



World Health
Organization

**UNIVERSAL
ACCESS TO TB
PREVENTION
AND CARE:
TOWARDS
UNIVERSAL
HEALTH
COVERAGE
(UHC)**

2023-2027



**DIRECTOR-
GENERAL
FLAGSHIP
INITIATIVE
TO #ENDTB**



WHO DIRECTOR-GENERAL FLAGSHIP INITIATIVE TO #ENDTB Universal access to TB prevention and care: Towards Universal Health Coverage (UHC) 2023-2027

In advance of the 2023 UN High Level Meeting on TB, the World Health Organization (WHO) has expanded the scope of the **WHO Director-General's Flagship Initiative** to fast-track progress towards ending TB, over the period 2023-2027. The focus of the initiative will be on ensuring universal access to prevention, care and the latest tools and technologies to combat TB on the road to Universal Health Coverage (UHC). This builds on the achievements made in the first period of the flagship initiative "FIND. TREAT. ALL. #ENDTB" since its launch in 2018, in collaboration with Stop TB Partnership, and The Global Fund. This special initiative will continue to bring together countries and stakeholders to redouble efforts and accelerate the TB response.

Background

TB remains one of the world's deadliest infectious killers. 1.6 million people died from TB in 2021 and 10.6 million people fell ill with this preventable and curable disease.

Global efforts to combat TB have saved an estimated 74 million lives since the year 2000. However, the COVID-19 pandemic, coupled with conflicts across Europe, Africa and the Middle East and socioeconomic inequities, has reversed years of progress made in the fight to end TB, and placed an even heavier burden on those affected, especially the most vulnerable. For the first time in over a decade, TB deaths and disease have increased. There is an urgent need to dramatically increase action and investments to ramp up the fight against TB and achieve commitments to end TB made by global leaders. This is vital to ensure no one is left behind in equitably accessing TB prevention and care in line with WHO's drive towards achieving Universal Health Coverage.

Achievements of the 2018-2022 DG Flagship Initiative- FIND. TREAT. ALL. #ENDTB

In 2018, the DG Flagship Initiative was jointly launched with the Stop TB Partnership and the Global Fund titled "FIND. TREAT. ALL. #ENDTB". The initiative called for actions to rapidly close gaps and scale up access to care. Targets were set as part of the initiative to reach 40 million people with TB with care, and at least 30 million people with TB preventive treatment between 2018 and 2022. The targets from the initiative were used as the foundation for the targets and commitments made by Heads of State in the political declaration of the 2018 UN High Level

Meeting on TB. Since 2018, the initiative has provided a strong political platform to urge countries to prioritize efforts to end TB, including through setting of country-specific targets, increased investments and high-level advocacy through joint calls of the WHO DG and Civil Society and partners urging to provide access to TB services during COVID-19 pandemic, TB preventive treatment, accelerate uptake of new TB guidelines and campaigns such as “Race to End TB” in many high TB burden countries. The initiative contributed to the strengthening of partnerships with countries, partners, and civil society and to advancing multisectoral engagement and accountability. There has been progress made towards reaching the 2022 UN High Level Meeting targets, despite the impact of the COVID-19 pandemic. Since 2018, more than 30 million people were provided with life-saving TB treatment and more than 12.5 million provided with TB preventive treatment. Specialized technical assistance has been provided to more than 100 countries, including 49 countries with a high TB burden, in the uptake of new WHO guidelines and tools, such as for all-oral treatments, rapid molecular tests, that can significantly improve access, quality of care and better outcomes for those affected. Over 109 countries have been supported in uptake of the new WHO-recommended all-oral, shorter treatment for drug resistant TB. New effective drugs for TB treatment are available due to the WHO leadership and effective collaboration with Member States, partners, such as Stop TB Partnership, Global Fund, UNITAID, manufacturers and civil society. A high-level spotlight was placed on ending TB through regular High-Level Events with WHO leadership engagement, including at the UN General Assembly, the World Health Assembly, and other opportunities.

Given the positive impact of the 2018 flagship initiative at the global and national levels and based on advice from WHO’s Strategic and Technical Advisory Group, the scope of the flagship initiative has been expanded for 2023-2027, covering the second term of WHO’s Director General and fully aligned with the WHO priorities for this period.

Focus of the 2023-2027 DG Flagship Initiative to end TB

The DG flagship initiative builds on the progress made by the first period of the initiative from 2018-2022, and prioritizes getting progress back on track, putting more focus on quality of care through accelerating equitable access to the best available and recommended by WHO TB preventive treatment options, shorter TB treatment regimens, rapid molecular diagnostics and tests for TB infection, other innovations and digital tools that will lead to improvements in health outcomes. The initiative is aimed to put spotlight on the urgent needs to increase domestic and international investments in TB services and in TB research and innovation, particularly for new vaccine development. TB services and programmes, especially in high TB burden countries, should be considered as an essential part of health systems, strengthened PHC and pandemic preparedness and response (in particular for airborne infections pandemics).

The initiative covers a period of 5 years from 2023 to 2027, with a milestone of 2025, that matches the 2025 milestones of the End TB Strategy.

The engagement of countries, partners and civil society remains central to the flagship initiative. This also includes collaboration across different sectors of government. Countries will continue to be supported in uptake of guidelines, strengthening national strategic plan and multisectoral engagement and accountability as part of the initiative. Key stakeholders will continue working together under WHO's multisectoral and multistakeholder platform on ending TB to monitor and review the progress, including in the lead-up to the 2nd UN High Level Meeting on TB in 2023.

While the initiative is open for all countries, focused action will be prioritized in at least the 30 highest TB burden countries (HBCs) plus 10 countries with the biggest gaps in access to health services due to COVID-19 impact.

The initiative also aligns with recent innovative efforts by partners, including the Global Fund, WHO and Stop TB Partnership Strategic Initiative on finding the missing people with TB, the U.S. Government Global TB Strategy and the National Action Plan for Combating MDR-TB, the Global Plan to End TB 2023-2030 of Stop TB Partnership as well as Stop TB/ TB REACH, the Zero TB Initiative, and others.

The concept of the 2023-2027 DG Flagship Initiative to end TB was presented and endorsed by the WHO Strategic and Technical Advisory Group on TB. It builds on WHO's End TB Strategy, Multisectoral Accountability Framework on ending TB (MAF-TB), the 2020 UN Secretary General Progress Report on TB, and aligns with the WHO White Paper: "Accelerating Health" with increased focus on PHC, equity and emergency preparedness and response, as well as the priorities set in the *WHO Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)* that brings together 13 multilateral health, development and humanitarian agencies¹ to better support countries to accelerate progress towards the health-related Sustainable Development Goals (SDGs) including for TB. This initiative and its targets are an integral part of the triple billion targets in WHO's General Programme of Work and related delivery for impact stock-takes.









¹ The 13 agencies that are part of the Global Action Plan on SDG3 are: Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents (GFF); the International Labour Organization (ILO); The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); the Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Fund (UNDP); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); Unitaid; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the World Bank Group; World Food Programme (WFP) and the World Health Organization (WHO).

New targets to fast-track progress

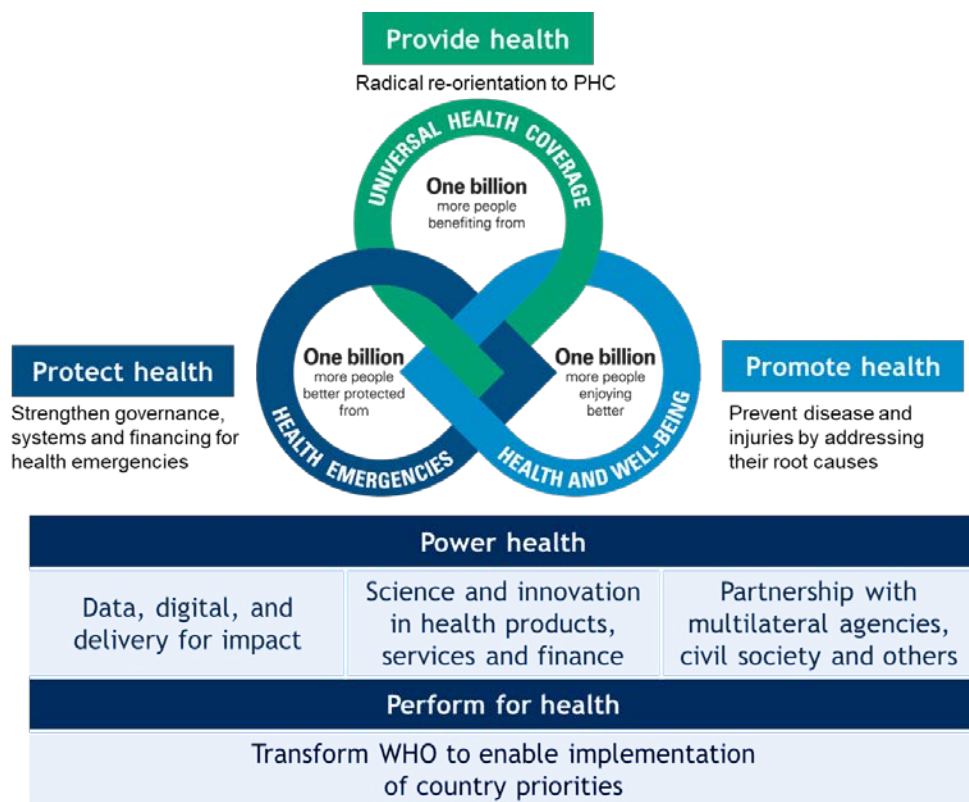
The initiative will set new targets that are aligned with the End TB Strategy and SDGs. It is proposed that the initiative covers a period of 5 years from 2023 to 2027, with a milestone of 2025, that matches the 2025 milestones of the End TB Strategy. High level targets and additional complementary targets have been proposed to drive commitment and action. Process indicators will also be prioritized covering areas such as uptake of new tools, WHO policies, etc.

The initiative calls on country leaders, stakeholders and partners to join forces in achieving the targets listed below, to get the TB response back on track.

	INDICATORS	TARGETS
	1. Universal access to WHO-recommended TB treatment for all	90% people reached with TB treatment between 2023- 2027 (End TB Strategy target is $\geq 90\%$ by 2025)
	2. Universal access to WHO-recommended rapid diagnostic tests for all	100% of people diagnosed with TB were tested initially with a WHO recommended diagnostic test (End TB Strategy target is $\geq 90\%$ by 2025)
	3. Universal access to TB preventive treatment for all	90% reached with TB preventive treatment between 2023- 2027 (End TB Strategy target is $\geq 90\%$ by 2025)
	4. Financial risk protection for vulnerable people with TB (process indicator)	100% All (eligible) people with TB, have access to health and social benefits package so they don't endure financial hardship because of TB disease
	5. License a new TB vaccine to accelerate TB incidence decline (process indicator)	Licensing of at least one new TB vaccine within five years
	6. Sustained and adequate financing for TB services and TB research and innovation (process indicator)	Reaching US\$22 billion annually by 2027 US \$5 billion per year for research by 2027

Five strategic approaches to drive action

The initiative calls for five strategic approaches to drive action to get back on track in enabling access to life-saving TB prevention and care, and on advancing research and innovation to break the trajectory of the epidemic. The priorities are structured based on the four key SDG3 GAP strategic approaches: Engage, Accelerate, Align and Account, and will also add the fifth priority of **Advocacy**. In addition, it is linked to driving implementation of WHO's General Programme of Work 13's country-focused strategy, building upon the steps taken over the past five years towards a WHO even more focused on measurable impact in countries, and laying the groundwork for WHO's 14th General Programme of Work. It will leverage the "5 P's" in WHO's Strategy as outlined in the Figure below:



ENGAGE- Collaboration in countries across sectors, partners, and civil society

Collective action and impact in countries towards ending TB remains central to work under the initiative. WHO will work closely with other UN agencies to engage other sectors beyond health in identifying specific opportunities for joint action towards ending TB at country and global/regional levels. Civil society and communities are an important partner and play a key role in strengthening efforts to end TB, including on the health and social determinants, gender equality, and the response to and recovery from the COVID-19 pandemic. Enabling more meaningful engagement from community-led and civil society organizations constitutes a critical catalyst to achieving the End TB targets and ensuring that no one is left behind. WHO's Civil Society Taskforce on TB has already been spearheading efforts in this area in close collaboration with

WHO's Director General and will play a major role in facilitating the meaningful engagement of the broader civil society and affected communities. Through a collaborative process WHO will support governments in the coordination of country-level activities, leveraging existing UN and other donor coordination arrangements where appropriate, meaningful civil society engagement and will help to facilitate joint actions towards ending TB among the agencies at the global/regional level.

ACCELERATE- Fast-track operational strategies, policies, and approaches

To fast-track progress towards ending TB, there are three “accelerators” that the initiative will focus on:

Primary health care

Primary Health Care (PHC) is key to reaching SDG 3 and the linked TB target. It is vital that efforts to end TB are integrated into PHC to close gaps in access to prevention and care and to ensure strengthened health systems. Member States have committed to primary health care renewal and implementation as the cornerstone of a sustainable health system for UHC, health related Sustainable Development Goals (SDGs) and health security. Primary health care is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage. It is also key to strengthening the resilience of health systems to prepare for, respond to and recover from shocks and crises. PHC entails three inter-related and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multi-sectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health. Ending TB must be integrated as part of these efforts and PHC provides the means to do so. Through the initiative WHO will develop a best practice example highlighting the benefits of integrating efforts to end TB as part of UHC.

In addition, concrete measures will be undertaken at PHC level to ensure continuity of access to essential TB services, harness innovations and get back on track. This would include ensuring that TB services are maintained, strengthened and brought closer to the people affected by TB as an essential component of sustainable health systems and progress towards universal health coverage. This would require improving financial protection for people affected by TB and drug-resistant TB through relevant mechanisms, such as national health insurance systems or other pooled schemes.

Increased and sustainable financing

There is an urgent need for increased domestic and international investments to close funding gaps for TB implementation and research. Countries will be urged through the initiative to increase domestic investments in the context of universal health coverage as a sustainable way of closing this financing gap. However, for countries with weaker economies that have inadequate fiscal capacity to expand public financing, especially following the enormous

socioeconomic impacts of COVID-19, international support will be required in the short or medium term. International donors will be required to significantly increase investments and leverage other existing and new financing mechanisms to chart the way forward to a comprehensive recovery of progress.

R&D, innovation and access

Reaching the end TB targets can be fast-tracked through investments in research (both discovery and implementation models) and innovation, made accessible on an equitable basis. WHO's Global Strategy for tuberculosis research and innovation outlines priorities to support the efforts of governments and other stakeholders to accelerate TB research and innovation and improve equitable access to the benefits of research. WHO is intensifying efforts to shape the TB vaccines agenda, with a new vaccine accelerator council announced by WHO's Director General at a high level event at the World Economic Forum in 2023.

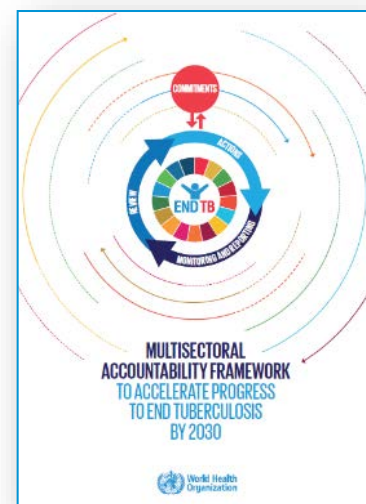
ALIGN – Synergies with the global health agenda and beyond

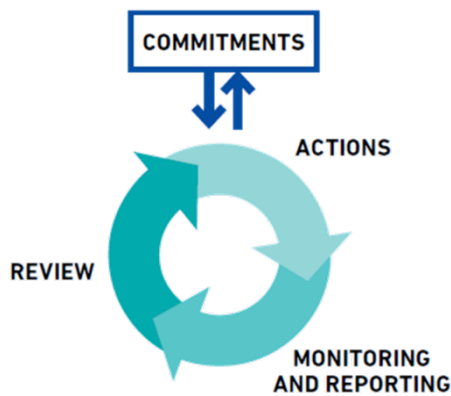
WHO will continue to seek efficiencies and synergies in the health architecture through alignment with other key partnerships and collaborations, particularly at country level. This includes ongoing efforts around PHC, AMR and pandemic preparedness. As seen during the COVID-19 pandemic, TB programmes have contributed significantly to pandemic preparedness, supporting countries to prepare for, prevent, detect, and respond to new outbreaks. This can be leveraged in future pandemic preparedness planning.

Closer alignment of work with new multilateral structures emerging from COVID-19 - such as ACT-A, and agencies focused on One Health, as well as initiatives covering other health issues such as child health, will also be undertaken. The new international accord on pandemic preparedness should also include elements on combating TB.

ACCOUNT – Review progress and enhance multisectoral accountability

Progress towards ending TB cannot be reached by the health system alone and requires firm political commitment at a higher level, strong multisectoral collaboration, and an accountability system. The importance of a multisectoral approach has been a cross-cutting theme in political commitments to end TB since the development of WHO's End TB Strategy. The Moscow Declaration and Political declaration of the 2018 United Nations General Assembly High-level Meeting on TB included a commitment by the Member States to enable and pursue multisectoral engagement and accountability to end TB. WHO subsequently developed and rolled out the Multisectoral Accountability Framework to accelerate progress to end TB by 2030 (MAF-TB) in 2019.





The main aim of the MAF-TB is to support effective accountability of governments and all stakeholders, at global, regional, and country levels, in order to accelerate progress to end the TB epidemic. The UN Secretary-General's 2020 report on TB, also highlights the importance of multisectoral engagement for progress towards ending TB. The report includes a request for WHO to continue supporting Member States to adapt and use the MAF-TB in collaboration with partners, civil society and affected communities, and lead periodic global reviews of the TB response. At the global level,

WHO launched a collaborative multi-stakeholder and multisectoral platform in 2019 to coordinate the TB response and review progress. WHO has engaged countries, partners and civil society at various levels and several events since the launch of the platform and are looking to strengthen and formalize our efforts more to advance multisectoral action and accountability.

Through the initiative, WHO will support countries in undertaking national **high-level reviews** of progress towards reaching targets and achieving commitments, a global review will be undertaken in tandem.

ADVOCATE– Accelerated action and increased investments

A high-level spotlight on ending TB critical to drive increased action and investments. To facilitate this, there is need to develop and implement a strong targeted advocacy and resource mobilization plan as part of the Initiative. Strategic advocacy and communications across all three levels global, regional and national is vital. Advocacy should not only cover key TB milestones and events such as World TB Day, but also go beyond TB-specific activities to leverage advocacy and promotion efforts around linked areas such as Universal Health Coverage, antimicrobial resistance, non-communicable diseases and pandemic preparedness efforts. Innovative approaches and the latest tools for communications including on social media should be utilized actively for wide outreach. Innovative approaches and the latest tools for communications including on social media should be utilized actively for wide outreach. Collaboration with civil society, affected communities and partners, including those beyond the TB community need to be systematically undertaken to amplify advocacy efforts.



Way forward

The implementation of the Flagship Initiative will accelerate progress towards ending TB through 2023 and 2027. WHO will work closely with countries, UN agencies, partners such as Stop TB, Global Fund, USAID, UNITAID, Union, KNCV and others, along with civil society to build on the spirit of collaboration and trust to deliver early and tangible gains towards reaching end TB targets. Best practices and experiences will be shared using the WHO End TB Forum platform and other high-level events. 2023 will be an important year with Heads of State coming together to recommit to ending TB at the 2nd UN High Level Meeting on TB. The initiative also addresses key elements of the other two high level meetings happening this year focused on UHC and pandemic preparedness. The Flagship Initiative will provide a foundation for intergovernmental negotiations as well as to support in high level reviews of progress in advance of the meeting.

Partners are invited to formally express interest to join the Flagship initiative.



Detailed overview of indicators and targets

Indicator <i>Indicators 1-3 have both outcome (%) and impact indicators</i>		Target (2027)	Baseline	Rationale	Comments
1. Universal access to WHO-recommended quality TB treatment for all	TB treatment coverage (%): measured annually People who are notified as having TB as a percentage of total number of people estimated to have developed TB	90% people reached with TB treatment between 2023- 2027 (End TB Strategy target is $\geq 90\%$ by 2025)	61 % in 2021 <i>6.4 million in 2021 (gap 4 million)</i>	Without early diagnosis and treatment, the death rate from TB disease is high (about 50%). Reductions in the number of TB deaths is one the three main targets of the WHO END TB Strategy.	Approximate estimate of absolute numbers at global level will be included in the text of the flagship initiative and potentially in the text of the political declaration of the 2023 UN High Level Meeting on TB (subject to intergovernmental negotiations)
2. Universal access to high quality TB diagnostics for all	Number of new and relapse TB patients tested using a WHO-recommended rapid test at the time of diagnosis, divided by the total number of new and relapse TB patients, expressed as a percentage	100% of people diagnosed with TB were tested initially with a WHO recommended diagnostic test (The End TB Strategy target is $\geq 90\%$ by 2025)	38% in 2021	Early and accurate diagnosis is essential to make linkage to care, thereby improving TB treatment outcome, reducing catastrophic costs from pre-diagnosis period, and limiting disease transmission.	The use of rapid molecular assays as the initial test to diagnose TB is recommended by WHO instead of sputum smear microscopy as they have high diagnostic accuracy and will lead to major improvements in the early detection of TB and drug-resistant TB.

3. Universal access to TB preventive treatment for all	TB preventive treatment coverage (%): Percentage of eligible people provided with TB preventive treatment (household contacts of people diagnosed with TB and people with HIV)	90% (The End TB Strategy target is $\geq 90\%$ by 2025)	40 % of eligible people provided with TB preventive treatment between 2018 and 2021 (3.5 million in 2021)	<p>Preventing TB infection and stopping progression from infection to disease are critical to reduce TB incidence to the levels envisaged by the End TB Strategy.</p> <p>Reduction in TB incidence is also an indicator that has been set as part of the Sustainable Development Goals (SDG 3.3.2)</p>	<p>Percentage in the process of being calculated. Approximate estimate of absolute numbers at global level will be included in the text of the flagship initiative and potentially in the text of the political declaration of the 2023 UN High Level Meeting on TB (subject to intergovernmental negotiations)</p>
4. Financial risk protection for vulnerable people with TB (process indicator)	TB affected households experiencing TB related costs that exceed 20% of their annual household expenditure	100% All (eligible) people with TB, have access to health and social benefits package so they don't endure financial hardship because of TB disease	47% of TB-affected households faced catastrophic costs from TB in 2021	<p>According to survey data, on average 47% of TB-affected households face catastrophic costs with a large proportion losing their jobs while on treatment.</p> <p>Financial barriers to accessing TB services means less people with TB will seek care: this means reduced treatment success, and increased disease transmission.</p>	<p>Examples to be specified of types of measures and their coverage.</p> <p>WHO's End TB Strategy includes the target that no TB patients or their households face catastrophic costs because of TB disease</p>

5. License a new TB vaccine to accelerate TB incidence decline (process indicator)	Licensing of a new TB vaccine, by 2025	Licensing of at least one new TB vaccine, within five years	No new licensed vaccine since BCG (in 1921)	Reaching End TB targets requires major technological breakthroughs by 2025, such as a TB vaccine that is effective both before and after exposure, so that the rate at which TB incidence falls can be dramatically accelerated compared with historic levels (2% per year globally in recent years), to an average of 17% per year between 2025 and 2035.	
6. Sustained and adequate financing for TB services and TB research and innovation (process indicator)	Investment in TB prevention, diagnosis, treatment and care services Investment in TB research and innovation	Reaching US\$22 billion annually by 2027 US \$5 billion per year for research by 2027	US \$ 5.4 billion in 2021 USD 1 billion in 2021	Provision of affordable and equitable quality TB services requires adequate and sustained funding. Present spending on research and development is neither adequate nor commensurate with the global burden of TB.	Estimates based on Global Plan 2023-2030, this excludes the investments needed for vaccination. The vaccination cost is separately estimated in the Global Plan and kicks in only after a new vaccine is ready for procurement and use.

