

## **World TB Day Joint Statement**

On this World TB Day, we reaffirm our commitment to a world free of tuberculosis, where no one faces barriers to diagnosis, treatment, dignity, or care. As a global platform bringing together communities, civil society organisations, and partners across countries, we stand in solidarity with people affected by TB and call for a response that is community-led, equitable, and accountable.

Tuberculosis is the deadliest infectious disease today, despite being preventable and curable. Beyond the biomedical challenge, TB is driven by stigma, discrimination, and entrenched systemic inequities. These include economic marginalization and racialized exclusion, but also deeply rooted gender inequalities that delay diagnosis, disrupt treatment, and isolate people socially and economically. Stigma is not a side issue; it is a structural barrier that undermines health outcomes and weakens the overall TB response.

Communities must lead the TB response. Yet globally, the space for community participation in policy, financing, and implementation is shrinking. This space must be reclaimed and backed by sustainable, direct funding for community-led organisations, not merely participation in dialogue spaces. Community leadership must be recognised as expertise and resourced accordingly. It is essential to designing effective programmes, ensuring accountability, and building trust between health systems and the people they serve.

We call for early and equitable access to diagnostics and treatment for affected communities, free from bureaucratic and implementation barriers. We urge country programmes, national leadership, and partners to ensure access translates from policy into practice.

We also demand the formal acknowledgement of TB Champions as a critical health workforce that must be meaningfully engaged and integrated into the national response. While new diagnostic tools continue to emerge, the challenge is not only innovation, but how effectively it is delivered.

The lack of systems, including insufficient community voices informing how uptake of innovation can work best, it continues to limit impact. Without strong delivery mechanisms, health system readiness, and community linkages, innovations risk becoming wasted resources rather than life-saving solutions. The same community systems that are essential to delivering diagnosis and treatment today will be indispensable when new TB vaccines become available in the coming years.

We therefore reiterate the importance of strengthening people-centred systems, including peer support, counselling, referral pathways, gender-transformative, community-based and community-led service delivery. Not only increasing access, but actively addressing power imbalances that shape care-seeking, decision-making, and treatment adherence. Peer-led support remains critical in helping people navigate stigma, access care, stay on treatment and must be funded as a core intervention within national TB responses, not treated as an optional add-on.

Ending TB requires political courage, sustained investment, and a people-centred approach that recognises communities as equal partners in the response. A truly people-centred TB response must also include essential social support, such as nutritional support, transport support, access to social grants and income protection, because treatment cannot succeed when individuals are forced to choose between survival and care.

## Community Demands

We call on governments, donors, multilateral agencies, national TB programmes, and partners to:

- Reclaim and protect space for meaningful community leadership in TB decision-making and governance.
- Remove bureaucratic and implementation barriers that delay access to diagnostics and treatment.
- Strengthen systems for health and delivery mechanisms, leveraging on existing national universal health coverage, to ensure existing and new TB tools reach communities effectively.
- Invest in regional and local manufacturing of TB medicines, diagnostics, and other health products to reduce supply chain vulnerabilities and build a sustainable, country-owned response.
- Invest in peer support, counselling, and community-led service delivery as core components of the TB response.
- Address TB-related stigma and discrimination through rights-based gender-transformative policies and community-driven action.
- Prioritise people-centred care that integrates clinical, mental health and psychosocial support, along with social and nutritional support.
- Increase and sustain political and financial commitments in domestic and multilateral institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria to end TB with clear accountability.

Science and tools to end TB exist. What is needed now is the political will to centre people, empower communities, and build systems that deliver. More than ever the time to act is now.

