

Establishing a parliamentary caucus to provide oversight to tuberculosis control in Pakistan



Kinza ul Eman¹, Ghulam Nabi Kazi¹, Lucica Ditiu², Nausheen Hamid³, Syed Karam Shah⁴

Background

The National TB Control Program and its partners advocated for a caucus of parliamentarians to galvanize political support for tuberculosis control. The process urged political representatives from all parties to join the call to action for a TB-free Pakistan by supporting timely decisions and adequate resource allocation for TB prevention and cure. National TB Control Program Pakistan and Stop TB Partnership ensured an effective advocacy stream of activities leading to formulating a parliamentary caucus (1). The forum has held several meetings to support political decisions for TB control and cure in the country. A total of 13 Parliamentarians initially agreed to be a caucus member, attended its launch and two follow-up meetings, and supported decisions. The parliamentarians signed a declaration to address the barriers in providing TB diagnostic and treatment care across the country, irrespective of any discrimination (2).

In September 2018, the United Nations High-Level Meeting on Tuberculosis (UN-HLM-TB) led by several heads of states provided a historical opportunity for the global tuberculosis community to prioritize TB programs. The meeting called upon the world to pay attention to this chronic infection for the health and well-being of people, and pave the way for eliminating poverty and promoting economic growth. After this first-ever UN-HLM-TB meeting, the world expects that the commitments made in the political declaration will turn into actions, investments and partnerships will increase, leading to a decreased burden of disease (3).

Tuberculosis perpetuates both poverty and ill-health, especially in the developing countries in Asia, Africa, and South America, and has an epidemic scale in many countries of these regions. Sustainable Development Goal # 3 (SDG3) calls for ensuring healthy lives and promoting well-being as an essential step in ending poverty, but the critical target to end TB by 2030 may be missed. The UN-HLM-TB came as a critical step as it involved Heads of States and Governments taking responsibility in fighting TB as part of achieving the SDG3 (2).

At a national and local level, TB needs attention by the policymakers and public health professionals to ensure the formulation of proactive strategies for the future (1). The World Health Organization (WHO) has repeatedly stressed the

significance of clear and sustained political commitment by governments in the implementation of the End-TB strategy (2), as it motivates and catalyzes a strong positive governmental response to health issues. WHO has also cautioned about the world's inability to accelerate actions (3).

Pakistan started implementing Directly Observed Treatment Short Course (DOTS) in 2001, but as opposed to the early years of TB control in Pakistan, most of the spending on TB healthcare subsequently continues to come from donors particularly The Global Fund; the contributions from the public exchequer being meagre in comparison (4). The country invested about 0.7\$ billion on TB in 2016, which was far from the annual \$ 2 billion estimated by the WHO. Few efforts have been made to foster the multi-sectoral approach to TB care and prevention, including developing a specific Multi-sectoral Accountability Framework. The TB health crisis in Pakistan is not familiar to many who have high political positions, and can make a difference through their decisions. On top of that, the slow decline in TB incidence and emerging challenges related to COVID-19 are also threatening to negate the little progress in this area (3).

The situation needs immediate and greater political involvement through elected parliamentarians who could help in legislation and engage with their respective constituencies. As a high-burden country, Pakistan must scale up its prevention, testing, and treatment strategies; all requiring a gradual decrease in donor dependence, and higher local investment (5). Like other member countries, Pakistan's too set out essential milestones in the UN-HLM-TB resolutions for ending the TB epidemic by 2035. This commitment from the highest level of governance provided an opportunity to formulate a caucus of legislators to improve the ownership of TB agenda (2).

Role of Caucus group in TB prevention:

The role of parliamentarians in ensuring high-level political commitment is essential and has been repeatedly stressed (6-9). The idea of building the political will to end TB was launched in 2014 with the name global TB caucus after many years of successful campaigning in the UK. The National Tuberculosis Control Program Pakistan and the Stop TB Partnership advocated for the same objective of involving the political leaders in Pakistan to increase political commitment and thereby facilitate resource allocation (8).

¹ Dopasi Foundation, Islamabad, Pakistan
² Stop TB Partnership, Geneva, Switzerland
³ Parliamentary Secretary for Health, Islamabad, Pakistan
⁴ Stop TB Partnership, Islamabad, Pakistan

Correspondence:

Kinza ul Eman
kinza_kz@yahoo.com

An influential caucus should have representation from both national and provincial assemblies and all the political parties. The NTP and its partners held several meetings with national and international stakeholders, including Senators, National and Provincial Assembly members, to ensure their participation. Finally, a caucus was launched in June 2020 in which 13 parliamentarians and more than 20 national and international health experts participated (4).

The caucus has held three meetings (Table 1) overall from June 2020-Aug 2021, including the launch event. The meetings were attended by Parliamentarians, including one Senator, ten members of the National Assembly (MNAs), and two members of the provincial assembly (MPAs) of Sindh from all provinces and all mainstream political parties; in addition to representatives of international partners, such as WHO, USAID and the Stop TB Partnership working at global, regional and country levels, despite the overwhelming COVID-19 pandemic (3).

Table 1: Deliberations and decisions of the Parliamentary Caucus

No.	Date	Number of participants	Decisions
1.	June 2020	13 parliamentarians 20 National and International experts on TB	<ul style="list-style-type: none"> • Caucus officially launched • Parliamentary Secretary- health nominated as chair person • Detailed terms of reference finalized
2.	August 2020	04 parliamentarians 06 public health officials	<ul style="list-style-type: none"> • A special meeting of standing committee on health will be convened • Draft legislation approved for mandatory case notification • High-level advocacy visits planned for provinces
3.	July 2021	20 parliamentarians 25 public health officials	<ul style="list-style-type: none"> • Action plan for 2021 approved • Continue advocacy for higher resource allocation for TB care • Increase awareness among the communities, including against stigmatization

The meetings provide an opportunity for national and global health stakeholders to foster a dialogue on their shared interests, proposed legislation, and implementation strategies to attain the End TB goal in Pakistan. The caucus has resolved to propose legislation to address barriers in providing TB diagnostic and treatment care through a

people-centered approach, devoid of discrimination. Moreover, the caucus will also conduct a quarterly review of the benchmarks and provide oversight to implement all the relevant and time-tested strategies towards achieving the mutually shared goal of eliminating the TB epidemic from the country (7).

In the meetings, the members expressed their hope that Pakistan would pursue technically sound strategies in the field, with the caucus serving as a forum for high-level advocacy and the equitable financing of the national and provincial TB strategic plans through domestic investment external grants. The Parliament is one of the highest pillars of the State could also exert its pressure to neutralize and eliminate bureaucratic barriers faced by these efforts (8). The way forward lies in tracing and successfully treating every TB case in the country to lower its burden ultimately. It now remains for the caucus to sensitize the highest policymakers in Pakistan to ensure proper resource mobilization, civil society engagement, and tracking of targets until they are achieved. The caucus could also help end the visible disconnect between public policy and its implementation by ensuring adequate resource allocations (6).

The challenges that the caucus could address include urging the district health systems to assign a high priority to End-TB efforts by sufficiently empowering communities to enhance the demand for high-quality TB services through improved governance at all levels and mobilizing social security nets to stem the tide of catastrophic costs caused due to Tuberculosis. Through the Ministry of National Health Services, Regulations, and Coordination, the Government of Pakistan can emulate the same measures undertaken in fighting the COVID-19 pandemic from its medical, financial, and psychosocial dimensions for the TB epidemic (8).

The burden of TB is declining albeit on a low speed. A recent report predicts that around 28 million people will lose their battle for life from 2015- 2030 at a cost of \$ US 1 trillion (10) if the progress continues at the same scale. Not enhancing domestic funding for TB Care is therefore highly ill-advised and not a tenable option. Legislators are appropriately placed for bridging the gap in implementation, particularly at the grassroots level, while raising awareness aspects of the disease within communities and increasing the level of coordination among all the public and private stakeholders to accelerate the process of achieving the End TB goal by mobilizing youth in end-TB efforts (5).

The total Tuberculosis funding in 2019 was USD 48.1 million, leaving behind a funding gap of USD 85.1 (11). The Tuberculosis community depends on the political leaders for mobilizing funds and increasing their focus on funding for ending the TB epidemic. Moreover, developing partnerships with multiple stakeholders will pinpoint the vulnerable key populations by finding and treating the missing cases for

preventing the disease through national notification and vital registration systems, thereby eliminating the stigma in addressing disease barriers (6).

The distribution of the TB burden must be adequately recognized in political resolutions to reach and benefit all vulnerable, and ensure that no one is left behind. The strategies developed to address the challenges should meet the needs of men, women and children, including key populations such as people with disabilities. Special attention should be paid in policies for people facing catastrophic costs caused by or due to tuberculosis treatment. The stigma associated with TB needs to be better understood, measured and resolved to encourage TB patients (10). The agenda is heavy and only close attention from such an august forum of distinguished parliamentarians can help the country achieve this agenda of improving health and paving the way for prosperity, by focusing on the control and elimination of tuberculosis (11).

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