



Stocktake on tuberculosis

ASSESSING THE UK'S APPROACH TO
TACKLING DOMESTIC AND INTERNATIONAL
TUBERCULOSIS (TB) IN ADVANCE OF
THE 2023 UN HIGH-LEVEL MEETING ON TB



THE ALL-PARTY PARLIAMENTARY GROUP
Tuberculosis

CONTENTS

Executive Summary	03
Chairs' Foreword	04
Introduction	05
01: Domestic Tuberculosis	06
Domestic Incidence	07
UK Government's approach to tackling domestic TB	10
Impact of Covid-19	12
Next Steps	12
02: International TB	13
International Incidence	14
2018 United Nations High-level Meeting on TB	17
The UK and Global TB	19
Multilaterals, networks, and NGOs fighting to eradicate global TB	20
Next Steps	22

EXECUTIVE SUMMARY

The international community is seriously off-target to meet the tuberculosis goals set out in the United Nations High-Level Meeting on tuberculosis (UNHLM) or the Sustainable Development Goals (SDGs). The SDGs called on the international community to completely eradicate TB globally by 2030, but at the current pace it will take over 100 years to meet this goal. Whilst the Covid-19 pandemic has had a significant impact on the fight to eradicate TB globally, the international community was not on course to meet any of its targets even before the pandemic struck.

Domestically, England has a positive story to tell when it comes to successfully reducing its TB burden. A decade ago, England had one of the highest rates of TB in Western Europe, but today is considered a low-incidence country by the World Health Organisation's (WHO) standards. This is, in part, due to the introduction of the Collaborative TB Strategy for England and the subsequent TB Action Plan for England. Over the coming years, the impact of Covid19 on the UK's domestic TB burden will become more apparent. The Government has made the recovery from the Covid pandemic one of its key priorities in the latest TB strategy - a position that this APPG welcomes. The APPG for Global TB will continue to hold the Government to account on the ambitions set out in the strategy, ensuring that the UK continues to decrease its TB burden while addressing many of the additional challenges brought about by the Covid-19 pandemic.

Internationally, the fight to eradicate TB globally has taken a significant step backwards. Efforts to eradicate TB are hamstrung by a lack of funding for TB programmes, diagnoses, treatments and Research and Development (R&D). Progress towards eradication has also been significantly impacted by the Covid-19 pandemic - during which many TB services were repurposed to deal with the emerging pandemic. The UK can play a leading role internationally in the fight to eradicate global TB at this key juncture - by committing generously to the Global Fund's Seventh Replenishment campaign, restoring R&D funding that was cut during the Overseas Development Assistance (ODA) budget cut and bringing together our international partners to commit generously and wholeheartedly to the fight to eradicate TB around the world.



CHAIRS' FOREWORD

Whilst progress has stalled on the fight to eradicate TB globally, even before the Covid-19 pandemic the international community was lagging on meeting its TB targets. At the current pace, it will take more than 100 years to eradicate TB globally. Covid has only widened that gap - meaning that, in many ways, the fight to eradicate TB globally has actually gone backwards. The international community's ambition to eradicate TB is admirable, but a lack of finance or coherent strategy drive has limited the ability to make significant progress.

The UK played a leading international role in the fight against Covid-19 and the lessons from that fight should now be applied to the fight to eradicate TB - which was the world's deadliest infectious disease before Covid. The mobilisation of the UK's incredible scientific and academic community to develop treatments and vaccines against Covid saved thousands of lives. We should now look to those same world-class institutions, working at the cutting edge of global health and R&D, to develop the next suite of life-saving vaccines and treatments for TB for use both at home and abroad.

This report looks at the state of the fight against TB as it stands today - one year out from the next UN High-Level Meeting on TB. The UK has a positive story to tell reducing its domestic TB burden, and the lessons of this success could be replicated elsewhere to help other nations drive down their TB burdens. Internationally, the UK should continue to lead the way, alongside multilateral partners and the scientific community, by generously financing upcoming multilateral replenishments and innovative R&D opportunities so that we are more able to combat the TB epidemic effectively moving forward.



Virendra Sharma MP
Chair of the
APPG on Global TB



Nick Herbert
(Lord Herbert of
South Downs CBE PC)
Co-Chair of the
APPG on Global TB

INTRODUCTION

Before Covid-19, tuberculosis (TB) held the dishonour of being the world's deadliest infectious disease, with 10 million cases and 1.5 million deaths in 2020 alone. The situation has only worsened through the Covid-19 pandemic, with an estimated 12 years of progress lost in the global fights against TB since the start of 2020.

With the next United Nations High-level meeting on TB due to be held in 2023, the international community has a significant gap to close if it is to achieve the goals and targets set out in the 'Political Declaration of the UN General-Assembly High-Level Meeting on the Fight Against Tuberculosis'. The targets set out in the Declaration are heavily influenced by Sustainable Development Goal (SDG) 3.3 - to end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.



Tuberculosis is caused by the bacterium *Mycobacterium tuberculosis*. It most often affects the lungs, but can also spread to other parts of the body. Tuberculosis is spread from person to person through air droplets and most TB infections show no symptoms - otherwise known as latent TB. Tuberculosis is a disease of poverty - it is more prevalent in poorer communities with lower quality housing, overcrowding and little access to health services. Even in high-income countries, TB is most often found in migrant communities, people with alcohol, drug or mental health issues, homeless communities or people with a history of incarceration.

Due to modern medicines and vaccines, TB is both preventable and curable. Yet each year, millions of people suffer the pain and hardship of an active TB infection. We have the tools to solve the global TB epidemic, but the political and financial will to eradicate it does not exist. TB programmes and R&D are chronically underfunded and progress on the development of new vaccines and medicine has been glacial. If the targets set out in the 2018 Political Declaration are to be achieved, the international community must collectively do more.

Domestically, the UK is considered a low-incidence TB country according to the WHO definition. However, the Covid pandemic contributed to a recent rise in the UK's domestic TB burden. The UK Government has a range of strategies to manage this burden, with both reactive and proactive measures enacted to drive down TB prevalence in the UK. Internationally, the UK Government operates alongside multilateral coalitions and global networks which collectively contribute to the eradication of global TB.

01 Domestic Tuberculosis



DOMESTIC INCIDENCE

Tuberculosis has a long history in the UK. Starting in the mid-18th century, the blossoming industrial revolution 'created an optimal environment for the propagation of TB'.¹ In the early 19th century, as many as 1 in 4 deaths were attributable to TB. Whilst TB is sometimes referred to as a 'Victorian disease', between 1980 and 2012, the UK saw an 1.9% increase in TB cases year on year.

However, over the past decade, the picture has shifted and the UK has significantly driven down its TB burden. Due to the measures introduced by successive governments, since 2011 the UK has seen a 44% reduction in the number of people diagnosed with TB. This progress means that the UK is now considered a low-incidence country by the WHO. We must apply the lessons learnt from the UK's domestic measures to tackle TB and apply these to the international context. We should not rest until TB has been entirely eradicated globally.

As health is a devolved policy, each of the regions of the UK will have their own strategies for driving down the TB burden. The scope of this report is focused on the measures that health authorities have pursued in England.

Change since 2018

Between 2011 and 2018, England experienced a steady decline in the number of people with TB reported to health authorities. In 2018, England's TB incidence rate was the lowest it has ever been, with fewer than 8.3 people per 100,000 receiving a positive TB notification.²

2019 saw the number of people with TB increase for the first time in 9 years. Between 2018 and 2019, the number of people with TB increased by 2.4%, from 4,615 cases in 2018 to 4,725 cases in 2019.³ Despite this small rise, the UK remained well below the WHO's definition of a low-incidence country, marking the third straight year that England had achieved that feat.

The uptick in cases in 2019 did not continue into 2020. Between 2019 and 2020, there was a 13.1% decrease in the number of people in England with TB.⁴ Whilst this reduction is welcome, it must be contextualised alongside the impacts of the Covid-19 pandemic. England spent a significant portion of 2020 under pandemic restrictions, with many NHS services repurposed to deal with the imminent threat of Covid-19. Two scenarios explain the reduction in the number of TB cases: (i) covid restrictions, which forced people to social distance, would have prevented wider TB transmission, reducing the overall number of cases of TB, or; (ii) fewer people would have accessed primary and secondary NHS services for a TB diagnosis. Data from 2021, which will not be released until Q4 2022, will provide greater clarity as to which scenario best explains the reduction in cases, and whether the downward trends of TB cases will continue or whether, in fact, missed diagnoses through the course of the pandemic will result in an increase TB incidence.

YEAR	# TB CASES REPORTED IN ENGLAND	% CHANGE PREVIOUS FROM YEAR
2018	4,615	-8.2
2019	4,725	+2.4
2020	4,125	-13.1

¹ Glaziou et al. 720

² Public Health England, 2019

³ Public Health England, 2020

⁴ UK Health Security Agency, 2021

Where is the burden situated?

England's TB burden is not equally distributed across its regions and demographics. Cases of TB have, and continue to be, concentrated in communities with social risk factors, more deprived communities and in people born outside of the UK. There are also comorbidity factors as well - for instance, those with HIV/AIDs, diabetes, malnutrition, tobacco and substance use disorders have a greater likelihood of catching TB.

Geographical Distribution

England's TB burden remains largely concentrated in urban areas. Since 2018, London has accounted for the most number of TB cases, making up roughly 35.6% of TB cases in England in any given year.⁵ The South of England (including London) accounts for more cases each year than the Midlands or the North. However, the South of England has decreased the number of TB cases since 2018 at a rate only second to that of the North East, Yorkshire and Humber region.

REGION	CASES IN 2018	CASES IN 2019	CASES IN 2020	% CHANGE SINCE 2018
EAST OF ENGLAND	361	422	371	+2.7
EAST MIDLANDS	338	356	310	-8.2
LONDON	1,691	1,665	1,464	-13.4
NORTH EAST, YORKSHIRE AND THE HUMBER	470	437	354	-24.6
NORTH WEST	479	525	455	-5
SOUTH OF ENGLAND	703	746	623	-11.3
WEST MIDLANDS	613	574	548	-10.6

A handful of local authorities have had great success in eliminating TB entirely. In 2020, 9 local authorities did not report a single case of TB - a 200% increase since 2018.

Personal Demographics

Age, sex and place of birth all have an impact on an individual's likelihood of contracting TB.

TB is more prevalent in men than it is in women. Between 2018 and 2020, 59.3% of all TB infections in England occurred in people who identified as male⁶ - a trend reflected globally. One proposed hypothesis for this is that males generally have greater exposure to the risks and activities likely to increase the transmission of TB - for instance, men are more likely to smoke and consume alcohol; two factors which increase the risk of contracting TB by a factor of 3.3 and 1.6 respectively.⁷

⁵ UK Health Security Agency, 2021, p14

⁶ UK Health Security Agency, 2021

⁷ Nhamoye-bonde and Leslie, 2014



'Parliamentarians on the All-Party Parliamentary Group for TB meet virtually on World TB Day 2021 with Peter Sands, Executive Director of the Global Fund to fight AIDS, TB and Malaria
© TB APPG 2021

TB is more prevalent in people born outside of the UK than those born in the UK. Between 2018 and 2020, 72.7% of confirmed TB cases were in people born outside of the UK.⁸ 2020 saw a decrease in both the numbers of notifications and the rate for both non-UK and UK-born individuals.⁹ That being said, the rate of TB is still 15 times higher in people born outside of the UK compared to those born in the UK. For those born outside of the UK who contracted TB, the most frequent countries of birth were India, Pakistan and Romania,¹⁰ reflective of the global incidence rate.

The Government, in response to a Written Parliamentary Question, have suggested that the reason for the increased prevalence of TB amongst people born outside of the UK is because:

'There is a higher risk of the disease in individuals who are born in high prevalence areas and this elevated risk continues within settled migrant populations. This is a complex issue and the continued higher risk is in part explained by reactivation of latent or dormant disease and the higher rates of contact with the populations and countries with a high prevalence of the disease. Effective targeted prevention programmes have been commissioned to address this risk, which includes new entrant and pre-entry screening of individuals from high prevalence countries'.¹¹

For those born in the UK, the largest proportion of TB cases in both males and females occurred in those aged 65 and above. However, for those born outside of the UK, the largest proportion of cases in both males and females occurred in the 25-44 age range¹² again highlighting the impact that country of birth can have on TB cases in the UK.

⁸ UK Health Security Agency, 2021

⁹ Ibid

¹⁰ UK Health Security Agency, 2021

¹¹ WPQ110310

¹² UK Health Security Agency, 2021

UK GOVERNMENT'S APPROACH TO TACKLING DOMESTIC TB

As noted previously, the government has made remarkable progress in driving down the levels of TB in England across the board. To support its approach, the government has a range of strategies which aim to eliminate TB from England, and the UK, entirely.

Collaborative TB Strategy for England, 2015 to 2020

In 2015, England's TB burden was higher than almost all other Western European countries and four times higher than the United States. In response to this, Public Health England released their 'Collaborative TB Strategy for England, 2015-2020'. The strategy aimed to achieve year on year reductions in TB incidence.



Public Health
England

To support this plan, Public Health England outlined ten 'areas of action' for the strategy to focus on:

AREAS OF ACTION

- | | |
|--|---|
| 01 Improve access to services and ensure early diagnosis | 06 Reduce drug-resistant TB |
| 02 Provide universal access to high quality diagnostics | 07 Tackle TB in under-served populations |
| 03 Improve treatment & care services | 08 Systematically implement new entrant latent TB screening |
| 04 Ensure comprehensive contact tracing | 09 Strengthen surveillance and monitoring |
| 05 Improve Bacillus Calmette-Guerin (BCG) vaccine uptake | 10 Ensure an appropriate workforce to deliver TB control |

Over the course of the collaborative strategy, TB incidence in England dropped by 29%. During this time, England recorded the lowest number of TB cases and rates in its history and, for the first time, qualified as a low incidence country according to the WHO.

The collaborative strategy was widely praised by TB stakeholders. In 2019, as outlined in the strategy, a survey of 250 tuberculosis stakeholders was commissioned to critique the strengths and weaknesses of the strategy.

Some of the feedback from this survey is included below:

STRENGTHS

Introduction of TB control boards which gave recognition to the importance of tackling TB
Contract tracing was greatly improved through Whole Genome Sequencing (WGS)
Improved stakeholder engagement

WEAKNESSES

Service integration
Lack of focus on TB in low incidence settings
Local authority spending cuts hampered the ability of local authorities to house homeless

In March 2019, the All Party Parliamentary Group (APPG) for Global TB released a report entitled 'Ending TB in England - accelerating progress of the national TB response'. The report found that 'the collaborative TB strategy has had a positive effect on both TB care and TB rates in England'.¹³

The inquiry made several recommendations, including:

- Strengthening awareness-raising activities among healthcare workers, particularly in low incidence areas;
- Securing BCG vaccination supplies from 2019 onwards;
- Securing sustainable funding for the British Thoracic Society's multi-drug resistant TB clinical advice service, and
- Beginning the development of a post-2020 TB strategy for England.

Many of the recommendations outlined in the APPG's report were incorporated into the 'TB Action Plan for England 2021-2026' - including around workforce education, optimising BCG vaccine provisions and improving early detection tools used to maximise the effectiveness of contact tracing.

TB Action Plan for England, 2021 to 2022

The Government released the 'TB Action Plan for England, 2021 to 2026' in July 2021. The aim of the plan is to 'improve the prevention, detection and control of TB in England'. The Government's ambition is that 'the TB action plan will support a year-on-year reduction in TB incidence and in-UK TB transmission and enable the UK to meet its commitments to the WHO elimination target by 2035.'



UK Health
Security
Agency

The five priority areas outlined in the strategy are:

- 01 Recovery from the Covid-19 pandemic
- 02 Prevent TB
- 03 Detect TB
- 04 Control TB disease
- 05 Workforce

These actions were underpinned by:

- ▶ Action for specific population groups
- ▶ Measurable outcomes and indicators
- ▶ System wide actions

In reply to a Written Parliamentary Question, the Government has said that the TB Action Plan 'aims to drive forward improvements by first prioritising the recovery of services, and then the prevention, detection and control of TB and developing the healthcare workforce.' Additionally, the Government 'has made £2 billion available via the Elective Recovery Fund and £8 billion across the following three years to transform elective services, increase capacity and reduce waiting times.'¹⁴

¹³ All-Party Parliamentary Group on Global Tuberculosis, 2019

¹⁴ WPQ100311

IMPACT OF COVID-19

The Covid-19 pandemic has impacted domestic programmes for tackling TB. The ‘Tuberculosis in England: 2021 report’ showed that the number of TB cases diagnosed between 2019 and 2020 fell by 13%.¹⁵ Whilst this could be seen as a success, it should also be treated with caution - just because the number of TB diagnoses fell, it does not necessarily mean that the burden decreased. It could equally mean that the burden remains at the same levels, but that fewer people tested during that period. This is implied by other data - for instance, during the same period 2019 to 2020, the number of drug resistant TB cases in England increased to their highest level since enhanced surveillance began in England in 2020.¹⁶

The Covid-19 pandemic saw a reduction in social interactions and access to healthcare across England. This will necessarily reduce the number of TB diagnoses, but does not mean that TB is any less prevalent. Dr Ester Robinson, Head of the TB Unit at the UK Health and Security Agency remarked that: ‘the year 2020 was unique, so we must treat the decline in reported cases with caution. More recently, we know that global cases of TB have risen as communities have returned to more normal social patterns after Covid and England is no different’.

The ‘TB Action Plan 2021 to 2026’ has rightly identified the recovery from the Covid pandemic as one of the key priority areas for the strategy to address. What this means in practice is yet to be seen. It is vital that TB does not ‘get lost’ in the other areas of care which also need to recover from the pandemic and which are competing against TB for additional resources. The APPG for Global TB will continue to monitor the impact and rollout of the new TB strategy, working with stakeholders across the sector to ensure that the Government receives real time feedback on the strengths and weaknesses of the approach and ensuring that best practice can be replicated elsewhere.

Finally, the Government should continue to approach reducing England’s TB burden holistically, with a greater emphasis on tackling the social determinants and key risk factors which increase the likelihood of a TB diagnosis.

NEXT STEPS



The APPG for Global TB led the charge for the government to develop and implement an English TB strategy. We are pleased to see that the Collaborative TB Strategy for England drove down domestic TB burdens and led to the generation of a new TB strategy which will continue that mission. The APPG for Global TB will continue to hold the Government to account on the ambitions laid out in the ‘TB Action Plan 2021 to 2026’.

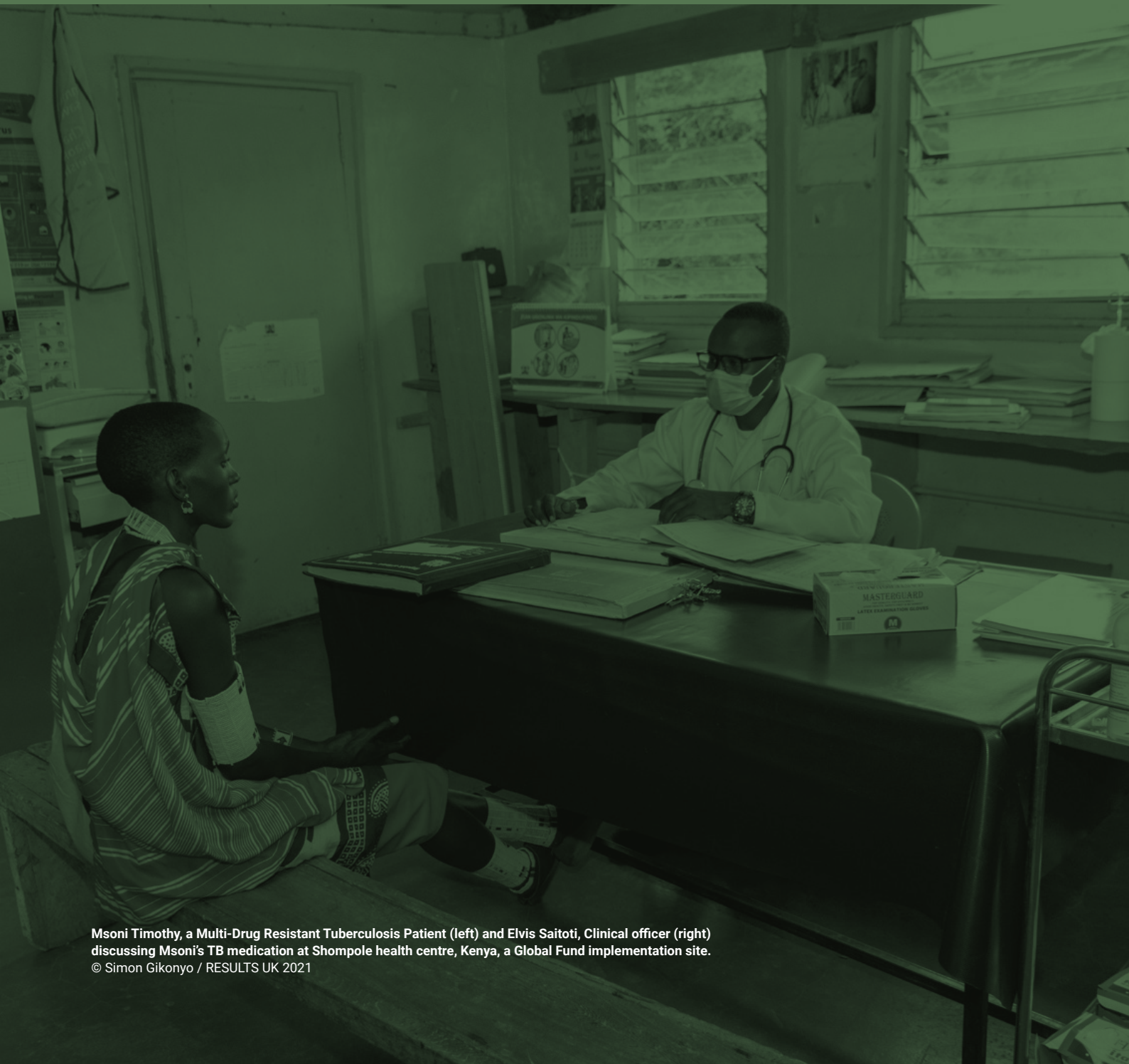
Addressing the legacy challenges associated with Covid19 is rightly one of the Government’s biggest priorities moving forward. As the NHS moves towards more virtual ways of working, it is vital that TB prevention programmes are not compromised by a lack of access to healthcare infrastructure or healthcare professionals. The UK can also lead the way in developing new, innovative medicines and medical tools - increasing access to medicines both at home and abroad and saving lives.

The APPG for Global TB will continue to aim to be a nexus for the entire TB community, ensuring that the voice of academics, scientists, healthcare professionals, civil society organisations and those with lived experience of TB are heard at the highest levels of Government.

¹⁵ UK Health Security Agency, 2021

¹⁶ Ibid

02 International Tuberculosis



Msoni Timothy, a Multi-Drug Resistant Tuberculosis Patient (left) and Elvis Saitoti, Clinical officer (right) discussing Msoni's TB medication at Shompole health centre, Kenya, a Global Fund implementation site.
© Simon Gikonyo / RESULTS UK 2021

INTERNATIONAL INCIDENCE

In 1993, the WHO elevated TB to the level of global emergency - marking the first time an infectious disease had been given that distinction. At the time, the WHO noted that 'TB kills more adults each year than any other infectious disease - more than AIDS, diarrhoea, malaria and other tropical diseases combined. Never in the history of medicine has one disease caused so many deaths yet remained so invisible.'¹⁷ In the same report, the WHO highlighted that TB has received less funding 'than what some cities spend to construct, equip and staff one modern hospital.'¹⁸ Whilst the global outlook for TB has improved since 1993, many of the same underlying issues continue to affect the fight to eradicate it in 2022.

Even before the outbreak of Covid-19, the international community was seriously off-target to meet the goals set out at the 2018 United Nations High-Level Meeting (UNHLM) or those set out in the Sustainable Development Goals. SDG 3.3 calls for the international community to eradicate TB globally by 2035 - yet on current pace, it will take more than 100 years for that feat to be achieved. The WHO's 2020 TB report, the last report before the Covid-19 pandemic, highlighted just how far behind the international community was on its targets:¹⁹

The Covid-19 pandemic has significantly hampered progress towards eradicating TB globally. Whilst there have been country-level and regional-level successes over the past two years, most global TB targets are wildly off track. The most significant impact of the Covid-19 pandemic has been the drop in the number of confirmed cases of tuberculosis worldwide. Whilst this may appear to be a positive development, it is highly unlikely that levels of TB have actually dropped. Between 2019 and 2020, the number of people diagnosed with TB dropped by 18%.²⁰ 16 countries accounted for 93% of this reduction, suggesting that countries which already have a high TB burden have fared worse than others.²¹ Additionally, there has been a significant reduction in the number of people treated for drug-resistant TB and TB preventative treatments, down 15% and 21% respectively.²²

A SDG'S AND END TB STRATEGY

TARGETS FOR REDUCTIONS IN THE TB INCIDENCE RATE, TB DEATHS AND CATASTROPHIC COSTS

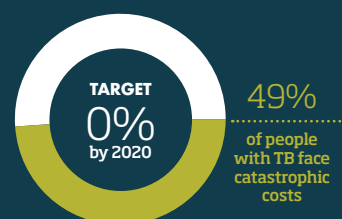
TB INCIDENCE RATE



TB DEATHS



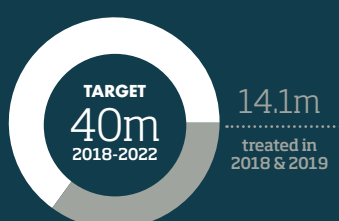
% TB SUFFERERS FACING CATASTROPHIC COSTS



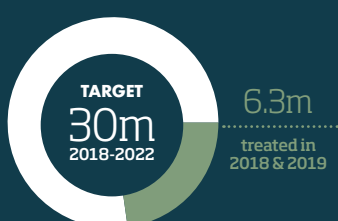
B UN HIGH-LEVEL MEETING ON TB

TARGETS FOR THE NUMBER OF PEOPLE PROVIDED WITH TB TREATMENT & TB PREVENTATIVE TREATMENT

TB TREATMENT



TB PREVENTATIVE TREATMENT



C UN HIGH-LEVEL MEETING ON TB

TARGETS FOR INCREASED FUNDING

UNIVERSAL ACCESS TO TB PREVENTION, DIAGNOSIS, TREATMENT & CARE



TB RESEARCH



¹⁷ World Health Organisation, 1994
¹⁸ Ibid

¹⁹ World Health Organisation, 2020
²⁰ World Health Organisation, 2021

²¹ Ibid
²² Ibid

"We used to encourage patients to come [to the health centre] but now because we want to restrict them from coming into contact with a multitude of people because of COVID, we are now forced to pick drugs and take the drugs to patient's home. At the end of the day, you find that you are not like, doing your normal work at the hospital, you are actually going round taking drugs to TB patients."
Elvis Saitoti, Clinical Officer in Shompole Health centre, Kenya
© Simon Gikonyo / RESULTS UK 2021



We know that essential TB services were severely disrupted from the outbreak of COVID-19. In part, this was due to the similarities between the two diseases, meaning that existing TB staff, tools and clinics were repurposed to combat the growing pandemic. Between June 2020 and August 2020, Global Fund TB programmes experienced 'very high disruption' as a consequence of Covid²³. By May 2021, TB services delivered by the Global Fund were the most disrupted of the three diseases under its purview.²⁴ Furthermore, fear of attending hospital in case of contracting COVID-19, and increased stigma surrounding both diseases, meant that some people did not seek medical attention when symptoms arose.²⁵ This is likely to cause greater case rates in the long term.

LIMITED ACCESS TO TB DIAGNOSIS AND TREATMENTS HAVE LED TO AN INCREASE IN THE NUMBER OF DEATHS.

Between 2019 and 2020, there was a
9.2% increase in the number of deaths from TB - to a similar level to that in 2017.²⁶

The WHO predicts that the number of deaths will increase in both 2021 and 2022.



These setbacks in the fight to eradicate global TB are compounded by the fact that there is insufficient investment globally to combat the TB epidemic effectively. Between 2019 and 2020, there was a fall of 5% on global spending on TB diagnostics, treatments and prevention services.²⁷ Even with this reduction in funding, global spending on TB in 2019 was less than half of what was actually needed to make meaningful change in the fight to eradicate TB. The 2021 G-Finder report showed that global investment in TB research and development (R&D) totalled \$684 million - down by \$33 million (4.6%) from its record high in 2019.²⁸ However, the Stop TB Partnership estimates that \$2.16 billion is required annually to develop and deliver new tools (diagnostics, vaccines, medicines etc.) which can end the TB epidemic.²⁹

²³ Global Fund Covid-19 Situation Report, May 2021

²⁴ Ibid

²⁵ Global Fund Results Report, 2021

²⁶ Ibid

²⁷ Ibid

²⁸ G-Finder, 2021

²⁹ Stop TB Partnership, 2019



WHERE IS THE BURDEN LOCATED?

Most of the global TB cases are located in South-East Asia, Africa and the Western Pacific.

30 countries with the highest global TB burdens = 86% of all TB cases

8 of these countries between them³⁰ = 66% of all TB cases

The countries with the largest TB burdens as of 2020 are India, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.³¹

³⁰ World Health Organisation, 2021

³¹ Sophie Cousins, The Lancet, 2018

2018 UNITED NATIONS HIGH-LEVEL MEETING ON TB

The international community has long been aware of the need to address the global TB epidemic. In 2015, TB was specifically included in the UN's Sustainable Development Goals (Goal 3.3.2) and in 2017, ministers from 75 states met in Moscow for the first WHO Global Ministerial Conference on Ending TB. To support momentum on achieving the targets set out in these two crucial events, the United Nations convened a high-level meeting to coordinate action on driving down global TB prevalence.

On 26 September 2018, heads of state met in New York for the first United Nations high-level meeting on TB (UNHLM TB). The aim of the meeting was to 'accelerate efforts in ending TB and reach all affected people with prevention and care'. The theme of the meeting was 'United to end tuberculosis: an urgent global response to the global epidemic'. The result of this gathering was an ambitious Political Declaration on the Fight Against Tuberculosis, endorsed by all parties in attendance. The declaration outlined a plan of action to tackle TB globally and help achieve the targets contained within the Sustainable Development Goals (SDGs).

The Declaration outlined 53 commitments for the international community to strive for, with the following key commitments:

- Diagnose and treat 40m people with TB from 2018 to 2022;
- Commit to overcome drug-resistant TB;
- Fully finance the global TB response, with investments reaching at least \$13 billion a year by 2022;
- Close the funding gap for TB R&D, with investments reaching \$2 billion annually;
- Develop or strengthen national TB strategic plans;
- Promote and support an end to stigma and all forms of discrimination, and
- Commit to delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines.

The UNHLM was widely hailed as a success for the international TB community. Lucicia Ditiu, Executive Director of the Stop TB Partnership, celebrated the declaration: 'I am happy we have a declaration endorsed. Now my message to governments is: you have committed to the declaration and we will be after all of you to deliver on it.'³² Aaron Oxley, Executive Director of RESULTS UK, praised the 'meaningful' and 'ambitious' declaration, highlighting that 'over the last year, the tuberculosis committee have mobilised like never before and that does not stop [now]: it accelerates.'³³

³² Sophie Cousins, The Lancet, 2018

³³ Ibid

Progress towards the 2023 targets

Whilst the targets set out at the 2018 UNHLM were ambitious, progress towards them has been insufficient. Even before the onset of Covid-19, the international community was off-track to meet any of the targets set out in the UNHLM or the SDGs. The Covid-19 pandemic has only further hampered the international community's ability to meet these targets, meaning that many of the targets set out in the Declaration have not even been half fulfilled, with one year to go before the next UNHLM.

The 2021 Global TB Report sets out global progress towards some of the top line targets from the Political Declaration:

TREATMENT TARGETS				
	TB TREATMENTS ALL AGES	TB TREATMENT CHILDREN	MULTI-DRUG RESISTANT TB/RR-TB TREATMENT ALL AGES	MULTI-DRUG RESISTANT TB/RR-TB TREATMENT CHILDREN
TARGET	40 million	3.5 million	1.5 million	115,000
TO DATE	19.8 million 50%	1.4 million 41%	483,000 32%	12,200 11%

PREVENTATIVE TREATMENT TARGETS				
	ALL AGES	PEOPLE LIVING WITH HIV	HOUSEHOLD CONTACTS AGED <5	HOUSEHOLD CONTACTS AGED 25
TARGET	30 million	6 million	4 million	20 million
TO DATE	8.7 million 29%	7.2 million 100%	1.2 million 29%	320,000 1.6%

FUNDING TARGETS		
	UNIVERSAL ACCESS TO TB PREVENTION, DIAGNOSIS, TREATMENT AND CARE	TB RESEARCH
TARGET	\$13 billion per annum	\$2 billion per annum
TO DATE	\$5.3 billion 40%	\$901 million 45%

THE UK AND GLOBAL TB

The UK does not give any bilateral overseas development assistance (ODA) funding for tuberculosis. Instead, the UK government is the third largest historic sovereign donor to the Global Fund to fight AIDS, Tuberculosis and Malaria, the world's largest financier of TB treatment, prevention and diagnosis programmes. Since 2018, the UK has given over £1.4 billion to the Global Fund - with most of this funding committed during the Global Fund's Sixth replenishment campaign in 2019.

Cuts to the UK's ODA budget

In November 2020, the Chancellor of the Exchequer announced that the Government would no longer be spending 0.7% of gross national income on ODA. This announcement amounted to a £4.5 billion reduction per year in the UK's ODA budget.

The impact of these cuts are still to be fully realised. In answer to a Written Parliamentary Question, the Government said that 'future funding, beyond our current commitments, will be determined as part of departmental business planning in line with departmental allocations announced in last year's Spending Review, and guided by the approaches set out in the Health Systems Strengthening Position Paper and Ending Preventable Deaths approach'.³⁴

Recent Government announcements on multilateral funding commitments suggest that the ODA cuts will have an impact on the fight to eradicate global TB. In May 2021, the UK cut its contribution to the United Nations Development Programme by 66%. In June, it cut funding for Unitaid, a health agency funding medicines and health tools in lower-income countries, by 92%. In December 2021, the UK cut its contribution to the World Bank's International Development Association by 55%, amounting to a \$1.8 billion drop. Similarly, funding to Product Development Partnerships - a key mechanism in the development of tools for diseases like TB which are not market-driven - has been cut by 85%.

In 2020, this APPG wrote to the then Foreign Secretary, the Rt. Hon Dominic Raab MP, highlighting that any cut to the UK's aid budget would have a significant impact on global health research, severely limiting international public-private partnerships that have been developing new and innovative medicines to tackle the world's deadliest infectious diseases. Not only does the cut to the ODA budget threaten future R&D funding, but it also jeopardises research capacity built up over decades. The Government must commit to the restoration of the UK's R&D funding on global health issues so that the UK can remain a leader in developing the tools which will bring an end to these deadly epidemics. This APPG's most recent report called for the Government to commit 'at least 5% of ODA on research, and ensure spending for TB research does not fall below the 0.1% GERD between 2020 and 2025'.³⁵ In November 2021, the Chancellor of the Exchequer announced that the Government is to invest £20bn in R&D funding by 2024/25. The Government should commit a sizable portion of this funding to the development of new diagnostic tools and vaccines for the fight to eradicate global TB.

We are encouraged that the Chancellor the Exchequer intends to increase the UK's ODA budget from 0.5% of GNI back to 0.7% by 2024/25,³⁶ and the Government must be held to account for delivering this commitment. In the meantime, the UK must not allow its historic investments in global health research to be severely impacted, as this will only lead to an increase in the number of TB deaths and the loss of further ground in the fight to eradicate TB globally.

³⁴ WPQ114697

³⁵ APPG on Global TB, 2020

³⁶ Autumn Budget and Spending Review, 2021

MULTILATERALS, NETWORKS, AND NGOS FIGHTING TO ERADICATE GLOBAL TB

The Global Fund to fight HIV, Tuberculosis and Malaria



The Global Fund to fight AIDS, Tuberculosis and Malaria is the world's largest financier of TB prevention, diagnostic and treatment programmes, accounting for 77% of all TB financing globally. Founded in 2002, the Global Fund aims to 'attract, leverage and invest additional resources to end the epidemics of HIV/AIDS, tuberculosis and malaria to support the attainment of the Sustainable Development Goals established by the United Nations.' The Global Fund invests more than \$4 billion per year to support

programmes run by local experts in more than 100 different countries. Since 2000, over \$50 billion has been invested by the Global Fund in more than 155 countries - making it one of the largest multilaterals working in global health.

Since its inception, the Global Fund estimates that its health programmes have saved as many as 44 million lives through the end of 2020. Since 2002, the overall number of deaths caused by HIV/AIDS, TB and malaria has reduced by 46% in countries where the Global Fund invests.³⁷

The Global Fund is hosting its Seventh Replenishment Conference in the United States in September 2022. This event serves as the end of the replenishment campaign, with the final pledged amount accounting for the next three years of the Global Fund's work. Given the significant impact of Covid-19 on TB programmes and global health services in general, it is vital that the Seventh Replacement Campaign is a success.

The UK can play a significant role in the Global Fund's Replenishment Campaign, bringing together partners and allies around the world to make a significant pledge which sufficiently accounts for the scale of the challenge we face. The Global Fund has asked the UK to pledge a minimum of \$1.8bn over three years for the next replenishment cycle. Given the paramount role that the Global Fund plays in the fight to eradicate global TB, the APPG for Global TB believes the UK should meet the pledging target that the Global Fund has set for the UK. In doing so, the UK will encourage other partners around the world to commit generously to the work of the Fund.

Global TB Caucus

The Global TB Caucus (GTBC) is a unique international network of political representatives with support in more than 150 countries. As of 2021, GTBC boasts more than 2,500 members in 56 separate National TB Caucuses around the world.



The Global TB Caucus was launched in 2014 by the APPG for Global TB's co-chair, Lord Herbert, with support from Mr Jose Luis Castro, Executive Director of The Union and Dr Aaron Motsoaledi, then Minister of Health for South Africa and Chairman of the Stop TB Partnership. Within one year, Parliamentarians from more than 100 countries had joined the network. The Caucus aims to 'accelerate progress against the global TB epidemic through targeting actions at the global, regional and national level', and played a significant role in both building the political momentum in the run up to the UN High Level Meeting on TB in 2018, and ensuring that countries deliver on the commitments agreed upon in the years that followed.




Since 2017, and the inception of the Global TB Caucus' G20 campaign, TB has been mentioned in all G20 Ministers of Health Declarations and/or Heads of State Communiqués. As part of the efforts to achieve these outcomes, members of the Global TB Caucus have been meeting with G20 officials within their countries and with the G20 presidencies throughout this campaign.

The Caucus works on the G20 in two ways:

- **Working directly with MPs, Sherpas and the Health Working Group in G20 countries, and**
- **Hosting the TB G20 coordination group - working with Global Fund, PDPs, CSOs, the ACTION Partnership and STOP TB, to develop asks, opportunities, and coordinating advocacy.**

The Global TB Caucus is currently working closely with the Indonesian Government to support its drive to ensure that tuberculosis gains more attention within the G20 discussions in 2022 and beyond. The GTBC is also working with the TB sector to ensure a successful campaign for the follow-up UN High Level Meeting on TB in 2023.

As parliamentarians, the GTBC members play a crucial role in holding governments into account and ensuring that commitments are delivered so the TB epidemic can be eliminated, through working at different levels:

GLOBAL	REGIONAL	NATIONAL
<p>At the global level, GTBC works in partnership to target groups such as the G20 with coordinated messaging and calls to action. The strategy is led by the Global Executive Committee, encompassing dedicated parliamentarians from each region.</p> 	<p>GTBC has four regional networks and two linguistic networks which bring together parliamentarians from across their regions to learn, share ideas, and agree on joint and individual action that will enhance the response to TB in their nations and regions.</p> 	<p>At a national level, GTBC focuses on building groups of parliamentarians to form National TB Causes (or APPGs). These groups are supported by local stakeholders and are instrumental in building and leading the national and regional fight against TB.</p> 

Stop TB Partnership

The Stop TB Partnership was founded in 2001. Hosted within the United Nations, the Partnership takes bold and smart risks to serve the needs and amplify the voices of the people, communities and countries affected by TB. To support its mission, the partnership advocates and facilitates coordination between TB stakeholders to support the development of new and innovative approaches that facilitate equitable access to TB diagnosis, treatments and prevention programmes.



The Stop TB Partnership hosts a range of working groups which seek to provide platforms for specific policy proposals that will contribute to the elimination of TB.

These include:



The Stop TB Partnership also hosts TB Reach - a vehicle to address the gap in the global TB response. TB Reach provides funding for projects which increase the number of people diagnosed with TB, improve treatment success rates, assist with case detection and care strategies and reduce the amount of time for people with TB to receive appropriate treatment. This work is supported by funding from the United Nations, the Bill and Melinda Gates Foundation and, historically, the UK government.

The partnership also hosts the Challenge Facility for Civil Society, a grantmaking program that supports community and civil society actors to engage in community-driven and high-level advocacy, overcome the barriers to accessing services, and monitor the TB response so that governments are accountable to the commitments they made in the 2018 UN Political Declaration on TB.

The Stop TB Partnership is currently in the process of developing their 2023-2030 strategy which will specifically identify the resources required to end the TB epidemic by 2030. The APPG on Global TB will look to influence the strategy during the open consultation period, specifically highlighting the role that the UK can play in developing new medicines and providing financial support to ensure the targets outlined in the SDGs are achieved.

NEXT STEPS



As the world emerges from the Covid-19 pandemic, it is vital that we regain our momentum towards eradicating other infectious diseases which continue to kill millions of people a year across our planet. The international community was not on target to achieve any of the TB targets they had set themselves before Covid-19 and the impact of the pandemic has only further hampered the fight to eradicate TB.

The UK can play a leading role now - as it has done throughout the Covid pandemic. The Global Fund estimates that the burden across the three diseases it tackles has increased by 30% as a consequence of the pandemic. As such, the UK Government should commit to a 30% increase on the amount they pledged during the Sixth Replenishment campaign.

Secondly, the Government must commit to restoring R&D funding to ensure that the fight to eradicate global TB is equipped with the most up to date tools and medicines. The Government should recommit to spending at least 5% of ODA on R&D and should work to ensure that the recommendations outlined in the APPG for Global TB's previous report on TB R&D are implemented in full. Additionally, the Chancellor of the Exchequer should commit some of the £20bn announced for R&D funding at the Autumn 2021 Budget to the fight to eliminate global TB.

Finally, the UK must take a leading role ahead of the 2023 UNHLM on TB, convening stakeholders and supporting collaboration between networks to ensure that the outcomes of the meeting are achievable, realistic and fully funded.

APPG ON GLOBAL TB

The All Party Parliamentary Group on Global TB's mission is to accelerate progress towards ending the TB epidemic. We work primarily through the UK parliament to push the UK government to improve its policies on TB and devote more resources to tackling the epidemic.

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The views expressed in this report are those of the Group. The APPG TB is hosted by RESULTS UK, with financial support for the Secretariat from the Foundation for Innovative Diagnostics. The APPG would like to thank them for their ongoing support.

Published March 2022

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