GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

TBPROOF

Combining stories and science to make the world TB Proof.

UNITED NATIONS HIGH LEVEL MEETING ON TB: CIVIL SOCIETY PRIORITIES

REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION

- By 2022, commit to: diagnosing and treating a cumulative 40 million people; diagnosing and providing preventive therapy to a cumulative 80 million people.
- National Strategic Plans should be aligned with these targets for testing, treatment and prevention.

TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED AND PEOPLE-CENTERED

- Implement policies that recognise the rights of people, including key populations, to know their TB status and to be provided with accessible, affordable and equitable access to services and care.
- Remove discriminatory laws against people with TB, and promote rights-based laws, policies and practices that enable access to services.
- End TB-related stigma and discrimination.
- Prevent TB transmission in work places, school and other congregant settings.
- Facilitate equitable access and universal uptake of TB tools (drugs, diagnostics, vaccines).
- Align and harmonise regulatory pathways to fast-track the uptake and implementation of new tools, including utilising Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, where needed.

GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

UNITED NATIONS HIGH LEVEL MEETING ON TB: CIVIL SOCIETY PRIORITIES

ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

- Create a research-enabling environment that streamlines and expedites innovation and promotes collaboration in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including;

- A 2-month or less oral cure for TB and its drug resistant forms before 2028
- One or more new or repurposed vaccines ready to enter the registration process for global use by 2025
- Affordable point-of-care TB diagnostics that can identify new infections and tests for drug resistance by 2025.

- Acknowledge that TB innovation is a shared responsibility and ensure that all R&D efforts are needs-driven, evidence-based and guided by principles of affordability, efficiency, equity and collaboration.

INVEST THE FUNDS NECESSARY TO END TB

- Increase funding for TB, for example, South Africa to spend up to or beyond 0.1% of its annual Gross Domestic Expenditure on Research and Development (GERD) on TB research.
- Implement long-term funding strategies to ensure the sustainability of research progress and pipelines.

COMMIT TO ACCOUNTABLE GLOBAL LEADERSHIP (UN REPORTING AND REVIEW)

Commit to evidence-based multisectoral actions at the national level to operationalise commitments, with active involvement of civil society and affected communities.

For more information please click here

GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

COMMUNITY, RIGHTS AND GENDER (CRG) PRIORITIES

For the Global Fund C19 RM request, TB communities could advocate for strengthening the TB response to complement the COVID-19 response, implementing COVID-19 mitigation strategies to mitigate the impact of COVID-19 on TB and strengthening of health systems community-led systems. Important interventions include:

1.Community-based & community-led services
TB services amidst COVID-19 and reach communities through support groups, civil society and community health workers. Interventions could focus on:
- **Integrated bi-directional COVID-19 and TB screening and testing.** This could be done through community outreach, mobile outreach including x-rays and linking services as both diseases present with similar symptoms and spread through the air.
- **Integrated contact tracing** is important at community level to follow up with TB treatment and TB Preventive Therapy, especially among priority groups including people living with HIV and children under 5 years.
- **Integrated home care** for uninterrupted delivery of TB medication.
- Integrated social **support** to ensure that nutritional and psychological support is provided to people affected by TB and/ or COVID-19.

GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

COMMUNITY, RIGHTS AND GENDER (CRG) PRIORITIES

2. Stigma reduction

TB stigma reduction is key to increase access to TB services and improve people's quality of life. Interventions that could be funded to reduce stigma include:

- **Awareness campaigns** on both TB and COVID-19 to reduce stigma and discrimination with messages that focus on shared transmission, symptoms, prevention and Infection control and the importance of positive health seeking behaviour and rights-based health responses.
- **Capacity building and training to build networks** of community information workers with representation from CHWs, community support groups, TB affected community and TB civil society, including members of TB key and vulnerable populations and gender representation.
- Conduct **rapid stigma assessments** to understand the level and dimension of stigma and monitor the outcome of interventions in communities.

3. Community-led monitoring

Community oversight is needed to monitor access to and quality of services to co-create solutions to ensure available, accessible and acceptable quality services for all. Interventions that could be funded include:

- Building **OneImpact digital CLM platform** for COVID-19 and TB.
- **Training on CLM, human rights and gender barriers** to accessing COVID-19 and TB services.
- **System maintenance and IT support** e.g. internet bundles, paid engagement and coordination of TB communities.
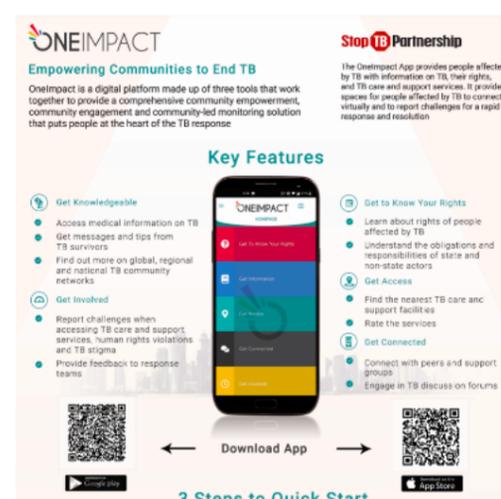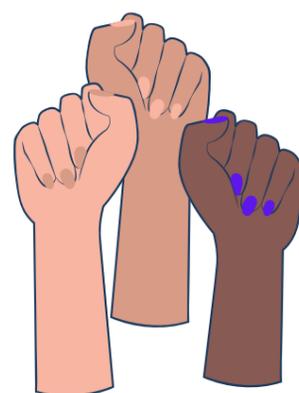
GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

COMMUNITY, RIGHTS AND GENDER (CRG) PRIORITIES

4. Human rights and gender related barriers

COVID-19 and TB human rights and gender related barriers could be addressed through interventions to:

- **Build capacity of TB and COVID-19 survivors** through adaptation and translation of TB/COVID-19 human rights training materials, hosting workshops, engagement with TB affected communities and civil society through paid coordination and engagement.

- **Build and strengthen community networks** of people affected by TB to become national level stakeholders, including representation from women.

- **Develop partnerships with national legal aid and legal professionals** to sensitise lawyers on TB/COVID19 legal and human rights issues, document human rights and gender barriers experienced by people affected by TB and COVID-19.

- **Build mental health and peer support capacity** among networks of people affected by TB/COVID-19 through training on psychosocial support curriculum developed by mental health and community experts, translation of information/ resources, outreach support

- **Develop TB/ COVID-19 human rights score cards** for accountability.

- Integrate **gender** in TB/ COVID-19 responses.

GLOBAL FUND C19 RM FUNDING REQUEST

#UseMYVoiceToENDTB

COMMUNITY, RIGHTS AND GENDER (CRG) PRIORITIES

5. Key and vulnerable groups

Strengthening community systems for TB and COVID-19 is important especially among groups of people affected by TB, urban poor and homeless people, prisoners, people who use drugs, migrants, refugees, people living with HIV. Research should be done to understand people's experiences and needs to inform interventions. Interventions could include ensuring that bidirectional TB/COVID-19 screening and testing, nutritional and psychological support are incorporated into care for all, including migrants and refugees.

6. Advocacy and communication campaigns

- Campaigns should mobilise TB affected communities, parliamentarians, health workers, civil society, media and celebrities to reach and influence decision makers to **address TB in the COVID-19 response**.
- Campaigns should **address stigma** and provide community level messaging for both diseases to mobilise community support to contribute to the response.
- **Airborne infection prevention and control measures** need to be promoted, such as adequate ventilation and wearing masks.

7. Planning and programming

- **Catch-up plans** should be developed to restore and accelerate TB diagnosis, treatment and prevention activities.
- Financial support information dissemination, coordination and engagement of affected communities and civil society in deceion makin gstructures for TB and COVID-19.