

Peculiarities of fulfilling the commitments of the Political Declaration and accountability in the context of a full-scale war against Ukraine

Harnessing the power of science, finance and innovation to immediately end the global TB epidemic, including by ensuring equitable access to TB prevention, diagnosis, treatment, was the leitmotif for Heads of State and Government and their representatives, who gathered at UN Headquarters on September 22, 2023, to reaffirm the commitment to end the TB epidemic by 2030 and review progress made in implementing the political declaration of the 2018 UN General Assembly High-level Meeting on TB. There was concern that some of the global targets set at the UN High-Level Meeting may not be achieved, concern about the negative impact of the COVID-19 pandemic on access to diagnosis and treatment for people with TB, which has led to increased morbidity and mortality, as well as the ongoing crisis of drug-resistant TB (DR-TB). There was a call to use the opportunity provided by the midterm review of progress towards the 2030 Agenda for Sustainable Development (hereinafter referred to as the SDGs) to galvanize leadership and action to comprehensively and urgently address the disease, its determinants and consequences at the national, regional and global levels, to scale up investment in the TB response, to intensify research and innovation to reduce the number of people who get sick and die from TB, to reduce the catastrophic costs of TB, including by learning from the lessons learned during the COVID-19 pandemic, and to achieve the SDGs and the End TB Strategy.

In this regard, global goals and political commitments were reaffirmed:

renewal and reaffirmation of the collective commitment to the SDGs, including the determination to end the TB epidemic by 2030;

deep concern that, although 30 years have passed since WHO declared TB a global emergency, the global TB epidemic still remains a critical public health threat in all regions and affects every country in the world, disproportionately affecting developing countries, although TB is preventable and curable, an estimated 10.6 million people have contracted TB, of whom 56.5% are men, 32.5% are women, 11% are children, and approximately 1, 6 million people died from the disease in 2021, including an estimated 187,000 people with HIV, making TB one of the leading causes of death worldwide, that 30 high TB burden countries account for 87% of people with TB, and that an estimated quarter of the world's population is infected with the bacterium that causes the disease, and that millions of people with TB do not receive quality health care, including access to rapid diagnostic tests and treatment, particularly in developing countries, every year;

recognizing that TB affects populations unequally and contributes to the vicious cycle of poor health and poverty, that malnutrition and inadequate living conditions

contribute to the spread of TB and its impact on the community, and that TB is fundamentally linked to most of the leading development challenges addressed by the SDGs;

recognizing that structural inequalities, stigma, racism and discrimination, including against women, underinvestment and unequal access to TB prevention, diagnosis and treatment remain key barriers to ending the TB epidemic, that people with TB may suffer from stigma and all forms of discrimination, and that barriers to the realization of human rights must be addressed through comprehensive policy, legal and programmatic responses;

focusing on the multidimensional link between TB, mental health, social and economic determinants, including stigma and discrimination, which can lead to increased incidence and poor treatment outcomes, that the prevalence of depression among people with TB is as high as 45% and that it must be addressed through integrated programs;

recognizing that strong and sustainable public health systems are an essential foundation for TB response, including capacity building of the health workforce in the public and private sectors;

recognize that ending TB requires accelerating progress towards universal health coverage, in particular, through strong and sustainable primary health care using multisectoral approaches that address the determinants of TB engage people affected by TB and civil society, and reaches people with TB or at risk of TB with equitable access to high-quality services close to their daily environment, enabling them to take full advantage of scientific advances and to be free from financial constraints;

recognizing that MDR-TB is a key component of the global antimicrobial resistance challenge, and expressing serious concern that the scale of MDR-TB disease and deaths is placing an additional burden on health systems and communities, particularly in low- and middle-income countries, and thus poses a critical challenge that could reverse the progress made in the fight against the disease and antimicrobial resistance towards the SDGs, and that there is a deep gap in access to quality diagnosis, treatment and care for those affected, and there is still a low treatment success rate for those undergoing treatment, and therefore global collaboration, sustained and sufficient political support and financial investment from all sources, a strong and resilient health system, and additional investment in research, development and innovation are needed, recognizing that innovation can benefit society as a whole

concerned that no new vaccine for the prevention of all forms of TB has been licensed for more than 100 years, and that safe, effective, affordable, accessible and preventive vaccines for people of all ages that can be administered before or after exposure to a person with TB are essential to accelerate the reduction of morbidity and mortality and to reduce antimicrobial resistance;

commitment to develop and implement ambitious and cost-effective national TB strategic plans using multisectoral approaches, including with the active participation

of communities and people with TB, civil society, the private sector and other stakeholders, to ensure universal access to quality TB services and activities, addressing all determinants of TB, such as poverty, malnutrition, HIV, inequalities in social and economic status, as well as inadequate housing and living conditions, barriers to gender equality, and non-communicable diseases, including diabetes;

commitment to integrate into primary health care, including community-based health services, systematic screening, prevention and treatment of TB and TB-related diseases such as HIV/AIDS, viral hepatitis, malnutrition, mental health disorders, non-communicable diseases including diabetes and chronic lung diseases, tobacco use, alcohol and other psychoactive substance abuse, including injecting drugs, and a person-centered approach to improve equitable access to quality, inclusive, affordable health services with effective referral systems to other levels of care.

As a member of the UN, Ukraine sent its delegation to the UN General Assembly meeting on tuberculosis and committed to ensure the proper implementation of the Political Declaration. Ukraine continues to achieve the global goals set at the UN High-Level Meeting, even in the extremely difficult conditions of Russian aggression, by strengthening the Multisectoral collaboration and accountability framework to accelerate progress in ending tuberculosis (hereinafter referred to as the MAF-TB), intersectoral accountability and cooperation. At the same time, the term multisectoral cooperation has been defined at the legislative level and the National Council on Tuberculosis and HIV/AIDS (hereinafter - the National Council) has been designated as the coordinating mechanism for the implementation of the MAF-TB.

Algorithm for implementing a multisectoral collaboration and accountability framework to accelerate progress in ending tuberculosis (MAF-TB) in Ukraine

According to the new WHO Operational Guidelines for the Adaptation and Implementation of the Multisectoral Accountability Framework for Ending TB, published ahead of the UN HLM on TB in September 2023, 10 key steps have been identified for the adaptation and implementation of the Multisectoral Accountability Framework to accelerate progress in ending TB at the national and local levels.

Guided by these steps and taking into account the national context, in particular, the two-year full-scale war against Ukraine, the relevant Algorithm for the implementation of the MAF-TB in Ukraine (hereinafter - the Algorithm) was developed. The Algorithm systematizes and formalizes the role of all stakeholders in the TB response, sets out clear stages and steps for the implementation of MAF-TB in Ukraine, and, through the introduction of regular reviews, increases attention to TB at a high state level.

It is expected that the implementation of the MAF-TB Algorithm in Ukraine will improve cooperation and involvement of relevant authorities and sectors in TB activities, which will create the necessary groundwork for strengthening the national TB response and fulfilling the country's commitments and achieving the goals of the UN HLM Political Declaration on TB.

Key steps for implementation based on WHO recommendations:

1. Create an enabling environment for the initiation of MAF-TB at the national/local level, including close engagement with civil society.
2. Conduct MAF-TB baseline assessment.
3. Strengthen the national multisectoral coordination and monitoring mechanism.
4. Establish links with other sectors and ministries outside the health sector, including the private sector.
5. Develop the MAF-TB implementation plan.
6. Strengthening advocacy and resource mobilization for the implementation of the national MAF-TB component.
7. Promoting universal health coverage and taking into account health-related risk factors in the implementation of national TB/HIV programs at the national level.
8. Promote equal access to ethical, person-centered, human rights-based TB services and address key drivers of the TB epidemic.
9. Conduct regular monitoring and reporting on the implementation of national TB programs based on the principles of the MAF-TB.
10. Ensure periodic review of the multisectoral TB response.

No	A step proposed by WHO	Implementation in Ukraine
1	Create an enabling environment for the initiation of MAF-TB at the national/local level, including close engagement with civil society	<p>An appropriate enabling environment has been created in the country, in particular through:</p> <ul style="list-style-type: none"> - Consideration of the possibility of ratification at the national level of relevant UN documents and other international documents signed by member states (in line with the government's commitments to membership in international organizations, compliance with international documents and international cooperation) to strengthen implementation. - Lead and provide technical support for the adaptation and implementation of MAF-TB at the country level by the MoH in collaboration with WHO. - Conducting information and awareness-raising activities on MAF-TB (National Dialogue, National Council meetings, ACSM groups). - Translation of relevant documents into the state

		<p>language (available on the Public Health Center's website).</p> <ul style="list-style-type: none"> - Advocacy at the high level (in particular, at events in the Parliament) to initiate MAF-TB at the country level. - Include the issue of MAF-TB in the agenda of the Committee Hearings on TB in March 2021. - Conduct a baseline assessment of the MAF-TB effort. - Addressing to the head of government or head of state to support a periodic review of the TB response by all sectors and stakeholders under high-level leadership. - Initiating the development or revision of, and ensuring compliance with, TB legislation and allocating sufficient financial resources for an effective multisectoral TB response. - Raising awareness among non-health sectors and other stakeholders about TB, its social and economic drivers, and the importance of a multisectoral TB response.
2	Conduct MAF-TB baseline assessment	<ul style="list-style-type: none"> - In 2021, the MAF-TB baseline assessment was conducted in accordance with the three Annexes of the MAF-TB Checklist, with the extensive involvement of the Ministry of Health and other key stakeholders, including civil society and community. The results were presented at a meeting of the National Council on TB and HIV/AIDS. - Ukraine is one of the pilot countries in the world, where the assessment was also carried out according to Appendix 4 regarding the involvement of parliamentarians in ending TB. - In 2023, a repeated baseline assessment of the situation according to Appendix 2 was carried out, taking into account the factors caused by the full-scale war of Ukraine against Russia. <p>If the situation is favourable, a repeated baseline assessment will be carried out every three years under the coordination of the NTP and with the participation of civil society and the community. Recommendations based on the results of the assessment will be considered as part of a high-level review preceding the development of the next MAF-TB implementation plan.</p>
3	Strengthen the national multisectoral coordination and monitoring mechanism	<p>The National Council on TB and HIV/AIDS is responsible for the processes of coordination of the multisectoral response to TB spread as a consultative and advisory body of the government. The relevant decision was adopted in January 2021 and is justified by the fact that the provision on the National Council provides for all the necessary functions</p>

		of intersectoral coordination and accountability.
4	Establish links with other sectors and ministries outside the health sector, including the private sector	<p>At the national and regional levels, a strong network of connections with relevant bodies and sectors has been established. Ministries and agencies outside the health sector are involved in ending TB through various mechanisms. In particular, such involvement takes place on the basis of the National Council on TB and HIV/AIDS.</p> <p>The establishment of relations between the Ministry of Health and other ministries in the context of ensuring a multi-sectoral approach to ending TB in the implementation of the Law "On Ending Tuberculosis in Ukraine" and current by-laws will continue and be strengthened. In particular, it is envisaged to strengthen the involvement of the private sector and the development of public-private partnership. Special attention in the context of partnership development should be given to issues that became relevant and acute during the war, including those related to large-scale migration of the population, social support of the military, etc.</p>
5	Develop the MAF-TB implementation plan	Operational plans for the implementation of the State strategy in the field of combating HIV infection/AIDS, tuberculosis and viral hepatitis for the period up to 2030 and for the implementation of the State strategy for the development of the system of tuberculosis medical care for the population are considered to be the plan for the implementation of MAF-TB in Ukraine.
6	Strengthening advocacy and resource mobilization for the implementation of the national MAF-TB component	<p>Advocacy of the MAF-TB implementation in Ukraine, in particular, is ensured by:</p> <ul style="list-style-type: none"> - Activities of the National ACSM Group. - The annual development of the National Advocacy Plan, including the activities of all partners and according to which periodic reports are formed. - Implementation of the Information Strategy at the national and regional levels. <p>Funding sources for cross-sectoral measures to end TB at the national level are clearly defined and allocated within the framework of the national strategic plan to end TB. These may include domestic funding from the health sector and other sectors, as well as international resources for core activities, including ensuring universal access to TB diagnostic, prevention, treatment and care.</p> <p>During the period of the full-scale war against Ukraine, no additional mobilization of state resources is foreseen for the MAF-TB implementation. If it is necessary to attract technical support or assistance in finding additional resources for the implementation by relevant state bodies of measures to end TB, civil society organizations and community that are part of the Partnership "Stop TB. Ukraine", are ready to</p>

		assist.
7	Promoting universal health coverage and taking into account health-related risk factors in the implementation of national TB/HIV programmes at the national level	<p>Social determinants of tuberculosis (risk factors) lead to both infection and the development of the disease, as well as to interruption of treatment or additional barriers to access to medical care or to full recovery. Therefore, only by eliminating all the TB determinants with the help of multisectoral efforts, it is possible to eliminate it. These factors are thoroughly taken into account when implementing the national TB program. In particular, the standards of "Tuberculosis" medical care define a wide range of target groups according to risk factors related to health. In addition, the national TB program contributes to the actualization of issues related to ending TB in related areas, such as universal health coverage, antimicrobial resistance, non-communicable diseases, pandemic preparedness efforts, etc.</p> <p>The main principles of the state policy in the field of ending tuberculosis are the implementation of anti-tuberculosis measures and the provision of free, accessible and equal opportunities for receiving appropriate medical care for every person in the event of tuberculosis, including through the creation and operation of a unified system of anti-tuberculosis medical care for the population, provided by health care facilities, regardless of the form of ownership and departmental subordination, the system of social, physical and medical rehabilitation of a person affected by tuberculosis, belong to the tasks of central and local executive bodies, local self-government bodies.</p> <p>If donor funding is available, assessments of access to health care services may be conducted. Also, an important step in the context of promoting universal coverage of health care services is the expansion of TB services within the framework of primary health care, in particular, conducting needs assessment and proper referrals.</p>
8	Promote equal access to ethical, person-centered, human rights-based TB services and address key drivers of the TB epidemic	<p>The Law of Ukraine "On Ending TB in Ukraine" ensures free and equal access to quality medical services and essential medicines in response to TB, early diagnosis and prevention services, and social services. According to this document, the state policy should also ensure a multidisciplinary and multisectoral approach to overcoming tuberculosis, which is the basis for combating the social determinants of TB, i.e. the key factors of the disease.</p> <p>In this context, it is also important to have an effective referral system both within the health care system and</p>

		between different sectors. This issue is especially relevant in the context of a full-scale war, large-scale migration and the post-war period.
9	Conduct regular monitoring and reporting on the implementation of national TB programs based on the principles of the MAF-TB	<p>To measure the progress of the national multisectoral TB response, the following have been introduced</p> <ul style="list-style-type: none"> - regular TB data recording and reporting, including monitoring of TB incidence and mortality; - annual analytical and statistical guides; - monitoring of indicators related to social, economic and health risk factors associated with TB; - national surveys and other tailored studies; - national TB reports; - annual reporting to WHO; - reports of civil society and non-governmental organizations. <p>The reports are public, and posted in the open sources of the national TB programme (website of the Ministry of Health, Public Health Center).</p> <p>In addition, as part of regular monitoring and reporting on the implementation of the national TB program, relevant central executive authorities, in accordance with their competence, ensure annual reporting to the National Council on TB and HIV/AIDS on the implementation of the Operational Plans for the implementation of the State Strategy for HIV/AIDS, Tuberculosis and Viral Hepatitis for the period up to 2030 and the State Strategy for the Development of the TB Medical Care for Population, which, according to clause 5 of this Algorithm, are considered a plan for the implementation of the MAF-TB in Ukraine.</p>
10	Ensure periodic review of the multisectoral TB response	<p>In Ukraine, there are various mechanisms for conducting high-level reviews of multisectoral actions. The current mechanisms are parliamentary or committee hearings. The country also periodically conducts a Comprehensive Review of the National TB Programme by WHO (conducted in 2022-2023) and interim reviews by the Green Light Committee.</p> <p>A high-level review should be conducted to provide a periodic review of the multisectoral TB response to assess progress in meeting political commitments and national TB targets, as well as to review progress in implementing MAF-TB at the national level. Such a review will be conducted every three years in advance of the development of Operational Implementation Plans for national strategies. It will be held to review the planned actions and activities to end TB, in the format of cross-sectoral events with the participation of decision-makers, with the presentation of an</p>

		analysis of reporting by relevant authorities and sectors, as well as consideration of recommendations from the baseline assessment conducted the previous year.
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It is important to note that the MAF-TB, in the adaptation and implementation of which WHO supports UN Member States, consists of 4 key elements: Commitment, Action, Monitoring and Reporting, and Review, which is actually being implemented.

In 2023, Ukraine's experience in this area was included in the WHO's compendium of best practices.

The National TB Programme has faced many challenges over the past few years. First of all, we have managed to adequately withstand the impact of the coronavirus pandemic and maintain Ukraine's achievements in TB response, as well as, in general, to maintain the sustainability of the TB program.

The National TB Programme coordinated the implementation of the state policy on TB and performed key functions in formulating the national strategic plan, guidelines and policies, advocating for political commitment at all levels and community mobilization, overseeing the implementation of the program at the oblast level, and engaging partners and stakeholders.