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Infectious Diseases Society of America Comments on TB and PPPR UN HLMs

The Infectious Diseases Society of America offers these comments to help inform the development of political declarations on ending tuberculosis and strengthening pandemic prevention, preparedness and response. As health professionals working in infectious diseases responses, patient care, public health and research in the U.S. and globally, we urge member states to adopt strong political declarations with actionable targets aimed to build resilience and equitable access to needed services and tools.

Ending TB

The High-Level Meeting presents an important opportunity for the global community to rally in the common cause of eliminating an ancient disease that, despite having been curable since the 1940s, remains the world's biggest infectious disease killer, killing more people than HIV and malaria combined. As an airborne infectious disease, TB knows no borders, and reducing TB globally is essential for minimizing its impact within the U.S. The COVID-19 pandemic reversed years of progress made towards meeting the TB elimination goals established at the 2018 HLM on TB. We urge member states to make bold commitments to allocating the resources necessary to eliminate TB and a scale-up of efforts to address multidrug-resistant TB; invest in TB research and development for new vaccines, diagnostics and treatments; and strengthen screening and linkages to treatment and care.

The COVID-19 pandemic had profound impacts on country responses to TB, from disruptions in case finding and treatment initiation, to TB laboratories, personnel and funding being redirected to COVID-19 response efforts. TB case finding fell from 7.1 million in 2019 to 5.8 million in 2020, with an 18% drop contributing to an estimated 100,000 additional TB-related deaths in 2020 and 2021, including 5,000 additional TB-related deaths among people with HIV. In 2020 compared to 2019, 800,000 fewer people received TB preventative services.

There was also a 15% decline in the number of people enrolled in treatment for MDR-TB. TB is the most prevalent airborne antimicrobial-resistant disease, and drug-resistant forms of TB account for 29% of all antimicrobial-resistant infections globally and one in four antimicrobial resistance-related deaths. Controlling and preventing MDR-TB globally will significantly reduce the risk of easily transmissible drug-resistant pathogens from reaching American soil. We urge member states to champion accelerating action to address drug-resistant TB in the political declaration resulting from the HLM, including improved national, regional and global pharmaco-vigilance, improved stewardship programs to prevent drug resistance, improved treatment adherence for people with drug-sensitive TB, and universal and equitable access to quality diagnosis, treatment, care and support for people with drug-resistant TB.

We urge member states to push for the political declaration to include increased funding commitments to accelerate basic TB research and the development of new tools, including low-cost, rapid diagnostics, effective drugs and shorter treatment regimens, and a new vaccine. In most of the settings where TB is most prevalent, access to diagnosis and care remain limited and often reliant on time-intensive diagnostic methods developed more than a century ago and medicines developed more than half a century ago. The first innovative TB drugs and drug regimens to be developed in more than 50 years remain unavailable to the vast majority of patients who need them. No disease has ever been eliminated without an effective vaccine. But the existing vaccine, developed in the beginning of the last century, is

effective only in preventing one form of the disease, only in children. Even with the existing vaccine, according to the WHO 2020 Global TB Report, more than 1 million children fall ill with TB every year, and TB deaths have increased for the first time in more than a decade. During the UN HLM on TB in 2018, the world made commitments to prevent and treat childhood TB; however, only 29% of children are receiving TB preventative services, far short of the UN HLM target, and only 37% of children who develop TB are being diagnosed and treated.

The political declaration must also include commitments to close the gaps for TB diagnosis, treatment and prevention. We urge all member states to support the inclusion of specific diagnosis and treatment targets in the political declaration. Four million people living with active TB disease do not know they have it, go untreated and remain infectious. Finding and treating the missing cases is critical for achieving epidemic control.

We urge member states to support the inclusion of bold new funding commitments during the HLM and in the political declaration. Achieving the Sustainable Development Goal of ending TB by 2030 will not be possible with the resources we have today. Countries must commit to adequate funding to achieve epidemic control and filling the research funding gap for TB.

Strengthening Pandemic Preparedness

The COVID-19 pandemic painfully highlighted that the vast majority of countries — including high-income countries in the global North — are ill-equipped to effectively respond to outbreaks of infectious diseases. While there are several multilateral efforts underway to strengthen the world's ability to prepare for outbreaks, including the development of the pandemic fund and the ongoing negotiations around the establishment of a pandemic accord, the UN HLM presents an important opportunity for mobilizing the highest level of political will to ensure the world is better prepared for the next outbreak.

The HLM should reinforce, advance and bolster international pandemic prevention, preparedness and response initiatives already under way, including amendments to the International Health Regulations on top of the pandemic accord, while committing to sustain and advance responses to existing epidemics including HIV, TB and malaria. We must do more to strengthen health systems through the lens of One Health, strengthen antibiotic stewardship during outbreaks, improve global coordination and collaboration around surveillance and knowledge-sharing, and commit to ensuring equitable access to medical countermeasures during health emergencies.

The political declaration resulting from the HLM must include a commitment to close critical funding gaps in pandemic prevention, preparedness and response. Approximately \$10.5 billion per year is estimated to be necessary for the newly established pandemic fund to adequately finance health systems strengthening activities and build more resilient health systems that can leverage existing platforms for outbreak response while maintaining gains made against existing health threats, including HIV, TB and malaria. This includes more resources to build more comprehensive disease surveillance and early warning systems, laboratory systems, health workforce capacity and antibiotic stewardship activities, among others. The political declaration must also include a commitment for countries to provide surge financing in case of a crisis.

Global surveillance for emerging infections is woefully inadequate, with many countries lacking the infrastructure and scientific expertise needed for adequate surveillance of emerging and re-emerging

infections, and no centralized system is in place for countries to contribute and share data. The PPPR political declaration should prioritize strengthening country and regional capacity to conduct surveillance and champion the development of a centralized, global coordination mechanism for data and information sharing around emerging and re-emerging infections. Currently no such mechanism exists, making it difficult for countries to coordinate, collaborate and learn from one another. To improve pandemic preparedness, we need functional communication networks in place to quickly share information and data.

The PPPR political declaration must prioritize equitable access to medical countermeasures for all affected countries during outbreaks. During the COVID-19 pandemic, we saw significant disparities in access to testing, personal protective equipment, vaccines, treatments and other countermeasures between high-income and low- to middle-income countries — a situation that was closely mirrored during the more recent mpox outbreak. High-income countries were able to mobilize mpox vaccines relatively quickly while Nigeria, which has had outbreaks of mpox since 2017, still doesn't have access to vaccines or treatments. Continued inequities in access to lifesaving countermeasures and commodities will make it impossible to achieve global goals on pandemic preparedness and response, leaving all countries more vulnerable to outbreaks and their impacts. The political declaration should also prioritize building capacities in low- and middle-income countries to manufacture medical countermeasures and commodities to promote equitable access to needed tools during outbreaks.

We recommend the political declaration address the need to effectively and rapidly stand up clinical research trials during outbreaks, which has been a consistent problem during outbreaks and hinders our ability to develop needed therapeutics and vaccines for priority pathogens. Lessons learned from COVID-19 clinical trials should be applied for future preparedness, though the length of the pandemic did provide more time for researchers to establish clinical trials. Pandemic preparedness and response would be much stronger if we had clinical research protocols ready to be quickly implemented during outbreaks.

As infectious diseases clinicians, scientists and public health experts who have been on the front lines of outbreaks and recognize the importance of improving pandemic preparedness and global responses to TB to protect global public health, we offer to be a resource to member states as you negotiate to develop strong political declarations on TB and pandemic preparedness.