



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

***Ten advocacy messages towards the
United Nations General Assembly high-level meeting on the fight to end
tuberculosis, 26 September 2018***

Below are 10 proposed tuberculosis (TB) advocacy messages. You may wish to advocate among your country's decision-makers and facilitate related public health action. This will support the implementation of the End TB Strategy, the TB Action Plan for the WHO European Region 2016–2020 and soon the declaration of the United Nations high-level meeting on TB.

1. TB continues to be a global emergency in the 21st century

TB, including its drug-resistant forms, was declared a global emergency by the World Health Organization 25 years ago. Today it is still among the top 10 causes of mortality across regions and countries.

2. TB anywhere is TB everywhere

TB, an airborne bacterial infection, is the leading infectious killer and a threat to us all. Multidrug-resistant TB (MDR-TB) is a common and deadly form of antimicrobial resistance in the world. The WHO European Region is home to one in five people with MDR-TB globally, representing the highest burden of MDR-TB in the world.

3. Health is wealth and societal well-being

TB can affect anyone, but not everyone is affected in the same way. TB contributes to the cycle of ill health and poverty and is fundamentally linked to many of the main development challenges addressed by the 2030 Agenda for Sustainable Development. Conversely, a healthy population can lead to financial improvement and stability, which can alleviate poverty.

4. Invested well, \$1 dollar can return \$43 in benefits

Investment in TB care and prevention is critical to achieve universal health coverage. The WHO Regional Office for Europe encourages and supports the international community to double the current funding to reach US\$13 billion annually to implement the WHO End TB Strategy and the Stop TB Partnership's global plan to end TB for 2016–2020.¹ The Roadmap to implement the TB Action Plan for the WHO European Region 2016–2020 indicates that the Action Plan is highly cost-efficient.² Its operationalization will save over 3 million lives and \$48 billion.

5. High-level political commitment across sectors is key to eliminating TB

The Roadmap to implement the TB Action Plan for the WHO European Region 2016–2020 outlines three specific targets for 2020:³

- **35%** reduction in TB deaths;
- **25%** reduction in TB incidence rate; and
- **75%** treatment success rate among the MDR-TB patients.

These targets are in line with the Multisectoral Accountability Framework and declaration of the United Nations General Assembly high-level meeting on the fight to end tuberculosis. The TB Action Plan for the WHO European Region also introduces regional goals and targets for TB and MDR-TB prevention and care; it serves as a framework for short- and long-term solutions to strengthen health

¹ United to end tuberculosis: an urgent global response to a global epidemic. Key asks from TB stakeholders and communities. Geneva: STOP TB Partnership; 2018 (<http://www.stoptb.org/assets/documents/global/advocacy/KEYASKS.PDF>, accessed 20 August 2018).

² Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020. Towards ending tuberculosis and multidrug-resistant tuberculosis. Geneva: World Health Organization; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0020/318233/50148-WHO-TB-Plan_May17_web.pdf?ua=1, accessed 20 August 2018).

³ Ibid.

systems, direct adequate TB care to vulnerable populations, and address social determinants of and risk factors for TB. All sectors – health, finance, justice, family welfare and education – are called upon to work together in their area of accountability in a whole-of-government and whole-of-society approach, under the support of the heads of state and with active the involvement of civil society and affected communities at all stages of the process.⁴ Follow-up of the high-level meeting on TB beyond September 2018 is crucial to keep the commitment alive until the End TB Strategy targets are met in 2035.

6. Stigmatization and discrimination of TB patients must end

When people with TB fear discrimination, they may delay seeking help, in turn increasing the chances of becoming seriously ill and infecting others. Stigma around TB can also make people reluctant to adhere to their course of treatment – over the many months this takes – for fear of being identified. By taking treatment irregularly, people risk developing drug resistance. Other causes of TB stigma include the perceived association of TB with malnutrition, poverty, and being foreign-born or of a low social class.

7. TB/HIV coinfection has risen by 40% across Europe in the last five years

TB and HIV work in deadly tandem, with each disease reducing the chances of successfully treating the other. In particular, TB is the leading killer of people living with HIV. The link between the two diseases has contributed to further stigmatize both TB and HIV patients. As TB is perceived as a marker for HIV, HIV-associated stigma is transferred to TB-infected individuals.

8. Engaging with civil society is a win-win approach

Civil society organizations are closer to vulnerable and marginalized people and communities and can provide a deeper insight into their perceptions and concerns. As such, they can help in gaining the trust of people affected by TB and contributing to more rapid diagnosis and treatment outcomes. It is crucial that decision-makers systematically include representatives of affected communities and of civil society in TB programme reviews, design, planning, implementation and monitoring.⁵ This may include subcontracting activities where civil society and community organizations have comparative advantages, such as in case-finding and social support.⁶

9. Ending TB calls for a human rights based approach

TB mainly affects people in their productive years. Poverty, gender inequities, vulnerability and marginalization exacerbate the risks of contracting TB. TB requires a response that protects and fulfils the human rights and dignity of all affected people. This means removing discriminatory laws against people with TB and promoting rights-based laws, policies and practices that enable their access to services.

10. Ending TB is based on science and innovation

Ending TB will not be possible without advancing basic science and innovation. In particular, the 2025 TB target calls for the delivery of new, safe and cost-effective vaccines, point-of-care diagnostics, drugs and shorter treatment regimens for both adults and children affected or infected by all forms of TB. In addition, innovation means using new technologies and enabling integrated people-centred TB care and prevention. This requires a whole-of-society approach for governments, industry, nongovernmental organizations and academics to address the unique set of challenges presented by TB, such as the appropriate and rational use of medicines.

⁴ United to end tuberculosis: an urgent global response to a global epidemic. Key asks from TB stakeholders and communities. Geneva: STOP TB Partnership; 2018 (<http://www.stoptb.org/assets/documents/global/advocacy/KEYASKS.PDF>, accessed 20 August 2018).

⁵ Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020. Towards ending tuberculosis and multidrug-resistant tuberculosis. Geneva: World Health Organization; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0020/318233/50148-WHO-TB-Plan_May17_web.pdf?ua=1, accessed 20 August 2018).

⁶ Ibid.