



World Health
Organization

2018-2022



STATUS UPDATE

REACHING THE TARGETS IN THE
POLITICAL DECLARATION OF THE
UNITED NATIONS GENERAL ASSEMBLY
HIGH-LEVEL MEETING ON THE
FIGHT AGAINST TUBERCULOSIS
SEPTEMBER 2023

FIRST UN HIGH LEVEL MEETING ON TB

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. In the historic political declaration of the UN high-level meeting on TB (resolution [73/3](#)), Member States committed to comprehensive, time-bound targets and actions to enhance equitable access to TB services, protect human rights, address determinants, reduce vulnerability, accelerate research and innovation, and mobilize sufficient resources to support those endeavours. The political declaration also reaffirmed the commitments to end TB envisioned in the End TB Strategy of the World Health Organization (WHO) and the Sustainable Development Goals (SDGs) of the United Nations (UN).

Tuberculosis (TB) remains among the world's top infectious killers. Each day, around 4000 people lose their lives to TB and around 30,000 people fall ill with this disease.

This **preventable and curable disease** is **deeply rooted in communities “left behind”** - where **poverty** is pervasive and human rights and dignity are limited. The **devastating social and economic impact** on people affected and their families is profound.

Drug-resistant TB is the leading cause of death due to **antimicrobial-resistant disease** in the world today and a **global health security** threat, with hundreds of thousands of people affected every year.

Global efforts to combat TB have **saved** an estimated **75 million lives** since the year 2000. However, the **COVID-19 pandemic**, coupled with **conflicts** across Europe, Africa and the Middle East and socioeconomic inequities, has **reversed years of progress** made in the fight to end TB, and placed an even heavier burden on those affected, especially the most vulnerable.

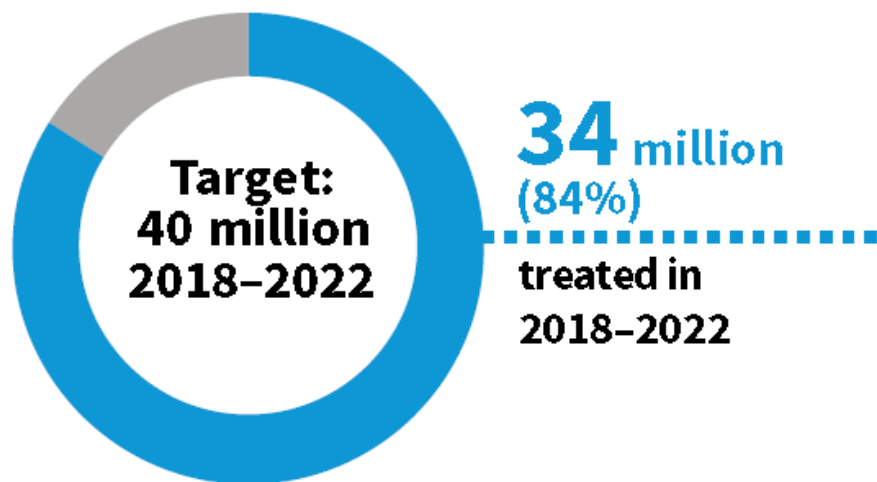
This Status Update provides an overview of progress towards global TB targets set in the political declaration of the first UN High Level Meeting on TB, spanning the period 2018-2022. It is based primarily on data compiled by WHO's Global TB Programme from all Member States in annual rounds of data collection.

The political declaration of the 2018 UN High Level Meeting has been widely embraced as an important tool to strengthen and accelerate the global response to TB and increase accountability in the fight against TB. A number of Member States had made important progress towards the 2030 targets set out in the End TB Strategy. However, progress was uneven among countries and regions, and, for the most part, access to TB services and financing was adversely affected by the COVID-19 pandemic.

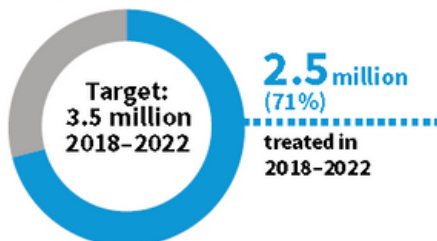


TB TREATMENT TARGETS 2018-2022

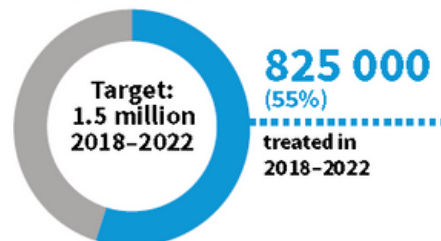
TB TREATMENT (ALL AGES)



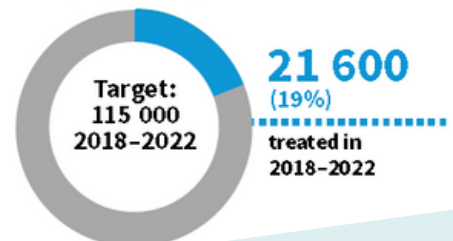
TB TREATMENT (CHILDREN)



MDR/RR-TB TREATMENT (ALL AGES)

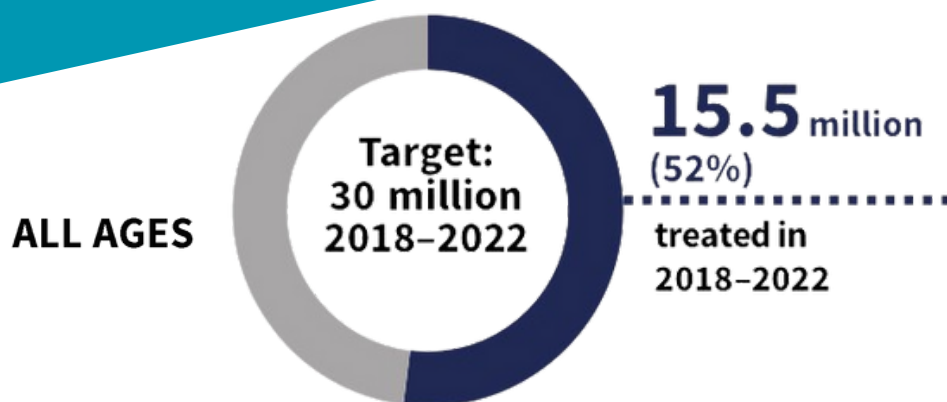


MDR/RR-TB TREATMENT (CHILDREN)



In the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis, Member States committed to treating **40 million people for TB between 2018 and 2022**, including people with drug-resistant forms of TB and children. A total of **34 million people were treated for TB** between 2018 and 2022, representing 84% of the cumulative five-year target. Globally, progress towards meeting the cumulative five-year target of **treating 1.5 million people for multidrug or rifampicin-resistant TB (MDR/RR-TB)** reached 55%. The total number of children receiving TB treatment was 2.5 million, representing 71% of the cumulative five-year target of 3.5 million, although the proportion of children with MDR/RR-TB who received treatment remained very low.

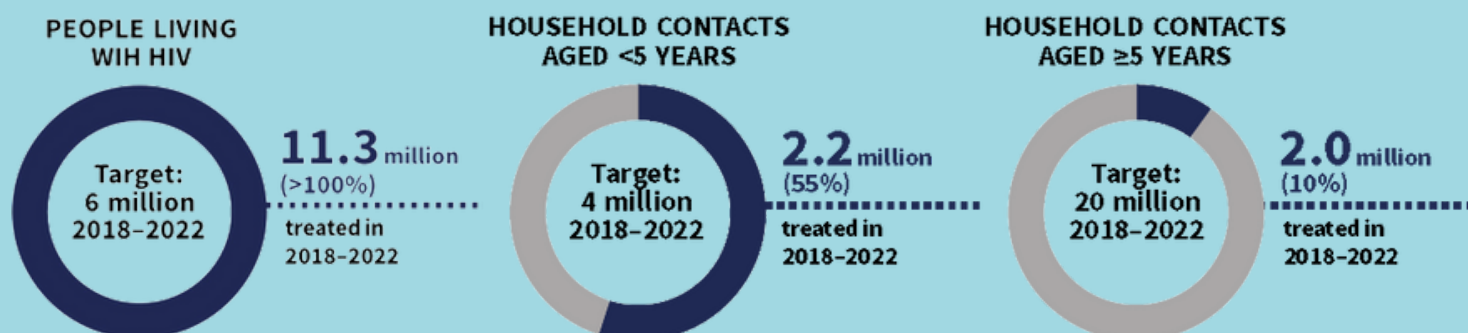
TB PREVENTIVE TREATMENT TARGETS 2018-2022



Prevention is an essential part of the response to the TB epidemic, but it is not implemented at a scale that would curb it. WHO recommends TB preventive treatment for people living with HIV, the household contacts of those who have bacteriologically confirmed pulmonary TB and clinical risk groups (e.g. people who receive dialysis).

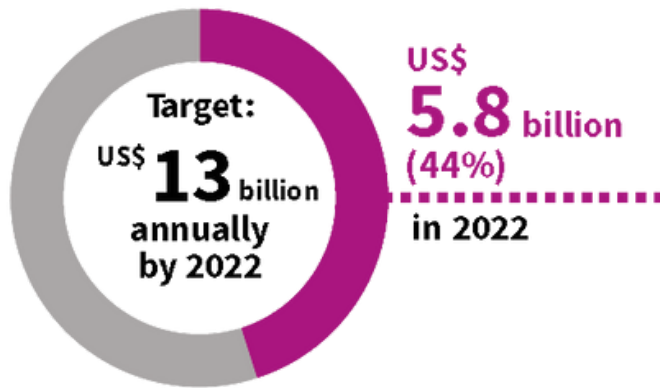
Member States committed to providing TB preventive treatment to 30 million people between 2018 and 2022, including people with HIV and the contacts of TB patients. A total of 15.5 million people received TB preventive treatment between 2018 and 2022, representing 52% of the cumulative five-year target. Most of these were people living with HIV.

At the subpopulation level, the target of providing preventive treatment for 6 million people living with HIV was reached in 2020. In contrast, only 55% of the target set for the number of household contacts under the age of 5 receiving preventive treatment was met. The number of household contacts aged 5 years and over receiving preventive treatment increased almost nine-fold between 2020 and 2022. However, the total number remains too low and only 10% of the cumulative five-year target was met for this subpopulation. The expanded access to TB prevention treatment for people living with HIV needs to be matched for other risk groups to reduce illness and mortality among the most vulnerable.

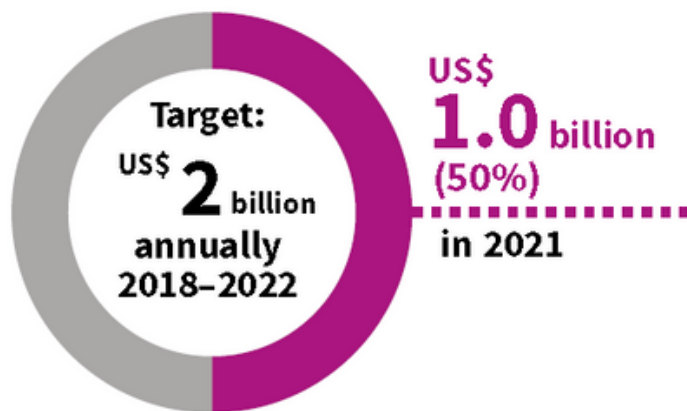


FUNDING TARGETS 2018-2022

UNIVERSAL ACCESS TO TB PREVENTION, DIAGNOSIS, TREATMENT AND CARE



TB RESEARCH



Expanding coverage of high-quality TB prevention, diagnosis, treatment and care services requires adequate and sustained investment. Funding for TB services in low- and middle-income countries was US\$6.4 billion in 2018, but decreased to US\$5.8 billion in 2022. This amount falls far short of the target set in the political declaration of the high-level meeting of the General Assembly on the fight against TB of at least US\$13 billion per year by 2022. Overall, close to 80% of funding was from domestic sources in 2022, similar to previous years.







Since 2015, funding from international donors has been around US\$1 billion per year, with approximately two thirds of this total coming from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Government of the United States of America is the largest contributor of funding to the Global Fund and the largest bilateral donor for TB.

Funding for TB research ranged from US\$0.9 billion to US\$1.0 billion annually. However, this amount was just half the target set at the 2018 high-level meeting of the General Assembly on the fight against TB of US\$2 billion per year. The two largest investors from 2018 to 2022 were the Government of the United States and the Bill and Melinda Gates Foundation, which in combination accounted for more than 50% of total funding.

URGENT ACTION REQUIRED TO ACCELERATE PROGRESS

The second United Nations General Assembly high-level meeting on the fight against TB, held on 22 September 2023 and bringing together Heads of State and other leaders to revitalize commitments and actions to accelerate efforts to end TB.

Universal access to TB prevention and care as part of the universal health coverage (UHC) agenda, multisectoral actions to address drivers and determinants of the TB epidemic as part of the sustainable development agenda, strengthening essential TB services as part of the pandemic preparedness, prevention and response agenda and advancing research and innovation are the key priorities to drive the End TB agenda forward. WHO Director General's Flagship Initiative on TB, supported by countries, partners and civil society sets targets for the next 5 years, that informed the political declaration of the second UN High Level Meeting on TB.

OBJECTIVES	TARGETS
 Universal access to WHO-recommended TB treatment for all	90% people reached with TB treatment between 2023- 2027 (End TB Strategy target is ≥ 90% by 2025)
 Universal access to WHO-recommended rapid diagnostic tests for all	100% of people diagnosed with TB were tested initially with a WHO recommended diagnostic test (End TB Strategy target is ≥ 90% by 2025)
 Universal access to TB preventive treatment for all	90% reached with TB preventive treatment between 2023- 2027 (End TB Strategy target is ≥ 90% by 2025)
 Financial risk protection for vulnerable people with TB (process indicator)	100% All (eligible) people with TB, have access to health and social benefits package so they don't endure financial hardship because of TB disease
 License a new TB vaccine to accelerate TB incidence decline (process indicator)	>1 Licensing of at least one new TB vaccine within five years
 Sustained and adequate financing for TB services and TB research and innovation (process indicator)	Reaching US\$22 billion annually by 2027 US \$5 billion per year for research by 2027

Uniting around the TB response provides an opportunity to build health systems that are capable of not only addressing the TB epidemic, but also protecting the broader health and well-being of communities and strengthening pandemic preparedness and response. Averting TB-related financial hardship and preventing the development of the disease in vulnerable groups will help diminish inequities within and between countries, contributing to the achievement of the Sustainable Development Goals.



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