

# Building a Tuberculosis-free World

## The *Lancet* Commission on Tuberculosis

### FACT SHEET



The *Lancet* Commission set out to establish a roadmap for how high-burden countries could get on track to meet the goals established by the UN High Level Meeting (UNHLM) in September 2018. Commissioners met regularly over a period of 18 months to answer the question: “*How should TB high-burden countries and their development partners target their future investments to ensure that ending TB is achieved?*” The Report provides a comprehensive analysis and specific recommendations to address this question and, ultimately, remove the barriers to building a TB-free World.

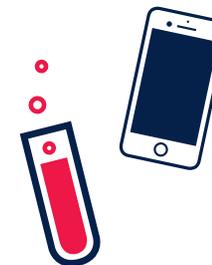
The Report calls upon high-burden countries and the global community to pursue the following **four strategies**.

### 1. Implement and expand on proven, evidence-based strategies



- Provide person-centered diagnosis and treatment.
- Reach all populations at high risk for TB.
- Strengthen and deliver prevention strategies in tandem with active case finding -interventions.
  - » **In Kenya, where rates of HIV/TB co-infection are high, scaling up access to both antiretroviral therapy and TB preventive therapy can help save an additional three million lives between now and 2045.**
- Prioritize private-sector engagement. To defeat TB, we must recognize that the public sector cannot do it all.
  - » **In India, the country with the largest TB burden, optimizing private sector engagement could avert eight million deaths from TB between now and 2045.**
- Provide universal access to drug susceptibility testing (DST) and ensure access to second-line DST for all persons with drug resistant TB (DR-TB).
  - » **In Moldova, where more than 25 percent of all TB is drug-resistant, improving access to DST and second-line drugs would reduce DR TB mortality by 73% in the coming generation.**

### 2. Invest to accelerate development of new tools



- Invest in and accelerate the pace of TB science, innovation, and development – transformative new tools are necessary to ensure we meet End TB targets by 2030.
  - » **Ensuring that 90% of persons with TB are found, diagnosed and treated, and ensuring 90% treatment success can avert 2.2 million deaths/year from TB. To avert the remaining unavertable deaths (0.85 million/year) requires new tools.**
- Invest in implementation, operational, and programmatic research to rapidly translate research findings into TB control policies and programs to address public health needs.
- Implement and scale up the use of existing biomedical and prevention tools.
- Deliver strong advocacy to science ministries and research-oriented pharmaceutical companies to ensure global commitment to TB research and development.
  - » **This investment must be weighed against the cost of inaction: In India, even with optimal implementation of all existing tools, unavoidable TB deaths will cost the economy at least US\$32 billion each year over the next 30 years.**

### 3. Make the case why TB is the “best buy” in global health



**ROI:**  
For every \$ invested in intervention, up to \$56 are returned

- Improved domestic financing for TB is one of the biggest success stories in global health over the past two decades.
  - » **Economic analysis commissioned for this report shows that the benefit of saving a life from TB is at least five times the cost of saving it – and may be much greater in many settings.**
- By 2017, 84% of funding for TB came from domestic sources. However, high-burden countries can do more to address their epidemic. Greater domestic resource mobilization can be achieved by increasing the distribution of public resources to health, pooling financing, and allocating tax revenues to health, especially in middle-income countries.
  - » **Countries like Bangladesh, Zambia, China, and Indonesia can increase their annual TB expenditures more than five-fold over the next five years, through increased revenue generation and allocation of greater budgetary resources to health.**
- Expanding on efforts to enact new models of donor financing is vital; focusing on results, encouraging innovation and strengthening accountability.

### 4. Create a new era of shared responsibility



- Establish greater accountability at all levels, from the level of Heads of State to the local TB clinics, to drive the change necessary to end the pandemic.
- Establish country-specific Report Cards to measure progress and determine where more resources are needed.
- Engage stakeholders from industry, civil society, multiple government ministries and the private sector.
- Ensure TB survivors and their advocates have a voice to raise inconvenient truths and demand action.
- Establish a *Lancet* Observatory to independently evaluate progress.

### Conclusion

Overall, the Commission states that the roadmap to Building a TB-free World is not a straight path, but rather a winding road that requires countries to be flexible as they respond to changing demographics, patient preferences and available data. While donor countries, funders and others share in the responsibility in breaking down the barriers to end TB, it is the country leaders who ultimately hold the keys to success.

The Commission concludes that the prospect of a TB-free world is a realistic objective that can be achieved with the right commitment of leadership and resources.

### Prioritizing policies to end TB, 2018–2045: Country case studies

#### EPIDEMIOLOGICAL PROFILE

**India**  
Lack of public sector engagement

Additional examples: Pakistan, Bangladesh, The Philippines

**Kenya**  
HIV/TB prevalence

Additional Examples: South Africa, Nigeria, Tanzania

**Moldova**  
DR-TB prevalence

Additional Examples: Latvia, Central Asian Republics

#### PRIORITY INTERVENTIONS

- Private sector prioritization by National TB Programs (NTPs)
- Private sector TB capability

- ART scale up
- Optimized TB/HIV collaboration
- Universal TB preventive therapy scale up

- Universal DST
- Optimized access to second line drugs for all eligible patients

#### IMPACT OF PRIORITY INTERVENTIONS. 2018–2045

- 28% mortality reduction
- 8 million lives saved
- \$8bn cumulative NTP costs

- 17% mortality reduction
- 3 million lives saved
- \$1.8bn cumulative NTP costs

- 73% mortality reduction
- 15 thousand lives saved

END TB: 90% mortality reduction