

Ending tuberculosis

Progress in implementing the global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy)

Report by the Director-General

BACKGROUND

1. Tuberculosis, an airborne and curable communicable disease, remains the greatest single infectious cause of death worldwide. It is also the greatest cause of death of people living with HIV and among the top contributors to drug-resistant infections. In 2014, the Sixty-seventh World Health Assembly in resolution WHA67.1 adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, known as, and hereafter referred to, as the End TB Strategy.¹ The Strategy was subsequently endorsed, adapted with regional plans or promoted by regional committees. In 2015, Heads of State and Government at the United Nations adopted the Sustainable Development Goals, which include a target (Target 3.3) to end the tuberculosis epidemic by 2030. WHO reported, in its annual reports on tuberculosis in 2016 and 2017, that actions as well as investments were falling far short of those needed to reach the 2030 targets. The first report to the World Health Assembly on progress in the implementation of the Strategy was provided in 2017.² The report highlighted the need for urgent acceleration of the response, including increased political commitment. In November 2017, the first WHO ministerial conference on ending tuberculosis was held in Moscow, and the first high-level meeting of the General Assembly on the fight against tuberculosis was held in September 2018; both resulted in landmark declarations.³

2. This second report on progress in implementation of the Strategy describes actions taken on the commitments made in the declarations, in resolution WHA71.3 (2018) and in related regional committee resolutions and documents.⁴ It builds on the 2019 report of the Director-General on the outcomes of the

¹ See document A67/11.

² Document A70/38, section E.

³ Moscow Declaration to End TB. Geneva: World Health Organization; 2017 (http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/, accessed 23 October 2019); Political declaration of the United Nations General Assembly on the fight against tuberculosis, resolution 73/3 (2018) (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3, accessed 23 October 2019).

⁴ See resolution EM/RC64/R.1 (2016) and documents F CD56/INF/22 (2018), SEA-RC70/8 (2017) and SEA-RC72/9 (2019).

high-level meeting of the General Assembly.¹ The report includes key findings of the Global tuberculosis report 2019,² with data provided by over 200 countries representing 99% of the world's population.

Commitments, milestones and targets

3. An at-a-glance summary of the targets, milestones, principles, pillars and associated components of the End TB Strategy is available at https://www.who.int/tb/post2015_TBstrategy.pdf?ua=1. Table below provides additional global targets adopted by the United Nations General Assembly in the high-level meeting on the fight against tuberculosis in 2018.³

Table. Global targets on tuberculosis, 2018–2022, set in the political declaration of the United Nations high-level meeting on tuberculosis in 2018

Indicator	Target
Number of people with tuberculosis diagnosed and treated	40 million people, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115 000 children, over the period 2018–2022
Number of people reached with treatment to prevent tuberculosis	At least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV and AIDS, over the period 2018–2022
Mobilization globally of sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis	At least US\$ 13 billion annually by 2022
Mobilization globally of sufficient and sustainable financing for tuberculosis research	US\$ 2 billion annually, over the period 2018–2022

Progress towards targets

4. **Reduction in tuberculosis incidence and mortality.** Progress was notable in two regions. The European Region is on track to achieve the 2020 milestones for reductions in incidence and mortality, and incidence and mortality are also falling relatively fast in the WHO African Region. Yet most WHO regions and many countries with a high tuberculosis burden⁴ are not yet on track to reach the 2020 milestones of the End TB Strategy. Globally, the cumulative reduction in incidence between 2015 and 2018 was 6.3%, well short of the End TB Strategy milestone of 20% reduction between 2015 and 2020.

¹ Document A72/20.

² Global tuberculosis report 2019. Geneva: World Health Organization; 2019 (http://www.who.int/tb/publications/global_report/en/, accessed 22 October 2019).

³ See General Assembly resolution 73/3 (2018).

⁴ The 30 countries are: Angola, Bangladesh, Brazil, Cambodia, Central African Republic, China, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, Viet Nam, United Republic of Tanzania, Zambia and Zimbabwe.

The reduction in the number of tuberculosis deaths between 2015 and 2018 was 11%, less than one third of the way towards the milestone of 35% reduction by 2020. Overall, WHO estimates that more than 58 million lives were saved between 2000 and 2018 due to tuberculosis treatment and care.

5. **Tuberculosis-affected households facing catastrophic costs.** According to national surveys conducted from 2016 to 2019, between 27% and 83% of tuberculosis patients and their households were estimated to face catastrophic total costs.¹ The proportion was higher for patients with drug-resistant tuberculosis and their households: between 67% and 100% faced catastrophic total costs. Survey results are being used to inform approaches to financing, service delivery and social protection that should reduce these costs. A cumulative total of at least 50 national surveys are expected to have been completed by end 2020.

6. **People registered and treated for tuberculosis.** Based on data reported by countries, the 2018 milestone towards the global target of 40 million people notified and treated by 2022 was achieved. There were 7.0 million new cases of tuberculosis notified in 2018, up substantially from 6.4 million in 2017. But there is still a gap of 3 million cases between the estimated 10 million incident (new) cases in 2018 and the 7 million cases that were notified, as a result of underreporting of detected cases and under-diagnosis (when people with active tuberculosis do not access health care or are not diagnosed when they do). Ten countries accounted for about 80% of the gap. Increases in case reporting are largely attributable to two of these countries,² suggesting that further advances can be achieved. Children represented 8% of the cases notified. Regarding drug-resistant tuberculosis, 186 772 cases of multidrug-resistant tuberculosis or rifampicin-resistant tuberculosis were notified in 2018, up from 160 684 in 2017, and 156 071 people with drug-resistant tuberculosis were enrolled in treatment, up from 139 114 in 2017. The number of people enrolled in 2018 was equivalent to only a third of the nearly half a million people estimated to be in need of care. Therefore, multidrug-resistant tuberculosis remains a public health crisis.

7. **People treated to prevent tuberculosis disease.** In 2018, 1.8 million people living with HIV were reported to have initiated preventive treatment, up from under 1 million in 2017. This suggests that the target of 6 million people living with HIV treated to prevent tuberculosis in the period 2018–2022 can be achieved. Still, far more needs to be done to identify child and adult contacts, and to initiate preventive treatment for those eligible. Globally, the number of children aged under 5 years who were reported to have started tuberculosis preventive treatment increased from 292 182 in 2017 to 349 487 in 2018. This, though, was equivalent to only 27% of the children estimated eligible for preventive treatment. Fewer than 80 000 people in other age groups were reported to have been treated to prevent active tuberculosis.

8. **Financing for universal access to care and prevention, and for tuberculosis research and development.** Based on data reported, US\$ 6.8 billion was available in 2019 for implementation of tuberculosis care and prevention, up US\$ 400 million from 2018. The total, though, is well below the US\$ 13 billion needed annually by 2022. Of the total available in 2018, 87% was from domestic sources. The recent increase in pledges to the Global Fund to Fight AIDS, Tuberculosis and Malaria is promising.

¹ Defined by the WHO standardized survey protocol as having direct medical costs, indirect costs and/or income loss of over 20% of annual household income.

² The 10 countries are Bangladesh, China, Democratic Republic of the Congo, India, Indonesia, Nigeria, Pakistan, Philippines, South Africa and Viet Nam. India and Indonesia were the two countries contributing most to increased case notifications in 2018.

The Treatment Action Group reported a slight annual increase to US\$ 772 million for tuberculosis research and development investments in 2018,¹ far below the target of at least US\$ 2 billion per year.

Progress in implementing the principles, pillars and components of the End TB Strategy

9. **Government stewardship and accountability, with monitoring and evaluation.** In 2019, the Director-General communicated with Heads of State and Government of 48 high burden countries urging them to undertake accelerated action to meet End TB targets and new commitments and to strengthen multisectoral accountability mechanisms. Missions were undertaken by WHO leaders to 12 high burden countries to discuss with officials and partners targets and strategies for acceleration and strengthening of multisectoral accountability. The Thirteenth General Programme of Work, the Global Action Plan for Healthy Lives and Well-being for All, the 2019 political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage, and One Health approach to fight antimicrobial resistance can also be leveraged for strengthening stewardship.

10. The WHO **multisectoral accountability framework** for tuberculosis² was finalized in 2019, as requested by the World Health Assembly and General Assembly. The Secretariat immediately began supporting its adaptation and use, including at country and regional levels. A platform for multisectoral and multistakeholder collaboration was launched by WHO on World Tuberculosis Day 2019, as a complement to monitoring and review by the Secretariat, World Health Assembly and General Assembly. WHO held the fifth End TB Strategy Summit for the 30 highest burden countries in October 2019, which focused on tackling key bottlenecks for acceleration of action. The WHO Strategic and Technical Advisory Group for Tuberculosis provided annual advice and review of WHO functions and actions to end TB.

11. Member States are being supported to strengthen surveillance and impact assessment through the generation, analysis and local use of data. This includes strengthening of national health information systems, periodic national surveys and use of support packages following a common WHO approach applied across health priorities.

12. WHO is supporting the United Nations Secretary-General in developing a progress report in 2020 towards ending the epidemic, as requested by the General Assembly. The report will inform preparation for a comprehensive review by the Assembly in 2023.

13. **Strong coalition with civil society organizations and communities.** WHO is working to strengthen civil society actions through the formation of a Civil Society Task Force on TB, and the inclusion of civil society representatives in guideline development groups and other bodies at global and regional levels. The Task Force, with the Director-General, has issued an appeal for rapid implementation of WHO tuberculosis diagnostic and treatment guidance and commitments made at the United Nations high-level meeting. Several countries with a high burden of tuberculosis are formalizing forums with civil society. WHO has launched, with youth leaders, the 1+1 Initiative, including a new

¹ Treatment Action Group 2018. Tuberculosis Research Funding Trends 2005–2017. (<http://www.treatmentactiongroup.org/content/tbrd2018>, accessed 23 October 2019).

² Multisectoral accountability framework to accelerate progress to end the tuberculosis epidemic. Geneva: World Health Organization; 2019 (https://www.who.int/tb/WHO_Multisectoral_Framework_web.pdf?ua=1, accessed 23 October 2019).

Youth Declaration to End TB.¹ The Stop TB Partnership, the Global Fund and bilateral partners are helping to mobilize, and to secure resources for, civil society and affected people.

14. **Protection and promotion of human rights, ethics and equity.** In 2019 a new declaration on the human rights of people affected by tuberculosis was launched.² Countries are implementing WHO guidance on ethics in tuberculosis care and prevention. National assessments of legal environments related to tuberculosis care and prevention, and of gender-sensitive tuberculosis care and prevention, are under way. The United Nations Permanent Forum on Indigenous Issues held a session on ending tuberculosis in 2019 and regional offices are working on strategies with, and for, vulnerable populations.

15. **Adaptation of the strategy and targets at country level, with global collaboration.** As requested by the General Assembly, WHO is leading efforts to enhance collaboration across stakeholders towards ending the epidemic. In 2018, the Director-General launched a joint initiative FIND.TREAT.ALL#ENDTB, together with the Stop TB Partnership and the Global Fund, to support countries to set more ambitious targets and plans, as needed, in order to scale up access to tuberculosis prevention, diagnosis and treatment to reach the 2022 targets. Many high burden countries have prioritized tuberculosis activities within their WHO country support plans for 2020–2021. WHO has provided strategic support to countries in strategic planning, implementation of recent WHO guidance, strengthening of case detection, diagnostic and treatment networks, community and private sector engagement, monitoring and evaluation and joint reviews. WHO is also supporting countries with low tuberculosis incidence to work towards elimination. Unitaaid continues financing to enable equitable access to tuberculosis-related innovations.

16. **Pillar 1: Integrated patient-centred care and prevention.** New guidelines were issued for the diagnosis and treatment of drug-sensitive, drug-resistant tuberculosis, and to prevent disease, including recommendations for use of new drugs and regimens, and for infection prevention and control. The regimens recommended can lead to safer, more effective and people-centred care and need urgent application. In 2018, WHO launched, with partners, new road maps for private sector engagement, and for scaling up tuberculosis care and prevention for children.

17. Based on experiences in systematic screening for disease, countries are now giving more priority to locally effective approaches. Use of rapid molecular diagnostics for primary diagnosis is expanding but not yet at a pace sufficient to reach the targets for 2022. There was a 25% increase in testing for drug-resistance among persons with confirmed pulmonary tuberculosis in 2018. Treatment coverage increased slowly and successful treatment was achieved for only just over half of patients treated in 2016, but results are expected to improve in subsequent years given new guidelines. Care for tuberculosis and HIV comorbidity has continued to improve. Globally in 2018, 64% of notified tuberculosis patients had a documented HIV test result. There were 477 461 tuberculosis cases reported among people living with HIV in 2018 (55% of the estimated incidence). Eighty-six per cent of known patients coinfecting with HIV and tuberculosis were on antiretroviral therapy. WHO and partners have been working intensively to support the adoption and implementation of recent WHO guidance on treatment for tuberculosis infection, including with new treatment regimens. Overall progress towards

¹ WHO. Youth declaration to end TB. (<https://www.who.int/tb/publications/Youth-Declaration-web.pdf>, accessed 23 October 2019).

² Stop TB Partnership and TB People. Declaration of the Rights of People Affected by Tuberculosis (<http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf>, accessed 23 October 2019).

targets is slow. In 2018, 113 countries reported coverage of at least 90% for bacille Calmette-Guérin, the vaccine recommended to prevent severe forms of tuberculosis in children.

18. **Pillar 2: Bold policies and systems.** High-level actions have been taken to enhance political commitment and financing for health including tuberculosis control. Efforts are ongoing to strengthen community-based care, using the “Engage-TB” approach recommended by WHO. In 2019, 58 countries reported data on community contributions to tuberculosis treatment outcomes. Prioritization of private sector engagement and novel partnerships have contributed to increased case notifications. Some countries are implementing new essential packages of care and strategic purchasing arrangements, including tuberculosis services. However, most of the 30 countries with the highest tuberculosis burdens still have below-average index levels for health service coverage.¹ National mandatory tuberculosis case notification laws are increasing and, aided by information communications technology, are enabling increased notifications. Improvement in vital registration systems is still slow. Large-scale access to quality tuberculosis medicines continues to improve. WHO guidance, partner actions and the threat of antimicrobial resistance all highlight the need to improve infection prevention and control.

19. The Secretariat is supporting countries to engage with national social protection platforms, and to assess the status of tuberculosis-specific social support. The tuberculosis patient cost surveys are revealing critical needs and helping set priorities. WHO annual reports on tuberculosis now include data from the United Nations Sustainable Development Goals database on the status of key social determinants of tuberculosis. WHO now annually estimates the burden of tuberculosis attributable to top risk factors. In 2018, 2.3 million tuberculosis cases were attributable to undernourishment, 0.9 million to smoking, 0.8 million to alcohol abuse, 0.8 million to HIV infection and 0.4 million to diabetes.

20. **Pillar 3: Intensified research and innovation.** In response to resolution WHA71.3, the Secretariat has developed a global strategy for tuberculosis research and innovation, working with a range of stakeholders. After public review and consideration by WHO regional committees, the draft strategy will be considered by the Executive Board at its 146th session and by the Seventy-third World Health Assembly.² The strategy aims to support efforts by governments to create an enabling environment for tuberculosis research and innovation; increase financial investments in tuberculosis research and innovation; promote and improve approaches to data sharing; and promote equitable access to the benefits of research and innovation. The WHO Secretariat, in collaboration with partners including bilateral agencies, foundations and the UNICEF/UNDP/WHO/World Bank Special Programme for Research and Training in Tropical Diseases, continues to support expanded national tuberculosis research planning and capacity-building, and WHO is providing support to the secretariat of the tuberculosis research network of the BRICS countries (Brazil, Russian Federation, India, China and South Africa).

CONCLUSION

21. The world is still not yet on track to end the tuberculosis epidemic by 2030 and investments are insufficient for full acceleration. At the same time, progress in some regions and high burden countries is promising. A global milestone was reached in 2018 for the number of people diagnosed and registered for treatment, and there is progress in reducing the gaps in access to treatment for children, for people

¹ World Health Organization. Primary health care on the road to universal health coverage. 2019 monitoring report. Geneva: World Health Organization; 2019 (<https://www.who.int/docs/default-source/documents/2019-uhc-report.pdf>, accessed 23 October 2019).

² Document EB146/11.

ill with drug-resistant tuberculosis, and people coinfecting with HIV and tuberculosis. Some countries are already strengthening multisectoral accountability including high-level mechanisms, engaging civil society and affected persons, and improving legislation. The introduction of new technologies and innovative integrated care delivery approaches is being supported. New partnerships towards accelerating research and development are showing results. The progress report to the United Nations General Assembly in 2020 should demonstrate whether there is impact, and what remedial action may be required.

ACTION BY THE EXECUTIVE BOARD

22. The Board is invited to note the report, and to advise on what further actions are required to reach the Sustainable Development Goal and End TB targets for 2030 and 2035.

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