ACCOUNTABILITY TO END TUBERCULOSIS

A GLOBAL RESPONSIBILITY

RESULTS

FOREWARD

I am delighted to be writing this foreword to an important, but much overlooked component in the global TB response - accountability. As a TB survivor and advocate from Kenya I am very much aware of the lack of awareness and priority of TB. It took over three months and a misdiagnosis for my TB to be accurately diagnosed; during that time my condition deteriorated and my symptoms worsened leaving me very weak, in pain and at times unable to stand. After six months of treatment taking pills everyday I was finally cured of TB. The impact it had on my life was a feeling of weakness both physically and emotionally. Due to the stigma I was not able to talk to my friends freely, TB interferes with normal life and everyday activities.

After being cured of TB it took two years before I was able to share my story, this was due to the stigma surrounding TB and that it's not easy to get people to talk about TB. I believe in sharing my story to combat the myths and reduce the stigma related to this forgotten disease. I keep telling my story to increase awareness of TB so people know this is a disease that is treatable and curable. I continue to use social media to reach communities and young people to increase awareness of TB with the hope of reducing the stigma and helping others.

For me, accountability is more than just creating awareness; it is also about developing new diagnostic tests that will aid the elimination of TB by 2030. Governments around the world are in a capable position to invest in TB by supporting research and development of vaccines that are shorter and less toxic drug regimens. I cannot emphasise enough the need for early diagnosis, which not only helps to eradicate unnecessary pain and suffering but also lowers the rate of infection. However we look at this, accountability boils down to governments collaborating and mobilising resources to save lives threatened by a disease that is both treatable and curable. It is evident the work that communities are putting in to fight TB, but more investment and support from governments would boost their efforts significantly and make the End TB by 2030 goal a reality.

Caroline Mburu
TB Survivor and advocate

Report Author: Clare Symonds for RESULTS UK

For more information please contact: sahera.ramzan@results.org.uk

Date of publication: July 2023

Acknowledgements: With thanks to the TB Vaccine Advocacy Roadmap, HDT Tanzania and The Global TB Caucus for sharing case studies; the WHO, the StopTB Partnership, Unitaid, the ACTION Partnership and other key partners for their insights used throughout this report; and colleagues at RESULTS UK.

COVER PICTURE: HDT Tanzania

RESULTS

CONTENTS

GLOSSARY OF TERMS

CCM	COUNTRY COORDINATION MECHANISMS
CSO	CIVIL SOCIETY ORGANISATION
GLOBAL FUND	THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
MAF-TB	MULTI-SECTORAL ACCOUNTABILITY FRAMEWORK FOR TUBERCULOSIS
SDG	SUSTAINABLE DEVELOPMENT GOAL
TB	TUBERCULOSIS
UNHLM	UNITED NATIONS HIGH LEVEL MEETING
WHO	WORLD HEALTH ORGANISATION

EXECUTIVE SUMMARY

Tuberculosis (TB) remains the world's most deadly infectious disease, killing 1.6 million people in 2021 alone. TB is a disease of poverty affecting populations with limited resources or access to healthcare; impacted by the social, economic and structural determinants of health. Progress to end TB has been painfully slow, with governments failing to realise their obligation to protect their nations health through equitable healthcare and removing the inequalities and structural barriers impeding on that obligation. The world is not on track to meet the targets set in the Sustainable Development Goals to end TB by 2030. The full impact of the COVID-19 pandemic has yet to be fully realised, but evidence[1] has shown that progress on TB has been significantly pushed back.

In 2018, United Nations (UN) Heads of State came together to discuss TB epidemics for the first time. The result of this UN High Level Meeting (UNHLM) was a political declaration which set out some clear and measurable targets on treatment, funding and preventative care which were due to be met by the end of 2022. It also crucially recognised the importance of the experience of TB survivors in working to end TB. The majority of these targets have been catastrophically neglected. While promises were made under the spotlight, action has failed to reflect ambition.

We need to see greater accountability to engender stronger political will to end TB, valuing all lives equally. If saving the lives of millions of people globally is not enough, we must incentivise action to end TB by setting out clear political consequences for leaders who talk the talk but do not walk the walk. Accountability must be multisectoral to represent the intersection of TB with other social determinants.

This report presents the need for accountability for commitments made to end TB; analysing accountability mechanisms in place, assessing progress made and making recommendations to ensure that accountability becomes a critical and fully-funded workstream across the TB space, led by voices from TB-affected communities and civil society organisations (CSOs). We must ensure that all stakeholders - from Heads of State, to local authorities, to the multinational agencies leading TB programming like the World Health Organisation (WHO) and the StopTB Partnership - are accountable for the commitments they make and the action they take in order to bring an end to TB epidemics globally.

RECOMMENDATIONS

MULTILATERAL AGENCIES

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

- Global Fund to consider including accountability indicators within national level funding proposals.
- Global Fund to amend mandate of Country Coordinating Mechanism to include responsibility for accountability at a national level.

WORLD HEALTH ORGANISATION

- WHO to provide support to National TB Programmes and coordinating mechanisms to identify new sources of funding for accountability workstreams.
- WHO to continue efforts to introduce a clear global review mechanism for Multisectoral Accountability Framework for TB (MAF-TB).
- WHO must work to ensure additional opportunities for global TB-focused analysis, review and renewed action are made available for all stakeholders working on TB, bridging the gap between the 2023 and potential 2028 UNHLMs and driving the need for high-level engagement.

OTHER AGENCIES

- Multinational agencies like Unitaid and the StopTB Partnership to consider new and innovative sources of funding for global TB accountability.

THE UN

- UN Heads of State to champion accountability at the 2023 UN High Level Meeting on TB.
- Deliver an ambitious political declaration at the UNHLM 2023 which sets out clear, measurable targets - including timelines and responsible actors - for reducing TB infections and deaths, recognises the multisectoral nature of TB and sets clear targets for reviewing progress against commitments ahead of the next UNHLM.
- Heads of State to recognise the catastrophic impact of TB globally, particularly in communities experiencing poverty and lack of access to healthcare, and to meet commitments with genuine action in order to lead national and global efforts to end TB by 2030.

NATIONAL LEADERS

- Introduce metrics to measure stigma (self-stigma) in healthcare settings and communities with the aim of reducing TB stigma.
- Include CSO and affected communities in the decision making process at all levels of the TB response, locally, regionally and globally. TB programming to be embedded into communities and led by a primary healthcare system.
- Strengthened prioritisation of accountability in low-burden countries as well as high-burden implementing countries.
- National implementation of MAF-TB to be championed by high-level representative to reflect the heightened need to meet old and new commitments to end TB.

INTRODUCTION

Advocacy is often focused on the big moments. The photo opportunities, the replenishments, the summits and the conferences. Moments when world leaders stand on a stage committing to make change happen. But what happens next? Once the international moment is over and the news cycle has moved on, how are governments held to account for the promises they make? And how can civil society and affected communities push to ensure that commitments are not just empty words, but promises to real action and genuine change both globally and locally?

There is a need for accountability across the global health and development sector to ensure that commitments made by global, regional, national and subnational leaders are met. This need for accountability is particularly important for the world's most deadly yet most overlooked infectious disease - TB.

WHY HAVEN'T WE ENDED TB EPIDEMICS?

An estimated 10.6 million people fell ill with TB in 2021 and 1.6 million people died as a result of TB[2]. Approximately three million people remain undiagnosed and untreated and are missed by the TB response[3]. TB has not been given the political priority it deserves, with the world turning its back on this forgotten disease. Even when the necessary medications and treatments exist, the availability and accessibility remains out of reach for those most in need, controlled by profit-making organisations and restricted by governments and health systems that don't trust or respect TB patients - fuelling the socially constructed epidemic.

TB is a disease that can affect anyone but disproportionately impacts on people marginalised by poverty, mental health conditions, substance misuse, history of incarceration, homelessness and people living with (and vulnerable to) HIV. In addition, key vulnerable groups such as: displaced persons, refugees, ethnic minorities, women and children, prisoners and those at occupational risk such as miners are at increased risk and exposure to TB.

Poverty and TB are closely entwined, the experience of living in poverty - particularly overcrowded and unsanitary living conditions - increases the spread of TB and the increase in TB further perpetuates the persistence of poverty. The failure to address poverty at a political level is further fuelling the TB epidemic. The TB epidemic has been socially constructed by humans. Therefore, a purely biomedical approach is not enough to address issues of equity. Addressing poverty and the wider determinants of health are essential in policy frameworks in the fight against TB.

TB has a history of stigma and discrimination, as scientific knowledge progressed so too did the prejudice. The way in which the healthcare community treated and spoke about TB put the emphasis on the individual being responsible for the disease, rather than addressing the social and economic determinants of health. The patient is labelled a defaulter for not being able to attend a clinic every day for 6 months to be witnessed taking their medication. There is no recognition of the distance that may have to be travelled to the clinic, whether there is a transport system, the fact that this requires time off from work or that disclosing a diagnosis of TB to an employer still frequently leads to dismissal and limits access to housing[4]. The failure to deliver a person-centred human rights based approach to TB is further fuelling the discrimination and poor health outcomes within the TB community, and preventing eradication of the disease. The *Declaration of The Rights of People Affected by TB*[5] acknowledge that a purely medical or public health approach to TB is not enough to fight the disease. A rights-based, gender-sensitive, people-centred approach to TB care that is integrated within universal health coverage is essential to ending TB.

TB related stigma and discrimination is an important social determinant of health, having a considerable impact on delayed healthcare and adherence to treatment.

TB has to be recognised as an essential component within health systems to ensure the response is equitable, bolstering primary healthcare in addition to pandemic preparedness and response.

A lack of engagement and political will to end TB has historically been one of the biggest hurdles for advocates, CSOs and TB-affected community members to overcome. This is undoubtedly because of a lack of prioritisation for the demographic of people most affected by TB from political leaders. As high-income countries have reduced the prevalence and mortality of TB, they no longer see TB as a domestic or global issue. In comparison, countries with high TB prevalence and mortality also continue to deprioritise the disease at the government level due to competing needs, limiting access to essential healthcare and treatments. The lack of access to better treatments, diagnostics and preventative care further impacts on the most marginalised and vulnerable groups, thereby exacerbating their circumstances and contributing to the spread of TB and increase in poverty.

At present there is a distinct lack of equity and access in TB prevention and treatment in specific communities. Poverty is a major determinant of ill-health and a barrier in access to healthcare[6]. Socially excluded groups remain at a disadvantage, experiencing inequities as the policy frameworks fail to address people and groups commonly excluded by mainstream

health services. An example of this is in India[7] where the government had restricted the access of bedaqualine, a drug used in cases where people have drug-resistant TB - a more severe strain of TB. The drug was only available to a small group of people living within a short distance from the six health facilities involved in the pilot roll out of the drug. The health system's reasoning for this was that treatment is difficult and TB patients could not be trusted to follow the protocol without direct supervision from specialist clinics. Although the WHO protocol clearly stated that all patients with multidrug-resistant TB should be treated with bedaqualine, access was denied to thousands of patients who could have benefited including children and adolescents, one of whom sadly lost her life while trying to get access to the drug via a judicial process[8].

Refusal of governments to scale up access to drugs and therapeutics is a clear example of a lack of accountability and the abdication of responsibility. This is further harming the most vulnerable in society and a direct violation of the human right to health and values that underpin public health practice - equity, social justice and accessibility.

This has become even more of a challenge since the outbreak of COVID-19 in 2020. The pandemic demonstrated the need for strong and resilient health systems which can adapt to tackle new and emerging health issues. The most effective way of doing this is to invest in the development of health systems so that this infrastructure and expertise can be used to tackle the next pandemic whilst maintaining critical ongoing care for existing health conditions like TB. But instead, progress against TB has been set back and action to end TB epidemics has been further deprioritised.

ACCOUNTABILITY AND TUBERCULOSIS

There have been a host of ambitious commitments to reduce the impact of TB on communities around the world. In 2018, UN Heads of State came together at the first UN High Level Meeting on TB to set a number of commitments including providing preventative treatment to 30 million people and diagnosing and treating 40 million people with active TB by the end of 2022[9].
World leaders have also committed, through the Sustainable Development Goals (SDGs), to the ultimate target of ending TB epidemics by 2030[10].

Yet, of 53 resolutions in the UNHLM political declaration, only 10 had clear, timebound metrics to measure success. Of those 10, only two have been met, while others remain incredibly far off-target. As we move towards the next meeting of UN Heads of State to discuss TB in September 2023 and beyond, we must see commitments which are measurable and ambitious in order to hold leaders to account on the promises they make.
Building strong systems for TB requires not just global commitment, but a promise to follow through with genuine action and financing. For this, we need a robust system of accountability to ensure that national, regional and global leaders meet the promises they make if we are to end TB epidemics and see an end to preventable deaths from TB by 2030.

Image: Stop TB Partnership

SECTION 1: THE CASE FOR ACCOUNTABILITY

WHAT DO WE MEAN BY ACCOUNTABILITY AND WHY IS IT IMPORTANT?

Accountability is an abstract concept and it can be hard to grasp what the advocacy community means when we speak about accountability workstreams. Fundamentally, accountability means holding powers responsible for fulfilling the commitments they make; for following through with ethical and effective action to meet commitments in a timely and sustainable way.

The abstract nature of accountability is one of the reasons that commitment to and resources for accountability can be limited, inhibiting progress. In reality, however, accountability is absolutely critical to ending TB epidemics. TB is a disease which is historically under-funded and which has never received the political attention it warrants. As such, it is essential for CSOs and TB-affected communities to consistently maintain the pressure on global powers, beyond the spotlight moments, to ensure that governments, multilateral bodies and multinational institutions are reminded of, and remain committed to, the promises that they make. For TB, this means advocating for the implementation of action at a national and subnational level which contributes to meeting global commitments to end TB.

Multi-sectoral action and accountability must tackle the drivers of the TB epidemic - poverty, malnutrition, HIV, diabetes, poor living and working conditions, among others. The enhanced scope of accountability is even more important across the international community and partners prepare for the upcoming UNHLM in 2023. To end TB the political commitment has to be matched by multi-sectoral collaboration which goes beyond health and that has an effective accountability system.

ACCOUNTABILITY FOR TB AND STRONGER HEALTH SYSTEMS

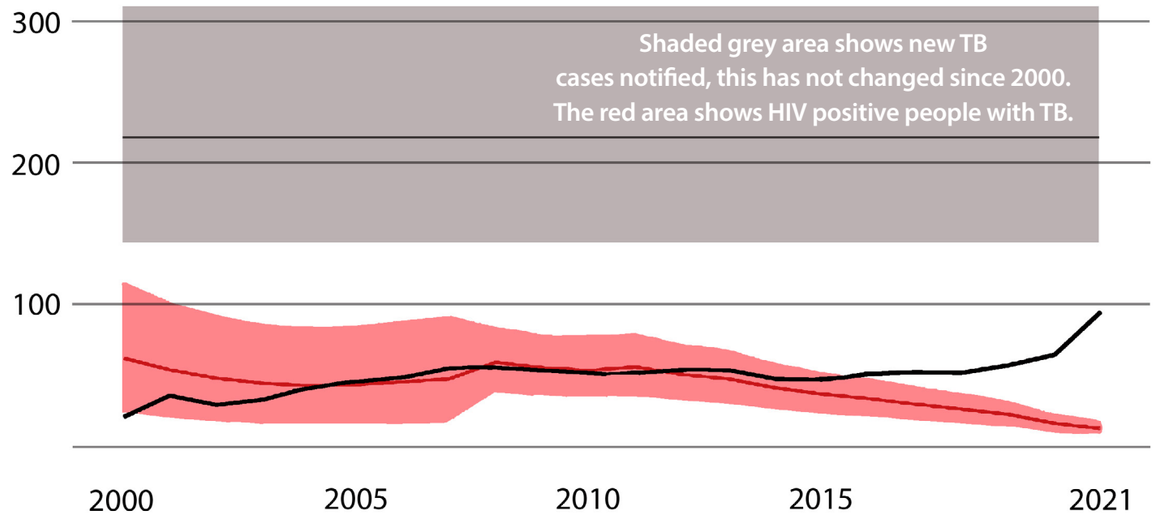
2018 was a pivotal year for TB advocacy, with the first ever UNHLM on TB taking place. While the End TB Strategy[11] was already in action, as well as the SDG of ending TB epidemics by 2030[12], 2018 marked the first coming-together of all UN states to specifically focus on TB, despite the disease impacting communities for thousands of years.

The world has changed in ways that no one could have predicted at the time of the UNHLM. The outbreak of the COVID-19 pandemic has left the world reeling, with global health outcomes severely setback. This is particularly the case for TB whose similarities with COVID-19 resulted in the repurposing of health centres, equipment and personnel to deal with the emerging crisis.

Despite COVID-19 taking over the headlines for the past three years, TB continued to have a massive impact, killing more people in Africa and Asia than COVID-19[13]. The fact that COVID-19 was prevalent in high income countries, compared to TB whose effect is largely felt in low- and middle- income countries, reinforces the point that the lack of political prioritisation of TB is a direct reflection of a lack of prioritisation of people living in poverty. This neglect allowed key metrics for progress in the fight against TB to be even more severely delayed and progress to end TB took a backwards step for the first time in 12 years[14].

However, even before the outbreak in 2020, progress towards meeting the commitments made at the 2018 High Level Meeting was off-track. The Global TB Report 2020 shows that, pre-pandemic, most targets were less than half-met[15] and TB incidence had not been dropping at the rate required to end TB epidemics by 2030. For example, data from the WHO demonstrates that in Nigeria - one of the 30 countries with the highest rates of TB globally - the incidence of people living with TB has not changed since the year 2000 despite global targets.

NEW AND RELAPSE TB CASES NOTIFIED, HIV-POSITIVE TB INCIDENCE (PER 100,000 POPULATION PER YEAR)

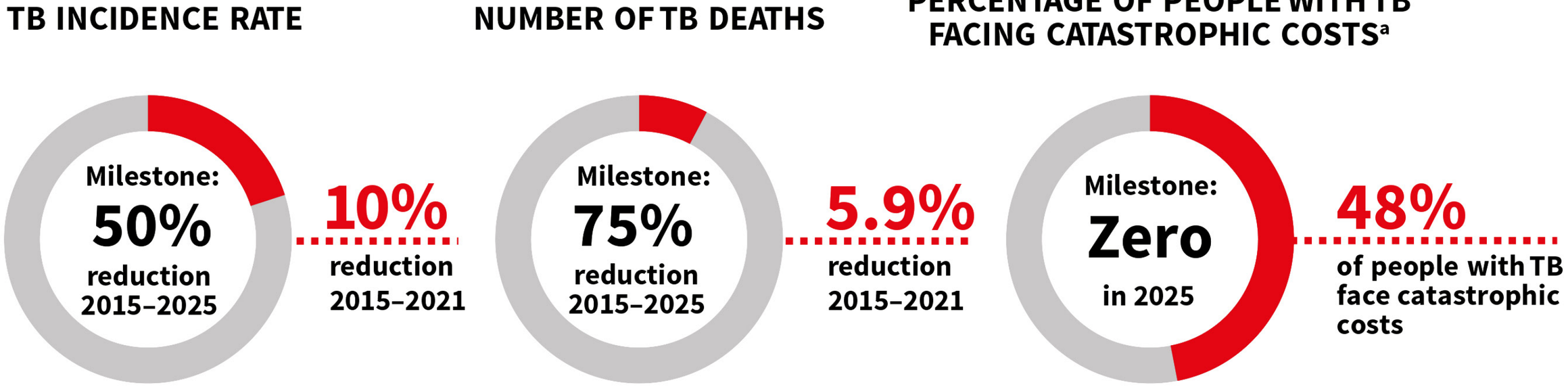


Source: WHO Nigeria country profile

Similarly, the WHO's Global TB Report 2022 demonstrates that progress towards a 35% reduction in the number of people dying from TB by the end of 2020 as per the End TB Strategy's first milestone was severely off-track in all of the WHO regions even before the outbreak of COVID-19[16]. Data from 2019 shows that progress to meet key metrics highlighted in the SDGs and the End TB Strategy were less than half-met just a year ahead of their deadline.

While the pandemic should have acted as a catalyst, demonstrating the urgent need for integration of health services, universal health coverage and health systems strengthening, it has instead put even greater strain on already struggling healthcare provisions and has slowed progress on ending TB.

THE WHO END TB STRATEGY: 2025 MILESTONES



Source: WHO's Global TB Report 2020

UNHLM 2018: DEMONSTRATING THE NEED FOR ACCOUNTABILITY

The 2018 UNHLM on TB saw a political declaration ripe in striking language recognising the critical nature of the fight against TB, highlighting the various ongoing barriers to ending TB and noting the particular impact of the disease amongst marginalised communities, including people living in poverty, as well as people living with HIV/AIDS, people who have been incarcerated, migrants, children and people experiencing poor mental health. The declaration published was ambitious, with 53 resolutions made. Of these resolutions, several included critical and measurable commitments towards ending TB epidemics. Additionally – thanks to robust advocacy from CSOs and TB-affected communities – accountability formed a critical part of the conversation at the summit, with several clear resolutions made relating to accountability in the summit's political declaration.

However, analysis of progress against global commitments made at the UNHLM 2018 demonstrates the dire need for further action if we are to meet the goal of ending TB epidemics globally by 2030. While the UNHLM 2018 was a landmark event in the fight against TB, of 53 resolutions made within the political declaration, only 10 offer clear metrics for measuring success. Of those 10, only two have been met, while others remained catastrophically off-track.

END TB

Towards the
UNITED NATIONS
HIGH-LEVEL MEETING ON THE FIGHT TO END TUBERCULOSIS
22 SEPTEMBER 2023, UNHQ, NEW YORK

Graphics: World Health Organisation

MEASURABLE COMMITMENTS

2018 TARGET

50% MET

Commit to mobilise sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for TB research, ensuring that all countries contribute appropriately to research and development (50%)[18]

2023 TARGET*

Commit to mobilise US$5 billion a year for TB R&D, including US$2 billion for drugs, US$1 billion for diagnostics, and US $1 billion for TB vaccines.

US$13 billion should be made available annually to vaccinate people with new vaccines once they are available and conduct necessary implementation research.

Ensure that all countries contribute their fair share to financing TB research and development

2018 TARGET

Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people (66%) with TB from 2018 to 2022, including[17]:

- 3.5 MILLION CHILDREN WITH TB BY 2022. (54%)
- 1.5 MILLION PEOPLE WITH DRUG-RESISTANT TB (43%)
- 115,000 CHILDREN WITH DRUG-RESISTANT TB, BY 2022 (15%)

2023 TARGET*

Commit to find, diagnose early, & treat 40 million people with TB (equal to over 90% of people developing TB) using screening approaches, modern diagnostics, & short treatment regimen, including:

- 3.5 MILLION CHILDREN WITH TB
- 1.7 MILLION PEOPLE WITH DRUG-RESISTANT
- 115,000 CHILDREN WITH DRUG-RESISTANT TB

2018 TARGET

42% MET

Commit to mobilise sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of TB, from all sources, with the aim of increasing overall global investments for ending TB and reaching at least 13 billion United States dollars a year by 2022 (42%)[19]

2023 TARGET*

Commit to mobilise 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 at the global level.

Commit to secure funding for low- and lower middle income countries from domestic and external sources with the aim of reaching US$15 billion a year by 2026 and US$21 billion annually by 2030

MEASURABLE COMMITMENTS

2018 TARGET

Commit to preventing TB for those most at risk of falling ill so that at least 30 million people (42%) receive preventive treatment by 2022, including[20]:

- 20 MILLION CONTACTS OF PEOPLE AFFECTED BY TB (3%)
- 6 MILLION PEOPLE LIVING WITH HIV (100%)
- 4 MILLION CHILDREN UNDER FIVE YEARS OF AGE (40%)

2023 TARGET*

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 (TPT), ensuring universal access to TB infection testing where needed and with new, effective short-course drugs and regimens, including:

- 21 MILLION CONTACTS OF PEOPLE WITH TB WHO ARE FIVE YEARS+
- 6 MILLION PEOPLE LIVING WITH HIV, ADULTS AND CHILDREN
- 8 MILLION UNDER-FIVE CHILD CONTACTS

2018 TARGET

100% MET

Request the Director General of the World Health Organization to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019 (100%)[21]

2023 TARGET*

Commit to implementing the National Multistakeholder Accountability Frameworks (MAFTBs) which are publicly accessible and included in a WHO maintained public register of all completed MAFs

2018 TARGET

56% MET

Commit to develop or strengthen, as appropriate, national TB strategic plans to include all necessary measures to deliver the commitments in the present political declaration (56%)[22]

2023 TARGET*

Commit to develop and implement ambitious National Strategic Plans (NSPs) with bold actions and targets to achieve the SDG target of ending TB by 2030

MEASURABLE COMMITMENTS

2018 TARGET

100% MET

Request the Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed TB goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed TB goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high level meeting in 2023 (100%)[23]

2023 TARGET*

Request the UN Secretary-General to issue a publicly available (annual) report, including TB related funding from bilateral donors, the Global Fund and the multilateral development banks, to Heads of State and Government at the UN General Assembly, to review progress towards ending TB, as part of the existing monitoring of Sustainable Development Goal (SDG) target 3.3. Commit to convene a follow up UN High-Level Meeting on TB in 2023

* 2023 targets taken from StopTB Partnership's Key Asks from TB Stakeholders for the UN High-Level Meeting on TB" https://www.stoptb.org/news/launched-key-asks-tb-stakeholders-un-high-level-meeting-tb

The similarity between commitments made by global leaders in 2018 and key asks, developed by the StopTB Partnership in consultation with global TB advocates, for the upcoming 2023 UNHLM demonstrate a lack of progress since 2018. This points to a failure in political will from global leaders to act to end TB. Once the spotlight moves on, commitments have not been followed by action.

The 2018 High Level Meeting commitments highlight clearly why we need stronger accountability within the TB sector. Despite a number of clear, measurable and achievable goals set in 2018 by UN missions, action and financing have not matched. In fact, the only key metric met is on preventative treatment for people living with HIV; demonstrating the greater political will and investment in ending HIV epidemics.

WHERE DO WE NEED ACCOUNTABILITY?

While the conversation around accountability within the TB space often centres around commitments made at the 2018 UNHLM, all key actors within the TB space must be accountable for the promises they make, as well as for their power within the sector and potential role in ending TB. This includes, but is not limited to:

- Multinational institutions like the UN and the WHO;
- Multilateral organisations like The Global Fund to Fight AIDS, TB and Malaria;
- Agencies like Unitaid and the StopTB Partnership;
- Regional institutions like the African Union and the European Union;
- National powers like Heads of State and Health Ministers;
- National actors like National TB Programmes and WHO national offices;
- Subnational powers like local authorities responsible for implementing local TB programmes;
- Civil Society Organisations

In September 2023, UN Heads of State will meet once more to commit to a new political declaration to end TB. As we move towards UNHLM 2023 and beyond, we must see increased commitment from global leaders to meet overdue targets and make new, ambitious promises matched by clear and decisive action. New commitments made in the 2023 UNHLM declaration must be measurable, time bound and reflective of the need for change. A lack of accountability

in following through on commitments made to end TB over the years has resulted in weaker health systems which are less able to support new and emerging epidemics and pandemics. We must make up for lost time and set a course for ending preventable deaths from TB by the end of the decade. This is an ambitious target, but an achievable one if we take responsibility, nationally, regionally and globally, for the commitments we have made.

PROGRESSING TOWARDS AN END TO TB EPIDEMICS

Accountability will be a key thread in speeding up progress towards the 2030 target. Commitments must be met by action and this work carries through to a national and subnational level. While commitments made in 2018 were ambitious and widely welcomed by the global TB community, progress has been far from impressive and there have been no political consequences for failing to meet targets. As such, we must ensure greater accountability for 2023 commitments to ensure that 2030 target can be met.

The introduction of the WHO Multisectoral Accountability Framework for TB[24] (MAF-TB) was a step in the right direction for national level action. Yet, the international community continues to fail to meet targets and accountability for this remains weak. As well as ambitious commitments at the 2023 UN High Level Meeting on TB, we must also see political will for change from all nation states alongside fully-funded accountability mechanisms to ensure that implementing countries and donor countries alike live up to their word and accelerate action to end TB.

We must see sustained and committed leadership from global powers, multilateral bodies and national TB programmes to ensure that the renewed commitments made in 2023 are not only measurable but are met with action, monitoring, adaptation and ambition which will see an end to preventable TB deaths. CSOs and TB-affected communities must be provided with the funding and coordination mechanisms required to achieve this.

RECOMMENDATIONS

Deliver an ambitious political declaration at the UNHLM 2023 which sets out clear, measurable targets - including timelines and responsible actors - for reducing TB infections and deaths, recognises the multisectoral nature of TB and sets clear targets for reviewing progress against commitments ahead of the next UNHLM

THE NEED FOR TIMELY PUBLIC SECTOR FUNDING FOR RESEARCH AND DEVELOPMENT (R&D) OF NEW TB VACCINES

CASE STUDY

The TB Vaccine Advocacy Roadmap (TB Vax ARM) which represents a global coalition of TB stakeholders, including TB survivors, CSOs, and non-profits, invested in TB vaccine advocacy and research, and seeks to provide coordinated advocacy efforts that are complementary to ongoing TB vaccine R&D and policy efforts. One of TB Vax ARM's key focuses is the continued chronic underfunding of TB vaccine R&D. We need multiple new and effective TB vaccines to reach the 2030 End TB goals to end the TB pandemic yet there is a clear lack of political and financial accountability to effectively sustain and advance the TB vaccine pipeline.

Despite TB being declared a public health emergency in 1993, no TB vaccine candidate has yet completed a Phase III efficacy trial. In fact, the world still relies on the century-old Bacille Calmette Guérin (BCG) vaccine, which is largely ineffective in adolescents and adults who are most at risk of developing and spreading TB. A look at some of the most promising TB vaccine candidates highlights the scale of the delays in the pipeline.

It has taken 25 years for the MTBVAC vaccine candidate to travel from discovery work to Phase III trials since its discovery by Carlos Martin and colleagues at the University of Zaragoza in the 1990s. It finally entered a Phase III[26] trial in neonates in 2022. It has taken nearly the same amount of time between when VPM1002 "was constructed in the late 1990s and tested in different animal models" to when its first phase III trial opened in 2017. Funding to advance the most well-known candidate - the M72/AS01E - to Phase III trials was announced in June 2023.

This commitment from the Bill and Melinda Gates Foundation and Wellcome is a huge step forward for the development of a new TB vaccine, but it comes five years on from the publication of positive results from the Phase IIb trial in 2018. In a 2019 consultation - taking into account the extensive preparatory work required to initiate the next stage of trials - the earliest time for data submission for licensure was projected to be 2028, assuming funding was identified quickly. Four years later, funding has been secured, but based on the current trajectory, the target of 2028 will not be possible, further reducing the likelihood of ending the TB pandemic by 2030. Every year of delay is a missed opportunity to save millions of lives and billions of dollars, making the likelihood of reaching the WHO 2030 End TB goals increasingly unlikely. Delays of this kind must be avoided for other candidates.

Member States need to bring together different governments and interested parties for coordinated and sustained investments to meet the US$1.25 billion annual funding target as a shared responsibility to develop and roll-out new TB vaccines within the next five years. While funding for the Phase III trials for the M72 candidate has been secured, we must continue to push for substantially increased funds that are needed to support a diverse TB vaccine pipeline. New mechanisms that can drive accountability will be critical.

Images: World Health Organisation

Political leadership, championship, and multi-country and multi-ministerial engagement will be key to ensuring equitably available, accessible, acceptable, and affordable new TB vaccines, acknowledging that most funding for TB research comes from the public sector. Member States should follow a whole-of-government and whole-of-society approach that cuts across different ministries. Encouragement by member states to national health and finance ministries, regulatory authorities, and immunisation programs to prepare for vaccine introduction will also support vaccine rollout. This should include plans to appropriately finance rollout, maintain stock, train health care workers, and engage communities. Moreover, Member States should promote the transfer of technology and know-how and encourage voluntary licensing and local manufacturing in agreements where TB R&D is publicly funded. This should include a commitment to the transparent and rapid data sharing and reporting of research findings and trial results. We must also recognise the essential role of civil society and affected communities in securing the political will and sufficient resources needed and driving accountability to deliver vaccines that are appropriate and acceptable for the millions of people affected by TB each year.

> “It should not take almost five years and counting to begin a Phase III trial of TB vaccine candidate. Insufficient action by governments and minimal private-sector investment has led to stop-start research with protracted and costly delays across clinical development. For each year that the target is missed, the loss of lives and money compounds. Accountability is core to the fulfilment of political and financial commitments made by member states to advance TB R&D and to deliver new TB vaccines to reach the End TB Goals by 2030.” The TB Vax ARM

SECTION 2: ACCOUNTABILITY IN PRACTICE

On a national level, accountability in the TB space looks different everywhere. In countries with lower numbers of people living with TB, efforts in accountability often centre around advocacy - incorporating language on meeting commitments and increasing funding into advocacy messaging and pushing national governments to keep the promises they have made. In countries with a higher number of people living with TB, alongside advocacy messaging, accountability is a much more solid entity, with CSOs and TB-affected communities working closely with government representatives, health workers and technical specialists to meet delivery goals on prevention, diagnosis and treatment.

Globally, there is still work to be done in ensuring a fully coordinated effort towards accountability. However, we have come a long way since 2018.

THE WHO'S MULTI SECTORAL ACCOUNTABILITY FRAMEWORK

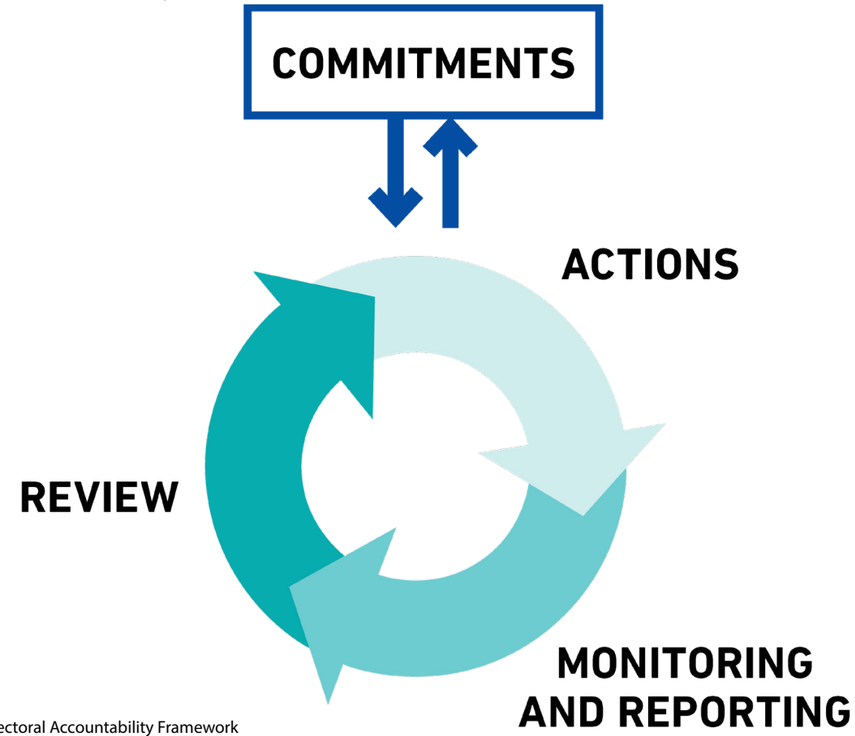
One of the key commitments made by UN Heads of State at the 2018 UN High Level Meeting on TB was that the WHO should continue the development of a multisector accountability framework for TB, as was agreed at the first WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era in 2017.

> "We commit to supporting the development of a multisectoral accountability framework in advance of the 2018 UNGA High-Level Meeting on TB, to track progress towards the SDG target of ending TB using relevant SDG indicators and the End TB Strategy operational indicators, and applying financing benchmarks set by the Stop TB Partnership Global Plan to Stop TB 2016-2020." Moscow Declaration

Despite slow progress in almost all other commitments made in 2018, resolution 49[27] to develop a new multi-sector accountability framework was met. The WHO finalised and released the initial framework in May 2019 after extensive consultation. National implementation of the framework is ongoing and progress varies significantly by country. Alongside national guidance, the framework also sets out what is needed for global accountability. While slightly less tangible, the global aspect of the framework focuses on action around funding by multinational organisations, operational plans of agencies like the Global Fund to Fights AIDS, TB and Malaria and the StopTB Partnership and strategies for innovation and R&D.

The framework recognises the critical need for coordination across sectors in order to bring an end to TB. As an infectious disease, the responsibility for ending TB often lies largely with health care professionals and government departments of health. In reality, TB is a disease which is multi-faceted and its interdependencies with other health conditions and social determinants such as poverty, incarceration, migration, mental illness and housing, mean that TB epidemics can only really be eradicated if sectors work together to develop protections against TB infections in all of these areas.

The framework is made up of three core components to meet global commitments; action, monitoring and reporting, and review. In theory, the framework is designed to be flexible in order to meet the specific needs of each nation to ensure longevity and sustainability in the prioritisation of accountability.



Source: WHO, Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030

Implementation of the framework and its various constituent parts is ongoing and varied globally, with significant success in some countries where WHO pilots have been run. Indicators for monitoring national implementation of the MAF-TB are:

- Annual national TB reports are publicly available
- National multisectoral accountability and review mechanism under high-level leadership available
- Engagement of civil society and affected communities in the multisectoral accountability and review mechanism

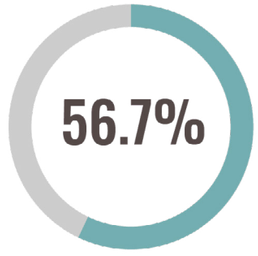
According to the Global TB Report 2022, progress has been made against these indicators, particularly in the thirty highest burden countries globally[28]. Progress is much slower, however, against arguably the most critical of these indicators – engagement with CSOs and affected communities for which only 56.7% of the highest burden countries had implemented measures by the end of 2022[29].

For the rest of the world, figures are significantly slower. While it is right that efforts have, to date, been more focused on the thirty highest burden countries, we must expedite progress and make accountability a priority globally if we are to end TB epidemics by 2030. While fewer people may currently be impacted by TB in high-income countries, the COVID-19 pandemic highlighted the potential for infectious diseases to spread beyond borders. The two diseases are extremely different, but the fundamental need for effective health systems, robust, targeted measures to control infectious disease and a global commitment to action remains the same.

30 HIGHEST BURDEN COUNTRIES

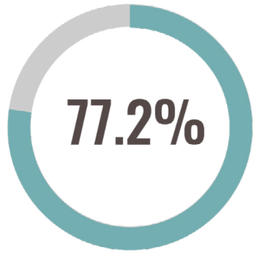
Published national TB reports

National multisectoral accountability and review mechanism under high-level leadership available

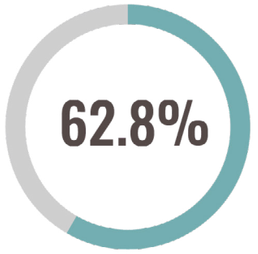


Engagement with civil society and affected communities

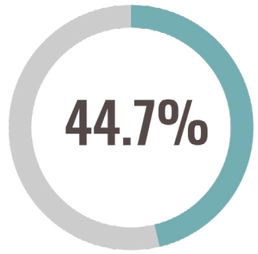
REST OF THE WORLD



Published national TB reports



Developed accountability and review mechanisms



Engaged civil society and affected communities

OTHER GLOBAL ACCOUNTABILITY MECHANISMS

TB ACCOUNTABILITY PLATFORM Empowering civil society actors and supporting them to be part of all the accountability processes at the national, regional and global levels is critical for ensuring the implementation of accountability processes, and a focus on people-centred, rights-based and gender-sensitive TB care.

In recognition of this need for coordinated action, the TB Accountability Platform was created and its mandate developed in collaboration with the StopTB Partnership in 2019 in order to support implementation of 2018 commitments to end TB. With membership from CSOs, affected communities, the Global TB Caucus and its members, WHO, Stop TB Partnership, The Union, government representatives from donor and high-burden countries, philanthropic foundations, and academics and medical professionals, the role of the group is to understand, analyse, and share how to implement accountability for the HLM TB Declaration in a global, multisectoral way.

The Platform operated as a space for discussion, sharing of best practice and coordination around advocacy for key global events. The mandate of the group is, however, unfunded. Lack of capacity amongst co-chairs, secretariat and members alike saw a gradual decline in the output of the Platform and a lengthy struggle to secure new co-chairs at the end of the existing co-chairs terms. As such, the Platform's work has been put on hold while a new solution is found to better sustain the work of the Platform and ensure its longevity and effectiveness moving forwards.

WHO END TB FORUM The WHO's End TB Forum[30] offers a virtual interactive platform for multi sectoral stakeholders working on TB to engage in conversations on TB. Hosted by the WHO's Global TB Programme, the forum provides a one-stop shop for key documents on TB, technical information and guidance on ending TB. The interactive nature of the platform is designed to act as a place for sharing best practice amongst CSOs globally and to maintain the conversation around what needs to be done to meet global commitments between UNHLMs. Growth of the platform, however, has been limited due to a lack of engagement globally. Further work must be done to familiarise the global TB community with this tool if it is to be of use in maintaining momentum around accountability moving forward.

SECTION 3: BARRIERS TO PROGRESS

While formal accountability mechanisms are now being implemented on both a national and global scale, there is more to be done. The enormous disparity between the commitments made in 2018 and the realities of the number of people developing TB, receiving treatments and the amount of funding committed to ending TB is not acceptable. Ambitious commitments like those made in 2018 are crucial for ending TB epidemics, but action must be just as ambitious. For TB, political will, high-level advocacy and critical funds for developing new tools and fostering wider engagement have historically been severely lacking. In addition, policy frameworks and national TB plans must address the risk factors and social determinants of TB, as outlined in the MAF-TB[31]. This is the case for accountability workstreams too, where there remain significant barriers to pushing for further progress.

FUNDING FOR CIVIL SOCIETY LEADERSHIP

CSOs and affected communities are key players in driving accountability forwards. In those countries where the MAF-TB has been implemented, CSOs have been critical partners. Yet, as it stands, there is no formal funding for accountability work in the TB sector. As such, committed activists, often with lived experience of TB, and CSO representatives take on accountability work as a sideline to their day jobs across the TB space, providing the data, insights and advocacy needed to keep making progress. This has been the case through experiences of implementing the MAF-TB, and with the TB Accountability Platform.

While the WHO has been the most significant global body working on accountability for TB, they are a technical body rather than a funding body and do not currently have the capacity to financially support CSO partners in the work they are doing on implementing the MAF-TB and pushing for accountability more broadly.

We must see innovative financing options for implementation of the MAF-TB and of wider accountability work. TB has been historically severely underfunded – something for which accountability has been lacking – but now is the time to invest in order to end TB epidemics before 2030. The Global Fund to Fight AIDS, TB and Malaria are the largest funder of TB programmes, providing 76% of international financing for TB. However, funding largely centres around the procurement and distribution of critical drugs, diagnostics and preventative treatments[32]. Incorporating a requirement to include accountability indicators within national grant proposals could ensure that there is some funding attributed directly to pushing for accountability nationally.

However, Global Fund funding for TB is already restricted, and squeezing this pot further to include funding for accountability workstreams could see necessary funds for other critical programmes redirected. Additionally, it is essential that accountability workstreams are not funded just at a national level, but also at a regional and global level. For example, the TB Accountability Platform formerly acted as a critical mechanism for global accountability and coordination, but its reach and output were severely restricted by a lack of capacity for new co-chairs. As such, the WHO should, as part of their role as global facilitators of accountability for TB, support CSOs to identify alternative sources of funding to enable longevity and sustainability in national and global accountability work.

The wider sector must consider new and innovative sources of funding for TB accountability both on a national and global level. This must include existing funders of TB programming alongside the Global Fund, including Unitaid and the StopTB Partnership. For example, CSOs could look to utilise the StopTB Partnership's Challenge Facility funding to secure additional resources for accountability-focused work[33]. Innovative funding must also include opening up more diverse sources of funding for TB, including using existing funding sources for cross-cutting work such as the UK government's technical assistance hold-back to the Global Fund.

Innovative thinking around potential sources of funding for TB accountability work streams must be pursued in order to ensure that CSOs and affected community members are able to dedicate the resources necessary to push forward work on accountability.

RECOMMENDATIONS

- Global Fund to consider including accountability indicators within national level funding proposals
- WHO to provide support to National TB Programmes and coordinating mechanisms to identify new sources of funding for accountability workstreams
- Multinational agencies like Unitaid and the StopTB Partnership to consider new and innovative sources of funding for global TB accountability

COORDINATION

A robust coordination mechanism is essential to ensuring a cross-cutting, comprehensive approach to national accountability for TB, and it is critical that CSO and affected communities play a leading role. In the five MAF-TB pilot schemes in the WHO's Europe region, CSOs have been active partners in guiding the success of these roll-outs. Yet we know that CSOs and advocacy groups are already stretched, with a lack of funding and resources making it more difficult to commit to taking on additional responsibilities within the sector despite acknowledging the critical importance of their input in accountability work.

As such, adapting an existing point of coordination to incorporate accountability would reduce additional burden and harness the experience and leadership of key actors. The Global Fund's Country Coordinating Mechanisms (CCMs) are one existing example of multisectoral coordination for TB. CCMs are made up of representatives of all sectors involved in the response to AIDS, TB and malaria, including: academic institutions, CSOs, faith-based organisations, government, multilateral and bilateral agencies, nongovernmental organisations, people living with the diseases, the private sector and technical agencies[34].

CCMs have been utilised in some country contexts to act as a coordinating mechanism for the implementation of the MAF-TB. While the current mandate of CCMs does not incorporate accountability specifically, their expertise across the sector could, in some contexts, make them a powerful national point of coordination of implementation of MAF-TB and broader accountability leadership. With a planned reform of CCMs upcoming, an amendment to the existing mandate of CCMs to include accountability could be a powerful tool in driving forward coordination for implementation of accountability mechanisms within the TB space.

While CCMs are a useful existing tool, they are designed to focus on HIV and malaria as well as TB. Their efficacy varies country-by-country. Additionally, TB has historically been underfunded and under-prioritised by the Global Fund, with only 18% of total funds going towards TB programmes[35] despite TB killing more people than HIV and malaria combined[36]. As such, relying on CCMs to act as the primary coordination mechanism for TB accountability in all contexts may not prove effective. However, in their best forms, they do demonstrate how national level multi sectoral coordination can be effectively managed by an existing coordination body. In countries where CCMs are less effective, the WHO should work closely with national CSOs and TB Programmes to develop alternative platforms for coordination to ensure a multisectoral approach to national accountability. Global Fund to amend mandate of CCMs to include responsibility for accountability at a national level.

RECOMMENDATIONS

- Global Fund to amend mandate of CCMs to include responsibility for accountability at a national level
- WHO to work with CSOs and TB Programmes to develop alternative platforms for multisectoral coordination.
- Continued leadership from CSOs and TB-affected community members in driving accountability forwards

Image: Krystyna Rivera

IMPLEMENTATION OF THE MAF-TB IN TANZANIA

CASE STUDY

The United Republic of Tanzania is one of the 30 countries with the highest number of people infected by TB globally. Incredible progress has been made in the effort to end TB epidemics in Tanzania, however, as the country passed the first milestones of the End TB Strategy for both reductions in TB incidence and TB death in 2019.

Tanzania's domestic commitment to driving forward progress to end TB extends to the implementation of key accountability measures, with years of work led by the country's National TB and Leprosy Program (NTLP) and Tanzania StopTB Partnership.

Over a period of long-term engagement, advocates gained buy-in from government representatives by holding a number of meetings involving technical representatives and high-level policymakers from a total of 23 ministries from across the Tanzanian government. In addition to governmental backing, NTLP and Tanzania StopTB Partnership garnered multi sectoral engagement and support for the implementation of the MAF-TB. Within this multisectoral approach, advocates engaged parliamentarians, trained journalists, collaborated with youth activists in six of the regions with the highest number of TB cases and ran social media campaigns. This effort enabled an increased awareness of TB nationally and developed meaningful cross-sectoral partnerships which will be critical in the continued implementation of the MAF-TB.

Challenges along the way included limited funds and capacity for this time-consuming work from key advocates. However, years of advocacy culminated in the launch of the MAF-TB in Tanzania on World TB Day 2023. Led by Prime Minister with nine directives to operationalise the framework, with a key focus on budgeting for TB programming in order to meet commitments.

But the work does not stop here. StopTB Tanzania have outlined a number of key steps to ensure the sustainable implementation of the MAF-TB to secure accountability as a key part of TB programming moving forwards. This includes mobilisation of resources for MAF-TB activities, ongoing coordination with multi sectoral stakeholders to establish long-term roles in TB accountability, and disseminating a mandate for day-to-day implementation of the MAF-TB. The strength of engagement around Tanzania's work to eliminate TB, and the clear and measurable steps set out in their MAF-TB launch set a clear pathway for long-term, sustainable accountability in the country and set a precedent for national implementation of the MAF-TB, as well as illustrating a commitment to meeting global targets.

Image: HDT Tanzania

ENGAGEMENT AND PRIORITISATION

Securing high-level engagement in conversations around TB has long been a challenge for CSOs and advocates globally. On a national level, workstreams are usually led by health ministers and National TB Programmes. This is the case with the implementation of the MAF-TB. In some examples, however, higher-level engagement has been secured. For example, the recent implementation of the MAF-TB in Tanzania has been led by the country's Prime Minister. Work was started by the country's Health Minister over two and a half years ago, but their lack of multisectoral influence meant that progress towards implementation stalled and the push for accountability was not prioritised cross-governmentally. This changed when the Prime Minister became involved in the process. While the aim of the MAF-TB is to be flexible to work best for each country, engagement from the highest levels of national governance is critical to facilitate improved multisectoral coordination for TB and to push for commitments to be met and TB epidemics to end by 2030.

Despite being a key measure of health systems' strength, TB has historically suffered from low prioritisation from many country governments and global bodies. Financial and political incentives for investment and action to end TB are low. This is particularly the case since the outbreak of COVID-19, which saw health services, funding and personnel redistributed to tackle the pandemic. In the contexts in which TB is more prevalent, other issues like poverty, political instability and violence, often vie for political attention and high-level discussion.

For progress to move forwards at the 2023 UNHLM and beyond, we must see increased prioritisation of TB workstreams, including accountability, where possible. It is critical that high-level representatives push for implementation of the MAF-TB and for accountability workstreams to be prioritised across the UN and this work should be championed by both high- and low-burden countries in order to ensure a truly global commitment to ending TB.

RECOMMENDATIONS

- UN Heads of State to champion accountability at the 2023 UN High Level Meeting on TB
- Strengthened prioritisation of accountability in low-burden countries as well as high-burden implementing countries
- National implementation of MAF-TB to be championed by high-level representatives to reflect the heightened need to meet old and new commitments to end TB

PARLIAMENTARY ENGAGEMENT IN UKRAINE

CASE STUDY

The Global TB Caucus – a network of more than 2500 parliamentarians in 150 countries committed to the elimination of TB – has been a key partner in the progressive roll-out of the MAF-TB. Recognising the abstract nature of accountability, the Global TB Caucus have worked to develop a checklist to provide a solid, tangible resource for parliamentarians to engage with the MAF-TB nationally.

Image: Krystyna Rivera

The MAF-TB Checklist is a custom framework developed for MPs to define the breadth and depth of parliamentary engagement and their role in the accountability process by highlighting pathways and challenges for parliamentary action around TB, identifying resources and capacity building needs for successful implementation and monitoring of parliamentary engagement and determining technical support contribution needed from the National TB Programmes, WHO, donors, technical partners, TB civil society, affected communities and the Global TB Caucus to ensure sustainable systematic engagement of elected representatives.

The greatest success so far from this work has been the pilot implementation of the checklist in Ukraine. Before the Russian invasion in 2022, Ukraine already had some of the highest TB and HIV rates in the region. Ukraine is one of the 30 countries with the highest burden of multi-drug resistant TB and rifampicin-resistant TB in the world. Disruption to treatment regimes and unstable living conditions are likely to have worsened outcomes and increased the number of people affected by TB in Ukraine, so action to meet commitments to end TB is more critical than ever.

There have been challenges to implementing the checklist. Limited funding amongst CSOs has meant that the Caucus and partner organisations have struggled to secure the resources required through the implementation of the MAF-TB and parliamentary checklist. Collaboration with national partners has also been a barrier, especially in governmental structures, as there is a need for an improved understanding on why parliamentarians need to be part of the accountability process.

The Caucus conducted a thorough review of implementation and are now working to mobilise additional resources for the wider roll-out of the checklist to engage parliamentarians globally.

> “For us, accountability is the only way to achieve results in collaboration with partners towards achieving the main goal - an end to TB by 2030. To do this, we need a coordinated, multi-stakeholder approach. To push for an end to TB, we must see more understanding of accountability mechanisms and wider implementation of structures for multi stakeholder cooperation.” Alesia Matusevych, Eastern Europe Central Asia Regional Manager

More information on the Caucus’ roll-out of the MAF-TB parliamentary checklist can be found here: https://www.who.int/publications/i/item/9789240066069

ACCOUNTABILITY FOR ACCOUNTABILITY

The WHO's work in introducing the MAF-TB has been critical to progress made in securing better accountability for TB, offering a solid framework through which parliamentarians, National TB Programmes, CSOs and TB-affected communities can implement and pursue accountability for critical TB indicators. However, while progress has been positive, there is still work to be done to implement the framework.

Nationally, implementation has been successful where WHO pilots have taken place, and the WHO continues to work with key stakeholders to roll out national implementation with a primary focus on countries classified as high-burden. Progress on implementation of the regional and global elements of the framework has, however, been slower due, in part, to its less tangible nature.

The primary source for analysis of the implementation of the MAF-TB is the annual Global TB Report, published each October by the WHO. The report represents a critical source of information each year for global advocates and stakeholders working on TB. However, as the report itself is published by the WHO – the very body responsible for implementing the MAF-TB – accountability for the implementation of the framework can be hazy.

Arguably the most critical element of the MAF-TB is the review mechanism through which lessons learned from monitoring implementation can be channelled into revised action in order to push progress forwards. There remains no clear global review mechanism developed as part of the MAF-TB. The WHO highlights key moments for global review include UN General Assembly meetings, the World Health Assembly and WHO Executive Board meetings. However, we know that TB is historically overlooked in the global health space. The 2018 meeting is the only global multi sectoral meeting focused solely on TB and which had clear and measurable outcomes for accountability. The MAF-TB states the 2023 UNHLM as the next available opportunity. While progress reports published in the interim have acted as useful monitoring and reporting tools, a lack of resolution, recommendation or renewed promise to action has held back progress towards global and regional accountability. At this stage, global action is absolutely critical if we are to meet SDG 3.3[37]. to end TB epidemics by 2030. More regular opportunities for multisectoral global review will not only drive momentum behind work to meet targets to end TB, but will also drive high-level engagement in this work.

The period between the 2023 UNHLM and subsequent UNHLM likely to take place in 2028 will be make-or-break for the goal to end TB epidemics by 2030. As such, additional TB-focused global multisectoral fora must be established in order to maintain momentum around 2023 commitments, review progress reported in Global TB Reports and UN Progress reports, and take relevant action to ensure that commitments are met in a timely manner. We must not wait until 2028 for the next opportunity to review commitments and take appropriate global action.

RECOMMENDATIONS

- WHO to provide support to National TB Programmes and coordinating mechanisms to identify new sources of funding for accountability workstreams
- WHO to continue efforts to introduce a clear global review mechanism for MAF-TB
- WHO must work to ensure additional opportunities for global TB-focused analysis, review and renewed action are made availablefor all stakeholders working on TB, bridging the gap between the 2023 and potential 2028 UNHLMs and driving the need for high-level engagement.

CONCLUSION

Work to foster strong accountability within the TB sector has come a long way since the 2018 UN High Level Meeting. However, there is still more to be done if the world is to meet its target to end TB epidemics by 2030. TB has always experienced a lack of funding and a lack of political engagement and these issues prevail in the implementation of accountability mechanisms. Despite commitment from CSOs and TB-affected communities, a lack of funding for critical accountability work has meant that progress to implement national accountability measures has been slow and burdensome for advocates. A lack of high-level engagement and opportunity for global and national coordination have also impeded accountability.

In order to hold global leaders to account on their commitment to end TB epidemics by 2030, we must see greater opportunity for global level review of accountability mechanisms and multisectoral engagement to ensure that action is relevant, timely and responsive to findings from monitoring exercises.

As we move towards the 2023 UNHLM and beyond, we must solidify national and subnational action, be responsive to evidence and prioritise global commitments in order to end preventable deaths from TB by 2030.

RECOMMENDATIONS

MULTILATERAL AGENCIES

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

- Global Fund to consider including accountability indicators within national level funding proposals.
- Global Fund to amend mandate of Country Coordinating Mechanism to include responsibility for accountability at a national level.

WORLD HEALTH ORGANISATION

- WHO to provide support to National TB Programmes and coordinating mechanisms to identify new sources of funding for accountability workstreams.
- WHO to continue efforts to introduce a clear global review mechanism for Multisectoral Accountability Framework for TB (MAF-TB).
- WHO must work to ensure additional opportunities for global TB-focused analysis, review and renewed action are made available for all stakeholders working on TB, bridging the gap between the 2023 and potential 2028 UNHLMs and driving the need for high-level engagement.

OTHER AGENCIES

- Multinational agencies like Unitaid and the StopTB Partnership to consider new and innovative sources of funding for global TB accountability.

THE UN

- UN Heads of State to champion accountability at the 2023 UN High Level Meeting on TB.
- Deliver an ambitious political declaration at the UNHLM 2023 which sets out clear, measurable targets - including timelines and responsible actors - for reducing TB infections and deaths, recognises the multisectoral nature of TB and sets clear targets for reviewing progress against commitments ahead of the next UNHLM.
- Heads of State to recognise the catastrophic impact of TB globally, particularly in communities experiencing poverty and lack of access to healthcare, and to meet commitments with genuine action in order to lead national and global efforts to end TB by 2030.

NATIONAL LEADERS

- Introduce metrics to measure stigma (self-stigma) in healthcare settings and communities with the aim of reducing TB stigma.
- Include CSO and affected communities in the decision making process at all levels of the TB response, locally, regionally and globally. TB programming to be embedded into communities and led by a primary healthcare system.
- Strengthened prioritisation of accountability in low-burden countries as well as high-burden implementing countries.
- National implementation of MAF-TB to be championed by high-level representative to reflect the heightened need to meet old and new commitments to end TB.

REFERENCES

Endnotes

1 WHO (2022) Global TB Report 2022 https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022

2 WHO's Global TB Report 2022

3 StopTB 'Reach key and vulnerable populations' https://www.stoptb.org/prioritize-people-human-rights-gender/reach-key-vulnerable-populations

4 Health and Human Rights, resources guide (2014) https://www.hhrguide.org/2014/03/08/585/

5 Stop TB, Declaration of the rights of people affected by TB https://www.stoptb.org/sites/default/files/Declaration%2520of%2520the%2520rights%2520of%2520people%2520affected%2520by%2520TB%2520-%2520A5%2520english%2520version.pdf

6 https://www.ncbi.nlm.nih.gov/books/NBK310763/

7 https://www.hindustantimes.com/mumbai-news/tb-patients-denied-access-to-new-drug-says-mumbai-doctor-in-lancet-journal/story-XbMn5vLtk473hlPOQmTUHJ.html

8 TB Killed Shreya Tripathi, But Her Death Could Have Been Avoided (2019) https://science.thewire.in/health/multi-drug-resistant-tb-bedaquiline-deaths/

9 Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis

10 The Sustainable Development Goals

11 WHO's End TB Strategy (2015) https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy

12 The Sustainable Development Goals: 3.3. "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases." https://www.globalgoals.org/goals/3-good-health-and-well-being/

13 StopTB Partnership COVID-19 Maps https://www.stoptb.org/static_pages/MappingTool_Main.html

14 StopTB Partnership, 12 MONTHS OF COVID-19 ELIMINATED 12 YEARS OF PROGRESS IN THE GLOBAL FIGHT AGAINST TUBERCULOSIS https://www.stoptb.org/news/12-months-of-covid-19-eliminated-12-years-of-progress-global-fight-against-tuberculosis

15 WHO, Global TB Report 2020 https://www.who.int/publications-detail-redirect/978924001313 1

16 WHO, Global TB Report 2022 https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022

17 The cumulative number of people treated between 2018 and 2021 was 26.3 million, equivalent to 66% of the 5-year (2018–2022) target of 40 million, including; 1.9 million children (54%), 649 000 people with drug-resistant TB (43%), 17 700 children with drug resistant TB (15%)

18 The cumulative number of people receiving preventative treatment between 2018-2022 was 12.5 million (42%), including; 1.6 million (40%) children under five years of age, 0.6 million (3%) people over five years of age and 10.3 million (>100%) people living with HIV

19 A total of $5.4 billion was mobilised in 2021 (42%)

20 A total of $1,000,326,531 (50%) mobilised in 2021

21 According to the Global TB Report 2021 https://www.who.int/publications/digital/global-tuberculosis-report-2021 , of 45 countries who completed the baseline MAF-TB assessment, "25 countries have updated their national strategic plans aligned with MAF-TB principles on integration of TB services within primary health care and addressing HIV as a TB risk factor. However, fewer than half of the responding countries have in place the integration of multisectoral actions to address other risk factors and social determinants of TB (e.g. undernutrition and poverty)."

22 Framework published in May 2019; national implementation ongoing

23 Progress report published in 2020 and 2023 meeting confirmed

24 WHO's Multisectoral Accountability Framework for TB https://apps.who.int/iris/handle/10665/331934

25 Phase III trials are late stage efficacy tests for new drug and vaccine candidates

26 Resolution 49: to "Request the Director General of the World Health Organization to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019"

27 The WHO categorises the thirty countries with the 'highest-burden' https://www.who.int/news/item/17-06-2021-who-releases-new-global-lists-of-high-burden-countries-for-tb-hiv-associated-tb-and-drug-resistant-tb of TB cases as: the top 20 countries in terms of their estimated absolute number of new (incident) cases in 2019; plus the 10 countries with the most severe burden in terms of the incidence rate (new cases per 100 000 population in 2019) that are not already in the top 20, and that meet a minimum threshold in terms of their absolute number of cases (10 000 new cases per year for TB; and 1000 new cases per year for HIV-associated TB and rifampicin-resistant TB).

28 WHO's Global TB Report 2022 https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022/featured-topics/maf-tb

29 The WHO"s End TB Forum https://whoendtbforum.org/

30 WHO Multi-sectoral Accountability Framework for TB https://cdn.who.int/media/docs/default-source/documents/tuberculosis/multisectoral-accountability-framework-tb-tuberculosis-checklist96a80040-12bd-438d-b79e-428e4e770ebe.pdf?sfvrsn=6ba20074_1&download=true

31 The Global Fund Results Report 2022 https://www.theglobalfund.org/media/12265/corporate_2022resultsreport_report_en.pdf

32 The StopTB Partnerships Challenge Facility for CSOs https://stoptb.org/global/awards/cfcs/

33 https://www.theglobalfund.org/en/country-coordinating-mechanism/

34 An amendment was made to the Global Fund's allocation methodology in 2022 meaning that TB programmes receive 18% of funds up to a total of $12 billion raised at the Global Fund's Seventh Replenishment and 25% of any funds greater than $12 billion.

35 https://www.theglobalfund.org/en/results/

36 Treatment for people diagnosed with rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (defined as resistance to rifampicin) requires regimens that include second-line drugs, such as bedaquiline and fluoroquinolones.

37 SDG Target 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

www.results.org.uk

join@results.org.uk

+44 (0)20 3930 9658

Unit 1.41, Citibase, Millbank Tower, 21-24 Millbank
London, SW1P 4QP, United Kingdom

results.uk

@resultsuk

Registered company number: 02761858 (England and Wales)
Registered charity numbers
England and Wales: 1015286
Scotland: SC041481

RESULTS