

READY NEXT TIME

Beating TB today and preparing for pandemics tomorrow

BACKGROUND

Today, world leaders face an exceptionally challenging situation. The need to prevent and better prepare for future pandemic shocks is self-evident. At the same time, their citizens are rightly demanding action on a whole range of priorities that were neglected during the pandemic, and which now represent a much more acute threat to their lives and livelihoods.

Respiratory pathogens pose the greatest pandemic risk because of the speed at which they can transmit through the universal act of breathing. Tuberculosis (TB) is one of the oldest respiratory diseases, killing some 60 million people in the thirty years since being declared a global public health emergency.

As lives and economies were thrown into disarray by COVID-19, TB services became the foundation of the response thanks of their capacity for managing highly infectious respiratory pathogens. In 2022, TB reclaimed the unenviable title of being the world's deadliest infectious disease.

Competing priorities slow progress. But are efforts to end TB and strengthen pandemic prevention, preparedness and response (PPPR) really competing agendas?

METHODOLOGY

The READY NEXT TIME report is informed by a comprehensive mapping of WHO guidance on TB and PPPR, an extensive review of grey and academic literature and interviews with over 30 subject matter leaders across both specialisms. In mapping areas of overlap, the report sets out a series of specific investments and policy reforms that can deliver tangible impact against TB today, while helping to protect citizens from the pandemic threats of tomorrow.

FINDINGS

The report sets out **specific areas of overlap** across governance and accountability, prevention, detection, response and innovation capacities for PPPR and TB.

The report also highlights how **leveraging these synergies delivers mutual benefit**. TB programmes have been hampered by limited and siloed resources, resulting in inefficiencies and insufficiently person-centred care. Meanwhile, a failure to build on existing infrastructures will both slow and increase the cost of PPPR initiatives.

Furthermore, **the continued operation of these systems** will be crucial to maintaining an outbreak-ready position and demonstrating return for investment in inter-pandemic years.



RECOMMENDATIONS

The similarities between TB and other respiratory pathogens with pandemic potential create a multitude of opportunities to invest in systems that deliver for citizens today, while protecting them tomorrow.

1. Ensure strong alignment of governance, funding, and accountability for PPPR and TB

- a. Including TB as a **tracer indicator** in reformed governance and accountability mechanisms.
- b. Including TB within the **results frameworks** of PPPR funding streams.
- c. Integrate TB into **National Health Security Action Plans**.

2. Prevent respiratory pandemics through targeted investments with broad impact

- a. Expand access to advanced **drug susceptibility testing**.
- b. Enhance **case-based surveillance** of antimicrobial-resistant pathogens, including DR-TB.
- c. Support action on zoonotic diseases, by building **One Health** capacity.

3. Strengthen platforms to detect respiratory pathogens with pandemic potential

- a. Maximise efficacy through **diagnostic network optimisation** and interoperable systems.
- b. Build real-time **digital surveillance systems**, including through networked diagnostic.
- c. Increase size and strengthen respiratory disease competencies of the **health workforce**.

4. Build health systems capacity to respond more effectively to respiratory pandemics

- a. Prioritise **community-led systems** for healthcare delivery that reach marginalised populations.
- b. Invest in harmonised **medicines regulation and quality assurance** capacity.
- c. Strengthen and expand **social protection** and patient support programmes.

5. Support the development and scale-up of innovations to tackle respiratory pathogens

- a. Target R&D investment for **platform technologies** and other innovations with dual or wider use.
- b. Support the expansion of interoperable **trial site capacity**.
- c. Reduce delays by strengthening **regulatory capacity** and harmonising standards.

6. Mobilise political momentum for a PPPR agenda that aligns with efforts to end TB

- a. Explicitly highlight areas of alignment in **political declarations** of the UN High-Level Meetings on PPPR, TB and UHC.
- b. To ensure **high-level political leadership**, the pandemic accord and associated accountability mechanisms should, at least, reference lessons learned from the response to TB alongside other public health threats.
- c. **National parliamentary health committees** should hold special sessions focused on alignment between PPPR and TB efforts.
- d. **Modalities for future UN High-Level Meetings** should explicitly emphasise intersections.

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