

Briefing of the report 'A Deadly Divide'

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In 2018, World Leaders, international organisations, civil society and affected communities were part of the first ever High Level Meeting on Tuberculosis (HLM on TB), at the United Nations General Assembly. On the occasion, Member States of the United Nations (UN) agreed on a Political Declaration with ambitious targets to put the world on track to ending TB, as committed in the 2030 Sustainable Development Goals (SDGs).

In October 2020, the United Nations Secretary-General (UNSG) released a report prepared by the World Health Organisation (WHO), with data showing the progress since Leaders met in 2018 and where we stand globally to achieve the targets agreed in the HLM on TB. Although the commitments from the HLM on TB were important to galvanise global and national progress in the fight against the disease, the report highlights the urgent need for investments and targeted actions in the technical and political response to the disease, especially in the context of the COVID-19 pandemic. The report also urges Member States to implement 10 priority recommendations to put the world on track to reach the 2022 targets and beyond, which include increased funding for TB, scaling up TB services and addressing stigma and discrimination.

In order to strengthen accountability and to support the recommendations from the UNSG report, the TB Community also developed a report to stress the need for increased commitments and calling leaders to address key points and to implement key actions. This briefing provides information on that report, produced by three civil society delegations to the Stop TB Partnership's Board (Affected Community Delegation, Developing Country NGO Delegation, and Developed Country NGO Delegation). These delegations represent the voice of affected communities and civil society in global TB governance.



02 Purpose

The purpose of the report "A Deadly Divide" is to offer the affected communities' perspective on progress against the UN High Level Meeting (HLM) on TB targets and the people-centred delivery of TB services, including updates related to the promotion and protection of human rights and provision of gender-responsive and equitable TB programmes, driven by meaningful community engagement.

The key objectives of the report are:

- To document the level of progress achieved and the gap between the targets endorsed by heads of state and governments and the results achieved – two years on from the HLM on TB around the five key asks that were made by affected communities and civil society.
- To give a voice to those most directly affected by TB – people who are often left behind.

03 Overview

This is a global TB accountability report, led by TB affected communities and civil society - the first initiative of its kind - and it is informed by extensive desk reviews, focus groups and interviews which enabled the participation of over 150 civil society and affected community actors from over 60 countries. The Communities Report is structured around the same five key asks that were made by affected communities and civil society as part of advocacy around the UN High-Level Meeting on TB. Underscoring the current challenge the world is facing, a sixth 'ask' related to COVID-19 has been added: "Leveraging Covid-19 as a strategic opportunity to end TB"



04 Key findings from the report

The report analysed the targets agreed for 2022 against the status of the countries since 2018, the year of the HLM on TB.

It showed that *whilst some progress has been made, the world is still a long way from reaching the targets.*

► Reaching all people through TB detection, diagnosis, treatment, care and prevention

- ▷ Out of the 40 million to be found and treated by 2022, the world has currently found and treated only 13.1 million
- ▷ Out of the 30 million in need of preventive TB treatment, only 6.3 million were reported.
 - ▷ This gap is also crucial for children as less than 180 thousand of them, were initiated on preventive therapy - the target agreed was 4 million children

► Investing the funds necessary to end TB

- ▷ The funding gap remains a key challenge in the response to TB. Whilst leaders committed to mobilise at least USD 13 billion annually, in 2020 these we had only reached USD 6.5 billion. All of these gaps are a result of a wide range of structural, political and economic barriers, historically found in the response to TB.
- ▷ Given that funding for TB is predominantly reliant on domestic financing, there is serious concern that funding for TB as a whole remains severely off-track. Global levels are currently less than half of the commitments made. Furthermore, TB has traditionally received very little donor support, and there is an urgent need for donors, private sector and multilateral partners to invest in the comprehensive implementation of responsive and equitable TB programmes, thereby closing the TB funding gap.

► Committing to accountability, multi-sectorality, and leadership on TB

- ▷ The report highlights that, where prioritised, scaled up and resourced, evidence-based interventions demonstrate the potential to transform action on TB. This has been seen through country level and international collaborations initiatives to increase rapid diagnosis of TB, and drug-resistant TB.
- ▷ In addition, the report explores the role of affected communities and civil society also in monitoring the TB situation and actively addressing the gaps in the progress towards the targets. During the period under review, affected communities and civil society have scaled up efforts to inform national-level key and vulnerable population size estimates, to support data-driven TB responses.


► **Making the TB response rights-based, equitable and stigma free, with communities at the centre**

- ▷ In terms of centering the response to TB in the affected communities and civil society, the report highlights that since 2018, there has been significant progress in increasing understanding and the evidence-base on how their priorities shape the TB response, including the development of Community, Rights and Gender (CRG) tools. Action in this area will require the ongoing strengthening of community systems alongside wider attention to resilient and sustainable systems for health. It will also require the implementation of a person-centred approach that looks beyond biomedical factors to holistically address a person's social needs, mental health and economic status.

► **Accelerating the development of, and access to, essential new tools to end TB**

- ▷ Affected communities and civil society recognise that, since 2018, the pace of work has increased. Examples of progress include: identification of a vaccine candidate, introduction of the first-ever Essential Diagnostics List by WHO, and the development of shorter and safer drug treatment regimens. The TB 'pipeline' is more promising than in past years and there is the potential to transform the response to TB. However, the access barrier is highlighted, even to the older TB diagnostics and treatments. The financing of TB R&D also remains a major challenge. There is a need for innovative financing models, which will ensure de-linkage of the costs of R&D from the price and volumes of sales of final products; and which will promote collaboration, data sharing (open source science) and open licensing of intellectual property (especially for research originating from public funding).

► **Leveraging COVID-19 as a strategic opportunity to end TB**

- ▷ Based on the finding of the report, it is clear that there is a major – and deadly – divide between the commitments from the Political Declaration and what has been delivered on the ground. In addition, and particularly due to the COVID-19 crisis, the world has taken its eye off TB during a critical moment in the achievement of the targets agreed. There is a clear need to re-galvanize global action that reflects in national commitments, with greater attention to accountability at all levels recognised as fundamental to fulfilling these commitments.
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05 **Call to action**

To demand social justice in the response to TB, the report gives a [Call to Action](#). These action points are voices of TB affected communities and civil society organisations.

1 **Reach all people through TB prevention, diagnosis, treatment and care, by setting ambitious and time-bound national targets and operationalising them through aligned National TB Strategic Plans, implementation plans, budgets and monitoring and evaluation frameworks.**

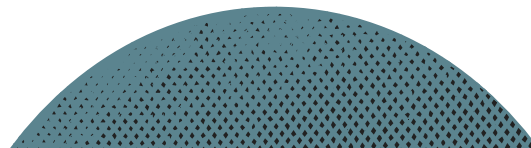
2 **Make the TB response rights-based, equitable and stigma-free, with communities at the centre, by completing a TB Community, Rights and Gender Assessment and a TB Stigma Assessment, followed by the development, funding, monitoring and evaluation.**

3 **Accelerate the development of, and access to, essential new tools to end TB, by ceasing the use of all outdated and harmful TB diagnostics, drugs and models of care. Instead, scaling-up access to newer, safer and quicker options, and fast-tracking the development of priority, innovative new tools. Also, funding the operational and implementation research necessary to improve TB treatment outcomes for all.**

4 **Invest the funds necessary to end TB, by collaborating to achieve the financial targets in the response to TB.**

5 **Commit to accountability, multi-sectorality and leadership on TB, by addressing the current weaknesses in accountability for TB, through urgently implementing an independent National Multi-Sectoral Accountability Framework for TB in every country, with high-level leadership and supported by a strong, national monitoring and review system.**

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, with COVID-19 framed not as an excuse to fail to meet TB targets, but an opportunity to 'build back better'.**



05 **Actions parliamentarians can take**

Parliamentarians play a key role in holding governments and stakeholders to account of their commitments and with support from the Global TB caucus secretariat, parliamentarians can also carry out the following

Coordinate

- Working with governments on setting ambitious and time-bound national targets that should be operationalised through National TB Strategic Plans, with the appropriate budgets assignment and monitoring and evaluation from parliament
- Support our governments in the development of TB/COVID Catch-Up Plans in order to scale up joint TB and COVID-19 test and trace initiatives
- Hold our governments accountable by requesting the implementation of the TB National Multisectoral Accountability Framework, and with a review mechanism by the national parliament

Finance

- Push our governments to fully achieve the \$13 billion annual investment needed including: donor countries collectively doubling their investment and implementing countries increasing their domestic investment in TB
- Advocating for our governments to close the financial gap in TB R&D (\$2 billion annually), by spending at least 0.1% of their R&D budgets on TB in order to accelerate the development and access to essential new tools for TB
- 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.

Advocate

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