This Summary Report of the First Health Working Group Side Event on Tuberculosis has been drafted by the Indonesian G20 Presidency on Wednesday, March 30th, 2022.
1. The first Health Working Group (HWG) side event on tuberculosis (TB) was held in hybrid fashion from 29-30 March 2022 with the following aim:
   a. Present the need to mobilize additional resources in financing for TB response through multilateral, bilateral, and domestic mechanisms
   b. Propose a Call-to-Action document outlining milestones of efforts to increase G20 countries’ investments for TB response

2. In the keynote speeches session, speakers noted a common aspiration to strengthen efforts in achieving end TB targets by 2030 amidst significant disruptions caused by or related with the COVID-19 pandemic. Speakers emphasized that for the first time in 20 years, TB mortality is increasing. Speakers acknowledged that investments for TB response is a challenge to overcome with sufficient funding as well as effective and efficient investments for program infrastructure in public health and primary health care to prevent, diagnose, and treat all people affected by the disease. Speakers stressed the importance of investing in TB research and development, particularly on expanding the development of rapid diagnostic tests, effective vaccines, and high-quality, short and affordable treatment regimen for TB. Also on developing real-time surveillance for TB and supporting an agile and data driven decision-making process.

3. During the ‘G20 Leadership to End TB’ session, speakers highlighted how strong political commitments and multilateralism can accelerate development, deployment, and implementation of novel solutions in COVID-19 response. Such collaboration is needed to overcome TB through a people-centered approach by abolishing stigma or any form of prejudice and addressing the needs of communities for quality services with human rights-based and gender equity principles.

4. The First Panel Session, ‘Current efforts and financing toward ending TB are not sufficient to meet 2030 target’ discussed that actions as well as investments were falling far short of those needed to reach agreed targets in the Political Declaration on the Fight Against TB which was published during the UN General Assembly High Level Meeting in 2018. The cost of financial inaction will cause substantial impact in TB control, particularly DR-TB, with enormous implications for global health security and Antimicrobial Resistance (AMR). The investments in TB to reach End TB targets is estimated at US$ 230 billion, hence, annual investments from countries on TB care and prevention as well as TB research and development need to increase fourfold in 2023-2030.

5. The Second Panel Session, ‘Alternative and innovative approaches to expand financing to end TB’ elaborated that ending the epidemic requires more rational investment to match its burden and impacts on lives and the economy. The G20 countries were urged to forge effective partnerships with all relevant stakeholders, including TB survivors, parliamentarians, civil society, technical and multilateral agencies, private sector, development banks, and philanthropies to avert TB deaths and economic losses.
6. The Third Panel Session, ‘Development of Airborne Infection Defense Approach’ underscores the need to further strengthen TB response that is coherent to future airborne pandemic prevention, preparedness and response. Speakers stressed the need for G20 countries to recognize TB as a global health security threat, increase investments on their current responses to TB and COVID-19, as well as build on TB platforms to further improve pandemic preparedness systems for future airborne pandemics. Speakers also mentioned the issue of inequality to access medicines and technology due to intellectual property issues and hesitancy in drug manufacturing in global south countries.

7. The Fourth Panel Session, ‘Financing to end TB in 2030 – How the G20 led success will look’ outlined lack of research and development which derails advancements of progress towards TB elimination. Speakers emphasized that without research and development for TB, the world is unlikely to meet the End TB targets by 2030. It is important to enhance research capacity in high TB burden G20 countries and identify the need to have a benchmark in TB research funding. Speakers stressed the need for G20 member countries to bring the urgency to replicate the utilization of the COVID-19 digital technology in the response to the TB crisis. Investing in TB is cost-effective and will benefit all. It is also the basis of the universal health coverage strategy: reaching out to those at the end of the queue.

8. The meeting highlighted that investing in TB is one of the most cost-effective investments to achieve the Sustainable Development Goals. Based on modelling in 2015, on average, with an estimation of investing US$ 907 to reach and ensure an individual for latent and active TB diagnosed and treated will benefit in savings to US$ 38,594 and 20 life years. Failure to finance TB response to reverse the impact of the pandemic on TB response and to meet the end TB targets by 2030 will cause massive social, economic and public health repercussions particularly on controlling multi-drug resistant TB (MDR-TB).

9. There is a pressing need for the G20 to adequately and sustainably invest in research, capacity building, data and technology transfer, and real-time surveillance to accelerate the R&D pace of new countermeasures including novel vaccines, diagnostics, and quality, safe, effective and shorter treatment regimens for combating drug-resistant forms of TB.

10. The Indonesia G20 Presidency propose the following timeline to consult with G20 member states, invited countries, international organizations, and representatives of the Health Working group to further discuss the Call to Action on financing for TB response:

   a. First week of April 2022
   The Indonesia G20 Presidency will share the summary of this meeting with the attached annex of the “Draft Call to Action” to all participants.

   b. End of Second Week of April 2022
   The Indonesia G20 Presidency will hold an informal consultation meeting to discuss the draft of the Call to Action document.
c. First week of May 2022
   Period of draft revision circulation of consolidated Call to Action.

d. End of May or Early June 2022
   The Indonesia G20 Presidency will disseminate the final Draft Call to Action to gain final input. If there are no objections, the Call to Action will be adopted as part of the declaration of the G20 Health Ministers in the High Ministerial Meeting in Third or Fourth Week of October 2022