THE END TB STRATEGY

World Health Organization

Global strategy and targets for tuberculosis prevention, care and control after 2015

VISION	**A world free of tuberculosis** – zero deaths, disease and suffering due to tuberculosis			
GOAL	**End the global tuberculosis epidemic**			
INDICATORS	**MILESTONES**		**TARGETS**	
	2020	**2025**	**SDG 2030**	**END TB 2035**
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	**90%**	**95%**
Reduction in TB incidence rate compared with 2015 (%)	20% (<85/100 000)	50% (<55/100 000)	**80% (<20/100 000)**	**90% (<10/100 000)**
TB-affected families facing catastrophic costs due to TB (%)	Zero	Zero	**Zero**	**Zero**

PRINCIPLES

1. *Government stewardship and accountability, with monitoring and evaluation*
2. *Strong coalition with civil society organizations and communities*
3. *Protection and promotion of human rights, ethics and equity*
4. *Adaptation of the strategy and targets at country level, with global collaboration*

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
C. Collaborative tuberculosis/HIV activities, and management of co-morbidities
D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

A. Political commitment with adequate resources for tuberculosis care and prevention
B. Engagement of communities, civil society organizations, and public and private care providers
C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

3. INTENSIFIED RESEARCH AND INNOVATION

A. Discovery, development and rapid uptake of new tools, interventions and strategies
B. Research to optimize implementation and impact, and promote innovations

THE GLOBAL STRATEGY AND TARGETS FOR TUBERCULOSIS PREVENTION, CARE AND CONTROL AFTER 2015, WERE ENDORSED BY ALL MEMBER STATES AT THE 2014 WORLD HEALTH ASSEMBLY.

ENDING THE TB EPIDEMIC

Ending the global TB epidemic is feasible with dramatic decline in TB deaths and cases, and elimination of economic and social burden of TB. Failure to do so will carry serious individual and global public health consequences.

Achievement of this goal by 2035 requires:

1. **Expanding the scope and reach of interventions** for TB care and prevention, with a focus on high-impact, integrated and patient-centered approaches;
2. **Eliciting full benefits of health and development policies and systems,** through engaging a much wider set of collaborators across government, communities and the private sector;
3. **Pursuing new scientific knowledge and innovations** that can dramatically change TB prevention and care.

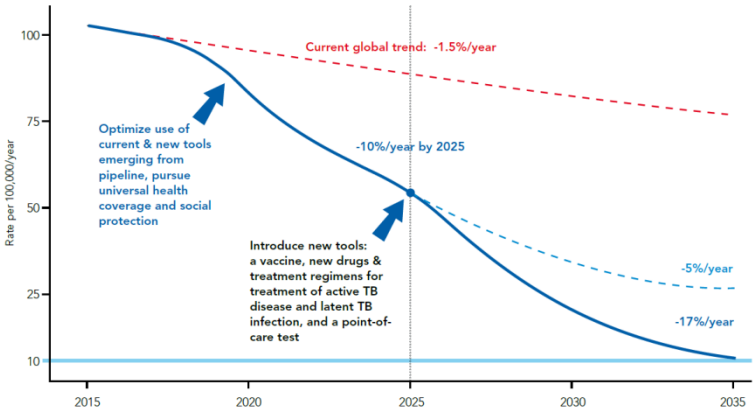
To ensure full impact, these actions must build on principles of government stewardship, engagement of civil society, human rights and equity, and adaptation to the unique context of diverse epidemics and settings**.**

REACHING THE TARGETS

To reach the targets set out in the End TB Strategy, the annual decline in global TB incidence rates must first accelerate from 2% per year in 2015 to 10% per year by 2025. Secondly, the proportion of people with TB who die from the disease (the case-fatality ratio) needs to decline from a projected 15% in 2015 to 6.5% by 2025. These declines in deaths and incidence by 2025 while ambitious are feasible with existing tools complemented by universal health coverage and social protection.

To sustain progress beyond 2025 and achieve the SDG* 2030 and End TB 2035 targets, additional tools must be available by 2025. In particular, a new vaccine that is effective pre- and post-exposure and a safer and more effective treatment for latent TB infection are needed to reduce the number of new TB cases arising from the approximately 2 billion people worldwide who are infected with *M. tuberculosis*, as well as better diagnostics and safer and easier treatment including shorter drug regimens for TB disease. For new tools to be available by 2025, greatly enhanced and immediate investments in research and development are required.

The figure below shows the projected acceleration of the decline in global TB incidence rates with optimization of current tools combined with progress towards universal health coverage and social protection from 2015, and the additional impact of new tools by 2025.



KEY TB FACTS

- 10.4 million people fell ill with TB in 2015, including 1.2 million people living with HIV.
- TB was one of the top 10 causes of death worldwide in 2015, and was responsible for more deaths than HIV and malaria. In 2015, 1.8 million people died from TB*, including 0.4 million among people with HIV.
- Globally in 2015, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB). An additional 100 000 people with rifampicin-resistant TB also required second line treatment in 2015.

ACHIEVEMENTS

49 million
lives saved between 2000 and 2015

22% drop
in TB deaths between 2000 and 2015

CHALLENGES

MDR-TB crisis
Gaps in detection and treatment. Only one in five people needing MDR-TB treatment were enrolled on it

Funding gap
US$2 billion funding shortfall for TB implementation in 2016, and over US$1 billion for TB research

WHO Global Tuberculosis Report 2016