

Fast-tracking progress to End TB: high-level opportunities for investment and action



In September, 2023, heads of state will reconvene at the 2023 UN General Assembly and report back on progress in keeping the promises made at the first UN High-Level Meeting on Tuberculosis in 2018.¹ All three of us were privileged to be a part of this meeting, and still remember the excitement and hope we felt about the pledges made by world leaders to end tuberculosis, and the ambitious targets that were laid out.¹

Unfortunately, although there has been some progress made towards reaching the 2022 UN High-Level Meeting targets, most were not met.² In 2018, countries committed to speed up work towards ambitious targets to treat an additional 40 million people with tuberculosis and provide preventive treatment to at least 30 million people at risk of developing the disease by 2022.² Between 2018 and 2021, 26·3 million people were treated for tuberculosis, still far short of the 40 million. The number of people provided with preventive treatment was 12·5 million between 2018 and 2021, still far from the target of 30 million by the end of 2022.² Of the 1·5 million target for people with drug-resistant tuberculosis to be treated, only 649 000 were treated between 2018 and 2021.²

3 years of health-care disruptions due to the COVID-19 pandemic, conflicts in many regions of the world, and widening socioeconomic and health inequities have had a devastating effect on tuberculosis care, reversing years of progress, and placing an even heavier burden on the poorest and the most vulnerable people.³ In its 2022 Global Tuberculosis Report, WHO highlighted that for the first time in over a decade, estimated tuberculosis incidence and deaths have increased.² Tuberculosis remains one of the world's deadliest infectious killers, with 1·6 million deaths in 2021 and 10·6 million people falling ill with this preventable and curable disease.²

As sobering as this news is, it is important to find hope and keep the fight going. Building on lessons from the COVID-19 pandemic and noting the upturn in progress by countries in the tuberculosis response (eg, partial recovery of case notifications in 2021, after a big drop in 2020) over the past year,² we see reasons for optimism. We believe getting back on track to turn the tide against the tuberculosis epidemic is possible through high-level

leadership, increased investments, faster uptake of new WHO recommendations and adoption of innovations, accelerated action, and multisectoral collaboration. 2023 will be a crucial year to push this agenda, as there are several high-level opportunities to raise visibility, increase political commitment, and enhance investments.

The COVID-19 pandemic saw remarkable investments in diagnostics, medicines, vaccines, and other countermeasures. Leveraging these investments could greatly help modernise tuberculosis care. For example, since all countries have invested in molecular testing and gene sequencing, these are immediately deployable for tuberculosis detection and surveillance.^{4,5} Indeed, the time has come to normalise and scale-up molecular testing as a front-line diagnostic for tuberculosis.

It is time to develop and scale new vaccines for tuberculosis, and the case for investment is strong.⁶ If the platforms for COVID-19 vaccine development (eg, mRNA technology) could be leveraged and deployed for new tuberculosis vaccine development, the impact could be enormous, since the current BCG vaccine is a century old and offers little protection to adolescents and adults.⁷ For example, a tuberculosis vaccine for adolescents and adults could avert about 37·2–76·0 million cases and 4·6–8·5 million deaths by 2050.⁶ Recognising this need, in January, 2023, a new TB Vaccine Accelerator Council was announced by the WHO Director-General.⁸ The Council will facilitate the licensing and use of effective novel tuberculosis vaccines, catalysing strategic alignment between funders, global agencies, governments, and end users in identifying and overcoming barriers to vaccine development.

We have new WHO guidance promoting the rapid roll-out of shorter, more effective, all-oral, less toxic drug regimens for all forms of tuberculosis, including drug-resistant tuberculosis.⁹ We need countries and stakeholders to rapidly scale-up access to these shorter treatments, in both public and private health sectors, for all people with tuberculosis. Although the cost of the shorter regimens might be a barrier, shorter, more effective regimens for drug-resistant tuberculosis are likely to be more cost-effective in the long term for patients and health systems.¹⁰ Scaling up shorter regimens is another

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Panel: Ten crucial priorities for accelerating progress on tuberculosis¹⁵

- Enhancing high-level leadership and advocacy to prioritise ending tuberculosis, driving down deaths and ending suffering
- Strengthening multisectoral engagement and accountability to address the upstream and wider health and social determinants of tuberculosis
- Urgently increasing funding for essential tuberculosis services, including the health workforce
- Substantially increasing investments in tuberculosis research to drive technological breakthroughs, such as vaccines and the rapid uptake of innovations
- Advancing universal health coverage and integration of efforts to end tuberculosis into primary health care to ensure all people with tuberculosis have access to affordable quality care while strengthening health systems and engaging all providers
- Addressing the drug-resistant tuberculosis crisis, with a focus on roll-out of WHO-recommended universal drug susceptibility testing and shorter, all-oral, injectable-free treatment to close persistent gaps in care
- Markedly scaling up provision of preventive treatment for tuberculosis, especially for household contacts
- Ensuring meaningful engagement of civil society, communities, and people affected by tuberculosis
- Promoting human rights and combating stigma and discrimination
- Aligning with the ongoing efforts on pandemic preparedness to proactively tackle future disruptions to tuberculosis services, through key partnerships and collaborations for better efficiency and synergy, particularly at the country level

way to modernise tuberculosis care, improve quality of care, and reduce the burden on people with tuberculosis.

World Tuberculosis Day on March 24, 2023, brings opportunities for advocacy. The WHO Director-General's Flagship Initiative on tuberculosis for the period 2023–27, to be launched in March, will bring together countries and stakeholders to redouble efforts and accelerate the tuberculosis response. The focus of the initiative will be on ensuring universal access to prevention, care, and the latest tools and technologies to combat tuberculosis on the road to universal health coverage (UHC). The initiative will set new targets that are aligned with the End TB Strategy and Sustainable Development Goals (SDGs).

2023 will see a major focus on health at the UN General Assembly in September, with three high-level meetings focusing on UHC, pandemic preparedness, and tuberculosis. There are clear linkages between the agendas of ending tuberculosis, UHC, and pandemic preparedness and response and these linkages will raise the visibility of tuberculosis and possibly attract greater funding in the current pandemic context.³ Efforts to end tuberculosis are well aligned with WHO's ongoing work with countries towards strengthening primary health care and achieving UHC, as outlined in the WHO triple billion targets.¹¹

As seen during the COVID-19 pandemic, national tuberculosis programmes, partners, and communities came together and contributed heavily to the pandemic response, highlighting a clear need for their sustained engagement in the pandemic prevention, preparedness, and response agenda. In turn, pandemic prevention, preparedness, and response has many components (eg, health workforce, laboratory systems, surveillance, infection control, and diversified and regional manufacturing of tests, drugs, and vaccines) that are immediately applicable to tuberculosis prevention and care.¹²

To increase political commitment and enhance funding, the G20 offers another avenue that can be leveraged. In 2022, Indonesia held the G20 Presidency, and placed a spotlight on G20 leadership on ending tuberculosis, building on the outcomes of the first G20 Health Working Group side event on tuberculosis.¹³ The call to action sought to promote adequate and sustainable financing for the tuberculosis response and tuberculosis research through multilateral, bilateral, and domestic mechanisms. Tuberculosis is already a major priority for the Indian Government, which holds the G20 presidency in 2023. India is implementing an ambitious National Strategic Plan to End TB (2020–25) and has increased domestic funding for its tuberculosis programme.¹⁴

In the lead up to the 2023 UN High-Level Meeting on Tuberculosis, we outline ten priorities (panel) that require a unified response across sectors and partners to fast-track the fight against tuberculosis. These priorities are aligned with the recommendations made in the 2020 UN Secretary-General Progress Report on tuberculosis,¹⁵ and build on the WHO End TB Strategy and the SDGs. The biggest barrier for implementing these priorities is inadequate funding for tuberculosis. Of the US\$13 billion per year of annual funding required for universal access to quality prevention, diagnosis, and treatment of all forms of tuberculosis, only \$5.4 billion was spent in 2021.²

Although the COVID-19 pandemic has been a massive setback for progress in ending tuberculosis, it has shown us that nothing is impossible if we set our minds to it and make the necessary investments. 2023 offers many political and advocacy opportunities to turn the tide on tuberculosis, a disease that has been overlooked for decades. We must be bold enough to imagine a world

where people with tuberculosis receive humane and quality care wherever they are and have access to the best tools we have and where tuberculosis finally gets the budget and political attention we need to end this great plague that has killed tens of millions of people over recent decades.

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