WHO South-East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones towards ending TB – challenges and opportunities

At the UN High-Level Meeting (UNHLM) on Tuberculosis held at New York in September 2018, Member States committed to intensified efforts and investments towards reaching the Sustainable Development Goals and elimination targets for TB by the 2030 deadline. The apportioned coverage targets for TB in the South-East Asia Region to be achieved between 2018 to 2022 include: ~18 million TB patients to be diagnosed and treated, including ~1.5 million children with TB; over half a million drug-resistant TB patients to be successfully treated; and nearly 11 million people to be provided TB preventive treatment. Member States would be expected to report on the progress against these commitments during the planned UN High-Level Meeting on TB in 2023.

SE Asia Region Member States have been making steady, albeit slow, progress towards achieving the targets. The COVID-19 pandemic provided a further and tangible setback and reversed much of the progress made towards ending TB, directly because of reduced case notifications and indirectly by exacerbating the social determinants of the disease such as poverty, inequity and undernutrition.

Urgent planning is needed in the Region for catching up on the ground lost due to the COVID-19 pandemic and for commensurate investments for a comprehensive package that includes prevention, screening and rapid diagnosis, use of newer and shorter treatment regimens, and patient support including rehabilitative and palliative care. While a setback has been received to the ongoing progress benchmarks, substantial gains in the quest to end TB are still possible with multipronged action through multistakeholder engagement and a whole-of-society approach.

The attached Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed it and made the following recommendations that are being presented to the Seventy-fifth Session of the Regional Committee for its consideration:
### Actions by Member States

1. Plan urgently to regain the ground lost due to the COVID-19 pandemic to find missing TB patients and provide people-centred services supported by social protection.
2. Establish an empowered country initiative led by the highest possible political levels of authority that monitors progress in reaching the UNHLM’s targets and beyond in Member States using a multisectoral accountability framework.
3. Forge greater South–South collaboration on research, innovation and roll-out of new tools, technologies and treatment regimens.
4. Increase investments in TB programmes to bridge the annual funding gap of nearly US$ 1.5 billion, specifically through domestic sources and multisectoral collaboration.

### Actions by WHO

1. Support Member States in prioritization of interventions and resource mobilization for ending TB.
2. Support Member States with convening stakeholders including communities for a synergized response on TB.
3. Provide a platform among Member States for sharing of best practices that also feeds into the technical strategic guidance towards ending TB.

This Working Paper, an advocacy document titled ‘Act Now: End TB in the South-East Asia Region’ and the HLP Meeting recommendations are submitted to the Seventy-fifth Session of the WHO Regional Committee for South-East Asia for its consideration.
Introduction

1. The first-ever UN High-Level Meeting (UNHLM) on Tuberculosis convened by the United Nations General Assembly was held on 26 September 2018 in New York. It endorsed a Political Declaration to accelerate progress towards targets outlined in the WHO End-TB Strategy, in tandem and in alignment with the UN Sustainable Development Goals 2030. This Declaration was adopted by the General Assembly on 10 October 2018 (Resolution document A/RES/73/3). The UNHLM titled “United to End Tuberculosis: an urgent global response to a global epidemic” committed to mobilizing greater effort and investment towards meeting the Sustainable Development Goal and elimination targets for tuberculosis by 2030. The Political Declaration calls Member States to:

   • successfully treat 40 million people living with TB by 2022 globally, including 3.5 million children;
   • successfully treat 1.5 million people with drug-resistant (DR) TB globally, including 115 000 children with DR-TB by 2022;
   • prevent TB among those most at risk of falling ill, so that at least 30 million people globally – including 4 million children less than 5 years of age, 20 million other household contacts, and 6 million PLHIV – receive preventive treatment by 2022; and
   • increase overall global investments for ending TB to reach at least US$ 13 billion a year by 2022.

2. The apportioned targets for the WHO South-East Asia Region going by the regional disease burden are as follows:

   • Nearly 18 million TB patients are expected to be diagnosed and treated, including ~1.5 million children with TB, between 2018 to 2022.
   • Over half a million DR-TB patients to be successfully treated in the Region during the same period.
   • Over 10 million people to be provided TB preventive treatment.

3. These targets are considered an essential milestone to achieve the targets of incidence and mortality reduction as enumerated in the WHO End-TB Strategy.

   • Paragraph 53 of the 2018 Political Declaration requests the UN Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 ... “which will serve to inform preparations for a comprehensive review by Heads of State and Government at (the next) High-Level Meeting in 2023”. This report was published in 2020,¹ and contains 10 recommendations for Member States to accelerate progress towards the global targets to end TB, in the backdrop of the COVID-19 pandemic.

• As a follow-up, WHO Member States vide resolution WHA73.3 of the Seventy-third World Health Assembly in May 2020 requested the WHO Director-General to periodically report on progress... “in order to inform preparations for the comprehensive review by Heads of State and Government at (the next) United Nations High-Level Meeting on Tuberculosis in 2023”. This report was presented to and noted by the Seventy-fifth World Health Assembly in 2022.²

Current situation, response and challenges

4. Although the overall progress towards achieving the End-TB Strategy and the UN HLM targets in the SE Asia Region was slow, there has also been commendable progress in some Member States towards ending TB till the COVID-19 pandemic struck in 2020. Among the countries, Myanmar, a high-TB burden country, has achieved the 2020 targets for 20% reduction in TB incidence rate compared with the 2015 baseline. Bangladesh, Myanmar and Thailand were on track till 2020 to achieve the TB mortality targets when COVID-19 struck.

5. The TB prevention and treatment coverage in the Region till 2020³ against UNHLM commitments is depicted in Fig. 1. It is anticipated that none of the targets as per the UNHLM commitments will be met unless urgent, accelerated action is taken to improve coverage. The gap between targets and the achievement levels is much more for TB preventive treatment than with other targets.

Fig. 1. SE Asia regional progress compared with UNHLM commitments

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Opportunities and response
6. **Galvanized political commitment in the Region**: A virtual High-Level Meeting for renewed TB response in WHO South-East Asia Region was held on 26 October 2021, and was co-hosted by India, Indonesia and Nepal. An ambitious Regional Strategic Plan towards ending TB 2021–2025 was launched during the meeting. It calls for annual regional investments of up to US$ 3 billion to realize the ambition of achieving the 2025 End-TB milestones. The Presidential Decree on TB in Indonesia provides guidance for an all-of-government response to fight TB and empower a decentralized governance mechanism to support the TB response. India’s “Jan Andolan”, or people’s movement against TB, aims to mobilize a whole-of-society response, with the goal of achieving a “TB mukt (free) Bharat”. In Timor-Leste, the Prime Minister himself led the pledge along with key partners to end TB in the country. Nepal has launched a TB-free initiative with direct oversight provided by the honorable Minister of Health and Population.

7. **Partner coordination**: The Regional Office coordinated with partners – including BRAC (a Bangladesh-based international nongovernmental organization), Centers for Disease Control and Prevention (CDC), Global Drug Facility (GDF), Médecins Sans Frontières (MSF), the Netherlands-based international nongovernmental organization KNCV, the Stop TB partnership, The Union, as well as community representatives from the Global Coalition of TB Advocates, PETA (patient group in Indonesia), and Survivors Against TB – to provide inputs to the regional strategic initiatives and documents being developed for Member States. The SE Asia Regional Strategic and Technical Advisory Group (STAG) and MDR-TB Advisory Group provide platforms for coordination among all partners to contribute to monitoring progress and provide strategic guidance.

8. **Support from WHO**: “Accelerate efforts to end TB by 2030” is a Regional Flagship Priority Programme of the WHO SE Asia Region.

Challenges
9. The COVID-19 pandemic has reversed the progress made towards ending TB, directly because of reduced case notifications and indirectly by exacerbating the social determinants of the disease such as poverty, inequity and undernutrition.

10. In 2020, the estimated TB mortality in the Region increased by nearly 10% to over 700 000. Across the Region, case notification dropped from 3.6 million in 2019 to 2.6 million in 2020, wiping out several years of diligent efforts and reversing progress. This is expected to lead to an upsurge in incidence in the coming years.

11. There is a funding gap of more than US$ 1.5 billion for TB programmes to fully implement the strategies needed to end TB (refer to the South-East Asia Regional Strategic Plan towards ending TB 2021–2025) despite the budgets rising from US$ 551 million in 2014 to US$ 1394 million in 2021.
The way forward

12. Urgent planning is needed to catch up on the ground lost due to the COVID-19 pandemic and commensurate investments must be made for a comprehensive package including prevention, screening and rapid diagnosis, use of newer and shorter treatment regimens, and patient support including rehabilitative and palliative care.

13. An empowered country initiative must be operationalized and led by the highest possible political levels of authority that monitors progress in reaching the UNHLM’s targets and beyond in Member States using an accountability framework.

14. The highest attainable standards of rights-based, stigma-free, quality-assured, people-centric services must be ensured for each and every person in the target groups. Social and financial protection must be mainstreamed along with TB care services. Systematic provision of socioeconomic support to the patient and family has become even more relevant now in the COVID-19 era.

15. An evidence base obtained through contextualized people-centric research and innovation that has wide local acceptance will provide significant impetus to TB prevention, diagnosis and cure. The COVID-19 pandemic has revealed new ways of fast-tracking research, especially the early testing, validation and adoption of new vaccines in record time and their impressively quick global rollout, which greatly helped mitigate the impact of the pandemic. An encore in the field of tuberculosis with a new vaccine against the disease in the near future would significantly mitigate the burden of the disease and serve the Member States well. In such a scenario, Member States need to be prepared for early adoption and roll-out of new tools such as a vaccine to maximize gains in the shortest possible time.

Conclusions

16. There is only one year to go before the follow-up UNHLM on TB is held in 2023. There is an urgent need to accelerate progress towards improving coverage levels and service outreach, to demonstrate sustained commitment of Member States towards the Political Declaration made in 2018.

17. Member States may need to hold a series of consultations with all stakeholders in both the public and private sectors for a concerted push before the target year of 2023. Collaboration with empowered community-based organizations is a must if progress has to happen at the ground level.

18. WHO is committed to provide all technical support for refining strategies as well as mobilizing resources to achieve the ambitious targets of ending TB. While the pandemic brought a setback in progress, substantial gains are still possible with multipronged action through multistakeholder engagement and a whole-of-society approach to end TB.