

TB KEY ASKS FOR ALL HEALTH RELATED HIGH LEVEL MEETINGS

This resource is meant to help equip and mobilize TB advocates with key asks for use across all health related high-level meetings (HLM) taking place this year - the HLM on TB, HLM on Universal Health Coverage (UHC), and HLM on Pandemic Prevention, Preparedness and Response (PPPR). TB key asks for each HLM are presented throughout alongside information about the other HLMs and how TB fits into each agenda. UHC, PPPR, and TB are aligned issues and all HLMs should be leveraged to advance all agendas. Use this resource to learn more about why the UHC and PPPR HLMs are important and how TB fits into each agenda.

The most immediate opportunity for sharing these key asks is at the upcoming Multi-Stakeholder Hearings taking place in New York May 8 and 9th. To further inform your advocacy and understand the objectives and formats of each hearing you can access concept notes and programmes for all three health related multi-stakeholder hearings on the United Nations [website here](#).

In addition to using these key asks at the hearings themselves, they can be leveraged in meetings with influencers and key targets including Members of Parliament, relevant Ministries, Missions, and the media.

TB KEY ASKS FOR THE TB HLM

Our key asks for the TB HLM are informed by the Deadly Divide 2.0 report - The Accountability Report of TB-Affected Communities & Civil Society: Priorities to Close the Deadly Divide. The report is exactly what the title suggests - a tuberculosis accountability report produced by experts with lived experience of TB. It offers an incisive account of the gaps that existed in the TB response before COVID-19, how the most vulnerable and marginalized communities have been left paying the greatest price during the pandemic, and how civil society and affected communities must be at the heart of efforts to end TB. The report is based on survey responses of over 1000 people from 90 countries around the world. Respondents either had direct personal experience of TB, or are part of the many civil society organizations working to tackle TB through service delivery and advocacy.

As TB affected communities and civil society we want to see action and commitments in the 2023 HLM on TB political declaration to:

- **Close gaps in TB prevention, diagnosis, treatment and care by reaching all people with TB, focusing on the most vulnerable and marginalized and getting the basics right.**
- **Make the TB response equitable, gender-responsive, rights-based, and stigma-free, with TB-affected communities and civil society at the center by 2025.**





- **Accelerate the development, roll-out of & access to essential new tools to end TB** by championing needs-based innovation, coordinating research, and planning for equitable, rapid roll-out from the start of the research process. **Invest the funds necessary to end TB** by prioritizing public investment in health, leveraging synergies between different agendas, building new partnerships and mobilizing new funding streams.
- **Prioritize TB in pandemic prevention, preparedness and response (PPPR), antimicrobial resistance, and universal health coverage (UHC)** by ensuring alignment between policy frameworks, funding streams and accountability mechanisms.
- **Commit to multisectoral action, decisive leadership and accountability** through high-level attendance at the UNHLM on TB on September 22, 2023, ambitious policy reforms and robust accountability involving TB-affected communities.



Deadly Divide 2.0 Call to Action



#2023TBHLM Key Asks from all TB Stakeholders and Communities

As the Deadly Divide key asks form the foundation for our key asks for the TB HLM, we must start the work to localize them at national and regional levels. This is also an opportunity to build and take action on a shared community advocacy strategy for the HLM. Take action now by convening national and/or regional level consultations either in person or virtually by using this [toolkit](#).

TB KEY ASKS FOR THE UHC HLM

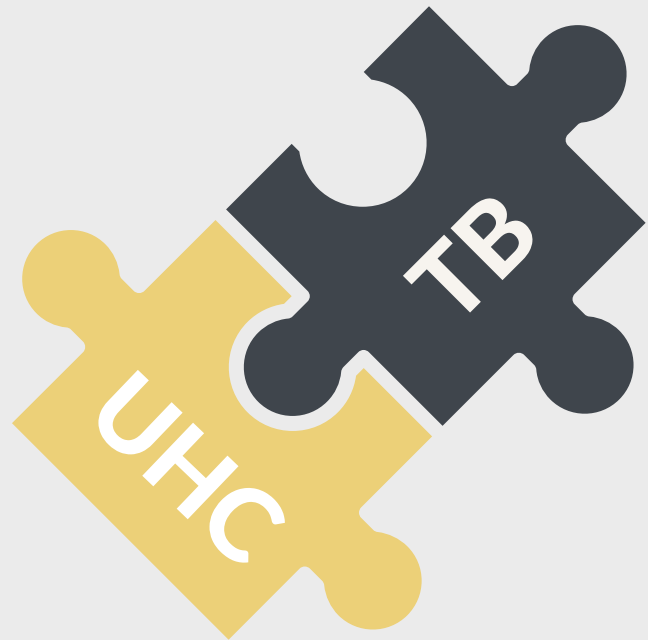


Universal health coverage (UHC) means that everyone receives quality health services, when and where they need them, without incurring financial hardship. The Sustainable Development Goals (SDGs) include two UHC indicators: (i) a health service coverage index (SCI) and (ii) the proportion of the population with large household expenditures on health as a proportion of household income of expenditure. While service coverage has steadily increased since 2000, it has happened at an undue cost to many people, with the global population incurring catastrophic out-of-pocket health spending continuously increasing between 2000 and 2017.

HOW DOES TB FIT INTO UHC?

The TB pandemic and access to quality TB services is strongly influenced by social and economic development and health-related risk factors such as undernourishment, diabetes, HIV infection, alcohol use disorders and smoking. Achieving global targets for health service coverage and reductions in TB disease burden requires progress in addressing these determinants, as well as engaging all relevant healthcare workforces in TB services. Strengthening people-centered health systems, improving primary health care and better engagement of private providers is critical to ending TB.

People affected by TB tend to also face large household expenditures on health. Even if some TB care products like tests and treatment are provided free of charge, people often face significant costs to accessing and sustaining care. This includes the cost of travel to health facilities for testing and to collect medication, as well as needing to take time off while recovering, isolating, or managing treatment side-effects. Over two-third of people with TB symptoms actually seek care in the private sector often resulting in large out-of-pocket costs and a staggering 48% of people with TB living in 27 countries face catastrophic costs, delaying care-seeking and reducing treatment completion rates.



UHC COMMUNITY KEY ASKS



The UHC movement wants to see action from Member States to:

- Champion political leadership for UHC
- Leave no one behind
- Adopt enabling laws and regulations
- Strengthen the health and care workforce to deliver quality health care
- Invest more, invest better
- Move together towards UHC
- Guarantee gender equality in health
- Connect UHC and health security



Access the full Action Agenda from the UHC Movement here: [Action Agenda from the UHC Movement - UHC2030](#)

TB ASKS UHC

As a TB advocate engaging in the UHC HLM processes, considering elevating asks for:

- Improved access to and the quality of primary health care and all health providers, which is crucial to delivering UHC and reaching more people with TB.
- Improved integrated access to TB services through multi-sectoral collaboration and mixed public-private health systems.
- Strengthened social protection schemes that prevent catastrophic out-of-pocket healthcare costs, which are central to the UHC agenda and improving treatment success rates for TB.
- Improved public financing of TB services from primary providers through social and health insurance packages or contracts, to minimize out-of-pocket costs for people.
- Increased capacity, capability and equity of the health workforce, which will deliver major gains to UHC and TB programmes.
- Improve engagement of health providers in the private and informal sector through better financing and policy frameworks, including contracting and health insurance schemes.
- Investment and support for community-led systems linked to health providers, which are crucial to reaching the most vulnerable and marginalized with essential health services, including TB diagnosis and treatment, and having the capacity to mount effective and equitable TB outbreak responses.



Learn more about TB and UHC alignment and asks in this short [briefing note](#) from Campaigns in Global Health.

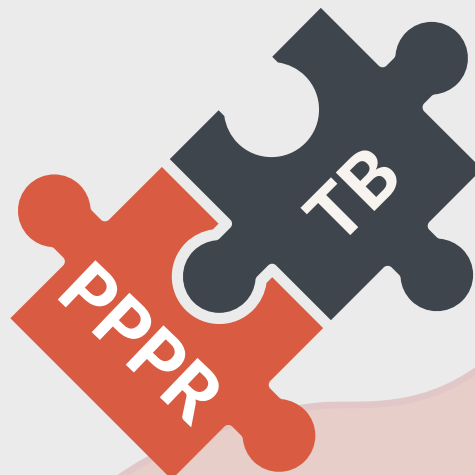
TB KEY ASKS FOR THE PPPR HLM

The COVID-19 pandemic showed that national governments and the global multi-lateral system are ill-equipped to deal with the scale and complexity of health emergencies, including to address secondary impacts, which require a multi-sectoral approach.

PPPR requires a multi-sectoral, internationally cooperative / coordinated, and whole-of-government approach and is about preventing disease outbreaks from impacting individuals, communities, countries and the world in the same way as the COVID-19 pandemic did; strengthening health systems so that countries are better prepared for pandemics of the future; and ensuring rapid and equitable access to pandemic countermeasures and services when global health emergencies present.

HOW DOES TB FIT INTO PPPR?

Pandemics pose a significant threat to the gains achieved by TB programs. During the COVID-19 pandemic, TB programs were under significant pressure, leading to increases in cases and deaths for the first time in decades, and in some parts of the world a complete halt in TB services. We cannot let this happen again.



The risk of another pandemic threat and an even more deadly and devastating pandemic is higher than ever, fueled by increasing population density and mobility, and environmental degradation; and experts agree that the outbreaks with the most significant pandemic potential / risk are respiratory, because of how quickly they can spread and how non-specific their symptoms often are. This means that there are significant intersections with TB - an ancient and deadly respiratory infectious disease and pandemics.

The success and failures of global efforts to prevent and treat TB also provide essential lessons for PPPR. As lives and economies were thrown into disarray by COVID-19, TB health care workers and services became the foundation of the response thanks to their knowledge of the needs of the people in their communities, technical expertise and tools for managing highly infectious respiratory pathogens. Likewise, the success and failures of global efforts to respond to COVID-19 could provide essential lessons and resources for the fight against TB. For example, the systems put in place to detect COVID-19 could be repurposed to improve our ability to find and treat people living with TB.

PPR COMMUNITY KEY ASKS

There is no formal mechanism for consulting and coordinating affected communities and civil society in the lead up to the PPPR HLM. Regardless, groups are mobilizing to do the work. For example, a PPPR community group being convened by the Global Fund Advocates network has identified the following key asks for the PPPR HLM:

- Ensure that the overarching framework for PPPR (Pandemic Fund, International Health Regulations and Countermeasures Platform in particular) embeds community responses, expertise and leadership within the systems built to address current and future pandemic.
- Learn from the experiences of the Access to Covid Technologies - Accelerator (ACT-A) and ensure that PPPR investments and decision-making bodies are fully committed to equitable access as a core principle
- Provide high-level political commitment to ending current pandemics while preparing for future ones: leverage the contributions and expertise of the AIDS, TB and malaria responses to our broader understanding of the importance of a people-centred, rights-based response that works to eliminate structural and systemic barriers to equitable access to health
- Establish significant, new sources of non Official Development Assistance (ODA) funding from innovative partnerships, levies and other financial instruments



Similarly, the Pandemic Action Network has worked with its partners to identify the following desired areas for action from Member States:

- Articulate a cohesive, shared, and multisectoral approach to strengthen pandemic PPR at national, regional, and global levels. This must include committing to a whole-of-government and whole-of-society effort that includes concerted action at the animal-animal and animal-human interface using a One Health approach.
- Reinforce, advance, and bolster international pandemic PPR initiatives already under way, including the Pandemic Accord negotiations and the amendments to the International Health Regulations.
- Endorse the creation of a standing head-of-government and head-of-state level council to drive cohesive, ongoing vigilance and concerted action on current and future pandemic threats.
- Secure commitment to a new global pandemic countermeasures framework to ensure timely, equitable, and affordable access to pandemic-related products and public health interventions for all.
- Secure commitment from all nations to mobilize additional, sustainable preparedness and surge financing for pandemic PPR as a global public good, including at least the \$10.5B required annually for preparedness, and up to \$100 billion available for surge financing in case of a crisis. Such financing should involve international and regional institutions.
- Secure agreement on a robust independent monitoring and accountability framework, including a commitment to hold a follow-up summit at the 2024 UN General Assembly to assess progress and gaps

TB ASKS FOR PPPR

As a TB advocate engaging in the PPPR HLM processes, considering elevating asks for:

- Strong alignment of governance, funding, and accountability for PPPR and TB
- Prevention of respiratory pandemics through targeted investments with broad impact, including on AMR and OneHealth
- Strengthened platforms to detect respiratory pathogens with pandemic potential through diagnostic and surveillance systems
- Increased community and health systems capacity to provide quality TB services and to surge to rapidly respond to respiratory outbreaks pandemics
- Support for the development and scale-up of innovations to tackle respiratory pathogens
- Mobilise political momentum for a PPPR agenda that aligns with efforts to end TB



Learn more about TB and PPPR alignment and asks in this short [briefing note](#) from Campaigns in Global Health and this short [briefing note](#) from Spark Street Advisors and partners (including the Hub).