



# TB Commitments vs. TB Realities

## A Deadly Divide:

A Communities Report on Progress Towards the UN Political Declaration on the Fight Against TB and a Call to Action to Close the Gaps in TB Targets

# Call to action

We issue this Call to Action to demand social justice in the response to TB. **A disease that is preventable and curable, yet takes the lives of 4,000 people every day, including 700 children.** We want to ensure that TB-affected communities and civil society have a voice. That our realities and our priorities are understood. That lives are saved.

In 2020, the three civil society delegations to the Board of the Stop TB Partnership (Affected Community, Developed Country NGO, and Developing Country NGO) have led broad consultations among their constituents and other key stakeholders from over 60 countries, culminating in *A Deadly Divide: TB Commitments vs TB Realities*. This Communities Report documents how – two years on from the United Nations High-Level Meeting on TB and the *Political Declaration on the Fight Against Tuberculosis* – there is a

major gap between the targets endorsed by heads of state and governments, and the results achieved. This is felt most acutely within communities, where it results in deaths and suffering. *A Deadly Divide* is informed by extensive inputs from TB-affected communities and civil society throughout the world. It presents evidence and experiences for six key Areas for Action. Based on the findings, we – as the community of people affected by TB and broader civil society engaged in the TB response – call on UN Member States, as the signatories to the *Political Declaration*, to acknowledge the following recommendations as our priorities. We also call for these priorities to be funded, operationalised, monitored and evaluated at the country level, with the meaningful engagement of, and broader social justice for, TB-affected communities and civil society at every step.

We call upon Heads of State to lead UN Member States in taking action in the following areas:

## 1 Reach all people through TB prevention, diagnosis, treatment and care

By setting ambitious and time-bound national targets for TB to meet the commitments in the Political Declaration, and by operationalising them through aligned National TB Strategic Plans, implementation plans, budgets and monitoring and evaluation frameworks.

Specifically, we call for:

- National targets for TB that are strong, context-specific and unchangeable, and supported by aligned plans, frameworks and resource allocations;
- Innovative and community-driven strategies to find the 3 million 'missing' people with TB;
- Targeted, funded and person-centred strategies to address the needs of TB key and vulnerable populations;
- Recognition of drug resistant TB as a public health crisis requiring universal access to rapid molecular diagnostics and all-oral drug regimens; all diagnosis and treatment to be free to service users; and global health solidarity, with a central position in the antimicrobial resistance agenda, including of the G20;
- Prioritisation of paediatric TB interventions, with the scale up of contact tracing within families, and development of, and access to, child-friendly diagnostics and treatment;
- Promote integrated TB/HIV at all levels, emphasising the scale up of family approaches to TB preventive treatment to achieve 100% TPT coverage for adults, adolescents and children, including HIV-negative household contacts of people with HIV; and have fully transitioned to short-course TPT regimens based on rifampentine and rifampicin.

## 2 Make the TB response rights-based, equitable and stigma-free, with communities at the centre

By every high-TB burden country, before the end of 2022, completing a TB Community, Rights and Gender Assessment and a TB Stigma Assessment, followed by the development, funding, monitoring and evaluation of a national Community, Rights and Gender Action Plan and Stigma Reduction Strategy. Using the latter as the official plan to operationalise action on community, rights and gender-related issues in the National TB Strategic Plan.



Specifically, we call for:

- Human rights principles (as set out in the *Declaration of the Rights of People Affected by TB*) and social justice to be the non-negotiable foundations for all responses to TB at all levels;
- TB-affected communities and civil society to have a leadership role at all stages in countries' CRG Assessment and Action Plan and Stigma Reduction Strategy implementation, monitoring and review processes, as part of national commitment to TB community systems strengthening;
- CRG Assessments and Action Plans and Stigma Reduction Strategies that prioritise TB key and vulnerable populations to be a pre-requisite for a country developing a TB funding request to, and receiving a TB grant from, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other donors;
- The implementation of the 20 recommendations for countries outlined in *Activating A Human Rights-Based TB Response*<sup>2</sup>;
- The establishment and strengthening of a national network of people affected by TB, and its meaningful engagement in aspects of the governance of the national response to TB.

### 3 Accelerate the development of, and access to, essential new tools to end TB

By ceasing, before World TB Day (24 March) 2021, the use of all outdated and harmful TB diagnostics, drugs and models of care (including injectable-based regimens and smear microscopy), for all – no matter a person’s location, identity or economic status – in accordance with WHO Guidelines. Instead, scaling up access to newer, safer and quicker options, and fast-tracking the development of priority, innovative new tools, including: an accessible vaccine; a rapid, user-friendly and point-of-care test; and shorter and less side-effect-prone treatments for all forms of TB. Also, funding the operational and implementation research necessary to improve TB treatment outcomes for all.

Specifically, we call for:

- Advocacy to pharmaceutical and diagnostic companies to remove any cost barriers to the introduction of newer, safer and quicker treatment options to facilitate immediate phase out of harmful TB treatment, and newer, rapid diagnostics to phase-out microscopy.
- Ongoing support for the TB Global Drug Facility to provide affordable and quality-assured TB medicines, diagnostics and laboratory supplies, and support for the uptake of innovative tools;
- Action to ensure that the benefits of TB research and development are free at the point-of-care, with their costs de-linked from research and development expenditure;
- The meaningful engagement of TB-affected communities and civil society to be a prerequisite for all stages of TB research and development processes;
- Expediting the roll-out and rapid scale up of new TB tools as soon as they become available through closer collaboration – between product developers, technical agencies, donors, governments, TB-affected communities and civil society – and with attention to the updating of guidelines and action on regulatory barriers;
- Capacity building, including for TB-affected communities and civil society, to prepare for and roll out new TB tools;
- Countries to pay their ‘fair share’ of the necessary financial investment in TB research and development (\$2 billion annually), by spending at least 0.1% of their research and development budgets on TB.



### 4 Invest the funds necessary to end TB

By collaborating to achieve 100% of the Political Declaration’s targets for financial investment in the response to TB, and the scaling-up of domestic and international funding for community-based and led TB interventions.

Specifically, we call for:

- Collaboration to fully achieve the \$13 billion annual investment needed to achieve the *Political Declaration’s* target, including: donor countries collectively doubling their investment in TB, based on fair-share contributions; and implementing countries increasing their domestic investment in TB;
- The Global Fund to Fight AIDS, Tuberculosis and Malaria to increase its allocation for TB from 18% to 33%, in recognition of the scale of unmet need, high mortality, and low investment;
- Implementing countries to develop social contracting systems that, especially in contexts of donor transition, effectively channel domestic resources to TB-affected communities and civil society;
- Donor countries to increase investment in tailored funding mechanisms for community-based and led TB interventions, as well as capacity building, evidence gathering, partnerships and advocacy. Including by continuing to scale up the: TB Local Organizations Network project (United States Agency for International Development); Community Rights and Gender Strategic Initiative (the Global Fund); and Challenge Facility for Civil Society (Stop TB Partnership) – with Australia, Canada, France, Germany, Norway and the United Kingdom each contributing to this mechanism in the period 2021–2023;
- Parliamentarians to engage in domestic resource mobilisation to ensure that TB programmes are fully funded, including community systems strengthening and the implementation of new tools.

## 5 Commit to accountability, multisectorality, and leadership on TB

By addressing the current weaknesses in accountability for TB, through urgently implementing an independent National Multisectoral Accountability Framework for TB in every country (as committed to by 2019), with high-level leadership and supported by a strong, national monitoring and review system. Using the results to strengthen accountability action, including the production of annual country and global progress reports on the Political Declaration and the holding of a United Nations High-Level Meeting on TB in 2023.

Specifically, we call for:

- Each country to not merely adopt but implement the TB National Multisectoral Accountability Framework – facilitating the engagement of diverse sectors (including TB-affected communities and civil society, journalists, lawyers, judges, members of parliament and celebrities) and with a review mechanism that is triggered when targets are not met;
- Based on their Framework, each country to provide an annual report to the UN General Assembly on their progress towards the *Political Declaration* and to use that report as the basis for an annual review of progress on TB in parliament;
- The establishment of an independent, international mechanism to undertake an annual process of documenting and reviewing country progress against TB targets, and suggesting actions to improve the response, including where progress is too little and too slow to meet the *Political Declaration's* commitments. This should have membership from both donor and high-burden TB countries, including representatives of the government, civil society, TB-affected communities and the private sector;
- An urgent move towards systems of real-time, national-level TB data collection that is disaggregated by key and vulnerable populations, and inclusive of community-led monitoring initiatives that target the identification of human rights barriers to TB and related services;
- The holding of a United Nations High-Level Meeting on TB (exclusively) in 2023 – in acknowledgement that TB cannot be subsumed within a broader health agenda and must remain a priority in its own right. The Meeting should be attended by Heads of State and have a Affected Communities and Civil Society Hearing in advance, with both events co-organised by WHO and the Stop TB Partnership, with the meaningful engagement of TB-affected communities and civil society. They should be directly informed by a second iteration of this Community Report, *A Deadly Divide*, to be completed in late 2022.

## 6 Leverage Covid-19 as a strategic opportunity to end TB

By developing, funding and implementing TB/COVID Catch-Up Plans to enable National TB Programmes to get back on track and accelerate progress towards the Political Declaration's commitments, with COVID-19 framed, not as an excuse to fail to meet TB targets, but an opportunity to 'build back better'.

Specifically, we call for:

- The development of TB/COVID Catch-Up Plans that: are based on human rights principles; meaningfully engaging communities affected by TB and civil society at all stages; scale up joint TB and COVID-19 test and trace initiatives, using the latest methods; and leverage national COVID-19 infrastructure and innovations – such as real-time data systems – for TB;
- The provision of inclusive and comprehensive social protection systems within Universal Health Coverage, that avoid catastrophic costs for TB/COVID-19 service users, and that include support for areas such as mental health, legal aid, nutrition, and loss of income/livelihood;
- Collaboration to ensure the allocation of adequate financial investment to implement TB/COVID Catch-Up Plans, including through the Access to COVID-19 Tools (ACT) Accelerator;
- Scale up of investments in the diagnostic pillar of ACT-A, including clear allocation of funds for multi-use diagnostics, covering both TB and COVID-19, ensuring equity and access;
- Ensuring current investments in the global COVID-19 response, and efforts to strengthen pandemic preparedness systems long-term, are TB-sensitive and can be leveraged as part of global efforts to end TB.



## References

<sup>1</sup> Declaration On The Rights Of People Affected By TB, TB People and Stop TB Partnership, 2019.

<sup>2</sup> Activating A Human Rights-Based Tuberculosis Response: A Technical Brief For Policymakers And Program Implementers, Global Coalition of TB Activists, Stop TB Partnership and Northwestern Pritzker School of Law Center for International Human Rights, 2020.