

Deadly Divide 2.0

Report Summary & Key Asks

What is it?

The Accountability Report of TB-Affected Communities & Civil Society: Priorities to Close the Deadly Divide is exactly what the title suggests - a tuberculosis (TB) accountability report produced by experts with lived experience of TB. It offers an incisive account of the gaps that existed in the TB response before COVID-19, how the most vulnerable and marginalized communities have been left paying the greatest price during the pandemic, and how civil society and affected communities must be at the heart of efforts to end TB.

How was it developed?

The report is based on survey responses of over 1000 people from 90 countries around the world. Respondents either had direct personal experience of TB, or are part of the many civil society organizations working to tackle TB through service delivery and advocacy. Many shared powerful case studies that are presented throughout the report. Representatives from technical, research and funding institutions were also consulted.

What does it say?

The report looks at progress across a number of different action areas and finds that governments have failed to deliver on key international commitments, including targets set in the political declaration of the 2018 UN High-Level Meeting on TB (UNHLM). Deadly Divide 2.0 reports that:

- Too many people are still unable to access **TB diagnosis, treatment, prevention, care and support** they need and deserve. Progress has been made, but it has been inequitable. Few countries have made the most of innovations because of foundational gaps in screening, testing, real-time data and quality of care.
- Those at greatest risk of TB face the greatest barriers to accessing care. Funders are prioritizing **Community, Rights and Gender (CRG)** initiatives more than ever, but they are starting from a low baseline. Many national governments are still not making the most of lived-experience input into policy and decision-making processes or investing sufficiently to overcome human rights and gender-related barriers.
- The TB response is still hampered by **tools that are slow, expensive, too ineffective and ill-suited for decentralized and people centered use**. Progress has been piecemeal because of insufficient funding, coordination and community engagement. The absence of an effective TB vaccine is the most glaring gap.

- **Funding continues to fall short** of internationally agreed targets, both for TB programmes and research. While some countries announced substantial budget increases following the 2018 UNHLM, the COVID-19 pandemic has seen many reduce spending on TB programmes and research at a time when funding needs are greatest.
- The COVID-19 pandemic has **diverted political attention** away from TB, with many accountability mechanisms paused or weakened during the crisis. Governments must now take steps to translate the ambition of the Global Plan to End TB into national policy frameworks and programmes.
- The pandemic highlighted the intersection between **TB, pandemic prevention, preparedness and response (PPPR), universal health coverage (UHC) and antimicrobial resistance (AMR)**. The response to TB can strengthen pandemic preparedness and universal health coverage, and vice versa.

Why now?

On 22 September 2023, world leaders will be meeting at the second UN High-Level Meeting on TB. For the world to get back on track, leaders must make and act on a new set of ambitious, specific and time-bound commitments. To do that, they should understand the current situation and what lessons can be learned from the last 5 years.

With negotiations taking place from May to July 2023, now is a vital time to influence the process and content of the 2023 political declaration.

What should politicians and policymakers do?

The report sets out recommendations for policymakers across six areas for action, which must be reflected within the UNHLM on TB political declaration, national policy frameworks and investments. Affected communities and civil society want to see action to:

1. **Close gaps in TB prevention, diagnosis, treatment and care by reaching all people with TB**, focusing on the most vulnerable and marginalized and getting the basics right.
2. **Make the TB response equitable, gender-responsive, rights-based, and stigma free**, with TB-affected communities and civil society at the center by 2025.
3. **Accelerate the development, roll-out and access to essential new tools to end TB** by championing needs-based innovation, coordinating research, and planning for equitable, rapid roll-out from the start of the research process.
4. **Invest the funds necessary to end TB** by prioritizing public investment in health, leveraging synergies between different agendas, building new partnerships and mobilizing new funding streams.
5. **Prioritize TB in pandemic prevention, preparedness and response, antimicrobial resistance, and universal health coverage** by ensuring alignment between policy frameworks, funding streams and accountability mechanisms.
6. **Commit to multisectoral action, decisive leadership and accountability** through high-level attendance at the UNHLM on TB on September 22, 2023, ambitious policy reforms and robust accountability involving TB-affected communities.