

THE WHO GLOBAL TASK FORCE ON TB IMPACT MEASUREMENT

MAY 2022



WHO ARE WE?

In June 2006, the Global TB Programme (GTB) in the World Health Organization (WHO) established a Global Task Force on TB Impact Measurement, with the TB monitoring, evaluation and strategic information (TME) unit in GTB acting as the secretariat.

The **Task Force** includes a wide range of experts in TB epidemiology, statistics and modelling, representatives from major technical and financial partners and representatives from countries with a high burden of TB. There have been seven full Task Force meetings since its inception and many other meetings on specific topics.

The initial aim of the **Task Force** was to ensure that WHO's assessment of whether the 2015 global TB targets were achieved was rigorous, robust and consensus-based. Following publication of this assessment in the 2015 Global TB Report and in the context of The End TB Strategy (2016-2035) and the Sustainable Development Goals (2016-2030), the **Task Force** reviewed and updated its mission and strategic areas of work for the post-2015 era.

THE END TB STRATEGY

TARGETS*

2030[†] 2035

Reduction in the
number of TB deaths
compared with 2015 (%)

90% 95%

Reduction in
TB incidence rate
compared with 2015 (%)

80% 90%

TB-affected households
facing catastrophic
costs due to TB (%)

0% 0%

* Milestones were defined for 2020 and 2025.

† Targets linked to the Sustainable Development Goals.
SDG target 3.3 is to end the TB epidemic by 2030.

WHAT IS OUR MISSION?

In the context of the End TB Strategy and the Sustainable Development Goals (SDGs), the **Task Force**'s mission is:

1. To ensure that assessments of progress towards End TB Strategy and SDG targets and milestones at global, regional and country levels are rigorous, robust and consensus-based.
2. To guide, promote and support the analysis and use of TB surveillance and survey data for policy, planning and programmatic action.

The 2020 milestones of the End TB strategy were a 35% reduction in TB deaths and a 20% reduction in the TB incidence rate compared with levels in 2015, and that no TB patients and their households face catastrophic costs as a result of TB disease. The 2025 milestones are a 75% reduction in TB deaths and a 50% reduction in TB incidence.

The first United Nations high-level meeting (UNHLM) on TB in 2018 set additional targets to treat 40 million people with TB disease and at least 30 million people with TB infection between 2018 and 2022.

Progress made towards the End TB Strategy milestones and the two UNHLM targets for treatment enrolment by the end of 2020

TB incidence



TB deaths



TB patients not facing catastrophic costs



TB treatment



TB preventive treatment



CURRENT STRATEGIC AREAS OF WORK

1. Strengthening surveillance

- National systems for TB surveillance, for direct measurement of TB incidence
- National vital registration (VR) systems, for direct measurement of the number of deaths caused by TB

2. Priority studies to periodically measure TB disease burden

These include (but are not limited to):

- National TB prevalence surveys
- Drug resistance surveys
- Surveys of costs faced by TB patients and their households

3. Periodic review of methods used by WHO to produce estimates of the burden of TB disease

4. Analysis and use of TB surveillance and survey data at country level

The strategic areas of work will be reviewed and updated if necessary at the next meeting of the full Task Force (likely in 2023).

1: STRENGTHENING SURVEILLANCE

Priority areas of work identified by the **Task Force** are:

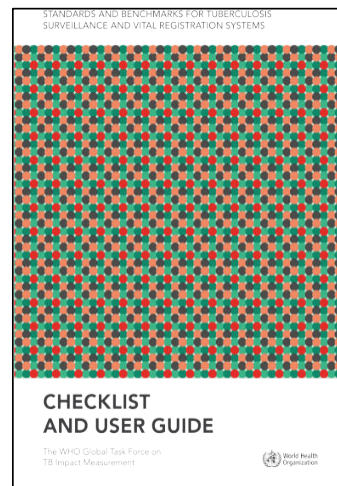
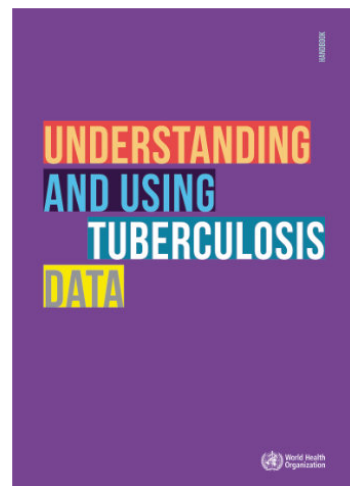
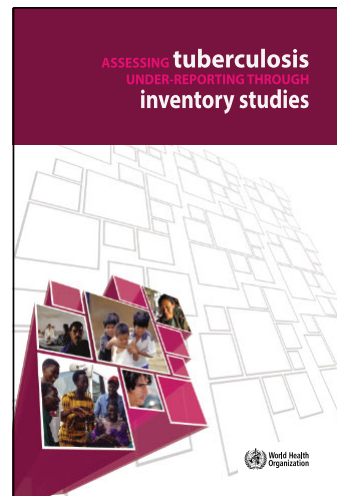
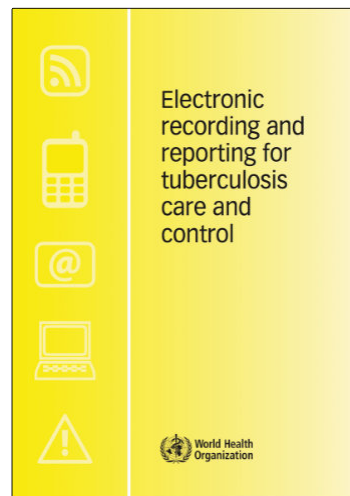
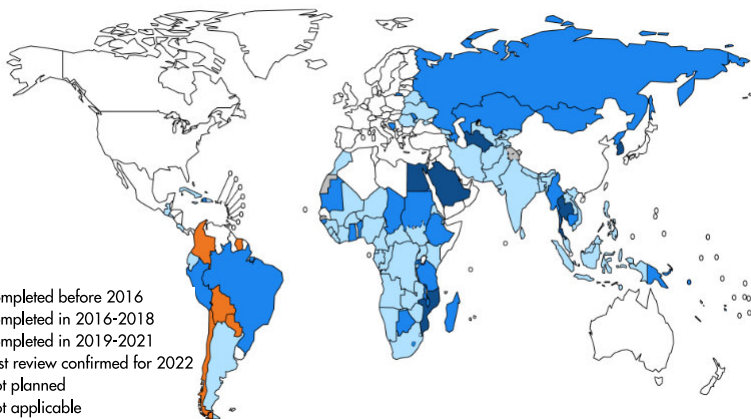
Strengthening national systems for TB surveillance, for direct measurement of TB incidence

1. TB epidemiological reviews, including use of the WHO TB surveillance checklist.
2. Regional analysis workshops.
3. Transitioning from paper to digital case-based surveillance.
4. TB inventory studies to measure under-reporting of detected TB cases.

Strengthening national vital registration (VR) systems, for direct measurement of the number of deaths caused by TB

1. Promoting use of VR data for measurement of TB mortality.
2. Creating and sustaining links with relevant stakeholders.
3. Mortality studies to validate VR data.

Between January 2013 and May 2022, **91** countries completed the TB **surveillance checklist** and a national TB **epidemiological review** (**map**); results and lessons learned from reviews up to April 2020 have been synthesized. A second edition of the WHO TB surveillance checklist is in development.



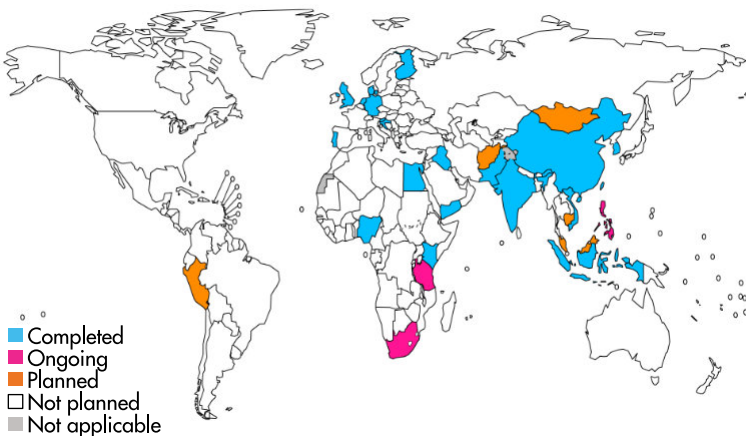
1: STRENGTHENING SURVEILLANCE

INVENTORY STUDIES TO MEASURE UNDER-REPORTING OF DETECTED TB CASES

Estimates of TB incidence rely on the systematic analysis of case notification and programmatic data combined with assessment of the number of cases not reported and not diagnosed. The [Assessing tuberculosis under-reporting through inventory studies](#) guide, published in 2012, describes and explains how to design, implement and analyse inventory studies to measure the under-reporting of detected TB cases.

Inventory studies are being promoted in selected countries, linked to recommendations following national TB epidemiological reviews and use of the TB surveillance checklist. They are of particular relevance in countries with large private sectors or where large numbers of TB patients are thought to be treated in the public sector but not reported to national authorities.

By May 2021, an inventory study had been completed in **19** countries. Inventory studies have started in **the Philippines, South Africa and United Republic of Tanzania** and are planned in **Afghanistan, Cambodia, Malaysia, Mongolia and Peru** (map).



GLOBAL TUBERCULOSIS REPORT

2021

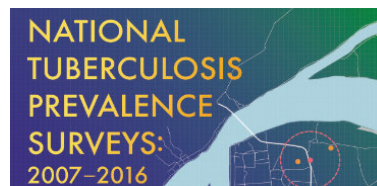
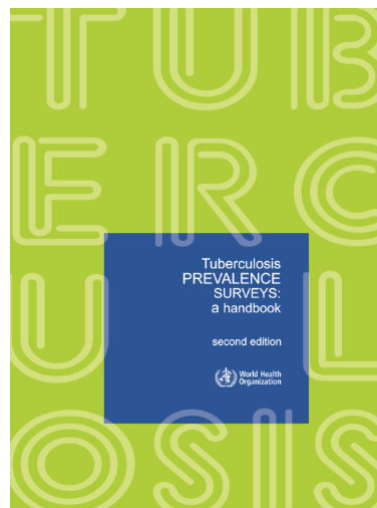
2: PRIORITY STUDIES TO MEASURE TB DISEASE BURDEN

A. NATIONAL TB PREVALENCE SURVEYS

Between 2007 and 2021, **34** national surveys of the prevalence of TB disease were implemented in **31** countries ([map](#)), following guidance in the [Tuberculosis prevalence surveys handbook](#) (2nd ed: the “lime book”) developed by the **Task Force**. **India** completed a survey in 2021. **Cambodia** and **Pakistan** are planning a repeat survey, and **Timor-Leste** is planning a first survey.

In 2021, WHO published a book that provides a global synthesis of results and lessons learned from surveys implemented 2007-2016; this was developed as a collaborative effort of 24 countries and their technical partners, with contributions from more than 450 people.

A 3rd edition of the WHO handbook on TB prevalence surveys is in development.



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https://www.yunbaogao.cn/report/index/report?reportId=5_31105

