

TB community's Key Essentials for the High-Level Meeting Political Declaration on Tuberculosis

At and ahead of the Multi-stakeholder hearing on May 8th, the TB community (including members of civil society, the private sector, technical agencies, and donors) articulated key asks to end TB for inclusion in the political declaration. Having seen the contents of the zero draft, the 2023 TB HLM Affected Communities and Civil Society Coordination Hub and its partners are deeply concerned to see too few commitments reflecting the need and opportunity of the hour to substantively and meaningfully fight this ancient and needlessly deadly disease reflected in its contents.

This document provides an overview of the Key Essentials for an impactful High-Level Meeting Political Declaration on Tuberculosis. Text suggestions are drawn from the [Key Asks from TB Stakeholders](#), released in April 2023, which reflect more than six months' input from nearly 400 organizations around the world. Guided by the Stop TB Partnership's, TB stakeholders and community "Key Asks" document, we request UN member states to include the following key essentials in the HLM on TB Political Declaration, in response to the release of the Zero Draft on 15th May 2023.

Note: All commitments unless otherwise specified pertain to the period of Jan 2023 to Dec 2027.

1. Clear, measurable targets on diagnosing and treating people with TB, provision of preventive therapy, and a focus on high-risk groups, including children and people living with co-morbidities, building on commitments agreed by the General Assembly in the 2018 Political Declaration on TB and Stop TB Partnership's Global Plan to End TB 2023-2030.

Minimum expectations

- Global targets for treatment and cure: 40 million people (Ref: Key Ask 1.2) – including 3.5 million children and 1.7 million people with DR-TB by December 2027.
- Global targets for prevention by 2027: 35 million people by December 2027. (Ref: Key Ask 1.8)

Precedents

Clear epidemiological targets and the provision for them to be broken down nationally are contained in the previous TB Declaration (2018) and the most recent HIV Declaration (2021).

The 2018 High-Level Meeting on TB [Political Declaration](#) contained the following targets:

- Commit to provide diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis by 2022
- Commit to provide diagnosis and treatment with the aim of successfully treating 3.5 million children with tuberculosis by 2022
- Commit to provide diagnosis and treatment with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drug resistant tuberculosis, by 2022.

Target language additions/modifications suggested for the political declaration

OP7 to specify: Commit to find, diagnose early and treat 40 million people with TB (equivalent to over 90% of people developing TB) by December 2027 using screening approaches, modern diagnostics and short treatment regimens, 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. (Ref: Key Ask 1.2)

OP 7 to specify: 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. (Ref: Key Ask 1.8)

New OP to be included: 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. (Ref: Key Ask 1.12)

2. Commitments that explicitly support the human rights of people affected by TB, within national TB responses that are equitable, inclusive, gender-sensitive, rights-based and people-centred, and that include action-oriented efforts to address stigma and discrimination and overcome barriers to accessing care and prevention.

Minimum expectations

- Commitment to enact, implement and monitor policies that recognize the rights of people, including key and vulnerable populations, to be provided with available, accessible, affordable and quality services and care.
- A target that by 2025 countries develop and include costed Community Rights and Gender (CRG) Action Plans, in National Strategic Plans, and to ensure that TB survivors, their families, key and vulnerable populations and civil society are meaningfully engaged in all aspects of the TB response. (Ref: Key Asks 2.2 and 2.4)
- Commitment to measure and remove stigmatizing and discriminatory laws and policies against people with TB, to promote rights-based laws, policies and practices and community-led monitoring that enable access to quality services and care, and to end TB-related stigma and discrimination. (Ref: Key Ask 2.3)
- Recognize the critical place of gender, gender-responsive programming and the empowerment of women and girls in an effective TB response. (Ref: Key Ask 2)

Precedents

Similar language and commitments are found in the 2018 [High-Level Meeting on TB Political Declaration](#) and [2021 High-Level Meeting on AIDS Political Declaration on AIDS](#).

Target language additions/modifications suggested for the political declaration

OP 20 to specify: Commit to ensure that the respect, protection and fulfillment 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. 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. (Ref: Key Asks 2.1 and 2.3)

OP 1 or 7 to specify: 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 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. (Ref: Key Asks 1.7 and 1.11)

New OP to be included: 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. (Ref: Key Ask 5.6)

3. 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.

Minimum expectations

- Commitments to deliver:
 - 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.
 - 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.
 - 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. (Ref: Key Ask 3.1)
- 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. (Ref: Key Ask 3.5)

Precedents

Similar language is found in recent health-focused Political Declarations, particularly [AMR \(2016\)](#), [TB \(2018\)](#) and [AIDS \(2021\)](#).

Target language additions/modifications suggested for the political declaration

OP 1 to specify: Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, and of the right to science, in order to advance

towards universal access to quality, affordable and equitable prevention, diagnosis, treatment, care and education related to tuberculosis;

OP16 to specify: Commit to create a research-enabling environment that streamlines and expedites research 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. (Ref: Key Ask 3.1)

OP18 to specify: 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. 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. (Ref: Key Asks 3.5 and 3.6)

New OP to be included: 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. (Ref: Key Ask 3.4)

4. The inclusion of clear financial targets for TB response and for research which will articulate the overall funding need, and highlight the responsibility of each country to deliver its fair share of the global funding need.

Minimum expectations

- Global annual financial target for collective resources on prevention, diagnosis, treatment and care for TB of US\$22 billion by 2026 and US\$35 billion by 2030. (Ref: Key Ask 4.1)
- Global financial target for research and development of US\$5 billion annually between 2023 and 2030
- Commitments to deliver both through increased domestic and international funding and including a “fair share” approach relating to R&D.

Precedents

The 2018 [High-Level Meeting on TB Political Declaration](#) contains the following financial targets:

- Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of

increasing overall global investments for ending tuberculosis reaching at least US\$13 billion a year by 2022.

- Commit to mobilize sufficient and sustainable financing for R&D with the aim of increasing overall global investments to US\$2 billion, in order to close the estimated US\$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development

The 2021 [High-Level Meeting on AIDS Political Declaration](#) contains the following financial target:

- Commit to increasing and fully funding the HIV and AIDS response by mobilizing finance from all sources, including innovative financing, and enhancing global solidarity and increasing annual HIV investments in low- and middle-income countries to 29 billion dollars by 2025.

Target language additions/modifications suggested for the political declaration

OP 15 to specify: 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. (Ref: Key Ask 4.1)

OP 15 to specify: 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. (Ref: Key Ask 4.3)

OP 16 to specify: 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. (Ref: Key Ask 4.2)

5. Provisions for an accountability framework that includes annual reporting from the Secretary-General to monitor and evaluate progress towards ending TB, and of investments in TB R&D and lead on the production of a report for the UN General Assembly, and development of other accountability tools that can be used at global, regional, national and sub-national levels.

Minimum expectations

- Publicly-available annual report, including on TB-related funding, from the UN Secretary-General.
- Accountability mechanism for investments in TB R&D, including the fair share targets of Member States.
- Follow-up High-Level Meeting in 2028.
- National annual high-level country reviews on progress to end TB, under the leadership of the Head of State or Government, published as a report.
- National targets, translated from the 2023 UN HLM, included in national frameworks and TB Strategic Plans, implementation and financing plans, and M&E frameworks.
- Inclusion of civil society and TB-affected communities in national governance and accountability processes, including community- and TB survivor-led reporting in 2025 and 2027 to form part of the measurement of achievements against commitments made in the Political Declaration.
- Commitment to implement the National Multi Stakeholder Accountability Frameworks (MAF-TBs) and for these to be publicly accessible via WHO when complete.

Precedents

Provisions for strong accountability elements, including at national levels, with regular report back and future High-Level Meetings, are found in multiple health related Political Declarations including [TB \(2018\)](#), [NCDs \(2021\)](#) , and [HIV \(2021\)](#).

Target language additions/modifications suggested for the political declaration

OP 5 to specify: 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. (Ref: Key Ask 1.1)

New OP to be included: 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 and prior to a follow-up UN High-Level Meeting on TB in 2028. (Ref: Key Ask 6.2)

New OP to be included: Commit to monitor investments in TB R&D, including the fair share targets of Member States, through a robust accountability mechanism. (Ref: Key Ask 6.3)

New OP to be included: 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. (Ref: Key Ask 6.4)

New OP to be included: 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. (Ref: Key Ask 6.6)

New OP to be included: Commit to implementing the National Multi Stakeholder Accountability Frameworks (MAFTBs) which are publicly accessible and included in a WHO maintained public register of all completed MAFs. (Ref: Key Ask 6.7)

New OP to be included: 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. (Ref: Key Ask 6.8)