

Call to action

by the WHO African Region Ministers of Health during the side event on Paediatric TB and Nutrition on the margins of the 72nd WHO AFRO Regional Committee, Lomé, Togo.

Recalling the following continental commitments by the African Heads of State and Government on TB and Nutrition:

- i. **The Assembly/AU/Dec.565 (XXIV)** which calls for control and elimination of airborne infectious diseases, including Tuberculosis in Africa by 2030.*
- ii. **The Assembly/AU/Dec.619 (XXVII)**, which emphasises the elimination of emerging and re-emerging communicable diseases by the year 2030.*
- iii. **The Assembly/AU/Dec.786(XXXIII)** which requested the Tuberculosis scorecard and urged Member States to accelerate efforts in addressing Tuberculosis as a major health threat in Africa.*
- iv. **The Assembly/AU/Dec. 813(XXXV)** which endorsed 2022 as the African Union Year of Nutrition under the “Strengthening Resilience in Nutrition and Food Security on The African Continent: Strengthening Agro-Food Systems, Health and Social Protection Systems for the Acceleration of Human, Social and Economic Capital Development”.*

Noting that according to the global TB report 2021, twenty-five (25) of the 49 countries with the highest burden of TB, drug-resistant TB, and/or TB/HIV are in the African Region and that ending the TB epidemic is a target under the Sustainable Development Goals (SDGs) and the 2018 UN High Level Meeting on the fight against TB (UNHLM). Progress on the SDG nutrition targets will contribute towards achieving global TB targets, as undernutrition is a significant driver of TB.

Recognising that the End TB Strategy and the 2018 UNHLM on TB have clear targets for prevention, detection, and treatment of TB for children and adolescents, which Member States have committed to, **while** noting that progress towards these targets is off track, as of 2020.

Further recognising that domestic investment for TB programmes has been a perennial challenge. Mobilization of additional resources is urgently needed, in line with the 2018 UNHLM funding target. Further, there is a need to ramp up investments to address TB in children and adolescents, particularly following the setbacks due to the COVID-19 pandemic.

Recognising the importance of the Africa Regional Nutrition Plan of the African Union, advocating for improved nutritional status of children and adolescents, as a pathway to achieving the Agenda 2063 Aspiration One on healthy and well-nourished citizens.

Further recognizing that in 2019 WHO AFR Member States endorsed the Strategic Plan to reduce the burden of malnutrition in the African Region.

Taking note of the planned revision of the roadmap towards ending TB in children and adolescents, which presents an opportunity to further advance advocacy, political commitment, and resource mobilization.

Commends countries that have aligned national TB policies to the latest guidance issued by WHO and further **applauds** stakeholders for making available child friendly diagnostic tools and medicine formulations for the treatment of both drug-susceptible tuberculosis (DS-TB), drug-resistant tuberculosis (DR-TB) as well as for TB preventive treatment (TPT).

Commends Member States' commitment in addressing undernutrition in the continent with more than 70 per cent having strategies in place to address nutrition, with the majority of them involving a multisectoral approach, based on a review of the Africa Regional Nutrition Strategy in 2021.

Concerned that progress in addressing childhood TB is slow with a large case detection gap, with 60 per cent of children (0-14 years) with TB not diagnosed, and that the COVID-19 pandemic has compounded difficulties in accessing TB services particularly for children.

Further concerned that only 13 per cent of 2018 UNHLM TB financial commitments were met in 2020 for Africa, based on latest monitoring, and that the funding needs have further increased as a result the COVID-19 pandemic.

Also concerned that despite the strategies in place, the impact of undernutrition continues to increase the risk of infectious disease influencing both morbidity and mortality. Latest joint child malnutrition figures from WHO/UNICEF/World Bank indicate a roughly 10 per cent increase in numbers of stunted children and more than 4 per cent increase in wasting from 2019 to 2021. Furthermore, the estimates from the Cost of Hunger in Africa Study shows that 24.5 million incremental episodes of illness related to diseases associated with underweight.

Request that

- 1) Member States and partners take immediate action to ensure a holistic and comprehensive TB response to end the suffering of children with TB and to achieve the UNHLM childhood TB targets. Specifically, we request that Member States:
 - a. Take rapid steps to recover from the impact of COVID-19 and further accelerate the provision of TB services.
 - b. Prioritize the rapid uptake of child-friendly TB diagnostics, medicines, and other care innovations.
 - c. Scale up TB prevention and address undernutrition among children and adolescents.
 - d. Decentralize and integrate TB services for children and adolescents within other health services such as HIV, maternal and child health, and nutrition services.

- 2) Member states and partners prioritize financing to address TB and allocate sufficient technical and human resources to accelerate progress towards ending TB in children and adolescents.
- 3) Member states reinstate the annual review of The Africa Continental End TB Accountability Framework for Action by the Heads of States and Governments of the African Union.

We further urge Member States, in line with the TB Accountability Framework to:

- a. Ensure the TB scorecard includes disaggregated data on TB among children and adolescents including TPT among these population groups.
 - b. Collect TB health expenditure data at country level to improve decision-making.
- 4) Member States that have not yet aligned national TB policies to the latest international and continental guidelines to do so to facilitate the implementation of the latest innovations in prevention and management of TB in children and adolescents in the context of local epidemiology.
 - 5) Stakeholders and Member States to accelerate the attainment of targets for TB in children and adolescents, and to revive and strengthen the regional task force on childhood TB to increase multisectoral engagement and regularly monitor progress.
 - 6) Member States to continue mainstreaming nutrition interventions in prevention and treatment of TB. This further calls for wider knowledge and capacity building for healthcare workers to conduct proper nutrition assessment and counselling support on nutritional status at diagnosis and throughout treatment with adequate micronutrient support.