

BRIEFING PAPER

# Tuberculosis Prevention and Care and Pandemic Prevention, Preparedness and Response

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*This briefing paper aims to serve as the resource for the upcoming High-Level Meetings (HLM) on Tuberculosis (TB) and Pandemic Prevention, Preparedness and Response (PPR). It lays out joint priorities areas and puts forward distinct "asks" for the HLM on PPR.*

## What are the links between TB and PPR?

TB has long been the leading infectious disease killer in the world, only recently surpassed by COVID-19. Although curable and preventable, TB is found in every country and affects every age group, with 10 million people globally developing TB each year and 1.6 million dying. Like COVID-19, TB hits hardest people who are already marginalized or in poor health.

The success and failures of global efforts to prevent and treat TB provide essential lessons for pandemic prevention, preparedness, and response (PPR). For these reasons, commitments called for at the upcoming High-Level Meeting (HLM) on TB will also support efforts to respond and react to future pandemics. These include:

### Reaching all people by closing the gaps in prevention, diagnosis, treatment, and care by implementing evidence-based interventions and tools.

TB and PPR both require universally available, fast acting, easy to use, and , and quality testing, diagnostics, vaccines, and treatments, as well as immediate, equitable access to these and other countermeasures. In addition, monitoring and supporting those with disease and screening their close contacts are essential in responding to all infectious pathogens. TB and PPR require adequate, sustained investments in human resources for health and their distribution, including community health workers, contact tracers, nurses, doctors, social workers, peer supporters, laboratory technicians, radiologists, and pharmacists.

### Accelerating the research, development, roll-out, and access to new vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies.

TB and PPR require enabling environments to expedite research and innovation and open data sharing. Access to these innovations must be based on health need, which requires breaking down barriers to the sharing of patents, technology, and know-how. These systems also require investment in improving the collection, analysis, reporting, and automation of real-time data, including advanced technologies like predictive analytics and AI/machine learning, to support real-time evidence-based decision-making to improve health outcomes. Novel dual-purpose or multi-disease molecular diagnostic platforms or imaging systems can benefit the responses against TB, COVID-19 and future pandemics. New vaccine research science, such as mRNA technology can be further advances to develop vaccines against TB and future pandemics.

### Transforming the response to be equitable, inclusive, gender-sensitive, rights-based, and people-centred.

TB and PPR require countries to have national plans for universal access to services that respect human rights and promote gender equity as well as identify and mitigate human rights barriers like stigma and discrimination. They also need community-based and community-led approaches that raise the voices of the most vulnerable in planning and monitoring access to and the quality of services. Both also require adequate financial and social protections for affected people and their families and research protocols that address the needs and include the participation of the most vulnerable from day one.

### Access to essential services for vulnerable populations.

TB and PPR require full access to prevention, diagnosis, treatment, and support services (including comprehensive social protection) for key and vulnerable populations, which are fully integrated within resilient health and community systems in line with Universal Health Coverage (UHC) principles, are explicitly included in the packages of essential services under prepaid health financing schemes, and aim at improving and protecting population health.

### Infection prevention and control.

Addressing TB and pandemic airborne infectious disease requires the integration of airborne infection prevention and control (IPC) into broader infection prevention and control policies and procedures in health systems and congregate settings.

## Why do we need a high-level declaration on PPR?

While prevention and control of TB and pandemic prevention, preparedness, and response share many common action points, pandemics also pose a significant threat to the gains achieved by TB programs since the last High-Level Meeting. During the COVID-19 pandemic, TB programs backslid, leading to increases in cases and deaths for the first time in decades, and in some parts of the world a complete halt in TB services. We cannot let this happen again.

The risk of another pandemic threat and an even more deadly and devastating pandemic is higher than ever, fueled by increasing population density and mobility, and environmental degradation. Urgent political leadership and international cooperation are required to muster the financing, coordination, and political will to prevent, prepare for, and respond to the next crisis. This includes facilitating TB and other basic health services to continue operating as a fundamental part of the response.

## What outcomes do we want to see from the High-Level Meeting on PPR?

Avoiding the tragedy caused by COVID-19 requires laying the groundwork now for future prevention, preparedness, and response. We must invest in and sustain PPR at the local, national, regional, and international levels to protect health and economic security. We are calling for a concise, action-oriented political declaration which commits to a cohesive package of reforms to PPR and political leadership. The HLM and political declaration on PPR should:

- **Articulate a cohesive, shared, and multisectoral approach to strengthen pandemic PPR at national, regional, and global levels.** This must include committing to a whole-of-government and whole-of-society effort that includes concerted action at the animal-animal and animal-human interface using a One Health approach.
- **Reinforce, advance, and bolster international pandemic PPR initiatives already under way,** including the Pandemic Accord negotiations and the amendments to the International Health Regulations.
- **Endorse the creation of a standing head-of-government and head-of-state level council** to drive cohesive, ongoing vigilance and concerted action on current and future pandemic threats.
- **Secure commitment to a new global pandemic countermeasures framework** to ensure timely, equitable, and affordable access to pandemic-related products and public health interventions for all.
- **Secure commitment from all nations to mobilize additional, sustainable preparedness and surge financing for pandemic PPR as a global public good,** including at least the \$10.5B required annually for preparedness, and up to \$100 billion available for surge financing in case of a crisis. Such financing should involve international and regional institutions.
- **Secure agreement on a robust independent monitoring and accountability framework,** including a commitment to hold a follow-up summit at the 2024 UN General Assembly to assess progress and gaps.