



KEY TAKEAWAYS

#2023TBHLM

POLITICAL DECLARATION



Because of the great advocacy efforts of many within the TB community, the Political Declaration (PD) has come a long way from the below zero, zero draft we saw mid-May. We now have **specific, measurable and time bound targets to find, diagnose, and treat people with TB with the latest WHO recommended tools** (para. 48 a and b), as well as **time bound and specific targets for funding the TB response and R&D** (para. 62 & 68).




However, **targets have been watered down**. In para. 48, “up to” language makes targets ceilings and not floors. Similar language was used to dilute the programmatic funding target of \$22 billion in para. 62 (“with the aim of reaching”). Additionally, para. 68 reads “Further commit to mobilize adequate, predictable and sustainable financing for tuberculosis research and innovation especially to high burden countries towards reaching 5 billion United States dollars a year by 2027”, yet we know we need \$5 billion a year for TB research each year for the period 2023–2027.




A particularly big win for the community is the **commitment “to strengthen financial and social protections for people affected by TB and alleviate the health and non-health related financial burden of TB experienced by affected people and their families”** (para. 81) and to ensure that by 2027 **“100 percent of people with tuberculosis have access to a health and social benefits package so they do not have to endure financial hardship because of their illness”** (para. 48 c).




A big win we can feel proud of is that this is the first political declaration on health that **explicitly recognizes the human right to enjoy the benefits of scientific progress**, which is mentioned by name in paragraphs 5, 24 & 39.




A particularly big miss for the community is that none of the substantive key asks related to key ask 2 "ensure all national TB responses are equitable, inclusive, gender-sensitive, rights-based and people-centred" were secured. While there is lots of communities, rights and gender (CRG) supportive language throughout the PD, **there are no specific commitments to action around costed CRG action plans, stigma reduction plans, or strengthening national networks of people affected by TB.**




Also upsetting is the fact that **there are no explicit commitments to ensure public funding for R&D comes tied with access conditionalities.** We all saw and lived through the consequences of citizen dollars not working for citizens during the COVID-19 pandemic, when predominantly publicly funded diagnostics, vaccines and treatments were ultimately not affordable or equitably accessible.




We did manage to insert access language throughout the declaration though, most substantively in para. 40 (transparency of pricing), para. 61 (regional manufacturing and pricing), para. 70 (TRIPS), para. 71 (fast track review and registration of new products), para. 72 (open innovation, licensing, technology transfer), para. 74 ("core principles of affordability, accessibility, effectiveness, efficiency and equity"), and para. 75 (delinkage). But access language is usually qualified as "as appropriate", "on mutually agreed terms", with "appropriate governance structures" etc. Ultimately, **we held the line of pro-access language without breaking much new ground** (aside from the right to science acknowledgements noted above). Almost none of this language was in the zero draft from May so we know our advocacy made a difference in this respect – it was all new text we had to fight for.



The declaration acknowledges the role TB plays in infertility (para. 15) and includes "women during pregnancy, lactation, and post-partum period" among the priority populations named in para. 51. There is also a standalone paragraph acknowledging **the intersection of TB and disability**, which cites the Convention on the Rights of People with Disabilities (para. 52).



This political declaration includes a **standalone paragraph (76) on the importance of developing new TB vaccines** (something that the 2018 PD did not focus on). We fought to keep a time-bound target of developing new TB vaccines within the next five years and this ended up with a compromise text of **"preferably within the next 5 years"**. It's also significant that this paragraph calls for new TB vaccine development to be linked to regional manufacturing: **"and establish sustainable systems for local, regional and global manufacturing and procurement and equitable distribution of vaccines once they are available."**



Lastly, while accountability at global levels is well covered in the PD, **commitments to monitoring and accountability at national levels remain lacking** - notably with holding governments accountable to fair share investments in R&D and support for community-led monitoring totally missing.

In the context of competing priorities, siloed UN processes, and growing conflict and political divergence around the world, the community can be proud of where the PD ended up. Without the collective advocacy action of many, the HLM on TB could have been a total missed opportunity for impact in the world and progress in the fight to end TB. Instead we have a draft PD we can work with and build on to continue to strengthen the TB response in a way that center's lived experiences, prioritizes CRG, and leaves no-one behind. Evidently the fight continues and affected communities and civil society must remain engaged to push for greater ambition and accountability from Member States and global partners alike.

***Note:** The key takeaways outlined in this document are from the August 8th and 25th versions of the political declaration.*

The Political Declaration Analysis and Reading Companion, which was developed by the Affected Community and Civil Society Coordination Hub to inform these key take aways and measure the extent to which key asks were secured in the PD is available [here](#).