

Communique of the International Task Force for Disease Eradication: Seize the Moment and Provide the Resources Needed to End TB

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Overview

Inspired by the successful eradication of smallpox in 1977, the [International Task Force for Disease Eradication \(ITFDE\)](#) was established at The Carter Center in 1988. The ITFDE meets regularly to evaluate disease control and prevention and the potential for eradicating and controlling infectious diseases, to review progress, and to recommend action steps. The 33rd meeting, held March 14-15, 2022, at The Carter Center, focused on one of the leading causes of death by an infectious disease globally, yet paradoxically does not receive adequate attention: tuberculosis (TB).

The ITFDE focus on TB was particularly timely as March 24 is World TB Day, whose theme this year — [Invest to End TB, Save Lives](#) — captures the urgency of the moment.

Prioritizing TB on the Global Health Agenda

The ITFDE members discussed research, lessons learned, trends, and possible strategies for addressing the global challenge of ending TB. It discussed TB previously in 2010. ITFDE members see a powerful opportunity — and an urgent need — to elevate TB on the global health agenda as the world emerges from the COVID-19 crisis and reprioritizes key health objectives. As an airborne infection with drug-resistant strains, TB has the potential to become an even greater public health risk. At the same time, innovations in diagnostics, treatments, potential vaccines, and community mobilization make a cogent case for investment in TB more than ever before, given the realistic chances for research breakthroughs in the next five to seven years.

Scope of the Problem

Before COVID-19 overtook it, TB was the leading infectious cause of death in the world, though deaths from the disease have been generally declining since the 1950s. Deaths from TB ticked up to 1.5 million (including 214,000 with HIV/AIDS) in 2020, the first increase in 10 years. In 2020, 9.9 million people fell ill with TB, and only 5.8 million of them accessed care, leaving a gap of 4.1 million undetected and untreated. A major factor was the COVID-19 pandemic, which diverted financial resources away from TB, overwhelmed many clinics and testing sites, caused others to close due to health service closures and lack of staff, and kept unknown numbers of persons with TB away from treatment in fear of contracting COVID-19. Furthermore, only one-third of people in need received treatment for drug-resistant TB. The estimated impact on underdiagnosed TB cases was higher in low-income and low-middle-income countries, increasing inequity with higher-income countries.

Global targets are not being met. U.N. Sustainable Development Goal (SDG) 3.3 calls for an 80% reduction in TB incidence and a 90% reduction in TB deaths by 2030, compared with 2015. Given the current environment, meeting this target appears unlikely, causing enormous human, economic, and societal impacts. According to a study by Sachin Silva, et al., published in *The Lancet* in September 2021, 31.8 million TB deaths can be expected to occur between 2020 and 2050, causing an economic loss of

US\$17.5 trillion. Meeting the SDG target would change this outlook dramatically, saving 23.8 million lives and averting US\$13.1 trillion in economic losses, according to the study.

Meeting Past Commitments

Meeting the TB challenge starts with meeting past commitments. At the United Nations General Assembly High Level Meeting on Tuberculosis in September 2018, heads of states and governments and their representatives made the following commitments and set the following targets:

- Provide diagnosis and treatment to 40 million people with tuberculosis, including 3.5 million children and 1.5 million people with drug-resistant TB.
- Prevent TB among those most at risk — 30 million people, including 6 million with HIV and 4 million children under 5 years of age.
- Mobilize sufficient and sustainable funding for universal access to prevention, diagnosis, treatment, and care.
- Mobilize sufficient and sustainable funding for research and development.
- Promote and support an end to stigma and all forms of discrimination against those with TB.
- Deliver, as soon as possible, new, safe, effective, equitable, affordable, available vaccines and treatments.
- Request that the Director-General of the World Health Organization, working with partners, continue to develop the multisectoral accountability framework.

Four years later, governments are well behind pace to achieve these targets. Only 41% of funds committed in 2018 for TB care and prevention have been made available while only 45% of funds pledged for research and development have been made available. Governments need to do better, and citizens and civil society need to hold them accountable for the lack of progress.

The Funding Gap

About \$242 billion is needed from 2023 through 2030 to end TB by providing universal access to TB prevention, diagnosis, treatment, and care. These funds would allow treatment of 50 million people who have TB, including 3.7 million children, and 2.2 million people who have drug-resistant TB. Moreover, they would fund development and rollout of new vaccines that could prevent millions of cases from ever occurring. In seven years, a \$242 billion investment could yield a 90% reduction in TB deaths and an 80% decline in incidence rate, compared to 2015.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) should align its spending in proportion to the mortality levels of its three target diseases. Currently, TB accounts for 61% of deaths across the three diseases but receives only 18% of the Global Fund's investments, with far larger portions going to HIV/AIDS and malaria. At the same time, it is important to seek new external financing systems for TB outside the Global Fund — such as governmental, philanthropic, private sector, and innovative financing options.

Many of the tools to reduce TB have been developed and are ready to go to scale — rapid molecular tests, artificial intelligence-enabled ultraportable X-ray machines, and shorter effective treatment regimens, for example. Only inadequate funding stands in the way.

The TB Ripple Effect

Investing in TB elimination would help prepare the world to deal with future pandemics. In this way, it is an investment in stronger public health systems and capacity. The diagnostic, surveillance, treatment, and public health systems strengthened through TB action can be leveraged to combat emerging and evolving infections, diseases, and pandemics. Indeed, many of the systems, strategies and expertise used during the COVID-19 pandemic were built through previous TB capacity-building efforts. Investing in TB is not a one-disease vertical strategy; rather, it helps strengthen pandemic preparedness and overall health security.

Lessons learned and technologies and techniques developed during the COVID-19 pandemic can be used to address TB more effectively. A lesson learned from COVID-19 is that a safe and effective, widely available vaccine need not take decades to develop. Several vaccines for COVID-19 were developed and deployed rapidly where investment met intention. A TB vaccine using mRNA technology showed promise as long ago as 2004, but the funding and will to develop and produce it were lacking and served as barriers to progress.

Specific Recommendations

ITFDE members recommend the following actions as a framework for the public health community, governments, and funders to elevate TB as a global priority. The possibility to significantly reduce and eventually eliminate TB is realistic and achievable – but clear priorities, planning, and, most importantly, sustained funding are required to make the goal of “Invest to End TB, Save Lives” a reality.

Innovation: Fuel breakthrough solutions in prevention, diagnostics, treatment, and vaccines

- Advance research on TB diagnostic and drug susceptibility tests and intensify case-finding using technological advances for AI-enabled tools.
- Develop safer and shorter oral treatment regimens with newer drugs, including for treatment of drug-resistant TB, and enable their rapid uptake.
- Prioritize development of safe and effective vaccines that work on all forms of TB disease and prevention of TB infection.
- Develop innovative approaches for active case finding and multi-disease screening, testing, and surveillance.

Scale: Make accessible proven tools, technology, and treatments to countries with high TB incidence

- Dramatically scale up provision of TB preventive treatment.
- Improve equitable patient access to WHO-recommended diagnostic tools globally, especially to low- and middle-income countries.
- Develop and improve digital tools for use by public health workers in the field.

Communities: Engage civil society to mobilize support for TB action and health justice

- Promote human rights, employ gender-sensitive approaches, and combat stigma and discrimination, working with and supporting civil society and people affected by TB.
- Advance universal health coverage to ensure all people with TB have access to affordable, quality care and resolve underreporting challenges.

- Promote active participation of communities in policymaking, program monitoring, and management.

Leadership: Secure consistent, long-term political and financial support

- Quickly restore diagnosis and treatment to meet the 2018 High Level Meeting goals and accelerate toward an ambitious but credible target.
- All stakeholders should participate in the TB United Nations High-level Meeting in 2023 as requested by the U.N. Secretary-General.
- Work with countries that will provide sustained political support for ending TB, as well as those with a high TB burden, to encourage them to fulfill their commitments.
- Build champions to elevate TB as a health priority at global forums and in media.

Investment: Sustained funding for TB

- Advocate with governments to increase investments from domestic budgets for national TB programs.
- Ensure TB response receives a proportionate allocation of funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Increase funding for essential TB services, including for the health workforce.
- Seek new external financing mechanisms outside the Global Fund, inclusive of governmental, philanthropic, private sector, and innovative financing.

Conclusion: A Time to Act

The world has a great opportunity in 2022 to combine the tools and lessons learned from COVID-19 with decades of progress against tuberculosis to reduce the global burden of TB mortality by 2030. All that is lacking is political will and sufficient funding. Strategic investments in diagnostic tools, treatment regimens, and new vaccines could rapidly turn the tide against one of the planet's leading killers, activating economic and societal benefits beyond measure. The time to act is now.