

MEDIA BRIEF

TB ACCOUNTABILITY

Context

Tuberculosis (TB) is the leading cause of death among infections and the ninth overall leading cause of death worldwide, ranking even above HIV/AIDS.¹ In 2017, an estimated 1.7 million people were dying of TB, 10 million people developing TB, and nearly 600 000 new incidences of multidrug-resistant TB (MDR-TB) globally.

Despite progress made in the last two decades, the incidence of TB is not declining fast enough to end the disease as envisaged under the Sustainable Development Goals². TB is curable and preventable. All people developing TB, including drug-resistant TB, need to be diagnosed and treated, and those at highest risk of developing TB (contacts of patients, people living with HIV, etc.) need to receive preventive therapy. Currently, only about 60% of TB and about 25% of drug-resistant TB are notified as receiving treatment; the remaining are the millions of people who are “missing” from care. Coverage levels are lower for children, and preventive therapy coverage is minimal.

The Challenge: What is a multisectoral accountability framework?

For too long independent, multi-sectoral accountability has been lacking in the TB response. This must change. The commitments made by the TB world must be monitored and evaluated to ensure progress is made by reducing the lives lost and ultimately ending TB.

The Moscow Declaration to End TB, adopted by almost 120 national delegations, on 17 November 2017, called upon the World Health Organization (WHO), working in close cooperation with partners, to develop a **multisectoral accountability framework for TB**. Ministers of health and other high-level participants committed to supporting its development.

*An accountability framework for TB will define who is to be held accountable, what commitments they are accountable for, what actions are to be taken in the context of those commitments (e.g., to reinforce or sustain existing gains, accelerate progress, resolve key impediments to progress that have been identified) and how they will be held accountable through a) monitoring and reporting, and b) review mechanisms.*³

Noting the above, the Seventy-first World Health Assembly requested the Director-General to continue to develop, in consultation with the Member States, the draft multi-sectoral accountability framework,⁴ working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB.

In June 2018, representatives of communities affected by TB and civil society organizations met in Bangkok to [formulate a civil society position](#) on TB accountability, guided by the draft WHO Accountability Framework. The meeting identified challenges, opportunities and gaps in the existing draft accountability framework and developed recommendations on what accountability mechanism(s) are needed to ensure effective implementation of the UNHLM Political Declaration at the international, regional and national levels.

TB-affected communities and civil society support an Accountability Framework guided by the following principles:

1. Effective: An independent high-level body with high-level expertise and political freedom and weight to carry out the work that needs to be done
2. Has integrity: has the ability, and exercises such ability to speak honestly, both positively and negatively, about countries' and other stakeholders' performance
3. Inclusive of TB Community and civil society in all aspects: framework development, selection of members, representation and others.

¹ WHO, “Global Tuberculosis Report 2017,” <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1>, 2017, page 1

² Health targets for SDG 3. <http://www.who.int/sdg/targets/en/>

³ http://www.who.int/tb/TBAccountabilityFramework_Consultation1_2March_BackgroundDocument_20180228.pdf

⁴ http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_16-en.pdf

4. Accountable and transparent.⁵ As has been learned in the case of HIV, to ensure effective accountability investment in the formation and strengthening of networks of people affected by TB at the national, regional and global levels is crucial.

The global TB community envisaged a United Nations high-level meeting (UNHLM) TB Political Declaration that is inclusive, ambitious and contains specific targets as described in the UNHLM Key Asks.⁶ An equally ambitious, transparent, multi-sectoral accountability mechanism, guided by the draft World Health Organization (WHO) Accountability Framework, must be developed to help ensure achievement of commitments and targets in the Political Declaration by the individual Member States, as well as the global community. Early drafts of the Political Declaration do not articulate the independence of the accountability mechanism – but *this is the critical principle to be advanced as the accountability mechanism is constructed*.

However while the Declaration ‘welcomes’ and ‘notes’ the development of the framework at several points in its text, it is worth noting that earlier drafts of the Declaration did call for an independent accountability mechanism – but this reference has now been removed.

While the Declaration suggests it be implemented ‘no later than 2019’, to date there has been insufficient agreement from a range of partners in the global TB response for a mechanism that would allow them to be held to account for their treatment of people with TB, an illness often – and often wrongly – associated with poverty.

Towards our joint vision of ending TB, we urge the Member States to commit to supporting the development and implementation of a multisectoral accountability framework in their country contexts.

The Opportunity: UN High-Level Meeting (UN HLM) on TB

In the political declaration that is expected to be signed at the HLM, states will reaffirm their commitment to end the TB epidemic globally by 2030, in line with the Sustainable Development Goals (SDGs) target, commit to end the epidemic in all countries, and pledge to provide leadership and work together to accelerate national and global collective actions, investments, and innovations urgently to fight this preventable and treatable disease. With regards to R&D and innovation, particular focus is being placed on the development and evaluation of better diagnostics, drugs, treatment regimens, and vaccines, as well as other innovative care and prevention approaches, such as to address social and economic factors of the disease.

The declaration will also commit to create an environment conducive to R&D of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by fostering competition and collaboration, removing barriers to change, promoting voluntary technology transfer on mutually agreed terms, and work towards improving regulatory processes and capabilities.

The political declaration that the UNHLM will adopt has bold targets at the global level which need to be translated into country level targets, plans and budgets, with a robust accountability framework to ensure that these are met. Key global targets in the draft declaration include:

Between 2018 to 2022, 40 million people with TB will be treated, including 3.5 million children and 1.5 million people with drug-resistant TB, which will mean that there will be no one with TB missing from treatment in 2022.

At least 30 million people will receive preventive TB treatment by 2022.

Investments in TB care and prevention should reach 13 billion USD per annum – currently, about half of this is available.

In addition, investment of 2 billion USD per annum on research and development of new tools – currently there is a funding gap of 1.3 billion USD per annum.

To learn more, please consult www.stoptb.org or write to communications@stoptb.org

⁵ <http://www.kelinkeny.org/wp-content/uploads/2018/06/Communities-and-Civil-Society-Communique%CC%81-on-the-draft-multi-sectoral-framework-to-accelerate-progress-to-end-Tuberculosis.pdf>

⁶ http://www.stoptb.org/assets/documents/global/advocacy/unhlm/KEYASKS_WEB.pdf