

READY NEXT TIME

TB and UHC Briefing



Summary Recommendations

- ✔ Governments and global health funders should prioritise policy initiatives and investments with the potential to deliver triple-impact across PPPR, TB and UHC.
- ✔ Improving access to and the quality of primary health care is crucial to delivering UHC, reaching more people with TB and ensuring outbreaks of novel pathogens can be detected quickly.
- ✔ Strengthening social protection schemes that prevent catastrophic out-of-pocket healthcare costs are central to the UHC agenda, improving treatment success rates for TB and ensuring outbreak responses are effective and equitable.
- ✔ Action to increase the capacity, capability and equity of the health workforce will deliver major gains to UHC, TB and PPPR programmes.
- ✔ Community-led systems are crucial to reaching the most vulnerable and marginalised with essential health services, including TB diagnosis and treatment, and having the capacity to mount effective and equitable outbreak responses.

Background

The Ready Next Time report sets out key areas of overlap between efforts to strengthen pandemic prevention, preparedness and response (PPPR) and to end tuberculosis (TB), based on extensive literature review and interviews with leading experts. The broader effort to achieve Universal Health Coverage (UHC) is a key theme across both agendas. This briefing explores the overlap between the three agendas in further detail, and considers areas for investment with the potential for **triple-impact**.

UHC

The World Health Organization (WHO) defines UHC as all people having access to the full range of quality health services they need, when and where they need them, without financial hardship. While service coverage has increased significantly, so has the number of people facing catastrophic out-of-pocket health spending. In 2017, nearly 1 billion people spent more than 10% of their household income on healthcare.

UHC & TB

Even if actual tests and treatment are provided free of charge, people with TB often face significant costs. This includes the cost of travel to health facilities for testing and to collect medication and needing to take time off while isolating and managing treatment side-effects. A staggering 48% of people with TB face catastrophic costs, delaying care-seeking and reducing treatment completion rates.

UHC & PPPR

Ensuring people can freely access health services is crucial to the early detection of outbreaks with pandemic potential. Similarly, having mechanisms to mitigate the financial implications of screening, isolation and treatment are essential to containing an outbreak. More broadly, key health system components are essential to maintaining fully operational PPPR capacities.

Primary Care

Healthcare facilities being far from where people live, having long waiting times and poor reputations can prompt people to first seek care in the informal or private sector. This can result in delayed detection and further spread of an endemic infectious disease like TB and an emerging infectious disease with pandemic potential. Increasing the accessibility and quality of primary care facilities and ensuring these are integrated into robust referral systems is crucial to strengthening PPPR, ending TB and delivering UHC.



Social protection

Addressing catastrophic out-of-pocket costs has been core to both the TB and UHC agendas for a number of years. The need for national lockdowns and widespread self-isolation during COVID-19 highlighted the important role that social protection programmes can play in PPPR, and the importance of having these systems in place before an outbreak emerges. Investing in resilient systems that can confirm eligibility and efficiently disburse resources could deliver significant impact across PPPR, TB and UHC.



Workforce

There is a global health workforce shortage of about 15 million doctors, dentists, midwifery personnel, nursing personnel and pharmacists, with the greatest shortages in low- and middle-income countries. Increasing the size, capability and retention of the health workforce is crucial to reaching the over 3 million people with TB who do not access diagnosis and treatment each year, having the capacity to detect and respond to outbreaks, and delivering all core health service functions. The role of properly trained and reimbursed community health workers is particularly key across these pillars, moving care closer to where people live.

Community Systems

Key and vulnerable populations are at greatest risk of developing TB, of having limited access to health services due to geography, cost or human-rights related barriers, and are also among the most vulnerable during public health emergencies. Community-led systems have proven critical in overcoming these barriers in both routine and emergency contexts, building on intimate knowledge of a community to deliver services, share public health information and hold leaders to account for delivering equitable care. Community-led systems require sustainable funding and proactive engagement from the government to deliver this vital function.



The *Ready Next Time* report is motivated by the understanding that finding interventions with impact across multiple priorities will be crucial to mobilising additional investments in public health at a time of unprecedented pressures on public finances. There is a clear opportunity for triple-impact at the intersection of the PPR, TB and UHC agendas. To ensure that they can leverage this potential triple-impact, policymakers will need to be intentional about policy initiatives and investments from the outset. Shaping governance, accountability and funding streams for PPR, TB and UHC accordingly will be crucial to enabling this.

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