

1 Introduction

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3 TB is the world’s top infectious killer. In 2017, 10 million people became ill with the disease and 1.6
4 million died.¹ Each year, more than 3 million people with TB are left behind without effective
5 treatment. Drug-resistant TB (DR-TB) is a public health crisis and a health security risk in many
6 countries. Yet only one in seven people with DR-TB are being treated today. The global rate of
7 decline of TB incidence—2% on average—is far short of targets established in WHO’s End TB
8 Strategy (Box 0.1). At the current rate of progress, the world will not end TB until [TKYEAR].
9

10 We must put the global TB effort back on track.

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12 In September 2018, the United Nations General Assembly convened the first-ever UN High Level
13 Meeting (UNHLM) on TB. This watershed event was attended by more than 1,000 people, including
14 15 Heads of State and more than 100 ministers and country leaders.² The UN General Assembly then
15 adopted the political declaration produced by the UNHLM. The political declaration established
16 targets and commitments to fulfill by 2022 in order to achieve the UN Sustainable Development
17 Goal (SDG) of ending the TB epidemic by 2030. The UNHLM signifies unprecedented political
18 commitment in the global movement to end TB. It was intended to spur countries into action at the
19 highest political level.
20

21 The UNHLM and the accompanying political declaration were outcomes of coordinated advocacy
22 and high-level political actions. Recognizing the extraordinary need for action by heads of state, in
23 September 2016 the Stop TB Partnership Board, championed by its then Chair, South Africa’s
24 Health Minister at the time, Dr. Aaron Motsoaledi, called for a UNHLM on TB. The following year,
25 WHO convened a global ministerial conference on ending TB in the Russian Federation in
26 November 2017, which President Vladimir Putin addressed. This conference produced the Moscow
27 Declaration to End TB. Then in an event preceding the Stop TB Board Meeting in March 2018 in
28 Delhi, Prime Minister Narendra Modi made an inspiring speech calling for accelerated efforts to end
29 TB and committing to end the disease in India ahead of the global target. In June 2018, an Interactive
30 Civil Society Hearing was held to capture community expectations and concerns, many of which
31 were incorporated into the final political declaration.
32

33 There is hope for ending TB. Between 2000 and 2017, 54 million deaths from TB were averted. The
34 use of research and development led to the introduction of a new diagnostic test that has reduced the
35 time it takes to test for resistance to a key antibiotic. The first new DR-TB medicines in a generation
36 were introduced. And the Global Fund to Fight AIDS, Tuberculosis and Malaria raised US\$14
37 billion in funding commitments from donors for 2020-2022. Since the previous edition of the Global
38 Plan, we have seen renewed drive to achieve shared progress on global health goals; for example, in
39 the strengthened global effort to reach universal health coverage (UHC) and the collaboration
40 represented by leading health institutions in the Global Action Plan for Healthy Lives and Well-
41 being For All.
42

43 We must build on this momentum to end TB.

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45 This updated Global Plan to Stop TB, 2020-2022 reflects progress made over the last five years and
46 is intended to support the achievement of the UNHLM commitments set for 2022. By implementing
47 its priority actions and mobilizing the needed funding, national governments and TB programs,
48 backed by a stronger worldwide advocacy effort, can put us back on track to end TB by 2030 in line
49 with the SDGs.
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51 FIGURE 0.1: SUMMARY OF KEY UNHLM COMMITMENTS

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¹ https://www.who.int/tb/publications/global_report/en/

² http://www.stoptb.org/global/advocacy/unhlm_targets.asp

53 UN member states committed to fulfilling the following key commitments by 2022:

54

- 55 1. Successfully treat 40 million people with TB, including 3.5 million children
- 56 2. Successfully treat 1.5 million people with drug-resistant TB, including 115,000 children
- 57 3. Provide TB prevention therapy for at-least 30 million people, including 4 million children
- 58 under age 5, 20 million other household contacts of people affected by TB, and 6 million
- 59 people living with HIV.
- 60 4. Increase global investment for TB prevention, diagnosis, treatment and care to US\$13 billion
- 61 annually
- 62 5. Increase global investment for TB research and development to \$2 billion annually
- 63 6. Promote and support an end to stigma and all forms of discrimination
- 64 7. Develop integrated, people-centred, community based and gender-responsive health services
- 65 based on human rights.
- 66 8. Deliver, as soon as possible, new, safe, effective, equitable, affordable, available vaccines
- 67 9. Continue to develop the new multisectoral accountability framework
- 68 10. Provide a progress report in 2020 and a comprehensive review by Heads of State and
- 69 Government at a high-level meeting in 2023

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71 To this end, countries should fulfill their UNHLM commitment to engage all relevant stakeholders—
72 and leave no one behind—especially those sectors explicitly identified within the Political Declaration:

73

- 74 • Health and nutrition
- 75 • Finance
- 76 • Labour
- 77 • Social protection
- 78 • Education
- 79 • Science and technology
- 80 • Justice
- 81 • Agriculture
- 82 • Environment
- 83 • Housing
- 84 • Trade
- 85 • Development

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87

88 **FIGURE 0.2: TIMELINE FOR ACTION**

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90 2014: WHO End TB Strategy Established

91 2015: UN SDGs Adopted

92 2017: WHO Global Ministerial Conference in Ending TB in the Sustainable Development Era

93 2018: UN High Level Meeting on TB

94 2019: Stop TB Global Plan Update

95 2019: Global Fund Replenishment Conference

96 2022: UNHLM Targets due

97 2025: End TB Strategy Milestones due

98 2030: SDGs due

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100

101 **BOX 0.1: END TB STRATEGY**

102 **[TK TO EXPAND TO INCLUDE PILLARS AND SHOW HOW IT'S ALIGNED WITH END**
103 **TB STRATEGY, SDGS AND GLOBAL PLAN]**

104 The End TB Strategy, adopted in 2014, is a 20-year strategy to “end the global TB epidemic.”³ It aims to
105 address barriers by eliciting a strong, systemic response to end the TB epidemic, drawing on the
106 opportunities provided by the SDGs, especially those goals aimed at achieving UHC and social
107 protection from disease. As more than half of the global TB burden and two thirds of the global MDR-
108 TB burden are borne by Brazil, Russia, India, China, and South Africa (BRICS) and other emerging
109 economies, increased and sustained commitment by the BRICS countries will play a central role in
110 meeting the global milestones set by the Strategy.

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112

113 **BOX 0.2: TB AND THE SUSTAINABLE DEVELOPMENT GOALS**

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115 **[TKAlternatively: graphic depicting SDG 3 in the middle with the other SDGs arranged**
116 **around it]**

117

118 The 17 SDGs constitute the overarching focus of global priorities for development cooperation and
119 guide national priorities in most countries over the next decade. Ending the TB epidemic by 2030 is one
120 of the targets under Goal 3, which is to “ensure healthy lives and promote well-being for all at all ages”.

121

122 The SDGs will be achieved only if addressed together, understanding the clear links between the goals
123 and how progressing towards one goal will aid in the achievement of others. Not only is ending the TB
124 epidemic closely linked to achieving a number of SDGs, but incorporating appropriate TB responses
125 into efforts to meet some of the other SDGs will accelerate the end of TB.

126

127 There are multiple links between TB and poverty and food security (Goals 1 & 2). Preventing lost work
128 hours due to TB globally will add US\$ 12 billion to achieving sustainable economic growth, and full
129 and productive employment (Goal 8). Goal 17 calls for strengthening domestic resource mobilization
130 and finding additional financial resources from multiple sources, as well as for developed countries to
131 fully implement their commitments to provide official development assistance, including the
132 commitment to devote 0.7% of gross national income (GNI) to official development assistance. As
133 economies grow, associated improvements in both living conditions (Goal 11) and equal rights to health
134 care treatment (Goal 16) will contribute to slowing the spread of TB. When the world strengthens
135 enforceable legislation for the promotion of gender equality (Goal 5) and reduces inequalities by
136 eliminating discriminatory practices (Goal 10), people will be able to access TB diagnosis and care
137 more easily in cases where financial inequity, family responsibilities and cultural barriers may have
138 prevented them from receiving care in the past.

³“Ending the TB epidemic” is defined as an average global TB incidence of 10/100 000. The phrase “end TB” is used throughout this document with reference to this operative definition.