

*Investing for Impact:
Meeting of the Permanent Secretaries and NTP
managers in Africa to accelerate progress in TB*

4th-7th July 2023



ARUSHA STATEMENT

“STATEMENT BY PERMANENT SECRETARIES FOR HEALTH AND NATIONAL TB PROGRAMME MANAGERS ON ACCELERATING ENDING TB IN AFRICA 4-7 JULY 2023, ARUSHA, TANZANIA”

PREAMBLE

We, the Permanent Secretaries of Health and National TB Programme Managers from Cameroon, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe in a meeting with key stakeholders acknowledge that despite concerted efforts, tuberculosis (TB), including its drug-resistant forms, causes more deaths than any other infectious disease in Africa and therefore is a serious threat to global health security with great economic impact.

Cognizant of these facts, we, the Permanent Secretaries and National TB Programme Managers have observed that:

1. TB is one of the leading causes of death in Africa among infectious diseases despite being preventable, treatable and curable.
2. There is a need for increased engagement of top leadership at all levels in the fight against TB.
3. Africa has made some progress in TB incidence reduction and TB Preventive Therapy (TPT) uptake among people living with HIV (PLHIV) and household contacts.
4. There are significant gaps in the coverage and quality of TB prevention, diagnosis and treatment interventions, especially among children, people with multidrug-resistant TB (MDR-TB), and other vulnerable groups.
5. Experiences and best practices from other epidemics, including Covid-19, could be leveraged in the fight against TB.
6. There is limited usage of innovation and technology in improving access and quality of TB services.
7. There has been a significant funding gap for TB, including domestic funding.
8. There is limited engagement of civil society organizations and communities in the fight against TB.
9. TB prevention and care is mostly focused on the bacteria with inadequate attention to social needs, stigma, cost, human rights, and gender in a number of situations. People centered, human-rights based, and gender responsive approaches that prioritize TB key and vulnerable populations are not well integrated in the TB response.
10. There is a need to increase engagement of African countries in the negotiation for political declaration and participation at the 2023 UN High-level meeting (UNHLM).

We, Permanent Secretaries, therefore commit to accelerating efforts to end TB by year 2030 by:

A. Leadership

1. Increasing engagement of top leadership at all levels (presidents/prime ministers and governors) in the fight against TB.
2. Supporting interdepartmental and multisectoral collaboration for TB, including the implementation of the WHO recommended Multisectoral Accountability Framework.
3. Giving increased attention to the performance of the TB programme through interactions with the TB Programme using the existing ministerial platform and, where feasible, advocating for a national TB task force.

B. Financing

1. Adapting innovative approaches to increase domestic funding for TB, including leveraging and integrating all available resources. This includes exploring opportunities provided by health insurance schemes, social protection programmes, Universal Health Coverage (UHC), and private domestic funding, etc.

C. Enabling environment

1. Supporting early uptake of innovations and new tools and policies and supporting the NTP's interaction with regulatory bodies and departments responsible for waivers.
2. Adopting and scaling up technology
3. Improving the coverage and quality of TB services, including TB prevention, diagnosis and treatment, with emphasis on UHC.

D. The 2023 UNHLM for TB:

1. Advocating for enhanced engagement of African countries in the negotiation for political declaration and ensuring their participation at the 2023 UNHLM.

We the NTP managers commit to accelerating efforts to end TB by year 2030 by:

1. Assessing and implementing Post-TB Lung Disease (PTLD) as part of a continuum of quality TB care
2. Investing and accelerating the use of technology in TB prevention, diagnosis and care, including *real-time patient level data*.
3. Enhancing the visibility of the TB programme and improving engagement with top leadership.
 - a. Institutionalizing bi-annual engagement with the office of the PS through the development of a bi-annual programme bulletin.
 - b. Engaging a communication expert to assist in the development of strategic messages for advocacy and to create demand for services.
 - c. Organizing a bi-annual stakeholders' forum for advocacy and resource mobilization.
4. Accelerating the uptake of TPT, especially among under-fives and household contacts, as well as shorter regimens for both drug-sensitive tuberculosis (DS-TB) and drug-resistant tuberculosis DR-TB.

5. Strengthening the management of TB among key vulnerable populations (i.e., miners, industrial workers, quarry workers, prisoners etc.).
6. Improving engagement, coordination and integration of civil society organizations and communities, including community health workers in the provision of TB services.
 - a. Strengthening facility-community linkages through improvement of the community M&E systems to allow community activity reporting.
 - b. Scaling-up capacity building and providing support systems for community lead-monitoring.
7. Utilizing multiple complementary interventions to increase access and optimization of rapid molecular diagnosis including leveraging and integrating into general health system while maintaining the quality of TB programming
8. Ensuring additional focus on patient center care for TB (addressing stigma, patients' rights, and gender issues).