



IMPLEMENTING
THE END TB
STRATEGY:
THE ESSENTIALS

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STRATEGY



World Health
Organization

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Abbreviations

aDSM	active TB drug-safety monitoring and management	MCH	maternal and child health
AIDS	acquired immunodeficiency syndrome	MDGs	Millennium Development Goals
ART	antiretroviral therapy	MDR-TB	multidrug-resistant TB
BCG	bacille Calmette-Guérin	NCD	non-communicable diseases
CFR	case fatality ratio	NGO	nongovernmental organization
CHW	community health workers	NSP	national TB strategic plan
COPD	chronic obstructive pulmonary disease	NTP	national TB programme
CSO	civil society organization	PHC	primary health care
CV	community volunteer	PLHIV	people living with HIV
DR-TB	drug-resistant TB	PMTCT	prevention of mother-to-child transmission (of HIV)
DST	drug susceptibility testing	PPM	public-private mix
FBO	faith-based organization	RMNCAH	reproductive, maternal, newborn, child and adolescent health
FDC	fixed-dose combination	SDG	Sustainable Development Goals
HIV	human immunodeficiency virus	TST	tuberculin skin test
IGRA	interferon-gamma release assay	UHC	universal health coverage
IPC	infection prevention and control	WHA	World Health Assembly
LTBI	latent TB infection	WHO	World Health Organization

Foreword

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In order to end the TB epidemic, countries will need to strengthen their health and social sectors by achieving universal health coverage and social protection, which are also emphasized within the framework of the new SDG agenda.

The global resolve for intensifying the fight against TB and achieving an end to the global epidemic is illustrated by the adoption of the WHO's End TB Strategy by the World Health Assembly (WHA) in 2014, its endorsement in several WHO Regional Committee meetings during 2015, and the inclusion of "ending the TB epidemic" as a target within the health-related Sustainable Development Goal (SDG) 3 by the United Nations General Assembly in September 2015. The Global TB Report of 2015 substantiates how timely and essential this resolve is by highlighting that TB now ranks as a leading infectious disease killer globally alongside HIV.

Through the implementation of the DOTS strategy (1994-2005) and the Stop TB Strategy (2006-2015), countries – especially those with a high burden of TB – established the basics required for providing high-quality TB diagnosis and treatment. These efforts contributed greatly to meeting the TB-related target of the Millennium Development Goals (MDGs) of halting and beginning to reverse the TB epidemic. Between 2000 and 2014, improvements in quality-assured diagnosis and treatment of TB contributed to saving 43 million lives worldwide. It was apparent, however, that while enhancing access to diagnosis and treatment remarkably improved outcomes in terms of reducing suffering and death, it had very little effect on achieving the desired impact in terms of declining the incidence rates and driving down the TB epidemic. This is not entirely surprising: TB is not only a biomedical and a public health problem but also a disease associated with poverty; TB will continue thriving as long as poverty persists. The End TB Strategy, whose aim is to end the TB epidemic, therefore combines a holistic mix of health and social interventions. Importantly and in keeping with one of the underlying principles of the Strategy, this mix of interventions will need to be adapted to regional, national and local contexts. The End TB Strategy envisions universal access to high-quality TB care and goes beyond it to promote TB prevention. In order to end the

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