



The 2018 United Nations General Assembly High Level Meeting on Tuberculosis Common Africa Position (CAP)

PREAMBLE

WE, the African Ministers of Health, meeting during the World Health Assembly in Geneva on 19 May 2018, recognise that Tuberculosis (TB) a disease that has existed for millennia, is the ninth leading cause of death in the world and the leading cause from a single infectious agent and is disproportionately carried by the African continent. TB causes ill-health among millions of people each year, ahead of HIV/AIDS.

RECOGNISE that significant progress has been made due to political commitment of African Leaders, community action, shared responsibility and global solidarity. In 2016, 57% of notified TB patients had a documented HIV test result, up from 55% in 2015. In the WHO African Region, where the burden of HIV-associated TB is highest, 82% of TB patients had a documented HIV test result (up from 81% in 2015).

CONCERNED that one quarter of the estimated number of incident cases in 2016 representing a total of 2.5 million people occurred in the WHO African Region. About 82% of TB deaths among HIV-negative people occurred in the WHO African Region and the WHO South-East Asia Region in 2016; these regions accounted for 85% of the combined total of TB deaths in HIV-negative and HIV-positive people.

CONCERNED FURTHER that the 2017 WHO Global TB report shows that new cases and death are increasing in Africa sending clear signals that more resources need to be allocated to respond to TB more effectively. Furthermore it is worrying that case notification is stagnating. Research shows that drug resistance, including multidrug-resistant TB (MDR TB), has reached alarming levels. Poverty stricken persons, the most vulnerable and the marginalised, due to structural economic and social conditions, are disproportionately and indiscriminately afflicted by the TB epidemic. Tuberculosis and its drug-resistant variants pose a serious global public health security threat.

CONCERNED ALSO that geographically, half of the total reported funding gap in 2017 is accounted for by countries in the WHO African Region (US\$ 502 million), with Nigeria reporting the largest gap (US\$ 215 million).

RECALLING AND COMMENDING the highest level of political will and commitment shown by Africa's Heads of State and Government to end the TB epidemic, through, but not limited to the following:

- The establishment of the Africa Centres for Disease Control and Prevention (Africa CDC) as a specialized technical institution of the African Union;
- The Decision, **Assembly/AU/Dec.619(XXVII)**, endorsing the Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030;
- The Decision, **Assembly/AU/Dec (XIX)**, that endorsed the African Union Roadmap for Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response (2012-2015), extended to 2020 by **Decision Assembly/Au/14(XXV)**;
- The Decision **Assembly/AU/Dec.503(XXII)** adopting the Common Africa Position (CAP) on the Post-2015 Development Agenda (Jan 2014) which includes 'Ending the epidemic of TB';
- The Declaration of the 2013 Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria, aptly titled "**Abuja Actions Toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030**";
- The Decision **Assembly/AU/Dec.395 (XVIII)** on the revitalisation of AIDS Watch Africa as the highest Africa-wide platform for advocacy, resource mobilisation and accountability for AIDS, TB and Malaria (Jan 2012).

ACKNOWLEDGING the remarkable progress that Africa has made in efforts to end TB, including but not limited to the following:

- Africa's TB treatment success rate of 83% in 2015 (among new and relapse TB patients on treatment);
- Africa outpaced other regions in determining the HIV status of people infected with TB;
- Essential TB services such as testing and treatment are available free of charge in most countries in Africa;
- Tuberculosis' determinants¹ and major risk factors have been identified and evidence based methods to circumvent the impact are well established.

CONCERNED, that despite progress made, the TB epidemic continues to afflict communities and that:

- Case notification is stagnating;
- Research shows that drug resistance, including multidrug-resistant TB (MDR TB), has reached alarming levels with the emergence of strains that are virtually untreatable with existing drugs;

¹ TB determinants: Conditions that favour transmission of TB or make people vulnerable to get TB are called TB determinants. The important social determinants of TB include poverty, under nutrition, and poor living and working conditions. Communicable and non-communicable disease and other conditions that increase individual risk of getting TB are called risk factors. These include HIV/AIDS, diabetes, silicosis, tobacco smoking and harmful use of alcohol.

- Health systems remain weak by international standards, inadequate coverage and weak performance of health services limit access to high-quality Tuberculosis care, with many private health providers delinked from TB services provided by the public sector;
- There is an increase in TB associated with non-communicable diseases and risk-factors such as diabetes, tobacco-smoking, silicosis, alcohol and drug misuse, and under nutrition;
- Health service delivery is generally constrained by inadequate availability and allocation of resources;
- The global efforts to end Tuberculosis are undermined by inadequate financing and resources mobilisation.

AND THEREFORE RECOMMEND:

Leadership, country ownership, governance and accountability

Reinforcing in-country and global leadership, ownership, integration, governance and management of TB programmes to promote accountability. Governments should:

- Strengthen the response to the TB epidemic by encouraging African leaders including Heads of State and Government, parliamentarians and traditional leaders to serve as champions that will drive multi-sectoral action for TB prevention by addressing TB determinants;
- Intensify cross-sector partnerships across ministries, community-based actors and parliaments to accelerate the attainment of Universal Health coverage (UHC) and social protection;
- Bolster oversight and accountability, and further improve TB programmes monitoring, evaluation and reporting;
- Declare Drug-Resistant-TB as a national and global health security threat. In this regard, a multi-disciplinary crisis committee should be established, incorporating WHO and other partners to urgently respond and address MDR-TB as a national public health threat.

Universal and equitable access to prevention, diagnosis, treatment, care and support

While taking into consideration structural and operational barriers to the achievement of universal access, including social protection for people of all ages, countries should accelerate the implementation of comprehensive policies, multi-sectoral approaches and strengthened health systems to protect the poor and the vulnerable. Member States should:

- Scale up the TB response to reach 90% of all people who need TB treatment, including 90% of people in key populations, and achieve at least 90% treatment success;
- Provide social support and protection to poor families from catastrophic costs resulting from TB infection;
- Provide targeted services to high-risk groups and vulnerable populations such as healthcare workers, pregnant women, people living with HIV/AIDS, migrants, internally displaced persons, refugees, prisoners, injecting drug-users, miners, most-at-risk poor and under-served population without which elimination will not be possible;
- Promote effective implementation of TB interventions for people with special needs such as people living with disabilities, children, adolescence and young people;

- Support the development of community driven systems to expand health service delivery in particularly hard-to-reach areas as well as population affected by stigma and discrimination and all the difficult to reach to ensure that no one is left behind;

- Identify opportunities, bottlenecks, and key actions needed to address the TB/HIV integration, policy and strategies, enabling countries to meet agreed HIV/ TB targets;
- Leverage on community workers to increase access to TB prevention, testing, treatment, care and support services to ensure that the silent epidemic is put under control; Identify opportunities, bottlenecks, and key actions needed to address the TB/HIV integration, policy and strategies to enable countries to meet agreed HIV/ TB targets;
- Intensify investment by member states in Isoniazid Preventive Therapy (IPT) programming in Preventive Framework;
- Scale up efforts to address with the key drivers of TB such as poverty, poor sanitation, accommodation, infection control and harm reduction measures with existing institutions (including health facilities, prisons, and communities);
- Intensify community based advocacy, communication and social media efforts, including workplace and in-school programmes;
- Strengthen Human Resources for Health (HRH) capacity through incorporating community health workers (CHWs) as a force to drive progress across the full breadth of Agenda 2030 and Agenda 2063 towards ending the epidemics including TB.

Research and Development to improve access to affordable and quality assured diagnostics, medicines, commodities and technology

- Governments should pursue new innovations of expanding TB diagnosis, prevention and care and engage non state actors, local communities, and the private sector to support treatment and care;
- Strengthen collaboration with universities and research institutions to enhance innovation and evidence informed policies and programmes;
- Increase investments in research to provide evidence for comprehensive multisectoral responses and innovation to produce durable solutions for health and development, including diagnostics, vaccines and strengthen prevention and curative measures to end the TB epidemic.

Health financing

In the context of competing global priorities African Union Member States should accelerate efforts to allocate more health budgets in line with the Abuja commitments. Absorptive capacity and effective and efficient utilisation of funds is also critical to ensure that there is more value for money to achieve greater impact.

Governments should build resilient and sustainable health systems by:

- Developing and implementing more ambitious fully-funded national TB policies and strategic investments plans aligned with regional and global plans and ending TB frameworks;

- Increasing domestic funding to health through innovative financing mechanisms, increased allocations to national, district health and local levels as well as private sector involvement and other potential sources of funding to increase domestic health financing;
- Ensuring that development partners meet commitments and that global health initiatives that are aligned to efforts to end the TB epidemic are fully supported;
- Conducting policy reforms to eliminate catastrophic costs to patients and their households, including through the provision of social protection and psychosocial support;
- Establishing and strengthening Universal Health Care in order to widen access to vulnerable sections of the community.

Strategic information

Strengthening national data management systems, civil registration and vital statistics at various levels is a prerequisite for measuring results and improving equity in health. Governments should:

- Strengthen evidence informed mechanisms to produce robust surveillance data, generate and disseminate annually, after analysis and data peer review processes;
- Strengthen regional TB programmes including laboratory networks and surveillance that is conducted by the Africa Centres for Disease Control (Africa CDC);
- Support research and regular household surveys on public health matters, especially for communicable diseases including TB and HIV.
- Revitalise government's involvement on TB data generation through research institutions and work closely with communities as the source of data.

WE HEREBY MANDATE THE HONORABLE MINISTER OF HEALTH OF THE REPUBLIC OF SOUTH AFRICA AND THE CHAIRPERSON OF THE AFRICAN UNION COMMISSION:

- To seek consensus among African high level delegates on Africa's Common Position including African Heads of States and Government.
- To submit this Common Africa Position in 4 AU Languages to the United Nations General Assembly High Level Meeting on Tuberculosis in New York in 2018.