Introduction

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

We must put the global TB effort back on track.

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

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

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

We must build on this momentum to end TB.

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

FIGURE 0.1: SUMMARY OF KEY UNHLM COMMITMENTS

2 http://www.stoptb.org/global/advocacy/unhlm_targets.asp
UN member states committed to fulfilling the following key commitments by 2022:

1. Successfully treat 40 million people with TB, including 3.5 million children
2. Successfully treat 1.5 million people with drug-resistant TB, including 115,000 children
3. Provide TB prevention therapy for at least 30 million people, including 4 million children under age 5, 20 million other household contacts of people affected by TB, and 6 million people living with HIV.
4. Increase global investment for TB prevention, diagnosis, treatment and care to US$13 billion annually
5. Increase global investment for TB research and development to $2 billion annually
6. Promote and support an end to stigma and all forms of discrimination
8. Deliver, as soon as possible, new, safe, effective, equitable, affordable, available vaccines
9. Continue to develop the new multisectoral accountability framework
10. Provide a progress report in 2020 and a comprehensive review by Heads of State and Government at a high-level meeting in 2023

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

- Health and nutrition
- Finance
- Labour
- Social protection
- Education
- Science and technology
- Justice
- Agriculture
- Environment
- Housing
- Trade
- Development

FIGURE 0.2: TIMELINE FOR ACTION

2014: WHO End TB Strategy Established
2015: UN SDGs Adopted
2017: WHO Global Ministerial Conference in Ending TB in the Sustainable Development Era
2018: UN High Level Meeting on TB
2019: Stop TB Global Plan Update
2019: Global Fund Replenishment Conference
2022: UNHLM Targets due
2025: End TB Strategy Milestones due
2030: SDGs due

BOX 0.1: END TB STRATEGY
[TK TO EXPAND TO INCLUDE PILLARS AND SHOW HOW IT’S ALIGNED WITH END TB STRATEGY, SDGS AND GLOBAL PLAN]
The End TB Strategy, adopted in 2014, is a 20-year strategy to “end the global TB epidemic.”

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

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

[Alternatively: graphic depicting SDG 3 in the middle with the other SDGs arranged around it]

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

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

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