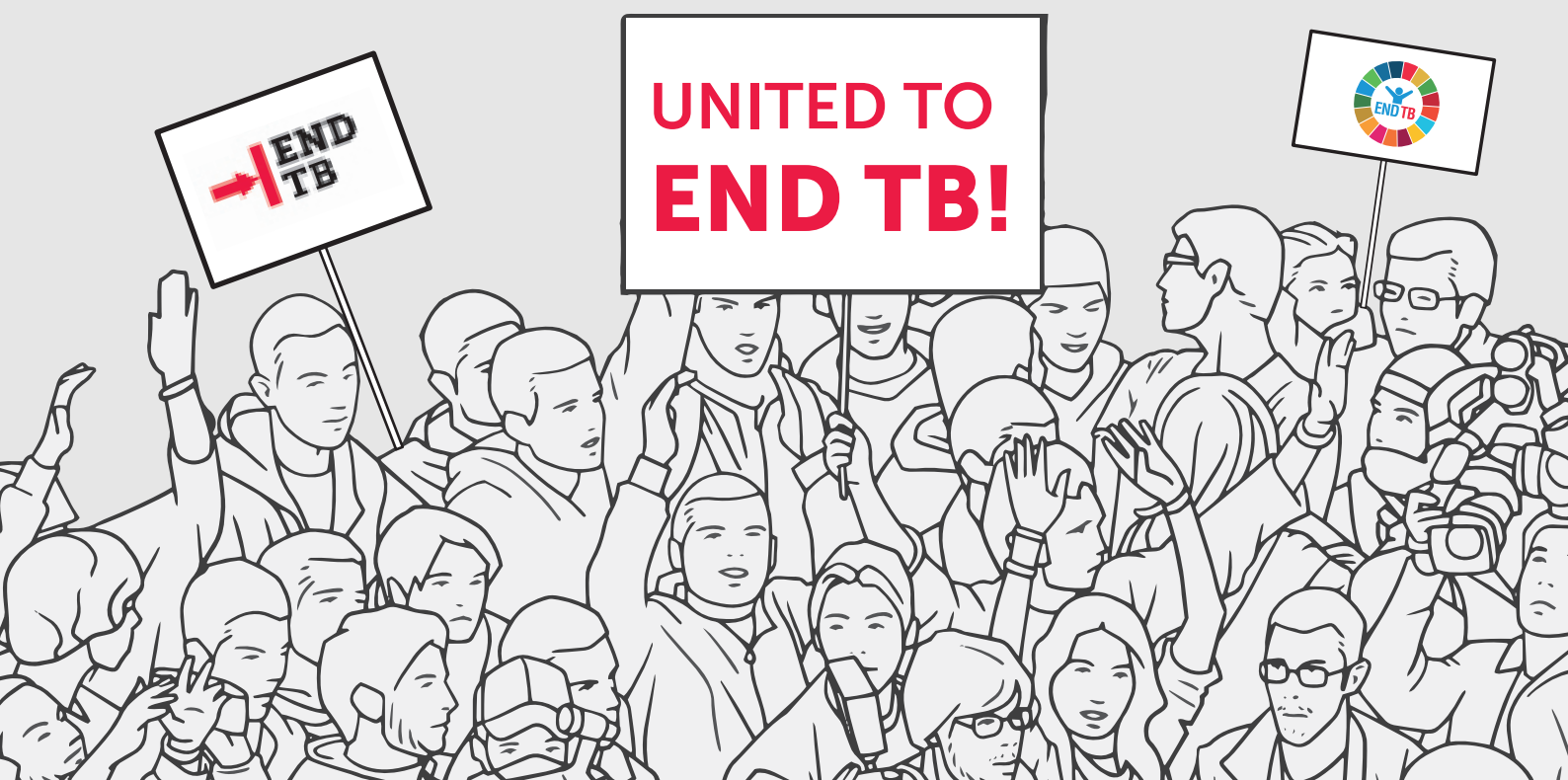


UNITED TO END TUBERCULOSIS: AN URGENT GLOBAL RESPONSE TO A GLOBAL EPIDEMIC

Key Asks from TB Stakeholders and Communities



PREAMBLE

Tuberculosis and its drug-resistant forms constitute a global health crisis. TB is airborne and causes the most deaths worldwide of any single communicable disease. Because TB is widespread and driven by numerous social factors, the global response to TB must go beyond purely medical or public health approaches. Ending TB therefore requires the high-level political leadership that only Heads of State and Governments can provide.

Through the Sustainable Development Goals and their endorsement of the WHO End TB Strategy, UN member states have committed to ending the TB epidemic by 2030. However, at the current rate of progress, this will not be achieved for at least another 150 years. Without immediate concrete action, an estimated 28 million people will die from TB by 2030, at a global economic cost of USD\$1 trillion. The case for ending the TB epidemic is clear. Every dollar spent on TB could return benefits to society worth US\$43.^[1]

The following priority actions must be taken by Heads of State and Governments to accelerate progress and achieve the goal of ending TB:

1. REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION

- Commit to diagnosing and treating a cumulative 40 million people by 2022 through both public and private-sector health services—including 3.5 million children and 1.5 million people with drug-resistant TB.
- Commit to diagnosing and providing preventive therapy to a cumulative 80 million people by 2022 through both public and private-sector health services—including 9 million children exposed to TB.

- Commit to implementing National Strategic Plans that are designed and evaluated based on progress towards ending TB at the national level, with targets for testing, treatment and prevention.

2. TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED AND PEOPLE-CENTERED

- Enact and implement policies that recognize the rights of people, including key populations, to know their TB status—whether active or latent TB—and to be provided with accessible, affordable and equitable access to services and care.

The Global Plan to End TB identifies the following as key populations: people who have increased exposure to TB due to where they live or work, including prisoners, sex workers, miners, hospital visitors, health care workers and community health workers; people who live in urban slums; people who live in poorly ventilated or dusty conditions; both adult and child contacts of TB patients; people who work in overcrowded environments; people who live and work with livestock; people who work in hospitals; people who have limited access to quality TB services including migrant workers, women in settings with gender disparity, children, refugees and internally displaced people; illegal miners; undocumented immigrants; people from tribal populations and indigenous people; people who are homeless; people who live in hard-to-reach areas; people who live in homes for the elderly; people living with mental or physical disabilities; people who face legal barriers to

access care, including people who are lesbian, gay, bisexual or transgender; and people who are at increased risk of TB because of biological or behavioral factors that compromise immune functions, including people living with HIV, people living with diabetes or silicosis, people undergoing immunosuppressive therapy, undernourished people, people who use tobacco, people who suffer from alcohol-use disorders, and people who inject drugs.

- Remove discriminatory laws against people with TB, and promote rights-based laws, policies and practices that enable access to services. End TB-related stigma and discrimination, and prevent TB transmission in work places, school and other congregant settings by 2020.
- Facilitate equitable access and universal uptake of TB tools (drugs, diagnostics, vaccines), ensuring that cost is not a barrier to the access of quality diagnostics and treatments. Align and harmonize regulatory pathways to fast-track the uptake and implementation of new tools, including utilizing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, where needed.

3. ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

- Create a research-enabling environment that streamlines and expedites innovation and promotes collaboration across UN member states in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including;

- (i) A 2-month or less oral cure for TB and its drug resistant forms before 2028

- (ii) One or more new or repurposed vaccines ready to enter the registration process for global use by 2025

- (iii) Affordable point-of-care TB diagnostics that can identify new infections and tests for drug resistance by 2025

- Acknowledge that TB innovation is a shared responsibility, and ensure that all R&D efforts are needs-driven, evidence-based and guided by principles of affordability, efficiency, equity and collaboration. Importantly, as a central component of the AMR response, TB will require models of innovation that delink the costs of R&D from prices and volumes of sales to facilitate equitable and affordable access.

4. INVEST THE FUNDS NECESSARY TO END TB

- Recognizing that investments in TB care and prevention are critical to achieving Universal Health Coverage, double current funding to US\$13 billion annually in order to implement TB care and prevention activities laid out within the WHO End TB Strategy and the Stop TB Partnership's Global Plan to End TB 2016-2020.

- Increase funding for TB research to close the US\$1.3 billion annual funding gap, for example, through each member state spending up to or beyond 0.1% of its annual Gross Domestic Expenditure on Research and Development (GERD) on TB research; and implement long-term funding strategies to ensure the sustainability of research progress and pipelines.

5. COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP, INCLUDING REGULAR UN REPORTING AND REVIEW

- Convene a follow up UN High-Level Meeting on TB in 2023 and every 5 years thereafter, until the End TB target is met, with the UN Secretary-General delivering an annual report to Heads of State and Government at the UN General Assembly to review progress towards achieving the commitments of the 2018 UN High-Level Meeting on TB Political Declaration. The report will be supported by an independent review body utilizing a constructive and evidence-based approach that synthesizes existing monitoring and implements new tools such as scorecards and national rankings.

- Add TB as a regular item on the agenda of existing regional Heads of State and Government meetings and mechanisms from 2019 to analyze and review the results, and establish additional commitments and actions to address identified gaps and challenges.

- Commit to evidence-based multisectoral actions at the national level to operationalize these commitments, including the appropriate ministries (Health, Finance, Justice, Family Welfare, and Education) under the auspices of the Head of State or Government, with active involvement of civil society and affected communities at every stage of the process.

[1] KPMG. 2017. *Global Economic Impact of Tuberculosis*. https://docs.wixstatic.com/ugd/309c93_bf9baa1398334a8aa1ff19cb083b129e.pdf?index=true



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<http://stoptb.org/global/advocacy/c5.asp>

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