

**MULTISECTORAL
ACCOUNTABILITY FRAMEWORK
TO ACCELERATE PROGRESS
TO END TUBERCULOSIS
BY 2030**



World Health
Organization



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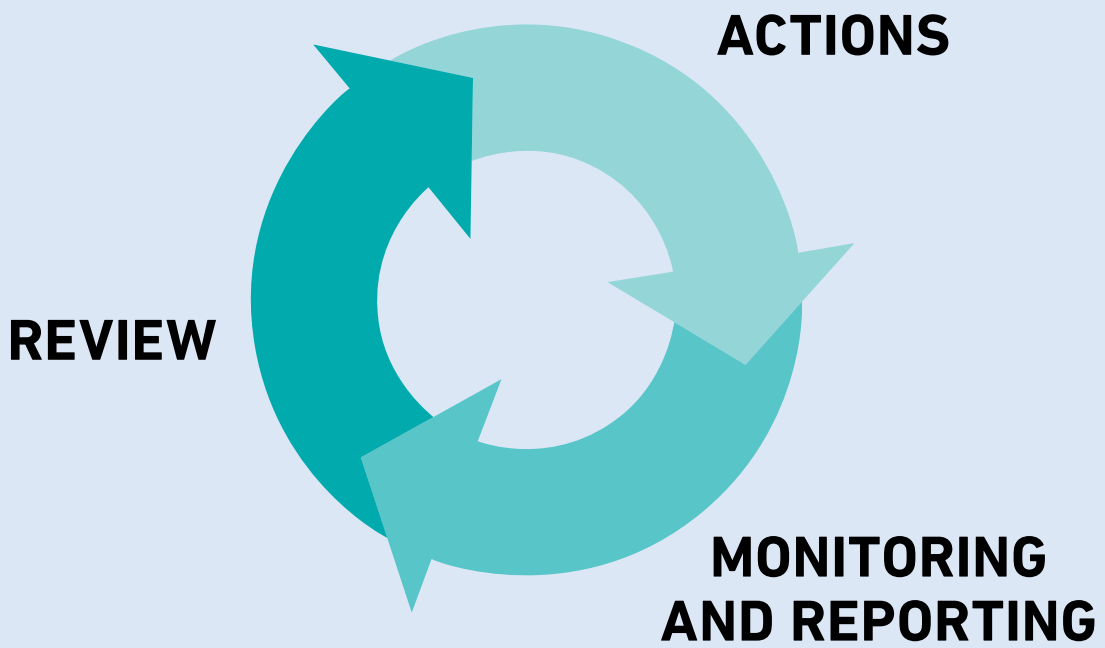
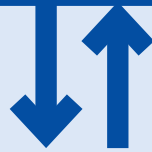
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COMMITMENTS



A. Background and rationale

The first WHO Global Ministerial Conference on TB, entitled “Ending TB in the Sustainable Development Era: a multisectoral response”, was held in Moscow in November 2017. The aims were to accelerate the multisectoral response to the tuberculosis epidemic at global, regional and country levels, in recognition of the fact that investments and actions were falling short of those needed to reach the targets and milestones of the WHO End TB Strategy and the target of ending the epidemic by 2030 that is part of the United Nations Sustainable Development Goals; and to inform the first United Nations General Assembly high-level meeting on tuberculosis in September 2018. The conference was attended by 117 national delegations.

The Moscow Declaration to End TB (1), with both commitments by Member States and calls to global agencies and other partners to accelerate efforts towards achieving the Sustainable Development Goal target for tuberculosis and the targets and milestones of the End TB Strategy, was adopted by all participating national delegations. It addressed four key areas for action, one of which was multisectoral accountability.¹

In the Moscow Declaration, Member States committed to “supporting the development of a multisectoral accountability framework” in advance of the high-level meeting on tuberculosis in 2018, and called on WHO to develop, working in close cooperation with relevant partners, such a framework for consideration by WHO’s governing bodies.² The rationale for such a framework is that strengthened accountability for the response to tuberculosis at national and global levels should contribute to faster progress towards the targets and milestones of the End TB Strategy and the Sustainable Development Goal target for tuberculosis.

The Secretariat submitted a report on preparations for the General Assembly high-level meeting on tuberculosis to the Executive Board at its 142nd session in January 2018 (2, 3). Based on that report and the Moscow Declaration, the Board requested the Director-General to develop, working with all relevant partners, a draft multisectoral accountability framework for tuberculosis (hereafter MAF-TB) for consideration by the Seventy-first World Health Assembly in May 2018 and presentation during the high-level meeting in September 2018 (4).

Pursuant to the request in resolution EB142.R3, the Secretariat prepared a background document (5). This covered definitions of accountability and an accountability framework; existing examples of approaches to accountability for other top global health priorities as well as topics beyond health;³ and an assessment of what elements

¹ The others were: advancing the response within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; and pursuing science, research and innovation.

² Stakeholders specifically listed in the Moscow Declaration were (in the order they were listed therein): the United Nations Special Envoy on TB; Member States; civil society representatives; United Nations organizations; the World Bank and other multilateral development banks; Unitaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

³ The examples for health were HIV/AIDS, immunization, malaria, poliomyelitis, tobacco control, and women’s, children’s and adolescents’ health. Other examples examined included climate change and national governance.

of a MAF-TB already exist and what might be missing. This background document was used as the basis for discussions with stakeholders, in particular during a global consultation held on 1 and 2 March 2018 in Geneva. Representatives of stakeholders specifically listed in the Moscow Declaration were invited and the meeting was also attended by WHO staff members from headquarters and all regional offices (6).

Based on the outcomes of the consultation and other discussions in 2018, including an online public consultation, the WHO Secretariat prepared a draft version of a MAF-TB, which was submitted for the consideration of the Seventy-first World Health Assembly.

At the Seventy-first World Health Assembly in May 2018, Member States adopted resolution WHA71.3 (7). This supported the Moscow Declaration and welcomed the draft MAF-TB. It also requested the Director-General to continue to develop, in consultation with Member States, the MAF-TB, “working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries”. Member States also requested the Director-General to present the MAF-TB at the General Assembly high-level meeting on tuberculosis in September 2018.

The General Assembly high-level meeting on tuberculosis was held on 26 September 2018, on the theme “United to end tuberculosis: An urgent global response to a global epidemic”. The political declaration from the meeting, A/RES/73.3 (8), requested the Director-General of WHO to continue to develop the MAF-TB in line with World Health Assembly resolution WHA71.3, and to ensure its timely implementation no later than 2019.

The WHO Secretariat finalized the MAF-TB in April 2019, following further consultations and based on feedback received.

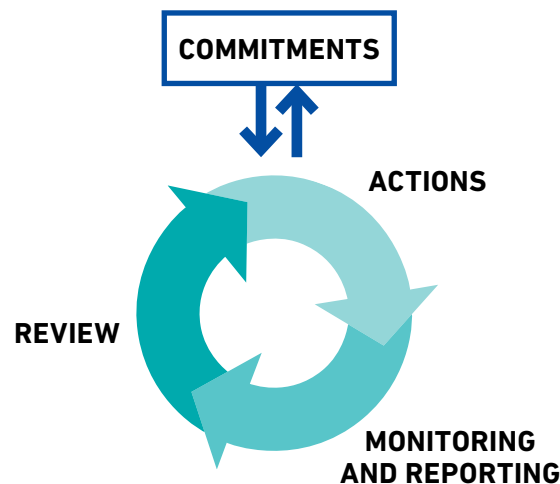
B. Definitions and concepts

Accountability means being responsible and answerable for commitments made or actions taken.¹

A *framework* provides an overview and structure of essential components and sub-components, and the relationships between them. A framework can be adapted, for example by modifying, adding or deleting items, and by adding detail to subcomponents to customize or give them greater specificity.

An *accountability framework* needs to define who is accountable (for example, individuals, organizations, national governments), what commitments and actions they are accountable for, and how they will be held to account. Mechanisms for monitoring and reporting, as well as review, are critical in holding entities to account. The essential components of an accountability framework (commitments, actions, monitoring and reporting, review), and how they are related, are shown in Fig. 1.² These components are underpinned and informed by constitutional, legal and regulatory frameworks as well as political, social, professional, moral and ethical codes of conduct and uncodified traditions and conventions.

Fig. 1. Essential components of an accountability framework



¹ Annex 1 of the background document prepared by the Secretariat provides a variety of definitions from dictionaries and other sources (http://www.who.int/tb/TBAccountabilityFramework_Consultation1_2March_BackgroundDocument_20180228.pdf?ua=1, accessed 11 April 2019).

² This figure is derived from the unified accountability framework for Women's, Children's and Adolescents' health. That framework depicts the action-monitoring-review cycle in a circle, as here, for the global and country levels separately. The accountability framework for tuberculosis adds a component for "Commitments" and highlights "Monitoring and reporting" in its third component.

Conceptually, commitments should be followed by the actions needed to keep or achieve them. Monitoring and reporting are then used to track progress related to commitments and actions. Review is used to assess the results from monitoring that are documented in reports and associated products, and to make recommendations for future actions. The cycle of action, monitoring and reporting, and review can be repeated many times. The results from monitoring and reporting, and the recommendations from reviews based on these results, should drive new and/or improved actions. Periodically, new commitments or reinforcement of commitments may be required based on reviews of progress.

Accountability can be strengthened by reinforcing one or more of the four components of the framework. Examples include adding new actions, improving existing actions or stopping ineffective actions; increasing the quality and coverage of data available to monitor progress towards commitments made and actions taken; improving reports to better inform reviews of progress; improving review processes, such as by making them more high-level, more independent, more transparent and with wider participation; and ensuring that the results of reviews have meaningful consequences for action.

Multisectoral refers to the different sectors of an economy and/or related parts of government, which can be defined in various ways (e.g. agriculture, fisheries, forestry, mining, health, education, justice, housing, social services, manufacturing, retail services, finance, the media, sports, entertainment, the environment, information technology, telecommunications, energy, defence, public sector, private sector). In the context of health, the term multisectoral is usually used to refer to sectors of the economy (and related parts of government) that influence health and need to be engaged by the health sector to address health issues. A multisectoral accountability framework needs to include content related to multiple sectors.

C. The Framework

The multisectoral accountability framework for tuberculosis (MAF-TB) aims: to support effective accountability of governments and all stakeholders, at global, regional and country levels, in order to accelerate progress to end the tuberculosis epidemic; and to be aligned fully with the End TB Strategy and the 2030 Agenda for Sustainable Development. It is summarized in Fig. 2a and Fig. 2b.

1. Overview of major components, elements and underlying principles

The framework has two major parts: (a) national (including local) level (Fig. 2a); and (b) global and regional levels (Fig. 2b). The four components of accountability shown in Fig. 1 (commitments, actions, monitoring and reporting, review) apply to both parts of the framework.

The national part of the framework (Fig. 2a) defines commitments, actions, monitoring and reporting processes, and review mechanisms that apply to individual countries. The global and regional part of the framework (Fig. 2b) defines commitments, actions, monitoring and reporting processes, and review mechanisms that apply to all countries collectively, at global or regional levels.

The elements listed under each of the four major components of the framework are based on the End TB Strategy and associated World Health Assembly resolutions (7, 9); the United Nations Sustainable Development Goals and General Assembly resolutions, including political declarations of high-level meetings (8, 16); the established core functions of actors operating at global and/or regional level; established systems and best practices for monitoring and reporting; and existing review mechanisms.

It is not possible to be exhaustive in listing all elements that are relevant under each of the four components of the framework and some elements require customization, especially at national level. For this reason, major examples are provided, using generic language.

The commitments listed first in both Fig. 2a and Fig. 2b are the Sustainable Development Goals and End TB Strategy, and associated targets, milestones, principles and pillars, since these have provided the foundation for subsequent commitments. The Sustainable Development Goals were adopted by all Member States of the United Nations in September 2015. The End TB Strategy was adopted by all WHO Member States at the Sixty-seventh World Health Assembly in May 2014.

Civil society, tuberculosis-affected communities and patient groups have a fundamental role to play in all components of accountability related to tuberculosis, as acknowledged in the Sustainable Development Goals, the End TB Strategy, the Moscow Declaration and the political declaration of the General Assembly high-level meeting on tuberculosis in 2018.

It should be highlighted that many *government institutions and other institutions* (such as United Nations organizations, including WHO) already have their own general accountability mechanisms. The framework can inform these mechanisms, and they can contribute to the aims of the MAF-TB. At the same time, the principal aim of the MAF-TB is to support strengthened accountability of governments and stakeholders at country level, and across countries collectively.

2. National (including local) level – individual countries, with country adaptation

The national part of the framework is summarized in Fig. 2a. It applies to individual countries, at national and local levels.

The four components of the framework and the elements listed under each component should be adapted, adopted and agreed at country level within the context of constitutional, legal and regulatory frameworks, as well as political, social, professional, moral and ethical codes of conduct and uncodified traditions and conventions.

Most of the elements have been defined in general terms only, because there is a need for country adaptation. There will be differences among countries in the extent to which different elements already exist, need strengthening or are relevant, and how they are put into practice. This reflects differences in factors such as the tuberculosis disease burden, existing political, administrative and legislative systems, the nature of nongovernmental, civil society and private sector institutions and engagement, and the status of social and economic development. In addition, the elements shown are not intended to cover all possible elements of relevance; rather, they are intended to show the main elements of relevance in many settings to ensure strong accountability. There may be elements not listed that should be added.

For countries with indigenous peoples that have committed to implementing the United Nations Declaration on the Rights of Indigenous Peoples, adaptation should reflect the call in the Declaration to respect and promote the inherent rights of indigenous peoples.

Elements that do not yet exist, or that do not yet exist in many countries including most with a high burden of tuberculosis, are *italicized*. Other elements also need strengthening in many countries.

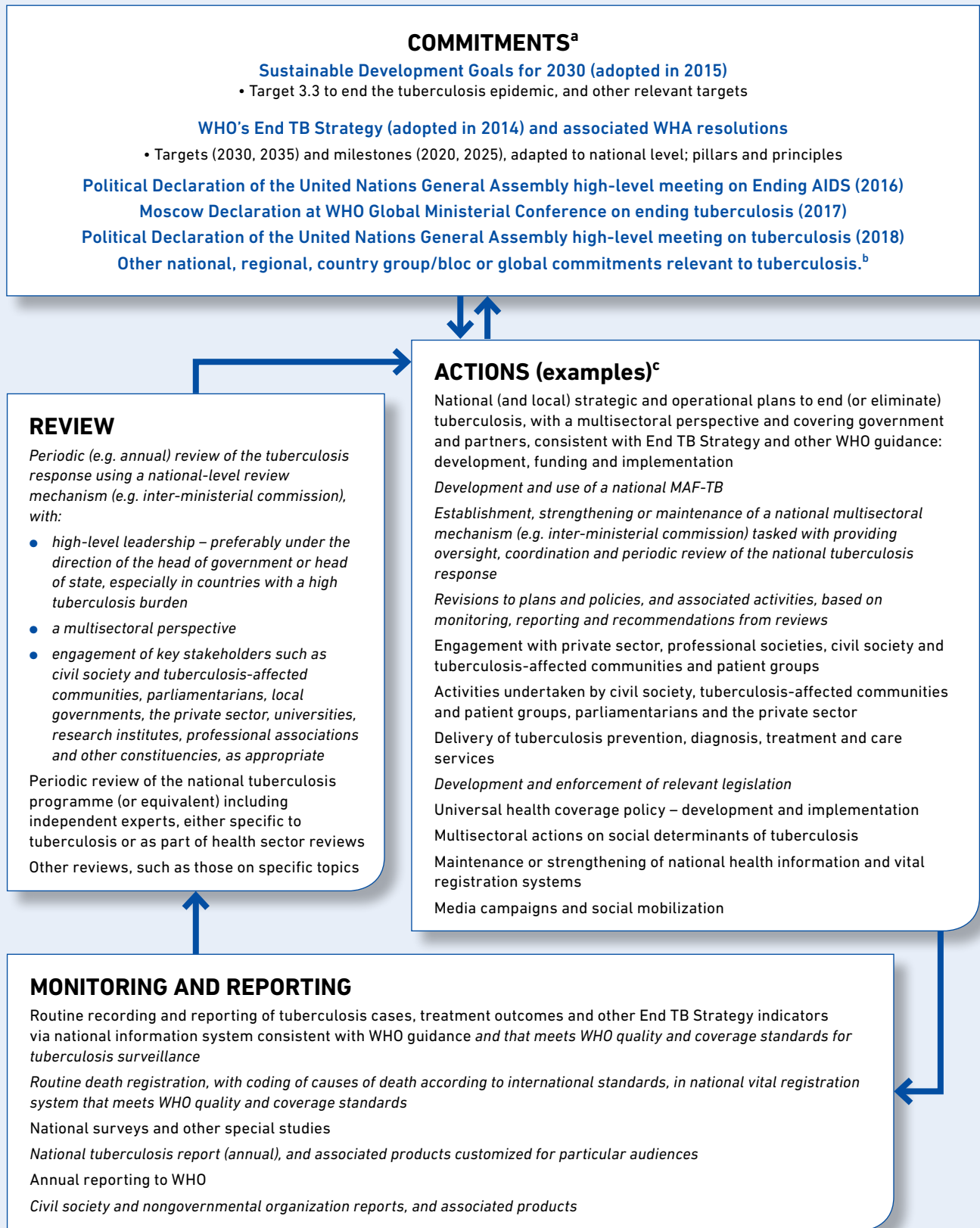
Commitments

All countries that are Member States of the United Nations adopted the Sustainable Development Goals in September 2015. The Sustainable Development Goals and associated targets that are directly or indirectly relevant to the burden of tuberculosis are shown in Table 1. The full list of goals is shown in Annex 1.

Sustainable Development Goal 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development) includes three other targets and indicators of specific relevance to the MAF-TB. Those which fall under the heading of “data, monitoring and accountability” are shown in Table 2. They include an indicator related to disaggregation of data and an indicator related to the coverage of death registration (necessary to track causes of death reliably, including deaths

Fig. 2a. Multisectoral accountability framework for tuberculosis (MAF-TB): national (including local) level – for individual countries, with adaptation according to national constitutional, legal and regulatory frameworks and other relevant factors

Italicized text indicates elements that do not yet exist or are not yet in place in many countries, including those with a high burden of tuberculosis. Other elements (especially those listed under actions) also need strengthening in many countries.



^a Targets, milestones, pillars and principles are explained in the main text.

^b Examples include political declarations of the United Nations General Assembly on antimicrobial resistance and noncommunicable diseases, and the Delhi Call to Action (signed by Member States in the WHO South-East Asia Region).

^c It is not possible to list all relevant actions here, but major examples are provided.

caused by tuberculosis). Goal 17 also includes a target (17.17) intended to encourage and promote effective public, public-private and civil society partnerships.

All countries that are Member States of WHO adopted the End TB Strategy, and its associated targets, milestones, pillars and principles, in May 2014. The “End TB Strategy at a glance” is shown in Annex 2.

The global targets and milestones of the End TB Strategy are shown in Table 3. When the strategy was adopted, it was acknowledged that these targets and milestones should be adapted at country level, in line with one of the underlying principles of the Strategy.

The four underlying principles of the End TB Strategy are: government stewardship and accountability, with monitoring and evaluation; a strong coalition with civil society organizations and communities; protection and promotion of human rights, ethics and equity; and adaptation of the strategy and targets at country level, with global collaboration. The three pillars of the strategy are integrated, patient-centred TB care and prevention; bold policies and supportive systems (including universal health coverage, social protection, and action on TB determinants); and intensified research and innovation.

Table 1. Sustainable Development Goals and targets relevant to the burden of tuberculosis

GOAL AND NUMBER	TARGETS	EXPLANATORY NOTES
Directly related to tuberculosis		
3. Ensure healthy lives and promote well-being for all at all ages	3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases	
Indirectly related to tuberculosis		
3. Ensure healthy lives and promote well-being for all at all ages	<p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p> <p>3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines and, in particular, provide access to medicines for all</p> <p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p>	<p>Noncommunicable diseases such as diabetes, and smoking and alcohol use, are risk factors for tuberculosis.</p> <p>Universal health coverage is part of the End TB Strategy, and necessary to reach its targets and milestones. Research and innovation for tuberculosis is part of the End TB Strategy and its targets cannot be achieved without it</p>

Indirectly related to tuberculosis (continued)		
1. End poverty in all its forms everywhere	1.1 Eradicate extreme poverty for all people everywhere 1.3 Nationally appropriate social protection systems and measures for all, including floors	Levels of poverty, social protection, undernutrition, indoor air pollution, income levels and distribution, and housing quality are all associated with tuberculosis incidence. Women and girls account for about one third of tuberculosis cases globally.
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.1 End hunger and ensure access by all people to safe, nutritious and sufficient food year-round	
5. Achieve gender equality and empower all women and girls	5.1 End all forms of discrimination against all women and girls everywhere 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies 5.A Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws	
7. Ensure access to affordable, reliable, sustainable and modern energy for all	7.1 Ensure universal access to affordable, reliable and modern energy services	
8. Promote inclusive and sustainable economic growth, employment and decent work for all	8.1.1 Annual growth rate of real GDP per capita	
10. Reduce inequality within and among countries	10.1 Achieve and sustain income growth of the bottom 40% of the population at a rate higher than the national average	
11. Make cities inclusive, safe, resilient and sustainable	11.1 Ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums	

Table 2. Sustainable Development Goal 17 and associated targets and indicators relevant to monitoring of the tuberculosis epidemic

GOAL 17	TARGETS RELEVANT TO MONITORING OF THE TUBERCULOSIS EPIDEMIC	INDICATORS RELATED TO MONITORING OF THE TUBERCULOSIS EPIDEMIC
Strengthen the means of implementation and revitalize the global partnership for sustainable development	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration

Table 3. Targets and milestones set in WHO's End TB Strategy

INDICATORS	MILESTONES		TARGETS	
	2020	2025	2030	2035
Percentage reduction in the absolute number of tuberculosis deaths (compared with 2015 baseline)	35	75	90	95
Percentage reduction in the tuberculosis incidence rate (new cases per 100 000 population per year) (compared with 2015 baseline)	20	50	80	90
Percentage of tuberculosis-affected households experiencing catastrophic costs due to tuberculosis disease	0	0	0	0

The Political Declaration of the General Assembly high-level meeting on ending AIDS in June 2016 included targets of 90% treatment coverage and 90% treatment success for tuberculosis by 2020.

The Moscow Declaration at the first WHO Global Ministerial Conference on Ending Tuberculosis in the sustainable development era, held in 2017, included commitments from national governments under four headings. These were: advancing the response within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; pursuing science, research and innovation; and developing a multisectoral accountability framework.

The Political Declaration of the General Assembly high-level meeting on ending tuberculosis, in September 2018, reinforced national commitments to the Sustainable Development Goals and the End TB Strategy, and the commitments made in the Moscow Declaration (8). Member States also made new commitments, including commitments to four new global targets, as shown in Table 4, that are consistent with the targets and milestones of the End TB Strategy. These targets need to be adapted at the national level. Capacity to mobilize funding domestically varies among countries, and national targets for the amount of funding to be mobilized from national and international sources will vary accordingly.

Table 4. Global targets set in the political declaration of the United Nations high-level meeting on tuberculosis

INDICATOR	TARGET
Number of people with tuberculosis diagnosed and treated	40 million people, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115 000 children, over the period 2018–2022
Number of people reached with treatment to prevent tuberculosis	At least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV and AIDS, over the period 2018–2022
Mobilization globally of sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis	At least US\$ 13 billion annually by 2022
Mobilization globally of sufficient and sustainable financing for tuberculosis research	US\$ 2 billion annually, over the period 2018–2022

Relevant national commitments may also include those that are country-, region- or countrybloc-specific.¹ Examples of other global commitments relevant to tuberculosis include United Nations General Assembly political declarations related to antimicrobial drug resistance and noncommunicable diseases (10, 11).

Actions

The examples of actions listed for adaptation are based on the four principles, three pillars and related 10 components of the End TB Strategy (Annex 2),² as well as recommended measures to accelerate progress included in the Moscow Declaration of the WHO Global Ministerial Conference on ending tuberculosis that was held in 2017, WHA resolution WHA71.3 in 2018 and the political declaration of the General Assembly high-level meeting on tuberculosis in 2018.

Examples of major actions needed include:

- development, funding and implementation (including at the local level) of national strategic and operational plans to end the tuberculosis epidemic (or eliminate tuberculosis),³ which take a multisectoral perspective and comprise both government and partners (via one unified national plan embedded within national health strategies and plans), aligned with WHO's End TB Strategy and WHO guidance. These plans should include national targets and milestones aligned with the global targets and milestones to which countries have committed. Resource mobilization includes allocation of budgets and associated disbursement of funds by governments and partners (at both national and subnational levels), so as to provide sufficient financing for the tuberculosis response. As countries transition from low to middle to high-income status, the share of funding from domestic sources should increase. In middle-income countries, it is expected that most funding can be mobilized from domestic sources and that all required funding can be mobilized domestically in high-income countries;
- development and use of a national MAF-TB;
- establishment, strengthening or maintenance of a national multisectoral mechanism (e.g. inter-ministerial commission) to provide oversight, coordination and periodic high-level review of the national tuberculosis response;⁴
- revisions to plans, policies and associated activities based on monitoring, reporting and recommendations from reviews;
- engagement with relevant stakeholders, including government ministries and institutes, local governments, civil society, tuberculosis-affected communities, patient groups, parliamentarians, the private sector, public-private partnerships (including product development partnerships), philanthropic organizations, profes-

¹ Examples of country blocs include the G20 and BRICS (Brazil, Russian Federation, India, China and South Africa).

² There are four components under pillar 1, four under pillar 2, and two under pillar 3.

³ A tuberculosis pre-elimination or elimination plan is appropriate in countries that already have a low incidence of tuberculosis, as per guidance provided in the WHO framework towards TB elimination in low-incidence countries. https://www.who.int/tb/publications/elimination_framework/en/.

⁴ WHO will develop material that documents examples of existing national-level review mechanisms in countries with varying levels of tuberculosis burden (ranging from low to high incidence of tuberculosis), to inform efforts to introduce such review mechanisms in other countries.

sional associations, research institutes and universities (and associated research networks), among others;¹

- activities undertaken by civil society, tuberculosis-affected communities and patient groups, such as local and national education and advocacy, and participation in the development and review of the tuberculosis response;
- delivery of tuberculosis prevention, diagnostic, treatment and care services of high quality and coverage;
- drafting, enactment and enforcement of national legislation for tuberculosis, such as a law to make case notification mandatory, and antidiscrimination laws, drawing on existing guidance (for example, WHO's guidance on ethics for the implementation of the End TB Strategy (12), and other measures to reduce stigma, and increase access to care for vulnerable and marginalized populations;
- development and implementation of policy related to universal health coverage;
- multisectoral action on the social determinants of tuberculosis infection and disease, such as levels of poverty, social protection, nutrition and housing quality;
- maintenance or strengthening of national health information and vital registration systems to enable reliable tracking of the tuberculosis epidemic (in terms of absolute numbers and trends in tuberculosis cases and deaths);
- media campaigns, for example to raise public awareness about tuberculosis;
- funding for and implementation of tuberculosis research and innovation, and strengthening public-private partnerships to broaden access to new skills, sources of finance, specialized infrastructure and product pipelines.

Monitoring and reporting

The monitoring and reporting component defines the main elements that are needed at national and local levels to reliably track the tuberculosis epidemic and the national response. The elements listed are based on established systems at national level, best practices for monitoring of tuberculosis incidence and mortality, WHO guidance on case definitions and the recording and reporting of tuberculosis cases and treatment outcomes (13), WHO operational guidance on implementing the End TB Strategy, Sustainable Development Goal targets related to data, and the political declaration of the General Assembly high-level meeting on tuberculosis in 2018.

For **monitoring**, there are three key elements. The first is routine surveillance of tuberculosis cases and their treatment outcomes (13) through a national health information system that meets quality and coverage standards (14). Ideally this system should be case-based and electronic, in order to facilitate timely availability and analysis of data,² and the analyses should be disaggregated by variables such as

¹ Stakeholders specifically listed in the Moscow Declaration were (in the order they were listed therein): the United Nations Special Envoy on TB; Member States; civil society representatives; United Nations organizations; the World Bank and other multilateral development banks; Unitaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

² Until such systems can be put in place, well-established paper-based systems for aggregated recording and reporting of cases and treatment outcomes, based on WHO guidance published in 2013, should continue.

age, sex and location.¹ The second is routine monitoring of deaths due to tuberculosis through a national vital registration system, with coding of causes of death according to international standards.² A large number of countries already have such systems in place, but many others, including most with a high burden of tuberculosis, do not. The third element is monitoring of other priority indicators related to the national tuberculosis response, and associated targets, building on the ten priority operational indicators recommended by WHO for monitoring the implementation of the End TB Strategy (Annex 3) (15).

Routine systems for monitoring can be complemented by periodic studies on priority topics, including nationally representative surveys (e.g. national surveys of tuberculosis prevalence, anti-tuberculosis drug resistance and costs faced by tuberculosis patients and their households).

For **reporting**, the main element is a national report. This should include (but not necessarily be limited to) the key results at national and subnational levels from routine monitoring (and special studies, if appropriate), with results disaggregated by age, sex, location and other relevant variables; interpretation of results, including assessment of progress towards national targets and the influence on such progress of trends in Sustainable Development Goal indicators associated with tuberculosis incidence in the country; assessment of trends in public and private funding for research; and definition of future actions needed based on findings. It can also include reporting on progress in adaptation and use of a national MAF-TB.

The national report can be accompanied by complementary outputs and products that are customized for particular audiences, such as brochures, policy briefs, presentations, press releases, fact sheets and dashboards showing progress against indicators. Audiences include politicians, the general public, health professionals and international donor agencies. Reports and associated products (e.g. scorecards) produced by civil society and nongovernmental organizations may also be appropriate.

Although some countries do produce a national tuberculosis report every year and in others there are reports produced by civil society and nongovernmental organizations, these elements are not yet in place in many countries, including most countries with a high burden of tuberculosis.

Countries report data for key indicators annually to WHO, using a global reporting system managed by the WHO Global TB Programme. Following review, validation and analysis, reported data are published in the annual WHO global tuberculosis report and online (in the form of raw data and country profiles).

The indicators for which data should be collected routinely or through periodic studies, as well as the methods and schedule for collection, validation, analysis and reporting of data, should be discussed, agreed and approved at national level, informed by global guidance and recommendations.

¹ Sustainable Development Goal target 17.18 is "By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts". See Table 2.

² Indicator 17.19.2 for Sustainable Development Goal target 17.19 is: "Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration". See Table 2.

Review

The elements listed under review are based on existing mechanisms as well as new elements identified in the End TB Strategy, the Moscow Declaration of the WHO Global Ministerial Conference on ending tuberculosis held in 2017, and the political declaration of the General Assembly high-level meeting on tuberculosis held in 2018.

High-level reviews of the tuberculosis response at national level, and associated declarations, resolutions and/or reports on recommendations for actions to be taken, can play a key role in holding all those involved in the tuberculosis response accountable for actions taken and progress made, in renewing or revising commitments, and in driving the next cycle of “Actions – Monitoring and reporting – Review”. These reviews need to be multisectoral with engagement of all key stakeholders, including government ministries and institutes, local governments, civil society, tuberculosis-affected communities, patient groups, parliamentarians, the private sector, public-private partnerships (including product development partnerships), philanthropic organizations, research institutes and universities (and associated research networks) and professional associations, among others. This broad involvement of stakeholders can offer an independent, constructive and positive approach to review, as requested by the World Health Assembly in 2018 in its resolution WHA71.3.

The review component of the framework includes periodic (e.g. annual) reviews of the national tuberculosis response using a national-level review mechanism (e.g. inter-ministerial commission), with three key features: high-level leadership, preferably under the direction of the head of government or head of state, especially in countries with a high burden of tuberculosis;¹ a multisectoral perspective; and engagement of key stakeholders, including government ministries and institutes, local governments, civil society, tuberculosis-affected communities, patient groups, parliamentarians, the private sector, public-private partnerships (including product development partnerships), research institutes and universities (and associated research networks), professional associations and other constituencies, as appropriate.² Sectors or ministries other than health that should be involved include those responsible for finance, poverty alleviation, social protection, housing, labour, justice, migration, education and science. Such reviews for tuberculosis, and associated review mechanisms, are established in some countries but are not yet in place in many others.³

An option is to expand existing intersectoral fora responsible for reviews related to health to include tuberculosis.

¹ The political declaration at the first United Nations high-level meeting on tuberculosis, held in September 2018, called for national multisectoral mechanisms to review progress achieved towards ending the tuberculosis epidemic “with high-level leadership, preferably under the direction of the head of state or government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector ...” (para. 48).

² The Moscow Declaration at the first WHO Global Ministerial Conference on ending tuberculosis in the Sustainable Development era, held in November 2017, called for a multisectoral accountability framework that could include, according to needs, “the convening of national inter-ministerial commissions on tuberculosis, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral fora to include actions against tuberculosis ...”.

³ To support adaptation and use of the framework, WHO will develop material that documents examples of existing national-level review mechanisms in countries with varying levels of tuberculosis burden (ranging from low to high tuberculosis incidence), to inform efforts to introduce such review mechanisms in other countries.

A second review element is periodic reviews of the national tuberculosis programme (or equivalent) that are commissioned by the national government. These reviews include a wide range of stakeholders involved in the national tuberculosis response, as well as independent experts.¹ Such reviews are already well-established in many countries, and are often coordinated by WHO in high tuberculosis burden countries. They can either be specific to tuberculosis or part of a national health sector review. National governments (or other levels of government in countries with federal or devolved systems) could also choose to commission fully independent reviews, i.e. reviews by individuals with no direct involvement or stake in the topic and outcomes of the review.

The other element listed is reviews of specific topics, such as the programmatic management of drug-resistant tuberculosis and research.

3. Global and regional levels – countries collectively

The global and regional part of the framework (summarized in Fig. 2b) applies to countries collectively – either all countries (global) or all countries in a particular region. The actors involved include WHO Member States, WHO and other relevant United Nations and multilateral institutions, and all other actors operating at global or regional level, including civil society, tuberculosis-affected communities and patient groups.

Elements that do not yet exist or need significant strengthening are italicized.

Commitments

All countries that are Member States of the United Nations adopted the Sustainable Development Goals in September 2015. The Sustainable Development Goals and associated targets that are directly or indirectly relevant to the burden of tuberculosis are shown in Table 1. The full list of goals is shown in Annex 1.

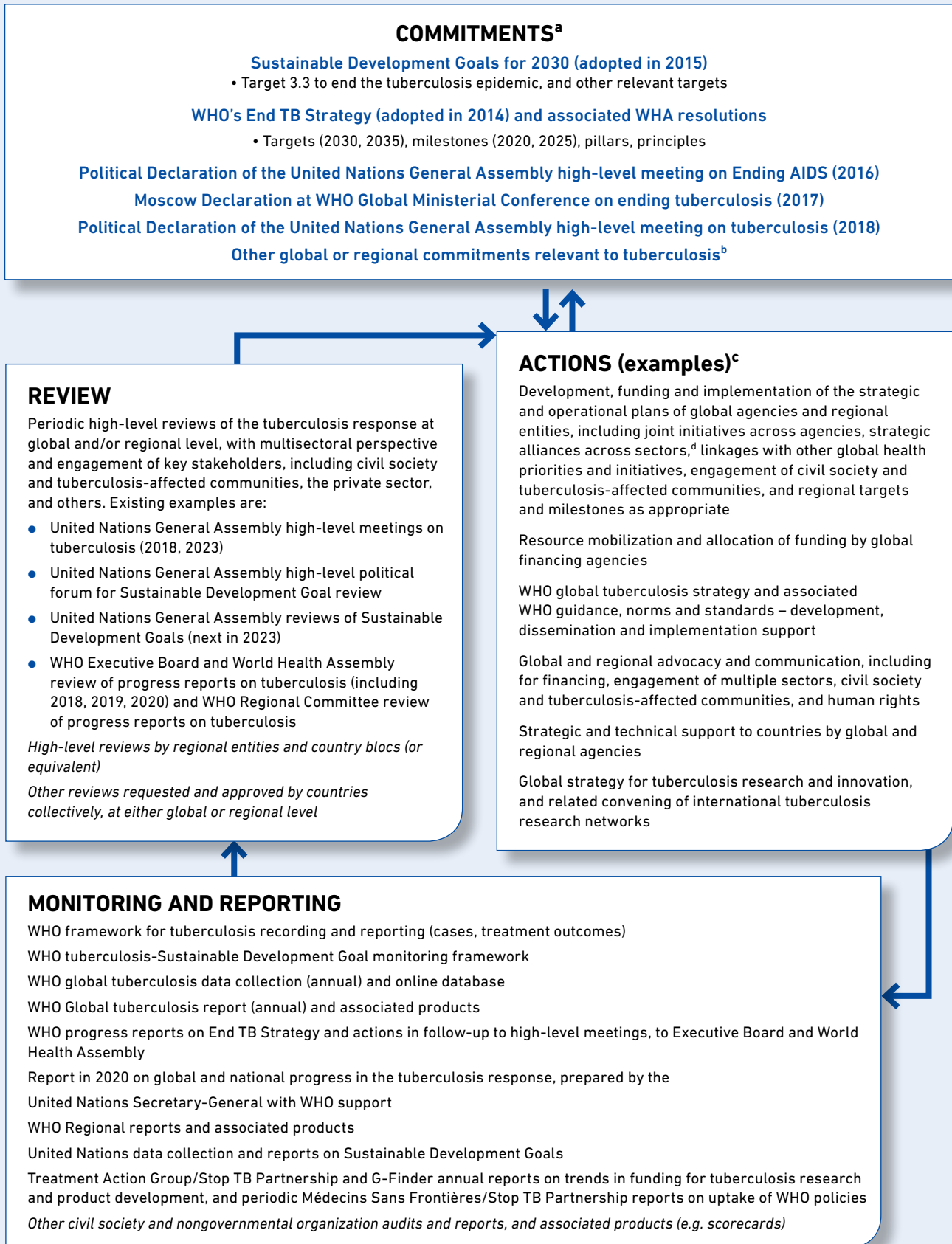
All countries that are Member States of WHO adopted the End TB Strategy, and its associated targets, milestones, pillars and principles, in May 2014. The “End TB Strategy at a glance” is shown in Annex 2.

The End TB Strategy includes commitments in the form of targets, milestones, pillars and principles. The targets and milestones are shown in Table 3. The four underlying principles are: government stewardship and accountability, with monitoring and evaluation; a strong coalition with civil society organizations and communities; protection and promotion of human rights, ethics and equity; and adaptation of the strategy and targets at country level, with global collaboration. The three pillars are integrated, patient-centred TB care and prevention; bold policies and supportive systems (including universal health coverage, social protection, and action on TB

¹ The latest guidance from WHO (published in 2013) on national reviews of tuberculosis programmes provides the following definition: “Reviews of national tuberculosis programmes are external evaluations that are conducted periodically and that aim at improving the managerial and technical performance of the programme in order to reduce morbidity and mortality from TB. Reviews involve national and international experts and stakeholders”. See <https://www.who.int/tb/publications/framework-tb-programme-reviews/en/> (accessed 25 April 2019). Examples of those involved in reviews of national tuberculosis programmes to date include national representatives from governments, tuberculosis programmes, civil society, tuberculosis-affected communities, professional associations, the private sector, universities and research institutes; and experts from other countries and international organizations. Recommendations are usually presented to the minister of health and other senior officials at the end of the review.

Fig. 2b. Multisectoral accountability framework for tuberculosis (MAF-TB): global and regional levels – countries collectively

Italicized text indicates elements that do not yet exist, or are not yet in place in all regions



^a Targets, milestones, pillars and principles are explained in the main text.

^b Examples include political declarations of the United Nations General Assembly high-level meetings on antimicrobial resistance and noncommunicable diseases, and the Delhi Call to Action (signed by WHO Member States in the South-East Asia Region).

^c It is not possible to list all relevant actions, but major examples are provided.

^d For example, with agencies working on poverty alleviation, social protection, housing, labour, justice, and migration.

determinants); and intensified research and innovation. Annex 2 shows the “End TB Strategy at a glance”.

The Political Declaration of the General Assembly high-level meeting on ending AIDS in June 2016 included targets of 90% treatment coverage and 90% treatment success for tuberculosis by 2020 (18).

The Moscow Declaration of the WHO Global Ministerial Conference on ending tuberculosis (1), held in 2017, included commitments from national governments and calls to partners to accelerate implementation of the End TB Strategy under four headings. These were: advancing the response within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; pursuing science, research and innovation; and developing a multisectoral accountability framework. The commitments were then supported by the World Health Assembly in an associated resolution in 2018 (7).

The political declaration of the General Assembly high-level meeting on ending tuberculosis, held in 2018, reinforced commitments in the Sustainable Development Goals, the End TB Strategy and the Moscow Declaration. It also included four new global targets as shown in Table 4. These targets are consistent with the targets and milestones of the End TB Strategy.

Examples of other global commitments relevant to tuberculosis are United Nations General Assembly political declarations related to antimicrobial drug resistance and noncommunicable diseases (10, 11).

Actions

Actions are required at the global or regional level by global agencies on behalf of their Member States collectively to support progress towards commitments.

The actions listed in Fig. 2b are based on the roles, responsibilities and related core functions of actors operating at global and/or regional level.

Major examples of actions needed include:

- development, funding and implementation of the strategic and operational plans of global agencies, such as WHO (e.g. the Thirteenth General Programme of Work, 2019–2023 (17), and the biennial workplan and budgets), other bodies in the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Stop TB Partnership, Unitaid, the World Bank, and regional intergovernmental entities.¹ These workplans include joint initiatives across agencies, such as: the WHO Director-General’s flagship initiative, Find.Treat.All.#EndTB, which is a joint initiative with the Stop TB Partnership and the Global Fund,² and the interagency global action plan for healthy lives and well-being for all, which addresses all the Sustainable

¹ Such entities include, for example, the African Union and the European Union.

² See <https://www.who.int/tb/joint-initiative/en/>, accessed 25 April 2019.

Development Goal 3 health targets, including tuberculosis.^{1,2} The workplans can also include strategic alliances across sectors,³ linkages with other global health priorities and initiatives,⁴ engagement of civil society and tuberculosis-affected communities⁵ and regional plans with targets and milestones as appropriate;

- resource mobilization and allocation of funding by global financing agencies, for both implementation of available interventions at country level, and tuberculosis research and development;
- development and dissemination by WHO of global tuberculosis strategies and associated guidance, norms and standards, including support for their adaptation at country level;
- global and regional advocacy and communication activities, for example for increased financing for the tuberculosis response, multisectoral and civil society engagement, and promotion and protection of human rights;
- strategic and technical support to countries by global and regional agencies, differentiated according to need;
- development of a global strategy for tuberculosis research and innovation by WHO, as requested by the World Health Assembly in WHA 71.3, and related convening of international tuberculosis research networks;

Monitoring and reporting

The monitoring and reporting component defines the main elements of monitoring and reporting for tuberculosis that are already undertaken at the global and regional level, principally by WHO, and one new element that was requested in the political declaration at the General Assembly high-level meeting on tuberculosis in 2018.

These elements include:

- the WHO global framework that provides standardized case and treatment outcome definitions for tuberculosis and a standardized approach to routine recording and reporting of tuberculosis cases and treatment outcomes at national and subnational levels (13); this framework includes reporting of cases disaggregated by age and sex;
- the WHO list of priority indicators for monitoring implementation of the End TB Strategy, and associated targets (listed in Annex 3) (15);
- the WHO global Tuberculosis-Sustainable Development Goal monitoring framework of 14 indicators under seven Sustainable Development Goals for which there is

¹ GAVI Alliance, Global Financing Facility, Global Fund, UNAIDS, United Nations Development Programme, United Nations Population Fund, United Nations Children's Fund, Unitaid, UN Women, World Bank Group, World Health Organization. Towards a global action plan for healthy lives and well-being for all. Geneva: World Health Organization; 2018 (<https://www.who.int/docs/default-source/global-action-plan/global-action-plan-phase-1-final.pdf>, accessed 16 April 2019).

² Another example is the Issue-based Coalition on Health in the WHO European Region. This was established in 2016. It is led by the WHO Regional Office for Europe, and acts as a pan-European enabling mechanism to facilitate and promote the implementation of Goal 3 targets and the health-related targets of the other Sustainable Development Goals by coordinating the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations and partners (http://www.euro.who.int/__data/assets/pdf_file/0010/324784/1st-mtg-report-issue-based-Coalition-Health-nov-2016.pdf?ua=1, accessed 16/04/2019).

³ One cross-sectoral example is a global roadmap for zoonotic tuberculosis which has been developed by WHO, the Food and Agricultural Organization of the United Nations, the World Organisation for Animal Health and the International Union Against Tuberculosis and Lung Disease. The roadmap defines 10 priority areas for action (https://www.who.int/tb/publications/2017/zoonotic_TB/en/, accessed 25 April 2019).

⁴ One example is interagency and cross-sectoral work to overcome the global public health crisis of multidrug-resistant tuberculosis, aligned with the global antimicrobial resistance agenda.

⁵ For example, WHO has established a Global Civil Society Task Force on Tuberculosis.

evidence of an association with trends in tuberculosis incidence.¹ The indicators are based on the seven goals and associated targets shown in Table 1, and are listed in Annex 4. It is important to highlight that data for all indicators included in the framework are already collected by global agencies (e.g. UNAIDS, WHO and the World Bank) and stored in global databases that are publicly accessible. Therefore, analysis of data for these indicators to inform the tuberculosis response does not require additional efforts in data collection at either national or global level;

- the WHO annual process of data collection from all Member States by the Secretariat, and maintenance of all collected data in a WHO global TB database managed according to best practice standards. In the European Region, data are collected jointly by the Regional Office for Europe and the European Centre for Disease Prevention and Control;
- global reporting by WHO on an annual basis, in the form of a global tuberculosis report and associated products. Examples of related products include regional reports, fact sheets, scorecards, infographics, press releases, presentations, and additional online material such as country profiles for all countries;²
- periodic reports on progress in implementing the End TB Strategy to the World Health Assembly, which the Director-General has been requested to submit under Resolution WHA 67.1;
- WHO Regional reports and associated products;
- United Nations data collection and reports on the Sustainable Development Goals. The United Nations has established a database to store data reported by Member States on each of the indicators that have been approved for monitoring of progress towards goals and targets. Reports are produced based on these data;
- a report in 2020 on global and national progress in the tuberculosis response, to be prepared by the Secretary-General with WHO support, as requested in the political declaration of the General Assembly high-level meeting on tuberculosis in 2018.

Global reports by civil society and nongovernmental organizations are also listed. Current examples are annual reports by the Treatment Action Group/Stop TB Partnership (18) and G-Finder (19) on trends in funding for tuberculosis research and product development and periodic reports by Médecins Sans Frontières and the Stop TB Partnership (20) on national adoption of WHO's policies related to tuberculosis diagnosis, treatment and care. Other reports and associated products (e.g. scorecards) could be produced in future, to strengthen the role of non-state actors in monitoring and reporting on tuberculosis, and to inform reviews.

Review

The elements listed under review are based on existing mechanisms as well as new elements identified in the End TB Strategy, the Moscow Declaration of the WHO Global Ministerial Conference on ending tuberculosis held in 2017, and the political declaration of the General Assembly high-level meeting on tuberculosis in 2018.

¹ This Sustainable Development Goal monitoring framework was developed as part of the preparations for the WHO Global Ministerial Conference on Tuberculosis, and was first published as part of WHO's Global tuberculosis report, 2017 (see pp. 12–16). The framework was also published as part of WHO's Global tuberculosis report, 2018 (see pp. 20–21).

² WHO's global tuberculosis report contains two-page profiles for the 30 countries with the highest burden of tuberculosis; profiles for all countries are available at <https://www.who.int/tb/country/data/profiles/en/>, accessed 11 April 2019.

High-level reviews of the tuberculosis response at global or regional level, and associated declarations, resolutions and/or reports on recommendations for actions to be taken, can play a key role in holding all those involved in the tuberculosis response accountable for actions taken and progress made, in renewing or revising commitments, and in driving the next cycle of “Actions – Monitoring and reporting – Review”. These reviews need to be multisectoral with engagement of all key stakeholders, including national governments, multilateral organizations, regional entities, global development agencies, civil society, tuberculosis-affected communities, parliamentarians, the private sector, public-private partnerships (including product development partnerships), philanthropic organizations, professional associations, research institutes and universities (and associated research networks), among others.¹

Four examples of high-level reviews that already exist are listed. Two of these are specific to tuberculosis: General Assembly high-level meetings on tuberculosis (the first in 2018, with a second planned for 2023);² and WHO Executive Board and World Health Assembly reviews of progress reports on tuberculosis (including in 2018, 2019, 2020). The other two are not specific to tuberculosis: the high-level political forum for review of the Sustainable Development Goals (Goal 3 is reviewed periodically); and reviews of progress towards all Sustainable Development Goals (the next review is scheduled for 2023). General Assembly high-level meetings, the World Health Assembly and the high-level political forum for Sustainable Development Goal review are mechanisms that are also used for other global health priorities, such as HIV/AIDS, noncommunicable diseases and women’s, children’s and adolescents’ health.

The General Assembly high-level meeting on tuberculosis in 2018 provides an example of a review process that was high-level, multisectoral and multi-stakeholder in nature. It included a wide range of stakeholders from a variety of sectors, from within and beyond government. There were formal statements by heads of state and government, ministers of foreign affairs, health and development and other eminent persons, and from a range of other stakeholders. The scope and modalities of the meeting were determined by the General Assembly, informed by consultations that were enabled by the United Nations Secretariat and WHO. An intergovernmental process was used to negotiate the political declaration, and this process was informed by an interactive civil society stakeholder hearing at United Nations headquarters. The political declaration of the high-level meeting committed Member States to holding a “comprehensive review by Heads of State and Government at a high-level meeting in 2023”.

Two elements that do not yet exist, or which do not yet exist in all regions, are also listed. The first is high-level reviews of the tuberculosis response at the level of WHO regions, other regional intergovernmental entities (e.g. European Union, African Union) or other country blocs or country groupings (e.g. BRICS, Asia-Pacific Economic Cooperation, high tuberculosis burden countries). Such reviews can have similar representation to the General Assembly high-level meetings on tuberculosis, and

¹ Stakeholders specifically listed in the Moscow Declaration were (in the order they were listed therein): the United Nations Special Envoy on TB; Member States; civil society representatives; United Nations organizations; the World Bank and other multilateral development banks; Unitaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

² The political declaration of the General Assembly high-level meeting on tuberculosis of 2018 (A/RES/73/3) includes a commitment to a second high-level meeting in 2023 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3).

may provide a particularly good opportunity for positive, constructive comments and discussions regarding the status of progress and actions needed in the form of independent peer review.^{1,2}

The annual sessions of the World Health Assembly and the WHO regional committees include Member State reviews of reports requested from the Director-General and the Secretariat. These include reports on the state of the tuberculosis epidemic and progress in the global and/or regional response, such as implementation of the Global strategy and regional plan, and action on specific issues within the TB response. The reports include data, analysis and conclusions on actions needed. For example, in the resolution WHA 67.1 adopting the End TB Strategy in 2014, the Health Assembly requested the Secretariat to report on progress in its implementation to the Health Assembly in 2017, in 2020, and at regular intervals thereafter. These reviews by the Health Assembly can be accompanied by resolutions, building on the reports and Health Assembly deliberations, in which Member States commit to further action and call for action by WHO and other partners and stakeholders.

The second element is defined in general terms as “Other reviews requested and approved by countries collectively, at either global or regional level”. This is in recognition of the fact that other types of reviews may be appropriate if they are requested and agreed to by all countries collectively, at regional or global level. The added value and resource implications of such additional reviews would need to be carefully considered.³

4. How the global/regional and national parts of the framework are linked

The global/regional and national parts are, by definition, part of the same framework. This section explains the linkages between them.

The commitments shown in the global and regional part of the framework can be adapted at national (and local) levels. Examples of adaptation include: defining targets for reductions in incidence and mortality of tuberculosis in terms of absolute numbers as well as relative (percentage) reductions; setting targets that are more ambitious than ones set globally; and setting additional, complementary targets.

Actions taken at global and regional levels by global agencies should support actions needed at country level to end the tuberculosis epidemic. This is the reason for including in the global and regional part of the framework actions such as: development and dissemination of global guidance, norms and standards related to tuberculosis prevention, diagnosis, treatment and care, which in turn inform national guidelines, norms and standards); global advocacy and communication (for example, to raise global awareness and help to mobilize global resources for ending tuberculosis); mobilization and allocation of funding by global financing

¹ The political declaration (A/Res/73.3) of the General Assembly high-level meeting on tuberculosis held in 2018 includes a commitment to establishing and promoting regional efforts and collaboration to set ambitious targets, generate resources, and use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end tuberculosis (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3).

² The Moscow Declaration called for a multisectoral accountability framework “that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries.”

³ The WHO Global TB Programme is developing a background document on existing review mechanisms associated with other top health priorities at the global or regional level.

agencies (which then support countries in need of external resources); provision of strategic and technical support to countries (differentiated according to need); and establishment and maintenance of international research networks.

Adoption of WHO guidance related to routine recording and reporting of tuberculosis cases and treatment outcomes has ensured a standardized approach to recording and reporting of tuberculosis cases and treatment outcomes at national levels since the mid-1990s (13). National reporting of data according to this standardized approach by Member States to the Secretariat since that time (around 200 countries and territories report data each year, including almost all Member States) has enabled WHO to conduct global analyses and to report on the tuberculosis epidemic and progress in the response at global, regional and country levels on an annual basis since 1997. The International Statistical Classification of Diseases and Related Health Problems, as periodically revised,¹ guides coding of causes of death at national level and in turn reporting of deaths by cause to WHO. Global guidance from WHO (developed with countries and partner agencies) has also helped to ensure a standardized approach to special studies at national level, including national tuberculosis prevalence surveys, national surveys of resistance to anti-tuberculosis medicines, inventory studies to measure the underreporting of detected cases of tuberculosis, and surveys of costs faced by tuberculosis patients and their households. WHO has also published a handbook that provides guidance on analysis and use of data on tuberculosis derived from routine monitoring and special studies.

Findings from reviews of the national tuberculosis responses should inform reviews of the tuberculosis response at global and regional levels, and global or regional reviews should help to drive actions needed to accelerate progress towards ending tuberculosis at global, regional and national levels. All Member States have the opportunity to participate in existing global reviews related to the Sustainable Development Goals that are convened by the United Nations.

¹ An update on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems will be provided to the Executive Board at its 143rd session (see document EB143/13).

D. Framework adaptation and use

1. Member State actions

The process of adapting the framework at national level should include assessment of all relevant components and elements according to the country context. There will be differences among countries in the extent to which different elements already exist, need strengthening or are relevant, and how they are put into practice. There may also be elements not listed that should be added. Variation among countries reflects factors such as the level and characteristics of the tuberculosis disease burden, existing constitutional, legal, regulatory and administrative frameworks and systems, the nature of nongovernmental, civil society and private sector institutions and engagement, and the status of social and economic development.

The process of adapting the framework should involve officials across government sectors, nongovernmental organizations, civil society and tuberculosis-affected communities, United Nations and other multilateral and bilateral agencies operating at country level, parliamentarians, professional associations, public-private partnerships and the private sector. The result should be a framework providing an overview of commitments, actions, monitoring and reporting, and review mechanisms, and steps being taken to better document and strengthen and/or sustain robust accountability. Subsequent monitoring and reporting as well as review processes should incorporate assessment of the framework itself.

2. WHO roles and actions

In the political declaration of the high-level meeting of the General Assembly on tuberculosis, the Director-General of WHO was requested to ensure the “timely implementation” of the MAF-TB “no later than 2019” (8). Furthermore, the General Assembly requested the Secretary-General, in close collaboration with the Director-General of WHO, to promote collaboration among all stakeholders to end the tuberculosis epidemic and to implement the declaration with Member States and relevant entities. In World Health Assembly resolution WHA71.3, Member States requested the Director-General to provide technical support for Member States and partners, as appropriate, including for national adaptation and use of the framework. In keeping with these requests, the Director-General and the WHO Secretariat will guide and support, with urgency, the adaptation and use of the MAF-TB at country level, and coordinate and support its adaptation and use at regional/global level, working with Member States, partners, including civil society and affected communities, and multisectoral stakeholders.

WHO’s unique status as a science- and evidence-based organization that sets globally-applicable norms and standards, as well as WHO’s role in providing global

public goods that help to ensure health for all people (17) are fundamental to enable the adaptation and use of the framework.

WHO's ongoing efforts in fostering partnerships with global, regional and national stakeholders in supporting Member States and promoting engagement of civil society and other non-State actors will also be essential.

In 2018, WHO began to work with Member States, and partners, for the adaptation and use of the MAF-TB, through country-based work and through consultations at regional and global levels.

In 2019, WHO is providing guidance materials, including tools and documentation on good practices related to the four components of the MAF-TB, drawing on experiences in tuberculosis, other global health areas and other sectors.

WHO will provide global monitoring and reporting and review on use of the framework, in keeping with the reporting on tuberculosis requested by the General Assembly and the World Health Assembly. This will include reporting on adaptation and use of the framework in the annual WHO global tuberculosis report, as well as in its planned report on progress in implementing the End TB Strategy to the World Health Assembly in 2020; and supporting the Secretary-General to prepare a report in 2020, as requested by the General Assembly, on progress towards ending tuberculosis in advance of a comprehensive review by heads of state and government at a high-level meeting in 2023.

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Annex 1.

The Sustainable Development Goals

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts¹
- Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

¹ Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

Annex 2.

The End TB Strategy at a glance

VISION	A WORLD FREE OF TB — zero deaths, disease and suffering due to TB			
GOAL	END THE GLOBAL TB EPIDEMIC			
INDICATORS	MILESTONES		TARGETS	
	2020	2025	SDG 2030 ^a	END TB 2035
Percentage reduction in the absolute number of TB deaths (compared with 2015 baseline)	35%	75%	90%	95%
Percentage reduction in the TB incidence rate (compared with 2015 baseline)	20%	50%	80%	90%
Percentage of TB-affected households experiencing catastrophic costs due to TB (level in 2015 unknown)	0%	0%	0%	0%

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

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

- A. Political commitment with adequate resources for TB 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 TB

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

^a Targets linked to the Sustainable Development Goals (SDGs).

Annex 3.

Top 10 indicators (not ranked) for monitoring implementation of the End TB Strategy at global and national levels, with recommended target levels that apply to all countries. The target level is for 2025 at the latest.

	INDICATOR	RECOMMENDED TARGET LEVEL
1	TB treatment coverage <i>Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage.</i>	≥90%
2	TB treatment success rate <i>Percentage of notified TB patients who were successfully treated. The target is for drug-susceptible and drug-resistant TB combined, although outcomes should also be reported separately.</i>	≥90%
3	Percentage of TB-affected households that experience catastrophic costs due to TB ^a <i>Number of people treated for TB (and their households) who incur catastrophic costs (direct and indirect combined), divided by the total number of people treated for TB.</i>	0%
4	Percentage of new and relapse TB patients tested using a WHO-recommended rapid diagnostic (WRD) at the time of diagnosis <i>Number of new and relapse TB patients tested using a WRD at the time of diagnosis, divided by the total number of new and relapse TB patients, expressed as a percentage.</i>	≥90%
5	Latent TB infection (LTBI) treatment coverage <i>Number of people living with HIV newly enrolled in HIV care and the number of children aged <5 years who are household contacts of cases started on LTBI treatment, divided by the number eligible for treatment, expressed as a percentage (separately for each of the two groups).</i>	≥90%
6	Contact investigation coverage <i>Number of contacts of people with bacteriologically confirmed TB who were evaluated for TB, divided by the number eligible, expressed as a percentage.</i>	≥90%
7	Drug-susceptibility testing (DST) coverage for TB patients <i>Number of TB patients with DST results for at least rifampicin, divided by the total number of notified (new and retreatment) cases in the same year, expressed as a percentage. DST coverage includes results from molecular (e.g. Xpert MTB/RIF) as well as conventional phenotypic DST results.</i>	100%
8	Treatment coverage, new TB drugs <i>Number of TB patients treated with regimens that include new (endorsed after 2010) TB drugs, divided by the number of notified patients eligible for treatment with new TB drugs, expressed as a percentage.</i>	≥90%
9	Documentation of HIV status among TB patients <i>Number of new and relapse TB patients with documented HIV status, divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage.</i>	100%
10	Case fatality ratio (CFR) <i>Number of TB deaths divided by estimated number of incident cases in the same years, expressed as a percentage.</i>	≤5%

CFR, case fatality ratio; DST, drug-susceptibility testing; HIV, human immunodeficiency virus; LTBI, latent TB infection; SDG, Sustainable Development Goal; TB, tuberculosis; UHC, universal health coverage; WHO, World Health Organization; WRD, WHO-recommended rapid diagnostic.

^a Catastrophic costs are provisionally defined as total costs that exceed 20% of annual household income.


Annex 4.

The 14 indicators associated with tuberculosis incidence included in the WHO tuberculosis-Sustainable Development Goal monitoring framework

SUSTAINABLE DEVELOPMENT GOAL	INDICATOR INCLUDED IN TUBERCULOSIS-SUSTAINABLE DEVELOPMENT GOAL MONITORING FRAMEWORK
1. End poverty in all its forms everywhere	Proportion of population living below the international poverty line Proportion of population covered by social protection floors/ systems
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Prevalence of undernourishment
3. Ensure healthy lives and promote well-being for all at all ages	Prevalence of HIV Prevalence of diabetes Prevalence of alcohol use disorder Percentage of the population aged ≥15 years who smoke Coverage of essential health services, measured using the WHO universal health coverage index Health expenditure per capita Percentage of health expenditures that are out-of-pocket
7. Ensure access to affordable, reliable, sustainable and modern energy for all	Proportion of population with primary reliance on clean fuels and technology
8. Promote inclusive and sustainable economic growth, employment and decent work for all	Gross domestic product (GDP) per capita
10. Reduce inequality within and among countries	Gini index for income inequality
11. Make cities inclusive, safe, resilient and sustainable	Proportion of urban population living in slums, informal settlements or inadequate housing

The latest status of each indicator and trends since 2000 (as collected by the United Nations Statistical Division) are shown for all countries in the country profiles published by WHO each year as part of the WHO global tuberculosis report (for the 30 high tuberculosis burden countries) and associated products (online profiles, for all countries).¹

¹ For the 2019 country profile, see <https://www.who.int/tb/country/data/profiles/en/> (accessed 14 April 2019).



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TO END TUBERCULOSIS
BY 2030**

