

Tuberculosis action plan for the WHO European Region 2023–2030

Tuberculosis (TB) and drug-resistant TB continue to represent major public health threats in the WHO European Region. The Region has achieved notable progress in reducing overall TB incidence and mortality, though challenges persist in reducing the drug-resistant TB burden and addressing TB–HIV coinfection, which continue to cause premature mortality in the Region.

This document provides an overview of the new TB action plan for the WHO European Region 2023–2030 and outlines the vision and strategic actions for the Region. The TB action plan has been developed through a Region-wide participatory consultation process with Member States, partners, civil society organizations and affected communities.

The TB action plan will support Member States in implementing national responses to the TB epidemic, covering eight years of the period after the United Nations General Assembly High-level Meeting on Tuberculosis on 26 September 2018, and in reaching the targets of the global End TB Strategy to reduce TB incidence by 80% and TB deaths by 90% by 2030.

The 2023–2030 TB action plan builds on the progress and lessons learned from the implementation of the previous Tuberculosis Action Plan for the WHO European Region 2016–2020. It strategically combines disease-specific approaches that place people at the heart of the response, in line with the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”. The TB action plan is shaping the shared vision of TB response nested in universal health coverage, and aligned with the resolution on Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the Region, adopted at the 71st session of the Regional Committee for Europe. By contributing to the European Programme of Work, moving towards attaining universal health coverage, promoting health and well-being and protecting against health emergencies, the regional TB action plan strives for a better balance in providing support at the regional, subregional and country levels for greater impact at the population level.

This draft of the regional action plan, together with a draft decision and a background document containing the full version of the plan, is submitted for endorsement to the 72nd session of the WHO Regional Committee for Europe in September 2022.

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RATIONALE FOR THE REGIONAL TUBERCULOSIS (TB) ACTION PLAN

1. TB, drug-resistant TB (DR-TB) and TB–HIV coinfection continue to pose major public health burdens in the WHO European Region. Progress towards ending TB has been uneven across the Region. Most Member States in western Europe are on the road to TB elimination, while others in eastern Europe and central Asia continue to experience a high burden of DR-TB. Countries in eastern Europe and central Asia are home to 24% of the global cases of multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) and 47% of pre-extensively DR-TB cases (pre-XDR-TB). TB–HIV coinfection is also on the rise in the Region, with an estimated HIV infection rate of 12% among incident TB cases in 2020, compared with 9.7% in 2015.
2. Since 2015, the Region has achieved notable progress in reducing overall TB incidence and mortality and is the WHO region with the fastest decline.¹ Between 2016 and 2020, the Region reached a 25% reduction of TB incidence, while the reduction in mortality was 26% – against a target of 35%. Progress has been observed in the management of XDR-TB,² with 51% successful treatment in the latest cohort (2018), compared with 35% as reported five years ago. However, treatment success remains stagnant at 75% among people with TB and 56% among people with MDR/RR-TB in 2020, against regional targets of 85% and 75%, respectively. A detailed analysis of strengths, challenges, opportunities and threats is presented in a background document.³
3. The progress towards ending TB in the Region has been severely affected by the COVID-19 pandemic, which caused service disruptions and barriers in accessing care, resulting in a substantial reduction in TB diagnosis and treatment enrollment. Case notifications decreased by 24% in 2020 compared with 2019, and TB-related mortality increased by 5% in 2020 as a result of an increase in HIV-positive TB deaths. In addition, the war in Ukraine has triggered an escalating humanitarian crisis that may have a serious impact on progress towards regional targets for TB. The war is having devastating direct and indirect impacts on people's lives and health and the functioning of Ukraine's health system. The discontinuation of treatment and care due to disruption to health services and shortages of medical supplies pose a severe risk of increased mortality and morbidity from communicable diseases, such as HIV and TB. The risk of infectious diseases has increased and population movement exacerbates this risk globally, including an increased risk of the spread of HIV and multidrug-resistant tuberculosis due to the conflict's effect on long-term care. Addressing the immediate health challenges in Ukraine and ensuring the continuity of TB and DR-TB treatment and complete health service for refugees in Europe is an immediate priority. However, medium- and long-term efforts will be needed to support the recovery in Ukraine, the surrounding countries and the Region at large. Renewed political and financial commitments are required to get back on track from anticipated losses in progress towards ending TB in the Region.
4. All these factors, together with the availability of new options for TB prevention, diagnosis, treatment and service delivery, call for a renewed commitment to an agile and fit-for-purpose response to TB in the Region. To reinforce Region-specific efforts in reaching the global End TB Strategy targets by 2030, the new regional TB action plan outlines priorities for Member States, WHO and partners in the Region and reflects the urgency to get back on track.

¹ In 2015, in line with the global End TB Strategy, the WHO Regional Office for Europe launched the Tuberculosis Action Plan for the WHO European Region 2016–2020 (resolution EUR/RC65/R6).

² A previous definition of XDR-TB is used here. See <https://www.who.int/publications/i/item/meeting-report-of-the-who-expert-consultation-on-the-definition-of-extensively-drug-resistant-tuberculosis>.

³ Tuberculosis action plan for the WHO European Region 2023–2030, background document.

VISION AND GOALS, ALIGNMENT WITH GLOBAL AND REGIONAL STRATEGIES

5. The vision of the regional TB action plan is a Region free of the TB burden by 2030. The TB action plan is fully aligned with the End TB Strategy⁴ and its three pillars, ascribes itself to the same vision, is aligned with the same goals, but outlines a framework for implementation tailored to the regional context. The TB action plan aims to capitalize on synergies and actions presented in the new Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 in the WHO European Region, to address the overlapping burden of HIV and ensure links with other regional strategic documents.

6. To advance universal health coverage (UHC) and primary health care (PHC) agendas,⁵ the TB action plan will focus on essential TB service packages at the PHC level and on prioritization of key populations, leaving no one behind, in direct alignment with the European Programme of Work, 2020–2025 (EPW). WHO will strive to balance the provision of support at the regional, subregional and country levels with enhanced direct country support to Member States for greater impact at the population level. The TB action plan draws on the EPW flagship initiatives – particularly the Pan-European Mental Health Coalition, Empowerment through Digital Health, and Healthier behaviours: incorporating behavioural and cultural insights – in the provision of TB services.

7. The immediate priority of the regional TB response is to regain losses due to the COVID-19 pandemic and emergency situations, including the consequences of the war in Ukraine and the escalating humanitarian crisis in Europe, by putting in place effective actions, strengthening partnerships and calling for increased investments in TB research and innovations.

8. A summary of strategic and operational shifts is presented in Fig. 1.

Figure 1: Strategic and operational shifts to end TB in the Region

Imperative	What	How
Renew commitment	Finish the unfinished agenda for ending TB and DR-TB in the Region	<ul style="list-style-type: none"> - Set up ambitious policies and resources to reach targets - Improve accountability and multisectoral coordination - Develop and introduce subregional TB elimination pathways
Align with EPW, UHC and PHC agendas	Put people at the centre and leave no one behind	<ul style="list-style-type: none"> - Ensure complete transition to people-centred services - Expand delivery in primary and community settings through essential clinical and supportive service packages - Prioritize key and vulnerable populations and promote rights-based TB response and equity in access to quality prevention, diagnosis, treatment and care - Engage civil society organizations and affected communities in TB response
Recalibrate core TB functions	Reduce incidence, find early, treat fully	<ul style="list-style-type: none"> - Shift to targeted screening for TB disease and scale up TB preventive treatment - Ensure universal access to rapid diagnosis for TB and comorbidities - Reduce hospitalization by complete transition to fully oral treatment for TB and DR-TB and use of people-centred models of service delivery and support

⁴ See <https://apps.who.int/iris/handle/10665/331326>.

⁵ See <https://apps.who.int/iris/handle/10665/345129>.

Take advantage of technological advances, innovations and promising pipelines	Introduce research and innovations rapidly	<ul style="list-style-type: none"> - Accelerate deployment and use of new screening and diagnostic tools, medicines, vaccines, service innovations and digital health solutions - Accelerate real-time data systems
Take account of the COVID-19 context	Regain losses and build back better	<ul style="list-style-type: none"> - Mainstream TB response innovations used during COVID-19 - Plan TB contingency and resilience to future crises
Adjust approach in the light of the war in Ukraine and its consequences across the Region	Ensure continuity and full recovery to get back on track	<ul style="list-style-type: none"> - Ensure universal access to TB prevention, rapid diagnosis and treatment to internally displaced people and refugees in Ukraine and host countries - Get back on track through full recovery funding of national TB response - Anticipate resources needed to support TB response in Member States experiencing the effects of the humanitarian crisis

9. The regional TB action plan proposes targets and indicators to help monitor and drive progress. The progress made in the implementation of the TB action plan will contribute to the EPW measurement framework through specific TB indicators and targets to be achieved by 2025, as a midpoint, as well as to 2030 targets, contributing to the global targets.

The regional targets by 2030, as compared with 2015:⁶

- Reduce TB deaths by 90%.
- Reduce the TB incidence rate by 80%.
- Reach 85% treatment success rate for MDR/RR-TB.

The regional targets to be achieved by 2025, as a midpoint milestone, as compared with 2015 levels:

- Reduce TB deaths by 75%.
- Reduce the TB incidence rate by 50%.
- Reach 80% in treatment success rate for MDR/RR-TB.

The EPW measurement framework includes a specific TB target: an 80% treatment success rate for MDR/RR-TB by 2025, aligned with Sustainable Development Goal target 3.3.

PRIORITY ACTIONS FOR COUNTRIES, WHO AND PARTNERS

10. The three pillars of the TB action plan are aligned with the global End TB Strategy and outline a series of priority areas. Details of priority actions to be taken by countries and by WHO and partner agencies are available in the background document. Member States are encouraged to consider implementing priority actions in a manner consistent with their national context.

Pillar 1. Integrated people-centred TB care and prevention

- (a) **Put people at the centre** through a partnership-based approach with PHC, civil society, communities and public health institutions. Priority actions are to expand people-centred service delivery;

⁶ The year 2015 will be used as the baseline year to monitor progress aligned to the key indicators of the global End TB Strategy. The cumulative reduction of TB incidence rate from 2015 to 2020 was 25%, which exceeded the global End TB Strategy milestone.

prioritize stronger engagement of communities and civil society; reach key, vulnerable and underserved populations; and protect and promote equity, ethics, gender equality and human rights in addressing TB.

- (b) **Scale up comprehensive TB preventive treatment**, including airborne infection prevention and control, as well as vaccination. Priority actions are to substantially expand TB preventive treatment, call for increased investments to accelerate progress towards TB elimination, and scale up the introduction of people-centred models of care and digital health solutions to reduce unnecessary and prolonged hospitalization for TB. New TB vaccines are in the pipeline and are expected to become available around 2027. Their introduction will significantly accelerate progress towards achieving regional and global targets.
- (c) **Prioritize targeted screening for TB** in close contacts of people with TB and other high-risk and vulnerable populations. This will minimize avoidable delays in diagnosis and reduce the case detection gap that occurred during the COVID-19 pandemic, which will significantly cut the chain of infection transmission in communities. Priority actions will focus on targeted screening for TB disease among key and vulnerable populations, including by using digital health solutions and new technologies.
- (d) **Expand and ensure universal access to early diagnosis of all forms of TB** and drug-susceptibility testing. Priority actions are aimed at achieving universal access to WHO-recommended rapid molecular diagnostic methods as an initial diagnostic test for TB, close to the point of care, with the possibility of multi-disease testing to diagnose and monitor coinfections with HIV, hepatitis and COVID-19. Tailored support will be provided through diagnostic network assessments and optimizations that are country specific and based on needs.
- (e) **Ensure equitable access to quality and effective treatment and care** for all people with TB, DR-TB and comorbidities, including patient support to facilitate treatment adherence. Actions aim at ensuring universal access to quality and fully oral treatment for TB and DR-TB and their comorbidities under programmatic and operational research conditions, scaling up the use of people-centred models of care and digital adherence solutions to improve treatment success, and decreasing the disease burden across the Region with a focus on high-priority countries. Addressing health system barriers, such as access to WHO-recommended diagnostics and medicines for TB and comorbidities, and their affordability, will be set as a priority area of work by WHO and partners.

Pillar 2. Bold policies and supportive systems

- (a) **Ensure that TB is high on the political agenda by investing in governance and leadership**, which may include consideration of resource allocation, policy changes, evidence-based strategies and accountability. Priority actions will also address the socioeconomic determinants of TB, as indicated in the WHO multisectoral accountability framework for TB.
- (b) **Provide sufficient and sustainable financing to the TB response and comprehensive health services.** An effective TB response that leaves no one behind requires robust health systems to accelerate the achievement of UHC for TB prevention and care, especially for key and vulnerable populations. Priority actions include ensuring adequate and sustainable funding, aligning strategic purchasing of TB services with a people-centred model of care, improving financial access and improving allocative efficiency.
- (c) **Ensure an adequate health workforce, including community workers for TB.** Many Member States grapple with critical shortages in the health workforce; an inequitable geographical distribution of health workers; and gaps in competencies, motivation and performance. Priority actions focus on human resource strategic planning for TB to strike a balance between the lower availability of a specialist workforce and the need to sustain the core functions of TB programmes. Changes should be country specific and should consider shifts in medical education, including the option of merging TB education with other major specialties, such as pulmonary or other infectious diseases.

- (d) **Invest in real-time strategic information and digital health.** Digital health solutions can transform traditional service delivery modalities to make them more accessible, convenient and effective. Priority actions focus on (i) supporting the uptake of new digital health solutions, including video-supported treatment and artificial intelligence tools for systematic screening for TB disease, and (ii) strengthening TB surveillance and response monitoring, including real-time disease reporting and robust drug surveillance systems.
- (e) **Improve access to novel diagnostics and medicines.** Limited access to new TB diagnostics and medicines in some Member States is often due to national regulations, registration, availability and affordability, which are exceptionally acute during health emergencies and humanitarian crises. Priority actions focus on identifying and addressing vulnerabilities in regulatory functions and on availability, procurement, and supply chain management to improve access to novel innovative diagnostics and medicines and accelerate progress towards regional targets.

Pillar 3. Intensified research and innovation

- (a) **Accelerate discovery, development and uptake of new tools, interventions and strategies.** The Region needs to accelerate the discovery of innovations and the uptake of novel approaches focused on increasing point-of-care testing, introducing more effective treatment regimens for TB and DR-TB, using new digital health solutions, and scaling up new vaccines as breakthroughs towards TB elimination. National TB programmes will be supported in the rapid uptake and implementation of innovations and research opportunities, which will be essential to reaching the End TB Strategy targets.
- (b) **Invest in implementation research to promote innovations.** Priority actions will focus on using operational research as implementation science and a mechanism that is close to programmatic conditions to accelerate improvement in treatment success for DR-TB and its coinfections, strengthen good clinical care practices, generate quality evidence for future WHO recommendations and build national research capacities. Regular revision of regional research priority questions will be based on the operational context, new evidence and countries' needs.

MONITORING AND EVALUATION, IMPLEMENTATION AND ACCOUNTABILITY

11. Member States should develop or update their national strategic plans in alignment with the new targets and milestones in the regional TB action plan. National goals and targets should consider and be responsive to the country context, including the nature and dynamics of epidemics, the populations affected, the structure and capacity of the health care and community systems, national regulations and resource mobilization.

12. Regular updates on progress towards implementing the TB action plan will be presented and reviewed at annual meetings of national TB programme managers and national TB focal points of the Region.

13. WHO/Europe will report on the progress made in implementing the regional TB action plan to the WHO Regional Committee for Europe in 2026 in an interim report charting the progress made and the challenges identified up to 2025. In 2031, the final report of the TB action plan, detailing the overall progress in the Region by 2030, will be submitted.