

MARCH 2023

Accountability Report



Divide



TB COMMITMENTS
VS. TB REALITIES

— The Accountability Report of TB-affected
Communities & Civil Society:


Priorities to Close the Deadly Divide

**Executive Summary
and Calls to Action**

Stop TB Partnership
Community Delegation

Stop TB Partnership
Developing Countries NGO Delegation

Stop TB Partnership
Developed Countries NGO Delegation



We issue this Call to Action to demand social justice and awaken a transformative response to tuberculosis (TB), a disease that is preventable and curable, yet takes the lives of 4,400 people a day, including 700 children.

We want to ensure that those of us who are most impacted, namely TB affected communities and civil society, speak up so that our realities and priorities are understood, and our lives are saved.



We feel it critical to emphasize that while TB can affect anybody, it does not impact everybody equally. The social determinants of health and inequities that are beyond a person's direct control can make some of us more vulnerable to TB and/or more likely to face barriers to accessing TB services. Those of us who are part of a key and vulnerable population (KVP) affected by TB deserve a just and inclusive response that recognizes and meets our different needs.

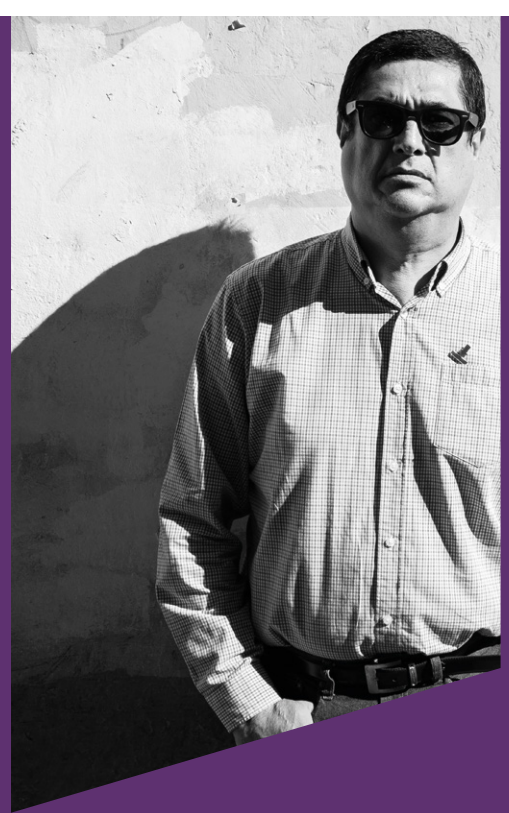
We recall the 2018 United Nations High Level Meeting (UNHLM) on TB and its targets and commitments, and the community progress report *A Deadly Divide: TB Commitments Vs TB Realities* released two years afterwards. Now, on World TB Day 2023, we reflect on progress made, success stories, as well as the shortcomings of our efforts in subsequent years. Today we look toward charting a course for the second UNHLM on TB in 2023 and beyond to end TB by 2030. We draw on the established road map of the *Global Plan to End TB 2023-2030* and, more significantly, the inspiration and learnings garnered from over 1000 TB-affected community and civil society partners from 90 TB-impacted countries who have provided rich and unique insights, including contributions to over 30 case studies of guidance and lessons learnt to enable progress in the TB response.

We affirm the 6 thematic calls to action as critical to ending the present-day pandemic of TB. They require us to prioritize and address three facts which have historically stagnated progress. First, we need TB to grab the political attention and ambition it deserves. It needs to be an economic and political priority addressed through a human rights and social justice lens. Second, we must make domestic and external financial resources immediately available to end TB. The funding gap must be closed, existing innovations and tools must be available and accessible for all, and TB research & development (R&D) needs to receive the investment levels we saw for COVID-19. Third, the empowerment of TB-affected communities and civil society partners has for too long been excluded. Our lived experience and distinct complementary expertise must be recognized, developed, and integrated into envisioning, planning, and financing for TB. Without these steps, progress will be derailed, lives will continue to be lost, and economies will continue to suffer the results of this neglect.



→ **END
TB**

01 Close gaps in TB prevention, diagnosis, treatment and care by reaching all people with TB



- Ensure WHO-approved rapid molecular diagnostics (wRMDs) are used as the initial test for TB.
- Ensure all people affected by TB, including TB infection and disease and drug-resistant TB (DRTB), and their contacts have affordable access to the newest prevention and treatment regimens.
- Develop and meet ambitious targets for TB prevention through contact tracing and coverage of TB preventive treatment (TPT), and also by addressing the social determinants of TB and urgently securing a new TB vaccine.
- Deliver quality people-centred, community-based and KVP-focused TB care to improve TB outcomes, including child-friendly services to improve outcomes of paediatric TB, through workforce training, attentiveness and resources to identify and overcome social and economic barriers to access.
- Ensure TB services are integrated with HIV, primary health care and/or occupational health services, using co-located models, to improve detection and treatment of TB in co-morbid conditions such as HIV, silicosis, malnutrition, and diabetes.
- Leverage the capacity of the private sector to improve access to TB services, particularly in countries with large private sector service providers.

2 Make the TB response equitable, gender-responsive, rights-based, and stigma-free, with TB-affected communities and civil society at the centre by 2025.

- Ensure Communities, Rights and Gender (CRG) and stigma elimination are prioritized in the UNHLM political declaration with specific targets, and explicitly integrated into National Strategic Plans (NSP) and TB Programme Reviews.
- Dedicate donor and domestic funding for TB community-led initiatives, including advocacy, monitoring and accountability efforts through the Stop TB Partnership (STP) Challenge Facility for Civil Society (CFCS), the Global Fund, and other technical support mechanisms.
- Ensure the meaningful participation of TB-affected communities and civil society as expert contributors in developing NSPs, planning TB Programme Reviews, as well as country proposal development processes for international grants in all high burden countries (HBCs), including through national networks of people affected by TB and empowerment and leadership of women and girls.
- Conduct CRG assessments, routine stigma measurement, and develop and implement costed TB CRG action plans in all HBCs that include community-led monitoring (CLM) of the TB response and of CRG in the TB response.
- Identify, conduct size estimations, and allocate funding to systematically attend to specific needs of TB KVPs, such as but not limited to people living with HIV, migrants, refugees and internally displaced people, people who use drugs, people deprived of their liberty, people with diabetes, the urban poor and people living in slums, miners and people with silicosis, indigenous peoples, and children, based on vulnerability and barriers to access.
- Strengthen social protection and security for people affected by TB, and ensure it includes income, health care, housing, nutritional support, mental health support, and legal aid.
- Update laws, policies, and programmes to promote and protect the rights of people affected by TB, combat inequalities and eliminate stigma and discriminatory practices, processes and language.

3 Accelerate the development, rollout of and access to essential new tools to end TB

- Develop and ensure the availability and accessibility of new TB vaccines to enable sharp reductions in disease incidence by 2025, with protected pipeline funding.
- Ensure all people affected by TB, including TB infection and disease and drug-resistant TB (DRTB), receive the latest shorter treatment regimens by the end of 2024.
- Develop novel point-of-care wRMDs, including those which are child-friendly and measure drug resistance to the latest and emerging treatment regimens, parallel to developing shorter treatment regimens for TB infection and disease that are based on new molecules.
- Strengthen utility and investment in digital technologies including digital portable X-ray, artificial intelligence-supported diagnostics and CLM mechanisms such as OneImpact.
- Accelerate rollout and market access of new and emerging tools - from design and adaptation through to adoption, demand creation and evaluation - with funded community advisory mechanisms, community-led campaigning and operational research.
- Coordinate efforts between developers such as through global alliances and not-for-profit product development partnerships to produce people-centred and accessible vaccines, diagnostics, treatments and digital technologies for TB, ensuring they are free from intellectual property or related industry or regulatory pricing barriers that inhibit access.



04

Invest the funds necessary to end TB



- Close the TB funding gap through investments of US\$ 210 billion between 2023 and 2030, including US\$ 40 billion for TB R&D to achieve the 6 calls to action.
- Support replenishment of global financing mechanisms such as the STP CFCS and TB REACH, the Global Fund and Unitaid, with proportionate allocations for TB and for TB-affected communities and civil society partners.
- Mobilize domestic resources for TB and integrate with health systems to leverage existing investments and reduce dependency on external funds.
- Eliminate catastrophic costs facing households affected by TB through multisectoral investments, coordination, and application of legal frameworks.
- Innovate financing to expand the pool of investors and to breed efficiency in TB spending.
- Prevention, preparedness and response, antimicrobial resistance, and universal health coverage.

5

Prioritize TB in pandemic prevention, preparedness and response (PPPR), antimicrobial resistance (AMR), and universal health coverage (UHC)

- Ensure PPPR draws on experiences from and addresses present-day pandemics like TB and its role in future air-borne pandemics, with aligned funding.
- Ensure TB drug-resistance is featured in AMR surveillance and addressed in AMR strategic planning and aligned funding.
- Ensure TB screening, prevention, diagnosis, treatment, and care are included in national essential service packages for primary health care and UHC, and conversely ensure that all people affected by TB, including KVPs and family members, are enrolled and protected by national UHC schemes, thereby using TB as an indicator of progress towards UHC.
- Develop funded models for the meaningful inclusion of TB-affected communities and civil society as equal partners in PPPR (including the Pandemic Fund), AMR and UHC responses, with representation and voice within governance arrangements globally and at country level.



6 Commit to multisectoral action, decisive leadership and accountability



- Develop partnerships with journalists, parliamentarians, celebrities and other public figures to champion and implement the calls to action from this TB accountability report.
- Strengthen sector-wide collaboration and scale up adoption of the Multisectoral Accountability Framework (MAF) for TB, while developing additional mechanisms to hold all stakeholders to account for achieving commitments and targets.
- Apply CLM models to understand and address the realities facing TB-affected communities, including stigma, human rights violations, and to document community-led actions in addressing those barriers. Use these data to bolster national TB, PPPR and UHC responses and accountability for CRG.
- Engage Heads of State, high-level leadership and TB-affected communities and civil society in monitoring and review of national TB responses, multisectoral action and accountability mechanisms, and translating commitments on TB in PPPR, AMR and UHC to action, including at the 2023 UNHLM on TB.
- Request WHO to develop a timetable and transition plan for real time surveillance systems and data reporting.
- Mandate inclusion of TB-affected communities and civil society within Country Coordination Mechanisms (CCMs) and technical working groups related to monitoring and review of national responses, including support for STP Community and NGO Delegations to lead development of accountability reports in subsequent years.