

G20 SIDE EVENT

Tuberculosis

29 - 30 March, 2022

Yogyakarta

CONCEPT NOTE

**G20 SIDE EVENT ON
FINANCING FOR TB RESPONSE:
OVERCOMING COVID 19 DISRUPTION AND
BUILDING FUTURE PANDEMIC PREPAREDNESS**

A. Context

The 2022 G20 Presidency of Indonesia offers an opportunity to refocus efforts to end TB globally, through increased commitments to sustain existing finance flows, adopt newer methodologies of financing the effort at global, national, subnational, and community levels. Indonesia has the 3rd highest number of TB cases in the world and has seen TB notifications reduce by a third in 2020 with the onset of Covid. An event focused on TB financing, hosted by the Indonesia G20 Presidency - with support from Stop TB Partnership Indonesia and partners - as part of its Health track discussions, will enable key inputs into the final G20 communique.

TB continues to be one of the world's leading infectious killers in the world. The World Health Organization (WHO) reported that 10 million people fell ill with the disease and 1.5 million died from it in 2020, which is more than HIV and Malaria combined. Unfortunately, the COVID-19 pandemic has reversed years of global progress in tackling this disease. According to the WHO 2021 Global TB report, for the first time in over a decade, TB deaths have increased. Compared to 2019, more people died from TB and far fewer people were diagnosed and treated or provided TB preventive treatment in 2020. Furthermore, overall spending on essential TB services fell starkly, likely due to a shift of domestic support from the TB program to efforts to mitigate the COVID-19 pandemic.

If the world is unable to achieve the UNHLM targets for 2022 towards ending TB by 2030, not only will there be many more people who will suffer and/or die needlessly, but the world as a whole will lose billions of dollars. A study by the University of California San Francisco estimates that the full income loss per TB death is on average, US\$1.3 million. In addition, analysis from the Economist Intelligence Unit suggests that deaths attributed to drug-resistant TB (DR-TB) alone will cost the global economy at least US\$17.8 billion in future GDP (PPP) loss in one year. Conversely, the Copenhagen Consensus think tank ranks TB as one of the top investments, securing a return of 43 dollars for each dollar invested. The WHO estimates that the economic impact of the pandemic is predicted to worsen key determinants of TB incidence, including data that suggests that the number of people developing TB could increase by more than 1 million each year between 2020–2025, resulting in a 50% increase in incidence and likely, deaths.

In the 2018 UNHLM on TB countries committed to mobilize a total 13 billion USD per annum for TB care and prevention and an additional 2 billion USD for research and development of new tools for TB. Two years later, in 2020 less than half of these funds could be mobilized, i.e. 5.3 billion USD for TB care and prevention and 0.9 billion USD for research and development.

2022 is a critical year to reverse current trends and ramp up efforts to meet UNHLM targets. To achieve these goals, it is necessary to ensure that **additional resources for TB are**

made available through a successful Seventh Replenishment of the Global Fund in 2022 fully replenished Global Fund, increased domestic resources for the TB response and – as these efforts will be insufficient, a novel multi-component approach for financing for TB – including through engagement with representatives of the development banks, donors, high net worth individuals, etc. should be created. The Global Fund provides 77% of all international financing for TB (12% of total available resources), has increased TB grants by 24% on average for the current grant cycle starting 2021, and is committed to deploying more than US\$2 billion to fight the disease over the next three years. A successful Seventh Replenishment, covering the 2024-2026 implementation period, combined with increased efficiencies, pooled procurement and blended finance options, will be critical in addition to a significant increase in domestic resources to bring the world back on track toward the global targets.

If G20 leadership does not act now to end TB by 2030, millions of people will continue to die each year from a preventable disease and global success in controlling airborne diseases and preventing future pandemics will be jeopardized.

B. Expected Outcomes & Deliverables:

1. An agreement on multicomponent approach through multilateral, bilateral, and domestic mechanisms to mobilize additional resources in financing for TB response
2. Call to Action outlining milestones of efforts to increase G20 countries' investments for TB response

C. Questions for Discussion

1. What can G20 and partners do to improve existing and novel approaches for TB investments?
2. How can the G20 leverage efforts to effectively increase resources mobilized for TB response?
3. How can the G20 synchronize resources needed for TB response in the context of building future pandemic preparedness?

D. Agenda

TIME	ACTIVITIES
Tuesday, 29 March 2022	
15.00-15.15 WIB (10.00-10.15 CET)	A. Opening Segment – 15 min <ol style="list-style-type: none"> a. Traditional performance from Indonesia b. Message from TB survivors
15.15-16.00 WIB (10.15-11.00 CET)	B. KEYNOTE SPEECHES – 45 min (max. 10 min each) <ol style="list-style-type: none"> a. A RESILIENT, SUSTAINABLE AND FUNDED RESPONSE TO END TB Tedros Adhanom Ghebreyesus, Director General WHO (video) b. NATIONAL LEADERSHIP FOR A TB FREE WORLD H.E. Budi Gunadi Sadikin, MoH Indonesia c. INVESTING IN TB AND BUILDING PANDEMIC PREPAREDNESS Peter Sands, Executive Director of The Global Fund (virtual) d. BUILDING STRONGER GLOBAL RESPONSE IN HEALTH CRISES Atul Gawande, USAID Assistant Administrator for Global Health e. FINANCING A COMPREHENSIVE HEALTH SYSTEM AND TB RESPONSE Gita Gopinath, First Deputy Managing Director of IMF
16.00-16.30 WIB (11.00-11.30 CET)	C. G20 LEADERSHIP TO END TB – G20 REPRESENTATIVES SPEECHES – 30 min (7 min each) <ol style="list-style-type: none"> a. TB IN G20 DECLARATIONS AND COMMITMENTS H.E. Roberto Speranza, MoH Italy b. HARNESSING TB RESPONSE TO ADDRESS COVID 19 DISRUPTION AND FUTURE PANDEMICS H.E. Shri Mansukh Mandaviya, MoH India c. G20 RESEARCH AGENDA TO END TB H.E. Marcel Antonio Cartaxo Queiroga, MoH Brazil d. TB survivor from G20 Ms Meirinda Sebayang, Chair, Jaringan Positif Indonesia & Member of the Stop TB Partnership Board Communities Delegation
16.30-17.00 WIB (11.30-12.00 CET)	<i>COFFEE BREAK – 30 min</i>

17.00-18.00 WIB (12.00-13.00 CET)	DAY 1 - SESSION 1 (60 MIN) Current efforts and financing towards ending of TB are not sufficient to meet 2030 target		
	<p>Session talking points</p> <p>Investing in recovery efforts to end TB in high burden countries as part of Covid mitigation and future pandemic preparedness, including adoption and scale-up of new tools, digital and AI technologies, and comprehensive care packages that support individuals to successfully complete TB treatment.</p> <p>Increasing investments in TB diagnostics, treatment, and prevention is critical for future pandemic preparedness</p> <p>Current levels of resources are inadequate and resource availability is insufficient - but essential to secure going forward availability of funds from GF, bilateral, and domestic resources.</p>	<p>Chair/Speakers</p> <p>Chair: Executive Director Stop TB Partnership – Lucica Ditiu</p> <p>Speakers (max. 10 min each):</p> <ul style="list-style-type: none"> ● WHO HQ – Tereza Kasaeva ● Global Plan to end TB TASK FORCE – Paula Fujiwara ● GLOBAL TB CAUCUS – Lord Herbert of South Downs ● COPENHAGEN CONSENSUS - Bjorn Lomborg ● INDIA HEALTH FUND - Madhav Joshi 	<p>Outcome Document Statement:</p> <p>Recognize that current trajectory of efforts will not get us to the END TB target for 2030 and will result in preventable morbidity and mortality.</p> <p>Recognize the need to reassess the scale and strategy of financing programs at global, regional, national, subnational and community levels to achieve the 2030 End TB target and commit to expand the level of financing through innovative and optimized mechanisms.</p>

18.00-19.00 WIB (13.00-14.00 CET)	DAY 1 - SESSION 2 (60 min) Alternative and innovative approaches to expand the financing to end TB		
	<p>Session talking points</p> <p>Innovative approaches to achieve the end of TB are necessary, given the health and financial impact of the disease on individuals and their families, communities, and countries, which has been further exacerbated by the COVID-19 pandemic.</p> <p>There is an urgent need to marshal a commensurate level of resources that matches the global TB deaths and suffering through mechanisms that will have maximum impact.</p> <p>TB elimination will require a multisectoral and systems approach at all levels to reach the most-at-risk populations, which is a fundamental component of providing effective universal health coverage</p>	<p>Chair/Speakers</p> <p>Chair: Co-chair of G20 high level independent panel on Financing the PPR – Tharman Shanmugaratnam</p> <p>Speakers (max. 10 min each):</p> <ul style="list-style-type: none"> ● WORLD BANK - Juan Pablo Uribe ● ASIAN DEVELOPMENT BANK – Bruno Carrasco (Director General) ● TAHIR FOUNDATION – Dato’ Sri Tahir ● ECONOMIST AND FORMER MINISTER OF FINANCE MEXICO – H.E. Jose Antonio Gonzalez Anaya ● ISLAMIC DEVELOPMENT BANK – Dr. Mansur Muhtar, Vice President Operations 	<p>Outcome Document Statement:</p> <p>Recognize the possibilities for, and recommend, the adoption of innovative financing methodologies that ensure greater pool of finances to support communities and systems to achieve 2030 End TB targets. Propose concrete solutions for going forward as a mixture of current and novel approaches</p>

19.00-21.00 WIB (14.00-16.00 CET)	Reception Dinner (for chair, speakers, delegates, and participants attending in-person)		
Wednesday, 30 March 2022			
11.00-12.00 WIB (06.00-07.00 CET)	DAY 2 - SESSION 3 (60 min) Development of Airborne Infection Defense Approach (AIDA)		
	<p>Session talking points</p> <p>The platform will enable the world to be more pandemic “resistant” by responding not only to TB and COVID-19, but other dangerous (yet unknown) airborne infectious pathogens, in a more timely way.</p> <p>Session Talking Points:</p> <ul style="list-style-type: none"> - Community level early warning for major airborne infections - People-centered response - Early Detection Entry Points for Airborne Infections 	<p>Chair/Speakers</p> <p>Chair: Director, Center for Global Health Science and Security Georgetown University – Rebecca Katz</p> <p>Speakers (max. 10 min each):</p> <ul style="list-style-type: none"> ● MOH CHINA – Dr Wang Hesheng (Vice Minister of National Health Commission of China & Commissioner of National Disease ● STOP TB PARTNERSHIP – Suvanand Sahu (Prevention and Control) ● FOREIGN POLICY – Laurie Garrett ● PULMONOLOGIST – Dr. Erlina Burhan ● Community Representative 	<p>Outcome Document Statement:</p> <p>By working together, countries would be able to rapidly share information and lessons learned to create a safer and healthier world while saving lives from the most transmissible and deadliest airborne pathogens. If the world leaders don’t act now to control airborne diseases, global pandemic preparedness will not be possible.</p>
12.00-13.00 WIB (07.00-08.00 CET)	Lunch Break (60 min)		

13.00-14.15 (08.00-09.15 CET)	DAY 2 - SESSION 4 (75 MIN) Financing to End TB in 2030 – How the G20 Led Success Will Look		
	<p>Session talking points</p> <p>Need to develop innovative approaches to galvanize and translate political action into commitment and financing</p> <p>Commitment to act to work to eliminate inequities faced by marginalized and vulnerable populations affected by TB</p> <p>Identification of political leadership benchmarks to that will lead to achieving national and global targets and goals</p>	<p>Proposed Chair/Speakers</p> <p>Chair: Board of National Research and Innovation Agency – Prof. Adi Utarini</p> <p>Speakers (max. 10 min each):</p> <ul style="list-style-type: none"> ● SOUTH AFRICA MOH – H.E. Joe Phaahla (Minister) ● UN HLM 2023 – PGA - MALDIVES – Hon. Abdulla Shahid ● VACCINE – Head of ICMR - Balram Bhargava ● HEALTH, DATA AND TECHNOLOGY EXPERT - Peter Small (Hyfe) ● FORMER ACTING DIRECTOR COMMUNICABLE DISEASES WHO SEARO – Tjandra Yoga Aditama ● THE UNION – Guy Marks 	<p>Outcome Document Statement:</p> <p>Recognize the critical and catalytic role leaders and political leaders play in shaping the urgency and trajectory of efforts to meet the 2030 End TB targets, and to raising necessary additional resources</p> <p>Recognize the need for HIGH BURDEN COUNTRIES leadership both at the TB UN HLM 2023 and in increasing TB financing & research and development</p> <p>Recommend a special funding track for the development of a TB vaccine by 2025, given recent unprecedented progress made in vaccine development.</p> <p>Recommend transformation in real-time data and advanced technology utilization for TB response</p> <p>If the world leaders don't act now to finance the leading airborne disease killers such as TB, global pandemic preparedness will not be possible in our lifetime and wider adoption of digital health technologies in the TB</p>

			Response Recommend the creation of a TB Financing Committee to develop and present recommendations at the G20 2023 meeting hosted by India and UN HLM 2023
14.15-14.45 WIB (09.15-09.45 CET)	SESSION 5 (30 MIN) LAUNCHING THE OUTCOME DOCUMENT		
14.45-15.00 WIB (09.45-10.00 CET)	CLOSING (15 MIN)		