Chapter 1: A Paradigm Shift In The Fight Against TB

SUMMARY

The goal of the Global Plan and the End TB Strategy is to end TB. This goal means driving the pandemic back to a point where TB is no longer a drag on economic and human development. To accomplish this, we must step up the fight and get progress back on track. In 2018, the United Nations General Assembly High Level Meeting (UNHLM) on ending TB produced a political declaration, which contained numerous specific actions that governments committed taking as part of a renewed effort to end TB. We need an aggressive focus on achieving the people-centred commitments within that political declaration, and full investment in the pillars of the End TB Strategy. The Global Plan's modelling shows that if the UNHLM prevention and treatment commitments are fulfilled by 2022 then the world will be back on course to end TB.

The Global Plan centers on three people-centred targets called the 90-(90)-90-90 targets:

- Reach at least 90% of all people who need TB treatment, including 90% of people in key populations
- Achieve at least 90% treatment success
- Reach 90% of people with care and support for post-TB health complications and post-TB-related lung disease.[1]

To help countries reach these targets, the Global Plan provides an investment package, tailored for different country settings and designed for maximum impact and return on investment.

PRIORITY ACTIONS

Governments:

- High-level leadership should publicly champion country efforts to end TB and mobilize all necessary resources to achieve the 90-(90)-90 targets and fulfill UNHLM commitments.

- Carry out the eight fundamental changes the Global Plan identifies that will lead to a paradigm shift that is critical to ending TB:

    1. Change mindsets, becoming determined to end TB.
    2. Implement a Human-Rights and gender-based approach to TB.
    3. Practice inclusive leadership, involving civil society and stronger South-South collaboration
    4. Involve TB-affected communities in decision-making and program design
    5. Support innovation in TB programmes and interventions

[1] These targets are inspired by both the UNAIDS 90-90-90 treatment targets and the Communiqué of the 4th Meeting of BRICS Health Ministers in December 2014, which urges the BRICS nations to aspire to three 90% targets for their countries' TB activities by 2020. Communiqué of the IV Meeting of BRICS Health Ministers; 2014 (http://brics.itamaraty.gov.br/ category-english/21-documents/242-ivhealth).

6. Ensure TB programmes and activities are supported by strong health systems fit for purpose.
7. Use all available new and innovative funding streams.
8. Invest in socioeconomic actions that support people affected by TB.

- Adapt and fully fund and implement the appropriate investment package that fits the local epidemiological context. (See below for investment packages.)

- Disaggregate TB data to allow for monitoring progress among adults, children, males, females and key populations.

People-centred global targets: 90-(90)-90

We must step up the fight and get back on track to end TB. Today, only around 50 percent of those who become ill with TB are cured. The Global Plan's targets address this unacceptable gap in TB care.

[TK Figure 1.1. GRAPHIC REPRESENTATION OF 90-(90)-90 TARGETS]

The HIV UNHLM Political Declaration of 2016[2] recognizes the TB 90-(90)-90 targets, and the TB UNHLM Political Declaration[3] builds further on the targets by specifically including commitments for finding and treating all forms of TB in adults and children. Impact modelling shows that achieving the 90-(90)-90 targets and fulfilling UNHLM commitments by 2022 will set the world on course to meet the 2025 incidence and mortality milestones of the End TB Strategy. The 90-(90)-90 targets are explained below.

Target 1: Reach 90% of people in need of TB treatment and prevention.

By improving the rates at which people are diagnosed and treated, countries can reduce the spread of the disease and drive down incidence. This requires early detection and prompt treatment of 90% of people with TB (including both drug-susceptible and drug-resistant TB) and 90% of people who require preventive therapy.[4]

In fact, we can only end TB with a much stronger focus on prevention. People at risk of TB have a right to receive preventive therapy, and people should be tested and treated for latent TB infection with strict adherence to human rights and the strongest ethical considerations. In 2018, WHO updated its TB prevention guidelines, which recommend an overall more aggressive effort to deliver care to people who would benefit from TB prevention. Groups who are most urgently in need of prevention include those with a latent TB infection who are most likely to progress to active TB disease, including people living with HIV, infants, children and adults who are household contacts of someone diagnosed with tuberculosis,

[2] UNGA 2016 A/Res/70/266 https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

[3] UNGA 2018 A/RES/73/3 https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3

[4] Preventive therapy treats TB infection before it progresses to TB disease.

patients with silicosis or other health conditions that put them at high risk.[5] These at-risk groups should receive systematic screening for TB and provided preventive therapy.

Target 2: Reach 90% of people in need of treatment and prevention among vulnerable, underserved, at-risk populations.

Target 2 is a subset of Target 1 (hence the parentheses). Equity and human rights demand a special effort to reach these populations. Targeting the most vulnerable populations constitutes good public health and economic policy. The purpose of Target 2 is also to provide treatment and care through affordable programmes that protect patients and their families from the often catastrophic costs associated with having TB. Chapter 3 describes key population groups. The Global Plan recommends that each national TB programme work with communities affected by TB to define its key populations, to plan and implement appropriate services, and to measure progress towards reaching these populations.

Target 3: Achieve at least a 90% treatment success rate among all people diagnosed.

This includes all people diagnosed with drug-susceptible TB, drug-resistant TB, or who are eligible for preventive therapy. Currently, in many settings, a large number of people who are diagnosed with TB do not initiate treatment and might not even be notified of their status. The Global Plan urges TB programmes to adopt this new approach of notifying all people diagnosed with TB of their status, ensuring full and proper treatment for all in need, being accountable for the outcomes of treatment, and reporting all outcomes nationally.

FIND. TREAT. ALL. #ENDTB

To scale up the response toward achieving the 90-(90)-90-90 targets and reaching universal access to TB prevention and care, WHO, the Stop TB Partnership, and The Global Fund to Fight AIDS, Tuberculosis and Malaria have launched a joint initiative: **FIND. TREAT. ALL. #ENDTB.** The initiative involves civil society, affected communities and development financing partners, all of whom are asked to join in the effort with concrete commitments. In the short-term, the initiative prioritizes enabling access to care for the millions who miss out on quality TB care each year.[6]

Measuring Progress

The Stop TB Partnership will measure progress towards the 90-(90)-90-90 targets, along with the milestones for research, development and funding goals set out in the Global Plan. The first such report was published in 2017 and served as a baseline, using the then-latest data available from 2015.[7]

Data from 2018 shows that 68% of TB and 30% of DR-TB were diagnosed and started on treatment. Coverage among children was lower. Most people eligible for TB preventive

[5] Latent tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization; 2018. (https://apps.who.int/iris/bitstream/handle/10665/260233/9789241550239-eng.pdf?sequence=1)

[6] https://www.who.int/tb/joint-initiative/en/

[7] Stop TB Partnership 2017. The Tuberculosis Report for Heads of State and Governments http://www.stoptb.org/assets/documents/resources/publications/acsm/909090_PDF_LR.pdf

therapy did not get it. Huge data gaps exist on coverage of Key Population with TB services. Treatment success for drug susceptible TB was 80% and that of DR-TB was 55%.

Moving forward, governments-136 should disaggregate data to allow for monitoring progress among adults, children, males, females and key populations. The Global Plan recommends that additional process-oriented targets be developed to track progress against elements related to the paradigm shift described in the next section, including the number of people tested for TB, community systems, key populations and private sector care.

The Paradigm Shift

[TK Note: section undergoing revisions to bring more in line with UNHLM targets and commitments.]

The Global Plan identifies eight fundamental changes that must be implemented as part of the paradigm shift needed to end TB.

1. Change mindsets, becoming determined to end TB.

All stakeholders need to adopt the mindset that our goal is to end TB. Progress as dramatic as that envisioned in the End TB Strategy can only be achieved once a country's leadership announces to its people – and its health services – that TB will be fought on a long-term campaign basis, similar to HIV or even polio, and that it will dedicate the resources needed to end TB in the country.

2. Implement a Human-Rights and gender-based approach to TB.

A human-rights-based approach to TB is grounded in international, regional and domestic law. These laws establish rights to health, nondiscrimination, privacy, freedom of movement, and enjoyment of the benefits of scientific progress, among others. Human rights law also establishes the legal obligations of governments and private actors.

In order to implement a human-rights-based approach to TB, countries should:

- **PROHIBIT DISCRIMINATION AGAINST PEOPLE WITH TB**

- **EMPOWER PEOPLE TO KNOW THEIR TB STATUS** and establish legal rights to access TB testing and treatment, including the elimination of financial and physical barriers to treatment and care

- **ENSURE THE PARTICIPATION OF PEOPLE WITH TB IN HEALTH POLICY DECISION-MAKING PROCESSES**

- **ESTABLISH MECHANISMS TO ADDRESS RIGHTS OF PEOPLE WITH TB** and ensure their implementation

- **PROTECT THE PRIVACY OF PEOPLE WITH TB.**

A gender-based approach to TB aims at addressing the social, legal, cultural and biological issues that underpin gender inequality and contribute to poor health outcomes. It encourages

gender-responsive investments to prevent new cases of TB, and strengthen the response to fulfil the right to health of women and girls, men and boys in all their diversity.

Wherever applicable, these protections should be included in constitutional law or legislation. If this is not possible, they should be incorporated as legal rights in national and local TB policies.

3. Practice inclusive leadership.

Ending TB will require the mobilization of a broad spectrum of government officials – presidents and prime ministers, members of parliament, mayors, and community administrators – to work with civil society organizations and individual citizens in a long-term effort to diagnose, treat and prevent TB. This effort will demand political commitment and coordination at the highest levels that tie together government ministries – especially ministries of finance and labour – and will require effective alliances between government, civil society, affected communities, and the private sector for action on poverty, social protection, justice and labour reform. Furthermore, this will require greater South–South collaboration on capacity-building in countries, human resources who have the right skill sets and technical capacity, as well as people to design and implement strategic regional initiatives.

4. Involve TB-affected communities in decision-making and program design.

People with TB and the groups that represent them must be at the heart of the paradigm shift. Affected communities must be included in every area of decision-making, serving on boards of organizations and institutions that provide care, and sharing their experience and knowledge as equal and valuable partners in all TB forums. The community must also be resourced and empowered to form caucuses, to choose its own representatives, and to interact with the media.

People with TB and their communities must be partners in the design and planning of strategies to end TB, and given a key role in monitoring and evaluation, especially at the point of need. New tools, including social media, social auditing and social observatories, have the potential to be used alongside traditional tools to make progress in this area.

5. Support innovation in TB programmes and interventions.

The paradigm shift requires that TB programmes be equipped to end TB as an epidemic. National authorities responsible for the fight against TB need to be empowered to undertake necessary policy changes, to allocate resources, and to implement activities that will have an impact. These programmes need to respond to the needs of local settings, identifying TB hot spots and areas that will require more intensive efforts, such as areas with high levels of poverty.

TB programmes must focus not only on saving lives, but also on stopping transmission through early case detection and stronger prevention, with a targeted approach to serve communities at high risk. TB programmes should be equipped to leave behind the past approach of slowly scaling up pilot projects in order to more rapidly scale up treatment and care for drug-sensitive and drug-resistant TB. This will require programmes to look for innovative approaches in service delivery, embracing the use of social media and m-health.

Local programmes need to be empowered to find innovative solutions to identify and treat vulnerable groups. It will require the collection of high-quality data, real-time monitoring, and private-sector expertise. Programmes must also be equipped to rapidly and efficiently roll out any new medicines, diagnostics and vaccines that reach the market before 2025.

6. Ensure TB programmes and activities are supported by strong health systems fit for purpose.

Strong health systems are essential for ending TB. The fragmentation of TB activities and the low political priority often given to TB programmes within country health systems must end, as must the separation of programmes aimed at tackling different forms of TB and coinfections with specific diseases. Instead, TB programmes should be coordinated with HIV/AIDS and maternal and child health programmes, and TB care should be delivered through primary health care in the context of universal health coverage and new models for health financing.

Efforts to tackle TB should also include zoonotic TB, embracing the One Health approach that recognizes that the health of humans is connected to the health of animals and the environment. There is an urgent need to increase the human resources available to end TB, and to improve the collection and analysis of data to better inform and correct programming.

7. Use all available new and innovative funding streams.

A sustained increase in funding for TB programmes and TB R&D, with significant frontloaded investments in the period of the Global Plan, will be required to end TB (see Chapter 7 on resource needs). Significant changes should also be made to the way that funds are raised and deployed.

TB programmes must make a compelling business case for increased and frontloaded budgets and then make efficient use of resources
-prioritizing investments and pooling resources with other programmes. Innovative financing approaches, including better use of incentives, present an opportunity to increase TB resources. Results-based financing approaches are being rolled out in numerous countries, and is beginning to generate positive results by providing financial incentives to providers and facilities for specific results attained – TB programmes must be part of such initiatives.

Furthermore, TB programmes must engage the business sector and private-sector health providers as partners, harnessing companies' consumer-led approaches and embracing their ability to generate revenue through social business models. As social health insurance initiatives and innovative, blended finance mechanisms scale up, TB programmes need to proactively align and integrate with these initiatives.

8. Invest in socioeconomic actions that support people affected by TB.

Medical interventions alone will not be enough to end TB. Nonmedical actions and investments, such as in improved housing and sanitation, poverty reduction, and strengthened social safety nets, will drive down the numbers of people becoming ill and dying from TB. Planning for and investing in such nonmedical activities cannot wait, as they normally take several years to implement and to affect TB incidence.

Country settings

The Global Plan provides sets of recommended actions – "investment packages" – designed to achieve the 90-(90)-90 targets. These investment packages are tailored to the local characteristics of the TB epidemic, as well as to the health system constraints and socioeconomic situations in various country settings.

Similarities exist between countries within a particular region or between countries with similar histories, socioeconomic conditions or health system constraints. As a result, countries can be grouped into different "settings".[1] Countries can be associated with the characteristics of more than one setting, and provinces within a single country can fit into different settings. The method for defining each setting is explained in Annex 2.[2]

THE COUNTRY SETTINGS (DESCRIBED IN MORE DETAIL IN CHAPTER 2) ARE DEFINED BELOW:

1. EASTERN EUROPEAN AND CENTRAL ASIAN SETTINGS that have a high proportion of drug-resistant TB and a hospital-based care delivery system

2. SOUTHERN AND CENTRAL AFRICAN SETTINGS where HIV and mining are key drivers of the epidemic

3. AFRICAN SETTINGS with moderate to high HIV where mining is not a significant issue

4. SETTINGS WITH SEVERELY UNDER-RESOURCED HEALTH SYSTEMS or country settings with challenging operating environments (COE)

5. SETTINGS WITH A HIGH TO MODERATE BURDEN OF TB with a large proportion in private sector care

[1] Country settings are not meant to form any alternative to existing formal groupings in public health, such as WHO regions, etc. They are also not meant to form classifications for funding allocations or any other operational decisions.

[2] www.stoptb.org/global/plan/plan2/annexes.asp

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314 **6. MIDDLE-INCOME COUNTRY SETTINGS** with a moderate TB
315 burden
316
317 **7. INDIA SETTING**
318
319 **8. CHINA SETTING**
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321 **9. LOW-BURDEN SETTINGS** and country settings on the verge of
322 eliminating TB
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324 **The economic case for ending TB**
325
326 The economic case for ending TB is compelling. An analysis conducted
327 by KPMG projects that if the status quo continues, the deaths caused by
328 TB will cost the global economy $983 billion between 2015 and 2030.[3]
329 On the other hand, TB treatment is low-cost and highly effective. On
330 average, effective treatment may give an individual in the middle of his
331 or her productive life about 20 additional years of life, resulting in
332 substantial economic and health returns.[4] The High-Level Panel for the
333 UN's SDGs has estimated that an investment of US$ 1 in TB care yields
334 a return of US$ 30.[5] Other studies put the return as high as US$ 115 for
335 each dollar invested.[6] Donors and funders of health increasingly favour
336 an investment approach focused on results and returns over a simple
337 funding approach focused on inputs.
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[3] Global Economic Impact of Tuberculosis: A report for the Global TB Caucus. KPMG; 2017. (https://docs.wixstatic.com/ugd/309c93_bf9baa1398334a8aa1ff19cb083b129e.pdf?index=true).

[4] Vassal A. Tuberculosis perspective paper. Benefits and costs of the education targets for the post-2015 development agenda. Copenhagen Consensus Center; 2014 (http://www.copenhagenconsensus.com/publication/post-2015-consensus-health-perspective-tuberculosis-vassall).

[5] The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda; 2015 (http://www.un.org/sg/management/pdf/HLP_P2015_Report.pdf).

[6] Goodchild M, Sahu S, Wares F, et al. A cost-benefit analysis of scaling up tuberculosis control in India. Int J Tuberc Lung Dis. 2011;15:358–62.

The Global Plan's investment packages propose interventions tailored to have the greatest impact and to provide the maximum return on investment for the particular setting. The investment packages selected for the different settings are described in detail in Chapter 2 and provided as Annex 3.[7]

Box 1.1: South Africa: The Paradigm Shift in Progress

Some countries are already showing that a paradigm shift is possible. South Africa, the country with one of the world's highest TB rates, has embarked on a broad, multi-year campaign to dramatically drive down TB rates in the country.

In the last few years South Africa has taken many bold steps, some of which are outlined below:

- South Africa is the first country to have completely replaced microscopy with the rapid molecular GeneXpert test as the initial diagnostic tool for TB. This has also ensured that every patient at the time of diagnosis has a drug resistance status and accordingly gets the correct treatment regimen.

- The country was the first one to scale up the new TB drug, bedaquiline and has systems in place to contribute to as well as implement the latest best practices recommended internationally.

- The country has been the fastest to scale up TB preventive therapy. Although the coverage is not yet adequate, South Africa alone contributed to about 40% of the global TB preventive therapy numbers in 2017.

- The country has already largely integrated its HIV and TB care, seeking to ensure that every individual diagnosed with HIV is also tested and if necessary treated for active TB or gets TB preventive therapy, using modern tools. South Africa has been in the forefront for constantly taking bold steps in screening of Key

[7] www.stoptb.org/global/plan/plan2/annexes.asp

Population groups, learning from such experiences and setting up a quality improvement system for efficient and targeted awareness and screening programs.

- With its infrastructure and research capacity, the country is also playing a critical role in the research and development of new, more effective tools to prevent, diagnose and treat TB. South African researchers are making major contributions to global efforts to develop these new tools, from early-stage research through to large-scale clinical trials.

The rapid strides taken by South Africa have been possible due a number of reasons, but one of the important reasons has been the high political commitment of the government, driven by the Health Minister and supported by the President and Vice President as well as the Parliament.

Box 1.2: India: Ambitious political commitment to end TB.[8]

Home to one in four people with TB worldwide, India has recently changed the trajectory of progress on TB in the country. In a historic speech on March 13, 2018 Prime Minister Narendra Modi articulated an ambitious vision of ending TB in India ahead of the SDG targets. This level of commitment from the very highest levels of government has since led to several unprecedented steps:

- An ambitious national strategic plan was developed and commitment was made to fully fund it.

- Funding for TB from the domestic budget was multiplied three to four times.

- Several steps were taken to improve TB care and the notification

[8] JP Nadda. India's leadership to end tuberculosis. The Lancet March 30, 2019. Vol 393, issue 10178, P1270-1272. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30487-8/fulltext

- of TB diagnosed in the private sector. In the last few years the private sector has notified hundreds of thousands of TB patients who have received diagnosis and treatment. This has led to significant increases in TB case detection and notification in the country. In 2018, 300 000 additional TB cases were notified compared to 2017.

- India is the only country so far to have implemented a live web-based information system where TB notifications are available in the public domain in real time, by state and district. This system, called "NIKSHAY,"[9] serves as a patient management and tracking system that connects laboratories, treatment sites, private sector providers, and public health functions such as notification and contact investigation.

- People on TB treatment are eligible to receive direct cash transfers to their accounts on a monthly basis to be used for nutrition and social support.

- The Prime Minister's office, Health Minister, Chief Ministers of States and Members of Parliament have been involved in the monitoring of the TB response with simple people-centered targets set for each state and district.

The ambitious steps that India is taking to end TB provide a practical model for other countries to replicate in their own contexts.

Accountability for fulfilling TB commitments

UNHLM commitments to accountability

Underpinning their operational commitments to mobilize an urgent response to TB, UN Member States promised to take steps that will foster accountability for fulfilling those commitments. The Global Plan urges Member States to fulfill all of the following accountability commitments that they endorsed in the UN political declaration on TB.

[9] NIKSHAY Dashboard https://reports.nikshay.in/

They include commitments to taking high-level actions, establishing monitoring and reporting systems and procedures, and reviewing progress in global, regional and national TB efforts.

High-level actions:

- Develop or strengthen, as appropriate, national TB strategic plans to include all necessary measures to deliver the commitments in the political declaration
- Promote TB as part of national strategic planning and budgeting for health
- Establish and promote regional efforts and collaboration both to set ambitious targets and to generate resources

The political declaration also requested the Secretary-General, in close collaboration with the WHO Director General, to promote collaboration among all stakeholders to end the tuberculosis epidemic and implement the political declaration, with Member States and relevant entities, including funds, programmes and specialized UN agencies, UN regional commissions, the Stop TB Partnership, Unitaid and the Global Fund.

Monitoring and reporting:

- Strengthen national capacity for data collection, analysis and use for monitoring and review purposes
- Request the Secretary-General, with the support of WHO, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed TB goals within the context of achieving the SDGs, including reporting on implementation of the TB political declaration at national, regional and global levels

Review:

- Conduct high-level national review of progress, preferably under the direction of the Head of State or Government, with active involvement of civil society and affected communities, parliamentarians, local governments, academia, the private sector and other stakeholders within and beyond the health sector

- Use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end tuberculosis
- Strengthen linkages between TB elimination and relevant Sustainable Development Goals targets, including towards achieving UHC, through established SDG review processes, including the high-level political forum on sustainable development
- Use the Secretary-General's 2020 progress report to inform preparations for a comprehensive review by Heads of State and Government at a follow-up UNHLM in 2023[10,11]

Essential for promoting government accountability: the Multisectoral Accountability Framework

Because the commitments to accountability above are somewhat general, a framework is needed to help translate those commitments into tangible measures at the national, regional and global levels. Endorsed globally at the highest political levels, the *WHO Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030* (MAF-TB) is the prevailing framework for ensuring that TB commitments lead to measurable progress that ends TB. The official call for developing this new accountability framework was first made in 2017 by the more than 120 national delegations participating in the Global Ministerial Conference on Ending TB in the SDG Era.[12] Following a request by the WHO Executive Board, the WHO Secretariat developed the MAF-TB in consultation with UN Member States and a wide variety of TB stakeholders. At the 71st World Health Assembly in 2018, UN Member States adopted a resolution officially welcoming the draft MAF-TB.[13] Later that year, at the UNHLM on TB, the UN General Assembly

[10] Political Declaration of the UN General Assembly High-Level Meeting. 2018. New York: United Nations. Online: https://www.who.int/tb/unhlmonTBDeclaration.pdf

[11] A full treatment of accountability can be found in the UN political declaration in paragraphs 4, 22, 23, 48, 49, 50, 51, 52 and 53.

[12] Moscow Declaration to End TB. 2017. Geneva: World Health Organization. Online: https://www.who.int/tb/features_archive/Online_Consultation_MinisterialConferenceDeclaration/en/

[13] WHA71.3 (7)

welcomed the draft MAT-TB and called for its further development. The WHO Secretariat finalized the WAF-TB in April 2019.

The rationale for the MAF-TB is that stronger accountability for responding to TB nationally and globally will help to accelerate progress toward achieving the UNHLM commitments in the short term, and the targets of the End TB Strategy and the SDGs over the longer term. The MAF-TB aims to help accelerate that progress by supporting effective accountability of governments and all stakeholders at global, regional and country levels. In the context of the MAF-TB, *accountability* means being responsible and answerable for commitments made and actions taken. The *framework* provides an overview and structure of the essential components that accountability requires, as well as the relationships between those components. The framework can and should be adapted to suit the needs of the various contexts in which the framework is being implemented.[14]

Aligning with the UN political declaration on TB and other high-level commitments made toward ending TB by 2030, the essential components of the MAF-TB are: commitments, actions, monitoring and reporting, and review (Fig X).

- *Commitments* are embodied within the Political Declaration on TB, the Moscow Declaration on TB and, most broadly, in the Sustainable Development Goals. Commitments are also found within national TB strategies.

- *Actions* include increasing TB financing, strengthening capacity, strengthening policies and regulations, supporting research, engaging communities affected by TB, and conducting public communications and education campaigns that raise awareness and reduce stigma, among other actions.

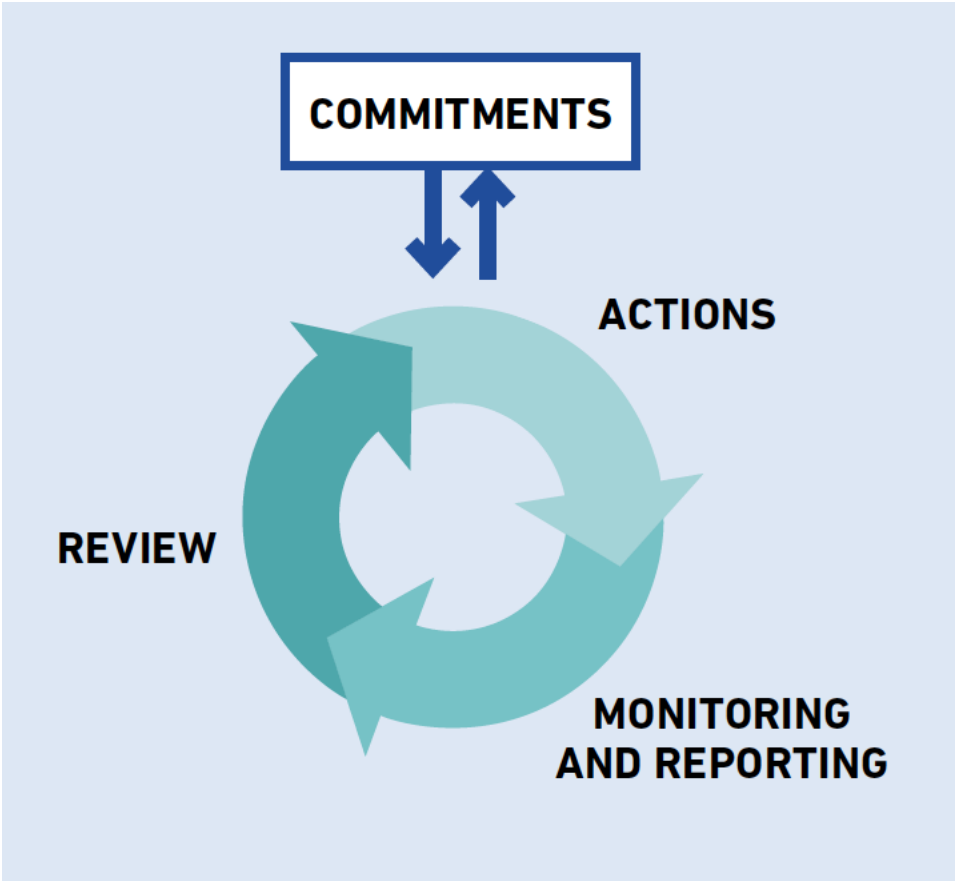
- *Monitoring and reporting* are used to track progress and outcomes of actions taken toward fulfilling commitments.

[14] Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030. 2019. Geneva: World Health Organization. Online: https://www.who.int/tb/publications/MultisectoralAccountability/en/

- *Review* is used to assess results that are documented within the monitoring and reporting process, and to recommend future actions. These essential components should be carried out periodically within an ongoing cycle.

The accountability framework is also *multisectoral*, which means that the framework involves different sectors of the economy and the government that relate to the broader effort to fulfill TB commitments. In the context of the MAF-TB, specific sectors are identified within the Political Declaration on TB: health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade and development.

Fig X. Essential components of the MAF-TB.



National-level and local accountability

Actions

The MAF-TB identifies major actions that UN Member States individually need to take in the course of fulfilling those commitments, including:

- Developing, funding and implementing national strategic and operational plans to end the TB epidemic, which are multisectoral and involve partners outside of government
- *Developing and implementing a national multisectoral accountability framework*

- *Developing, strengthening or maintaining a national multisectoral coordinating mechanism that provides oversight, coordination and periodic review of the national TB response**
- *Revising national policies*
- Engaging stakeholders
- *Drafting, enacting and enforcing supportive legislation*
- Developing and implementing UHC policies
- Taking multisectoral action in response to the social determinants of TB
- Maintaining or strengthening national health information and vital registration systems
- Conducting media campaigns to raise TB awareness
- Funding and implementation of TB research and innovation
- Strengthening public-private partnerships

**Elements in italics widely need to be put in place or strengthened at the national level.*

Monitoring and reporting

The MAF-TB provides guidance on establishing the monitoring and reporting components that are essential for reliably tracking the TB epidemic and the national response to it. Monitoring includes three key elements: 1) routine surveillance of the numbers of people who become sick with TB and successfully complete treatment, 2) routine monitoring of the numbers of people who die from TB, and 3) monitoring implementation of the End TB Strategy. Though monitoring is widely conducted, in many countries it needs to be strengthened in order to meet WHO quality and coverage standards for TB surveillance.

The main element of reporting that national governments should routinely implement is the publication of an annual national report on the TB epidemic. This report should provide, at minimum, key results determined through national monitoring activities and an interpretation of results that includes progress toward national targets, an analysis of TB financing trends and future actions that are needed. Detailed national-level reporting and analysis on TB financing—with reporting on funding trends relative to funding needed to fulfill UNHLM

commitments in the short term and to end TB by 2030—are essentially nonexistent and urgently needed.

National governments should supplement these national reports with communications products that make it easy for stakeholders to understand and respond to, customized for different relevant audiences. As of 2019 these important reporting functions are not widely carried out.

Reporting should also include national-level reports produced by civil society and NGOs, plus associated products like report cards and case studies that are tailored to specific audiences and used for advocacy. Important global-level reports that include national-level data and analysis are discussed highlighted below.

Review

UN Member States should lead three areas of periodic review: 1) annual high-level review, 2) review of national TB programmes, and 3) review of specific critical topics, such as the management of drug-resistant TB or research and development efforts.

When it comes to annual high-level review, the MAF-TB recommends establishing national high-level review mechanisms that have three features: 1) high-level political leadership, 2) a multisectoral perspective, and 3) the engagement of all relevant stakeholders from government, NGOs and affected communities, the private sector and academia. Government ministries outside of health that should be involved in high-level review mechanisms include ministries with responsibilities for finance, poverty alleviation, social protection, housing, labour, justice, migration, education and science. National high-level review should be conducted annually. National high-level review mechanisms are essential but currently represent one of the biggest gaps toward ensuring national accountability for ending TB. As of 2019, such mechanisms are simply absent in many countries.

Many countries already carry out annual NTP reviews. These reviews should be adapted to include the review of NTPs' contributions to efforts to fulfill UNHLM commitments. Reviews of critical topics can be

conducted based on the investment package of interventions that governments make within their particular country setting (see details on country settings and investment packages in Chapter 2).

The outcomes of these review functions should then inform future actions, perpetuating the cycle.

Global and regional accountability

Global and regional accountability applies to UN Member States collectively, relevant UN bodies and multilateral institutions, and all other stakeholders working globally or regionally. Accountability at these levels also begins with commitments made and should follow the same cycle through actions, monitoring and reporting, and review of progress.

Actions

The MAF-TB identifies major actions that global and regional actors need to take with regard to accountability, including:

- Developing, funding and implementing strategic and operational plans of UN agencies, multilateral organizations and regional government bodies, including joint initiatives geared toward ending the TB epidemic within the context of the SDGs.
- Mobilizing and allocating resources for TB care and research and development
- Developing and disseminating TB strategies and associated norms and guidance (WHO)
- Conducting and supporting global and regional TB advocacy and communications activities
- Providing strategic and technical support
- Developing a global strategy for TB research and development (WHO)

Monitoring and reporting

The MAF-TB lays out a number of global reporting activities that are already undertaken by WHO and UN bodies, including all of the

indicators that UN Member States report for the purposes of informing WHO's annual Global Tuberculosis Report and regional reports, plus UN reporting on the SDGs.

Published every year since 1997, the WHO Global Tuberculosis Report is the primary comprehensive source of data and analysis on the TB epidemic and on progress in prevention, diagnosis and treatment of TB at global, regional and country levels. All reporting is presented within the context of recommended global TB strategies and targets that have been endorsed by WHO's Member States and within the context of broader UN development goals. Starting in 2019, the report presents progress relative to targets set in the UN political declaration on TB.[15]

Supplementing WHO and UN global and regional reporting activities are a number of important monitoring reports that are produced annually by key stakeholders. These reports provide up-to-date information necessary for monitoring progress in various areas of the global TB response, in additional to serving as essential advocacy and awareness-raising tools for the global TB community.

Tuberculosis Research Funding Trends, produced annually by Treatment Action Group and the Stop TB Partnership provides tallies on investment in TB research and development broken down by research area (basic science, diagnostics, drugs, vaccines, operational research, and infrastructure/unspecified), funder category (public, philanthropic, private and multilateral), and country of origin. The report has published such tallies going back to 2005, and the report now publishes R&D funding contributions per country relative to their fair shares based on the GERD framework.[16]

G-Finder, a product of Policy Cures Research, tracks public, private and philanthropic funding for basic research and R&D for global health priorities with a focus on neglected disease areas, including TB. Annual G-FINDER reports provide analysis of global investments in R&D

[15] Global tuberculosis report 2019. Geneva: World Health Organization. 2019. Online: https://www.who.int/tb/publications/global_report/en/

[16] TB R&D Report. New York: Treatment Action Group. 2019. Online: http://www.treatmentactiongroup.org/tbrd

across diseases, product types, funding trends over time, and potential gaps, with data going back to 2007.[17]

MSF Access Campaign's annual *Out of Step* report helps to monitor progress toward ending TB by monitoring and analyzing gaps in national implementation of WHO guidelines and policies. The 2017 report looks at TB policies and practices in 29 countries that are home to 82 percent of the global TB burden. A regional adaption of the 2017 report, *Out of Step in EECA* reports on TB diagnosis and treatment challenges in Eastern Europe and Central Asia.[18]

Review

Global and regional high-level review mechanisms are essential to accountability for fulfilling UNHLM commitments. To be successful, high-level review mechanisms must have the full buy-in and support of UN Member States at the highest political levels, with heads of state and government, ministers and parliamentarians willing to take action to fill funding and implementation gaps wherever they are identified through high-level review processes. They must also be multisectoral, engaging key stakeholders outside of governments and the multilateral system, including civil society, TB survivors and affected communities, the private sector, PPPs, philanthropies, academia and others.

The MAF-TB lays out existing global high-level review mechanisms, convened by the UN General Assembly. A review of progress toward achieving the Sustainable Development Goals, and a second High-Level Meeting on tuberculosis, both scheduled for 2023, will be critical moments for reviewing progress and identifying gaps in the global response to TB.

Between 2018 and 2023, WHO Executive Board and World Health Assembly annual reviews of progress reports on TB will provide key moments for Member States and the global TB community to identify

[17] Welcome to G-FINDER. Sydney: Policy Cures Research Ltd. 2019. Online: https://gfinder.policycuresresearch.org/

[18] Out of Step. Geneva: MSF Access Campaign. 2019. Online: https://msfaccess.org/out-of-step

areas of progress alongside gaps in implementation that must urgently be filled. High-level reviews must translate into responsive action at the national and local levels.

In each of these cases, coordinated, strategic advocacy will be essential to mobilizing responsive action after high-level review moments. As happened in the lead-up to the 2018 UNHLM on TB, civil society networks need to be engaged in official processes and mechanisms, with ongoing knowledge-sharing enabled through regional, national and local networks, down to the grassroots level.

Priority Actions

The following priority actions are needed to respond to areas where there are the greatest accountability gaps needing to be filled as of 2019:

National governments:

- Update, fund and implement national TB strategic plans, policies, and legislation, as needed, to fulfill TB commitments.
- Establish national multisectoral accountability frameworks for guiding actions, monitoring and reporting, and national high-level review of progress toward fulfilling TB commitments.
- Publish annual monitoring reports on national TB efforts that include up-to-date information on TB epidemiology, national TB program performance, and comprehensive analysis of TB financing trends.
- Use those monitoring reports as the basis for high-level national review, engaging key stakeholders within high-level review mechanisms.

Regional bodies and country blocs:

- Establish high-level review mechanisms to periodically review regional and country-bloc progress toward fulfilling TB commitments.

Multilateral health, development and financing agencies:

- Update strategic and operational plans to account for new activities to be implemented toward supporting national governments and key stakeholders to fulfill TB commitments.

Donors:

- Support national civil society organizations in their efforts to hold national governments accountable for fulfilling TB commitments.

Support civil society in establishing and maintaining regional coalitions of NGOs, survivor and community groups, for purposes of knowledge-sharing and advocacy focused on promoting government accountability for fulfilling TB commitments