



DEBATE PACK

Number CDP2018-0131, 6 June 2018

Ending tuberculosis

By Dr Sarah Barber
Nikki Sutherland

This pack has been prepared ahead of the debate to be held in the Commons Chamber on Thursday 7 June 2018 on ending tuberculosis.

The subject has been selected by the Backbench Business Committee. The motion to be debated is:

That this House recognises that Tuberculosis (TB) remains the world's deadliest infectious disease, killing 1.7 million people a year; notes that at the current rate of progress, the world will not reach the Sustainable Development Goal target of ending TB by 2030 for another 160 years; believes that without a major change of pace 28 million people will die needlessly before 2030 at a global economic cost of £700 billion; welcomes the forthcoming UN high-level meeting on TB in New York on 26 September as an unprecedented opportunity to turn the tide against this terrible disease; further notes that the UN General Assembly Resolution encourages all member states to participate in the high-level meeting at the highest possible level, preferably at the level of heads of state; and calls on the Government to renew its efforts in the global fight against TB, boost research into new drugs, diagnostics and a vaccine, and give its fullest possible support to the high-level meeting.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Background

A Backbench Business Committee debate on Ending tuberculosis will take place in the Commons chamber on 7 June 2018. The debate will be led by Nick Herbert and Virendra Sharma.

The motion for the debate is:

That this House recognises that Tuberculosis (TB) remains the world's deadliest infectious disease, killing 1.7 million people a year; notes that at the current rate of progress, the world will not reach the Sustainable Development Goal target of ending TB by 2030 for another 160 years; believes that without a major change of pace 28 million people will die needlessly before 2030 at a global economic cost of £700 billion; welcomes the forthcoming UN high-level meeting on TB in New York on 26 September as an unprecedented opportunity to turn the tide against this terrible disease; further notes that the UN General Assembly Resolution encourages all member states to participate in the high-level meeting at the highest possible level, preferably at the level of heads of state and government; and calls on the Government to renew its efforts in the global fight against TB, boost research into new drugs, diagnostics and a vaccine, and for the Prime Minister to attend the UN high-level meeting

TB is the leading cause of death from a single infectious agent worldwide. Whilst international action is reducing the mortality and incidence of TB, leading health organisations such as the World Health Organisation have expressed concerns that more investment and action is needed to meet the milestones of the UN Sustainable Development Goals and the WHO End TB strategy targets. These include a reduction in the incidence of TB by 50% by 2025, and 90% by 2035 (compared with 2015).

A UN High Level meeting is scheduled for September 2018 on the theme "United to end tuberculosis: an urgent global response to a global epidemic." An April 2018 letter signed by 100 MPs and Peers has called on the Prime Minister to attend the high level meeting.

1.1 Tuberculosis

Tuberculosis is a bacterial infection that most commonly affects the lungs. It is thought that one quarter of the world population have latent TB (this means that a person has become infected but has not become symptomatic). Of this group, an estimated 5-15% will go on to develop active TB. Those with a compromised immune system such as people with HIV, diabetes, malnutrition and smokers are more likely to develop active disease. TB occurs all over the world but the World Health Organisation reports that over 95% of cases and deaths are in developing countries.¹

¹ WHO, [Tuberculosis](#), February 2018

TB is a treatable condition in almost all cases, but requires six months of treatment with four antimicrobial drugs. This requires ongoing support, advice and information to ensure adherence.²

TB that is resistant to the antimicrobial drugs used to treat the condition is an increasing concern. This has emerged through inappropriate or incorrect treatment of the infection and person to person transmission. It is estimated that, of the 10 million people who were ill with TB in 2016, over half a million had disease that was resistant to the two most effective antimicrobials used to treat it.³ Multi-drug resistant TB is difficult and expensive to treat and the effective medicines are not always available. The World Health Organisation (WHO) has reported that extensively drug-resistant TB (where the disease is resistant to at least four of the drugs that were once effective) has now been reported in 117 countries.⁴

The following sources provide further information on TB:

- [WHO factsheet on TB](#)
- [WHO factsheet on multi-drug resistant TB](#)
- [The Global Fund, Tuberculosis](#)

For more general information on antimicrobial resistance please see the November 2017 library briefing paper, [Antimicrobial resistance](#).

Global TB incidence

[The WHO reports](#) that in 2016, 10.4 million people fell ill with TB. 90% of these were adults and 65% were male. There were around 1.7 million deaths from TB, including 374,000 among HIV-positive people. TB is the ninth leading cause of death worldwide. The global mortality rate is falling at around 3% per year. 16% of cases die from the disease.

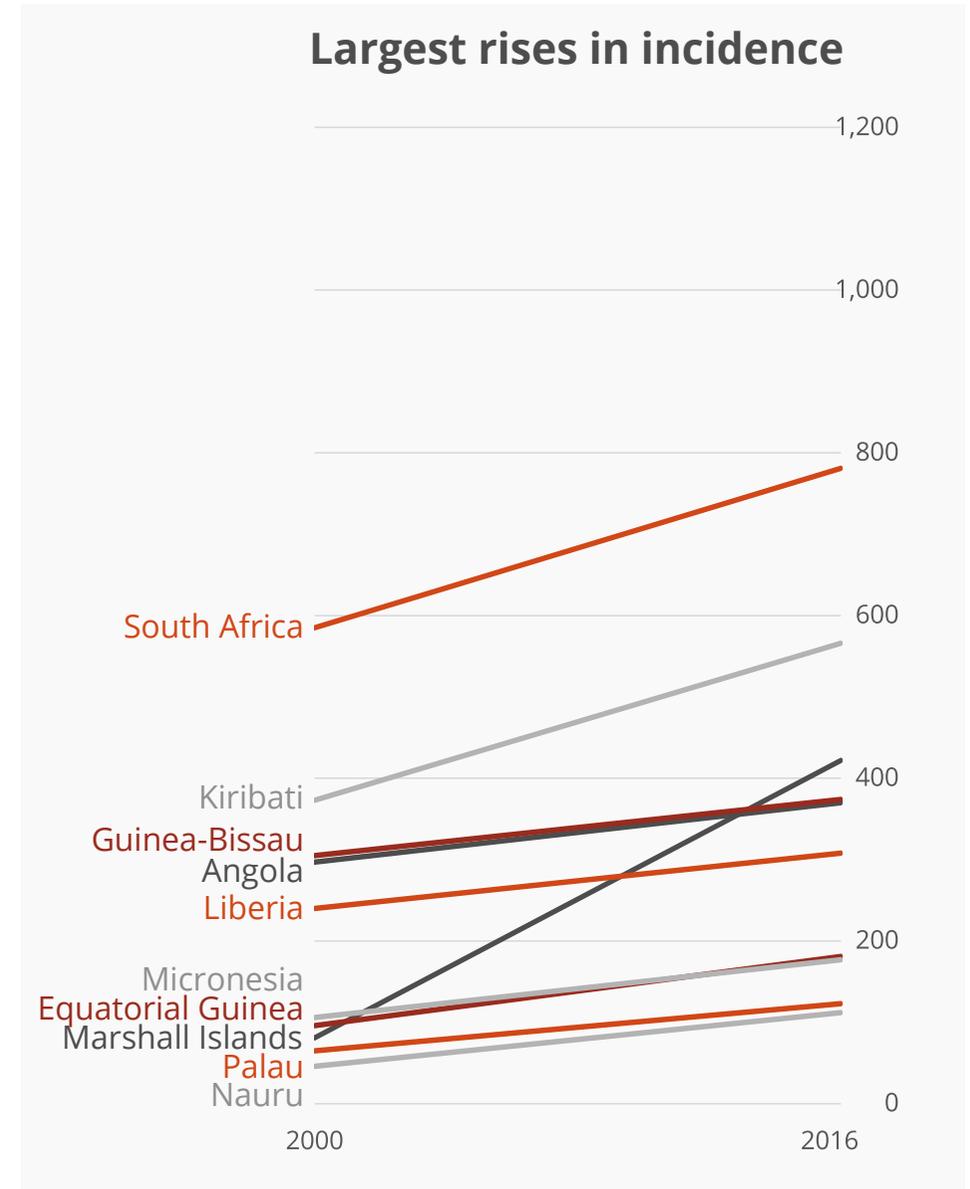
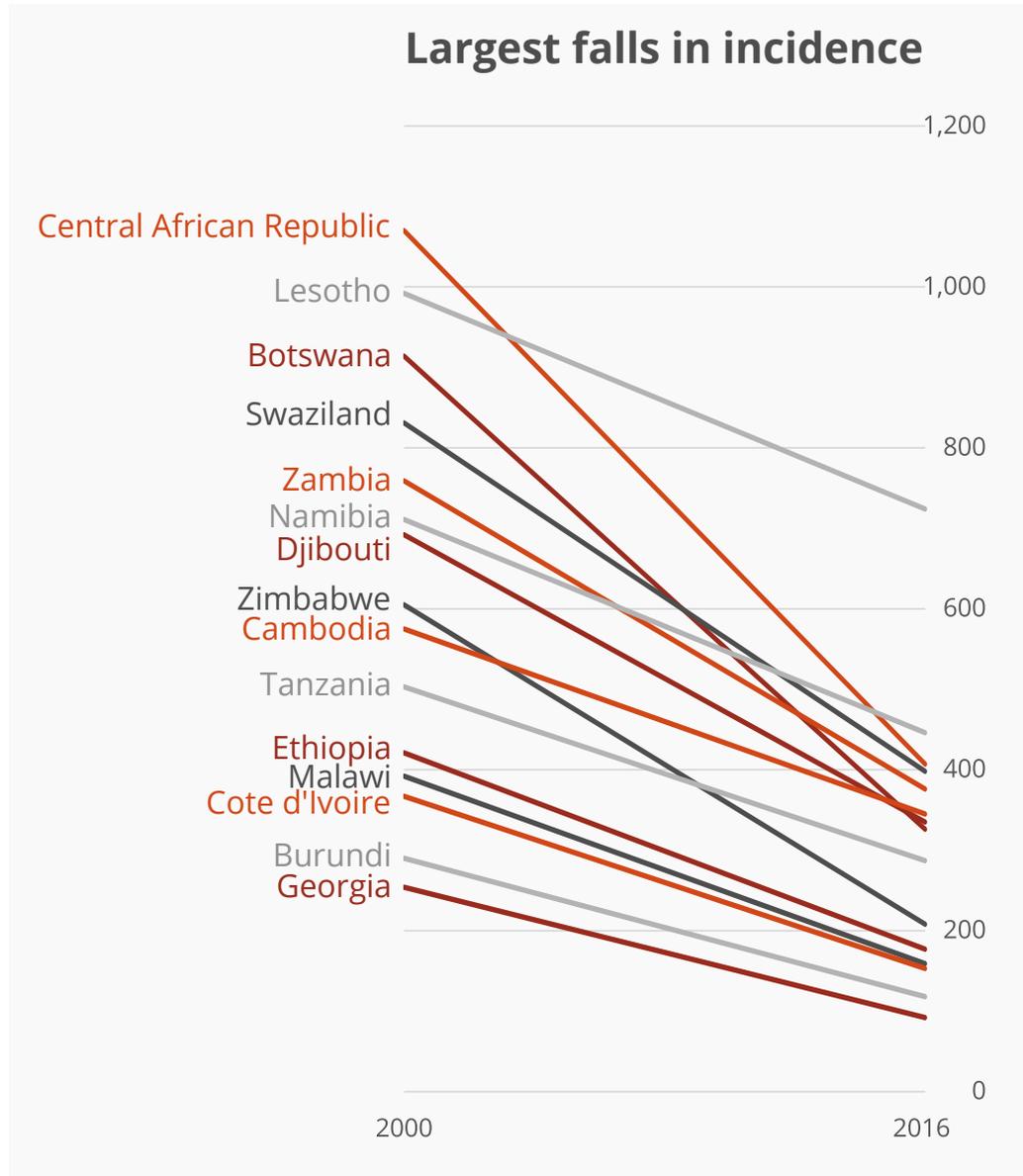
[World Bank data](#) shows that incidence has fallen by 19% since 2000. The scale of change has varied in different parts of the world. The charts overleaf show the countries with the largest falls and rises in TB incidence since 2000. Most of the countries with the largest falls are in Sub-Saharan Africa. The largest falls in incidence were in Central African Republic, Botswana and Swaziland. Fewer countries saw an increase in incidence, but the largest increases were in the Marshall Islands, South Africa, and Kiribati. South Africa now has the highest global rate of TB incidence, followed by Lesotho, Kiribati, Philippines and Mozambique (see the chart on the following page for further information).

² WHO, [Tuberculosis](#), February 2018

³ Médecins Sans Frontières, [Drug-resistant TB: "Some of our patients simply can't wait for clinical trials"](#) February 2018

⁴ WHO, [What is multidrug-resistant tuberculosis \(MDR-TB\) and how do we control it?](#) January 2018

WHERE HAVE TUBERCULOSIS RATES CHANGED MOST SINCE 2000?



Incidence of tuberculosis is the estimated number of new and relapse tuberculosis cases arising in a given year, expressed as the rate per 100,000 population. Data source: World Bank (<https://data.worldbank.org/indicator/SH.TBS.INCD>)

1.2 Action on TB

UN Sustainable Development Goals

At the UN General Assembly in 2015, a new set of Sustainable Development Goals (SDGs) and Milestones was agreed. 193 Member States, including the UK, adopted the goals and committed to working to deliver them by 2030.

SDG 3 is focused on ensuring healthy lives and promoting well-being for all at all ages. There are [13 targets](#) under goal 3. One of these is particularly focused on ending TB:

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

World Health Organisation

The WHO leads on worldwide action on TB. Its 2015 [End TB Strategy](#) includes a number of milestones including a reduction in the incidence of TB by 50% by 2025, and 90% by 2035 (compared with 2015).⁵

The most recent [WHO Global tuberculosis report](#), published in 2017, reported that global action on TB has saved an estimated 53 million lives since 2000, and reduced the mortality rate of TB by 37%.⁶ However, it stated that the latest picture on TB is "*still grim*" and more improvements are needed in order to meet the first WHO End TB strategy milestones in 2020:

TB is the ninth leading cause of death worldwide and the leading cause from a single infectious agent, ranking above HIV/AIDS. In 2016, there were an estimated 1.3 million TB deaths among HIV-negative people (down from 1.7 million in 2000) and an additional 374 000 deaths among HIV-positive people. An estimated 10.4 million people fell ill with TB in 2016: 90% were adults, 65% were male, 10% were people living with HIV (74% in Africa) and 56% were in five countries: India, Indonesia, China, the Philippines and Pakistan.

Drug-resistant TB is a continuing threat. In 2016, there were 600 000 new cases with resistance to rifampicin (RRTB), the most effective first-line drug, of which 490 000 had multidrug-resistant TB (MDR-TB).⁴ Almost half (47%) of these cases were in India, China and the Russian Federation.

Globally, the TB mortality rate is falling at about 3% per year. TB incidence is falling at about 2% per year and 16% of TB cases die from the disease; by 2020, these figures need to improve to 4–5% per year and 10%, respectively, to reach the first (2020) milestones of the End TB Strategy.⁷

Concerns raised in the report included that:

- under-reporting and under-diagnosis remained (especially in countries with weak health systems);

⁵ WHO, [End TB strategy factsheet](#), May 2018

⁶ WHO, [WHO report signals urgent need for greater political commitment to end TB](#), October 2017

⁷ WHO, [Global tuberculosis report 2017](#), October 2017

- in some cases, patients with HIV associated TB were not on treatment for HIV;
- preventative measures such as vaccination for children were not being accessed; and
- investment for TB care and prevention in low and middle-income countries fell short of what was needed.⁸

More information on the 2017 report is set out in [a WHO factsheet](#).

UK Government response

The UK Government invests in global action on TB primarily through the [Global Fund to fight AIDS, Tuberculosis and Malaria](#). This is a partnership organisation between Governments, private sector and others to tackle disease. It raises funds and invests in local programmes in countries and communities most affected by AIDS, TB and malaria.

A May 2018 Parliamentary Question response from the Minister of State at the Department for International Development, Alistair Burt, set out UK action on TB internationally:

The UK Government is helping lower and lower middle income countries achieve the ambitious 2035 targets of WHO's End TB Strategy. We do so by increasing access to, and use of, effective diagnosis and treatment of tuberculosis, including drug resistant TB. The Global Fund to fight AIDS, TB and malaria is the principal mechanism the UK uses to finance our contribution to combat TB. We have pledged up to £1.1 billion for 2017-2019 to this Fund, which will support treatment for 800,000 people with TB. We also invest in research and product development into more effective diagnosis and treatment. Finally, we support countries to strengthen health systems that can deliver quality TB programmes.

The Government's Ross Fund invests in research and development in products for infectious diseases, particularly tackling anti-microbial resistance, diseases with epidemic potential such as Ebola, and neglected tropical diseases. In response to a debate on tackling infectious diseases in April 2017, the former Parliamentary Under-Secretary for the Department of International Development, James Wharton, discussed investment in research into infectious diseases through the Ross Fund:

In November 2016, the Department for International Development launched its first ever research review highlighting Britain's global leadership in this field. The review set out how the UK will focus 3% of its budget per year over the next four years on research and innovation to help address the great global challenges of the 21st century. That 3% of our budget will be invested in high-quality, high-impact research. In addition, we will invest £357 million to fund research into infectious diseases through the Ross fund portfolio. This means that we are spending over £1.5 billion on research over the next four years, cementing and reinforcing the UK's place as a leading country in this field and delivering real change in some of the areas that hon. Members spoke about. UK-funded research is saving lives and changing lives all over the world. We have supported fast new

⁸ WHO, [WHO report signals urgent need for greater political commitment to end TB](#), October 2017

tests for detecting tuberculosis, child-friendly malaria drugs now used in more than 50 countries, and a new rotavirus vaccine for preventing life-threatening diarrhoeal disease in infants. We are making a real difference to people who need this support most.⁹

Tuberculosis (TB): collaborative strategy for England

Public Health England and NHS England produced the [Tuberculosis \(TB\): collaborative strategy for England](#) in 2015. The strategy aims to address a number of areas of TB management including, improving access to services for early diagnosis, improving vaccination uptake and reducing drug resistant TB. For a brief summary of strategy, see the [Collaborative TB strategy for England 2015 to 2020 infographic](#).

In March 2018, [Public Health England](#) reported that the number of TB cases in the UK had continued to decline in recent years, with “a 9.3% decrease compared to 2016, and a 38% decrease over the last six years.” However, it went on to say that England still had one of the highest rates of TB in Western Europe and more work was required both internationally and in England on TB.¹⁰

1.3 UN High level meeting

A UN High Level meeting is scheduled for September 2018 on the theme “*United to end tuberculosis: an urgent global response to a global epidemic.*”¹¹

In April 2018, the UN General Assembly adopted a resolution on the format and scope of the high level meeting.¹² This called on all Member States to participate at the highest level, preferably at the level of Heads of State and Government.

Following this, a letter signed by over 100 MPs and Peers has called on the Prime Minister to attend the high level meeting. The letter highlights the UK’s record so far on investing in global health and research in this area, but states that the UK has a potential role in “*galvanizing action and showing leadership*” on this issue:

The UK can be proud of its record to date. Our investment in the Global Fund to Fight AIDS, Malaria and TB has saved millions of lives. We continue to act as a global leader on AMR, and UK institutions are at the forefront of TB research.

However, at the current rate of progress, the world will not reach the Sustainable Development Goal target of ending TB by 2030 for another 160 years. Without a major change of pace, 28 million people will die needlessly before 2030, at a global economic cost of £700 billion.

Following recognition at last year’s G7, G20 and BRICS summits, as well as a WHO ministerial meeting on TB in November, the UN High Level Meeting offers an unprecedented opportunity to turn the tide against this terrible disease. The UN General Assembly’s Resolution “Encourages all Member States to participate in the

⁹ [HC Deb 20 April 2017, c869](#)

¹⁰ Public Health Matters, [Onwards! Leading the global fight against TB](#), March 2018

¹¹ WHO, [UN General Assembly High-Level Meeting on Ending TB](#)

¹² WHO, [UN General Assembly adopts modalities resolution for the UN High-Level Meeting on TB, 26 September 2018](#), April 2018

High Level Meeting ... at the highest possible level, preferably at the level of Heads of State and Government".

We appreciate the very great pressures on your time. Nevertheless, we urge you to attend the UN High Level Meeting in person and support the proposed declaration. As a major global player in both international development and pharmaceutical research, the UK has a powerful potential role in galvanising action and showing the leadership which the world needs to beat TB.¹³

The Government has said it will have appropriate representation at the UN high level meeting.¹⁴

¹³ All Party Parliamentary Group on Global Tuberculosis, [MPs call for urgent action to tackle "world's deadliest infectious disease"](#), 22 April 2018

¹⁴ [HC Written Question: 139055, Developing Countries: Drug Resistance and Tuberculosis](#), 3 May 2018

2. News items

BMJ Global Health

Priorities for global political momentum to end TB: a critical point in time

March 2018 <http://dx.doi.org/10.1136/bmjgh-2018-000830>
<http://gh.bmj.com/content/3/2/e000830>

BBC News Online

Tuberculosis rates in England fall by third in six years

24 March 2018
<http://www.bbc.co.uk/news/health-43517246>

Guardian

Eradicating poverty would dramatically reduce TB cases, study finds

24 March 2018
<https://www.theguardian.com/global-development/2018/mar/24/eradicating-poverty-dramatically-reduce-tb-cases-study-finds>

FT

Time for action on tuberculosis

23 March 2018
<https://www.ft.com/content/878acca-2e75-11e8-a34a-7e7563b0b0f4>

Telegraph

Rise of drug resistant TB cases threatens Europe

19 March 2018
<https://www.telegraph.co.uk/news/2018/03/19/rise-drug-resistance-tb-cases-threatens-europe/>

Independent

A fast, cheap urine test for tuberculosis may soon be possible

4 January 2018
<https://www.independent.co.uk/life-style/health-and-families/urine-test-for-tuberculosis-quick-cheap-accurate-genexpert-a8137591.html>

3. Press releases

World Health Organization

Seventy-first World Health Assembly commits to accelerate action to End TB

28 May 2018

Efforts to end TB were in the spotlight at the 71st World Health Assembly (WHA) on 20-26 May 2018. After one year in office, WHO Director-General, Dr Tedros Adhanom Ghebreyesus opened the WHA with an ambitious agenda for change.

World Health Assembly delegates agreed on the Organization's 13th General Programme of Work (GPW) designed to help the world achieve the Sustainable Development Goals (SDGs) – with a particular focus on SDG 3 (Ensuring healthy lives and promoting wellbeing for all at all ages by 2030). The plan includes key milestones towards ending TB, aiming by 2023 to, reduce TB deaths by 50% compared to 2018, increase coverage of treatment for drug-resistant TB to 80% of estimated incidence, and ensuring Zero TB-affected families face catastrophic costs due to TB.

Highlights

World Health Assembly adopts a Resolution with commitments to act faster to end TB and in support of the 2018 UN High Level Meeting on TB

On 24 May, the WHA urged the WHO Director-General, Member States and partners to continue support to preparations for the high-level meeting of the UN General Assembly on ending tuberculosis in September this year.

The resolution also commits Member States to accelerate their actions to end TB, building on the commitments of the WHO Global Ministerial Conference on Ending TB, held in Moscow in November 2017. It welcomes WHO's draft multisectoral accountability framework on accelerating progress to end TB, and supports its further development, adaptation and use. It also requests the Secretariat to develop a new global strategy for TB research and innovation, building on the Moscow Declaration to End TB.

Current efforts to implement the World Health Assembly-approved End TB Strategy and to meet the SDG target of ending TB are currently falling short. TB claimed 1.7 million lives in 2016 worldwide, including 0.4 million among people with HIV. TB remains the leading infectious disease killer in the world and is one of the top ten global causes of death. It is hoped that the September meeting will prompt far greater high-level political commitment.

Key events

20 May - End TB at the Walk the Talk Health for All Challenge

On the eve of the World Health Assembly, and as part of celebrations of the World Health Organization's 70th anniversary in 2018, WHO organized a major health promotion event in Geneva titled Walk the Talk: The Health for All Challenge. Staff from the WHO Global TB Programme, Stop TB Partnership, Global Fund, The Union, countries and partners came together in End TB T-shirts in a show of unity to End TB at the event.

22 May - Interactive session: Towards the UN High-Level Meeting on Tuberculosis and beyond

An interactive open panel was held on 22 May, to build awareness and answer questions from delegates on the upcoming UN High-Level Meeting on TB which will be held on 26 September, and promote highest level participation from countries in the meeting. Information was also provided on the newly launched joint initiative titled: "FIND. TREAT. ALL. #ENDTB" between WHO, Stop TB Partnership and the Global Fund, which aims to reach 40 million people with TB with quality treatment in the next 5 years.

The event was moderated by Dr Tereza Kasaeva, Director of the WHO Global TB Programme. Panelists included, Dr. Ren Minghui, WHO Assistant Director-General, Communicable Diseases, Dr Yasuhiro Suzuki, Vice-Minister of Health, Japan, Dr Lucica Ditiu, Executive Director, Stop TB Partnership, Dr Marijke Wijnroks, Chief of Staff, Global Fund, Ms Sharonann Lynch, HIV & TB Policy Advisor, MSF Access Campaign, Dr Janet Ginnard, Team Leader - Strategy, UNITAID, and Dr Mustapha Gidado, KNCV Director Challenge TB. The event was streamed live through the WHO Twitter channel, and has had over 4300 views. Check out the video [here](#)

The event also featured a selfie stand where delegates were invited to be photographed with the End TB logo, and provided with a picture as a memento for promotion on social media.

23 May - WHA BRICS side event: Towards the First UN High Level Meeting on TB: Role of BRICS countries in TB elimination

On 23 May, an official side event co-sponsored by the Ministries of Health of South Africa and the Russian Federation was held during the World Health Assembly.

The meeting brought together participants from countries, partners and civil society to: discuss the upcoming UN High-Level Meeting on TB in New York on 26 September 2018, advocate for highest level participation and discuss the asks of the TB community. The event was co-facilitated by Dr Tereza Kasaeva, Director of the WHO Global TB Programme and Ms Precious Matsoso, Director- General of Health of South Africa, along with Dr Lucica Ditiu, Executive Director of the Stop TB Partnership.

Dr Aaron Motsoaledi, Minister of Health, South Africa opened the meeting with Dr Soumya Swaminathan WHO Deputy Director-General. This was followed by addresses by the Health Minister of India- Dr JP Nadda; Mr Gilberto Occhi, Minister of Health, Brazil; Mr Mao, Director

General of Disease Prevention and Control, China and Dr Evgeny Kamkin Director of the department of organization of medical care and sanatorium affairs. Dr Tedros Adhanom Ghebreyesus, WHO Director-General made a keynote speech calling for high level commitment to end TB and 100 Heads of State to be at the UN High Level Meeting on TB.

Civil society representatives and partners including - Results, KNCV, The Union, UNITAID, and MSF also actively participated in the event.

Meetings with country delegations & partners

Dr Tereza Kasaeva, Director of the WHO Global TB Programme met with several country delegations during the World Health Assembly including, Australia, Brazil, China, DRC, Ethiopia, Japan, Kazakhstan, Kenya, Mozambique, Nigeria, Russian Federation, Tanzania and Viet Nam, in collaboration with Stop TB and the Global Fund. Several meetings with partners were also held, including with, USAID, TB Alliance, The Union, MSF and UNITAID.

About the World Health Assembly

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

All-Party Parliamentary Group on Global Tuberculosis

MPs call for urgent action to tackle "world's deadliest infectious disease"

April 22, 2018

More than 100 MPs and Peers have today written to the Prime Minister urging her to make tackling tuberculosis (TB) a priority, warning that without urgent action the disease will claim 28 million lives globally by 2030 at a cost to the world economy of £700 billion.

TB was thought to have been beaten with the advent of antibiotics, but the disease resurged in the 1980s on the back of the AIDS epidemic. It is now the world's deadliest infectious disease, killing 1.7 million people a year, more than AIDS and malaria combined. There is no adult vaccine, and lethal drug resistant strains of the disease are rising.

The letter, which has been signed by MPs and Peers from all parties, has been organised by the All-Party Group on Global TB which is led by Tory MP Nick Herbert and Labour MP Virendra Sharma. Senior Conservatives, including the former International Development Secretary Andrew Mitchell and former Chancellor Ken Clarke have backed the call.

The MPs urge the Prime Minister to attend a High Level Meeting on TB which will be held at the UN General Assembly in New York in September and to support new action to tackle the disease. They say that

As a major global player in both international development and pharmaceutical research, the UK has a powerful potential role in galvanising action and showing the leadership which the world needs to beat TB.

Herbert co-chairs the [Global TB Caucus](#) alongside South African Minister of Health Aaron Motsoaledi. The international network of 2,400 parliamentarians who have committed to fight TB is credited with elevating the profile of the disease which has in the past been overlooked in comparison with AIDS and malaria, successfully lobbying for action at the G20 and G7.

Pressure is steadily rising to take more action on TB. In November the World Health Organisation convened 79 Ministers of Health at a summit in Moscow to step up action on the disease. Last month, [leading UK academics](#) warned the Prime Minister that "current global efforts [to fight TB] remain catastrophically insufficient".

Next week, Herbert and Sharma will convene a meeting in New York of over 40 MPs representing every region of the world to help prepare the ground for the UN meeting in September and put pressure on heads of government to attend.

The UK is the second largest contributor to the Global Fund to fight AIDS, malaria and TB, committing over £1 billion between 2017-2019. Last week the International Development Secretary, Penny Mordaunt, [pledged](#) to "redouble efforts in the fight" against TB, malaria and AIDS, saying that

in Global Britain we will take a stronger lead in ensuring Global Health Security.

The UK has led global efforts against the threat of antimicrobial resistance (AMR), with a [report by Lord O'Neill](#), the former Goldman Sachs economist and Treasury minister, warning that TB would account for a quarter of a projected 300 million AMR associated deaths by 2050.

Nick Herbert said:

The Government has shown tremendous leadership on global health, as we can see from their advocacy of the drug resistance agenda and the commitments they made on malaria last week. Now we're asking for the Prime Minister's support to tackle the biggest killer of all, TB, which has been relatively neglected. Her presence at the UN High-Level Meeting in September would send a powerful message to her fellow global leaders about the need for action. It would be a fine example of the Government's agenda for a Global Britain

FULL TEXT OF LETTER

Dear Prime Minister

We are writing to draw your attention to the forthcoming UN High Level Meeting on Tuberculosis in New York on 26 September 2018 and

to encourage the UK Government to make ending TB a priority during this global year of action.

As you know, TB remains the world's deadliest infectious disease, killing 1.7 million people a year. As the only major drug-resistant infection to be transmitted by air, and the cause of one third of all antimicrobial resistance associated deaths, drug-resistant TB is a key element of the threat posed by AMR.

While the UK remains a TB hotspot in Europe, countries all over the world are struggling to contain an escalating epidemic, including many of our key allies in the Commonwealth and the G20. TB programmes remain under-resourced, and we lack the tools needed to prevent, diagnose and treat the disease effectively.

The UK can be proud of its record to date. Our investment in the Global Fund to Fight AIDS, Malaria and TB has saved millions of lives. We continue to act as a global leader on AMR, and UK institutions are at the forefront of TB research.

However, at the current rate of progress, the world will not reach the Sustainable Development Goal target of ending TB by 2030 for another 160 years. Without a major change of pace, 28 million people will die needlessly before 2030, at a global economic cost of £700 billion.

Following recognition at last year's G7, G20 and BRICS summits, as well as a WHO ministerial meeting on TB in November, the UN High Level Meeting offers an unprecedented opportunity to turn the tide against this terrible disease. The UN General Assembly's Resolution

Encourages all Member States to participate in the High Level Meeting ... at the highest possible level, preferably at the level of Heads of State and Government.

We appreciate the very great pressures on your time. Nevertheless, we urge you to attend the UN High Level Meeting in person and support the proposed declaration. As a major global player in both international development and pharmaceutical research, the UK has a powerful potential role in galvanising action and showing the leadership which the world needs to beat TB.

[SIGNATURES \(116\) – full list appended to text of press release on APPG website](#)

Public Health England

Public Health Matters blog

Onwards! Leading the global fight against TB

24 March 2018

This year, World TB day comes with some encouraging news – the number of TB cases in England have continued to decline, with just under 5,200 cases [reported in 2017](#). This means there has been a 9.3% decrease compared to 2016, and a 38% decrease over the last six years.

This represents the lowest rate of TB in 35 years. This is testament to the hard work done right across the health and social care sectors, from those in labs to those on the frontline.

Whilst we can be positive and hopeful for the future, the fact remains that globally TB is still the number one infectious disease killer, with an estimated 10.4 million new cases and 1.7 million deaths in 2016. It is vital that our work makes the voices of TB communities heard and allows improvements to continue being made in England but also across the world.

PHE's ongoing work on TB

World TB day is an important event and a chance to make a noise about TB and mark the brilliant progress made, but it is just as much about making people aware of how much more there is to do. TB affects the lives of so many, and impacts on families and communities and wider society, particularly in areas where we see high prevalence of cases.

To raise awareness, the [World Health Organization](#) and the [Stop TB Partnership](#) have launched a campaign to 'Light up the World for TB', which will illuminate public buildings worldwide in red to remind people of the ongoing fight against TB and PHE have been supporting this in England.

In terms of ongoing work, despite our successes outlined in our latest report, we must remember that England still has one of the highest rates of TB in Western Europe. To tackle this, our [Collaborative TB Strategy for England](#), now in its fourth year, is helping to deliver 10 key intervention areas to reduce TB cases and reduce health inequalities.

Great progress has been made on a number of these, including providing access to high quality diagnosis through the roll out of Whole Genome Sequencing and tackling TB in deprived populations, which now includes a specific toolkit '[Tackling TB in Under-Served Populations: A Resource for TB Control Boards and their partner](#)' and the latent TB infection (LTBI) testing and treatment programme in England.

The LTBI programme has made significant progress with almost 30,000 tests undertaken since 2014, but generally testing uptake varies considerably between different areas (between 8.5% and 83.7% in 2017). High uptake is needed to ensure a substantial impact on TB control in England and to help with this, a number of notable interventions have been launched during the last year.

[TB Alert](#), together with NHS England and PHE have launched a [toolkit](#) to improve the pathway and uptake of LTBI testing and treatment and Clinical Commissioning Groups can now also get technical support to increase their uptake.

Working with affected communities

All the work mentioned above is ultimately about people. It is TB patients and their communities that really matter.

A new short animated film has been launched as a health promotion tool to inform people about latent TB. The project was developed by

PHE, Queen Mary University of London, In Tune For Life and TB Alert and was funded by NHS England. What makes this animation special is that it was produced with communities, for communities. It has the people who are fighting TB and the wider issues it cases at its heart.

Involving people whose lives have been and continue to be impacted by TB is vital to gain better understanding of their experiences with TB. Their involvement also helped to tailor the key messages and people from communities across East London were invited to participate in the design of the animation.

It is important to make the point that we are making excellent progress on TB in England, but we must never lose sight of the picture globally and remember that we have much more to do. There is a renewed call to action and PHE is supporting preparations, along with DFID and the Department of Health, for the first ever [UN high level meeting on TB](#) this autumn. World leaders will join together at the United Nations in New York to accelerate efforts to end TB worldwide. The high-level meeting should result in an ambitious Political Declaration on TB endorsed by Heads of State that will strengthen action and investments to end TB, saving millions of lives.

World Health Organization

The Lancet Commission on tuberculosis: building a tuberculosis-free world

24 March 2018

Eric Goosby, UN Secretary-General's Special Envoy on Tuberculosis

Dean Jamison, University of California

Soumya Swaminathan, World Health Organization

Michael Reid, Zuckerberg San Francisco General Hospital and Trauma Center

Elizabeth Zuccala, The Lancet

Commentary

Soumya Swaminathan, WHO Deputy Director-General

WHO

The Sustainable Development Goals have prioritised ending the epidemic of tuberculosis by 2030. We are therefore at a critical juncture in implementing efforts to control and eliminate tuberculosis. Current efforts have averted 56 million deaths since 2000 (1). We also have better diagnostic tools and the promise of a few new, potent agents in the pipeline (2). Yet tuberculosis remains the leading source of infectious disease deaths globally, responsible for 1.7 million deaths in 2016 (1). The UN's High-Level Meeting on Tuberculosis, due to take place in New York, USA, later in 2018, represents a unique opportunity to secure a commitment from heads of state and governments for a coordinated global response to end the epidemic. The Lancet Commission on tuberculosis aims to identify decisive global and

country-specific actions necessary to ensure the success of that response. These recommendations will address the following priorities.

Eric Goosby, UN Secretary-General's Special Envoy on Tuberculosis

WHO

First and foremost, the global community needs to pivot to bold new strategies to address the tremendous burden of disease. We are not starting from scratch when it comes to the prevention and treatment of tuberculosis (3). Although new tools and innovations are urgently needed, we must not lose sight of what we already know works. Increasing access to molecular diagnostics for all patients and tuberculosis preventive therapy for those at highest risk for tuberculosis disease need to be prioritised. However, we can no longer rely on one-size-fits-all approaches to ending tuberculosis; current efforts are missing millions of people with tuberculosis every year. This Commission will explore how countries can improve outcomes and optimise use of available resources by realigning them to ensure that all tuberculosis care is people-centred and by prioritising interventions that increase efficiencies in the delivery of tuberculosis services. Without urgent action, drug-resistant tuberculosis will be the single largest cause of mortality from antimicrobial resistance (AMR) by 2050, responsible for a quarter of the projected 10 million annual AMR-related deaths (4). Therefore, this Commission will highlight how scaling up evidence-based strategies to address drug-resistant tuberculosis must be a high priority if we are serious about addressing this global health security threat.

Tackling tuberculosis must occur in concert with a commitment to securing financial risk protection, access to quality essential health-care services, and use of safe, effective, and affordable necessary diagnostics and medicines.

Eric Goosby, Dean Jamison, Soumya Swaminathan, Michael Reid, Elizabeth Zuccala

Second, creating an enabling environment is essential to successfully ending tuberculosis. In most high-burden countries, tuberculosis efforts are undermined by social, financial, and clinical barriers to care. Tuberculosis is a disease of poverty and often has the worst outcomes among the most vulnerable—children, homeless people, prisoners, HIV-infected persons, and other marginalised populations. Tackling tuberculosis must occur in concert with a commitment to securing financial risk protection, access to quality essential health-care services, and use of safe, effective, and affordable necessary diagnostics and medicines. Moreover, health advocates cannot create an enabling environment to reduce burdens of tuberculosis within countries without engaging civil society and patient groups, acknowledging that they are a crucial constituency that should be involved in all aspects of tuberculosis programming. In addition, new multisectoral accountability mechanisms must be put in place to ensure progress at global, national, and local levels is achieved. The Commission will provide solutions to address the existing social, financial, and clinical barriers to care.

Dean Jamison, University of California

DCP3

Third, investing in research and development must be a global priority. To date, global tuberculosis control efforts have been hindered by the lack of effective and acceptable diagnostic, therapeutic, and preventive tools. Furthermore, health-system frailties constrain proper uptake and delivery of existing tools, especially in areas where they are needed most. An intensification of tuberculosis research across the full continuum— extending from fundamental to operational research and addressing the formidable challenges of drug-resistant tuberculosis—is urgently needed to address these challenges. The Commission will outline research priorities at global and national levels to help address knowledge and implementation gaps.

Michael Reid, University of California, San Francisco

UCSF

Finally, countries need to dedicate substantial resources to implement strategies to end tuberculosis. Evidence on the cost-effectiveness and benefits of expanded financing for tuberculosis control suggests that such investments will yield a high return (5) Nevertheless, funding for tuberculosis programmes and research has stagnated in recent years (6) This Commission, which involves Commissioners from diverse backgrounds including government, civil society, non-governmental organisations, UN institutions, and academia (appendix), will review and extend the evidence base to provide up-to-date guidance for health and finance ministers.

There are grounds for optimism; ending tuberculosis is possible with better science, improved health systems, increased and sustainable financing, and renewed political will. The Lancet Commission, which we expect to report later in 2018, will provide concrete solutions to inform how governments and the global community should respond to end the tuberculosis epidemic once and for all.

(1) WHO. Global tuberculosis report 2017. Geneva: World Health Organization, 2017.

(2) Frick M, Gaudino A, Harrington M, et al. Pipeline report: HIV, TB, and HCV; drugs, diagnostics, vaccines, preventive technologies, research toward a cure, and immune-based and gene therapies in development. New York: Treatment Action Group, 2017.

(3) WHO. What is DOTS? Geneva: World Health Organization, 1999.

(4) O'Neill J. Review on antimicrobial resistance: tackling drug-resistant infections globally: final report and recommendations. London: Wellcome Trust and UK Government, 2016.

(5) The Economist. The economics of optimism. The Economist, Jan 22, 2015.

(6) Frick M. 2016 report on tuberculosis research funding trends, 2005–2015: no time to lose. New York: Treatment Action Group, 2016.

WHO Europe

Time for revamped commitment by all to end TB

23 March 2018

Towards ending TB in the WHO European Region

Despite significant progress made over the last years, tuberculosis (TB) remains the top infectious killer worldwide. In the WHO European Region, the number of new TB patients has decreased at an average rate of 4.3% yearly over the last decade – the fastest decline in the world. But this positive trend would still be insufficient to achieve the target of ending the TB epidemic by 2030, as envisioned in the End TB Strategy and the Sustainable Development Goals. The Region also faces a number of specific public health threats related to TB. For example, countries in the Region have the highest rates of multidrug-resistant TB (MDR-TB) globally, and it is estimated that only 73% of MDR-TB cases were diagnosed in 2016. Rates of TB-HIV coinfection have also increased sharply in the past several years in the European Region.

On World TB Day, marked annually on 24 March, WHO/Europe joins with the global community to raise awareness about TB and to call for increased efforts to end the global TB epidemic.

It is not enough to ‘walk’ towards ending TB, as this way we would arrive too late for too many people,

says Dr Zsuzsanna Jakab, WHO Regional Director for Europe.

We need to ‘leap forward’ and invest now for individual benefits and societal returns. The Tuberculosis Action Plan for the WHO European Region 2016–2020 shows that bold actions will save over 3 million lives and US\$ 48 billion in 5 years in the Region.

The European Region theme for World TB Day 2018 is “Time for revamped commitment by all”, focused on the investment case for TB and revamped political commitment for immediate and bold actions. This theme links to the global theme “Wanted: leaders for a TB-free world. You can make history. End TB.” Along with political commitment, it is vital to build commitment to end TB at all levels. This includes everyone from mayors, governors, parliamentarians and community leaders, to people affected by TB, civil society advocates, health workers, doctors and nurses, nongovernmental organizations and other partners. All can be TB leaders in their areas of work or experience.

This is a critical message, given the political importance of the upcoming United Nations General Assembly high-level meeting on TB in September this year, which will bring together heads of states in New York. It follows the very successful WHO Global Ministerial Conference on Ending TB in Moscow on 16–17 November 2017, which resulted in high-level commitments from ministers and other leaders from 120 countries to accelerate progress to end TB.

The stories below illustrate ways in which people in different countries of the Region are working in their own spheres to end TB – from transforming TB services to be more people-centred, with better health outcomes, to working to raise awareness of risk factors of TB, such as smoking. These people, and many others like them throughout the European Region, play a pivotal role in bringing the world a step closer to making TB a disease of the past.

WHO Europe/ECDC joint press release

4% annual decrease too slow to end TB by 2030 – call for Europe’s commitment to increase investment to end TB

Copenhagen/Stockholm, 19 March 2018

A new report published today by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe indicates that the number of new tuberculosis (TB) patients has been decreasing at an average rate of 4.3% yearly in the last decade in the WHO European Region. Despite being the fastest decline in the world, this trend is insufficient to achieve the target of ending the TB epidemic by 2030, as envisioned in the End TB Strategy and the Sustainable Development Goals. The new report is released ahead of World Tuberculosis Day, which this year calls on global leaders to accelerate efforts to end TB once and for all.

It is not enough to ‘walk’ towards ending TB, as this way we would arrive too late for too many people. We need to ‘leap forward’ and invest now for individual benefits and societal returns. The Tuberculosis action plan for the WHO European Region 2016–2020 shows that bold actions will save over 3 million lives and US\$ 48 billion in 5 years in the Region,

says Dr Zsuzsanna Jakab, WHO Regional Director for Europe. “We need to revamp political commitment at all levels to achieve tangible and immediate results that change and save the lives of all those people suffering from TB today and ensure a TB-free world for our children tomorrow.”

Recalling the 2030 Agenda for Sustainable Development, Dr Vytenis Andriukaitis, European Commissioner for Health and Food Safety, adds,

The European Commission is fully committed to helping Member States reach the goal of ending TB by 2030. I urge leaders in Europe and beyond to take a multisectoral approach to TB, mobilizing the necessary funds for research, ensuring access to preventative and curative health care for all, and addressing the social conditions that encourage its spread.

Dr Andrea Ammon, ECDC Director, says,

Remaining vigilant about TB even in low-incidence settings is important due to the potential resurgence of this airborne disease, especially in light of increased population mobility and of multidrug-resistant TB.

She adds,

New technologies to aid investigations of cross-border outbreaks of multidrug-resistant TB, such as whole genome sequencing, are key in curbing transmission in the European Union/European Economic Area.

Low detection and inadequate treatment of multidrug-resistant TB (MDR-TB) are major drivers of the epidemic in Europe

Despite progress, TB, especially in its drug-resistant forms, remains a major public health concern in the WHO European Region. Latest data from the TB surveillance and monitoring report indicate that 1 in 4 MDR-TB cases is not detected in the WHO European Region. While diagnosis of MDR-TB patients increased from 33% in 2011 to 73% in 2016, it remains below the regional target of 85% defined in the European TB action plan.

Treating cases with drug resistance is another challenge: the observed increase in treatment success from 46% in 2013 to 55% in 2016 is still insufficient for European countries to reach the 75% target for 2020 they committed to in the action plan.

The spread of extensively drug-resistant TB (XDR-TB) is an additional threat to ending TB in the WHO European Region. With the rapid rollout of drug-susceptibility testing and improved surveillance, countries detected 5000 XDR-TB cases in 2016 in the WHO European Region, but on average only 1 in 3 patients with XDR-TB is cured.

MDR-TB in the EU/EEA

In the European Union/European Economic Area (EU/EEA), the rate of notified MDR-TB cases has remained unchanged since 2012, at 0.3 per 100 000 population. However, the proportion of XDR-TB cases among MDR-TB cases increased from 13.9% to 20.6% in the same period. Treatment success rates for both MDR-TB and XDR-TB remain low.

To address this threat, the ECDC launched a pilot project in 2017 on the use of whole genome sequencing (WGS) technology to improve the detection and investigation of *Mycobacterium tuberculosis* in the EU/EEA. The project will establish common standards for WGS in investigating MDR-TB bacteria strains and tracing outbreaks. It will also enable all EU/EEA countries without WGS capacity to utilize the technology by connecting them with institutes with robust experience in WGS.

Commitment to end TB by 2030

While 2018 marks the 10th anniversary of the Berlin Declaration “All Against Tuberculosis”, and as the world prepares for the first-ever United Nations General Assembly on tuberculosis in September this year, there is a dire need for further commitment to accelerate the pace of TB elimination.

This entails using existing modern and rapid diagnostic technologies; enhancing research for new tools; developing and implementing regulations to scale up access to new medicines and shorter treatment

regimens; and working together with all sectors, including civil society, patients and communities, with a whole-of-society approach.

Increased collaboration and intensified allocation of resources are crucial to ensure that every TB-affected person has access to quality health services for early detection, successful treatment and people-centred care.

[Tuberculosis surveillance and monitoring in Europe 2018 \(2016 data\)](#)

[Fact sheet - Tuberculosis in the WHO European Region](#)

[Tuberculosis action plan for the WHO European Region 2016–2020. Copenhagen: WHO Regional Office for Europe; 2015](#)

[Tuberculosis \(website, WHO/Europe\)](#)

[World TB Day 2018 \(campaign website\)](#)

[Tuberculosis care among refugees arriving in Europe: a ERS/WHO Europe Region survey of current practices \(2016\)](#)

[Moscow Declaration to End Tuberculosis: global commitment to scale up action](#)

[World TB Day 2018 \(website, ECDC\).](#)

[Chasing the clones – How ECDC is investigating cross-border outbreaks of tuberculosis caused by M.tuberculosis clones.](#)

[Tuberculosis \(website, ECDC\)](#)

[Tuberculosis – Microbiology \(website, ECDC\).](#)

[Expert opinion on whole genome sequencing for public health surveillance - Strategy to harness whole genome sequencing for strengthening EU cross-border outbreak investigation and public health surveillance](#) ECDC, 2016

Médecins Sans Frontières

Drug-resistant TB: “Some of our patients simply can’t wait for clinical trials”

9 February 2018

Drug-resistant [tuberculosis](#) (TB) remains a major threat to global health: Of the ten million people who fell ill with TB in 2016 alone, over half a million are estimated to have resistance to the most effective drugs used to treat TB, rifampicin and isoniazid. For those with highly resistant strains of TB, very few treatment options exist.

For doctors like Dr. Gabriella Ferlazzo, TB Advisor with MSF, drug-resistant TB (DR-TB) poses the most serious challenges: the tools to diagnose and treat patients with these strains remain limited and often ineffective. Until recently, only one in five people treated for the most extensive form of resistance were cured, and often only after years of

painful and toxic treatment with drug regimens containing up to seven different drugs.

In 2013 and 2014, results from early phases of clinical trials on two new TB drugs called delamanid and bedaquiline gave promising evidence that both drugs were effective in treating DR-TB. The community of professionals fighting TB, including MSF, was abuzz with a sense of hope and optimism.

Doctors feel an overwhelming sense of frustration sitting in front of patients with limited treatment options, knowing that their patients' journeys would be long, arduous and often futile,

recalls Gabriella.

Suddenly we had two promising new drugs to offer, which were potentially more effective and had fewer side effects.

Recognising the potential for both drugs early on, MSF TB teams in several countries explored ways to provide delamanid and bedaquiline for patients with limited treatment options. MSF began treating patients with DR-TB using the promising new drugs under 'compassionate use' conditions starting in 2013, before the drugs received conditional approval for use. As regulatory authorities approved their use, MSF has introduced the two drugs in 13 projects across 11 countries worldwide. MSF also started supporting doctors faced with making difficult treatment decisions, and put in place a system to monitor safety around the use of the new drugs.

Yet little solid evidence or guidance exists for using delamanid and bedaquiline in combination for patients with high levels of drug resistance. To bridge this gap in evidence, in 2016 MSF pooled data to measure both the safety and early effectiveness of the combination among patients in [Armenia](#), [India](#) and [South Africa](#) who received the two drugs together as part of their treatment. The results were promising: of 23 patients with high levels of drug resistance, 17 (74%) tested negative for TB after six months of treatment, an early indicator that the treatment may be successful. In addition, no significant side effects were observed, relieving earlier concerns about the effect both drugs could have on the electrical activity of the heart.

We were excited to find such promising results under real field conditions. Even more reassuring was that safety concerns about how both drugs would affect the electrical activity of the heart weren't justified, with no cases of cardiac arrhythmias or unexplained deaths reported,

explains Dr. Petros Isaakidis, Operational Research Coordinator with MSF.

With data coming from three TB epidemic hotspots around the world, the study offers concrete and practical insights into the potential of this drug combination.

This week, [The Lancet Infectious Diseases](#) publishes the study findings which call for the wider use of delamanid and bedaquiline in combination throughout TB programmes for patients who need them.

While two clinical trials using both drugs have started enrolling participants, their results are only expected in three to five years' time.

Our patients simply can't wait for clinical trials,
says Gabriella.

These small but highly reassuring results from field conditions suggest that these drugs are safe and effective for use in combination among DR-TB patients with high levels of resistance. We believe it's a clinical and public health responsibility to provide the best treatment available, and currently these drugs offer the best hope we have.

Also find the results of the study [here](#).

MSF has been treating drug-resistant TB for over 30 years and is now one of the biggest non-government providers of DR-TB care worldwide. We currently treat patients with TB and drug-resistant TB in 24 countries including India, Central African Republic, South Africa and Uzbekistan. MSF also works with ministries of health in 11 countries to provide courses of treatment that include delamanid and bedaquiline. By July 2017, 1,554 patients had been treated with the newer drugs in 13 MSF projects across 11 countries. Of those treated, 1,110 patients received bedaquiline, 444 received delamanid, and 117 received a combination of both medicines. MSF is also participating in two clinical trials, EndTB and PRACTECAL, to find new TB treatment regimens. MSF supports an initiative, The Life Prize, to find a better way to develop newer molecules for effective DR-TB treatments in the future.

4. Parliamentary material

Debates

Lords debate - Antimicrobial Resistance

HL Deb 08 March 2018 | Vol 789 c118-

<https://hansard.parliament.uk/Lords/2018-03-08/debates/0A585045-9119-4AFA-961B-3E060C87D238/AntimicrobialResistance#contribution-4650503A-8DDF-44EA-8B82-CC10F79D2C05>

Commons debate – Tackling Infectious Diseases

HC Deb 20 April 2017 | Vol 624 c835-

<https://hansard.parliament.uk/Commons/2017-04-20/debates/AC8A5B8C-C45C-4105-8E75-F3E11BC58881/TacklingInfectiousDiseases#contribution-53865725-3FB2-4FB9-AE1C-1F814E4B3D32>

PQs

[Developing Countries: Drug Resistance and Tuberculosis](#)

Asked by: O'Mara, Jared

To ask the Secretary of State for International Development, whether any representatives from her Department plan to attend the United Nations High-Level Meeting on Tuberculosis and Anti-Microbial Resistance in September 2018.

Answering member: Alistair Burt | Department: Department for International Development

The High-Level Meeting on Tuberculosis at the September United Nations General Assembly will be an important moment to galvanise international political commitment to tackling TB and anti-microbial resistance. The government will have appropriate representation at this meeting.

HC Deb 03 May 2018 | PQ 139055

[Developing Countries: Tuberculosis](#)**Asked by: O'Mara, Jared**

To ask the Secretary of State for International Development, what steps her Department is taking to tackle tuberculosis overseas.

Answering member: Alistair Burt | Department: Department for International Development

The UK Government is helping lower and lower middle income countries achieve the ambitious 2035 targets of WHO's End TB Strategy. We do so by increasing access to, and use of, effective diagnosis and treatment of tuberculosis, including drug resistant TB. The Global Fund to fight AIDS, TB and malaria is the principal mechanism the UK uses to finance our contribution to combat TB. We have pledged up to £1.1 billion for 2017-2019 to this Fund, which will support treatment for 800,000 people with TB. We also invest in research and product development into more effective diagnosis and treatment. Finally, we support countries to strengthen health systems that can deliver quality TB programmes.

HC Deb 03 May 2018 | PQ 139054

[Engagements](#)**Asked by: Mr Virendra Sharma**

Following the commitment by Prime Minister Modi and Finance Minister Arun Jaitley to end tuberculosis in India by 2025, will the Prime Minister commit to encouraging other Commonwealth leaders at this week's Commonwealth Heads of Government meeting to make similar commitments in advance of the UN high-level meeting on TB? Will she also attempt to show Britain's continued support for the fight against TB?

Answered by: The Prime Minister

The hon. Gentleman raises an important issue, and we are happy to ensure through various channels that we encourage others to follow the example that India has shown in relation to TB. At one stage, it was eradicated here in the UK, but we need to ensure that action is taken in other countries around the world.

HC Deb 18 April 2018 | vol 639 c320

[Global Fund to Fight AIDS, Tuberculosis and Malaria](#)**Asked by: Lord Barker of Battle**

To ask Her Majesty's Government what was the UK's total contribution to the Global Fund in 2017; and how the outcome of this contribution will be assessed.

Answering member: Lord Bates | Department: Department for International Development

The UK pledged £1.1 billion to the Global Fund over 2017-19. Of this, £200 million was to double private sector contributions for tackling malaria, and £90 million was linked to successful delivery against a demanding performance agreement. In 2017, the UK contributed £317.06 million to the Global Fund. The outcome of this contribution is assessed annually, including in terms of the number of lives saved and reduction in new HIV infections and TB and malaria cases worldwide as a result of investments by the Global Fund.

HL Deb 19 December 2017 | PQ HL3927

[Developing Countries: Tuberculosis](#)

Asked by: Grady, Patrick

To ask the Secretary of State for International Development, what representations she has made to her counterpart in the US on that country's commitment to combatting TB in developing countries.

To ask the Secretary of State for International Development, what discussions she has had with her US counterpart on the potential effect of proposed reductions in the State Department's budget on global efforts to combat TB in developing countries.

Answering member: Alistair Burt | Department: Department for International Development

The UK and US work together closely on the Board of the Global Fund which is the largest international financier of TB care globally. There is also significant DFID-USAID collaboration, at official and Ministerial level, on global health programmes and policies, including joint funding arrangements at country level and joint engagement on international partnerships.

The previous Secretary of State has had significant engagement with her US counterpart, USAID Administrator Mark Green. They had agreed to hold the next UK/US strategic dialogue on development in early 2018; while the exact date has not yet been confirmed it is likely to be in January or February.

HC Deb 13 November 2017 | PQ 111650; PQ 111649

[Developing Countries: Tuberculosis](#)

Asked by: Sharma, Mr Virendra

To ask the Secretary of State for International Development, what funding her Department provided for bilateral programmes on tuberculosis in the financial years (a) 2014-15, (b) 2015-16 and (c) 2016-17.

Answering member: Alistair Burt | Department: Department for International Development

DFID supports TB control through both bilateral and multilateral channels. The Global Fund to fight AIDS, TB and malaria is the principal mechanism the UK uses to finance our contribution to combat TB. We have pledged up to £1.1 billion for 2017-2019 to this Fund. We also support countries to strengthen their health systems so as to better address all causes of ill health including TB. In addition we support research on TB including to develop more effective diagnostics and treatment.

Our purely bilateral spending on TB, which we publish by calendar year, is: £7,938,747 for 2013; £16,312,293 for 2014; and £10,017,171 for 2015. Data beyond 2015 has not yet been published.

Data on UK aid expenditure is published each year and can be accessed from the link below

<https://www.gov.uk/government/statistics/statistics-on-international-development-2016>

HC Deb 24 October 2017 | PQ 108243

5. Useful links and further reading

World Health Organization Europe Fact Sheet on Sustainable Development Goals: Health targets - *Tuberculosis*

[SDG target 3.3: by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.]

http://www.euro.who.int/_data/assets/pdf_file/0016/348010/Fact-sheet-SDG-Tuberculosis-FINAL-04-09-2017.pdf?ua=1

World Health Organization *A global action framework for TB research in support of the third pillar of WHO's end TB strategy*. 2015

<http://www.who.int/tb/publications/global-framework-research/en/>

Global Fund to fight AIDS, Tuberculosis and Malaria *2018: Year for Action Against TB* March 2018

<https://www.theglobalfund.org/en/specials/2018-03-24-world-tb-day-2018/>

UN General Assembly high level meeting on ending TB 26 September 2018, New York

http://www.who.int/tb/features_archive/UNGA_HLM_ending_TB/en/

Public Health England *Tuberculosis in England 2017 report (presenting data to end of 2016)* October 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686185/TB_Annual_Report_2017_v1.1.pdf

TB Alert – TB Action Group

<https://www.tbalert.org/what-we-do/uk/tb-action-group/>

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