

The Union Vision and Strategy for TB: 2022 – 2027

Background

The first global strategy for tuberculosis (TB) control was elaborated by the World Health Organization (WHO) early in the 1990s. It was based on the International Union Against Tuberculosis and Lung Disease's (The Union) model, developed by Dr Karel Styblo and colleagues. It had two key elements: 1) Find all people with infectious TB (operationalised as “detect 70% of the estimated new sputum smear positive cases”) and 2) Ensure all the people with TB who are diagnosed complete effective therapy for TB (operationalised as “successfully treat 85% of these detected cases”). This strategy was widely adopted and implemented. For many years it remained at the core of national TB strategies, particularly in low- and middle-countries with a high burden of TB.

‘The Stop TB Strategy’, which built on and enhanced The Union’s strategy to meet the TB-related Millennium Development Goals and the Stop TB Partnership targets, was launched in 2006. This strategy had one key goal: to dramatically reduce the global burden of TB by 2015. The strategy was linked to consensus building and advocacy through the Stop TB Partnership and substantial new funding for countries through the Global Fund. It was successful in halting and reversing the global increase in the incidence of TB.

In 2015, WHO launched ‘The End TB Strategy’ which was aligned with the United Nations (UN) Sustainable Development Goals (SDGs). The overarching goal of this strategy is “A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis”. Specific goals are to reduce deaths by 90% by 2030 and 95% by 2035, to reduce TB incidence by 80% by 2030 and 90% by 2035 (in both cases compared to 2015 levels) and to eliminate catastrophic costs for TB affected families by 2030. The three key pillars of this strategy are: integrated, person-centred TB care and prevention; bold policies and supportive systems; and intensified research and innovation.

The Union has been closely involved in the development and implementation of these strategies, working with multi-lateral agencies including WHO, Stop TB Partnership, and the Global Fund, and with key international donors and other technical agencies including The United States Agency for International Development (USAID), the Agence Française de Développement (AFD), the Bill & Melinda Gates Foundation, KNCV Tuberculosis Foundation, the Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Centers for Disease Control and Prevention and others. However, The Union’s main focus has always been working in countries with ministries of health, national TB programs and civil society organisations to support the implementation of programs and projects aligned with these strategies.

Despite the bold commitments made in the UN’s SDGs, WHO’s ‘END TB Strategy’, The Stop TB Partnership’s ‘Global Plan’, and the UN High-Level Meeting targets, all of which aim to end TB by 2030 or 2035, there is general agreement that we are not on track to achieve this goal. While the COVID-19 pandemic has made matters worse, it was clear that the deviation from the required trajectory pre-dated COVID. At this time, we are faced with a choice: either abandon (or substantially modify) the goal or revise and reinforce the strategy. The Union seeks to take the second option. We believe the goal of eliminating TB is important and it is achievable. The purpose of this document is to outline, at a high level, The Union’s strategy for ending TB, and for achieving the global targets. The proposal is consistent with the global consensus but re-focuses on some key elements and reinvigorates the commitment to end TB in the near future.

The Union recognises that TB affects both individuals and communities, and that reducing the global burden of TB will require ensuring that affected communities are at the heart of the TB response, along with national TB programs and civil society organisations. The Union’s advocacy efforts will address the factors that promote the spread of TB, such as poverty, smoking, air pollution, comorbid medical conditions, inadequate housing and malnutrition. In addition, a major focus of TB prevention must be directly addressing factors that create a favourable environment for TB transmission, such as TB stigmatisation and the social marginalisation of persons with TB, gender inequality and inadequate protection of human rights.

The Union vision for ending TB

Vision

A world free of TB

Objectives

To achieve this vision, The Union will aim to meet the following objectives:

1. **An end to endemic transmission of TB**

This requires finding all people with TB in communities where endemic transmission is currently occurring and ensuring that they initiate and complete effective treatment in a timely fashion. This will involve community-based, active case finding, effective screening and accurate diagnosis at the point of care, transition to person-centred TB care with socioeconomic and psychosocial support to decrease loss to follow-up for all people with TB, whether they seek care for symptoms or are detected by active case finding.

2. **Prevention of progression to TB disease in infected individuals**

This requires diagnosing people infected with TB more effectively and accurately, and closer to the point of care; identifying and effectively managing modifiable risk factors for progression from infection to active TB, such as diabetes, HIV, smoking and malnutrition; and implementing timely and effective TB Preventive Therapy (TPT) in people with substantial increased risk for progression to TB disease.

3. **Effective care and management of people with TB and drug-resistant TB**

This requires treatment for all people with TB that is in line with current best practice and international guidance. All people with TB should have access to effective, person-centred care and access to appropriate, quality assured medicines. They should be supported to complete treatment, be actively monitored for TB drug safety and be followed up for long-term TB outcomes. People with TB should be evaluated for drug resistance at the time of TB diagnosis to prevent transmission of drug-resistant strains. This can be achieved by the universal application of approved rapid molecular tests capable of detecting drug resistance, and by the early introduction of effective management of people with drug-resistant TB.

4. **Engagement of care providers in public and private sectors to address the special needs of children with TB and adults with TB-related disabilities, co-morbidities and risk determinants**

This requires improving integration, awareness, capacity for TB staff and other healthcare workers about how to identify and co-manage TB in the context of other health issues. Children and adolescents with TB infection and disease need to be promptly identified, treated and cured. Co-morbidities and risk determinants should be assessed at the start and the end of TB treatment, and referral to appropriate care ensured.

5. **Prevention of airborne spread of TB in healthcare and other indoor settings**

This requires raising awareness in the community and among healthcare providers about prevention of airborne spread of infection, implementing effective aerosol precautions in healthcare and other congregate settings through administrative controls, environmental controls and respiratory protection. Additional research will be required to identify feasible and effective ways to prevent airborne transmission in educational facilities, homes and other congregate settings.

6. **Enhancing community engagement to prevent TB-affected families from facing catastrophic financial and social costs due to an episode of TB**

This requires improving community engagement, involvement and ownership of TB as a community health issue. Accessible, affordable, acceptable and high-quality healthcare services must be assured, especially for those in the lowest socioeconomic strata. It will be essential to promote socioeconomic support and income security for people with TB and their families, including psychosocial support and psychotherapeutic services for persons with impaired mental health and quality of life due to their episode of TB.

The Union strategy to achieve this vision and objectives

To meet these objectives, The Union will focus on implementing and supporting the scale-up of new developments in prevention, diagnosis and treatment that are evidence-based. Where there are gaps in the evidence, The Union will look to fill these gaps. Our strategic approaches will focus on high TB burden settings in low- and middle-income countries.

A cornerstone of our approach will be to expand community engagement and support community leadership of efforts to end TB. We will do this by working with persons with TB and civil society and by partnering with multi-lateral organisations and national institutions. We will include affected people and community representatives in the decision-making committees of projects.

We will leverage The Union's TB experience and expertise to advocate for increased resources to support the TB objectives outlined in this strategy. We will build capacity through training and education for formal and informal healthcare providers in the TB, specialised and general healthcare systems of low- and middle-income countries, and we will disseminate knowledge and best practices globally through the annual Union World Conference on Lung Health, The Union publications and The Union's communication channels.

The Union will continue to undertake high-quality, relevant clinical, public health and operational research to assist the deployment and scale-up of interventions and new tools that are proven to work. The Union will also strive to measure the efficiency and cost-effectiveness of the proposed approaches and to identify locally-relevant barriers and facilitators in varying contexts. Moreover, The Union will continue to advocate for greater involvement by individuals, communities, governments and supranational organisations in the global effort to end TB and to strengthen healthcare services and systems to achieve Universal Health Coverage.

To accomplish these goals, we will strengthen The Union to achieve a robust integrated membership and organisation that can identify, adapt and use resources in the fight against TB. We will engage the unique qualities of colleagues and partners in the fight to end TB by making clear that everyone has a role to play in the battle against one of the deadliest infectious diseases in the world.