



Foreign &
Commonwealth
Office



Wilton Park




Image: John Lamb Photography Limited

Report

Time to end TB – a new path to defeating the world's oldest epidemic

Monday 19 – Tuesday 20 June 2017 | WP1550

In partnership with:

 **Global TB Caucus**



Report

Time to end TB – a new path to defeating the world's oldest epidemic

Monday 18 – Tuesday 20 June 2017 | WP1550

Executive summary

Tuberculosis (TB) is humanity's greatest infectious killer. Seventy years since the discovery of antibiotics, and twenty-four years after being declared a global health emergency, TB remains the world's deadliest communicable disease. Every year over 10 million people fall ill with the disease and nearly two million die from it. And yet, despite several global initiatives, there has been relatively little progress in achieving the reduction in incidence and deaths required to end this epidemic.

In December 2016, the United Nations agreed to host a High Level Meeting on Tuberculosis (TB) in 2018. This is an unprecedented opportunity for TB to receive global political attention, and the success or failure of this meeting will have a critical impact on the future of the TB epidemic.

Success depends on a sustained, collaborative effort from groups involved in tackling TB. The Global TB Caucus convened a meeting in partnership with Wilton Park of a range of stakeholders invested in this effort, to identify a strategy of how to build this collaborative campaign.

Among other things, the meeting addressed:

- The specific policy reforms and programme implementation needed, particularly by national governments, to tackle the threat posed by TB and make progress towards elimination. Rapid implementation of existing initiatives is needed, but also significant investment in new tools and treatment, with a marked shift to a more people-centred model of care.
- The goals and desired outcomes that need to be pursued from the high level meeting to ensure success, including discussion on investment and implementation.
- The lessons learned from the experiences of other health issues in their efforts to galvanise global political leadership, as well as important considerations from other UN High level meetings in the past.
- The strengths and weaknesses of the TB community. Establishing multi-sectoral partnerships is needed to make the most of both the unique capabilities and strengths and shortcomings that were identified.
- An understanding of the key influencers that need to be targeted in relation to the United Nations high level meeting and other preceding events, including the G20 Leaders' Summit in July 2017, and the Global Ministerial Conference being held in Moscow in November 2017.
- The specific actions that the TB community needs to do, and the structure and process of how it should be organised, to ensure the best possible outcome from the high level meeting.

Key themes and recommendations

- The TB community has been presented with a rare and critical moment to make significant change. In focusing global attention, the UN high level meeting presents a potential turning point in the battle to end the TB epidemic – and the opportunity must not be squandered.
- A high level meeting at the United Nations General Assembly is an enormous logistical and organisational challenge. Such meetings demand coordination and agreement between 193 governments, as well as associated advocacy groups, private sector organisations, research groups and the scientific community, programme implementers, and more. To achieve the most successful outcomes, there must be strong and sustained collaboration and coordination between all stakeholders. Mastering the process of organising the meeting is the key to success, and it should not be underestimated how much effort this requires.
- There is no one individual organisation that can, or should, coordinate the breadth of activities that the TB community will undertake in the lead up to the high level meeting. Different groups should take a lead on different ‘tracks’ in relation to their specific skills and experience, recognising that stakeholders should employ their unique assets and not duplicate efforts.
- The TB community must present global political leaders with a new image of the disease. This turn-around in the TB narrative needs to present a ‘path to victory’: painting a picture for Heads of State of how their investment can change the path of the epidemic. This needs to appeal to government’s self-interest, including an ‘investment case’ which makes a financial argument of the risks and benefits.
- The voices of people living with TB have not been heard loud enough through advocacy or policy-making; and communities dealing with TB are often marginalised and disempowered. Achieving the targets to test and treat, and ultimately end TB, will not be possible without putting communities of people living with TB at the centre of the response. The Political Declaration must acknowledge the importance of grassroots engagement in delivering its commitments.
- Deciding on the ‘modalities’ – aims, scope and structure – of the meeting are particularly important to ensure engagement at the highest level from the greatest number of countries. This work is a priority next step, and needs to begin immediately.
- Despite the enormity of the challenges that stand in the way of ending TB, the TB community should focus on achieving a limited number of the most critical issues through this process. The TB community must know what it wants: arguing for targeted and specific goals is most compelling for governments, and guarantees more chance of influential countries taking the lead. Most importantly, there must be a clear accountability framework to ensure that governments adhere to commitments made at the meeting.
- The high level meeting should not be considered as an end in itself. The impact of the meeting is determined by the support that is built before it, and the strength of the follow-up after it. Stakeholders should develop plans for the weeks and months following the high level meeting, and recognise that this is one step in a long-term process of achieving desired goals.

Challenges and opportunities

1. TB is the world’s leading infectious killer. The disease has attained that status through a consistent failure of the global community to effectively diagnose and treat enough people with the disease. TB is a complex, difficult, and resilient disease, and it has its roots in a range of overlapping social and economic factors that are challenging to

overcome. Poverty and inequality are drivers of TB; and this is a key reason why there is a lack of political engagement at the highest levels.

2. People who live with TB, or have experience of the disease, are often left out of the policy-making response and are rarely given the opportunity to engage in political processes. Traditionally, and compared with other infectious diseases like HIV/AIDS, the response to TB has been over-medicalised, and a groundswell of community activism has not taken hold.
3. The voice of TB activism is not sufficiently financially supported. Funding is a key barrier to TB advocates achieving success, and significant investment is needed for TB to catch up to the funds provided for other infectious diseases. It should be acknowledged that the high level meeting will not fulfil all long-term challenges, including financial gaps, but should be seen as a step in the right direction.
4. Despite the complex challenges, there is momentum behind government action on TB, as demonstrated recently through the G20. There is commitment from Ministers of Health and a sense that the global community is beginning to understand the true scale of the epidemic and what needs to be achieved. This success at the G20 is owed to the sustained and forceful efforts from the TB community to put pressure on governments.
5. There is now a clear pathway that the TB community can use to direct its advocacy - the G20 Leaders' Summit, the Global Ministerial Conference in Moscow – which culminates in the high level meeting on TB at the United Nations. Using the building momentum, this is a key opportunity to create a global consensus, and a global commitment, on what needs to be done.

What needs to be done

6. By agreeing to Sustainable Development Goal 3.3 all 193 UN Member States have already committed to end TB. The UN Secretary General's reform agenda is structured around the achievement of the Sustainable Development Agenda, and he sees TB as fitting squarely in this realm. In its advocacy, the TB community must also frame TB as part of the Sustainable Development Agenda, and focus on the two outcomes that must be achieved in order to reach this goal:
 - a) The full scale up of existing tools to diagnose and treat people with TB. Despite significant efforts, the number of people who are officially diagnosed and treated each year is relatively static at around 6.3 million out of an estimated 10.4 million cases. The number of people officially diagnosed and successfully treated must be dramatically increased.
 - b) The development of a new TB drug regimen, diagnostics and a more effective vaccine. New tools need to be developed if progress is going to accelerate, which requires a sharp increase in investment in research and development, and significant policy reforms within countries.
7. A mechanism for holding political decision makers accountable to their commitments is critical to ensuring any agreement made at the high level meeting is meaningful. The accountability mechanism should be independent to effectively hold the countries to account – any efforts to encourage self-monitoring should be challenged. It should also be multi-sectoral; reflecting the wide range of factors which help drive the TB epidemic, and driven from the highest levels of government with coverage across different government Ministries.
8. It is important to note that countries should not be held equally responsible for delivering the outcomes that are agreed upon through the high level meeting. Depending on burden of disease, financial capacity and the level of investment needed, countries will take on different roles and will need varying levels of support.

The importance of data

9. Understanding of the TB epidemic is starting to improve, however, there is still a long way to go before the disease and its impact is fully understood. The biggest challenge is the fact that there are an estimated 4 million people every year who fall ill with TB but are left undiagnosed or treated. Essentially, these people are 'missing', so little is known about them and what is driving their TB disease. The data that is available is often incomplete, including for children and high risk groups such as prisoners and migrants. National and subnational health systems have incomplete knowledge over the location of cases and how best to deploy resources.
10. With the current diagnostic methods available, there is often a delay between diagnosis and starting treatment, or in receiving the best combination of drugs to treat the disease. Better diagnostic methods, which give more data on individual strains of the disease, would undoubtedly drive progress and better patient outcomes.
11. Without better information to 'know' the epidemic, policy makers are working in the dark, and communities facing TB continue to suffer unnecessarily.

Parallels with other health issues

12. The TB epidemic shares many parallels with other health issues and whilst it has unique characteristics, it is not uniquely difficult to overcome. A narrative of how to achieve success is important to facilitate engagement of donors and stakeholders: TB must be presented as the winnable fight that it can be.
13. Personal stories of people are important to overcome stigma, and there are important lessons that the TB community can learn from efforts to overcome stigma relating to other stigmatised health issues, particularly HIV. Community health workers can play an important role but need to be appropriately supported and trained.
14. The TB community should consider how TB relates to other current themes within the global health agenda, including the global momentum towards achieving Universal Health Care, ending AIDS, and the growing global attention being given to Antimicrobial Resistance (AMR). The TB community must be vigilant to ensure that TB related outputs are included in decisions made on these issues, allowing diplomatic momentum to build.

Lessons for high level diplomacy

15. The key to achieving success from a multilateral diplomatic process like a high level meeting is fastidious organisation. This begins with identifying a date as early as possible and preparing a timeline with key decision points set in stone. While as many countries as possible should be targeted, lobbying should not be broad or general. A list of potential 'champion' countries should be collated, and then pursued as leaders to drive the process through the UN. UN Missions in New York and Geneva have a key role to play in the coordination, but the direction should be set by a major, influential Head of State who can include the issue in all relevant bilateral meetings and press conferences.
16. Stakeholders involved in this process should have a clear understanding of what a High level meeting can achieve; it is not guarantee, and indeed not highly likely, that the event itself will lead to increases in financing. Ensuring that the Political Declaration is action oriented and time bound is important, while maintaining ambitious and bold language. It will also be important to engage with political blocs (geopolitical groupings of countries) as well as individual countries, and maintain engagement with these networks going forward.
17. At different ends of the spectrum, the private sector and the community can be hugely influential in creating change. The TB community has traditionally been quite insular, and there is a need to reframe how private sector and community groups can be

engaged. In keeping with positioning TB as linked to broader determinants of health, and strongly connected to the SDGs, a much more comprehensive partnership approach is needed. An effort should be made to tap into the influence of the private sector, not limited to financial assets; with a specific focus on appealing to the core capabilities of potential private sector partners. Large civil society implementing partners should also be considered key partners, given the connection they have to the communities they serve, and the ability to potentially influence governments in their countries.

Next steps for the TB community

18. There are several 'tracks' or paths that need to be successfully navigated in order to ensure a positive outcome from the High level meeting. These include: influencing UN Missions in New York and Geneva; engaging with key decision-makers at the UN; and working in-country to garner political support. Information sharing between these tracks will be important to ensure that there is no unnecessary duplication, hence the need to establish clear roles and responsibilities for all actors involved.
19. Different stakeholders have varying skills and capabilities to contribute, and therefore open working groups – in the sense that anyone can join them - could be a useful way of drawing the community together. These working groups should have convenors or leaders who contribute to a central coordination mechanism.
20. The World Health Organization has a mandate from the UN General Assembly to co-facilitate the High level meeting. Accordingly, to ensure the most successful possible outcomes the WHO should collaborate with the wider TB community, and likewise the wider TB community must be prepared to support the WHO to drive the most successful outcomes. TB needs to be brought to the political level, beyond the arena of public health specialists, and into the arena of Heads of State. For this reason, the High level meeting should not be too technical, and all efforts should be made to present a simple, compelling and believable argument to tackle TB.

Georgia White

Wilton Park | June 2017

Wilton Park reports are brief summaries of the main points and conclusions of a conference. The reports reflect rapporteurs' personal interpretations of the proceedings – as such they do not constitute any institutional policy of Wilton Park nor do they necessarily represent the views of the rapporteur.

Should you wish to read other Wilton Park reports, or participate in upcoming Wilton Park conferences, please consult our website www.wiltonpark.org.uk

To receive our e-newsletter and latest updates on conferences subscribe to <https://www.wiltonpark.org.uk/newsletter/>