



results

Australia and the fight against tuberculosis

LEADERSHIP IN
FUNDING, SCIENCE AND
RESEARCH TO END TB

EXECUTIVE SUMMARY

Australian science, funding, programs and leadership have made a significant impact in the global fight against tuberculosis.

The UN High-Level Meeting on TB in September this year is a critical opportunity to get initiatives to test, treat and prevent TB back on track after COVID-19 setbacks.



The High-Level Meeting (HLM) will be held during sessions of the General Assembly in New York and this year, the UN will also convene HLMs on universal health coverage (UHC) and pandemic prevention, preparedness and response (PPPR). All three meetings provide an opportunity to integrate global targets and build strong, sustainable systems to fight pandemics and improve health outcomes.

It's now critical for Member States to step-up commitments and agree on new targets over the next five years. We have the solutions to end TB, we just need the political will. We need to see renewed global commitment to invest in strengthened health systems to prevent, detect and treat TB. Member states need to accelerate funding for research and the development and evaluation of new tools and approaches.

Working closely with New Zealand and Canada, Australia has helped to drive ambition in political declarations for the HLMs. In September, Australia needs to show further leadership and ensure high-level representation at the HLM in New York.

To accelerate efforts in the fight against TB, Australia must:

- Mobilise additional funds and expand access to quality and affordable TB prevention, diagnosis, treatment and care
- Partner with governments in our region to strengthen programs for TB, with priority action on equity, inclusion, gender and human rights
- Accelerate the research, development, roll-out and access to new TB tools, vaccines, diagnostics and treatments, and approaches such as screening and prevention
- Provide support for decisive and accountable global, regional, and national leadership to end TB.
- Promote strong integration across the three HLMs and ensure an emphasis on strengthening health systems at the 2023 SDG Summit in New York.

results

This brief has been prepared by Results International (Australia) with input from partners delivering TB programs across the world.

www.results.org.au

 **Australian
TB Caucus**

Results provides the secretariat for the Australian TB Caucus, a national network of parliamentary champions for TB.

To end TB, we need to tackle poverty and inequality, and support the realisation of human rights and gender equality. Strong health systems and Universal Health Coverage will make us better prepared to fight pandemics, including tuberculosis.

The world's oldest and deadliest pandemic

Tuberculosis (TB) is an airborne bacterial disease, typically spread through the air when someone with active TB in the lungs or throat coughs, sings or sneezes. While high-income countries managed to drive TB down after the Second World War through large-scale public health programs,¹ the investment was not matched in developing countries, where TB continues to have major impact.

Before COVID-19, TB was the deadliest infectious disease in the world. This year, TB will likely kill more people in low and middle income countries than COVID-19, making it the world's biggest infectious disease killer.² **While TB is curable and preventable, progress in ending the pandemic has been slow and further set back by the pandemic.**

In 2021, more than 10 million people fell ill with TB and TB claimed more than 1.5 million lives globally. Every day, close to 4,400 people die from TB, including 600 children. TB is the leading cause of death in people living with HIV and drug-resistant TB is responsible for one in three deaths from antimicrobial resistance (AMR).

In 2020 and 2021, COVID-19 overwhelmed already stretched health systems across the world. For the first time in a decade TB mortality increased in 2020, with 1.5 million TB deaths, taking us back to where we were in 2017.³

Lockdowns disrupted health services and many people avoided going to health clinics for diagnosis and treatment. At the same time, COVID-19 responses across the region were strengthened as health workers and resources from TB programs were deployed to respond to COVID-19. TB tools and approaches including community health workers, contact tracing, infection control and the use of PPE, diagnostics, community-led monitoring, stigma reduction and operational and clinical research capacity were critical in the response to COVID-19 as both diseases are transmitted through the air.

A key defence against future airborne pandemics is to scale up investments today in TB. Systems for TB and systems to prepare and respond to pandemics are one and the same, and rely on strong health systems and universal coverage to be effective. Milestones in the End TB Strategy will only be achieved if TB diagnosis, treatment and prevention services are provided within the context of progress towards universal health coverage.⁴

In September, the three health-related HLMs provide an opportunity for world leaders to commit to a stronger and more integrated approach to both expanding health coverage and preventing illness and death from pandemics.

We have the solutions to end TB.

Better treatment options for people with drug-resistant TB represent a major game-changer. With BPaL or BPaLM, TB can now be cured in six months, regardless of drug-resistance. Rapid molecular diagnostic tools are making TB testing more accurate, more cost-effective and easier to access. New vaccines could be ready for licensure within the next five years and will be essential to ending TB.

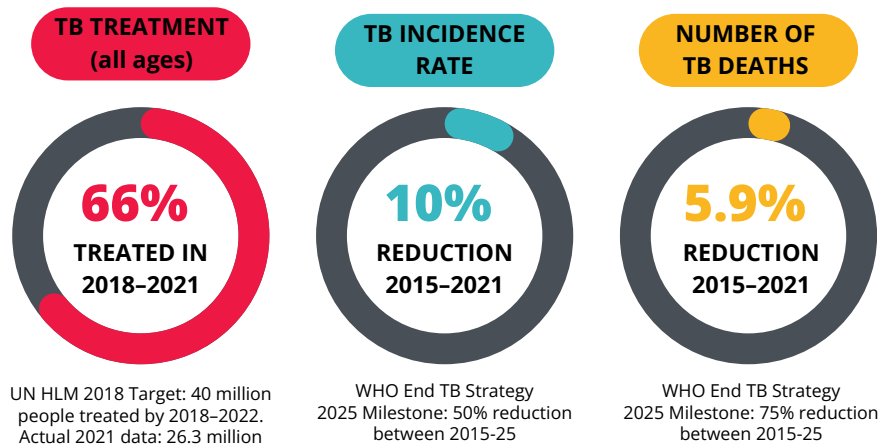
Strong health systems and universal health coverage will help us to manage TB. While TB diagnosis and care is free of charge in many countries, we know people with TB patients incur significant costs when accessing services. Enhanced social protection measures can help to mitigate catastrophic costs.

Experience from responding to HIV, malaria and COVID-19 has proved that solutions need to address social determinants, recognise human rights and be led by communities. Many vulnerable populations in our region face rights-related barriers to accessing quality TB services. Risk factors include poor nutrition, poorly ventilated and overcrowded housing and workplaces, diabetes, HIV infection, excessive alcohol use and smoking. People with compromised immune systems are also at greater risk.

TUBERCULOSIS

Globally we are behind on all the 2018 targets for prevention, diagnosis, treatment and funding.

DATA SOURCED FROM WHO GLOBAL TUBERCULOSIS REPORT 2022



The High-Level Meetings: Getting health back on track

This is the second HLM on TB. In 2018, world leaders, health experts and advocates came together to agree on ambitious targets, including a target of treating 40 million people of all ages for TB between 2018-22. Unfortunately, we fell well short and only 26.3 million people had been treated. A large gap exists between the estimated number of people who fell ill with TB and the number of people newly diagnosed and reported by TB programs. Globally we are behind on all the 2018 targets for prevention, diagnosis, treatment and funding.

It's now critical for Member States -- including Australia -- to step-up commitments and agree on new targets for the next five years. **We need to see renewed global commitment to invest in strengthened health systems to prevent, detect and treat TB.** Member States need to accelerate funding for research and the development and evaluation of new tools and approaches. Australia is well positioned to provide leadership in the Indo-Pacific, and should urge Member States to renew our global commitment and support innovative approaches for enhanced prevention and people-centred care.



TUBERCULOSIS IN AUSTRALIA AND THE REGION

In Australia, rates of TB remain low with around 6.5 new cases for every 100,000 people. However, earlier this year, an outbreak of more than 10 cases was reported on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands of South Australia. In responding to the outbreak, SA Health noted that a sustained response, co-designed with the community, was required.⁵

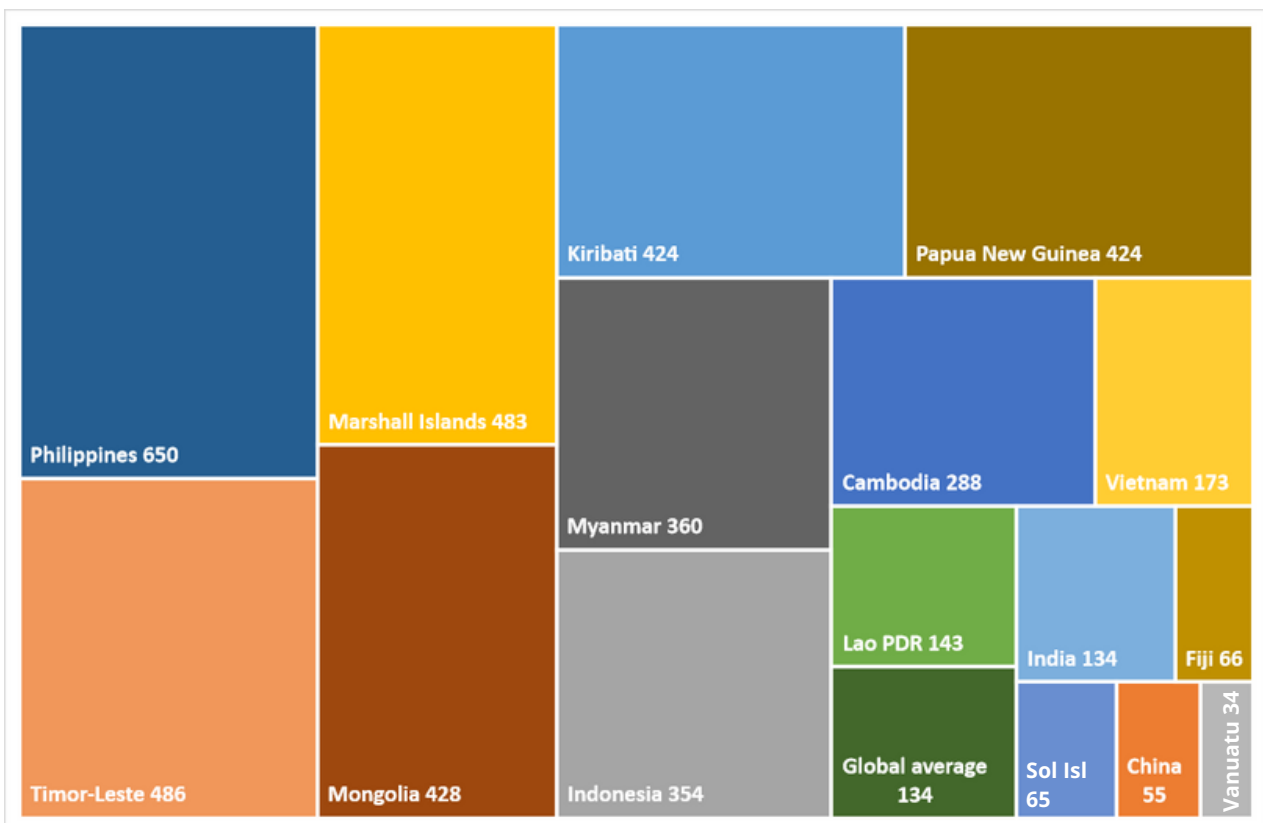
In Australia, more than 90% of all TB notifications occur in people born overseas, and people diagnosed with TB are supported by state and territory health departments to access relevant treatment. The National Tuberculosis Advisory Committee and Strategic Plan for the Control of TB in Australia exist to guide Australia's efforts.⁶

A priority element in the plan is to improve genomic tracking of transmission to limit disease spread within Australia. The plan also aims to improve diagnosis and treatment of latent TB infection, which is when the TB bacteria lives in the body but is not contagious and doesn't make the person feel sick.

Health services in Australia need to find better ways to diagnose and treat latent TB, especially among those at high risk of future disease progression. While TB incidence in Australia remains low, many countries in our region continue to report very high TB burdens. Approximately 63% of the global TB burden is in Asia and the Pacific.

Australia's bilateral and regional investments, ongoing support to the Global Fund to Fight AIDS, TB and Malaria, and funding of research have had a major impact on the management of TB in high-burden countries in the Pacific and Southeast Asia, including in Kiribati, Papua New Guinea, Timor-Leste, Indonesia, Vietnam and the Philippines.

Across the region, stigma and discrimination represent leading drivers contributing to the spread of TB and challenges in testing and treatment. Assessments of TB human rights- and gender-related barriers have been completed in several countries in the region, highlighting legal and policy barriers to access in the region. Addressing gaps in financing, workforces and infrastructure are also key.



INCIDENCE OF TUBERCULOSIS (PER 100,000 PEOPLE) IN SELECT COUNTRIES OF THE REGION FOR 2021
SOURCE: WORLD HEALTH ORGANIZATION, GLOBAL TUBERCULOSIS REPORT 2022, WORLD BANK

TUBERCULOSIS IN AUSTRALIA AND THE REGION

Papua New Guinea

TB is a leading cause of death in PNG and health data confirms that TB remains at crisis levels. PNG has one of the world's highest TB incidence rates, with 30,000 new cases reported every year and high levels of drug-resistant TB. Rates of multidrug-resistant TB are more than four times above the global average, and the country has one of the highest proportions of children in the world affected by TB.⁷ PNG is one of only 14 countries classified by WHO as having the triple high burden of TB, MDR-TB and HIV co-infection.⁸

Since 2012, Australia has supported PNG's government through programs to strengthen health services to prevent, detect and respond to TB. Together with PNG's Department of Health, a mix of partners, including World Vision, the World Bank, the Global Fund, Stop TB Partnership, the Burnet Institute, Médecins Sans Frontières and ChildFund, contribute to the TB response in PNG. Australian leadership and funding plays a critical role in workforce and laboratory strengthening and building capacity in research and disease surveillance. TB management in PNG will require continuous, coordinated and strengthened efforts by all development partners. **Ongoing Australian support and high level political commitment from both the PNG and Australian governments will be critical.**

What's needed now is a long-term strategic plan, which tackles major service gaps and builds on strengths.

PNG's laboratory and epidemiology workforces, trained through the TB response, were deployed to respond to COVID-19 and bolstered the frontline pandemic workforce. Diagnostic systems and equipment for TB also helped PNG to respond to COVID-19.

Stigma is a significant obstacle to TB treatment in PNG⁹ and other social and cultural norms, including those related to gender and the power of men, lead to inequality in decision making and service access.

Additional interventions are needed to reduce the TB burden in Daru, which lies in the Torres Strait. In Daru, a community-based model of care is having a major impact on improving health outcomes. Services are provided by mobile teams, community health workers and health promoters with peer-led counselling to improve uptake and completion of treatment.

Young children are also screened for malnutrition and provided access to meals.¹⁰ A community advisory group was formed in 2019, bringing together churches, schools, businesses and the wider community.

Operational research delivered by the Burnet Institute has found that community engagement and education is central to an effective response. An innovative model of community-wide screening with chest x-ray linked to artificial intelligence, treatment and prevention with treatment of latent TB and BCG vaccination has commenced. A similar model is supported by Australia's Medical Research Future Fund (MRFF) in Kiribati.¹¹ Learnings from these programs are helping to shape effective approaches to ending TB in other resource-limited settings.



Indonesia

In 2021, Indonesia reported over 969,000 new TB infections, behind India with the world's highest TB burden. TB is a handbrake on development; estimates suggest the loss of productivity because of illness and premature death from TB costs US\$ 6.9 billion annually.¹² In Indonesia, COVID-19 led to reduced funding for TB, disrupted case detection programs, slower rates of diagnosis, lower quality of care and impacts on monitoring and surveillance.¹³

While a wide case detection gap remains, there are encouraging signs of recovery in Indonesia.¹⁴ Indonesia is working to meet a target of under 55 cases per 100,000 people by 2025, and further efforts are needed to optimise case-finding, diagnosis and cost-effective management.¹⁵ Improving public awareness through targeted health education is essential to reduce Indonesia's TB burden and enhance perceptions about the disease.¹⁶

With funding from DFAT, the Burnet Institute is leading a partnership with universities and researchers in Australia and Indonesia to scale-up and pilot innovations in TB case detection and models of care, and building laboratory capacity to enhance molecular surveillance.

Through an innovative partnership with the Global Fund which will limit Indonesia's debt burden, the World Bank is providing a major US\$ 300 million loan to improve Indonesia's TB response, addressing challenges in finding and treating cases. The financing will strengthen the national TB program, enhance subnational efforts, connect private providers, and improve digital systems.¹⁷



Vietnam

Through the National Health and Medical Research Council (NHMRC), Australia is supporting a highly productive TB research partnership with the Woolcock Institute and the University of Sydney, which has conducted high impact public health research in Vietnam, examining active case finding, contact investigation and TB prevention.¹⁸ For people with drug resistant TB in Vietnam, stigma and isolation are common and these negatively impact treatment adherence and outcomes.¹⁹ People with mild or short-duration symptoms often do not seek care or get missed by symptom screening.²⁰ Through work to understand the social barriers and determinants, TB programs in Vietnam are having an impact. In a world first, community-wide screening in rural Vietnam demonstrated significant reductions in disease incidence and transmission.²¹ These findings have galvanized active case finding and prevention efforts in many countries.

The US Government has also been working with Vietnam's Ministry of Health to expand TB programs. Innovative tools and techniques, including rapid molecular testing and portable chest x-ray capabilities, have helped drive down TB prevalence and mortality.²² USAID has supported the expansion of social health insurance and worked with health providers across nine provinces to improve service coverage and quality.²³ Public-private models have also been successful. Pilot studies in Vietnam to combine facility-based screening, on-site diagnostic testing, mobile applications to reduce dropout, and follow-up care by community health workers are now advancing and ready for scale-up. With support from the Stop TB Partnership, these models have achieved a high treatment initiation rate (95%) and successful treatment outcomes (93%).²⁴

TUBERCULOSIS IN AUSTRALIA AND THE REGION

A priority for development in Asia and the Pacific



Poverty increases the likelihood of TB infection. Overcrowded and poorly ventilated living and working conditions directly increase the risk of TB transmission. Factors such as poor nutrition, and poor access to information and services, contribute to vulnerability to TB. **Fighting poverty is integral to combating the social determinants of TB.**

TB not only robs the world of health but imposes a massive global financial burden, estimated at up to US\$ 3 trillion over the next decade, hitting the world's lowest-income countries the hardest. Patient costs associated with TB treatment can reach upwards of 80% of per capita income in some regions, while the loss of productivity due to TB amounts to up to 7% of GDP in key countries.²⁵

While two thirds of TB cases globally are in men, women face additional barriers to access care and greater stigma of TB infection. TB infections during pregnancy escalate health risks. TB in mothers increases the risk that babies will die by six times, and doubles the risk of babies being born prematurely or with low birth weight.²⁶ The disease also causes up to 15 percent of all maternal mortality.

TB is a major cause of childhood and adolescent morbidity and mortality, with an estimated 1.5 million new cases globally each year and more than 250,000 deaths in young people.²⁷ In 2022, the WHO issued new guidelines on the management of TB in children and adolescents, which drew on important contributions from Australian researchers and clinicians. The guidelines enable access to faster diagnosis and encourage shorter regimens of first-line drugs. The shorter, all-oral regimens for drug-resistant TB in children and adolescents eliminates the need for injectables, which often leads to permanent hearing loss in children.



Results International (Australia)

Stronger partnerships will help us to end TB. In shaping the political declarations for the HLMs, Australia has worked with Canada and New Zealand to push for stronger targets, community-led monitoring, a rights-based approach and more integrated systems. This leadership will fuel a stronger response in the years ahead.

Australia has a long history of leadership and support for TB and global health in countries of our region, and at a global level through the WHO and initiatives such as the regional Green Light Committee (rGLC) for MDR-TB. Australian experts have developed guidelines, supported research and provided technical advice on implementation of research findings, which has helped to guide localised and evidence-based responses to the TB. The Australian Government has advocated at various levels to improve the disease split and increase resources for TB provided by the Global Fund.

The UN-hosted Stop TB Partnership is scaling up efforts to support and extend the response to TB across the region, including through the Challenge Facility for Civil Society, TB REACH and the Global Drug Facility.

Partnerships are critical for the development of new tools, such as vaccines, diagnostics and treatment, which are also a critical priority. Targeted financial support from Australia and other donors is needed to reach the US\$5 billion 2023-2030 funding target to develop essential new tools to end TB. Australia's Partnerships for a Healthy Region initiative, announced by the Foreign Minister early in 2023, will be a catalyst for change and strengthen health systems in countries throughout Asia and the Pacific.

Integrating our responses to pandemics and achieving UHC

COVID-19 provided a clear demonstration of how old and new pandemics interact. We saw investments in the critical components of health systems -- such as laboratory networks, trained healthcare workers and strong supply chains -- are essential complements in the fight against all pandemics. In many countries, TB services were the first to pivot and respond to COVID-19. Robust and resilient tuberculosis services strengthen health systems, advance universal health coverage, and contribute to effective pandemic prevention, preparedness, and response.

In health, so many issues and barriers are interconnected. To make advances in universal health coverage and pandemic preparedness, Member States need to ensure commitments across the three HLMs are interconnected, mutually reinforcing and lead to initiatives that strengthen health systems and provide affordable and accessible care for all, especially during crises.

The Global Fund to Fight TB, AIDS & Malaria

Over many years, Australia has made major contributions to the global fight to end TB. In 2022, Australia pledged \$266 million to the Global Fund to Fight AIDS, TB and Malaria, an increase of 10% on the Government's previous pledge. The Global Fund provides 77% of all international financing for TB, and Australia has advocated strongly for increased contributions for TB and investments in Asia and the Pacific.

On scale and impact, the Global Fund remains one of history's most effective and successful multilateral partnerships. Over the last two decades, the Global Fund has cut the combined death rate of AIDS, TB and malaria by more than half.

The Global Fund provides a brilliant illustration of the power of multilateralism. Strong partnerships between donor governments, implementing countries, civil society, communities impacted by the disease, multilateral banks, private foundations, the private sector, and technical partners are key to the success of the Global Fund. So too is country ownership. Through the Global Fund, Country Coordinating Mechanisms take responsibility for defining country-level priorities, needs and requests through a transparent, multi-stakeholder approach.

BREAKTHROUGHS IN SCIENCE

COVID-19 saw unprecedented investment in research and development (R&D) and impressive gains in prevention, treatments and vaccines. In stark contrast, the investment in R&D for TB has been very limited. Recent developments in TB research are demonstrating valuable returns, with innovations making TB easier to diagnose, prevent and treat. Australia's world-class science, innovation, and technical agencies, as well as our universities, are a valued source of expertise and ideas for health in our region. With additional grants and partnerships for TB R&D, our impact will grow exponentially.

Australian research partnerships

have had a major impact and helped to build the capacity of health services, laboratories and disease surveillance across the region. The NHMRC,²⁸ MRFF and DFAT have supported operational research by TB-CRE²⁹ and other partners to build capacity and enhance the TB responses in the region. Based at the University of Sydney, the WHO Collaborating Centre for TB is an important regional resource to reduce the global burden of TB, working closely with partners in Japan, the Republic of Korea and China on policy development and the testing of novel elimination strategies, particularly for countries in Asia and the Pacific.

DFAT support for **TB programs in PNG and Indonesia** continue to report very good outcomes and enable close relationships between the Australia and our two closest neighbours. Leveraging expertise from the Burnet Institute and Menzies School of Health Research, programs have improved TB capacity and reduced sickness and death.³⁰

Point-of-care molecular diagnostic tests

have been developed to make more tests available to people in the community, when and where they need them. Delays in diagnosis lead to increased morbidity, mortality, expenditure, and transmission in the community. Accuracy is also critical.

Australia has supported several critical **Product Development Partnerships (PDPs)** for TB and other areas of global health. In addition to saving millions of lives, PDPs work to strengthen health systems, increase capacity to conduct research in a range of settings, and contribute to progress on the Sustainable Development Goals. For TB, malaria, neglected tropical diseases and vaccines, PDPs harness funding and resources to develop new technologies where a lack of traditional market incentives have stalled progress. With Australia's support, PDPs have developed 79 new health technologies since 2010, delivering more than 2.4 billion treatments, tests and tools for diseases, including TB.

Genomic technology is revolutionising TB management by guiding the personalised treatment of drug resistant cases and allowing accurate transmission tracking to contain outbreaks. Whole genome sequencing, combined with epidemiological data, bolsters case-finding and our understanding of TB transmission. Applications such as amplicon sequencing enable rapid, targeted and accurate antimicrobial resistant profiling of TB cases without the need to culture the bacteria. Fast and precise information empowers health workers to make informed decisions on antibiotics. Trials led by partners such as FIND, a product development partnership, have helped to generate evidence and boost in-country capacity to support the adoption of targeted technology for affordable, scalable and rapid TB drug-susceptibility testing. Public health laboratories across Australia are already using genomic technology to track and manage TB transmission, understand antimicrobial resistance and provide advice for patient care. However, better coordination and data exchange remains a challenge. By strengthening partnerships and laboratory networks, Australia can help to build sustained capacity for genomic testing in our region. In PNG, sequencing has helped to track the spread of highly drug resistant TB strains.³² Investments in genomic technology have a multiplier effect across the health system; technologies help the fight against other diseases, such as COVID-19 and different flu strains, and in managing AMR.



It's an exciting time in **TB vaccine development**. Improved TB vaccines would fight AMR, advance health equity, improve productivity and avert millions in catastrophic household costs. Several promising vaccines are in the last phases of testing and could be approved for use by as early as 2028. Estimates suggest a new TB vaccine could save 8.5 million lives over the next quarter of a century.³³ New TB vaccines are urgently need to protect people across all age groups, particularly adults and adolescents. As vaccines move to late-stage testing, Member States need to prepare for procurement and rollout to ensure new vaccines reach those who need them without delay.

Mobile applications enable patients to take their medication at home, record the process and upload a video that a nurse later reviews. Patients can ask questions and report side effects. The technology saves time and transport costs, and means that treatment can be supported through lockdowns or when patients are unable to make it to a clinic.

Shorter drug treatments have reduced the treatment time for people with highly drug-resistant forms of TB to less than six months. Previously, TB treatments involved up to 14,000 pills administered over 18 months or longer, with success rates of between 39-50%. Side effects included nausea, muscle weakness, permanent hearing loss, numbness in fingers and toes and depression. Last year the WHO approved guidelines for the use of new regimens, known as BPaL or BPaLM, following work by the non-profit partnership TB Alliance with support from Australian scientists and organisations such as MSF. The all-oral regimens have much higher success rates at around 90% and no longer require injections. In July, Pretomanid was added to the WHO's Essential Medicines List, a critical step towards universal access to the new regimens for people with drug-resistant TB. These advances are a breakthrough for TB treatment, but some countries have been slow to license the regimens and make them available. Secondary patents also present risks to the affordability of drugs such as Bedaquiline, for people in low and middle income countries.³⁴

For hard-to-reach populations in rural and remote areas, **portable and ultra-portable chest x-ray devices** are making TB easier to diagnose. Artificial intelligence and computer aided detection has improved the accuracy of chest x-ray analysis, particularly in settings where there is a shortage of radiologists.

RECOMMENDATIONS

The UN High-Level Meeting in September this year is a critical opportunity to get initiatives to test, treat and prevent TB back on track after COVID-19 setbacks. Australia needs to ensure high-level representation in New York and work with Member States to renew the world's political commitment to ending TB. To accelerate efforts in the fight against TB, Australia must:

1 Mobilise additional funds and expand access to quality and affordable TB prevention, diagnosis, treatment and care.

- Fund partnerships for TB prevention, treatment and operational research in Asia and the Pacific, through the NHMRC, MRFF and DFAT's bilateral programs and Partnerships for a Healthy Region initiative.
- Provide a strong pledge at the 8th replenishment for the Global Fund in 2025.
- Work with state and territory health departments and other partners to implement and review the Strategic Plan for Control of Tuberculosis in Australia 2021–2025 and in doing so reflect the ambition of the Global Plan to End TB 2023-2030.
- Review barriers impacting access to testing in Australia, in particular tests for latent TB infection.
- Support countries in the region to increase domestic financing for TB, including through health insurance and social protection with TB interventions included in packages of essential health services.

2 Partner with governments in our region to strengthen TB programs, with priority action on equity, inclusion, gender and human rights.

- Fund programs that work closely with communities to implement active case finding and community engagement programs that aim to minimise delays in diagnosis and support individuals through treatment.
- Fund programs to comprehensively address TB in children, adolescents, and those who are pregnant or lactating, and ensure specific models of care and investments in children's needs.
- Encourage and support countries in our region to conduct assessments of community rights and gender, develop costed action plans, integrate these into National Strategic Plans and undertake real-time community-led monitoring of service access, quality and stigma.
- Support investments and mechanisms that directly support and build capacity of TB-affected communities and civil society.



3 Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics and treatments, and approaches such as screening and prevention.

- Support countries in the region to accelerate the implementation of novel, 6-month all-oral regimens for the treatment of drug-resistant TB.
- Support countries in the region to accelerate approaches for active case finding and TB preventive treatment (treating latent TB infection), in particular to high-risk groups and for drug-resistant TB.
- Invest in partnerships to develop more accurate low-cost diagnostic tools that are available at point-of-care and reduce time to diagnosis.
- Increase funding for partnerships to develop new TB vaccines within five years, and plan for rapid introduction and rollout to adolescents and adults most at risk.
- Strengthen laboratory capacity and networks in Asia and the Pacific to expand access to timely diagnostics, including innovations such as connected devices and digitally-enabled diagnostics, next generation genome sequencing and artificial intelligence.

4 Provide support for decisive and accountable global, regional and national leadership to end TB.

- Support bold targets and high-level participation at the HLM, including:
 - An overarching target to find, diagnose early, and treat 40 million people with TB.
 - A global target on R&D: US\$5 billion a year for TB R&D, including US\$2 billion for drugs, US\$1 billion for diagnostics, and US\$1 billion for TB vaccines within five years.
 - Engagement and intervention by the Minister at the UNHLM.
- Encourage other Member States to champion TB and invest in solutions to expand treatment, care, prevention and research.
- Within the Global Fund and Stop TB Partnership, continue to leverage additional funds for TB and for programs in Asia and the Pacific.
- Leverage additional funding from multilateral development banks, including the World Bank and Asian Development Bank, through innovations and partnerships such as the Global Fund's buydown mechanism in place for loans with Indonesia and India.



5 Promote strong integration across the three HLMs and ensure an emphasis on strengthening health systems at the 2023 SDG Summit in New York.

- Work with countries in the region to sustain public financing, harmonise health investments and pursue equity in expanding access to quality health services.
- In preventing and responding to pandemics, prioritise community-centred approaches to build trust and ensure transparency.
- Strengthen existing systems and public health measures to reduce transmission risks from airborne pathogens, including TB.

IN 2021
10 million
 PEOPLE FELL ILL WITH
 TB GLOBALLY &
1.5 million
 LIVES WERE LOST

63%
 OF THE GLOBAL TB
 BURDEN IS IN OUR
 REGION

WITH NEW REGIMENS,
 DR-TB CAN NOW BE
 CURED IN AROUND

6
 MONTHS

**WE HAVE THE
 SOLUTIONS TO END TB**



**WHAT WE NEED IS
 INCREASED INVESTMENT & STRONG
 POLITICAL COMMITMENT**



COVID-19 has reversed health and development gains in our region, and Australia is working with partners to restore their health systems and build on investments made in the acute phase of the pandemic.

**MINISTER FOR FOREIGN AFFAIRS
 SENATOR PENNY WONG IN FEB 2023**

The UN High-Level Meeting is a critical opportunity to get initiatives to test, treat and prevent TB back on track after COVID-19 setbacks



If the pandemic has taught us anything, it's that with solidarity, determination, innovation and the equitable use of tools, we can overcome severe health threats. Let's apply those lessons to tuberculosis. It is time to put a stop to this long-time killer. Working together, we can end TB.

**DR TEDROS ADHANOM GHEBREYESUS
 WHO DIRECTOR-GENERAL**

At the High Level Meeting in September, Australia must:

- 1 Mobilise additional funds and expand access to quality and affordable TB prevention, diagnosis, treatment and care**
- 2 Partner with governments in our region to strengthen programs for TB, with priority action on equity, inclusion, gender and human rights**
- 3 Accelerate the research, development, roll-out and access to new TB tools, vaccines, diagnostics and treatments, and approaches such as screening and prevention**
- 4 Provide support for decisive and accountable global, regional, and national leadership to end TB**
- 5 Promote strong integration across the three HLMs and ensure an emphasis on strengthening health systems at the 2023 SDG Summit in New York.**

Australia needs to continue to stand up and be counted, and lead the charge in the fight against TB.

**THE HON WARREN ENTSCH
 MEMBER FOR LEICHHARDT
 AUSTRALIAN TB CAUCUS CO-CHAIR**



A cross-party group of parliamentarians focused on securing Australian support to end TB.



This is a worthy fight. It is one Australia contributes to and it's one we can win.

**KATE THWAITES MP
 MEMBER FOR JAGAJAGA
 AUSTRALIAN TB CAUCUS CO-CHAIR**

The three health-related High Level Meetings in September will enable global leaders to integrate our responses to TB, new pandemics and UHC

Investing in people-centred TB services builds every element of UHC

TB programs in our region provide a foundation to build PPPR capacity

Strong health systems & primary health care are the best defence against all pandemics

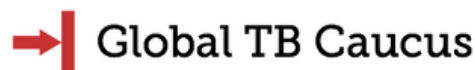
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COLLABORATING PARTNERS

Increased political commitments are urgently required to accelerate progress in the fight against TB. We need greater political will from decision-makers in Australia and around the world.

Leveraging its role as a leader in the region, Australia should encourage partner countries to make investments, increase access to testing and treatment and commit to ending TB once and for all.



About us

Results International (Australia) is an international development organisation working to improve global health and end poverty. With our global partners and national network of volunteers, Results amplifies knowledge and expertise in global health and development. For more than 35 years, Results Australia has been working with federal parliamentarians and everyday Australians to help generate the public and political will to end global poverty.

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