Joint statement of intent to help migrants affected by TB, conducted by members of the Global TB Caucus and civil society organisations

Eastern Europe has the fastest growing epidemic of multi-drug resistant tuberculosis (MDR-TB) in the world. Despite notable progress in the last ten years, TB prevalence, mortality levels and particularly the incidence of multi-drug resistant tuberculosis remain high in Ukraine, with the second highest number of cases in the region. The war in Ukraine and the resulting displacement of the Ukrainian people raise concerns for those affected by TB in the region. As the Covid-19 pandemic had a major impact on TB case detection in 2020, it is easy to imagine these systems being stopped in their tracks by the ongoing war.

As health systems collapse and treatment and prevention services are interrupted due to the war, it is likely that mortality rates from HIV, tuberculosis, multi-drug resistant tuberculosis and Covid-19 will readily increase in Ukraine. Hundreds of thousands of people are internally displaced and several cities are running short of medicines and medical supplies.

The fallout of the war will go beyond Ukraine: over a million refugees have already been displaced. The impact of this will be felt across border towns and areas in central Europe whose response to tuberculosis, HIV and more recently Covid-19, has been tenuous.

In this regard, we, the undersigned, as political representatives from the Europe and Central Asia regions, reaffirm our commitment to the Global TB Caucus’ vision of a united parliamentary response to tuberculosis (TB) that transcends political and geographic boundaries, and hereby affirm that:

1. Border locations and neighboring countries will have to anticipate and address an avalanche of new health needs.
2. Health systems and facilities must be protected, be funded and functional, safe and accessible to all who need essential medical services, and health workers must be protected.
3. Health must be a priority of the humanitarian response to the war in Ukraine. If not, we are at severe risk of losing the fight in Eastern Europe against the world’s second biggest infectious disease killer - tuberculosis, and of losing control over Covid-19
4. Heads of States and Governments should be clearly informed of the situation and challenged to take rapid actions: provide funding for diagnostic and treatment of infectious diseases (HIV, TB, and COVID-19) in Ukrainian and other migrants (i); to actively support TB, HIV and COVID-19 care in Ukraine and other developing countries through engaging communities and healthcare systems (ii) and providing funding by taking actions in regards of the 7th Replenishment of the Global Fund to Fight AIDS, TB and Malaria (iii).
As representatives of civil society organizations, we also reaffirm our commitment to assist parliamentarians in the context of helping migrants affected by TB, and we hereby reaffirm our readiness to:

1. Continue an active exchange of experience between civil society organizations, diasporas and medical institutions in the EECA region that provide friendly services to migrants on TB and HIV issues;
2. Based on changing migration flows, prepare country-by-country information/analysis, including TB and HIV legal restrictions, access to TB and HIV services, and a list of friendly civil society organizations;
3. Create a unified database of services in the EECA region in connection with HIV and tuberculosis;
4. Conduct face-to-face workshops/webinars for partners from the region to train TB and HIV counseling algorithms in the context of migration;
5. Develop programs to support adherence to TB and HIV treatment for migrant refugees.

Recognising that we, as political leaders, have an important role in holding our governments accountable for the promises that they have made, hereby commit:

1. To build sustainable, non-partisan, political initiatives in our national parliaments to drive sustained cross-border cooperation in the area of TB care for migrants in Europe and Central Asia regions, and ensure that such initiatives work in collaboration with civil society, scientists, clinicians, the World Health Organization (WHO), the Stop TB Partnership, people affected by TB and other key stakeholders in the response to TB;
2. To improve cross-border collaboration along the entire migration trajectory, with focus placed on implementing a minimum package of TB prevention, screening and care for migrants;
3. To work with partners to develop a more holistic approach to migrant health across the region, recognising the rights of migrants to health, and work towards removing legal, social and cultural barriers to health services to facilitate better TB care for migrants;
4. To work through inter-parliamentary platforms at the regional level with the focus placed on migrant health;
5. To urge Europe and Central Asia regions and other countries’ governments to lift all remaining norms for deportation and undesirable stay of people affected by TB and replace them with options of access to TB care;
6. To promote the creation of regional cross-border funding mechanisms that would help to provide migrants with TB care until full recovery while they are away from home;
7. To assist in strengthening approaches to data collection, community-led monitoring, education, clinical and research cooperation to provide intercountry evidence based on TB in refugees and migrants for monitoring, support and evaluation within national health systems;

8. To raise awareness that TB can be associated with other diseases such as HIV and hepatitis C and encourage cooperation on management of these co-infections;

9. To ensure that TB services are implemented in a manner that promotes and protects privacy, confidentiality and freedom from discrimination of recipients of TB services as well as remedies for when these rights are not realised;

10. To partner with existing TB affected community and civil society networks as well as leveraging community led monitoring applications, to identify barriers to accessing services and to support people to access and maintain the TB services.

To this effect we, as parliamentarians, hereby agree to establish a strong parliamentary collaboration between our countries to press for a more effective response to the TB epidemic.

Recognizing that multisectoral, multilevel and transnational approaches are the way forward to ensure coordinated, structural and sustainable change in TB care among migrants, we, as civil society organization's representatives, are considering abovementioned as a priority task. We are also ready to promptly provide expert support to parliamentarians and other government partners dealing with migrant health issues.