UN HLM Key Asks from TB Stakeholders and Communities

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

1. Reach all people by closing the gaps on tuberculosis (TB) prevention, diagnosis, treatment, and care by implementing evidence-based interventions and tools

1. Commit to find, diagnose early and treat 40 million people with TB (equivalent to over 90% of people developing TB) using high quality diagnostics and treatment.
    a. Including 3.5 million children with TB,
    b. 1.7 million people with drug-resistant tuberculosis (DR-TB)[1] and
    c. 115,000 children with DR-TB.
2. 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 including:
    a. 21 million adult contacts of people with TB,
    b. 8 million child contacts (under 15 years) and
    c. 6 million people living with HIV.
3. More than 90% of diagnosed pulmonary TB should have been tested with a rapid molecular test by 2027. Ensure universal access to WHO-recommended rapid molecular diagnostics as the initial diagnostic test for detection of TB, eliminating the reliance on the sub-optimal microscopy test and clinical examination alone for diagnosis of TB.
4. More than 90% of bacteriologically-confirmed TB should have rapid drug susceptibility test (DST) results for commonly-used TB drugs, at or before treatment initiation. Ensure universal access to drug-susceptibility testing for all antibiotics used in TB treatment with a view to address all forms of drug resistant TB and contributing to the global efforts to reduce the burden of anti-microbial resistance (AMR).
5. Plan, implement and monitor to reach all vulnerable and at-risk populations including contacts of people with TB in order to diagnose TB as early as possible, using high quality modern tools for screening and testing, including screening with artificial intelligence enabled X-rays.

[1] Drug-resistant to at least Rifampicin

6. Ensure universal access to the best available effective, evidence-based treatment for all people with TB, in line with the latest international recommendations, including or especially: one-month or once-weekly TB prevention, four-month drug-susceptible TB treatment regimens for adults and children, and six-month regimens for DR-TB.
7. Scale up TB preventive treatment (TPT), ensuring universal access to TB infection testing where needed and new, effective short-course drugs and regimens for TPT.
8. Invest in ensuring appropriate numbers and distribution of human resources for health, across the cascade of TB care and prevention, including human resources to undertake contact investigation, community health workers, nurses, doctors, social workers, laboratory technicians, radiologists and pharmacists.
9. Commit to modernizing and improving TB care, following the principles of:
   a. Decentralization: devolving care from the health facilities level to people's homes and neighborhoods;
   b. Integration: unifying care for TB alongside care for other illnesses and health conditions;
   c. People-centredness: considering people's preferences and circumstances, including their mental and financial wellbeing;
   d. Coordination: providing care all providers of, and participants in, an individual's care communicate with each other to achieve better and more effective health outcomes; and
   e. Evidence-based: Providing the highest available standard of care, based on evolving scientific evidence and WHO guidelines.
10. Accelerate actions on social determinants and risk factors of TB for TB prevention and care, such as mental health, nutritional, financial, climate and environment, and treatment supports.

2. Transform the TB response to be equitable, inclusive, gender-sensitive, rights-based and people-centered

1. Ensure that National Strategic Plans (NSPs) of high-burden TB countries include TB Community Rights and Gender (CRG) costed Action Plans which are developed based on CRG Assessments and are implemented by 2025. Ensure that the respect, protection and fulfilment 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.
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3. Adapt, fund and implement real time TB community-led monitoring of access to services, quality of services, stigma and other human rights-rights barriers, and incorporate these into national strategic plans by 2025.
4. All community health workers and volunteers are to be empowered, trained and paid for doing this work, with their work to be quality-assured and accountable to the people they serve.
5. Ensure that stigma and discrimination, including self-stigma, stigma in communities and stigma in health care settings is

measured. Develop a targeted national-level stigma reduction plan, including relating to discriminatory laws and policies, incorporate it into the national CRG Action Plan and implement by 2025 as a step toward eliminating TB-related stigma.

6. By 2025, commit to strengthen national networks of TB survivors and fully fund them to ensure meaningful engagement of affected communities in all parts of the TB response.
7. Ensure that at least five TB key and vulnerable populations relevant to each country context are prioritized, have size estimations completed and are included in NSPs accompanied by budgets and M&E plans.
8. Ensure the meaningful participation of TB survivors and their families, key and vulnerable populations and civil society (including National Stop TB Partnerships, where applicable) in all aspects of TB programs, including planning, implementation, monitoring, review and governance, both in service delivery and also with regard to demand generation, law and policy reform and social accountability.
9. Strengthen financial and social protections beyond the health sector for people affected by TB and alleviate the health and non-health related financial burden of TB experienced by affected people and their families.
10. Ensure appropriate participation of all relevant populations in TB R&D. In addition, all TB-related research should be geared to the needs of the most neglected, and key and vulnerable populations.

3. Accelerate the research, development, roll-out, and access to new vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies to End TB

1. Create a research-enabling environment that streamlines and expedites research and 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 diagnostics, technology, treatment and vaccines, including:
   a. Shorter than current treatment regimen for TB, DR-TB and TB preventive treatment, applicable to all including adults, children and pregnant women.
   b. Affordable non-sputum-based point-of-care TB diagnostics that can identify early TB disease, including those specifically designed to diagnose TB in children, and new rapid molecular tests and user-friendly genome sequencing technology for drug resistance by 2024.
   c. 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. US$13 billion should be provided annually to vaccinate people with new vaccines once they are available.
2. Introduce, adopt and scale-up TB product innovations, including digital health technologies and adjacent solutions, to ensure and facilitate universal access to decentralized, integrated and people-centered care.
3. Develop innovative solutions to DR-TB, which would alleviate human suffering, counteract AMR, strengthen global health security acknowledging that drug-resistant forms of TB currently account for one-third of deaths globally due to AMR,

4. Promote open data sharing by strengthening well-resourced national open-data initiatives for TB research and by contributing 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.
5. Ensure that TB research and development incorporates access requirements across the R&D continuum and is needs-driven, rights-based, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity, such that TB-related products are able to reach the people who need them most.
6. 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.
7. Commit to establish public-private partnerships to end TB with a focus on developing innovative products and solutions.
8. Improve the way real-time data is collected, analyzed, reported and automated, including by the use of advanced technologies like predictive analytics and AI/machine learning, to support evidence-based decision-making, effective programme implementation and improved health outcomes for people affected by TB.

4. Invest the funds necessary to End TB

1. 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. This will mean making investments of US$15 billion a year by 2026 and US$21 billion annually by 2030 for low- and lower-middle income countries, with OECD and other high-income countries working with these nations to ensure these funding targets are met.
2. Commit to mobilize US$5 billion a year for TB R&D (including basic science, operational/implementation research, and social science research), including annual sums of US$2 billion for drugs, US$1 billion for diagnostics, and US $1 billion for TB vaccines. Ensure that all countries contribute their fair share to financing TB research and development.
3. 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) aim to:
    a. increase substantially domestic financing for TB, including via health insurance, and social protection opportunities.
    b. ensure resources are available to advance candidate tools/technologies through different phases of R&D efficiently and without unnecessary delays.
    c. increase funding for one or more new or repurposed TB vaccines, including an explicit pool of funds to accelerate the research and development of, and ensure universal access to these vaccine(s). Prioritize advancing late-stage development of TB vaccines candidates, given the promising science.

d. increase funding from the Global Fund, bilateral donors, the World Bank and the Regional Development Banks, and mobilize additional funding via a new global funding mechanism, health insurance, private sector and innovative financing mechanisms including co-financing schemes and debt swaps.

4. Secure increased, sufficient and sustainable domestic funding by Member States to enable effective and scaled up TB responses, which cover essential interventions for TB prevention, diagnosis, treatment and support, including 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.
5. 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.

5. Commit to prioritize TB across systems for health: Universal Health Coverage (UHC), Primary Health Care (PHC), Pandemic Prevention, Preparedness and Response (PPPR) and AMR

1. Include TB as a centerpiece in national pandemic preparedness and response agendas, infectious disease response platforms and strengthened resilient multi-disease decentralized diagnostic networks that can rapidly detect TB and its drug-resistant forms along with other diseases, forming a foundation for surveillance of new outbreaks while closing long-standing test access gaps.
2. Integrate airborne infection prevention and control (IPC) into wider infection prevention and control policies and procedures, based on the experience and expertise of TB programmes.
3. Formulate plans to ensure the uninterrupted diagnosis, prevention, treatment and research-related activities of TB during outbreaks of other diseases, as well as in other situations of crisis and state fragility.
4. Commit to reducing regulatory barriers to the efficient and sustainable import and use of new and existing products related to the diagnosis and treatment of TB, 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.
5. Commit to engage all care providers in efforts to end TB including private and informal sector providers.
6. Commit to end the global public health crisis of DR-TB through actions for prevention, diagnosis, treatment and care, including compliance with stewardship programmes to address the development of drug resistance, in line with actions agreed by the UN General Assembly on AMR. This stewardship should encompass country-level leadership on providing access to new tools for DR-TB as soon as possible, through efficient regulatory approaches.
7. Integrate TB services as an essential component of UHC and PHC as the goals of UHC cannot be achieved without universal access to TB prevention and care.
8. Include TB as a tracer indicator in global and national UHC, PHC and AMR strategies, since progress on TB is a critical indicator of progress on UHC, PHC and AMR.

9. Focus on building capacity within primary health care systems to address TB-related co-morbidities, the mental health needs of people with TB and their post-TB health needs.

6. Commit to decisive and accountable global, regional and national leadership, including regular UN reporting and Review

Global/Regional Accountability

1. Convene a follow up UN High-Level Meeting on TB in 2028.
2. The UN Secretary-General to issue a publicly available annual report to Heads of State and Government at the UN General Assembly to review progress toward ending TB, as part of the existing monitoring of Sustainable Development Goal (SDG) target 3.3.
3. Major global donors – including the Global Fund, the multilateral development banks and bilateral donors – to report their TB-related funding to the UN Secretary-General on an annual basis.
4. Monitor investments in TB R&D, including the fair share targets of Member States, through a robust accountability mechanism.

National Accountability

1. Agree 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.
2. Agree to provide country annual reports to the UN General Assembly on progress towards the Political Declaration and use that report as the basis for an annual review of progress on TB in parliaments. Community- and TB survivor-led reports produced in 2025 and 2027 will form part of the basis to measure achievements against commitments made in the Political Declaration.
3. 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.
4. Adapt and operationalize community-led monitoring that includes quality, access and stigma indicators, and contributes real-time inputs against national targets.
5. Building on the WHO Multisectoral Accountability Framework for TB (MAF-TB), commit to implementing the National Multisectoral Accountability Frameworks.
6. Implement a national annual high-level review on the progress to end TB (under the leadership of the Head of State or Head of Government).
7. Develop costed and budgeted multisectoral national action plans toward ending TB, and an annual multisectoral progress report.