB Monitoring and Evaluation, Global TB Program, WHO
Ines Garcia Baena, Technical Officer, TB Monitoring and Evaluation, Global TB Program, WHO
Malgorzata Grzemska, Coordinator, Technical Support, Global TB Program, WHO
Hannah Monica Dias, Information and Technical Officer, Global TB Program, WHO
Grania Brigden, TB Advisor, Médecins Sans Frontières Access Campaign
Cherise Scott, Chair, STBP New Tools Working Group
Jennifer Wooley, Chair, STBP New Vaccines Working Group
Lucica Ditiu, Executive Secretary, Stop TB Partnership
Gregory Paton, Strategy and Advocacy Officer, Stop TB Partnership
Jenniffer Dietrich, Grant Manager, Stop TB Partnership

May 5, 2015

Subject: Programmatic and Research Targets for the *Global Plan to Stop TB, 2016–2020*

Dear Members of the Global Plan Development Task Force,

We acknowledge the hard work of the Global Plan Development Task Force to draft the *Global Plan to Stop TB, 2016–2020* and further refine the *Global Plan* in consultation with the broader TB community. We write to reiterate the urgent need for inclusion of evidence-based and ambitious programmatic and research and development (R&D) funding targets in the *Global Plan*.

The *Global Plan* is a critical tool for advocacy for programmatic progress toward ending tuberculosis (TB) and for increased funding for TB research and development (R&D). Targets empower activists to communicate evidence-based funding needs with donors, to track progress in TB programmatic and R&D investments, and to hold relevant stakeholders accountable.

For the programmatic component of the *Global Plan*, we support the inclusion of targets for “90-90-90”: 90% of vulnerable and at-risk populations are screened for TB; 90% of all TB cases are diagnosed and started on treatment; and 90% of those started on treatment have a successful outcome. Having learned from the experiences of those working on HIV and their 90-90-90 framework’s neglect of prevention,¹ we also encourage the inclusion of one more “90”— 90% of those for whom preventive therapy is indicated complete preventive therapy. These four targets are necessary to achieve the post-2015 milestones set forth in the World Health Organization’s End TB Strategy, and to leading us toward a future in which all who are in need obtain screening, diagnosis, treatment, prevention, support, and cure. Furthermore, inclusion of pediatric-specific program intervention costs in the setting-specific investment packages is needed to ensure the inclusion of children in TB programs and budgets in the post-2015 period.

For the research component of the *Global Plan*, we encourage the inclusion of concrete investment targets for each of the following categories: drugs, vaccines, diagnostics, basic research, and operational research, as has been done in previous iterations of the *Global Plan*. Additionally, these funding targets should be disaggregated by year to reflect the timing of research and clinical trials. Finally, we also once again urge the Global Plan Development Task Force to develop and include pediatric-specific funding targets for research to close existing gaps for developing tools appropriate for children.²

The Global Plan serves as a call to action on which broader conversations on country program initiatives and R&D funding will be based. The inclusion of evidence-based and ambitious targets in the *Global Plan* is necessary to ensure that the long-standing neglect of TB programs and research does not continue in the post-2015 period.

We look forward to your response, which can be directed to Lindsay McKenna at the following address: Lindsay.McKenna@treatmentactiongroup.org, and to working together to ensure that the *Global Plan* can continue to serve as an integral advocacy tool.

Respectfully submitted,



Lindsay McKenna, MPH
TB/HIV Project Officer

On behalf of:

Treatment Action Group (TAG); and

The Global Tuberculosis Community Advisory Board (TB CAB)

¹ AVAC. Prevention on the line. New York: AVAC; 2014–15. Available from:

http://www.avac.org/sites/default/files/u3/AVAC_Report2014_2015.pdf. (Accessed 2015 May 1)

² Treatment Action Group. Inclusion of pediatric-specific targets in the Global Plan to Stop TB, 2016–2020 [Open Letter]. New York: Treatment Action Group; 2015 March 2. Available from: http://www.tbonline.info/media/uploads/documents/tag_pediatric_letter_global_plan_dev_tf_final-1.pdf. (Accessed 2015 May 1)