

COMMUNIQUÉ

Theme: *Improved Political commitment and domestic financing for TB and support for GF TB grant application for 2023-2025 cycle for high burden countries in Africa*

November 28-29, 2022, Addis Ababa, Ethiopia

Recalling the **Assembly/AU/Dec.565 (XXIV)** which calls for control and elimination of airborne infectious diseases, including Tuberculosis in Africa by 2030 and the **Assembly/AU/Dec.786(XXXIII)** which requested the Tuberculosis scorecard and urged Member States to accelerate efforts in addressing Tuberculosis as a major health threat in Africa.

Noting that twenty-five (25) of the 49 countries with the highest burden of TB, drug-resistant TB, and/or TB/HIV are in the African Region, and that ending the TB epidemic is a target under the Sustainable Development Goals (SDGs) and the 2018 UN High Level Meeting on **the fight against TB (UNHLM)**.

Recognising that TB needs greater attention and **political commitment**, recognizing that TB is the leading cause of death among all infectious diseases and one of the top causes of deaths in countries. Further recognizing the high return of investment for TB and avoid greater cost of inaction:

The Meeting resolved as follows:

1. Greater awareness, advocacy and engagement to elicit commitment, multi-sectoral approach and accountability for TB from the Heads of State and Government is needed.
2. Participants from the 17 high TB burden countries called for greater **ambition** in TB responses at national level. Member States must participate and should develop full and costed national plans to end TB, preferably equipped with analysis on returns on investment and the cost of inaction.
3. TB response in Member States is shockingly underfunded. There is urgent need for increased **funding** from both domestic and international sources, including innovative financing approaches. Countries should consider increasing substantially their domestic budgets for TB, ambitious proposals to the Global Fund for “allocation” as well as for “above allocation” amounts.
4. TB should be integrated in multi-disease approaches where possible for screening, testing, treatment and care and should be part of Pandemic Prevention, Preparedness and Response (**PPPR**) plans and investments.
5. **New tools** for prevention, screening, diagnostics, treatment and care (e.g. X-ray with AI; rapid molecular tests; shorten treatment regimens; digital adherence tools) and locally driven innovative approaches in TB need to be scaled up urgently and institutionalized.
6. Member States should **invest in and empower TB affected communities and civil society**, raise resources and invest in available tools to break down structural barriers, institutionalize and scale-up community-led monitoring and ensure TB programmes are human rights-based, gender responsive, people-centered and inclusive.



7. Member States requested the African Union, Stop TB Partnership, African Constituency Bureau, WHO, USAID and relevant stakeholders to coordinate the development of a **Common Africa Position** for the upcoming UNHLM in 2023 and ensure high-level participation.