

# **Regional Position paper of Eastern European and Central Asian (EECA) Communities and Civil Society on the 2023 High Level Meeting on Tuberculosis (TB)**

## **1. Reach all people affected by tuberculosis (TB) with prevention, diagnosis, treatment, and care by implementing evidence-based and quality interventions and tools as per the latest international guidelines<sup>1</sup>**

- Ensure all countries have clear size estimates of the vulnerable and at-risk populations at country levels, (at least in 75% of the countries with high TB burden by 2025);
- Make every effort to ensure that prevention, diagnostics and treatment of TB is reaching all vulnerable and at-risk populations (according to the national size estimates), including contacts of people with TB, using modern tools, such as screening with artificial intelligence enabled X-rays.
- Secure investments required to actively find missing people with TB.
- Provide funding and mechanisms to qualitatively assess and collect data on the effectiveness of country-level TB-finding strategies for key and vulnerable populations, so that strategies can be adjusted in a timely manner and ensure that no one is left behind.
- Scale up the rapid molecular testing and commit that more than 90% of bacteriologically confirmed TB have rapid drug susceptibility testing (DST) for first- and second-line TB drugs.
- Ensure full access to the latest WHO recommended treatment regimens for DR- and DR-TB based on country needs.
- Scale-up of TB treatment initiation at community level/outpatient for all forms of TB, including DR-TB for all eligible patients by 2025.
- Commit to modernize and improve TB care as well as to introduce, adopt and scale-up innovative technology, including digital health technologies, to facilitate universal access to decentralized, integrated and people-centered care.
- Commit to invest in ensuring appropriate numbers and distribution of trained human resources for health and support services, based on country needs. All providers of medical and psycho-social services, working on TB should be empowered, trained, paid decently and accountable to the people they serve.

## **2. Ensure all national TB responses are equitable, inclusive, gender-responsive, rights-based and people-centered**

- Ensure integration of people-centered and stigma-free care services at every facility and provider of TB response, based on the latest WHO TB recommendations, including removal of discriminatory laws and practices.<sup>2</sup>
- Commit to accelerate actions on addressing social determinants, key vulnerabilities and factors associated with TB, such as mental health, nutrition, diabetes, smoking, poverty, environment and emergencies.
- Ensure that people with TB and their families have access to health and social packages (material support, food, transport, etc.), according to identified needs, at all stages of TB care, including psychological, legal, financial and social protection for outside the health sector to alleviate the health and non-health related financial burden of TB.
- Ensure that people affected by TB and civil society are able to meaningfully engage and be consulted on the design, creation, planning, implementation, monitoring and evaluation, and oversight of National Strategic Plans (NSPs), which will be developed with inclusion of equity, human rights and gender principles.
- With technical assistance from the partners, ensure the development of TB Community Rights

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<sup>1</sup> Headlines 1-6 adopted from Key Asks from TB Stakeholders and Communities.

<sup>2</sup> In alliance with the joint statement of WHO director-general and the civil society task force on TB for the 2023 UNHLM on TB

and Gender (CRG) costed Action Plans and their implementation supported with proper funding in the EECA region by 2025.

- Overcome stigma (including self-stigma, stigma in communities and stigma in health care settings), as part of activities of national CRG Action Plan, which would be incorporated in the NSP, including monitoring of stigma reduction plan and systematic assessment of the index of stigma towards people with TB, using intersectoral approach to implementation of the stigma reduction plan.
- Ensure availability, usage and sustainability of TB community-led monitoring tools for tracking availability, acceptability and accessibility of services, quality of services, stigma and other human rights-related barriers, in order to ensure affordable and equitable care.
- Strengthen national network of TB survivors and civil society (including National Stop TB partnerships, where applicable), through relevant capacity building and fully fund them to ensure their meaningful engagement in the TB response and research, including planning, implementation, monitoring, review and governance, both in service delivery and with regard to demand generation, law and policy reform and social accountability.

### **3. Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies geared to the needs of the most neglected, key and vulnerable populations**

- Commit to create a research-enabling environment that streamlines and expedites research and innovation and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research.
- Commit to promote voluntary open data sharing environment that streamlines and expedites research and innovation and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research.
- Increase resources in R&D to develop critical TB vaccines and make sure that new TB vaccines and other scientific innovation are equally accessible to all, including vulnerable and at-risk populations<sup>3</sup> in reasonable time.
- Commit to invest and develop innovative solutions to TB treatment, to alleviate human suffering, counteract antimicrobial resistance (AMR), and strengthen global health security.
- Ensure engagement of the CSO and TB affected communities in the processes of research and innovation for TB health technologies empowered with proper funding.

### **4. Invest the funds necessary to End TB and create enabling legislation**

- Ensure funding for full access and coverage of services for key and vulnerable populations, and provide for sound integration of these responses with national health systems and community systems.
- Ensure resources are available to advance efficiently candidate tools/technologies for TB diagnosis, treatment and prevention through different phases of R&D without delays.
- Ensure a fair share of funding for TB relative to other diseases (e.g. HIV, malaria in Global Fund grants) at global and regional levels.
- Ensure funding, including from health insurance schemes, for full access and coverage of services for key and vulnerable populations, and ensure that these responses are well integrated with national and community health systems. In addition, special attention should be paid to CSOs and the community in settings with limited fundraising capacity and donor support.
- Create enabling environment through a conducive legal, financial and regulatory framework, including implementation or adaptation of the [standardized package of community-based supportive services to improve TB outcomes](#).

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<sup>3</sup> In alliance with the joint statement of WHO director-general and the civil society task force on TB for the 2023 UNHLM on TB

- Introduce and scale up domestic funding and ensure adequate donor funding for activities in the areas of fundraising, community-led monitoring, community-led research, coordination and collaboration with the primary health care, and develop the capacity of community-led and community-based organizations needed to be engaged in the TB response.<sup>4</sup>
- Invest funds in proper M&E framework of the NTPs implementation and timely revision/alignment of the TB payment mechanism according to the best practices to ensure efficient resource spending according to the targets of TB prevention, diagnostic and care at all levels of care, including with focus on outpatient treatment.
- To develop and ensure implementation of the mechanism for redirecting the financial resources obtained following the optimization of TB beds for the strengthening of treatment in ambulatory conditions and CSO interventions.

## **5. Prioritize TB across systems for health: Universal Health Coverage (UHC), Primary Health Care (PHC), Pandemic Prevention, Preparedness and Response (PPPR) and AMR**

- Include TB as a centerpiece in national pandemic preparedness and response agendas, infectious disease response platforms and multi-disease decentralized diagnostic networks that can rapidly detect TB, its DR forms along with other diseases, as a foundation for preparedness and response to new outbreaks while closing long-standing access gaps.
- Commit to formulate plans to ensure the uninterrupted diagnosis, prevention, treatment and research-related activities of TB during outbreaks of other diseases, as well as in other situations of crisis and state fragility.
- Commit to integrate TB services as an essential component of UHC and PHC as the goals of UHC cannot be achieved without universal access to TB prevention and care.
- Commit to increased harmonization of regulatory policies and reduce market barriers to the efficient and sustainable import and use of new and existing products related to the diagnosis and treatment of TB as well as clinical research related specimens, including addressing customs duties and taxes for products for use in both public and private sectors and developing expedited and cost-free pathways for any required approvals, registrations and certifications related to their import and use.
- Commit to focus on building capacity within primary health care systems to address co-morbidities associated with TB, mental health and post-TB health needs.
- Include relevant share of funding for the civil society, community-led and community-based organizations included in the plans to ensure the uninterrupted diagnosis, prevention, treatment and research-related activities of TB during outbreaks of other diseases, as well as in other situations of crisis and state fragility.
- Integrate airborne infection prevention and control (IPC) into wider infection prevention and control policies and procedures, based on the experience and expertise of TB programmes, including IPC in the community settings and for community organizations, workers and peer-supporters.
- Commit to contribute to ending the regional health crisis caused by DR-TB through prevention, diagnosis, treatment and support measures, including adherence to surveillance programs to address the development of drug resistance, including country-level surveillance and leadership for access to new tools to control DR-TB, a secure supply chain for quality-assured anti-TB drugs, drug resistance surveillance and treatment safety monitoring, including cross-border collaboration to ensure the above aspects in the context of the regional crisis and forced displacement.
- Commit to include TB as a tracer indicator in global and national UHC, PHC and AMR strategies, since progress on TB and TB R&D is a critical indicator of progress on UHC, PHC and AMR.

## **6. Ensure decisive and accountable global, regional and national leadership, including regular UN reporting and review**

- Ensure participation of all partners, including TB-affected communities and civil society as

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<sup>4</sup> In alliance with the WHO RCC-THV consultations with grassroots communities and civil society

equal partners in translating the 2023 UNHLM global targets and commitments into national-level targets communities and create/strengthen mechanism of tracking these targets and commitments implementation.

- Make sure that TB-affected communities and civil society, supported by national networks, are included in national governance mechanisms for TB, TB/HIV and PPR, including Country Coordinating Mechanisms where appropriate.
- Commit to conducting high-level national annual reviews of progress towards ending TB, including implementation of the latest WHO and international recommendations, led by heads of state or heads of government, and regular reviews of progress in TB control in parliaments.
- Commit to implementing National Multisectoral Accountability Mechanisms (NMAM), which should be publicly available and included in the public register of all NMAMs published by WHO.
- Develop Community- and TB survivor-led reports in 2025 and 2027 to form part of the basis to measure achievements against commitments made in the Political Declaration.