



Campaigns  
in Global Health



# Ready Next Time

Beating TB today and preparing for pandemics tomorrow

The COVID-19 pandemic has resulted in an unprecedented loss of life, disruption to essential services and had catastrophic implications for the global economy.



**750** million cases

**7** million deaths

**Trillions** lost to global economy

and still counting...



Existing public health programmes were the foundation of the COVID-19 response, highlighting resilient systems and persistent gaps.

## REDEPLOYED

Laboratories

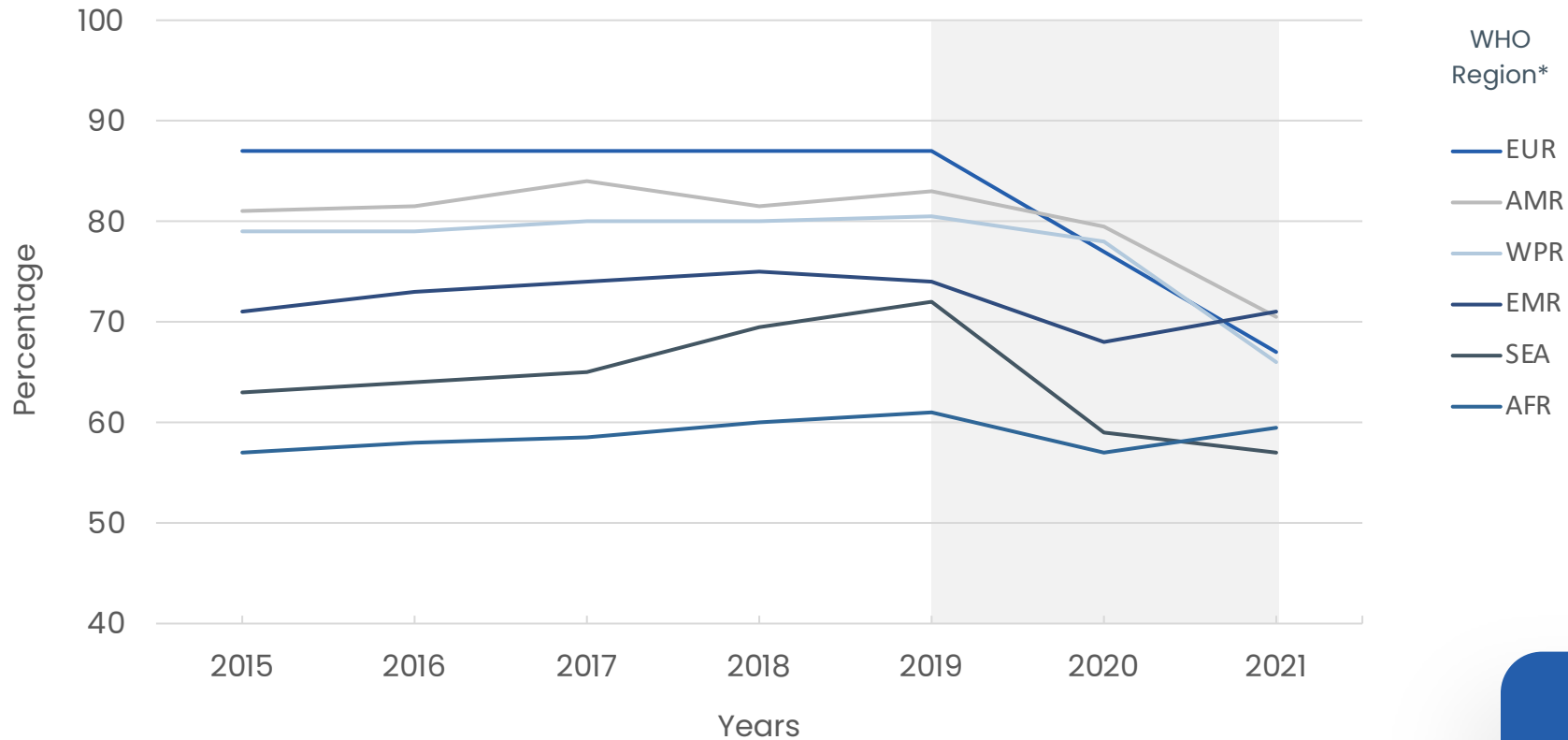
Surveillance

Workforce

Clinics

Research

## TB Treatment Coverage (2015-2021)















 Decline in TB case finding partially attributable to the effects of the COVID-19 pandemic

\*WHO Regions: AFR – Africa, AMR – Americas, EMR – Eastern Mediterranean, EUR – Europe, SEA – South East Asia, WPR – Western Pacific  
Data from WHO 2022a

TB is the world's leading infectious disease killer **before** and **after** COVID-19.

# Respiratory Pathogens

Top Killer, Looming Threat

	Future Respiratory Pandemics	Tuberculosis (TB)
Spread through universal acts of breathing, coughing and close contact		
Non-specific symptom profile		
High infection control requirements		
Inequitable risk of death		
Risk of AMR		
Lack of appropriate vaccines, diagnostics and treatments		

Today, governments find themselves in a very challenging situation.

Prevent future  
pandemic shocks

Recover lost ground  
in fight against TB

Constrained  
budgets

Busy political  
agenda

To overcome inertia, we need an agenda  
that speaks to multiple priorities.



Sustained  
investment



Sustained  
political focus



Sustained  
progress



# Dual Impact Opportunities for TB & PPPR



## Mapping overlap between guidance on PPR and TB

- Joint External Evaluation tool (WHO)
- Consolidated Guidelines on Screening, Prevention, Diagnosis and Treatment of TB (WHO)

## Literature review

- Global strategies
- Evaluations
- Academic publications

## Interviews with leading experts



# Governance, Funding & Accountability

- Measuring on-paper capacity insufficient for PPPR readiness assessments
- TB indicators reflect gaps and inequities in (respiratory) health systems
- Need to deliver and demonstrate dual impact to secure sustained investment
- Dismantling historic siloes can be mutually beneficial



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

- Reformed governance and accountability mechanisms should include TB as a tracer indicator, with the amended International Health Regulations ensuring global, regional and national accountability mechanisms can draw on robust data demonstrating countries' capacity to respond to a major respiratory pathogen in inter-pandemic years.
- Include TB within the results frameworks of PPPR funding streams, to ensure funding mechanisms claiming to deliver impact across multiple domains do so in reality. Closer collaboration between global health funders, including the new World Bank Pandemic Fund, should ensure grants enable and encourage interoperability.
- Integrate TB into National Health Security Action Plans, to ensure new investments in national PPPR systems are aligned and integrated with the TB response, leveraging and strengthening existing systems from the outset.



# Prevention

- Decentralised drug susceptibility testing crucial for DR-TB and AMR
- Surveillance systems for AMR and TB can build on contrasting strengths and weaknesses
- Stewardship initiatives cut across all AMR pathogens, including DR-TB
- Strengthened One Health capacity crucial for reducing risk of zoonotic spillovers, including zoonotic TB



# Prevent respiratory pandemics through targeted investments with broad impact

- Expand access to advanced drug susceptibility testing and enhance case-based surveillance of antimicrobial-resistant pathogens, including DR-TB.
- Strengthen antibiotic stewardship programmes to protect vital treatments for TB and other infectious diseases.
- Support action on zoonotic diseases, by building One Health capacity.



# Detection

- Primary care and robust linkages to specialist services crucial
- Need for more decentralised and equitable access to first- and second-line testing
- Significant interoperability of diagnostic tools and laboratory systems
- Opportunity to leverage sunk costs of COVID-19 response
- Real-time data crucial to evidence-based public health response



# Strengthen platforms to detect respiratory pathogens with pandemic potential

- Maximise the efficacy of the existing base of diagnostics through **diagnostic networking optimisation**, investing in interoperable diagnostic platforms and strengthened specimen transfer to plug gaps in detection systems.
- Build collaborations between funders and Ministries of Health to support **digital surveillance systems** that can provide real-time data across public health priorities including through networked diagnostics.
- Strengthen respiratory disease competencies and **increase the size of the healthcare workforce** across tertiary, secondary, primary and community-based care



# Response

- Specialist respiratory services core to improved routine care and outbreak response
- Surge capacity must be kept constantly active, with robust plans for task shifting
- Common policy and procedural barriers delay roll-out of new tools
- Community-led systems crucial to service delivery among high-risk groups
- Social protection systems core to equitable public health responses





# Build the capacity of health systems to respond more effectively to respiratory pandemics

- Prioritise support for **community-led systems** for healthcare delivery that reach marginalised populations and enable effective outbreak response management
- Increase the speed with which quality-assured new tools reach patients by investing in harmonised **medicines regulation and quality assurance capacity**
- Tackle barriers to care and treatment completion by strengthening and expanding **social protection and patient support programmes**



# Innovation

- Basic research and platform technologies have widespread applicability
- Maintaining interoperable research and clinical trial infrastructure can reduce innovation costs and timelines
- Common policy and procedural barriers delay innovation
- Public funding key for innovation on neglected diseases, including emerging neglected diseases



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

- Target R&D investments for **platform technologies** and other innovations with dual or wider use.
- Support the expansion of **trial site capacity** with interoperability in mind, to reduce time delays and costs associated with clinical trials in outbreak and inter-outbreak scenarios
- Reduce time delays associated with clinical trials in outbreak and inter-outbreak scenarios by developing **regulatory capacity and harmonising standards** between regulatory agencies.



# Political Will

- Need to bridge gap between current and future threats
- Perceived competition between PPR and TB leads to political inertia and reduced investment
- High-level political commitments crucial for both TB and PPR, but difficult to sustain



## Mobilise political momentum for a PPPR agenda that aligns with efforts to end TB, delivering for citizens now and in the future

- The political declarations of the forthcoming **UN High-Level Meetings on PPPR, TB and UHC** should explicitly highlight areas of alignment between these agendas and commit Member States to ensuring national policy and funding priorities target joint areas of opportunity as a matter of urgency.
- To ensure **high-level political leadership on this agenda**, the pandemic accord and associated accountability mechanisms currently under discussion should, at least, include reference to lessons learned from the response to TB alongside other public health threats.
- **Health Committees in national parliaments** should hold governments to account for delivering maximum value for money in PPPR and TB investments through at least one hearing or special session focused on the alignment between national PPPR and TB efforts.
- **Modalities for future UN High-Level Meetings** and summits should explicitly emphasise intersections with other Sustainable Development Goal priorities, in particular TB, to ensure no opportunities for dual-impact are missed.



# Ready Next Time

- There are significant opportunities for dual impact across TB and PPPR
- Integrated and aligned action increases return-on-investment and addresses mutual barriers
- Alignment is crucial to sustained political attention and investment

To read the full report and access briefings on intersections with AMR and UHC



**We can beat TB today,  
while preparing for pandemics tomorrow**

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