## FRAMEWORK TOWARDS

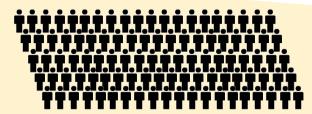




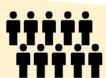
# TB ELIMINATION

## IN LOW-INCIDENCE COUNTRIES

In May 2014, the World Health Assembly adopted the World Health Organization's (WHO's) post-2015 global TB strategy, which aims to reduce global TB incidence by 90% before 2035. Given the special challenges of TB in countries with low levels of the disease, WHO in collaboration with the European Respiratory Society (ERS), and with experts from low-incidence countries has developed an eight-point framework adapted from the post-2015 global TB strategy to target pre-elimination and, ultimately, elimination. Today, there are 33 countries and territories with a low incidence of TB, where there are fewer than 100 TB cases per million population. The framework is also relevant for countries that are approaching the low TB incidence level.











### <100 cases per million

Current TB burden-2012 in low-incidence countries

### <10 cases per million

Pre-elimination: 2035 in low-incidence countries

<1 case per million

Elimination: 2050

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Ensure political
commitment, funding
and stewardship for
planning and
essential services
of high quality

Address the most vulnerable and hard-to-reach groups 2

Address special needs of migrants and cross-border issues

8

Support global TB prevention, care and control

# PRIORITY ACTIONS

4 Undertake
screening for active
TB and latent TB
infection in TB contacts
and selected high-risk
groups, and provide
appropriate
treatment

7

Invest in research and new tools

Ensure
continued surveillance,
programme monitoring
and evaluation, and
case-based data
management

5

Optimize the prevention and care of drug-resistant TB

## **BACKGROUND**

## TB SITUATION IN LOW-INCIDENCE COUNTRIES

TB is a major **global public health problem** that predominantly affects low- and middle-income countries. However, although incidence is lower, it is also a **persistent health threat in high-income countries**, especially among the poorest and in the most vulnerable population.

In 2012, **155 000 people fell ill with TB** in low-incidence countries, and there were **10 000 deaths** (30 TB deaths a day).

**15 000 people with TB may be missed** each year by health systems in these countries and therefore may not get the TB care that they need and deserve.

The TB situation in most low-incidence countries is characterised by: **low rate of transmission** in the general population; **outbreaks**; majority of people with TB fall ill because of progression of **latent TB infection\* (LTBI)**; high degree of concentration in **groups at risk**; and challenges posed by **cross-border migration**.

#### **COUNTRIES WITH LOW TB INCIDENCE**

Low-incidence countries and territories are defined as those with a TB notification rate of ≤100 cases (all forms) per million population a year. There are 33 countries and territories in this category today: Australia, Austria, Bahamas, Belgium, Canada, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Luxembourg, Malta, Netherlands, New Zealand, Norway, Puerto Rico, Slovakia, Slovenia, Sweden, Switzerland, United Arab Emirates, United States of America, West Bank and Gaza Strip.

\* Latent TB infection: About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with disease and cannot transmit the disease.

## CHALLENGES FOR TB CARE AND PREVENTION IN LOW-INCIDENCE COUNTRIES

#### **CONCENTRATION IN VULNERABLE GROUPS**

In low-incidence countries, TB is more concentrated in certain vulnerable groups, such as the poor, the homeless, newly-arrived migrants, people living with HIV/AIDS, people with drugs or alcohol dependency, prisoners, and also among elderly people and children.

These groups are at increased risk of exposure to infection with TB or have an increased risk of falling ill due to compromised immune systems.

Many of the affected vulnerable groups also have a higher risk of not having access to TB treatment and of poor treatment outcomes.

#### **PROGRESSION FROM LTBI**

TB transmission is often very low in low-incidence countries. The majority of people with TB fall ill through re-activation of latent TB infection\* (LTBI) acquired in the past.

#### **CROSS-BORDER MIGRATION**

In many low-incidence countries, TB incidence rates among the foreign born are several times higher than among the non-foreign born. Migrants may have an increased risk of having acquired TB in their country of origin, as well as high risks of falling ill due to socioeconomic vulnerability, which may be augmented by stressful conditions in moving or settling in new countries/settings.

#### **DWINDLING POLITICAL COMMITMENT AND VISIBILITY**

Low incidence of TB often leads to decreased political commitment and financing for TB care and prevention; limited clinical expertise, as well as low awareness of TB among the public and among policy makers.



The WHO Global TB Programme together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication. www.who.int/tb

The European Respiratory Society, ERS, is a professional medical organization with members in over 100 countries across the globe representing medical and scientific experts in the field of respiratory medicine and lung science. http://ersnet.org/