

Asia-Pacific TB-Affected Communities and Civil Society Statement On the 2018 Political Declaration to End TB

We, the members of TB-affected communities and civil society working on TB in Asia and the Pacific, welcome the 2018 Political Declaration on TB that will be adopted at the UN High-Level Meeting on TB in New York. TB is now the number one infectious disease in the world and Asia-Pacific is the top highest affected region, bearing **62%** of the global burden of new infections^[1]. Moreover, the region also accounts over 730,000 TB-related deaths in 2017. **Twelve** out of the 30 high TB burden countries that contribute to around **75%** of the global TB burden are located in Asia-Pacific (Bangladesh, Cambodia, China, DPR Korea, India, Indonesia, Myanmar, Pakistan, Papua New Guinea, the Philippines, Thailand, and Vietnam). **Three** of these countries, namely India, Indonesia, and the Philippines, account for **44%** of missing cases in TB diagnostics and treatment^[2]. MDR-TB also continues to pummel the region, with 37% (206,460) of rifampicin-resistant TB (RR-TB) recorded in India and China^[6]. In addition, Asia-Pacific countries experience an increased funding gap of US\$356 million in 2017, with DPR Korea and China experiencing a huge gap in investment to TB.

We welcome the commitments set by the Political Declaration in several areas, such as: advancing research and innovation of evidence-based health services and commodities within the universal health coverage schemes of countries (para 42); public-private partnership in the development of newly-approved medicines (para 41); commitment to reaffirm TRIPS flexibilities and recognize the value of intellectual property rights in promoting access to medicines for all (para 19); commitments toward more integrated TB/HIV responses (para 29, 31, 33); and naming of populations that are considered vulnerable and affected by TB, such as people living with HIV, people who use drugs, migrants, prisoners, women and children, indigenous peoples, and people with physical and mental disabilities (para 17); and the commitment to promote and protect the rights of people affected by and living with TB and to support towards ending TB-related stigma and discrimination in all its forms.

We are, however, seriously concerned that:

- The global collaboration to ensure accelerated development and accessibility of drugs is not clearly translated in rolling out towards wider availability of new drugs such as Bedaquiline and Delamanid
- Reliance towards private health service sector within the frame of multisectoral partnership -- procurement, distribution, and regulation of drugs -- evades government responsibility to its people, particularly in the area of securing increased domestic financing for the TB response;
- There is a lack of scaling up HIV/TB response with HIV diagnostics among TB patients remaining low and treatment for HIV-associated TB falling only under 50%^[4];
- Populations are still regarded as 'high-risk' groups; and
- There is no clear commitment in the Declaration that prioritizes financing and supporting affected TB community-led responses from service delivery to advocacy and social mobilization

We, therefore, call on the Member States to:

- Commit towards hasty rollout and availability of Bedaquiline and Delamanid in high-burden countries in Asia-Pacific;
- Commit that the value of private-public partnership must not replace government's mandate in the procurement, distribution, and regulation of drugs and that private health service sectors can only augment and not replace this mandate, and that this partnership should not be at the expense of limiting access to and production of generics;
- Fast-track the scaling up of HIV/TB response through alignment of treatment guidelines between TB and HIV;
- Use terminologies that recognizes the rights of these people affected by TB by moving beyond terms such as 'high-risk' or using the term 'patients'. Avoiding this language not only breaks stereotypes but also contributes to eliminating the stigma attached to TB risk and vulnerabilities.
- Commit to involve us in the entire implementation and accountability of the 2018 Political Declaration in a non-discriminatory manner and recognizing the development of community-based health service delivery approaches (Para 17, 18, 21). To do this, Member States must match commitments with funding towards supporting community-led and community-based responses. Community engagement remains crucial towards the success of the TB response.

All in all, we are committed to working with our national governments and through regional mechanisms such as APEC, ASEAN, SAARC, and ESCAP in ensuring that the targets set forth from the 2018 Political Declaration on Ending TB are achieved. We demand a stronger community engagement in the development of and implementation of the multi-sectoral accountability framework in alignment with the WHA Resolution 71.3 (para 49).

^[1]http://www.who.int/tb/publications/global_report/en/

^[2]http://www.who.int/tb/publications/global_report/en/

^[3]http://www.who.int/tb/publications/global_report/en/

^[4]http://apps.searo.who.int/PDS_DOCS/B5303.pdf

^[5]<http://apps.who.int/iris/bitstream/handle/10665/259366/9789241565516-eng.pdf;jsessionid=0E0CB2F2FFE0186E519F3760726F8A3E?sequence=1>

^[6]http://www.who.int/tb/publications/global_report/en/

^[7]<http://www.searo.who.int/tb/en/>