

# WHAT HAPPENS NEXT

## Accountability Post UN High Level Meeting On TB



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*“The UN High-Level Meeting on TB may not seem much. After all, governments are good at making promises, but not good at keeping them. But in the grand scheme of things – 10 million people worldwide fell ill with TB in 2017 alone and 1.6 million died because of the disease – to finally have the attention of the UN on the matter speaks volumes. TB is urgent, is global, and it needs proper investment and management. The political declaration is one powerful tool to hold our governments accountable.”*

Cristina Enache,  
Romanian Angel Appeal

*“We have reached the point of no return. We have a responsibility to change the existing status quo. It is very important that all of us – government and civil society – fulfil our commitment to fight against TB following the UN High-Level meeting and do it together. Civil society and the TB community can and should influence the outcome of these commitments and ensure an understanding of what people-centred quality TB care really means at all levels of decision-making.”*

Olga Klymenko,  
TB People Ukraine

## UN High-Level Meeting on Tuberculosis

Held on 26th of September in New York, the first-ever UN High-Level Meeting on Tuberculosis spurred unprecedented political attention for TB. It gathered over 15 Heads of State or Government and nearly 80 Ministers of Health and Ministers of Foreign Affairs at the United Nations General Assembly, countless representatives of multilateral organisations and networks, and civil society organisations and activists. This was the first ever UN High-Level meeting on TB (hereafter, UN HLM on TB) and only the fifth such meeting on a health topic (precedents include HIV/AIDS, non-communicable diseases, Ebola and antimicrobial resistance). The meeting resulted in a **Political Declaration on TB, signed by all UN member states**. It secured commitment from Heads of State and Government to ensure a coordinated global response in fight against TB, and to substantially increase financial resources for TB. **The Declaration not only outlines time-bound and measurable targets for countries to achieve, but also foresees a creation of a robust accountability system with regular monitoring and evaluation to ensure that they are delivered on.**

### What are the key commitments?

Recognising stagnating progress in the fight against TB, the Political Declaration sees governments commit to the drastic scale up of person-centred TB programmes necessary to reach the Sustainable Development Goal target of ending TB by 2030. Specific pledges include:

#### DIAGNOSIS AND TREATMENT

- Provide diagnosis and treatment with the aim to successfully treating **40 million people** with TB from 2018 to 2022, including 3.5 million children and 1.5 million people with drug resistant TB.
- **Find the missing people with TB**, and recognize importance of community healthcare and outreach in reaching them.
- Develop **community-based health services** through approaches protecting and promoting equity, ethics, gender equality and human rights.
- Scale up access to testing of TB infection and the **provision of preventative treatment**, so at least 30 million people, including 4 million children under age of 5 and 20 million other household contacts receive preventative treatment by 2022.



#### SUSTAINABLE FINANCE

- Increase overall **global investments in TB programmes to at least US\$13 billion** a year by 2022 to ensure universal access to quality prevention, diagnosis, treatment and care for TB.
- Recognise that **countries transitioning from donor to domestic funding** face new challenges that may negatively impact earlier gains.



#### HUMAN RIGHTS - END OF STIGMA AND DISCRIMINATION

- Commit to promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis.
- Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.



#### NEW TOOLS AND ACCESS TO EXISTING

- Close the estimated **US\$1.3 billion funding gap for TB research** that is needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity.
- Promote **access to affordable medicines**, including generics, for scaling up access to affordable TB treatment, including the treatment of MDR-TB and XDR-TB.



## MULTISECTORAL ACCOUNTABILITY FRAMEWORK

- Pursue **multisectoral collaboration** across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade, development and other sectors.
- Ensure that TB programmes actively contribute to developing **national antimicrobial resistance strategies**.
- Develop **appropriate national TB strategic plans** that include all necessary measures to deliver the commitments in the political declaration.
- Request Director General of the WHO to continue to **develop the multisectoral accountability framework** and jointly with the Secretary General provides a **progress report in 2020**.



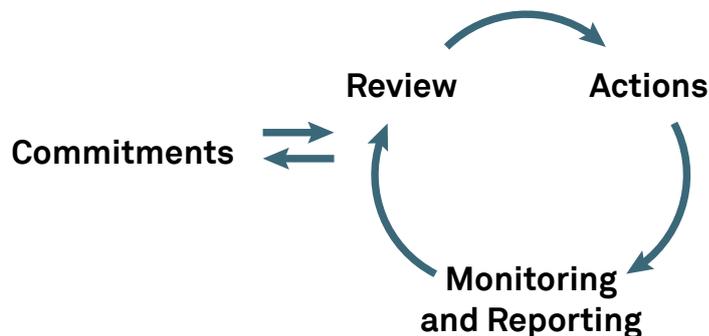
It is now up to civil society to work collectively with country governments and international organisations and networks to ensure that the multisectoral accountability framework is successfully implemented, that the key thematic commitments are fulfilled and the political momentum is not lost.

## What's next?

To ensure that the Political Declaration is not “just another piece of paper”, but instead prompts action by governments, international organisations and civil society in their fight against TB, it is essential that all stakeholders are held to account.

Civil society and communities will play a crucial role in working together with governments to ensure all the targets are reached at national, regional and international levels. In order to do so, civil society must play a meaningful role in accountability at every level.

An accountability framework defines who is accountable (for example, an individual, organisation, national government or the global community), what commitments and actions they are accountable for, and how they will be held to account. Broadly, mechanisms for how specific entities are held to account fall into two major categories; monitoring and reporting, and review, and will apply at local, national, regional and global levels. A generic accountability framework, as defined by the WHO, is shown below.



## What do we want to achieve?

We believe that Member States must be held account for delivering on the commitments they made in the UN HLM Political Declaration.

Similar commitments have been made in the WHO's End TB Strategy and the Sustainable Development Goals, all with the ultimate goal of ending TB by 2030. Currently, this target will not be achieved for another 100 years, at least, and the Political Declaration aims to get the world on track. A strong accountability framework would see accurate and relevant data on progress against the UN HLM targets being reviewed by decision makers who are both motivated and enabled to pursue the kinds of actions necessary to reach the targets. Aside from guiding effective, evidence-based policy making, effective accountability creates a political reward for progress against the targets and/or a political penalty for failing to do so, thereby accelerating action against TB.

A diverse range of stakeholders is responsible for delivering on the national targets, from civil society and NGOs, to governments, the Global Fund and the WHO.

## What is the plan at global level?

Current structures for monitoring and reporting on progress, such as the WHO Global TB Report, and NGO reports such as MSF and Stop TB Partnership's Out of Step report on adoption and implementation of WHO policies, and Treatment Action Group and Stop TB Partnership's report on funding trends for TB research and development, go some way in tracking progress against the various indicators but much more data will need to be collected by governments, WHO and advocates to monitor progress and drive action. The additional indicators will need to be monitored not only by global and regional institutions and civil society organisations, but most importantly by civil society organisations at national level.

In order to maintain political pressure at the highest levels, **it is essential that independent high-level review is instituted for TB**. Politically salient and meaningful accountability at the Head of State level will be required to ensure that the governments will take the high-level actions necessary to deliver on the UN HLM on TB targets (e.g. funding increases, significant policy change, etc.). Examples of such independent review processes in other global health areas include the Independent Monitoring Board for Polio<sup>1</sup> and the Every Woman Every Child Independent Panel<sup>2</sup>. The Political Declaration also requests the UN Secretary General to provide a progress report in 2020 on global and national progress across sectors towards achieving the agreed goals, and proposes a review by Heads of State and Government at another High Level Meeting 2023.

To coordinate the various strands of accountability, WHO is leading on the development of a multisectoral accountability framework, as requested at the Ministerial Conference in Moscow in 2017 and the Political Declaration on TB. The framework aims to ensure effective accountability of governments and all stakeholders at global, regional and national levels, in order to accelerate progress to end the TB epidemic and to be aligned fully with the End TB Strategy and the goals of the 2030 Agenda for Sustainable Development. This framework will be presented for adoption to the World Health Assembly in 2019.

Globally, civil society and communities will play an important role in making sure that this framework is developed in accordance to the needs of people with TB.

### Global advocacy moments in 2019

**8 February:** Global Fund Preparatory Meeting for 6th Replenishment, India

**24 March:** World TB Day

**20-28 May:** 72nd World Health Assembly, Switzerland  
May/June: Wolfheze conference, Netherlands

**28-29 June:** G20 Summit, Japan

**21-24 July:** IAS, Mexico

**25-27 August:** G7 Summit, France

**10 October:** Global Fund Sixth Replenishment Conference, France

## What is the plan at the regional level?

At the regional level, Member States committed in the Political Declaration to establish and promote regional efforts and collaboration to set ambitious targets, generate resources and **use existing regional intergovernmental institutions** to review progress, share lessons learned and strengthen collective capacity to end tuberculosis. Examples of regional high level review on health include the African Leaders Malaria Alliance

(ALMA), which meets on the sidelines of the African Union Summit at Heads of State or Government level to discuss progress and address challenges in meeting the target of eliminating malaria by 2030. It implements monitoring and reporting through the ALMA Scorecard.<sup>3</sup> To maintain high-level political engagement on TB, similar side-meetings at existing Heads of State meeting should be instituted. We have already seen examples of this for TB in the lead up to the High-Level Meeting, for example this year's APEC Meeting hosts Papua New Guinea included TB on this year's health agenda, and produced a statement in the APEC Health Working Group for the UN High-Level Meeting. At Head of State Meetings in 2019, such as the Council of Europe and Commonwealth of Independent States, leaders should meet on the sidelines for high-level review of progress towards the Political Declaration targets.

## What is the plan at the national level?

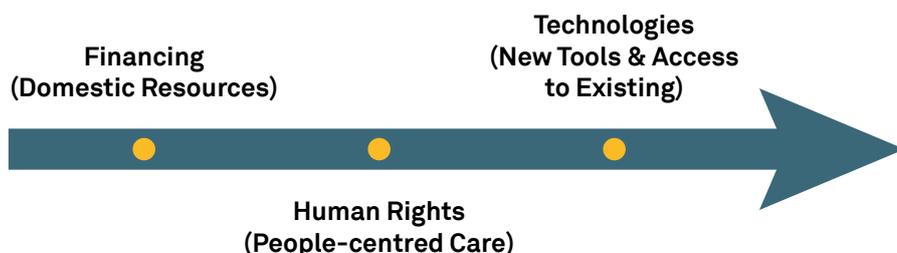
At the High-Level meeting, Member States committed to develop or strengthen national TB strategic plans in line with the Political Declaration, including through **national multisectoral mechanisms** to monitor and review progress, involving a range of ministries (health, finance, justice, social support, education etc.) and stakeholders (private sector, researchers, civil society etc.).

1. Polio Global Eradication Initiative, Independent Monitoring Board, <http://polioeradication.org/who-we-are/governance-and-structure/independent-monitoring-board/>
2. Independent Accountability Panel for Every Woman, Every Child, Every Adolescent (IAP), appointed by UN Secretary-General <https://iapewec.org/>
3. African Leaders Malaria Initiative, About ALMA, <http://alma2030.org/about>

As civil society, we will be involved at every level and this can be achieved through working collectively and engaging a wide range of stakeholders in advocacy efforts including the private sector, media, TB survivors, and parliamentarians to influence decision makers.

## What will TBEC do?

In its Strategic Plan 2017-2021, TBEC has identified **health system financing, people-centred TB policies, and TB research and development** as key thematic priorities in the region. Thus, TBEC will actively contribute to civil society and community advocacy and engagement efforts to ensure delivery of the key commitments relevant to the thematic priorities at global, regional and national levels.



TBEC will continue to contribute to the civil society and community engagement at national, regional and global levels via:

### ADVOCACY

Contributing to the global civil society network, advocating on accountability mechanisms in relevant fora;

- Direct advocacy vis-à-vis international organisations such as Global Fund, the EU and WHO Europe Office amongst others;
- Advocacy at the global and regional conferences and meetings such as the Union World Conference on Lung Health, bi-annual Wolfheze conference and others etc.;

### MEMBERSHIP ENGAGEMENT

- Regular bilingual information updates on global and regional advocacy efforts;
- Toolkits, brochures and online webinars for national level advocacy on accountability processes related to fulfilment of commitments by the UN HLM on TB Political Declaration;
- Support for TBEC member advocacy efforts at national level, from writing a letter to developing an advocacy plan;
- Regional and country level workshops;
- If you are interested in country level advocacy, but do not know where to start, please do not hesitate to contact us at [coordinator@tbcoalition.eu](mailto:coordinator@tbcoalition.eu).

## What can you do?

The Stop TB Partnership has translated all the commitments into national level targets. You can use these specific targets in your advocacy towards national governments such as with representatives from the Ministry of Health or National TB Programme, and work in collaboration members of parliament and the media.

Below, you can see two examples from the Ukraine and the UK of how civil society actors advocated in advance of the UNHLM and how they plan on building on this work to hold the government to account for delivering on the Political Declaration:

### Political Declaration and the partnership “STOP TB. Ukraine”

The Ukraine is amongst the top five countries with the highest rates of multidrug-resistant tuberculosis (MDR-TB). The number of cases of MDR-TB has increased from 3,482 in 2009 to 6,757 in 2017, partly due to the introduction of modern molecular genetic diagnostic methods, which improved the detection of people with MDR-TB. Nevertheless, the main reason for the growth of MDR-TB cases is inadequate organisation of treatment for people with TB. The predominant form of care is inpatient care, which leads to hospital-acquired infections of drug-resistant TB and treatment interruption. The situation with TB became more complicated due to increasing internal migration from Donetsk and Luhansk oblasts as the result of social and political crisis fuelled by conflict.

The Ukrainian TB service reports low levels of treatment success among new and relapsed cases at 74.2%, the second lowest treatment success rate in the European region. Treatment success rates for MDR-TB are also one of the lowest in the European region at 46%. It is clear that Ukraine needs rapid implementation of new effective people-centred approaches to TB and TB/HIV case management. The Ukrainian Health care system is undergoing reforms aimed at changing the approach to financing and managing the TB cases. However, the process of reforming requires additional efforts

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and funds that are currently limited. Additional efforts and funds also required for the introduction of new drugs and treatment schemes for TB. Ukrainian civil society and communities affected by TB agreed to step up advocacy efforts with aim of achieving the necessary reforms in line with the commitments of the UN HLM on TB Political Declaration.

#### Partnership “Stop TB. Ukraine”

The partnership “Stop TB. Ukraine” was established in December 2017 in line with the principles and strategy of the global Stop TB Partnership under the initiative and support of the “Challenge TB” Project financed by USAID and implemented by PATH. The main goal of the Partnership is to provide an effective response to the TB

epidemic in Ukraine by consolidating efforts, including local and regional NGOs, state bodies, international agencies and projects, trade unions, private/business sectors, religious organisations and individuals.

Members of the Partnership (48 members – local NGOs, TB specialists, TBPeople Ukraine, Centre of Social Diseases, Institute of Pulmonology and Phthisiology) agreed to consolidate efforts for the development and implementation of information and advocacy campaigns and events aimed at strengthening state leadership and political commitment to combat TB and TB/HIV co-infection.

One of the key ways for civil society to engage in the process of UN HLM on TB preparation was through activities and initiatives of “Stop TB. Ukraine”. In close collaboration with Ukrainian Parliamentary Platform to fight TB and National Coordination Council, the partnership sent letters to high-level country leaders (President, Prime Minister, Ministers of the relevant ministries) requesting their participation in the UN HLM on TB. The partnership also initiated and successfully conducted a transparent selection of community representatives to participate in the Ukrainian delegation to the UN HLM on TB, and organised a number of roundtables and discussions of the purposes and goals of the UN HLM on TB. (see table 1)

#### Political Declaration and the UK

In the UK, civil society engages with parliamentarians through the All Party Parliamentary Groups (APPG), the national TB caucus. As with many other countries, the APPG is supported by a civil society organisation, RESULTS UK, who provides the secretariat for the group, providing policy advice and assisting in the group's activities.

In advance of the UN HLM on TB, the APPG on Global TB organised a range of advocacy activities to build political support. In March, the APPG hosted a parliamentary reception to mark World TB Day, which was joined by the newly appointed Secretary of State for International Development. Following the success of the event, the APPG co-chairs coordinated a sign-on letter to the Prime Minister, which was signed by over 100 parliamentarians and requested that she attend the UN HLM in person. Following a successful letter to the Prime Minister, the APPG was able to secure a historic debate on Tuberculosis in the House of Commons Chamber and civil society organisations briefed MPs in advance of the session. The debate provided a unique opportunity to demonstrate the strong cross-party support for the UK to actively participate in the forthcoming UN HLM on TB and allowed MPs to raise a number of key policy concerns on the floor of the House of Commons, including on the importance of R&D, person-centred care models, closing the global funding gap, and holding governments around the world accountable for the commitments they make at the UN High-Level Meeting.

As a result of the strength of political support being demonstrated in parliament, civil society organisations were also able to more effectively engage with Government ministries directly to discuss priorities for the UK's engagement at the HLM.

At the national level, after having successfully lobbied for the creation of a national TB strategy, launched in 2015, the APPG is currently running an inquiry into the effectiveness of the strategy in driving down TB incidence. By engaging with civil society advocates, affected communities and professional bodies to gather evidence, the APPG report will provide a valuable accountability tool that celebrates progress made and demands further action on areas where the Government has been unable to deliver on the pledges made in the Strategy. (see table 2)

TBEC is an informal advocacy network of civil society organisations and individuals that share a commitment to raising awareness of TB and to increasing the political will to control the disease throughout the WHO Europe Region and worldwide. If you are want to learn more about TBEC, please visit TBEC website [tbcoalition.eu](http://tbcoalition.eu) or send an email to [coordinator@tbcoalition.eu](mailto:coordinator@tbcoalition.eu)

4. Gross Domestic Expenditure on Research and Development (GERD) refers to all expenditure (whether direct R&D activities or in support of R&D activities) on R&D in a country in a given period of time. Countries should spend 0.1% of GERD on TB research. Such a methodology takes into account GDP, research capacity, existing investment in TB R&D and publicly available data. In 2016, the UK fulfilled 68.26% of its GERD target (\$27,575,390 of \$40,400,000 target).
5. Member States, in the 2017 Moscow Declaration, committed to “supporting the development of a multisectoral accountability framework” in advance of the high-level meeting on tuberculosis in 2018, and called on WHO to develop, working in close cooperation with partners, such a framework for consideration by WHO's governing bodies. This was presented for consideration at WHA 2019. The framework identified high-level review of the TB response at the global, regional and national levels to be non-existent or in need of significant strengthening. A new element is proposed: high-level review(s) of the tuberculosis response at global, regional and national levels, with a multisectoral perspective and the engagement of key stakeholders, including civil society and tuberculosis-affected communities; and/or independent review.
6. The Global Fund provides 65% of all international financing for TB.

Table 1

COMMITMENT	Ask	What the Ukraine Government could do to deliver on it	What civil society will do to advocate for it
Diagnose and treat 40 million people with TB globally from 2018 to 2022, including 3.5 million children, and 1.5 million people with DR-TB, including 115,000 children with DR-TB (24).	The Ukrainian TB Programme should design strategies for delivering on the HLM political declaration through adjusting national strategic plans, implementing people-centred TB and TB/HIV care and other health interventions, and instituting accountability mechanisms for delivering on the targets.	The Ukrainian TB Programme should work with civil society to convene groups of stakeholders at national level, and drive a coordinated push for completion of the relevant strategic documents development and their approval	Support the completion of the relevant strategic documents. Advocate for the inclusion a human rights focus in these strategic documents. Actively participate in holding the Government to account for delivering on the target.
Use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end TB (50).	Ukraine should support the development and implementation of the WHO multisectoral accountability framework, including high-level review aspects. Accountability at all levels should include the active involvement of civil society and affected communities.	The Ukrainian TB Programme should work with civil society and professionals to convene working groups of stakeholders for the adoption and implementation of the WHO multisectoral accountability framework.	The Partnership will continue to work with the national Coordination Council and Parliamentary Platform to fight TB, to support social and high-level political pressure for delivering on the commitments of the HLM. Work with partners to ensure TB is on the agenda at important intergovernmental meetings.
Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment, and care of TB, (46).	Ukraine should contribute to ensuring a fully funded National TB Programme, and ensure that transition from Global Fund funding to the full state financing of the National TB programme is anticipated, planned for and that associated risks are mitigated.	Ukraine should evaluate the cost-effectiveness of TB interventions and adjust plans accordingly (e.g. expanding outpatient care instead of inpatient care).	The Partnership will advocate at national and regional levels for the implementation of ambulatory TB care, support policy development and monitor the process. This will include implementing innovative communication tools and utilising evidence gathered as part of both the monitoring and reporting and review stages of domestic accountability arrangements.

Table 2

COMMITMENT	Ask	What the UK could do to deliver on it	What civil society will do to advocate for it
Diagnose and treat 40 million people with TB globally from 2018 to 2022, including 3.5 million children, and 1.5 million people with DR-TB, including 115,000 children with DR-TB (24).	Through its bilateral aid programmes, the UK should work with countries to design strategies for delivering on the HLM political declaration.	The UK can work with Embassies to convene groups of stakeholders at national levels, and drive a coordinated push for Head of State/Government engagement at the regional intergovernmental level.	Engage with UK civil servants to provide information on individual country targets finding and treating people with TB. Engage in Global Fund replenishment campaign. Use events like World TB Day to report on progress against the 40 million target, globally and in DfID priority countries, in politically meaningful contexts.
Commit to contribute appropriately to funding TB research and development (41).	The UK should commit to spend 0.1% of gross domestic expenditure on R&D (GERD) <sup>4</sup> on TB R&D by 2020 and champion this as a “fair share” target for all countries to meet.	At high-level political fora, such as the G7 and G20, the UK should publicly champion the 0.1% target (being close to meeting it itself) and ask all countries to meet it.	Civil society will host a roundtable for decision makers in government and research councils, looking at market failure for TB, the economic case for investment in TB R&D, the opportunities for the UK, and the need for inclusion of TB in the AMR agenda globally. Work with the national TB caucus and other stakeholders to raise awareness of progress towards closing R&D funding gap through parliamentary events, debates and inquiries.
Use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end TB (50)	The UK should support the development and implementation of the WHO multisectoral accountability framework, including high-level review aspects. <sup>5</sup> The UK should institute accountability at the regional/ intergovernmental level by adding TB to the agenda of existing meetings of Heads of State/ Government (G7/G20). Accountability at all levels should include the active involvement of civil society and affected communities	The UK could be actively involved in shaping and improving the MAF. The UK should support the additional of side-meetings on TB at relevant intergovernmental meetings as well as strong language on the fight against TB in respective political declarations.	Civil society will continue to work with the national parliamentary TB caucus, the All Party Parliamentary Group on Global TB, to exert high-level political pressure for delivering on the commitments of the HLM, including through collaboration at intergovernmental fora.
Commit to mobilise sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment, and care of TB, including through contributions to the Global Fund to Fight AIDS, TB and Malaria, including its replenishment (46). <sup>6</sup>	The UK should contribute appropriately to a fully funded Global Fund in its 2019 replenishment.	The UK should contribute according to the Global Fund’s Investment Case.	Civil society will champion an Ask of the UK for the Global Fund replenishment through policy, parliamentary and grassroots angles. For example, meeting with civil servants, meeting or writing to local MPs, working with the national caucus and the media to publicise the issues in the mainstream media.



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