The United Nations High-Level Meeting (UNHLM) on tuberculosis (TB) will take place on 22 September 2023. Before that, a multi-stakeholder meeting on TB is scheduled for 8-9 May 2023. Throughout the #2023TBHLM process is essential to assess progress made since the 2018 TB UNHLM, which saw world leaders, health experts, and advocates come together to accelerate global efforts to end the TB epidemic. At the 2018 HLM, the UN set ambitious targets. For the 2023 TB HLM to be a success, all partners engaged in the fight to end TB must prioritize accountability. It is the actions, not the words of world leaders, that will ensure that the world remains on track to achieve the goal of ending the TB epidemic by 2030.

This traffic light style brief provides a shorthand to communicate progress towards the 2018 UN HLM on TB goals, using the familiar green, yellow, and red colors to indicate whether progress is on track, somewhat lagging behind, or significantly behind schedule, respectively.

### 2018 UN HIGH-LEVEL MEETING ON TB: TREATMENT TARGETS

- **TARGET:** 40 MILLION 2018 - 2022
- **26.3 MILLION TREATED IN 2018–2021**

The 2018 TB HLM set a target of treating 40 million people of all ages for TB between 2018 - 2022. As of now, only 26.3 million people have been treated. This progress is insufficient, and underscores the need for continued efforts to improve access to treatment and strengthen TB programs globally.

There is a need to accelerate efforts to diagnose and treat MDR/RR-TB globally, and roll-out newly approved ground-breaking tests and treatments. The treatment of children is especially important, and we are falling terribly short of meeting the target set in 2018. Urgent steps are needed, including the development and implementation of child-friendly formulations for TB drugs, reducing bureaucratic barriers to access to new medicines, integration of TB care into maternal and child health services, and the expansion of pediatric TB diagnosis and treatment services. It is crucial to prioritize the unique needs of children in the global TB response.
TB preventive treatment (TPT) is crucial and one of the most effective tools that we have to ensure an end to the TB epidemic. Investments in TB research have delivered short, effective, and safe TPT regimens that can be completed in as little as one month, and we now have the tools we need to scale-up TPT and meet our goals. Yet as of 2021 we have only been able to achieve one of the four targets set for TPT, and progress on the others is underwhelming, especially for the target of providing TPT to household contacts aged greater than five years. A 3% achievement is abysmal. It is important to also acknowledge that the target for providing TPT to PLHIV was not ambitious enough, given the high percentage of people living with HIV who require this intervention. There is a pressing need to set more ambitious targets that prioritize this population.

The rapid scale-up of TPT and shorter TPT regimens is hindered by a lack of political will and investment, along with limited ground-level demand generation. Effective and meaningful community engagement is needed to overcome these barriers. Moreover, it is essential to ensure that all priority groups identified by the WHO receive TPT, not just those living with HIV. Stigma and discrimination also significantly impact TPT uptake, and it is imperative that this HLM sets measurable targets to combat stigma and discrimination throughout the TB cascade of care.

There is a significant shortfall in achieving the funding targets set for universal access to TB prevention, diagnosis, treatment, and care, as well as the targets set for TB research. The COVID-19 pandemic has further exacerbated the situation. To mitigate this financing shortfall, it is essential to prioritize TB prevention and treatment alongside COVID-19 response efforts, increase funding for TB research, and strengthen healthcare infrastructure in support of universal health coverage (UHC) and pandemic prevention, preparedness, and response (PPPR) efforts.
LOOKING AHEAD TO THE #2023TBHLM: UNITE TO #ENDTB

The upcoming HLM provides a strong platform to address and recommit to targets set in 2018 while ensuring that TB remains a top political priority.

The commitments made in the 2018 Political Declaration that relate to issues facing TB affected community members and civil society, such as stigma and discrimination and the need for a gender-responsive TB response, were unfortunately not complemented by specific targets. As such, they are not measurable like the biomedical targets above. However, the new Global Plan to End TB (2023 - 2030) has recognized the importance of being able to track progress of community focused commitments and has suggested methods for measurement. The Global Plan proposes measuring progress towards community, rights and gender (CRG) related commitments through the assessment of whether or not a country has conducted a CRG assessment, developed a TB CRG action plan, integrated assessment findings and plan priorities into National Strategic Plans, and fully funded said action plans as a means to deliver on CRG related commitments. This approach should be prioritized in the 2023 Political Declaration and will help move us away from exclusively measuring biomedical targets toward a more comprehensive and people-centered approach to TB prevention and care.

Recognizing that CRG related commitments were not measured through formal accountability mechanisms, in 2021 the TB affected community and civil society launched the Deadly Divide Report 1.0 as a community led accountability and monitoring report. The report ultimately called for a more equitable and people-centered approach to TB prevention and care that addresses the underlying social and economic factors that contribute to the spread of TB. A Deadly Divide 2.0 version of the report is underway to provide the TB affected community and civil society with a strong base to present key asks for the 2023 HLM on TB. Stay tuned for more to come on this from us soon!