



Treatment Action Group

High-Level Meeting on Pandemic Prevention, Preparedness, and Response (PPR) – TAG Statement

This statement on pandemic prevention, preparedness, and response (PPPR) is delivered by Elizabeth Lovinger on behalf of Treatment Action Group (TAG).

1. Treatment Action Group is an independent, activist, and community-based research and policy think tank, in consultative status with ECOSOC, committed to ending the HIV, tuberculosis, and hepatitis C virus pandemics.
2. At the onset of COVID-19, systems and infrastructure to rapidly respond to the outbreak were not yet in place. Tuberculosis science, health system infrastructure, and public health practice – developed through decades of investment – were repurposed and formed the foundation of the global response to COVID-19, another airborne pathogen. TB infrastructure is likely to form the backbone of the public health responses to future airborne pandemics.
3. TB is the single largest infectious disease killer in the world today, surpassed only for a brief time by COVID-19. It is also the world's oldest pandemic. COVID-19 set back the fight against TB, leading to an increase in TB incidence and death for the first time since 2005.
4. Public health systems, infrastructure, and innovation to address TB overlap with and support efforts to respond to emerging new airborne pathogens with pandemic potential. Across much of the world, molecular diagnostics and laboratory infrastructure put in place for TB proved essential for responding to COVID-19.
5. TB disproportionately affects people living in poverty and other marginalized communities and, as a result, TB research and infrastructure also helps ensure greater equity within pandemic prevention, preparedness, and response. The more that governments invest in fighting TB and the people it affects most, the more that the fight against all pandemics will be anchored in communities at greatest need. Yet, annual funding for TB research and implementation remains chronically low, providing just a small fraction of what is needed to end TB by 2030.
6. COVID-19 demonstrated that with sufficient political will, unprecedented amounts of funding can be mobilized for public health. Within a year, governments marshaled tens of billions of dollars that led to the development of multiple effective vaccines. In contrast, the only existing vaccine for TB is over 100 years old and spending on TB vaccine research each year only adds up to \$120 million, less than 1% of what was spent on COVID-19 vaccine research. It is critically important to now expand investments in TB research and implementation at the scale required to end TB, which amounts to about five times current levels of investment.
7. Addressing today's ongoing pandemics, such as tuberculosis, as the foundation of pandemic prevention, preparedness, and response will ground these efforts in the daily reality of public health challenges, build more resilient and effective health systems, and promote innovation and scientific progress. Governments should recognize that investments in TB are investments in pandemic prevention, preparedness, and response.

8. The Political Declaration acknowledges the connection between ending existing pandemics and preparing for future ones, but does not provide any plan of action for collaboration on those fights. Treatment Action Group urges the co-facilitators and member states to strengthen ambitious commitments in the political declaration to expand policies and investments in research and responses to existing major pandemics such as tuberculosis as a central component of pandemic prevention, preparedness, and response.