

## Stop TB Partnership Advocacy 2015 -2016

### Background

2015 marks the last year of the Millennium Development Goals, the move towards the Sustainable Development Goals and the first year of the WHO adopted "End TB Strategy". The Sustainable Development Goals, when they are adopted in September 2015, are likely to incorporate the goals of the End TB Strategy, although the TB targets may need to be adapted to a 2030 timeframe. This very ambitious strategy should form the basis for all advocacy work around TB for the coming years.

The End TB Strategy assumes an acceleration in the decline of new TB cases (incidence) to a rate of 10% per year by 2025, and a further acceleration to 17% decline per year from 2025 onwards. Reductions in mortality are even steeper, with a 75% reduction in deaths by 2025 and a 95% reduction by 2035.

Yet, the average annual decline in new cases between 2000 and 2013 has been only 1.5%, a rate that is actually slowing rather than accelerating (0.6% reduction between 2012 and 2013).

The End TB Strategy relies heavily on factors that are beyond medical interventions, such as economic growth (Universal Health Coverage, social protection measures, poverty reduction, urban renewal) to achieve an accelerated decline in incidence, yet, overall strong economic growth and significant progress in poverty reduction over the past 15 years have not been matched by any comparable reduction in incidence.

Moreover, the global figures on testing, effective treatment and care, show that there is significant room for improvement and in some cases, they show some dramatic failures of the existing health delivery models, especially with regard to drug-resistant TB cases - currently only 1 in ten estimated new MDR TB case being diagnosed, enrolled in treatment and successfully cured. Nearly 40% of people with TB are not reached at all or receive substandard care and follow-up, leading to untreated or recurrent TB.

In short, while the world has adopted a highly ambitious strategy to End TB as a public health problem globally within 20 years, it is largely unprepared for the task of turning the strategy into reality.

Current tools and policies are simply falling short and cannot meet the challenge set out in the strategy.

### The Stop TB Partnership's role

The Stop TB Partnership brings together all significant stakeholders in the fight against TB. Over its fifteen-year history, the Partnership has become a global movement to accelerate social and political action to stop the spread of TB. It has evolved into a large global coalition of more than 1300 partners across 100 countries.

The participation of a wide range of constituencies gives the Partnership credibility and the broad range of expertise needed to coordinate and advocate for the fight against TB. The Partnership ensures a neutral voice for the TB community at the highest levels.

The various grant programs of the Partnership identify and fund innovative approaches to find, diagnose and treat new TB cases. It plays a key role in procuring TB quality-assured drugs and diagnostics across the world. Its market-shaping abilities help reduce prices, improve forecasting and prevent stock-outs of drugs. It invests much of its efforts in assisting the largest international donor for TB, The Global Fund to Fight Aids Malaria and TB, which provides over 80% of the external funding for TB worldwide.

As of 1 January 2015, the Stop TB Partnership is hosted by UNOPS – a UN agency specialized in providing management, administrative and support services. Being hosted by UNOPS will allow the Partnership to focus its attention and activities on leading the global strategic advocacy efforts for funding and action against TB; to better engage with civil society, communities and activists, and strengthen its high-level advocacy work with governments. It will also increase its reach to non-traditional and non-health stakeholders, including the private sector, within the ethical and operational guidelines of the UN system.

Stop TB Partnership is responsible for developing “the Global Plans to Stop TB”, a 5 year business case and road map for the global fight against TB. Working closely with all partners of the TB community the “Global Plan to Stop TB, 2016-2020” will provide a blue-print for how the world can turn the WHO “End TB Strategy” into concrete action on the ground over the coming five years, and will calculate what such action will cost.

The Stop TB Partnership has an important role to fill as a coordinator of advocacy action and an exchange for information on TB advocacy. This must continue.

After the separation from WHO, the clear difference in responsibilities between WHO and the Partnership provides a major opportunity to expand the Partnership’s role in advocacy and as a force for change in TB.

In its new role, the Partnership’s additional strengths lie in being a convenor of unlikely partners; a catalyst for new dialogue; a generator of innovation; and a strong voice calling for bold solutions and funding for implementation as well as for development of new tools and their roll out in the field.

Given that many of its larger partner organizations already possess significant capacity to run campaigns, create awareness and focus on specific issues of concern within the fight against TB, the Stop TB Partnership should focus its main attention and resources towards the main challenge as stated above: to advocate with high-level stakeholders and decision-makers for achieving the vision of the End TB Strategy.

## The Challenge Ahead

The core of the Partnership’s effort is the work to create a Global Plan to Stop TB 2016 – 2020. By bringing together representatives for all groups involved in the fight against TB and through its extensive consultation process, the work to create a new Global Plan provides a unique opportunity to forge a consensus around a road map for how to dramatically accelerate the reduction in cases and in deaths from TB through innovation – especially in service delivery and engaging with other sectors and improved quality of existing practices.

The challenge is clearly set out in WHO’s End TB Strategy; the Global Plan must propose credible ways for the world to achieve the 10% annual decline in new cases within the coming ten years in order to reach the milestones in the Strategy.

The central element of the Global Plan is the call for countries to adopt a set of 90-90-90 Operational Targets that are also a first step towards Universal health Coverage targets (UHC). The targets (Diagnose 90% of the people with TB and treat all of them; as a part of this effort, reach at least 90% of the most vulnerable, underserved or at risk populations in their countries through screening and active case finding; and reach 90% treatment success – including 75% success for drug-resistant TB) are described in detail in the Global Plan initial draft (see Board Document Ref: 26-7.1, available via email to Board members).

Immediate investments in poverty-reduction and social protection policies, , and a significant increase in funding for R&D are needed in addition to the costs of achieving the 90-90-90 targets, in order to sustain these gains beyond 2020. The modelling effort done for the Global Plan indicates that additional, front-loaded investments will be recuperated over time as countries see a sharply diminishing TB burden.

Given the potentially dramatic impact of the Global Plan, promoting it and encouraging countries to adopt the targets and establish policies and scale up action to achieve them, as well as to hold countries to account for their additional action to reach the targets, will be the focus of the Partnership’s advocacy efforts over the coming two years.

A crucial element of the Global Plan is to provide an assessment of the costs of the necessary global scale-up in the fight against TB. The Stop TB Partnership advocacy work will focus on raising resources for the fight against TB, specifically, to raise the necessary resources for a scale up of activities as envisaged in the Global Plan. Support for the Global Fund's next replenishment campaign is an integral part of the Partnership's advocacy work.

As most of the TB high-burden countries are moving towards becoming middle-income, they will face a growing demand to raise domestic resources for their additional needs in health, sustaining and further scale-up in the fight against TB.

Alongside the work to impress on donor nations the need for an increase in investments in TB through the Global Fund and through bilateral platforms, the advocacy work must also focus on engaging middle-income countries in a discussion about the need for greater domestic investments in TB.

The advocacy work needs to align with and be guided by the final Sustainable Development Goals and should make a particular effort to support the social and economic goals that indirectly will drive down TB infection rates, such as reduction in stigma and discrimination, reduction in conflict, improvements in social safety nets, universal health coverage, efforts to reduce health conditions that affect TB (such as diabetes, indoor smoke and tobacco use) and improvements in housing, sanitation and urban living conditions.

## Advocacy Goals for 2015-2016

The Stop TB Partnership has shown that it is at its most effective when it catalyses and supports action through regional forums (such as SADC and BRICS). Advocacy and facilitation through such regional frameworks has shown an optimal balance between manageable engagement given the Partnership's limited resources on the one hand and sizeable, tangible outcomes on the other.

The Partnership therefore proposes to continue to focus its advocacy work towards regional entities. In addition, it will engage with a limited number of high-burden countries directly to promote high level advocacy for increased domestic investments in countries.

In addition to continued engagement with BRICS and SADC, the Partnership will focus on engaging the major donor nations through the G7, the European region through a collaboration with the EU presidency nations and WHO EURO and Europe-focused NGOs; further African outreach through WHO AFRO and the AU.

The Partnership proposes the following goals for its advocacy work for 2015 – 2016:

1. Driving action on the Global Plan recommendations by achieving the adoption of the Plan; and the use of the Global Plan 90-90-90 targets as a basis for the creation of national budgets, applications for financing and global/regional resource mobilization efforts;
2. A successful replenishment of the Global Fund (2017-2019 period) with a strong strategy that appropriately incorporates TB specificities, encouraging and supporting increased ambition in TB proposals submission and implementation to the Global Fund;
3. Comprehensive and sustained action to support the BRICS Health Ministers' 2014 Brasilia declaration on TB, individually and through cross-BRICS collaboration;
4. A commitment by the EU to tackle TB-related Anti-Microbial Resistance by addressing the problem of drug-resistant TB in the wider European region and a commitment to "End TB in the Wider European Region by 2025", by working with the current and future EU Presidencies;
5. A recognition of TB as a central driver of antimicrobial resistance worldwide in the 2015 G7 Declaration and a commitment from the G7 to increase investment in fighting TB and in TB-related R&D;

6. Highlight TB as an emergency in at least 6 high-burden (non-BRICS) countries ( suggested countries include: Ethiopia Indonesia, Mozambique, Nigeria, Pakistan, Philippines), with national “End TB Campaigns” to frontload investments, create awareness, scale up interventions and improve quality of– all linked and adapted to the Global Plan and the ambitions of the Sustainable Development Goals.

## Activities and budget implications

To achieve these goals, the Stop TB Partnership will:

- Facilitate action and dialogue and convene partners to find solutions to challenges and ensure continued momentum;
- High level advocacy efforts at Global and Regional level;
- Provide a clear advocacy voice on behalf of its partners through different means (letters, petitions, media outreach etc.; and
- Hold countries and authorities to account through scorecards, progress reviews and statements on needed action or lack thereof.

The activities will to a large extent involve collaboration with – and support for – partner organizations, leveraging the limited resources of the Partnership.

Nonetheless, the ambitious set of goals outlined above will demand additional resources to what is available for advocacy today.

The Secretariat estimates that one staff position and three consultancy years are needed to carry out the work outlined in this document, as well as an additional budget of US\$500,000 – US\$750,000.

The Secretariat assesses that these funds could be raised through the addition of one additional major donor, through modest increases in the funding of its existing donors, through project financing by private sector companies and foundations, or through a combination of the three.

If these funds are not forthcoming over the two-year period this strategy encompasses, ambition-levels will have to be lowered. However, the Secretariat believes it is important to fully exploit the current potential for advocacy action that are now at the Partnership’s disposal, rather than aim for a modest and unambitious agenda from the start, limited by existing funding constraints.