



POLICY BRIEF

Commemorating the second anniversary
of signing the Political Declaration of the UN General Assembly
High Level Meeting on Tuberculosis (UNGA HLM on TB)

COVID-19 - THE NEW REALITY OF ENDING TUBERCULOSIS

The purpose of this document is to inform decision-makers of the impact of the COVID-19 pandemic on the situation with tuberculosis in the EECA region, in particular on the fulfillment of the commitments of the Political Declaration of the UNGA HLM on TB held on September 26, 2018, and to propose priority measures for its improvement.

2020

Tuberculosis (TB) takes more lives every year than any other infectious disease

- Every year 1.4 million people die from this curable disease.
- Every year 10 million people fall ill with TB.
- TB is the leading cause of death from a single infectious agent.
- TB is one of the top 10 causes of death worldwide.
- The main challenge is drug-resistant TB, which requires longer and more expensive therapy and has a lower chance of successful treatment outcome.
- The Eastern Europe, Central Asia (EECA) region includes 9 out of 30 countries worldwide with the highest burden of multidrug-resistant TB.

Dynamics of the TB situation

It is important to note that due to the efforts made by States in response to the TB epidemic and financial support of donors, the TB situation in the region has had a more positive dynamic in recent years.

According to the latest data from the [WHO Report on the Global TB Control](#) in the period 2015-2019, the following is applicable to countries of the WHO European Region:

- Number of TB death has fell by 31%.
- Number of people newly infected with TB fell by 19%.
- More than 75% of people with TB were on treatment in 2019.

There has also been a significant increase in global funding for efforts to end TB: over the past 13 years. Funding has almost doubled globally, from \$3.5 billion in 2006 to \$6.8 billion in 2019. Nevertheless, TB continues to be one of the key health systems issues for most countries in the region.

Two years ago, the world came together to end TB

- In September 2018 ending TB was raised for the first time at the highest level of Heads of State and Government during the UNGA HLM on TB.
- As a result of the UNGA HLM on TB, a [Political Declaration on TB](#) was signed by all UN member to end the global TB epidemic and take concrete measures at the level of each country to reach the commitments and targets contained within the Political Declaration. The commitments of the Political Declaration on TB align with [Goal 3.3 of sustainable development \(SDG 3\)](#), which aims to end epidemics of TB and other dangerous infectious diseases by 2030, and the goals of the [WHO End TB Strategy](#), which aims to achieve a 90% reduction in number of TB death and 80% reduction in numbers of people newly infected with TB by 2030 compared to 2015.
- The document identified key interim and long-term targets and commitments.

Key targets and commitments of the Political Declaration on the UN General Assembly High Level Meeting on Tuberculosis:

Targets:

- ✓ Diagnose and treat 40 million people by 2022, including 3.5 million children and 1.5 million people with drug-resistant TB.
- ✓ Provide preventive treatment to at least 30 million people, including 4 million children and 20 million people who are in contact with people affected by TB by 2022.
- ✓ Deliver new, safe, effective, equitable, affordable, available vaccines, diagnostics and drugs as soon as possible.
- ✓ Overcome stigma and all forms of discrimination against people with TB, including by eliminating discriminatory laws, policies and programs; developing integrated, people-centred, community-based and gender-responsive health services based on human rights for vulnerable and key populations by 2022.
- ✓ Increase investment in TB prevention, diagnosis and treatment to \$13 billion annually.
- ✓ Increase global investment in TB research and development to \$2 billion annually.
- ✓ Develop the Multisectoral Accountability Framework and ensure its timely implementation (2019 target).

Commitments:

- ✓ Reach all people by closing the gap on TB diagnosis, treatment and prevention.
- ✓ Transform the TB response to be equitable, right-based and people-centered.
- ✓ Accelerate development of essential new tools to end TB.
- ✓ Invest the funds necessary to end TB.
- ✓ Commit to decisive and accountable global leadership including regular UN reporting and review.

- Irrespectively of the impact of COVID-19 consequences, the targets and commitments of the Political Declaration on TB have to be on the governances and states agenda, and in 2020, the global community is assessing the interim results of these commitments.

- Overall, governments have shown positive developments in achieving the agreed commitments and targets and have taken the necessary measures to ensure timely detection, quality and effective diagnosis and treatment, and to achieve sustainable financing to end TB.
- If maintained, countries in the WHO European Region stand a good chance to achieve the targets set forth in the Political Declaration on TB by 2030 and to eliminate the TB epidemic in the region.

Impact of the COVID-19 pandemic on TB

However, in 2020 the world faced an unforeseen global issue - COVID-19. It has had and continues to have a significant impact on population health, it has exacerbated long standing systemic health and social inequities, disproportionately affecting marginalized and vulnerable populations and has had substantial impact on health care systems. As research from key organizations working in the TB sector shows, the COVID-19 pandemic and restrictive measures to overcome it, is causing serious short- and long-term disruptions to TB services and will compromise the achievements and results made in recent years to end the TB epidemic.

- ✓ According to the [modeling work conducted by of the Stop TB Partnership, Imperial College, Avenir Health, John Hopkins University and USAID](#), the impact of the COVID-19 response could set back efforts to end TB by 5-8 years. The anticipated outcome of a 3-month strict quarantine followed by a 10-month rehabilitation of the TB care system will equate to an additional 6.3 million people with TB and 1.4 million TB deaths between 2020 and 2025.
- ✓ According to a [study by the Global Fund to Fight AIDS, Tuberculosis and Malaria](#), 78 percent of TB programs in 106 countries were suspended in some way during the fight against the COVID-19 pandemic: 20% of laboratory experiencing high or very high levels of disruption as many of the advanced diagnostics instruments put in place to diagnose TB now being used for testing for COVID-19, and 9 percent reported a shortage of medication to treat TB due to COVID-19 restrictions.
- ✓ The [study published in "The Lancet"](#), conducted by scientists in July 2020, confirmed that disruption of services due to the COVID-19 pandemic in countries with a high TB burden may lead to late diagnosis of the disease and could increase number of TB death by 20%.
- ✓ If in 2019, [according to WHO](#), the gap between the number of people notified with TB (7.1 million) and the estimated number of people with TB (10 million) was about 2.9 million, now, due to quarantine restrictions and the weakening of the TB systems due to COVID-19, a number of people with TB missed by health system could rise. Risks to detection rates are due, among other things, to a decrease in the number of people seeking care due to fear of contracting COVID-19 and economic hardship caused by the pandemic, increased stigma due to similarities in TB and COVID-19 symptoms, and limited diagnostic resources.
- ✓ [Modeling conducted by the WHO Global TB Programme](#) shows that if within 3 months the number of people diagnosed with TB 25% less than before the start of the COVID-19 pandemic, the number of TB deaths in 2020 could reach about

1.66 million (increase by 13%), which is close to the global TB death rate that was experienced during the peak of the epidemic in 2015.

Funding for TB in the context of the COVID-19 pandemic

TB disproportionately affects people living in poverty. Globally, low and lower middle income countries account for more than 90% of TB cases and deaths and poverty projections suggest that the social and economic impacts of COVID-19 are likely to be quite significant. The direct impact of COVID-19, as well as the restrictive measures to combat the pandemic, have serious implications for national economies, poverty projections, food supply and many other areas that are directly related to efforts to end TB. For example, according to the World Bank, between 70 million and 100 million people could end up in extreme poverty due to the global recession caused by the outbreak of the COVID-19 pandemic, which severely affected the most vulnerable and worsened their access to health care. The importance of maintaining the focus on ending TB and mitigating the negative impact of COVID-19 on people at highest risk are also confirmed by TB affected community and civil society led survey on the [impact of COVID-19 on the TB epidemic: community perspective](#). The document shows a significant impact of the COVID-19 on increasing inequities and human rights-related barriers to TB services, and driving people with TB into even greater poverty and social isolation.

Financial sustainability of ending TB efforts in the EECA region is also declining due to the withdrawal of large donors who have long invested in TB care services. National budgets face multiple challenges; the need to continue financing services at the existing level, to strengthen the process of optimizing resources allocated for ending TB, to monitor cost efficiencies and to control the timely and efficient use and redistribution of funds.

Coordination and interaction to strengthen TB responses in the COVID-19 environment

To prevent simulated consequences in worst-case scenarios and to overcome the damage already caused by the COVID-19 pandemic, the following is needed:

- Accelerated and urgent action to fulfill the commitments of the UNGA HLM on TB Political Declaration.
- A review of [national targets](#) for TB [diagnosis and treatment](#) to ensure appropriate equity in the implementation of the global indicators set forth in the Political Declaration on TB.
- Consolidated efforts by stakeholders in countries, including civil society and communities of people affected by TB, to contribute to the processes of developing the national strategic documents, the implementation of TB control measures and holding stakeholders to account.
- Implementation of a mechanism for multisectoral (interagency) collaboration and accountability with the widest possible representation of key national partners, including civil society and communities affected by TB.

Multisectoral interaction and accountability stated in the Political Declaration on TB includes collaboration between government and non-government sectors representing the health, social policy, finance, justice, social protection and labor, education, science and technology, agriculture, environment, urban planning, trade, nutrition, and others, which will help eliminate existing gaps and barriers across the continuum of services to provide TB care to everyone who needs it.

Only by bringing all stakeholders in countries together can we expect that the TB situation within the ongoing COVID-19 pandemic to get under control, stabilized and improved.

Priority actions to end TB

Decision-makers, both in the executive and legislative spheres, play a significant role at all key stages of systemic changes in the TB response. It is crucial to take consistent and concerted action based on the country context and the mandates of the relevant structures, and also to have regular consultations with people affected by TB and civil society organizations that are directly involved and impacted by TB activities.

Representatives
of the legislature

Representatives
of the executive branch

Implementation of a multisectoral coordination and accountability mechanism for the implementation of commitments in the UN General Assembly High Level Meeting on Tuberculosis

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| <ul style="list-style-type: none"> • Apply to the Head of State and/or Head of Government with a request to facilitate the creation of a multisectoral coordination and accountability mechanism (or assign its functions to an intersectoral association already established in the country) and personally lead it. • Become part of the multisectoral coordination and accountability mechanism and ensure parliamentary oversight of its functioning. | <ul style="list-style-type: none"> • Initiate the creation of a multisectoral coordination and accountability mechanism (or assign its functions to a multisectoral caucus already established in the country, such as a Country Coordination Mechanism or similar) with its functions assigned to it in a normative document. • Request the Head of State and/or the Head of Government to personally lead the multisectoral coordination and accountability mechanism. |
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Revise national targets for TB diagnosis and treatment taking into account the impact of COVID-19

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| <ul style="list-style-type: none"> • At a high profiled meeting in Parliament discuss with stakeholders the need for the country to review the target indicators for the implementation of the Political Declaration on TB and to record the decisions in the relevant protocol document. | <ul style="list-style-type: none"> • Conduct in-country baseline assessments in line with MAF-TB checklist on the fulfillment of the commitments within the Political Declarations on TB and, based on the analysis, develop a plan for the implementation of the recommendations. • Initiate, as part of a multisectoral discussion-making process, a review of national targets for TB diagnosis and treatment taking into account the impact of COVID-19 and develop a plan to achieve them. |
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Ensure financial sustainability of tuberculosis programs

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| <ul style="list-style-type: none"> • Adopt a state budget which does not reduce expenditures for the implementation of TB programs and activities. • Carry out the parliamentary control over implementation of the adopted budgets in the sphere of efforts to end TB. • Based on the demands from civil society and affected TB communities within the framework of budget advocacy, influence the preservation and/or increase of necessary expenditure items in ending TB. • Advocate for investment in health and TB systems and support governments to rebuild better TB services as well as support the Government to build a high-quality people-oriented TB services. | <ul style="list-style-type: none"> • Control and prevent a reduction of expenses for TB activities envisaged in the plan of the state budget, and initiate enhanced control and monitoring of their use. • Ensure that local authorities and self-governments fully implement TB activity expenditure plans approved by the budgets at the local level. |
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Involve civil society and community representatives in national TB programs for people-centered, rights-based and gender-equitable TB care

- At the legislative level, provide for the possibility of financing mechanisms for civil society organizations.
- Ensure the participation of civil society representatives in formal TB discussion sessions in Parliament.

- In cooperation with civil society representatives, initiate the development of possible mechanisms of financing (social contract or other mechanisms relevant to the country) of civil society organizations, with their approval in the country's legal framework or revision of existing mechanisms in accordance with the recommendations of existing analytical reports at the country level.
- In collaboration with civil society representatives, initiate the development or revision of standards of services provided by civil society organizations and their consolidation in the country legal and regulatory framework.
- Include in the transition to public funding the activities of civil society organizations at all stages of TB care delivery.
- Ensure representation of TB affected communities, civil society and TB community on all health governance platforms involving them in design, implementation, monitoring and evaluation of plans, interventions, and all national strategic documents on TB response.

Ensure people-centered, -rights-based, and gender-equitable TB care

- Make appropriate changes to any legislation that contains discriminatory provisions that violate the rights of people affected by TB.
- Address the stigma and discrimination faced by people

- Ensure continuity and access to the latest TB treatment, including DR TB treatment and ensure that injectable drug regimens that cause irreparable damage to the health of people with TB are avoided.

Representatives of the legislature

affected by TB; removing legal barriers; pursuing approaches that focus on rights, ethics and gender equality as well as the importance of language sensitivities for people affected by TB during discussions on TB in Parliament.

Representatives of the executive branch

- Provide an opportunity to be simultaneously diagnosed for TB/COVID-19, while ensuring that TB testing in general is not stopped or declining.
- Develop policies to actively identify people with TB from vulnerable groups (such as **mobile populations, miners, prisoners and detainees, people who use drugs, people living with HIV, refugees and indigenous populations**) by involving representatives of civil society, communities of people affected by TB, including key and vulnerable TB populations, as well as implement real time data (daily monitoring) for reporting the number of people with newly diagnosed TB.
- Support and maximize outreach of community-based outpatient care that focuses on the needs, rights, ethics and gender equality of people with TB, and support and follow-up at the community level.
- Ensure that people on treatment should receive support for treatment adherence (including psychosocial support) from civil society organizations, notably from trained people affected by TB.
- Adapt digital health solutions for treatment adherence programs - video-supported treatment of tuberculosis.
- Ensure communities, rights and gender barriers are removed to secure equitable access to TB care for most vulnerable populations.

For more information please contact us:

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