With your help, we can end this terrible disease. This means that thousands are dying simply due to policy gaps. Strong policies and guidelines form the foundation for a strong and comprehensive TB response that leaves no one with TB behind.

It is not enough to simply say that we must end TB by 2030. Instead, we must act now to ensure that these words become a reality. Failure to implement best practices, outdated TB practices and missed opportunities contribute to the ongoing global TB epidemic.

We encourage you to film yourself saying this script below to encourage others to join the campaign to learn about different actions you can take to effect change.

The Video Script:

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The #StepUpforTB campaign provides a checklist of the 15 key policy areas that must align with World Health Organization (WHO) best practices. The #StepUpforTB campaign supports countries to enact policies that align with the WHO's best practices and provide a roadmap to an end to TB.

Countries must include Group 5 medicines and the fixed-dose combinations recommended by the WHO in their national TB treatment guidelines. These medicines are important 'companion' drugs for treating drug-resistant TB (DR-TB). They are used in combination with the Group 1 medicines to treat DR-TB cases. Effective treatment improves treatment outcomes and helps to ensure that patients receive a confirmed diagnosis and are put on the appropriate treatment for their condition.

Drug-sensitive TB treatment can be initiated at the primary care level, and drug-resistant TB treatment can be initiated at the district care level. TB programmes must be able to provide these medicines without the need for people to go to hospitals or specialized facilities. National TB programmes use quality-assured drugs.

Anti-retroviral therapy is immediately available for all people diagnosed with HIV. Compulsory hospitalisation is not required. National TB programmes use quality-assured drugs.

Everyone has access to second-line drug-susceptibility testing to identify cases of drug resistant TB early.

All national TB treatment guidelines, standard treatment guidelines, and Essential Medicines Lists must include the Group 5 medicines and the fixed-dose combinations recommended by the WHO for the treatment of drug-resistant TB.

Countries are required to update their national TB treatment guidelines to include Group 5 medicines and the fixed-dose combinations recommended by the WHO for the treatment of drug-resistant TB. These medicines are important 'companion' drugs for treating drug-resistant TB (DR-TB). They are used in combination with the Group 1 medicines to treat DR-TB cases. Effective treatment improves treatment outcomes and helps to ensure that patients receive a confirmed diagnosis and are put on the appropriate treatment for their condition.

Medicines and hospitalization contribute up to 90% of the cost of DR-TB care. The Xpert MTB/RIF test will help to identify the number of people who are already infected with drug-resistant TB.

It is critical that all TB programmes implement the Xpert MTB/RIF test and that they use it as a rapid diagnostic test for all people who might have TB.

Some countries still do not use molecular tests to diagnose TB. Of the countries that use these tests, most do not recommend that they are the first test used to identify cases of drug-resistant TB.