### Vision

A world free of tuberculosis  
– zero deaths, disease and suffering due to tuberculosis

### Goal

End the global tuberculosis epidemic

### Indicators

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>TARGETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>2025</td>
</tr>
<tr>
<td>Reduction in number of TB deaths compared with 2015 (%)</td>
<td>35%</td>
</tr>
<tr>
<td>Reduction in TB incidence rate compared with 2015 (%)</td>
<td>20% (&lt;85/100 000)</td>
</tr>
<tr>
<td>TB-affected families facing catastrophic costs due to TB (%)</td>
<td>Zero</td>
</tr>
</tbody>
</table>

### 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

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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 2030 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.

IMPLEMENTING THE END TB STRATEGY: THE ESSENTIALS

For more information on implementing the END TB Strategy: http://www.who.int/tb/publications/2015/The_Essentials_to_End_TB/en/

KEY TB FACTS

- 10.4 million people fell ill with TB in 2016, including 1 million among people living with HIV.
- TB was one of the top 10 causes of death worldwide in 2016, and was responsible for more deaths than HIV and malaria. In 2016, 1.7 million people died from TB*, including 0.4 million among people with HIV.
- Globally in 2016, an estimated 490 000 people developed multidrug-resistant TB (MDR-TB). An additional 110 000 people with rifampicin-resistant TB also required second line treatment in 2016.

ACHIEVEMENTS

- 53 million lives saved between 2000 and 2016
- 22% drop in TB deaths between 2000 and 2016

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$2.3 billion funding shortfall for TB implementation in 2017, and over US$1.2 billion per year for TB research

TOP-TEN PRIORITY INDICATORS FOR MONITORING IMPLEMENTATION OF THE END TB STRATEGY AT GLOBAL AND NATIONAL LEVELS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>RECOMMENDED TARGET LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB TREATMENT COVERAGE</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>TB TREATMENT SUCCESS RATE</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>PERCENTAGE OF TB-AFFECTED HOUSEHOLDS THAT EXPERIENCE CATASTROPHIC COSTS DUE TO TB</td>
<td>0%</td>
</tr>
<tr>
<td>PERCENTAGE OF NEW AND RELAPSE TB PATIENTS TESTED USING A WHO-RECOMMENDED RAPID TESTS AT THE TIME OF DIAGNOSIS</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>LATENT TB INFECTION TREATMENT COVERAGE</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>CONTACT INVESTIGATION COVERAGE</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>DRUG SUSCEPTIBILITY TESTING (DST) COVERAGE FOR TB PATIENTS</td>
<td>100%</td>
</tr>
<tr>
<td>TREATMENT COVERAGE, NEW TB DRUGS</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>DOCUMENTATION OF HIV STATUS AMONG TB PATIENTS</td>
<td>100%</td>
</tr>
<tr>
<td>CASE FATALITY RATIO (CFR)</td>
<td>≤ 5%</td>
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