



One Africa TB Summit, 2023

Community and Civil Society Chart Ambitious Course for the United Nations High Level Meeting on TB and the Development of an African Union Resolution to End TB

25 August 2023, Addis Ababa, Ethiopia

We, the undersigned representatives of affected communities and civil society organizations in Africa, dedicated to the fight against tuberculosis (TB), at the One Africa TB Summit in Addis Ababa, issue this communique ahead of the United Nations High-Level Meeting (UNHLM) on TB to be held in New York on September 22, 2023.

The 2023 TB UNHLM presents a critical opportunity to mobilize political will and resources necessary to eliminate TB as a public health threat by 2030, in line with the Global TB Plan.

In alignment with the TB community [key asks](#) and [Deadly Divide 2.0](#) Call to action:

- 1. Close the gaps in TB prevention, diagnosis, treatment, and care by reaching all people with TB:** Africa has made progress in the fight against TB in recent years, however several hurdles are curbing the efforts to end this preventable and curable disease and at the current pace, the global targets to eliminate the disease by 2030 look increasingly elusive. Identifying and overcoming human rights and gender related barriers to TB programs can contribute to finding the missing people with TB. We advocate for; comprehensive community engagement, human rights and gender, resource mobilization, demand generation, community led monitoring, and accountability to help close the gap in TB prevention, diagnosis, treatment and care and in addition advocate for rapid molecular diagnostics, TPT and leveraging the private sector
- 2. Make the TB response equitable, gender-sensitive, right based and stigma free with TB affected communities and civil society at the centre:** We call for targeted interventions and policies that address the social determinants of TB, reduce stigma and discrimination, remove gender and human rights barriers and ensure access to affordable, equitable, and person-centred TB solutions for all. Governments should provide social protection measures and nutritional support, and remove barriers to TB services, including financial barriers, for universal access to quality TB prevention, diagnosis, treatment, care and support. There is need for TB CRG Costed Action Plans, social protection and community-led monitoring.

3. **Accelerate the development and rollout of essential tools:** We advocate for sustained funding for research institutions, partnerships between academia and industry, and efforts to ensure affordable and equitable access to new TB innovations globally, with special focus on getting an affordable, accessible, effective TB vaccine by 2025; access to new short course regimens and digital technology and in line with the Global Plan to end TB (2023-2030).
4. **Invest the funds necessary to end TB (Financial gap):** USD \$210 billion is needed between 2023-2030 including \$40b for TB Research and Development (R&D) and increasing funding for communities. We call upon African governments, private sector, development partners, philanthropists, and other stakeholders, to allocate adequate resources for TB prevention, diagnosis, treatment, and care based on gaps observed from domestic resources. This includes deliberate budgetary commitments, innovative financing, corporate social responsibility initiatives for sustainable and comprehensive TB programs, alongside strong accountability systems to track the utilization of funds.
5. **Prioritize TB in Pandemic Prevention Preparedness and Response (PPPR), Antimicrobial Resistance (AMR) and Universal Health Coverage (UHC):** We urge governments to prioritize the strengthening of healthcare and community systems, ensuring the availability of adequate and well-trained health personnel including well-trained and supported Community Health Workers, robust supply chain management, and access to quality prevention, diagnostics, medicines, and vaccines.
6. **Commit to Multi-Sectoral Action, Decisive Leadership and Accountability:** We urge governments to be accountable and committed to achieving national, regional and global TB targets; and promote transparent use of funds earmarked for TB response with regular monitoring and reporting on progress. TB affected communities and Civil society should be meaningfully involved in monitoring progress to ensure transparency and accountability, in line with the priority actions of the Deadly Divide 2.0. We emphasize the importance of engaging diverse stakeholders in the TB response. These include all relevant government ministries, parliamentarians, civil society organizations, academia, private sector entities, media and affected communities.

Call to Action:

1. Highest level representation from countries.
2. Regional intervention on a common Africa position by Africa Union (AU) .
3. Develop a pledge/commitment/launch a new scale up for a TB initiative in countries during the HLM intervention.
4. Reiterate commitment to an equitable, rights-based TB response during the HLM intervention.
5. Ensure that TB civil society or a TB survivor is part of the government delegation.
6. Brief delegation in advance of the UNHLM and follow up with them after they return from the UNHLM.
7. Utilize Deadly Divide now and in the future as a key accountability tool of the TB response.

8. Conduct Continental Tuberculosis Domestic Resource Mobilisation (TB DRM) assessment to estimate the financial gap, and to guide efficient allocations from domestic resource.

The regional civil society roadmap for a common Africa position on Ending TB was an essential part of the meeting and we are committed to collaborating with governments, parliamentarians, development partners, private sector and all stakeholders including AU, Africa Bureau, Africa CDC, WHO Afro, Stop TB towards the common goal of ending TB by 2030 and also an AU resolution on Ending TB as a key regional initiative to implement the 2023 TB Political Declaration. We acknowledge the support from Stop TB Challenge Facility for Civil Society. This meeting was coordinated by Africa Coalition on TB (ACT) and WACI Health.

Signatories:

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