The World Health Organization’s new End TB strategy aims to end the global TB epidemic as part of the wider 2030 Agenda for Sustainable Development. The strategy focuses on innovation, integration, effective delivery, and accountability. Underpinning all four pillars is data-driven decision-making and science-based action. A major component of the strategy is the End TB Data Action Plan, which highlights the importance of collecting, analysing, and using data to drive action. This plan sets targets for reporting TB cases annually by 2020 and the proportion of drug-resistant TB cases reported. It also includes a fresh set of global indicators for monitoring progress towards the End TB endpoints, which will be reviewed in 2019. This new strategy builds on the End TB 2015-2020 strategy and the recently published TB Progress Report 2016. The End TB 2015-2020 strategy set targets for TB case detection, treatment success, and patient default rates. The Progress Report 2016 provides an update on progress towards these targets. The End TB Data Action Plan will help to drive the implementation of the End TB strategy and ensure that progress towards the End TB endpoints is monitored and evaluated. The Action Plan includes a pathway for implementation, including the establishment of eight Task Forces to drive responsible implementation of the Plan. The Task Forces will develop operational plans for their respective areas of focus, which will be used to guide implementation of the End TB Data Action Plan. The Action Plan also includes a set of indicators that will be used to monitor progress towards the End TB Data Action Plan targets. These indicators will be reviewed annually to ensure that they are relevant and timely. The Action Plan also includes a set of tools and resources to support the implementation of the End TB Data Action Plan. These tools and resources will be made available to all countries and stakeholders. The Action Plan also includes a set of recommendations for countries to consider when implementing the End TB Data Action Plan. These recommendations include the establishment of a national TB data monitoring and evaluation system, the use of data to inform policy and strategy development, and the use of data to monitor and evaluate progress towards the End TB Data Action Plan targets. The Action Plan also includes a set of case studies to illustrate how the End TB Data Action Plan can be implemented in different contexts. These case studies will be shared with countries and stakeholders to provide examples of successful implementation. The End TB Data Action Plan is a significant step forward in the global fight against TB. It is a data-driven, science-based, and accountable strategy that will help to bring an end to the global TB epidemic. The Action Plan is a major component of the End TB strategy and will be reviewed and revised annually to ensure that it remains relevant and effective.
WHO ARE WE?

In June 2006, the Global TB Programme (GTP) in collaboration with the WHO launch the Task Force on TB notification and vital registration (TVR) systems.

The Task Force includes a wide range of experts to establish a guide and set of tools for improving TB notification and vital registration systems for use by national TB programmes. As of 2018, the Task Force has released three reports:

- Global Tuberculosis Report 2016: Notification & Vital Registration Systems
- Global Tuberculosis Report 2017: Notification & Vital Registration Systems
- Global Tuberculosis Report 2018: Notification & Vital Registration Systems

WHAT IS OUR MANDATE?

The Task Force's mandate is to

1. Ensure that countries maintain and improve robust TVR systems
2. Improve reporting of death and case data
3. Strengthen the use of high-quality TVR data in surveillance and programming
4. Promote use of TVR data for health policy and planning

FIVE STRATEGIC AREAS OF WORK, 2016-2020

The Task Force established five strategic areas of work to

1. Improve quality of data
2. Improve use of data
3. Strengthen TVR systems
4. Improve use of TVR data
5. Improve use of TVR data

STRENGTHENING NATIONAL TVR SYSTEMS

The Task Force identified the following priority areas of work:

1. Strengthening of national TB control programmes
2. Strengthening of TVR systems for direct measurement of TB cases
3. Strengthening of TVR systems for direct measurement of TB deaths
4. Strengthening of TVR systems for direct measurement of TB deaths
5. Strengthening of TVR systems for direct measurement of TB deaths

The Task Force has worked with a number of countries, including China, South Africa, the Philippines, and others, to improve their TVR systems.

FURTHER INFORMATION

For more information on the Task Force, please visit the WHO website at www.who.int/tuberculosis/data

CONTACTS

For questions or comments, please contact tvrdata@who.int

MAJOR PARTNERS

WHO, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, CDC, Cen

GLOBAL TUBERCULOSIS REPORT 2018