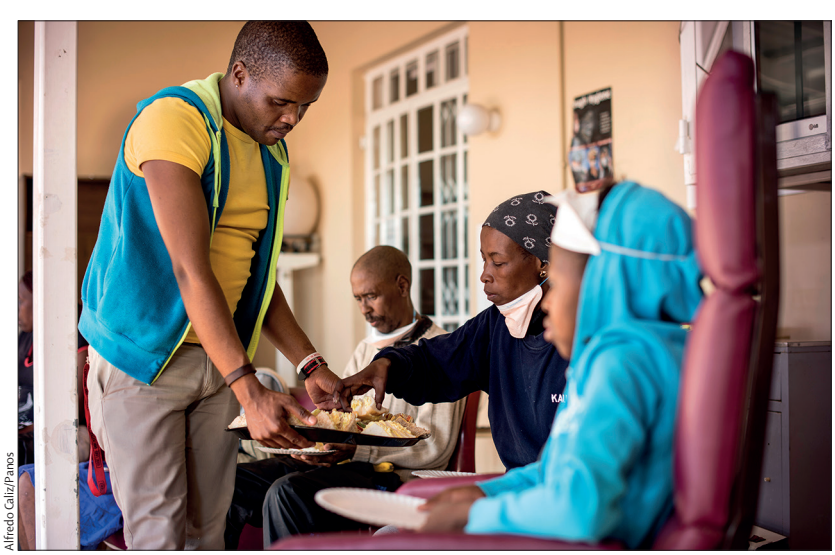
# Advancing global tuberculosis control after the UNGA-HLM

Published Online
September 24, 2018
http://dx.doi.org/10.1016/
S0140-6736(18)32361-4

Data from WHO's *Global Tuberculosis Report* 2018[1] indicate that global efforts to control tuberculosis are not on target to achieve the goals of the WHO Strategy to end the global tuberculosis epidemic by 2030.[2] According to the WHO report,[1] in 2017 an estimated 10 million people (5·8 million men, 3·2 million women, and 1 million children) developed tuberculosis and 4 million people with tuberculosis remained undiagnosed and untreated. Two-thirds of this global tuberculosis case burden of 10 million cases was in eight countries: India (27%), China (9%), Indonesia (8%), the Philippines (6%), Pakistan (5%), Nigeria (4%), Bangladesh (4%), and South Africa (3%). About 558 000 people developed tuberculosis resistant to rifampicin of whom an estimated 458 000 had multidrug-resistant (MDR) tuberculosis, defined as resistance to two first-line drugs, rifampicin and isoniazid. Almost half of drug-resistant tuberculosis cases were found in three countries: India (24%), China (13%), and Russian (10%) where only 55% of patients with MDR tuberculosis were cured after treatment with WHO-approved treatment regimens. MDR tuberculosis continues to spread globally and is a threat to global health security.

There was a 2% decline in overall global incidence of tuberculosis in 2017, which remains the same slow rate of decline achieved in the previous year. Encouragingly, in countries such as eSwatini, Lesotho, Namibia, Russian, South Africa, Zambia, and Zimbabwe incidence declined by 4–8%, demonstrating the value of political commitment and better implementation of existing tuberculosis tools. According to the WHO report,[1] in 2017 there was a shortfall of US$3·5 billion of the estimated budget required for tuberculosis prevention and care in low-income and middle-income countries. Without additional funding, the annual gap will widen to $5·4 billion in 2020. In addition to budgetary issues, global tuberculosis control efforts are unlikely to succeed unless the underlying socioeconomic determinants of the tuberculosis outbreak are addressed.[3,4]



Alfredo Caliz/Panos

Achieving universal coverage and access to health care is an acknowledged human right. Ever since tuberculosis was declared a global emergency by WHO in 1993, there have been strong political and scientific arguments[5,6] made for increased investments in tuberculosis and global health in general. Nevertheless, it is clear from the 2018 WHO report[1] that there have been no serious or substantial political or donor investments for tuberculosis control since 1993. However, in the past 12 months there has been increased political activity to generate more coordinated political action to change the status quo.

The Moscow Declaration to End TB in November, 2017,[7] led to a decision that the UN General Assembly (UNGA) would hold the first high-level meeting (HLM) dedicated to tuberculosis at the UN in New York, USA, on Sept 26, 2018.[8] The process of consultation and setting priorities for the UNGA-HLM on tuberculosis has been lengthy and complicated,[9] involving many stakeholders who demand concrete action.[10] These deliberations have generated high expectations for the UNGA-HLM.

The final consensus text of the UNGA member states declarations for discussion in New York was made available to the public on Sept 14, 2018.[11] The declarations affirm previous commitments to the 2030 Agenda for Sustainable Development and ending the tuberculosis epidemic by 2030.

The UNGA-HLM declarations will be meaningless unless they are acted upon and translated into priority deliverables. They need to deliver increased funding and the resources required to take forward five major "key asks" prioritised by Stop TB Partnership's

tuberculosis stakeholders and communities for the UNGA-HLM.[12] The global tuberculosis response must be transformed to enact and implement people-based policies that recognise the rights of communities. The top priority is to empower tuberculosis health services globally to reach out, diagnose, and treat all adults and children with tuberculosis in all of its clinical forms, including detection of all cases of MDR tuberculosis for which bedaquiline and delamanid should be made available universally. These efforts will reduce the current high tuberculosis diagnostic gaps, mortality, and transmission rates. Increased resources are essential for advancing and facilitating cross-continent research collaborations on development of new diagnostics, drugs, and oral treatment regimens and for reducing duration of therapy and improving treatment outcomes for all forms of tuberculosis. This scale-up of funding for research and development should be coupled with increased investments in evaluation and registration processes for the 15 new or repurposed vaccine candidates pipeline.

Implementation of the UNGA-HLM pledges and declarations by member states on tuberculosis[12] will come under the remit of WHO's Director-General. Both the UN member states and WHO's Director-General will commit fully to decisive and accountable leadership,[11] including a review report of progress in achieving agreed goals in 2020, followed by another HLM in 2023. As a *Lancet Global Health* Comment[6] states "All sectors must be politically active in order to affect the development and implementation of public policies". It is crucial for the WHO Director-General to fully engage and work together in solidarity with all relevant tuberculosis stakeholders, including communities and governments. This is required to ensure that the unique opportunity created by this "unprecedented and historic" UNGA-HLM[13] will yield increased and sustained funding to achieve high-impact short-term, medium-term, and long-term deliverables and turn the tide on the deadly and devastating tuberculosis epidemic.

*Ben Marais, *Alimuddin Zumla*
Division of Infection and Immunity, Centre for Clinical Microbiology, University College London, and the National Institute of Health Research Biomedical Research Centre at UCL Hospitals, London, UK (AZ); and The Children's Hospital at Westmead and Discipline of Paediatrics and Adolescent Medicine, The University of Sydney, Sydney, NSW, Australia (BM)
a.zumla@ucl.ac.uk

We are global tuberculosis advocates and have links with the WHO Global TB Department, STOP TB Partnership, The Global TB caucus, TB Alert, TB Proof, and the International Union against TB and Lung Disease. The views expressed in this Comment are our own. We declare no other competing interests.

1 WHO. Global tuberculosis report 2018. Geneva: World Health Organization, 2018. http://www.who.int/tb/publications/global_report/en/ (accessed Sept 18, 2018).
2 WHO. The end TB strategy: global strategy and targets for tuberculosis prevention, care and control after 2015. Geneva: World Health Organization, 2014. http://www.who.int/tb/post2015_strategy/en/ (accessed Sept 18 2018).
3 Zumla A, Mullan Z. Turning the tide against tuberculosis. *Lancet* 2006; **367:** 877–78.
4 Grange JM, Gandy M, Farmer P, Zumla A. Historical declines in tuberculosis: nature, nurture and the biosocial model. *Int J Tuberc Lung Dis* 2001; **5:** 208–12.
5 Raviglione M, Marais B, Floyd K, et al. Scaling up interventions to achieve global control: progress and new developments. *Lancet* 2012; **379:** 1902–13.
6 Martin K, Mullan Z, Horton R. The political argument for investing in global health. *Lancet Glob Health* 2017; **5** (suppl 1)**:** S1–S2.
7 WHO. 2017 Moscow Declaration to End TB. First WHO Global Ministerial Conference. Ending TB in the sustainable development era: a multisectoral response. Nov 16–17, 2017, Moscow, Russian Federation. http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/ (accessed Sept 20, 2018).
8 WHO. UN General Assembly adopts modalities resolution for the UN High-Level Meeting on TB, 26 September 2018. 2018. http://www.who.int/tb/features_archive/UN-General-Assembly-resolution-HLM-TB/en/ (accessed Sept 17, 2018).
9 European AIDS Treatment Group. UN General Assembly High Level Meeting on the fight against tuberculosis. 2018. http://www.eatg.org/wp-content/uploads/2016/05/UN-meeting-TB_06082018.pdf (accessed Sept 17, 2018).
10 Herbert N, Sharma V, Masham BS, Sheehan BS, Hauser J, Zumla A. Concrete action now: UN High-Level Meeting on tuberculosis. *Lancet Infect Dis* 2018; **18:** 709–10.
11 United Nations. Political Declaration on the Fight against Tuberculosis. Co-facilitators' revised text. United to End Tuberculosis: An Urgent Global Response to a Global Epidemic. 2018. https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/09/Co-facilitators-Revised-text-Political-Declaraion-on-the-Fight-against-Tuberculosis.pdf (accessed Sept 15, 2018).
12 Stop TB Partnership. Key asks from TB stakeholders and communities. http://www.stoptb.org/global/advocacy/unhlm_asks.asp (accessed Sept 20, 2018).
13 Zumla A, Petersen E. The historic and unprecedented United Nations General Assembly High Level Meeting on Tuberculosis (UNGA-HLM-TB). United to end TB—an urgent global response to a global epidemic. *Int J Infect Dis* 2018 (in press).