

IMPLEMENTING THE UN DECLARATION ON TUBERCULOSIS: A GUIDE FOR CANADIAN COMMUNITY ORGANIZATIONS INVOLVED IN THE RESPONSE TO TB AND HIV



BACKGROUND

Tuberculosis (TB) is the top infectious killer in the world, despite being preventable and curable. It is a global lack of political will in the fight against this epidemic that has allowed the disease to run rampant. In addition, as described in the section below, TB and HIV are closely linked. As such, the TB and HIV communities should join forces for a collaborative response.

A major milestone in the global fight against TB occurred in 2018. The first ever United Nations (UN) General Assembly High-Level Meeting (HLM) on TB was held on September 26, 2018 under the theme *United to End Tuberculosis: An Urgent Global Response to a Global Epidemic*. The UNHLM on TB brought together Heads of State and Government, political leaders and experts, members of affected communities and civil society, the scientific and academic communities, and the private sector. UN Member states agreed unanimously to the [Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Fight Against Tuberculosis](#). This document defines the specific, measurable targets to achieve by 2022 on the path to end the global TB epidemic.

The Political Declaration is a turning point in generating the necessary political awareness and financial commitments to end TB. It was developed over months of consultation with TB stakeholders around the world, and ultimately written and negotiated by UN member state representatives. In the lead-

up to the UNHLM on TB, the global TB community developed [five Key Asks](#) to be included in the Political Declaration. The five asks informed the content of the final Declaration, which includes commitments that comprehensively outline global targets for 2022. If the world is successful in meeting these targets, we will get back on track for ending the TB and HIV epidemics by 2030, as agreed to in the UN Sustainable Development Goals (SDGs).

In order to see real success, governments must commit the resources and policies necessary to drive implementation in their countries at national, regional, and local levels to reach the targets laid out in the Political Declaration. This guide presents a breakdown of the Political Declaration for a Canadian audience, which includes those working to end TB within Canada and around the world. This document is the next step in our fight against TB. It is intended to be used by community members, practitioners, civil servants, civil society, and others as a guide for Canada to push for accountability in the implementation of the Political Declaration.

"We cannot win the battle against AIDS if we do not also fight TB."

– Nelson Mandela

ACKNOWLEDGMENTS

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results

TB AND HIV

The global TB and HIV epidemics fuel each other, with TB- HIV co-infection posing a tremendous challenge to health systems, communities, and families worldwide, particularly in resource-constrained settings. The same can be observed in communities across Canada. While there are many intersections on social determinants of health, and TB and HIV sometimes disproportionately affect the same communities, TB and HIV work still largely operates in silos. As such, a person living with HIV who is also infected with TB might have to access services from separate programs and providers. Likewise, medications might be covered through a combination of public and private programs. This siloed approach to care creates a double stigma for people living with TB and HIV. While the extent to which TB and HIV are overlapping and connected epidemics in Canada

within specific communities remains largely unstudied, co-infection is likely significant in some Indigenous, newcomer, immigrant and refugee communities.

Ending either the TB or HIV epidemic requires addressing both diseases. Indeed, the Political Declarations from the UNHLMs on TB and HIV highlight important linkages for contributing to the SDGs. Challenges remain to maximize efficiencies, integrate care, strengthen local systems, and promote greater collaboration between the TB and HIV responses. The actions proposed in this guide provide recommendations for a path forward.

For more information on the Political Declaration from the UNHLM on HIV and the SDGs please consult the resources listed at the end of this document.

TB and HIV: Key Facts

TB is the world's leading infectious killer; it claimed the lives of 1.5 million people in 2018. Furthermore, people living with HIV are significantly more at risk of developing active TB than persons without HIV, and TB remains not only the most common presenting illness among people living with HIV—even when taking antiretroviral therapy—but is also the leading cause of death among people living with HIV globally.

In Canada, TB disproportionately affects Indigenous communities and newcomer immigrant and refugee communities. In 2017, nearly 1,800 people fell ill with TB, of which 17% were among Indigenous peoples. Half of these cases (49%) were among First Nations, 45% among Inuit people and 5% among Métis people. All Indigenous communities have higher rates of TB than Canadian born non-Indigenous persons. However, the rate among Inuit populations is particularly acute—almost 300 times higher than Canadian born non-Indigenous persons. In addition, 72% of TB cases are diagnosed among people born outside Canada.

Sources:

[World Health Organization. \(2019\). Global Tuberculosis Report.](#)

[Government of Canada. \(2018\). Tuberculosis Monitoring.](#)

“Communities must be put at the centre of the response to tuberculosis... People have the right to science and to be empowered to demand access to the most effective tuberculosis medicines, diagnostics and vaccines—those available now and those we’re striving to create for the future.”

– Shannon Hader, UNAIDS Deputy Executive Director

TB, HIV and Women: Key Facts

While more men than women contract TB and die from it, TB can have particularly severe consequences for women, especially during their reproductive years and during pregnancy.

Of the 10 million people that fell ill with TB in 2018, 32% were women. Mother and child health services present a strategic entry point for increasing access to TB services, for both women and their families.

In 2016, the World Health Organization reported that:

- TB among mothers is associated with a six-fold increase in perinatal deaths and a two-fold risk of premature birth and low birth-weight.
- Genital TB, which is challenging to diagnose, has been identified as an important cause of infertility in high TB-incidence settings.
- TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%.
- In Africa, TB rates are up to 10 times higher in pregnant women living with HIV than in pregnant women without HIV infection.
- Evidence from India has found that TB among mothers living with HIV is associated with more than double the risk of vertical transmission of HIV to the unborn child.

Source:

[World Health Organization. \(2016\). Tuberculosis and Women Factsheet.](#)

"In March 2018, ITK and the Government of Canada committed to reduce the rate of TB across Inuit Nunangat by 50 percent by 2025, and to eliminate TB by 2030. These are very ambitious goals. Success will require sustained and adequate funding, intense collaboration across all sectors to improve the overall health and wellbeing of Inuit, and very importantly, the involvement of people, families and communities that have been impacted by TB."

– Natan Obed, President, Inuit Tapiriit Kanatami

THE UNHLM ON TB POLITICAL DECLARATION: KEY TARGETS

[Adapted from the [Stop TB Partnership](#)]

UN Member States, including Canada, agreed to meet the following targets	
<p>Treatment</p> <ul style="list-style-type: none"> → Treat 40 million people with TB, including 3.5 million children, by 2022 → Treat 1.5 million people with drug-resistant TB, including 115 000 children, by 2022 	<p>Prevention</p> <ul style="list-style-type: none"> → Provide preventive treatment to at least 30 million people by 2022, including: <ul style="list-style-type: none"> • 4 million children under 5 years of age • 6 million people living with HIV • 20 million other household contacts of people affected by TB
<p>Funding</p> <ul style="list-style-type: none"> → Invest at least US\$13 billion a year by 2022 from all sources for universal access to quality prevention, diagnosis, treatment and care of TB → Increase global investment in TB research and development to US\$2 billion a year 	<p>Stigma and Discrimination</p> <ul style="list-style-type: none"> → Promote and support an end to stigma and all forms of discrimination by removing discriminatory laws, policies and programmes against people with TB, and through the protection and promotion of human rights and dignity → Develop integrated, people-centred, community-based and gender-responsive health services based on human rights, recognizing the various sociocultural barriers to TB prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations
<p>New Tools to End TB</p> <ul style="list-style-type: none"> → Deliver new, safe, effective, equitable, affordable, available vaccines as soon as possible → Deliver new, safe, effective, equitable, affordable, available point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of TB and infection → Deliver innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred TB prevention, diagnosis, treatment and care 	<p>Monitoring and Accountability</p> <ul style="list-style-type: none"> → Develop and implement the multisectoral accountability framework by 2019 → Provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed TB goals, leading to a comprehensive review by Heads of State and Government at a high-level meeting in 2023

THE RELEVANCE OF THE POLITICAL DECLARATION FOR CANADIANS

As a Member State of the UN, Canada has endorsed the UNHLM on TB Political Declaration, which means it has committed to meeting the Declaration's targets within Canada and to contributing to efforts to meet those targets globally. Canada has also committed to regular reporting on Canada's progress towards the HLM targets, as outlined in the [Multisectoral Accountability Framework](#).

Canadian organizations can use the Political Declaration as a potent tool for lobbying the federal and other levels of government to improve the response to TB within Canada and globally. Civil society has an active role to play in encouraging governments to keep to their commitments and undertaking activities which will support the achievement of the targets set out in the Political Declaration.

TEN WAYS TO USE THE POLITICAL DECLARATION

Canadian organizations can use the Political Declaration in a number of ways, including the suggestions outlined below.

1. Ensure that your organization is familiar with the content of the Political Declaration.

Share copies with your staff, board, volunteers and members. Organize an information session or brown bag lunch to provide information on the Political Declaration and to facilitate a discussion on its relevance to your organization's work. You may be able to partner with other organizations in your community to do this (see number 3 below).

2. Share information about the Political Declaration with others.

Distribute copies of the Political Declaration to organizations and individuals in your community who are working on TB, HIV, health, human rights and/or international development. Include health care professionals, researchers, politicians, government officials and the media. Possible strategies to do so could include press releases, public information sessions, policy forums, posting information on your organization's website, or using social media.

3. Adapt the Political Declaration to make it more accessible and relevant for communities most affected by TB.

Draw attention to the targets and commitments which governments have made, linking it to key issues within your community that are driving TB, such as levels of poverty that lead to overcrowded housing and poor nutrition, rates of smoking, or the impact of legal status on access to healthcare. The Stop TB Partnership has an excellent breakdown of the targets and commitments (in various languages) outlined in the Declaration that may be useful for your community (see the *Resources* section below).

4. Connect with other organizations that are using the Political Declaration in their work.

This could include other community partners such as health, educational, justice, labour or faith-based organizations. Look to other organizations and agencies that serve the populations most affected by TB within your community, including First Nations, Métis people, Inuit, newcomers, immigrants and refugees. This can also provide your organization with opportunities to expand partnerships locally, nationally and internationally. Join the growing community of advocates, healthcare professionals, researchers and people affected by TB and HIV across Canada

"We will not achieve our targets of ending AIDS and tuberculosis by doing things as we have always done them in the past."

– Lucica Ditiu, Stop TB Partnership

GET INVOLVED!

To learn more about what ICAD and Results Canada have been up to on TB and HIV, please visit [our webpage](#). If you would like to get involved, please contact Kate Alexander at kalexander@icad-cisd.com or Robyn Waite at robyn@resultscanada.ca to learn more about the Canadian TB-HIV group.

who are developing strategies to address TB, including by leveraging the key targets and commitments from the Political Declaration.

5. Connect specific sections of the Political Declaration to work your organization is already doing and identify new areas for future program development.

With the broad range of topics covered under the Political Declaration, there is a strong opportunity to find sections which are directly relevant to your work and to use the authority of the Declaration to make that work stronger. It may even provide your organization with ideas on new strategies or directions. For examples, see the section below on *Leveraging Key Targets and Commitments*. Supporting documents on the Stop TB Partnership and Results Canada websites (see the *Resources* section below) may also provide useful information for program development.

6. Formally endorse the Political Declaration.

Review the Political Declaration with the relevant stakeholders within your organization and explore the option of formally endorsing it. If your organization does decide to do this, share the information on your website and through other communication channels. Consider endorsing the [Declaration on the Rights of People Affected by Tuberculosis](#) as well.

7. Use the Political Declaration to support your funding proposals.

Refer to specific, relevant paragraphs of the Political Declaration in your proposal to demonstrate how the proposed work will help to achieve the targets and commitments.

8. Use the Political Declaration as a tool for engagement, advocacy, and lobbying.

Advocate for improved programs and greater resources to combat TB and HIV in your province or territory. Work with other organizations and coalitions to advocate for these goals at the national level, as well as to advocate for Canada to meet its international commitments in ending TB globally. Since not all of the targets and commitments precisely fit the Canadian context, and not all will be relevant to your organization, decide on which ones to prioritize. And if your

organization is involved in international work, the Political Declaration is an excellent tool to help provide information to your stakeholders about what is happening on the global stage and how the work of your organization fits in. For examples, see the section below on *Leveraging Key Targets and Commitments*.

9. Develop strategies to monitor the implementation of the Political Declaration.

Work with other organizations to develop monitoring strategies in your province or territory, as well as at the national and international levels. Country progress reports to the UN may be requested in 2020; there may be opportunities for civil society to become more engaged in Canada’s review process in the future. Or apply the indicators outlined in the Political Declaration to monitor your organization’s work, and report on your progress.

10. Share your experiences and lessons learned with others.

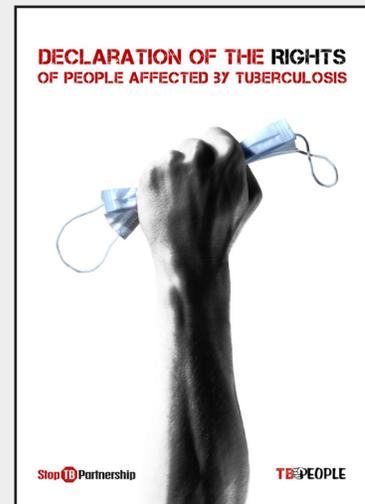
Has your organization used the Political Declaration in their work? Do you have innovative ideas or lessons learned as a result? Take the time to document your experiences and to participate in formal and informal networks in order to share these experiences.

LEVERAGING KEY TARGETS AND COMMITMENTS

The following is a partial list of potential actions for each theme mentioned below. It is the result of discussions emanating from a mix of people with lived and practical experiences who came together through an in-person policy dialogue, webinars, and a subsequent advisory committee. Participants for these activities represented several sectors (public health, community organizations, development NGOs, research, TB/HIV responses, affected communities, organizations working with Indigenous communities and recent immigrants, and government) working in many parts of Canada. For more potential actions, please consult [Moving forward from the Canadian policy dialogue on TB and HIV: Key policy and programming considerations for the Canadian response to TB and HIV](#).

Declaration on the Rights of People Affected by Tuberculosis

The launch of the Declaration is a significant step in recognizing the urgent need to adopt a human rights-based approach to TB and to fund human rights-based interventions that overcome barriers to universal access. The Declaration aims at empowering people affected by TB to know and claim their human rights. It is grounded in international human rights law, built upon States’ existing human rights obligations under the Universal Declaration of Human Rights and other legally binding treaties. The Declaration demands recognition and respect for these rights for people affected by TB, including the rights to life, health, privacy, liberty and to be free from discrimination.



Paragraphs from the Declaration	Potential actions	Who should be urged to take action
<p>Integrating TB and HIV responses Paragraph 29 includes a commitment “to coordination and collaboration between tuberculosis and HIV programmes, as well as with other health programmes and sectors, to ensure universal access to integrated prevention, diagnosis, treatment and care services, in accordance with national legislation, including through promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, and providing tuberculosis preventive treatment”. Other relevant paragraphs include: 10, 31</p>	<p>→ Explore program models whereby TB and HIV services could be connected (e.g., collaboration between service providers; joint TB and HIV medication dispensaries).</p> <ul style="list-style-type: none"> • Conduct a mapping of TB and HIV services to identify potential linkages. 	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p> <p>→ Federal, provincial and territorial health authorities</p>
	<p>→ Conduct enhanced surveillance and research to determine the extent to which TB and HIV are overlapping and connected epidemics in Canada within specific Indigenous, newcomer, immigrant and refugee communities.</p>	<p>→ Federal, provincial and territorial surveillance units</p> <p>→ Academic and community-based researchers</p>

<p>Valuing community-led responses and Centering lived experience</p> <p>Paragraph 17 makes reference to <i>“the involvement of communities and civil society and... high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples... migrants, refugees... prisoners, people living with HIV, people who use drugs... the urban and rural poor... individuals who face food insecurity, ethnic minorities... people with alcohol use disorders and people who use tobacco”</i>.</p> <p>Other relevant paragraphs include: 9, 21, 33, 35, 38</p> <p>*Missing in the Declaration from the above-mentioned groups, but who must also be included in this work are: sex workers, undocumented immigrants, people who are homeless, people who face legal barriers to access care, lesbian, gay, bisexual, or transgender people, people who are at increased risk of TB because of biological factors that compromise immune functions, and people undergoing immunosuppressive therapy.</p>	<ul style="list-style-type: none"> → Provide funding to community-level efforts to address systems-level gaps. 	<ul style="list-style-type: none"> → Federal, provincial and territorial government funding programs
<p>Adopting a rights-based, person-centred approach</p> <p>Paragraph 18 recognizes <i>“the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights”</i>.</p> <p>Other relevant paragraphs include: 9, 14, 17, 33, 37</p>	<ul style="list-style-type: none"> → Hire and train workers who speak Indigenous languages and the languages of newcomer, immigrant and refugee communities affected by TB. → Hire and train workers who can provide trauma-informed care. 	<ul style="list-style-type: none"> → Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities
	<ul style="list-style-type: none"> → Provide health navigation services. 	<ul style="list-style-type: none"> → Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities → Affected communities
	<ul style="list-style-type: none"> → Engage in efforts to protect the rights of immigrants in terms of both legal status and access to healthcare. 	<ul style="list-style-type: none"> → Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities → Affected communities → Legal clinics and human rights agencies

<p>Addressing gender disparities</p> <p>Paragraph 30 recognizes that <i>“reaching undetected and untreated men, as well as empowering women and girls through community health care and outreach, is a critical part of the solution, and to considering responses appropriate for men and women, boys and girls”</i>.</p> <p>Other relevant paragraphs include: 17, 18</p>	<p>→ Include training on gender-based analysis as part of capacity-building efforts with stakeholders involved in the TB and HIV responses.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p>
	<p>→ Integrate commitments from the Political Declaration on TB into gender-based programs supported by Canada’s Feminist International Assistance Policy.</p>	<p>→ International development organizations</p> <p>→ Global Affairs Canada (GAC)</p>
	<p>→ Integrate TB care into reproductive health services, including family planning, antenatal and postnatal care.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p> <p>→ International development organizations</p>
<p>Moving from control and containment to health promotion and protection</p> <p>Paragraph 14 affirms that <i>“all these people [affected by TB] require integrated, people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination”</i>.</p> <p>Other relevant paragraphs include: 9, 13, 33</p>	<p>→ Use the treatment encounter as a means to connect to patients (rather than just monitor them) on a medical and personal level, and provide other supports, which can promote empowerment, inclusion and retention.</p>	<p>→ Healthcare facilities and public health units</p>
	<p>→ Develop culturally relevant approaches to TB grounded in health promotion and protection, including through community workers who know the language and culture of the communities they serve, building on examples of wise practices such as efforts within Inuit communities.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p>

“Too many people have been buried whose lives could have been saved if their rights had been protected.”

– Maurine Murenga, Board Member, Communities Delegation to the Board of the Global Fund to Fight AIDS, TB and Malaria

<p>Addressing social determinants of health and Reconciliation within the context of the TB response</p> <p>Paragraph 8 recognizes “that tuberculosis affects populations inequitably and contributes to the cycle of ill health and poverty, that malnutrition and inadequate living conditions contribute to the spread of tuberculosis and its impact upon the community”.</p> <p>Other relevant paragraphs include: 17, 29</p>	<p>→ Address overcrowded housing, access to healthcare and nutrition, as well as other social determinants of health among Indigenous communities as a matter of urgency and as part of the fundamental response to disproportionate rates of TB.</p>	<p>→ Indigenous, federal, provincial and territorial governments</p> <p>→ Agencies working with Indigenous communities, including community-based organizations, public health and healthcare facilities</p>
	<p>→ Engage in reconciliation by contributing to the dismantling of the ongoing colonization, racism, multi-generational trauma, stigma and discrimination that fuel TB.</p>	<p>→ Indigenous organizations, agencies and governments</p> <p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p>
	<p>→ Integrate commitments from the UNHLM on TB Political Declaration into advocacy agendas that urge Canada to meet its commitments from the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and recommendations from the Truth and Reconciliation Commission.</p>	<p>→ Agencies working with Indigenous communities, including community-based organizations, public health and healthcare facilities</p> <p>→ Human rights agencies</p>
	<p>→ Promote intercultural approaches to address tuberculosis, HIV infection, sexually transmitted infections, and viral hepatitis through interventions that are focused, inclusive, participatory, and culturally sensitive to Indigenous populations.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p> <p>→ Indigenous organizations</p> <p>→ Affected communities</p>
<p>Leveraging the response to health issues among newcomers, immigrants and refugees</p> <p>Paragraph 17 recognizes that “in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as... migrants, refugees”.</p>	<p>→ Bridge the gap in services between TB and HIV for newcomer, immigrant and refugee communities through enhanced linkages and referral systems within existing services.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p>
	<p>→ Address gaps in health services based on legal status and concerns regarding deportation among newcomers, immigrants and refugees with TB.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p> <p>→ Legal clinics and human rights agencies</p>
	<p>→ Support the creation of culturally-safe spaces for newcomer, immigrant and refugee communities affected by TB/HIV, using peer-based learning models that integrate cultural teachings with health-related information, as well as practical tools that address stigma and discrimination.</p>	<p>→ Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities</p> <p>→ Affected communities</p> <p>→ Organizations working with newcomers, immigrants and refugees</p>

<p>Reaching global targets</p> <p>Paragraph 24 includes a commitment “to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis including 115,000 children”</p> <p>Other relevant paragraphs include: 19, 20, 21, 25, 26, 42, 43, 45, 46, 47</p> <p>*According to the <i>Joint statement on behalf of affected communities and civil society on the occasion of the first United Nations high-level meeting on the fight to end tuberculosis</i>, drafted as a response to the Declaration, there are several commitments missing, including more ambitious targets for global diagnosis and treatment. This joint statement calls for 80 million people (including 9 million children) to be diagnosed and provided preventive therapy by 2022. It also calls on the development of a two-month or less oral cure for TB and MDR TB by 2028, a TB vaccine by 2025, improved diagnostics by 2025, and that “all TB R&D efforts are needs-driven, evidence-based, and guided by the core principles of affordability, equity, and collaboration”.</p>	<ul style="list-style-type: none"> → Push for a scaled-up Canadian response to TB in order to reach global targets. → Ensure the Canadian National Strategic Plan (NSP) and provincial and territorial Tuberculosis Programme Guidelines are in line with the Political Declaration targets 	<ul style="list-style-type: none"> → International development organizations → Organizations involved in the TB-HIV response → Researchers
	<ul style="list-style-type: none"> → Advocate for Canada to contribute its fair share to the global financial targets to end TB (\$USD 13 billion per year for programming by 2022) → Advocate for Canada to increase its support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other current initiatives such as TB REACH. → Advocate for Canada to increase its funding for TB R&D to close the US\$1.3 billion annual funding gap. → Explore new opportunities and mechanisms to support needed TB R&D including through innovative approaches such as development partnerships (PDPs)--PDPs are based in open access, public accessibility of products, non-profit-based, and designed to work in areas where there is little market interest in R&D. 	<ul style="list-style-type: none"> → International development organizations → Organizations involved in the TB-HIV response → Researchers including, academic institutions and product development partnerships (PDPs), industry
	<ul style="list-style-type: none"> → Support countries to use the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) geared to promoting access and trade in medicines essential to ending TB → Support greater community engagement in research processes of TB R&D 	<ul style="list-style-type: none"> → International development organizations → Pharmaceutical industry partners → Affected communities
<p>Monitoring and ensuring accountability</p> <p>Paragraph 48 commits “to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic”.</p> <p>Other relevant paragraphs include: 23, 49, 53</p>	<ul style="list-style-type: none"> → Leverage existing and new commitments and responsibilities (e.g., other HLM commitments, rights held by First Nations, Inuit and Métis communities including through treaties and UNDRIP); hold our governments and ourselves accountable for meeting these commitments. → Work to implement a standard of accountability based on the Multisectoral Accountability Framework 	<ul style="list-style-type: none"> → Agencies delivering TB-HIV-related services, including community-based organizations, public health and healthcare facilities working with Indigenous communities, newcomers, immigrants and refugees → International development organizations → Human rights agencies → Affected communities → Academic and community-based researchers → Federal, provincial, territorial governments

CONCLUSION

The Political Declaration is a valuable tool for Canadian organizations. The commitments and targets agreed to in the Political Declaration can be used to educate and advocate on TB, to develop new programs, and to improve old ones. By using the Political Declaration in your programming and advocacy activities, your organization will be contributing to a Canadian response to TB that is aligned with current global perspectives and requirements. The Political Declaration can also be used effectively for education and engagement activities with government and civil society actors. 193 UN Member States agreed to meet the targets outlined in the Political Declaration but the Declaration alone cannot put the world on the right track. All stakeholders must take this momentum forward, push for change and help Canada and other Member States to meet these targets. The Political Declaration illustrates where the world needs to be in 2022, and we need to help ensure we get there.

INTERNATIONAL RESOURCES

[Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Fight Against Tuberculosis](#). This document provides the full text of the Declaration.

[Declaration on the Rights of People Affected by Tuberculosis](#). This webpage provides background information and the full text of the Declaration.

[UN High-Level Meeting on TB: Key Targets & Commitments for 2022](#). This document from the Stop TB Partnership provides a summary of key targets and commitments from the Declaration on TB.

[Stop TB Partnership](#). This website provides key resources and updates on global TB efforts.

[United to end tuberculosis: An urgent global response to a global epidemic. Key asks from TB stakeholders and communities](#). This document from the Stop TB Partnership outlines the key asks communities wanted to see included in the Declaration on TB, as developed ahead of the UN HLM.

[Global Tuberculosis Report 2019](#). This annual report from the World Health Organization provides provide a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease at global, regional and country levels.

[2016 United Nations Political Declaration on Ending AIDS](#). This document provides the full text of the Declaration.

[Sustainable Development Goals](#). This webpage provides an overview of the SDGs, including [Goal 6: Good Health and Well-Being](#), within which the targets of ending the TB and HIV epidemics by 2030 can be found.

CANADIAN RESOURCES

[TB and HIV: The Power of Two Communities](#). This ICAD-Results Canada webpage provides a wealth of information and resources, relating to the HLM and Declaration, including a series of webinars, policy briefs, factsheets, updates and links towards a range of resources produced by our key partners.

[Results Canada](#). This webpage provides an overview of key activities and campaigns urging Canada to contribute to TB elimination efforts globally and within Canada.

[Inuit Tuberculosis Elimination Framework](#). This document is the strategy developed by the Inuit Tapiriit Kanatami (ITK)—the national representational organization for the 65,000 Inuit in Canada.

[The Time Is Now: CPHO Spotlight on Eliminating Tuberculosis in Canada](#). This document from the Chief Public Health Officer of Canada provides an overview of tuberculosis in Canada.

[Tuberculosis Monitoring](#). This Government of Canada webpage provides an overview of TB in Canada and includes links to additional key resources.

WHAT'S MISSING?

The Political Declaration symbolizes the global momentum toward our common goal of ending TB, but it is only a starting point. While a truly momentous step in the right direction, the Political Declaration reflects only the bare minimum that will be required to get ahead of the TB epidemic. To fully deliver on these commitments, governments must be ready to go beyond the activities outlined in the Political Declaration, which, due to the realities of reaching consensus across 193 Member States, necessarily leaves out a large number of recommendations put forward by experts, including TB affected communities, civil society and other stakeholders.

Please consult the [joint statement](#) on behalf of affected communities and civil society on the occasion of the first United Nations high-level meeting on the fight to end tuberculosis, drafted as a response to the Declaration, for more information.

GET INVOLVED!

To learn more about what ICAD and Results Canada have been up to on TB and HIV, please visit [our webpage](#). If you would like to get involved, Kate Alexander at kalexander@icad-cisd.com or Robyn Waite at robyn@resultscanada.ca to learn more about the Canadian TB-HIV group.