Country Share of Global 2023 UNHLM Targets

In 2023 the UNHLM on TB set global targets for TB diagnosis and treatment to be achieved by 2027. These targets for the five-year period 2023-2027 are:

- up to 45 million people treated for TB
- up to 4.5 million children treated for TB
- up to 1.5 million people treated for drug-resistant TB
- up to 45 million people treated with TB preventive treatment, including:
  - 30 million household contacts, and
  - 15 million people living with HIV,

These targets cannot be achieved at the global level unless each country achieves its own share of the global targets. To support countries to plan for achieving their own share of the global target the Stop TB Partnership, working with Partners, has disaggregated these global targets by country and by year.

Methodology: These targets were developed in two steps.

In the first step the targets were developed using dynamic transmission modelling with a similar approach as was used for the Global Plan to End TB 2023-2030. Model projections of TB incidence and notifications were based on WHO incidence estimates up to 2022, country TB notifications up to 2022, rapid scale up of TB diagnosis, treatment and prevention applied to the model similar to what was done in the Global Plan for the period 2023-2030, and the impact of such scale up on future TB incidence.

In the second step the model derived TB notification targets were adjusted, particularly for high TB burden countries to align them with targets that may already be there in country national strategic plans.

Note:

1. These targets are indicative. Countries are encouraged to set their own targets and reach out to Stop TB Partnership if support is needed, or if a discussion is needed to align the globally set targets with the targets set by a country.
2. These targets cover all countries, except for countries which are low burden, high income, or have a small population with very few people with TB or child TB.
3. It is to be noted that rapid scale up of TB prevention, diagnosis and treatment will result in decline of TB incidence and ultimately decline in TB notification. The targets are developed with such a front-loaded approach with a decline in notifications in the later years. This is the ideal scenario and aligns well with the target of ending TB by 2030. On the contrary if scale up happens slowly then the incidence will remain high and more TB needs to be diagnosed and treated in later years, with a risk that the 2030 target of ending TB will not be achieved.
4. Regarding TB Preventive Treatment (TPT) the biggest among all eligible groups is the contacts group above 5 years of age. In this group the target will depend largely on whether or not TB infection testing will be used to select people to be initiated on TPT. If TB infection testing is used the numbers will be much smaller because those with a negative TB infection test will not require TPT. For this exercise some assumptions have been made on the proportion who will receive TB infection testing. Countries need to interpret their targets keeping in mind their own policy of TB infection testing prior to start of TPT.
5. These targets will be reviewed regularly (at least once per year) and updates will be made if:
   - WHO incidence estimates for a country changes substantially
   - Country has developed its own target which differs from the globally developed target and after an iterative process it is agreed to align with the country-developed target
   - Underachievement happens in the initial years leading to higher targets for the later years of the 5-year period.