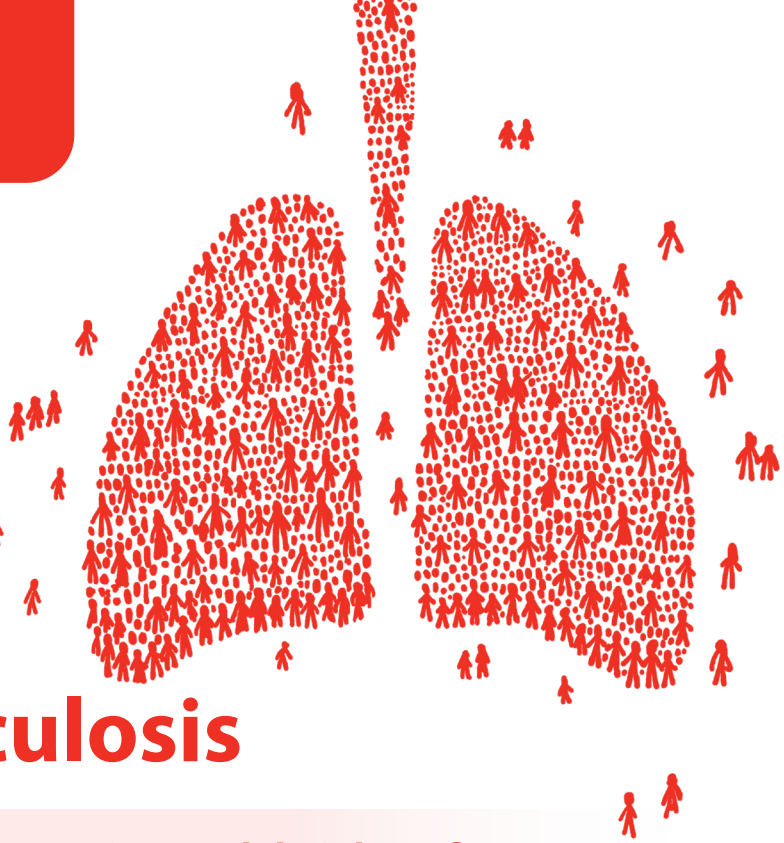
JUNE 2024

ADVOCACY BRIEF
The 2023 Political Declaration on TB



Taking Action for the Fight Against Tuberculosis

Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular by ensuring equitable access to prevention, testing, and care

BACKGROUND

Tuberculosis (TB) is one of the leading causes of death worldwide, claiming approximately 1.6 million lives in 2021, including at least 187,000 people with HIV.[1] The United Nations General Assembly High-Level Meeting (HLM) on the Fight Against TB was held on 22 September 2023 in New York "to undertake a comprehensive review of the achievement of agreed tuberculosis goals at the national, regional, and global levels contained in the 2018 political declaration, to identify gaps and solutions to accelerate progress towards ending the epidemic by 2030."[2]

A Political Declaration (PD) on TB[3] was adopted by heads and representatives of member states and governments during this HLM meeting. This PD contained their commitments that, if fulfilled, could lead to ending TB by 2030 and saving up to 45 million lives between 2023 and 2027.[4]

Of the 84 paragraphs in the 2023 PD on TB, 54 commitments were focused on the following seven action areas:[5]

1. Diagnosis, treatment and prevention (paras 48A, 48B, 49, 53-54, 58)
2. Sufficient and sustainable financing (paras 21, 25, 28, 59, 62-68, 72)
3. Inequality and TB-related discrimination, stigma and other human rights barriers (paras 37-40, 44, 46-47, 51-53, 58, 61, 65, 67, 71, 74, 77, 80-81)
4. Research and development (paras 69, 71, 72, 73, 76)
5. Primary healthcare and health systems strengthening (paras 45, 49, 50)
6. UHC, AMR, Pandemic preparedness (paras 54, 58, 59)
7. Accountability (paras 43, 78, 84)

THE CIVIL SOCIETY JOURNEY

In March 2023, APCASO and partners convened a historic gathering of 80 civil society organisations across 19 countries in Jakarta, Indonesia to collectively strategise and plan for the upcoming HLMs on Tuberculosis (TB), Universal Health Coverage (UHC), and Pandemic Prevention, Preparedness and Response (PPPR). The regional civil society position was encapsulated in the statement "Resilient, Sustainable, and Fully Resourced Systems for Health,"[6] which identified joint priorities or key asks as a region. Subsequent post-HLM meetings were held in Bangkok in July 2023 to share updates on the progress of the negotiations and to further strengthen collaborations towards the upcoming HLMs.

The PDs adopted in September 2023, though not legally binding, were siignificant because they reflect the political commitments of countries on UHC, pandemic preparedness, and in ending TB at the national level and globally.

This advocacy brief is aimed at increasing awareness about the PD on TB to better engage, inform, and empower our communities and society as a whole in ending the epidemic. It highlights the five-point key asks from civil society stakeholders in the region to effectively address TB and the health-related Sustainable Development Goals and our overarching asks to governments and world leaders about responses to PPPR, UHC, and TB. The brief outlines priority actions that can be taken by CSOs to ensure fulfillment of the HLM PD on TB.

MAIN COMMITMENTS IN THE 2023 PD ON TB

The HLM on the Fight Against TB resulted in the adoption of time-bound targets and actions that aimed "to enhance equitable access to TB services, protect human rights, address TB determinants, reduce vulnerability, accelerate research and innovation, and mobilise sufficient resources to support these endeavours."[7]

The table on the next page presents the seven action areas in the TB commitments[8] with key observations on what committed to in the HLM by member countries.

Action Areas	Commitments in the TB 2023 Political Declaration
1 Diagnosis, treatment, and prevention	■ Accelerate progress towards timely, quality, and universal access to tuberculosis services in both high- and low-burden countries, as outlined in the End TB Strategy, such that, by 2027, the TB treatment coverage will have been 90% (including up to 4.5 million children and up to 1.5 million people with drug-resistant TB) and at least 90% of people who develop tuberculosis will have been initially tested with WHO-recommended rapid molecular tests (paras 48a, 53, 58). ■ Commit to integrate within PHC, including community-based health services, the systematic screening, prevention, treatment, and care of tuberculosis (para 49). ■ Ensure that TB preventive treatment is 90%, including 30 million household contacts of people with TB and 15 million people living with HIV (para 48b. 53, 54, 58). ■ Commit to integrate within primary health care, including community-based health services, systematic screening, prevention, treatment and care of tuberculosis (para 49).
2 Sufficient and sustainable financing	■ Mobilisation of sufficient and sustainable financing is referenced in at least 12 paragraphs of the PD (paras 21, 25, 28, 59, 62-68, 72). In particular, increasing global TB funding towards $22 billion annually by 2027, increasing to $35 billion by 2030, mobilised through domestic and international investment mechanisms, innovative financing, and costed/budgeted national health plans and strategies (para 62). ■ The PD contained commitments on mobilisation of sufficient and sustainable financing for R&D. The aim is to increase overall global investments to $5 billion annually by 2027 for TB research and innovation towards the development of point-of-care diagnostics and vaccines for all forms of TB (para 68).
3 Inequality and TB-related discrimination, stigma, and other human rights barriers	■ Overall, the PD contains strong language on combatting inequality and commitments to eliminate TB-related discrimination, stigma, and other human rights barriers that are referenced in 19 paragraphs (paras 37-40, 44, 46-47, 51-53, 58, 61, 65, 67, 71, 74, 77, 80-81). ■ A pledge that 100% of people with tuberculosis will have access to a health and social benefits package so they do not have to endure financial hardship because of their illness (para 48c). ■ Commit to prioritise TB-affected communities and intensify national efforts to create enabling legal and social policy frameworks to ensure that the TB response is equitable, inclusive, people-centred, and promotes gender equality and respects human rights including with regard to policymaking forums, planning, and comprehensive TB care delivery, national multisectoral accountability and review mechanisms, and to increase and sustain investment for initiatives at the community level (para 78).
4 Research and development	■ Five paragraphs in the PD are focused on commitments for R&D, particularly vaccines in all countries. Note the R&D emphasis in developing countries (paras 69, 71, 72, 73, 76). In paragraph 69, it is important for CSOs to note two key pledges that they can invoke in advocacy campaigns: a) to create a research-enabling environment that expedites research innovation and promotes collaboration in TB R&D across UN Member States; and b) to ensure equitable access to the benefits and applications of TB research. ■ References to strengthening public-private partnership, including collaboration with TB-affected communities and civil society in R&D are well articulated in paragraphs 71, 72, and 73, with emphasis on developing and implementing sustainable and fully funded national TB research agendas and strategic plans in line with national priorities, which is a good advocacy agenda for CSOs. ■ The importance of developing a new TB vaccine in the next five years and ensuring equitable distribution of such vaccine is phrased in a strong language.
5 Primary healthcare and health systems strengthening	■ The strengthening of health systems and PHC is acknowledged as a requirement to end TB by 2030. In paragraph 45, there was a mention on the need to invest in better public health infrastructure and workforce to improve prevention efforts, while a pledge was made to integrate within PHC, including community-based health services, the systematic screening, prevention, treatment, and care of TB and related health conditions, such as HIV and AIDS (para 49). ■ A commitment to strengthen the coordination of TB-HIV programmes given that one-third of deaths among PLHIV are due to TB and that HIV is associated with poorer TB treatment outcomes (para 50).
6 UHC, AMR, pandemic preparedness	■ To address antimicrobial resistance, to ensure that TB services are essential elements of national and global strategies and efforts to achieve UHC, address AMR and strengthen PPPR are referenced in paragraphs 54 and 58. Additionally, a commitment to invest in TB services and health workforce, to work towards the achievement of universal, equitable, and affordable access to WHO-recommended diagnostics and drug susceptibility tests, and all-oral shorter-duration treatment regimens for people with drug-resistant TB are mentioned in paragraph 59.
6 Accountability	■ The call to support the WHO Multisectoral Accountability Framework for TB highlighted key points regarding high-level multisectoral accountability and review mechanisms, in line with national contexts and meaningful engagement of communities affected by TB (para 43). Paragraph 78 noted in particular the need to ensure that the response is equitable, inclusive, people-centred, and promotes gender equality and respects human rights. Paragraph 84 is a request for report on the progress achieved in realising the commitments made in this PD. The report is also a vehicle for holding member states accountable and an opportunity for communities and civil society to track the state of the TB PD.

OVERARCHING ASKS FROM ASIA PACIFIC CIVIL SOCIETY ▸▸

While the five-point key asks of CSOs in this brief were specific to TB PD, our approach was to find the interlinkage to the other two HLMs on health, PPPR, and TB. The CSOs had overarching asks on issues that impeded the realisation and operationalisation of the responses to UHC, PPPR, and TB. These overarching asks were the principles that we wanted to see in the PDs. This meant that the responses to UHC, PPPR, and TB should be integrated, people-centred, just, equitable, gender-transformative, community and civil society-inclusive, and accountable.

When we looked at the interlinkages according to our overarching asks, we noted that they were not in the PDs. The "value of One Health approach" and "multisectoral approach in health" were mentioned in the PDs. However, there was no definitive statement and action point in the three HLMs with regard to an integrated approach to UHC, PPPR, and TB. We saw this as a missed opportunity to provide countries with an entry point to further develop a framework for integration on UHC, PPPR, and TB in order to maximise their interlinkages.

CSOs and APCASO considered the absence of an integrated framework for UHC, PPPR, and TB a critical gap that needed to be addressed. Thus, we call on governments and world leaders to:

- **Shift from** "resilient and sustainable systems for health" **to "resilient, sustainable, and integrated systems for health."** Governments should integrate TB health and non-health related services as part of the UHC system;

build the foundations for UHC to become resilient during pandemics; and allow national PPPR to sustain UHC and TB responses in times of pandemics.

- **Address social determinants of health that influence and impact people's access to quality healthcare.** Governments should strengthen enabling systems and policies, remove barriers, and align programs and interventions that respond to long-term and systemic issues that impact people's right to health.
- **Improve financing for TB, UHC, and PPPR.** Governments should increase investments from domestic resources to fund responses for TB, UHC, and PPPR, particularly in the area of R&D. Governments should also allocate specific investments for communities and civil society in supporting community-led responses and in their participation in TB, UHC, and PPPR decision making and governance.
- **Strengthen "whole-of-society" approach to TB, UHC, and PPPR through intersectoral movement building.** Governments, civil society, and technical partners should broaden and enhance interlinkages between and among various sectors and movements to address emerging and acute challenges in the context of TB, UHC, and pandemics.
- **Recognise socially, economically, and politically marginalised key and vulnerable populations as key to achieving the 3 HLM targets.** Governments should recognise that communities that have been systemically and historically marginalised exist and that addressing their needs is imperative in achieving the targets of the three HLMs.

KEY ASKS FROM ASIA PACIFIC CIVIL SOCIETY

The representatives of country and regional civil society organisations in Asia Pacific region had five ***key asks*** on TB, including addressing social determinants of health, increasing investments, TB program and UHC linkages, financing and capacity building of human resources in TB program, utilisation of holistic, human rights-based and people-centred strategies, and overaching principles on UHC, PPPR, and TB.

The table below provides an analysis of the elements in the TB PD that are responsive to the key asks of civil society organisations and the perceived gaps in the commitments pledged by member countries at the UN HLM.[9]

Key Asks from Civil Society	Commitments in the 2023 TB PD	Gaps in the TB PD
1 Change the paradigm in global, regional, and country responses to end TB by addressing social determinants of health	■ CSOs noted references addressing social determinants of health (paras 39, 42, 44, 62) — emphasis on economic and social determinants, drivers/barriers to universal access to quality TB services. ■ In paragraph 44, TB determinants and drivers were identified, such as poverty, undernutrition, HIV, inequalities by social and economic position, inadequate housing/living conditions, barriers to gender equality, and non-communicable diseases. This presents an opportunity for CSOs to further scrutinise barriers and address their social aspects in their advocacy work. ■ The language of the commitments on addressing social determinants of health seemed at a bare minimum, but the CSOs saw value in that because it allows flexibility for countries to determine specific social determinants based on their own national context.	The context of this ask is to address systemic barriers that limit access to TB prevention and care services. ■ Overall, the PD recognised that there are existing social determinants that constrain universal access to quality TB services. Concommittant with this recognition is a pledge to develop and implement costed national TB strategic plans with multisectoral approaches to address all TB determinants. ■ What is lacking in the pledge are **concrete commitments for monitoring accountability at the national level. Beyond the identification of the drivers and barriers, the question is: what mechanism will be used to track member states' fulfilment of their commitments to remove systemic barriers?** ■ **Although paragraph 84 is a request for report on the progress achieved in realising the PD commitments, the language connotes a call for accountability. The report is a vehicle for holding member states accountable and an opportunity for communities and civil society to track the state of the TB PD in addressing systemic barriers to access of TB services.**
2 Increase investments to close gaps in funding for community-led advocacy (CLA) and human rights interventions (HRIs)	■ Innovative financing to support comprehensive national TB strategies may be considered an entry point to increase investments for CLA (para 28). ■ Commitment to intensify national efforts to establish legal and social policy frameworks (para 77) may lead to funding opportunities for CLA and HRIs. ■ Important for CSOs to note two key pledges in paragraph 69 that they can invoke in advocating for increasing investments in community-led interventions.	Essentially focused on increasing investments for community-led advocacy at the regional and country levels by governments and donors. ■ **The PD has 12 paragraphs with references about sufficient and sustainable financing, but there is no explicit mention on investments and funding for community-led interventions in TB, particularly community-led advocacy and human rights interventions.**
3 Establish and strengthen the linkage of efforts between the TB program and UHC	■ Establishing and strengthening linkage between the TB program and UHC (paras 41, 49, 58, 59, 78). ■ Strengthening linkages, between ending TB and the 2030 Agenda for Sustainable Development towards achieving UHC (para 41). PPPR is incorporated to prevent devaluing the fight against TB (para 58). Underscores the importance of avoiding a siloed approach. ■ A commitment to establish TB services as essential elements of national and global strategies to advance UHC, address antimicrobial resistance, and PPPR (para 49). ■ Health systems strengthening and PHC as requirements to ending TB by 2030. Invest in better public health infrastructure and workforce and to integrate within PHC services for TB and related health conditions such as HIV and AIDS (paras 45, 49).	Main concerns of this ask: Scale up coverage of healthcare facilities that optimise innovative technologies and people-centred approaches and integrate TB services. ■ The importance of establishing and strengthening TB-UHC linkages was adequately acknowledged in the PD, such as strong and resilient health systems are essential to the TB response; community participation can advance UHC and contribute to effective PPPR; and progress towards UHC is crucial to ending TB by 2030. ■ **Although community and civil society engagement in establishing and strengthening TB-UHC linkages has not been fully defined in the PD, they can use the relevant commitments as entry points to fill the gap.**

4 Prioritise financing and capacity building of human resources (HR) in the TB program	■ Mobilisation of sufficient and sustainable financing is referenced in at least 12 paragraphs of the PD (paras 21, 25, 28, 59, 62-68, 72). ■ A commitment to invest in TB services and health workforce is mentioned in paragraph 59.	■ A call on governments and donors to prioritise financing and capacity building for HR. **There is a commitment to invest in health workforce, however, there was no specific mention on concrete targets for sources of financing of HR, and terms like "capacity" referred more to production, research, and data usage capacities. Seemingly, the assumption is that financing and capacity building of HR will be included in the costed national health plans and strategies** (para 62)**.**
5 Utilise holistic, human rights-based, and people-centred strategies for equitable and sustainable access to TB prevention, treatment, and care	■ Combatting inequality and commitments to eliminate TB-related discrimination, stigma, and other human rights barriers in 19 paragraphs (paras 37-40, 44, 46-47, 51-53, 58, 61, 65, 67, 71,74, 77, 80- 81). ■ Commit to intensify national efforts to create enabling legal and social policy frameworks to combat inequalities (para 77). Paragraph 49 has a singular mention of integrating community-based health services within PHC, underscoring the importance of continued advocacy for broader inclusion. ■ Strengthen coordination of TB-HIV programmes given that one third of deaths among PLHIV are due to TB (para 50). ■ Ensure that the response is equitable, inclusive, people-centred, and promotes gender equality and respects human rights (para 78).	This ask emphasised utilising holistic, human rights-based, and people-centred strategies. ■ Ensuring equitable, community, and civil society participation in the TB response was mentioned. **However, ensuring is a weak language as compared to utilising holistic, human rights-based, and people-centred strategies in the national TB responses to ensure equitable and sustainable access to TB prevention, treatment, and care. This language is not in the PD.** ■ There is a call to support the WHO Multisectoral Accountability Framework for TB (para 43). **The question is: how will this accountability framework integrate data from civil society-initiated accountability mechanisms and initiatives?**

WHAT COMMUNITIES AND CIVIL SOCIETY CAN DO ▸▸

- **Review and analyse** the HLM PD on TB in the context of your country and identify priority areas for policy changes and investments.
- **Mobilise** communities and CSOs in your country to proactively engage in discussions and activities concerning the the High-Level Meeting on Antimicrobial Resistance in 2024, and other upcoming TB-related events such as COP28 to deliver key messages or asks.
- **Push** governments to fulfill their commitments in the 2023 HLM Political Declaration on TB by creating a people-centered TB response that engages communities affected by TB.
- **Launch** Learning Campaigns on the HLM PD on TB to deliver key messages on their significance to the country, communities and organizations.
- **Translate** the HLM PD on TB in the local language for people to better understand the commitments on UHC.
- **Build** public and media awareness on the HLM PD on TB to secure support in making governments fulfill their commitments.
- **Convene** a post-HLM dialogue series with CSOs and communities, donors, and governments to identify areas of collaboration and strengthen partnerships in implementing commitments in the TB PD.
- **Adapt and roll out** the Health Accountability Scorecards on UHC, PPPR, and TB commitments that will be developed by APCASO as one of the mechanisms to track the state of the 3HLMs commitments and support the implementation of the PDs.
- **Advocate** for the full implementation of the PDs on UHC, PPPR, and TB in an integrated approach as consolidated in the Overarching Asks from Asia Pacific Civil Society.

ENDNOTES

[1] The high-level meeting on the fight against tuberculosis (Concept Note) <https://cdn.who.int/media/docs/default-source/hq-tuberculosis/tb-hlm-concept-note.pdf?sfvrsn=ce2473cf_3&download=true>.

[2] Ibid.

[3] New global action pledge to end TB by 2030 <https://aidspan.org/?action=-catelog_singlepost&id=28333>.

[4] Ibid.

[5] Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis <https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/09/TB-Final-Text.pdf>; New global action pledge to end TB by 2030 <https://aidspan.org/?action=catelog_singlepost&id=28333>; The second United Nations high-level meeting on TB: new global pledge to end the TB epidemic <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/featured-topics/un-declaration-on-tb>; and New global action pledge to end TB by 2030 <https://aidspan.org/?action=catelog_singlepost&id=28333>.

[6] Statement of Asia-Pacific Communities and Civil Society on the 3 HLMs. <https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/>.

[7] The second United Nations high-level meeting on TB: new global pledge to end the TB epidemic. <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/featured-topics/un-declaration-on-tb>.

[8] Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis <https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/09/TB-Final-Text.pdf>; and New global action pledge to end TB by 2030 <https://aidspan.org/?action=catelog_singlepost&id=28333>.

[9] Some aspects of the analysis were based on the presentation of Mangala Namasivayam, APCASO Program Manager during the 3 HLMs Post-Mortem: What Happened? What's Next? An Asia-Pacific Regional Civil Society Convening, 6 December 2023 Bangkok, Thailand.

APCASO
Strengthening community systems. Advancing human rights.

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