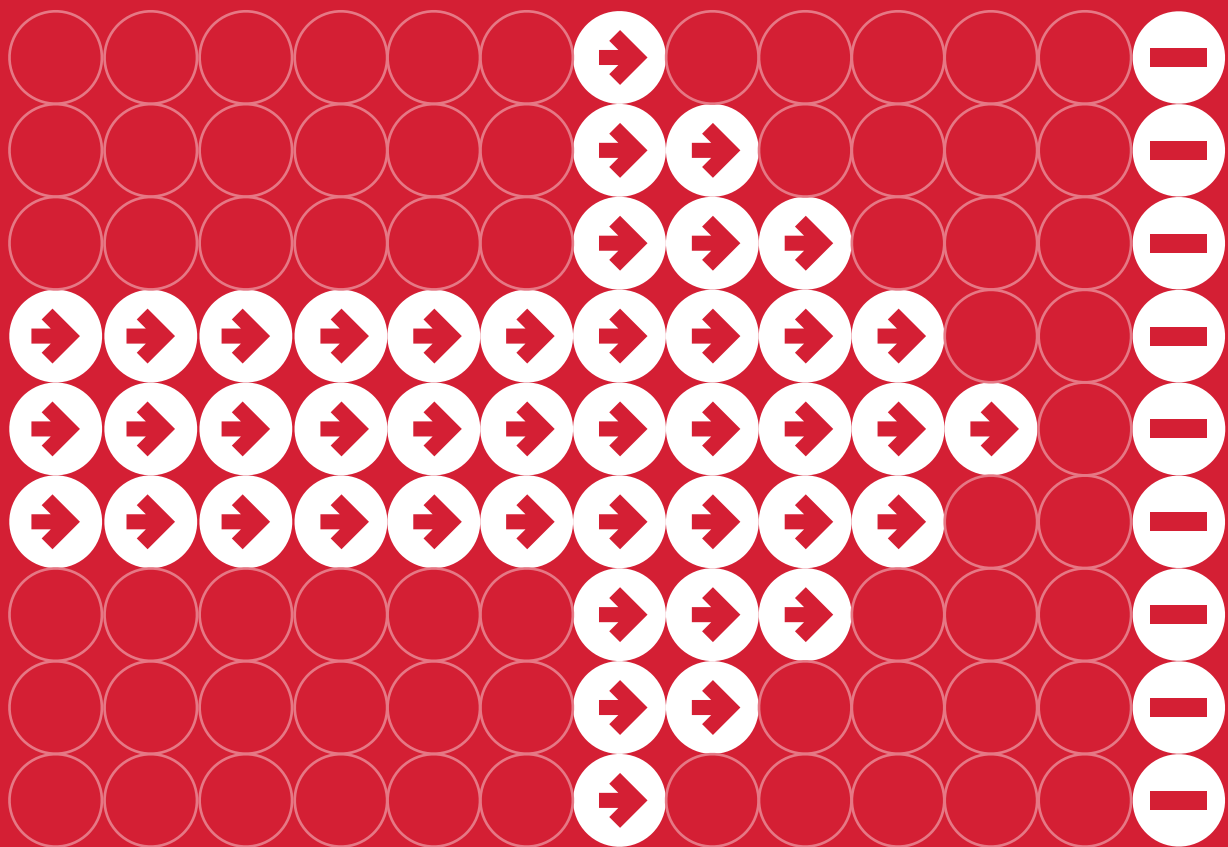


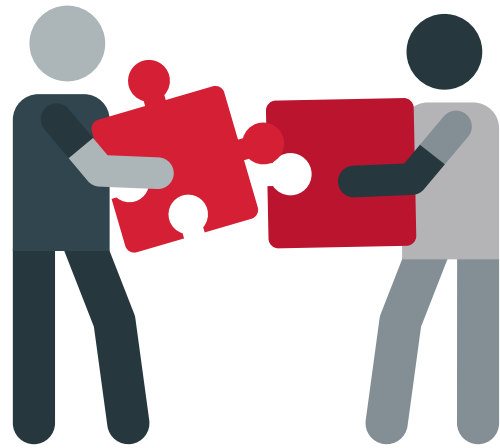
UN HLM Key Asks from TB Stakeholders

September 2023

#UNGA78 | #2023TBHLM



Reach all people affected by tuberculosis (TB) with prevention, diagnosis, treatment, and care by implementing evidence-based and quality interventions and tools as per the latest international guidelines



1. **Commit to develop and implement ambitious National Strategic Plans (NSPs)** with bold actions and targets to achieve the SDG target of ending TB by 2030.
2. **Commit to find, diagnose early, and treat 40 million people with TB** (equivalent to over 90% of people developing TB) using screening approaches, modern diagnostics, and short treatment regimen, including:
 - 1.7 million people with drug-resistant tuberculosis (DR-TB) and
 - 3.5 million children with TB and 115,000 children with DR-TB.
3. **Commit to comprehensively address the management** of TB in children, adolescents, and those who are pregnant or lactating, and ensure specific models of care and investments in children's needs.
4. **Commit to ensure that more than 90% of pulmonary TB is diagnosed** with rapid molecular tests by providing universal access to WHO-recommended rapid molecular tests as the initial diagnostic test for TB.
5. **Commit that more than 90% of bacteriologically confirmed TB have rapid drug susceptibility test (DST) results for first- and second-line TB drugs**, at or before treatment initiation to address all forms of drug resistant TB and contribute to reducing the burden of antimicrobial resistance (AMR).
6. **Commit to diagnose TB as early as possible** by reaching all vulnerable and at-risk populations including contacts of people with TB, using modern tools, such as screening with artificial intelligence enabled X-rays.
7. **Commit to ensure universal access** to the best available effective, evidence-based and quality interventions and tools as per the latest international guidelines, such as, by 2024 one-month/once-weekly TB prevention, four-month drug-susceptible TB treatment regimens for adults and children, and six-month regimens for DR-TB.
8. **Commit to prevent TB for those most at risk so that at least 35 million people** (equivalent to more than 90% of those eligible) receive TB preventive treatment (TPT), ensuring universal access to TB infection testing where needed and with new, effective short-course drugs and regimens, including for:
 - 21 million contacts of people with TB who are five years or older including pregnant and lactating people,
 - 8 million under-five child contacts and
 - 6 million people living with HIV, adults as well as children.
9. **Commit to ensure that all eligible people with TB have access to health and social benefits packages;** strengthen financial and social protection beyond the health sector to alleviate the health and non-health related financial burden of TB.
10. **Commit to invest in ensuring appropriate numbers and distribution** of trained human resources for health, across the cascade of TB care, contact investigation and prevention, including community health workers, nurses, doctors, social workers, laboratory technicians, radiologists and pharmacists.
 - All community health workers and volunteers working on TB should be empowered, trained, paid and accountable to the people they serve.
11. **Commit to modernize and improve TB care** as well as to introduce, adopt and scale-up innovative technology, including digital health technologies, to facilitate universal access to decentralized, integrated and people-centered care.
12. **Commit to improve real-time data collection, analysis, reporting and automation**, including by the use of advanced technologies like predictive analytics and AI/machine learning, to support evidence-based decision-making, effective program implementation and improved health outcomes for people affected by TB.
13. **Commit to accelerate actions** on addressing social determinants, key vulnerabilities and factors associated with TB, such as mental health, nutrition, diabetes, smoking, poverty, climate and environment.

1. Drug-resistant to at least Rifampicin

2. Children refers to 0-14 age group which is the standard age group for data collection by WHO

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Ensure all national TB responses are equitable, inclusive, gender-sensitive, rights-based and people-centered



- 1. Commit to ensure that the respect, protection and fulfilment of human rights and attention to gender** guide the TB response and form the foundation of NSPs, with people affected by TB and civil society able to meaningfully engage and be consulted on the creation of NSPs.
- 2. Commit that by 2025 all high-burden countries fund, implement and monitor NSPs** that include:
 - TB Community Rights and Gender (CRG) costed Action Plans developed based on CRG Assessments
 - Real-time TB community-led monitoring of access to services, quality of services, stigma and other human rights-related barriers
 - At least five TB key and vulnerable populations relevant to each country context that are prioritized, have size estimations completed, are included in TB surveillance and TB programming and provided with differentiated approaches to meet their needs.
- 3. Commit to eliminate TB-related stigma** through funding, implementing and monitoring stigma reduction plans based on measuring stigma and discrimination (including self-stigma, stigma in communities and stigma in health care settings), as part of the national CRG Action Plans, including relating to discriminatory laws and policies.
- 4. By 2025, commit to strengthen national networks of TB survivors, their families, key and vulnerable populations and civil society** (including National Stop TB Partnerships, where applicable) and fully fund them to ensure meaningful engagement in all parts of the TB response and research, including planning, implementation, monitoring, review and governance, both in service delivery and also with regard to demand generation, law and policy reform and social accountability.
- 5. Commit to strengthen financial and social protections beyond the health sector** for people affected by TB and alleviate the health and non-health related financial burden of TB experienced by affected people and their families.

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Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies geared to the needs of the most neglected, key and vulnerable populations



1. **Commit to create a research-enabling environment** that streamlines and expedites research and innovation and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research, including:
 - Shorter and more acceptable treatment regimen with less side effects for TB, DR-TB and TPT, applicable to all including adults, children, adolescents and those who are pregnant or lactating.
 - Affordable non-sputum-based point-of-care TB diagnostics that can identify early TB disease, including in children, new rapid molecular tests, chest imaging and user-friendly genome sequencing technology for drug resistance, tools to monitor response to treatment (e.g., biomarkers), and tools to predict unfavorable treatment outcomes.
 - One or more new or repurposed vaccines, based on existing science and/or recent technological advances, ready to enter the registration process for global use by 2025, and systems in place to provide access to all in need.
2. **Strengthen capacity for TB R&D** to accelerate the development of and access to new tools, including vaccines, drugs and diagnostics, and increase country resilience to respond rapidly to new and emerging infectious diseases.
3. **Acknowledging that drug-resistant TB currently accounts for a large proportion of AMR-related deaths globally**, commit to develop innovative solutions to DR-TB, to alleviate human suffering, counteract AMR, and strengthen global health security.
4. **Commit to promote voluntary open data sharing** by strengthening well-resourced national open-data initiatives for TB research to contribute to global data-sharing mechanisms in a timely and consistent manner to guide global policy decision-making processes and development of new tools for TB.
5. **Commit to ensure that TB research and development incorporates access conditionalities** across the R&D continuum and is needs-driven, rights-based, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity as a shared responsibility, such that TB-related products are able to reach the people who need them most, including where applicable via technology transfer.
6. **Commit to require access conditionalities for publicly funded research and ensure that rewards for innovation are independent from rights to market exclusivity**, in cases where market incentives have not delivered satisfactory results, so that research and development costs are delinked from the final prices of health products and the benefits of scientific progress against TB can be enjoyed by all.
7. **Commit to support and establish public-private partnerships to end TB** with a focus on developing innovative and accessible products and solutions; partnerships with public funding must include terms and conditions to ensure access to publicly-funded innovations.

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Invest the funds necessary to End TB



- 1. Commit to mobilize sufficient and sustainable financing from domestic and external sources** for scaling up quality prevention, diagnosis, treatment and care of TB, with the aim of reaching US\$22 billion a year by 2026 and US\$35 billion annually by 2030 at the global level.
 - Commit to secure funding for low- and lower-middle income countries from domestic and external sources with the aim of reaching US\$15 billion a year by 2026 and US\$21 billion annually by 2030.
- 2. Commit to mobilize US\$5 billion a year for TB R&D**, including US\$2 billion for drugs, US\$1 billion for diagnostics, and US \$1 billion for TB vaccines.
 - US\$13 billion should be made available annually to vaccinate people with new vaccines once they are available and conduct necessary implementation research.
 - Ensure that all countries contribute their fair share to financing TB research and development.
- 3. Recognizing the huge funding gap for universal access to TB prevention, diagnosis, treatment and care** (only US\$5 billion in 2021, out of a target of US\$13 billion), and for TB R&D (US\$1 billion was available in 2021, out of a target of US\$2 billion) commit to:
 - Increase substantially domestic financing for TB, including via health insurance, and social protection. Ensure that essential TB interventions are explicitly included in packages of essential health services ("basic packages") that are accessible to all people in need and covered by the state under health financing and insurance schemes.
 - Ensure funding for full access and coverage of services for key and vulnerable populations, and provide for sound integration of these responses with national health systems and community systems.
 - Ensure resources are available to advance efficiently candidate tools/technologies for TB diagnosis, treatment and prevention through different phases of R&D without delays.
 - Increase funding for research and development of one or more new or repurposed TB vaccines, including by an explicit pool of funds, and ensure universal access to these vaccine(s). Prioritize advancing late-stage development of TB vaccines candidates, given the promising science and projected public health and economic benefits.
 - Increase funding from the bilateral donors and financial institutions such as the Global Fund, the World Bank and the Regional Development Banks, and, private sector and innovative financing mechanisms including co-financing schemes and debt swaps/debt forgiveness and mobilize additional funding via a new global funding mechanism.

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Prioritize TB across systems for health:

Universal Health Coverage(UHC),
Primary Health Care (PHC),
Pandemic Prevention,
Preparedness and Response
(PPPR), and
Antimicrobial Resistance (AMR)



PPPR

1. **Commit to include TB as a centerpiece** in national pandemic preparedness and response agendas, infectious disease response platforms and multi-disease decentralized diagnostic networks that can rapidly detect TB, its drug-resistant forms along with other diseases, as a foundation for preparedness and response to new outbreaks while closing long-standing access gaps.
2. **Commit to formulate plans** to ensure the uninterrupted diagnosis, prevention, treatment and research-related activities of TB during outbreaks of other diseases, as well as in other situations of crisis and state fragility.
3. **Commit to integrate airborne infection prevention and control (IPC)** into wider infection prevention and control policies and procedures, based on the experience and expertise of TB programmes.

PHC and UHC

4. **Commit to engage all care providers** in efforts to end TB including private and informal sector providers.
5. **Commit to integrate TB services as an essential component of UHC and PHC** as the goals of UHC cannot be achieved without universal access to TB prevention and care.
6. **Commit to increased harmonization of regulatory policies and reduce market barriers** to the efficient and sustainable import and use of new and existing products related to the diagnosis and treatment of TB as well as clinical research related specimens, including addressing customs duties and taxes for products for use in both public and private sectors and developing expedited and cost-free pathways for any required approvals, registrations and certifications related to their import and use.
7. **Commit to focus on building capacity within primary health care systems** to address co-morbidities associated with TB, mental health and post-TB health needs.

AMR

8. **Commit to end the global public health crisis of DR-TB** through actions for prevention, diagnosis, treatment and care, including compliance with stewardship programmes to address the development of drug resistance, including country-level stewardship and leadership on providing access to new tools for DR-TB, a secured quality-assured TB drug supply chain, drug resistance surveillance and treatment safety monitoring.
9. **Commit to include TB as a tracer indicator in global and national UHC, PHC and AMR strategies**, since progress on TB and TB R&D is a critical indicator of progress on UHC, PHC and AMR.

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Ensure decisive and accountable global, regional and national leadership, including regular UN reporting and Review



Global/Regional Accountability

1. **Commit to convene a follow up UN High-Level Meeting on TB in 2028.**
2. **Request the UN Secretary-General to issue a publicly available (annual) report**, including TB-related funding from bilateral donors, the Global Fund and the multilateral development banks, to Heads of State and Government at the UN General Assembly, to review progress towards ending TB, as part of the existing monitoring of Sustainable Development Goal (SDG) target 3.3.
3. **Commit to monitor investments in TB R&D**, including the fair share targets of Member States, through a robust accountability mechanism.

National Accountability

4. **Commit to translate the 2023 UNHLM global targets and commitments** into national-level targets and adopt them within national frameworks and legislation, and further support the achievement of these targets and commitments by integrating them within ambitious National TB Strategic Plans, implementation and financing plans, and monitoring and evaluation frameworks.
5. **Commit to implement a national annual high-level review on the progress to end TB**, including the implementation of latest WHO and international recommendations, under the leadership of the Head of State or Head of Government, as well as regular review of progress on TB in parliaments.
6. **Commit to ensure that TB-affected communities and civil society, supported by national networks, are included** in national governance mechanisms for TB, TB/HIV and PPR, including Country Coordinating Mechanisms where appropriate.
7. **Commit to implementing the National Multi-stakeholder Accountability Frameworks (MAF-TBs)** which are publicly accessible and included in a WHO maintained public register of all completed MAFs.
8. **Commit to support development of Community- and TB survivor-led reports in 2025 and 2027** to form part of the basis to measure achievements against commitments made in the Political Declaration.
9. **Agree to develop and publish country annual reports on progress towards the commitments in the Political Declaration.**



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