

O V E R V I E W

Progress towards achieving global tuberculosis targets and implementation of the UN Political Declaration on Tuberculosis





This is a summary review of progress towards global TB targets, and in implementation of the political declaration of the UN High Level Meeting on TB declaration. Overall the report shows that high-level commitments and targets have galvanized global and national progress towards ending TB, but that urgent and more ambitious investments and actions are required to put the world on track to reach targets, especially in the context of the COVID-19 pandemic.

INTRODUCTION

Tuberculosis (TB) is a severe global threat that disproportionately affects the poorest and most vulnerable. In 2019 about 10 million people fell sick with the disease and 1.4 million died, making TB the leading infectious killer worldwide and one of the top ten causes of death overall. One-third of deaths among people living with HIV are due to TB. With close to half a million people developing drug-resistant TB annually, it is also a major contributor to antimicrobial resistance. A quarter of the world's population is infected with Mycobacterium tuberculosis. This is an enormous human and societal toll for a curable and preventable disease.

In 2014 and 2015, all Member States committed to ending the TB epidemic by 2030, through their adoption of the World Health Organization's (WHO) End TB Strategy and the United Nations (UN) Sustainable Development Goals (SDGs). Efforts to further galvanize political commitment to the fight against TB intensified in 2017 and 2018. The first WHO global ministerial conference on TB was held in 2017. The resulting Moscow Declaration included commitments to key drivers of faster progress, which were subsequently endorsed at the World Health Assembly in 2018: universal access to health care, multisectoral action and accountability, financing and research.

With universal access to health care, almost everyone who develops TB can be successfully treated and preventive treatment offered to those most at risk. Since 2000, TB treatment has averted more than 60 million deaths, but many people have missed out on diagnosis and care. Multisectoral action is needed to eliminate the economic distress, vulnerability, marginalization, stigma and discrimination often faced by those affected by TB, and to drive down the number of people developing TB infection and disease by addressing determinants including poverty, undernutrition and the prevalence of HIV infection, diabetes, mental health and smoking. Research breakthroughs such as a new vaccine are needed to rapidly reduce TB incidence worldwide to the levels already achieved in low-burden countries.

The General Assembly held its first high-level meeting on TB, titled *United to End TB: An Urgent Global Response to a Global Epidemic*, on 26 September 2018. This brought together heads of state and government as well as other leaders and was preceded by a civil society hearing. The political declaration² reaffirmed commitments to the SDGs and End TB Strategy and established new global targets and commitments to action.

As requested in the political declaration, a 2020 progress report to the General Assembly has been developed with the support of the WHO Director-General.² It covers:

- Progress towards global TB targets;
- Progress in translating commitments into action;
- The COVID-19 pandemic and TB - impact and implications;
- Recommendations.

Overall, the report shows that high-level commitments and targets have galvanized global and national progress towards ending TB, but that urgent and more ambitious investments and actions are required to put the world on track to reach targets, especially in the context of the COVID-19 pandemic. It will inform a comprehensive review at a high-level meeting on TB in 2023.

GLOBAL COMMITMENTS TO END TB



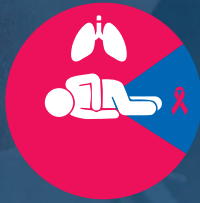
¹ United Nations General Assembly. Resolution 73/3: Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis. United Nations; 2018 (www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3)

² Further details about the topics covered in this report, including country case studies, are provided in the annual WHO *Global Tuberculosis Report*. The 2020 edition will be published in October.

TB IS THE TOP INFECTIOUS DISEASE KILLER WORLDWIDE

IN 2019

1.4 MILLION
PEOPLE DIED
FROM TB



INCLUDING
208 000 DEATHS
AMONG PEOPLE WITH HIV



TB IS THE
LEADING KILLER
OF PEOPLE WITH HIV



AND A MAJOR CAUSE
OF DEATH DUE TO
ANTIMICROBIAL RESISTANCE

10 MILLION
PEOPLE FELL ILL
WITH TB



5.6
MILLION
MEN



3.2
MILLION
WOMEN



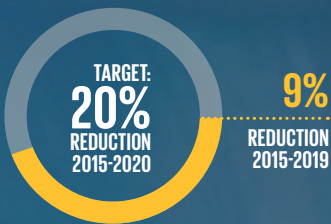
1.2
MILLION
CHILDREN



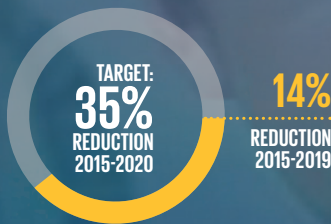
OVERVIEW OF PROGRESS TOWARDS GLOBAL TB TARGETS

A) SDGs AND END TB STRATEGY: TARGETS

TB INCIDENCE



TB DEATHS



% OF PEOPLE WITH TB FACING CATASTROPHIC COSTS



B) UN HIGH-LEVEL MEETING ON TB: TREATMENT TARGETS

TB TREATMENT



TB PREVENTIVE TREATMENT



C) UN HIGH-LEVEL MEETING ON TB: TARGETS FOR INCREASED FUNDING

UNIVERSAL ACCESS TO TB PREVENTION,
DIAGNOSIS, TREATMENT AND CARE



TB RESEARCH



THE COVID-19 PANDEMIC AND TB – IMPACT AND IMPLICATIONS

Since the end of 2019, the COVID-19 pandemic has caused enormous health, social and economic impacts. Even after some of these are mitigated or contained, there will be medium and longer-term consequences. In the context of the global TB epidemic, COVID-19 threatens to reverse recent progress towards global TB targets.

The WHO analysis assessed the additional number of TB deaths that could occur globally in 2020, for different combinations of a decrease in case detection (compared with levels prior to the pandemic) and the number of months for which this decrease occurs (Fig. 17). If the number of people with TB detected and treated falls by 25–50% over a period of 3 months, a range considered plausible based on data from several high TB burden countries including India and Indonesia, there could be approximately 200–400 thousand excess TB deaths in 2020, bringing the total to around 1.7–1.9 million. An increase of 200 thousand would take the world back to 2015 levels and an increase of 400 thousand to 2012 levels.

Since WHO declared COVID-19 a Public Health Emergency of International Concern in January 2020, the WHO Global TB Programme is monitoring the impact and providing guidance and support to Member States, in close collaboration with Regional and Country Offices, civil society and partners including the Stop TB Partnership and Global Fund.

WHO recommends that TB services are maintained and strengthened as essential during the current pandemic and other outbreaks. This includes, ensuring access to people-centered prevention and care services; effective infection prevention and control measures; proactive planning for procurement, supply and risk management and leveraging the expertise and experience of national TB programmes especially in rapid testing and contact tracing, for the COVID-19 response.

DRAMATIC SETBACK TO PROGRESS PREDICTED IF

CONTINUITY OF ESSENTIAL TB SERVICES NOT ENSURED



1.49 million
deaths, 2018



1.85 million
estimated deaths, 2020*

If TB detection drops by 50% over three months, the number of TB deaths worldwide would increase by nearly 400 000.

(* These estimates include TB deaths among HIV-positive individuals.)

3 It is also possible that TB could worsen COVID-related outcomes.

4 WHO. [Information note on ensuring continuity of TB services during the COVID-19 pandemic.](#)

RECOMMENDATIONS

High-level commitments and targets have galvanized global and national progress towards ending TB, yet urgent and more ambitious investments and actions are required to end TB. These are especially critical in the context of the COVID-19 pandemic, which has already impacted the TB response, and threatens to reverse recent progress.

Member States are urged to implement the following 10 priority recommendations to put the world on track to reach agreed targets by 2022 and beyond; and reduce the enormous human and societal toll caused by TB.



1. Fully activate high-level leadership to urgently reduce TB deaths and drive multisectoral action to end TB

Given that TB is the world's top infectious killer, that it is a preventable and curable disease, that progress is too slow to reach global targets;

and

that TB incidence is declining far too slowly, the key drivers of the TB epidemic include social and economic determinants such as poverty and under-nutrition as well as health-related risk factors, that half of people with TB and their households face catastrophic costs;

and

that the COVID-19 pandemic poses a major risk that TB deaths, TB incidence and the number of people with TB facing catastrophic costs will significantly increase.

Ensure that high-level multisectoral collaboration and accountability under the leadership of Heads of State or Government, including regular reviews of progress, is in place in all countries - especially those with a high TB burden.

Ensure that progress towards national targets for reductions in TB deaths and TB incidence is regularly monitored and reviewed at the highest level, and findings acted upon, especially in countries with a high burden of TB.

Strengthen national notification and vital registration systems so that they meet quality and coverage standards, to ensure robust measurement of trends in TB incidence and deaths.

Ensure social protection measures including essential benefit packages and subsidization schemes are fit-for-purpose, so that no one affected by TB faces catastrophic costs.



2. Urgently increase funding for essential TB services including for the health workforce

Given that funding for universal access to TB prevention, diagnosis, treatment and care is vital to achieve a substantial reduction in TB deaths, that funding needs to double to reach the global target of at least US\$ 13 billion per year by 2022 and that spending on TB offers one of the best returns on investment in health and development:

Increase domestic funding to combat TB, especially in middle-income countries with a high TB burden, while also building synergies in the response to both TB and COVID-19.

Increase international donor funding for the TB response, from both existing or new innovative funding mechanisms, so that funding levels are commensurate with the burden of disease.



3. Advance universal health coverage to ensure all people with TB have access to affordable quality care and resolve under-reporting challenges

Given that Member States have committed to reach an additional one billion people with essential health services by 2023, that access to TB treatment is increasing but not yet enough to reach the target of 40 million between 2018 and 2022, and that there is an annual gap of about 3 million people, including half a million children, who miss out on access to care or are not reported:

Ensure that TB services are maintained and strengthened as an essential component of sustainable health systems and progress towards universal health coverage. This includes as recommended by WHO, expanded access to:

- rapid molecular diagnostics as the initial test to diagnose TB including resistance to key drugs
- treatment with new effective drugs and regimens
- psychosocial, nutritional and other support
- systematic screening for TB and TB preventive treatment

Improve financial protection for people affected by TB and drug-resistant TB through relevant mechanisms, such as national health insurance systems or other pooled pre-payment schemes, across public and private health sectors.

Scale up engagement and leverage the capacity of private and other unlinked public health care providers in the delivery of TB prevention, diagnosis and care services to reach the missing people with TB including children, especially in countries with a large private sector.

Ensure mandatory notification of all people diagnosed with TB, covering public, private and community-based providers, facilitated by expanded use of electronic case-based reporting and digital technologies.



4. Address the drug-resistant TB crisis to close persistent gaps in care

Given that drug-resistant TB is a major contributor to antimicrobial resistance and is a threat to global health security; that close to half a million people develop drug-resistant TB every year, of which less than half are diagnosed and only around 100 000 successfully treated; and that progress towards the target of treating 1.5 million people with drug-resistant TB including 115000 children between 2018 and 2022 is therefore far too slow.

Expand use of rapid molecular TB diagnostics and test all those diagnosed with TB and rifampicin resistance for susceptibility to the fluoroquinolone class of drugs.

Expand access to WHO-recommended all-oral treatments for adults and children diagnosed with drug-resistant TB.

Increase access to affordable high-quality drugs and diagnostics for populations in need, using effective mechanisms such as the Stop TB Partnership Global Drug Facility.

Include actions to address drug-resistant TB explicitly within national antimicrobial resistance strategies and plans.



5. Dramatically scale up provision of TB preventive treatment

Given that access to TB preventive treatment is increasing far too slowly to reach the target of 30 million people between 2018 and 2022, due to very low coverage among household contacts of people diagnosed with TB:

Massively expand household contact investigation including for children and people with drug-resistant TB, by updating national policies and strategies for TB preventive treatment in line with WHO recommendations, increasing investments and building synergies with contact tracing efforts for the COVID-19 response.

Promote and expand access to testing for TB infection and TB preventive treatment with new medicines and shorter regimens, with adherence support.

Continue to expand the coverage of TB preventive treatment for people living with HIV alongside antiretroviral treatment.

6. Promote human rights and combat stigma and discrimination

Given that promotion and protection of the human rights of people affected by TB is a legal, ethical and moral imperative, and that people affected by TB continue to be subjected to human rights violations which together with stigma and discrimination impede access to care and add to the suffering caused by the disease:

Review and update laws, policies and programmes to combat inequalities and eliminate stigma and discriminatory practices in the TB response, working together with civil society and affected communities and with particular attention to vulnerable populations.

Ensure that national TB strategies, plans, policies and other documentation avoid stigmatizing language.

7. Ensure meaningful engagement of civil society, communities and people affected by TB

Given that engagement of civil society, communities and people affected by TB is essential to the TB response, and that while this has grown since the UN high-level meeting on TB accelerated efforts are needed to ensure more extensive engagement:

Actively invest in building the capacity of civil society, representatives of affected communities including TB survivors, to ensure their meaningful engagement in all aspects of the TB response, including in policy making forums, planning, care delivery, monitoring and review.

8. Substantially increase investments in TB research to drive technological breakthroughs and rapid uptake of innovations

Given that global funding for TB research needs to more than double to reach the annual target of US\$ 2 billion, that chronic underfunding of TB research means there are still no point of care tests, treatments remain long, the only licensed vaccine is over 100 years old and provides limited protection, and that ending TB depends on the development and rapid uptake of new tools and innovation:

Increase investment in TB research and innovation to at least US\$ 2 billion per year from national governments, bilateral and multilateral financing sources as well as development and private sector institutions.

Develop and implement actionable, fully-funded and well-resourced national strategies for TB research and innovation, building on the WHO Global Strategy for TB Research and Innovation, in collaboration with research networks, relevant non-state actors, international agencies and TB community advisory boards.

As a matter of urgency, support the implementation of Phase II and Phase III trials for the most promising TB vaccine and drug candidates.

Ensure that TB diagnostics and drugs are prioritized for fast-track review by national regulatory authorities and considered for inclusion in essential lists.

Rapidly adopt and implement innovations including digital technologies related to the different aspects of TB prevention and care.

9. Ensure that TB prevention and care are safeguarded in the context of COVID-19 and other emerging threats

Given the enormous health, social and economic impact of the COVID-19 pandemic, which in 2020 alone may cause hundreds of thousands of excess TB deaths due to disruptions of essential TB services and access to care, that national TB programmes are already heavily engaged in the COVID-19 response, and that there are obvious similarities in the responses needed for both TB and COVID-19:

Ensure that TB prevention, diagnosis and treatment are maintained as essential health services in the context of health emergencies, with infection prevention and control measures in place for health facilities and affected households.

Monitor and review the impact of the COVID-19 pandemic on the TB response including with the engagement of civil society and affected communities, to inform timely action.

Build back stronger by learning lessons from the COVID-19 pandemic, including by enhancing the resilience of TB programmes during emergencies, implementing catch-up recovery plans to reach targets, and harnessing innovations such as digital technologies.

10. Request WHO to continue to provide global leadership for the TB response, working in close collaboration with Member States and other stakeholders, including to prepare for a High-Level Meeting on TB in 2023

Given that WHO as the UN specialized agency for health provides global leadership and coordination for the TB response, in collaboration with stakeholders such as the Global Fund, Stop TB Partnership, Unitaaid, civil society and other entities, and that as requested in the political declaration has finalized the Multisectoral Accountability Framework for TB and is supporting its adaptation and use, WHO is requested to:

Continue to provide leadership and coordination to accelerate progress, including through political dialogue and multisectoral engagement; normative guidance and technical support to Member States; monitoring, reporting and review; and shaping of the TB research and innovation agenda.

Continue to support Member States to adapt and use the Multisectoral Accountability Framework for TB in collaboration with partners, civil society and affected communities, and lead periodic global reviews of the TB response.

Support the Office of the UN Secretary-General to prepare a comprehensive review by Heads of State and Government at a UN high level meeting on TB in 2023, informed by WHO's Global TB Report, global, regional and national high-level reviews and preceded by an interactive civil society hearing.

