


**Happy National
Indigenous Peoples
of Canada Day!**

TUBERCULOSIS IN INUIT NUNANGAT

 AVERAGE RATE OF ACTIVE TB PER 100,000 (2006–2016)

Source: Canadian Tuberculosis Reporting System – February 2018

1.5

Inuvialuit

179.1

Nunavut

234.5

Nunavik

248.4

Nunatsiavut

The rate of TB among Inuit living in Inuit Nunangat is

OVER 300X

the rate of non-Indigenous, Canadian-born population in 2016.*

* The rate of TB among the non-Indigenous, Canadian-born population in 2016 was 0.6 (per 100,000)

Commitment to eliminate TB across Inuit Nunangat by

2030



Indigenous Services
Canada

Services aux
Autochtones Canada



ᐃᓄᐱᑦ ᑕᐱᓃᑦ ᑲᓄᑕᑦ
INUIT TAPIRIIT KANATAMI

Political Action

The UN High-Level
Meeting on TB

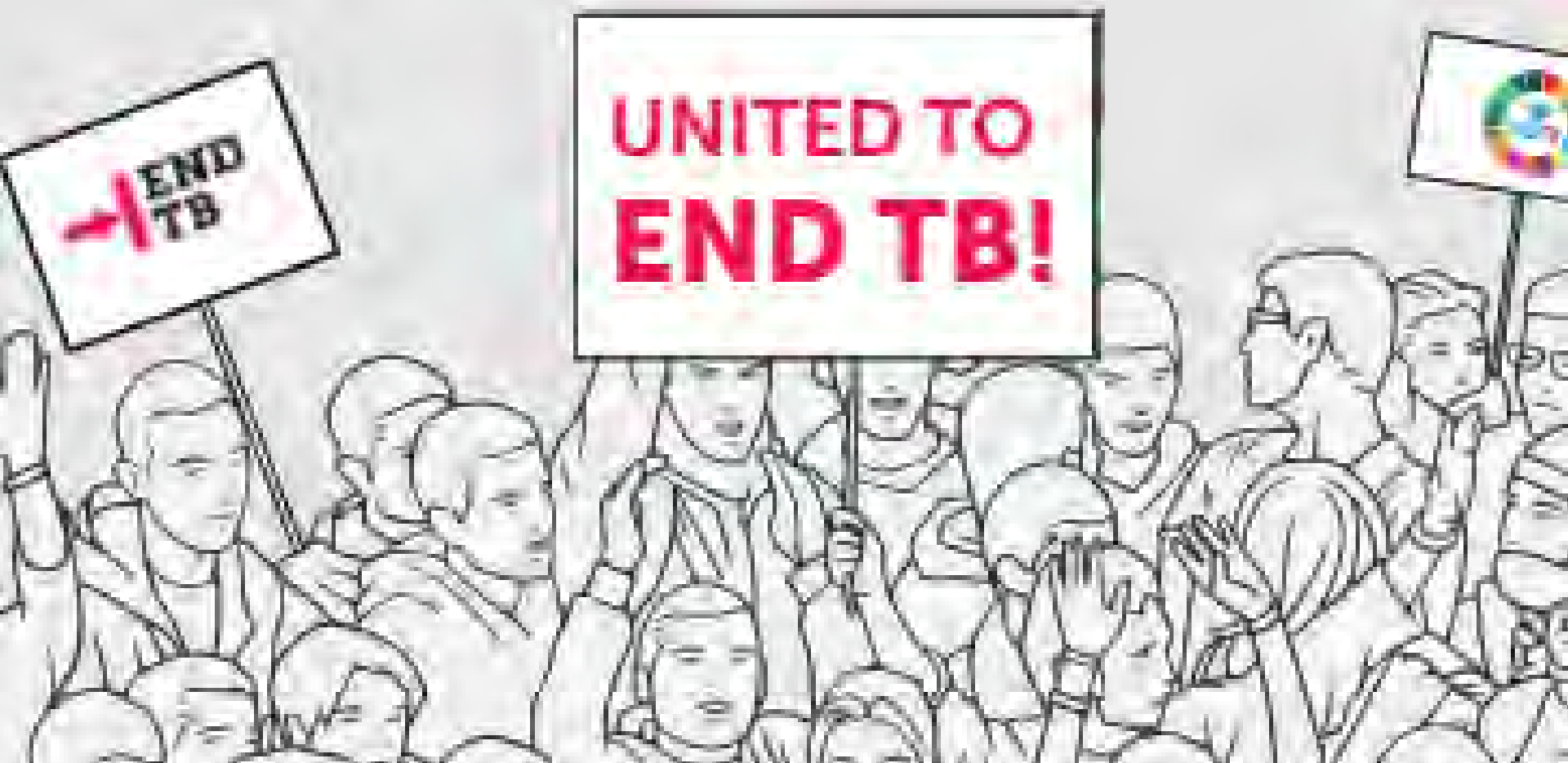


September 26, 2018

United Nations
General Assembly
New York, USA

UNITED TO END TUBERCULOSIS: AN URGENT GLOBAL RESPONSE TO A GLOBAL EPIDEMIC

Key Asks from TB Stakeholders and Communities



Global Civil Society Key Asks:

→ **The Missing Millions**

→ **Human Rights**

→ **Accelerate R&D**

→ **Fund the TB Response
(programs and R&D)**

→ **Global Accountability**



Reach all people by **closing the gaps** on TB diagnosis, treatment and prevention

- Commit to diagnosing and treating a cumulative **40 million people by 2022** through both public and private-sector health services – including **3.5 million children** and **1.5 million people with DR-TB**.
- Commit to **diagnosing** and providing **preventive therapy** to a cumulative **80 million people by 2022** through both public and private-sector health services – including 9 million children exposed to TB.
- Commit to implementing **National Strategic Plans** that are designed and evaluated based on progress towards **ending TB at the national level**, with targets for testing, treatment and prevention.

Transform the TB response to be equitable, **rights-based** and people-centred

- Enact and implement policies that recognize the **rights of people**, including key populations, to **know their TB status** – whether active or latent TB – and to be provided with accessible, affordable and equitable access to services and care.
- **Remove discriminatory laws against people with TB**, and promote rights-based laws, policies and practices that enable access to services. **End TB-related stigma and discrimination**, and prevent TB transmission in work places, school and other congregant settings by 2020.*
- Facilitate **equitable access and universal uptake of TB tools (drugs, diagnostics, vaccines)**, ensuring that cost is not a barrier to the access of quality diagnostics and treatments. Align and harmonize regulatory pathways to fast-track the uptake and implementation of new tools, including utilizing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, where needed.

Accelerate development of essential new tools to end TB

- Create a **research-enabling environment** that streamlines and expedites innovation and promotes collaboration across UN member states in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including:
 - A **2-month or less oral cure for TB** and its drug resistant forms **before 2028**
 - One or more new or repurposed **vaccines** ready to enter the registration process for global use by **2025**
 - **Affordable PoC TB diagnostics** that can identify new infections and tests for drug-resistance by **2025**
 - Acknowledge that TB innovation is a shared responsibility, and ensure that all **R&D efforts are needs-driven, evidence-based** and guided by principles of **affordability, efficiency, equity and collaboration**. Importantly, as a central component of the AMR response, TB will require models of innovation that delink the costs of R&D from prices and volumes of sales to facilitate equitable and affordable access.

Invest the **funds** necessary to end TB

- Recognizing that investments in **TB care and prevention** are critical to achieving Universal Health Coverage, **double current funding to US\$13 billion annually** in order to implement TB care and prevention activities laid out within the WHO End TB Strategy and the Stop TB Partnership's Global Plan to End TB 2016-2020.
- Increase funding for **TB research to close the US\$13 billion annual funding gap**, for example, through each member state spending up to or beyond 0.1% of its annual Gross Domestic Expenditure on Research and Development (GERD) on TB research; and implement long-term funding strategies to ensure that sustainability of research progress and pipelines.

Commit to decisive and **accountable** global leadership including regular UN reporting and review

- Convene a **follow up UN High-Level Meeting on TB in 2023 and every 5 years thereafter**, until the End TB target is met, with the **UN Secretary-General delivering an annual report to Heads of State and Government at the UN General Assembly** to review progress towards achieving the commitments of the 2018 UN High-Level Meeting on TB Political Declaration.*
- Add **TB as a regular item on the agenda of existing regional Heads of State and Government meetings***
- **Commit to evidence-based multisectoral actions at the national level to operationalize these commitments, including the appropriate ministries** (Health, Finance, Justice, Family Welfare, and Education) under the auspices of the Head of State or Government, with active involvement of civil society and affected communities at every stage of the process.



**How will (a successful) HLM on TB
affect you, your work, and the
people affected by TB?**





What can you do to make the
HLM on TB a success?



WE NEED **POLITICAL**
WILL TO FIGHT TB



Head of States and
Government **MUST**
ATTEND!!!



MAKE IT YOUR OWN

Why would your President/Prime Minister Attend?



- What is appealing politically about them being there – is there something they can announce? Would being there make them look good?
- Why does it matter to you? As a voter, as a researcher,



Write letters to the editor, op-eds, or blogs



- Make it public, draw attention to the need and opportunity the HLM holds (keep it high-level, clear, know your audience)



Use social media

- Stop TB Partnership has a social media tools and other resources to use: access here: http://www.stoptb.org/global/advocacy/unhlm_materials.asp



- Reach out to advocacy groups in your community and region to amplify their messaging (e.g. re-tweet)
- Connect with decision-makers on social media



Stay ON MESSAGE



- THE ASK: your Prime Minister/President to lead your country's delegation to the UN High-Level Meeting on September 26, 2018



- Secondary ASK: What *else* can your government do at the HLM? Encourage others to attend? Make a funding announcement? Make policy announcements?

Stay connected



WE

ARE

NOT

ALONE !



Stay connected



- The Global Fund Advocates Network (GFAN) is coordinating the Affected Communities and Civil Society Advisory Panel



- Join their ListServe
www.globalfundadvocatesnetwork.org/campaign/un-high-level-meeting-on-tuberculosis/

Stay connected

- RESULTS Canada, member of the ACTION Global Health Advocacy Network (with partners in India, Zambia, France, Tanzania, Kenya, South Africa, Australia, US, Japan, and UK)



- Email ME!
Shelley@results-resultats.ca