Key Asks for the UN High-Level Meeting on Tuberculosis on behalf of Affected Communities and Civil Society

The following Key Asks have been developed in consultation with members of affected communities, civil society, and other stakeholders, and endorsed by the Stop TB Partnership.

Reach all people by closing the gaps on TB diagnosis, treatment and prevention

- *Commit* to streamline diagnostics, treatment, and care between TB and other health programs such as with non-communicable diseases (NCD), HIV, and pediatric care. This includes building the capacity of health workers and community volunteers in both intensive and continuation phases, enhancing linkages with other health programs, and ensuring an active role for communities.
- *Commit* to increase focus toward diagnosis and treatment of TB in children, as well as improvement of tools to reach children exposed to TB.
- *Integrate* TB/HIV care in health facilities and community-based responses including promotion and uptake of HIV screening among people diagnosed with TB and TB diagnosis among people living with HIV. *Commit* to increase uptake on preventive therapy among people living with HIV.
- *Expand* support to transportation and other financial, procurement, and infrastructural costs to close the gaps in TB service delivery due to distance, political, social, humanitarian, or natural crises, including indigenous and other rural populations, refugees, and migrants.

Transform the TB response to be equitable, rights-based, and people-centered

- *Explicitly mention* groups facing significant marginalization, stigma, and discrimination in accessing TB services: prisoners and incarcerated populations, people living with HIV, urban and rural poor, migrants and mobile populations (such as refugees and asylum seekers), indigenous peoples, people who use drugs, miners, children, families of TB survivors, people who use alcohol, men who have sex with men, women, healthcare workers, people living with other diseases such diabetes, smokers, long distance truck and taxi drivers, heavy industry workers, sex workers; and certain communities such as Roma, and lower castes. Persons living with disabilities are also not adequately represented in TB planning and decision-making resulting in their needs not being addressed.
- *Recognize* that these populations are hindered from accessing TB services due to punitive policies including drug policies, generalized lack of awareness on TB, lack of health sectoral response, and limited political will and follow-through on commitments.
- *Support* legal, regulatory, and financing policies and mechanisms to engage and support TB-affected communities and ensure their protection from human rights violations and abuses.
- *Include* human rights and gender considerations in national TB programs and in mitigating strategies.

Accelerate development of essential new tools to end TB

- *Commit* to increase investments toward expansion of treatment options for people who have TB by hastening research and development of new tools, and rolling out of latest TB, MDR-TB medications that are safe to use such as Bedaquiline and Delamanid, as well as availability of GeneXpert machines in all clinics and point-of-care (POC) facilities
- *Scale up* availability of testing and access to treatment for latent TB infection (LBTI) particularly in high-burden countries.
- *Affirm* focus to speed up interventions to close the gap in the diagnosis and treatment of extrapulmonary TB.
- *Commit* to active involvement of TB-affected communities and civil society in the research and development, tool dissemination, and implementation and evaluation of existing and ongoing research projects.
- *Commit* to leadership in prioritizing the development of a new TB vaccine.

Invest the funds necessary to end TB

- *Reaffirm* commitment to closing the $13 billion USD annual funding gap required to implement necessary TB care activities, which require doubling in current expenditure, in addition to closing the existing $1.3 billion USD annual funding gap for TB research and development.
- *Invest* in TB by allocating sufficient domestic funding, including 0.1% on TB research and development, and tripling the amount of support currently allocated to affected communities and civil society in TB service delivery and advocacy.
- *Address* catastrophic costs due to lost wages while patients are in treatment as well as out-of-pocket expenditures of patients during treatment; *ensure* availability and support to additional medications or accessibility aids for clients suffering disability such as deafness due to TB treatments, equipment for patient monitoring, nutritional supplements, psychological assessments, and other psycho-social support, particularly for people with MDR-TB.

Commit to decisive and accountable global leadership, including regular UN reporting and review

- *Establish* an independent, impartial, and politically relevant accountability framework with clearly articulated commitments from the Political Declaration translated into clear global, regional, and national targets and action plans and reporting mechanisms.
- *Establish* regional accountability mechanisms through scorecard with key indicators reported periodically.
- *Integrate* TB accountability with existing health system monitoring frameworks such as HIMS and through existing national bodies such as National AIDS Councils (NACs)
- *Commit* to engage affected communities and civil society in monitoring the progress of these commitments, targets, and action plans
- *Commit* to make data collection and analysis transparent and accessible, and inclusive of affected communities and civil society.
- *Affirm* independence of affected communities and civil society in the development of shadow reports.