

UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON THE FIGHT AGAINST TUBERCULOSIS

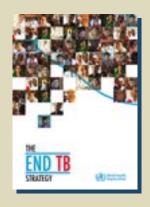
Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular, by ensuring equitable access to prevention, testing, treatment and care

22 September 2023, New York





GLOBAL COMMITMENTS TO END TB



WHO END TB STRATEGY

WORLD HEALTH
ASSEMBLY

2015

FIRST WHO GLOBAL MINISTERIAL CONFERENCE

ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA:
A MULTISECTORIAL RESPONSE

16-17 November 2017 Moscow, Russian Federation



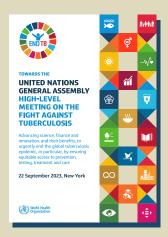




FIRST UN GENERAL ASSEMBLY HIGH-LEVEL MEETING ON TB

26 September 2018 UN Headquarters, New York, USA





SECOND UN GENERAL ASSEMBLY HIGH-LEVEL MEETING ON THE FIGHT AGAINST TUBERCULOSIS

22 September 2023, UN Headquarters, New York, USA

9 2023



ABOUT THE

UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON THE FIGHT AGAINST TUBERCULOSIS

22 September 2023, New York

The United Nations General Assembly held the second high-level meeting on the fight against tuberculosis on 22 September 2023.

The theme of the meeting was:

"Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular, by ensuring equitable access to prevention, testing, treatment and care."

World leaders adopted a historic declaration with commitments to ambitious and comprehensive time-bound targets and actions. These targets and actions aim to enhance equitable access to TB services, protect human rights, address TB determinants, reduce vulnerability, accelerate research and innovation, and mobilize sufficient resources to support these endeavours.

The declaration builds on progress against commitments made in the 2018 political declaration of the first high-level meeting on TB; it establishes more ambitious targets and commitments to rapidly overcome the adverse impacts of the COVID-19 pandemic on TB services and fast-track progress towards the Sustainable Development Goals (SDGs).

ORGANIZATION OF THE MEETING

The UN High-Level Meeting on TB was organized under the direction of the UN General Assembly. World Health Organization (WHO) supported the office of the President of the General Assembly, the Co-facilitators, Member States and partners including civil society in making preparations for the UN high-level meeting.

Co-facilitators

The President of the UN General Assembly has appointed two co-facilitators for the high-level meeting process – Poland and Uzbekistan.



HIGHLIGHTS AND AGENDA

Agenda structure

The meeting was held fully in-person and was consist of an opening segment, a plenary, two interactive multi-stakeholder panels and a closing segment.

The themes of the multi-stakeholder panels were as follows.

Panel 1

Accelerating multisectoral actions and accountability to ensure equitable high-quality people-centered tuberculosis care, and addressing determinants of tuberculosis in the context of universal health coverage.

Panel 2

Scaling up adequate and sustainable national and international financing for tuberculosis service delively, innovative strategies, as well as for the research and development of new diagnostics, vaccines and drugs.

Outcome

The high-level meeting has approved approve a concise and action-oriented political declaration, agreed in advance by consensus through intergovernmental negotiations, was submitted by the President of the General Assembly for adoption by the General Assembly.

PARTICIPANTS

- Heads of State and Government
- Ministers of Health and of other sectors such as finance, social development, justice, interior and labour
- Leaders of UN organizations, development agencies, and regional bodies
- Nongovernmental organizations, including faith-based organizations, civil societies representatives, affected people and communities
- Academic and research institutions
- Philanthropic foundations
- Private sector entities

COMMITMENTS AND TARGETS

Highlights of the commitments made by all UN Member States in the 2023 political declaration include commitments to universal access to TB services in both high and low burden countries, with time-bound targets of reaching, with health services, at least 90% of people with or at risk of TB between 2023 and 2027; to increased investments in the TB response (including for research and innovation); and to fast-tracking the development and availability of new tools to prevent, diagnose and treat TB, particularly new TB vaccines. Finally, a follow-up meeting was agreed by Member States for 2028, to review progress achieved towards ending TB.

GLOBAL TUBERCULOSIS TARGETS SET OUT IN THE 2023 POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE FIGHT AGAINST TB



90% by 2027

TB treatment coverage

(percentage of the estimated number of people who develop TB each year who are provided with quality-assured diagnosis and treatment) Equivalent to up to 45 million people globally in the five-year period 2023–2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant TB



90% by 2027

Coverage of TB preventive treatment

(percentage of people at high-risk of developing TB disease who are provided with TB preventive treatment) Equivalent to up to approximately 45 millio people globally in the five-year period 2023–2027, including 30 million households contacts of people with tuberculosis and 15 million people living with HIV



100% by 2027

Coverage of rapid diagnostic testing for TB

(percentage of those diagnosed with TB who were initially tested with a WHOrecommended rapid molecular test)



100% by 2027

Coverage of health and social benefits package for people with tuberculosis



US\$ 22 billion by 2027

Annual funding for essential tuberculosis services

US\$ 35 billion by 2030



US\$ 5 billion by 2027

Annual investment in tuberculosis research



Licensing of at least one new TB vaccine within five years

Facilitating the development and access to new TB vaccines

Commit to, working with the private sector and academia, accelerate the research, development, roll-out of safe, effective, affordable and accessible pre and post exposure vaccines, preferably within the next 5 years, for all forms of tuberculosis for people of all ages

HIGHLIGHTS OF COMMITMENTS AND REQUESTS MADE IN 2023 AT THE SECOND UN HIGH-LEVEL MEETING ON TB



Address the needs of people vulnerable to TB, including children

Comprehensive care for all people with TB is strengthened, with particular attention paid to people who are vulnerable or in vulnerable situations (e.g. people with HIV, people with TB-associated disabilities, older people, migrants, refugees, internally displaced people, and pregnant and lactating women) using specific models of care such as nutritional, mental health and psychosocial support, social protection, rehabilitation and palliative care.

There is a scaling-up of comprehensive efforts to close longstanding gaps in prevention, diagnosis, treatment and care of children.



Address the drug-resistant TB crisis

Work is undertaken towards the achievement of universal, equitable and affordable access to WHO-recommended diagnostics and drug-susceptibility tests, and all-oral shorter-duration treatment regimens for people with drug-resistant TB, complemented by monitoring and management of side-effects, together with care and support to improve treatment outcomes.



Build on interlinkages across the global health agendas of TB, UHC and PPPR to strengthen the TB response TB services are established as essential elements of national and global strategies in an effort to advance UHC, address antimicrobial resistance and strengthen PPPR.

Integrate systematic screening, prevention, treatment and care of TB and for related health conditions within primary health care, including community-based health services.

Invest in public health infrastructure and the health workforce.



Address TB during health and humanitarian emergencies

TB services are safeguarded as essential health services during humanitarian and health emergencies



Strengthen engagement of civil society and communities affected by TB

Intensify national efforts to create enabling legal and social policy frameworks to combat inequalities, eliminate all forms of TB-related stigma, discrimination and other human rights barriers and violations.

Strengthen meaningful engagement of parliaments, civil society, and TB-affected local communities including young people and women in all aspects of the TB response, to ensure equitable and people-centred access to TB services, with increased and sustained investments, especially in community initiatives.



Enable and strengthen TB research

Create an enabling environment for TB research and innovation across Member States and partners.

Strengthen research capacity and collaboration through TB research platforms and networks across the public and private sectors, academia and civil society.

Accelerate research, development and roll-out of safe, effective, affordable and accessible vaccines through global collaboration mechanisms, including the WHO accelerator council for new TB vaccines.



Promote affordable medicines

Promote equitable access to affordable, safe, effective and quality medicines, such as generics, vaccines, diagnostics and health technologies, including through the Stop TB Partnership/Global Drug Facility, to ensure availability and access to quality-assured and affordable commodities recommended by WHO.



Strengthen multisectoral accountability

Support the WHO multisectoral accountability framework for TB by strengthening high-level multisectoral accountability and review mechanisms, in line with national contexts, defining the roles and responsibilities of relevant sectors and stakeholders with the meaningful engagement of people and communities affected by TB.

Develop and implement ambitious, costed national TB strategic plans or health strategies with a multisectoral approach.



Reaffirm the central role of WHO

WHO is requested to continue providing global leadership to support Member States build a resilient response to TB as an integral part of the UHC agenda, and to also address the drivers and determinants of the epidemic, including in the context of health and humanitarian emergencies, with multisectoral engagement, the provision of normative guidance and technical support, and through monitoring, reporting and review of progress, and by advancing the tuberculosis research and innovation agenda.



Report and review progress

The Secretary-General, with the support of the World Health Organization, is requested to report, as part of his annual SDG report, on the global effort to end TB.

In 2027, the UN Secretary-General, with the support of WHO, is requested to present, to the UN General Assembly, a report on the progress achieved towards realizing the commitments made in this political declaration, within the context of achieving the 2030 Agenda for Sustainable Development.

A comprehensive review will be undertaken of progress by heads of state and government at a high-level meeting on TB in 2028.





COMPREHENSIVE REVIEW OF PROGRESS TOWARDS THE ACHIEVEMENT OF GLOBAL TUBERCULOSIS TARGETS AND IMPLEMENTATION OF THE POLITICAL DECLARATION OF THE UNITED NATIONS HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE FIGHT AGAINST TUBERCULOSIS

This progress report of the UN Secretary-General, has been developed with the support of the World Health Organization pursuant to General Assembly resolution 77/274. It provides a comprehensive and analytical overview on progress achieved and challenges remaining in realizing tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis. The report has been instrumental in informing preparations for a comprehensive review by Heads of State and Government at the high-level meeting in 2023. It provides overview of actions taken by Member World Health Organization, communities and partners over a period of five years, from 2018 to 2022.

INTERACTIVE MULTISTAKEHOLDER HEARING ON TUBERCULOSIS

8 May 2023

In advance of the UN High Level Meeting on TB, an interactive Multistakeholder Hearing on TB was held on May 8, and provided an opportunity for all relevant stakeholders to contribute to the preparatory process for the High-Level Meetings, with a focus on the state of efforts and top needs to accelerate the response.



Through the hearing, organized by the Office of the President of the General Assembly, with the support of the World Health Organization (WHO) and the Stop TB Partnership, civil society and other stakeholders contributed to preparation for an impactful high-level meeting. The participants provided their vision and recommendations to members of the UN General Assembly for the high-level meeting, with a focus on the current state of efforts and top needs to accelerate response.

The hearing was well attended, with over 600 registrants including representatives of civil society, parliamentarians, non-governmental organizations, academia, medical associations and the private sector, as well as people affected by TB and broader communities.

Read the meeting summary here. 2



Watch the video webcast of the hearing.



In advance of the 2023 UN High Level Meeting on TB, the World Health Organization (WHO) has expanded the scope of the WHO Director-General's Flagship Initiative to fast-track progress towards ending TB, over the period 2023-2027. The focus of the initiative is on ensuring universal access to prevention, care and the latest tools and technologies to combat TB on the road to Universal Health Coverage (UHC).

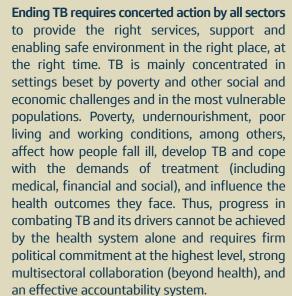
This builds on the achievements made in the first period of the flagship initiative "FIND. TREAT. ALL. #ENDTB" since its launch in 2018, in collaboration with Stop TB Partnership, and The Global Fund. This special initiative will continue to bring together countries and stakeholders to redouble efforts and accelerate the TB response.

An overview of targets for the period 2023-2027 are outlined below, that focus on, enabling universal access to quality, WHO-recommended TB prevention and care, advancing research especially into new TB vaccines, strengthening engagement and accountability across sectors beyond health, and on linkages to the broader health agendas on AMR, UHC and pandemic preparedness. The new targets have informed preparations and intergovernmental negotiations on the political declaration of the 2023 UN High-Level Meeting on TB.

| OBJECTIVES | | TARGETS | |
|---|-------------------------|--|--|
| Universal access to WHO-recommended TB treatment for all | 90% | people reached with TB treatment between 2023- 2027 (End TB Strategy target is ≥ 90% by 2025) | |
| Universal access to WHO-recommended rapid diagnostic tests for all | 100% | of people diagnosed with TB were tested initially with a WHO recommended diagnostic test (End TB Strategy target is ≥ 90% by 2025) | |
| Universal access to TB preventive treatment for all | 90% | reached with TB preventive treatment between 2023- 2027 (End TB Strategy target is ≥ 90% by 2025) | |
| Financial risk protection for vulnerable people with TB (process indicator) | 100% | All (eligible) people with TB, have access to health and social benefits package so they don't endure financial hardship because of TB disease | |
| License a new TB vaccine to accelerate TB incidence decline (process indicator) | >1 | Licensing of at least one new TB vaccine within five years | |
| Sustained and adequate financing for TB services and TB research and innovation (process indicator) | Reaching US\$22 billion | annually by 2027 US \$5 billion per year for research by 2027 | |

WHO MULTISECTORAL ACCOUNTABILITY FRAMEWORK

















MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030

The multisectoral accountability framework to end TB (MAF-TB) was developed and launched by the WHO's Global TB Programme in 2019 to accelerate the multisectoral response to the TB epidemic at global, regional and country levels and to reach the targets and milestones of the WHO End TB Strategy and the target of ending the epidemic by 2030. It addresses accountability under four components: commitments, actions, monitoring and reporting, and review. WHO is supporting countries, regional entities and partners, in the adaptation and use of the Framework and strengthening of mechanisms, and producing guidance, support and resource mobilization.

ADAPTATION AND IMPLEMENTATION OF WHO'S MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO END TB (MAF-TB): BEST PRACTICES

The compilation of best practices includes studies on adaptation implementation of WHO's Multisectoral Accountability Framework to end TB (MAF-TB) to support effective collaboration and accountability of governments and stakeholders at the global, regional and country levels to propel progress towards ending the TB epidemic. It includes case studies on adaptation and implementation of the MAF-TB at the national and local level from all six WHO regions, and brings together a wide variety of country and stakeholder experiences and lessons learnt that can serve as a role model for other countries.

OPERATIONAL GUIDANCE: ADAPTATION AND IMPLEMENTATION OF WHO'S MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO END TB (MAF-TB)

The importance of a multisectoral approach has been a cross-cutting theme in political commitments to end TB since the development of the WHO End TB Strategy. This Operational guidance reinforces the links between two major parts of MAF-TB – global, regional and national (including local) MAF-TB. The main aim of the guidance is to facilitate and promote the adaptation and implementation of MAF-TB at national and local levels. Using the Operational guidance is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to be taken.

ENHANCED CIVIL SOCIETY ENGAGEMENT TO END TB

About one-third of people who develop tuberculosis (TB) globally are not reached by current health services or systems The engagement of affected communities, TB survivors and civil society in the TB response has grown since the first United Nations General Assembly high-level meeting on the fight against TB. They are driving national advocacy campaigns on human rights and the elimination of stigma, treatment literacy and psychosocial support. Increased investment is required to strengthen and sustain their participation in service delivery, research, as well as in monitoring and reporting on progress made in the TB response.

The WHO Civil Society Task Force on TB (CSTF) and WHO's Director-General have released a joint statement highlighting key priorities for Member States and other stakeholders to inform preparations for the UN Multistakeholder hearing and second United Nations General Assembly high level meeting (UNHLM) on TB.

The joint statement calls on Member States, partners, international agencies, and communities to join forces to collectively drive a response that matches the scale of the TB epidemic, and emphasizes the need for the following actions:

- Mobilize sufficient and sustainable financing for ending TB.
- **Ensure accelerated people-centered actions,** with bold strategies and based on the latest approaches ensuring universal access to TB prevention and care (drawing on lessons from the response to the COVID-19 pandemic).
- Strengthen the engagement of civil society, TB-affected communities, and TB survivors as equal partners in all aspects of the national TB response with strong primary health care.
- **Encourage all sectors and stakeholders** to work together and establish and maintain a high-level multisectoral accountability mechanism in all high TB burden countries. This is aligned with WHO's multisectoral accountability framework.
- **Accelerate the development** 5 of safe and effective TB vaccines and facilitate their equitable global access, once available. The WHO Director-General and CSTF encouraged participation of Member States at the highest possible level of Heads of State, with representation of communities in each delegation for the second UNHLM on TB.





JOINT STATEMENT: WHO DIRECTOR-GENERAL AND THE CIVIL SOCIETY TASK FORCE ON TB FOR THE 2023 UN HIGH-LEVEL MEETING **ON TUBERCULOSIS**





SOCIAL LISTENING COMMUNITY **FEEDBACK: TOGETHER WE CAN END TB!**

WHO CIVIL SOCIETY **TASK FORCE ON TB**

The WHO Director-General and CSTF encouraged participation of Member States at the highest possible level of Heads of State, with representation of communities in each delegation for the second UNHLM on TB.



Bertand Kampoer



Yuliya Chorna



Evaline Kibuchi



Roger Kamuqasha



Harry Hausler



Chamreun **Sok Choub**



Jeffry Acaba



Jamilya

Ismoilova



Paran Winarni

Blessina

Kumar





Tenzin Kunor



Amir Khan



Nyan Win Phyo



RESEARCH AND INNOVATION: PROGRESS AND WAY FORWARD





A GLOBAL STRATEGY FOR TUBERCULOSIS RESEARCH AND INNOVATION

TB research and innovation is essential to achieve global TB targets for reductions in TB incidence and TB deaths. Based on evidence from science, since 2018t, WHO has recommended interventions that shorten the duration of preventive treatment for TB infection to one month; treatment of drug-susceptible TB for children and adults to four months; MDR/RR-TB treatment to six-months (all-oral regimen), as well as new tests for TB infection and disease.

In 2020, Member States adopted a global strategy for TB research and innovation to set out key steps that Governments and non-State actors could undertake to increase public spending on TB research, ensuring that the benefits of TB research are shared equitably and commitment to create policy and regulatory frameworks favorable to advancing partnerships and collaborations needed to expedite research.







AN INVESTMENT CASE FOR NEW TUBERCULOSIS VACCINES

The research and development pipeline for new TB vaccines, diagnostics and medicines have moderately expanded in recent years. In 2018, there were at least 20 medicines, 12 vaccines and several diagnostics in clinical development. By mid-2023, the number of medicines and vaccines had increased to 28 and 16, respectively. The diagnostics pipeline was robust in terms of the number of technologies used but progressed slowly. Effective vaccines are critical to achieve rapid reductions in TB incidence and mortality.

In 2022, WHO launched an investment case to support health and economic argument for the rapid development and deployment of effective new vaccines.

The 2023 political declaration of the high-level meeting on TB and the WHO Director-General flagship initiative "FIND.TREAT.ALL. #EndTB", 2023-2027 call for the rapid development, introduction and use of new TB vaccines. Accordingly, WHO established a TB vaccine accelerator council to fast track the development and availability of new TB vaccines.

The funding target for TB research set at the high-level meeting of the General Assembly on the fight against TB was \$5 billion per year; to date, annual funding has reached only \$1 billion.

To close the funding gap, stakeholders, including governments, the biomedical industry, other funders of healthcare research and civil society, should test and implement innovative models of financing, and novel methods of rewarding public health research and development.

TUBERCULOSIS VACCINE ACCELERATOR COUNCIL



In January 2023, WHO's Director-General announced plans to establish a TB vaccine accelerator Council to facilitate the development, testing, authorization, and use of new TB vaccines, drawing on lessons learned from the response to the COVID-19 pandemic. The establishment meeting of the Council took place on 20 September 2023, on the occasion of the 78th session of the United Nations General Assembly, in the lead up to the Second United Nations High-level Meeting on TB.

The Council is anticipated to work in multiple ways. These include:



Identifying needs for, and types of innovative sustainable financial solutions, as well as partnerships between the public, private and philanthropic sectors that can expedite the translation of science into TB vaccines, and ensure their equitable access once available.

2

Identifying market solutions to incentivize TB vaccine development, and to ensure that the R&D ecosystem is positioned to rapidly manufacture and distribute vaccines equitably and at scale, once they are available.

3

Advocating with decision makers in the public, private, philanthropy and other relevant sectors to strengthen commitment and concerted action to develop and expand access to novel effective TB vaccines, including through political platforms such as the African Union, ASEAN, BRICS, G20, G7 and others.

MEMBERS OF THE MINISTERIAL BOARD



Dr Nísia Trindade Lima (Co-chair) Minister of Health, Brazil



Dr Budi Gunadi Sadikin (Co-chair) Minister of Health, Indonesia



Mr Aurélien Rousseau Minister of Social Affairs and Health, France



Ms Dao Hong Lan Minister of Health, Vietnam



Dr Mathume Joseph Phaahla Minister of Health, South Africa



Dr Nadeem Jan The Federal Minister of Health, Pakistan



Dr Teodoro J. Herbosa Secretary of Health, Philippines



Acting Director of National Institutes of HealthNational Institutes of Health,
United States of America



Civil Society Representative

MEMBERS OF THE MINISTERIAL BOARD



Dr Akinwumi AdesinaPresident,
African Development Bank Group



Dr Trevor MundelPresident of Global Health,
Bill and Melinda Gates Foundation



Dr Werner Hoyer President, European Investment Bank



Dr Juan Pablo UribeGlobal Director for Health, Nutrition & Population and the Global Financing Facility, World Bank



Dr David MarlowInterim Chief Executive Officer,
Gavi, the Vaccine Alliance



Mr Peter SandsExecutive Director,
Global Fund



Dr Philippe DunetonExecutive Director,
Unitaid



Ms Cheryl Moore Chief Research Programmes Officer, Wellcome Trust



Dr Lucica DitiuExecutive Director,
Stop TB Partnership



Civil Society Representative



TUBERCULOSIS IS
ONE OF THE TOP
INFECTIOUS KILLERS
IN THE WORLD



10.6 MILLION PEOPLE FELL ILL WITH TB







People living with HIV accounted for 6.7% of the total

1.6 MILLION DIED FROM TB
(Including 187 000 TB deaths among people with HIV)



and a major cause of antimicrobial resistance related deaths

≈0.5 MILLION PEOPLE DEVELOPED MULTIDRUG-RESISTANT TB





Only about 36%



of those needing MDR-TB treatment were enrolled on it



74 MILLION LIVES SAVED (2000-2021)

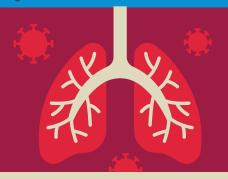








THE COVID-19 PANDEMIC
HAS REVERSED YEARS OF PROGRESS
MADE IN THE FIGHT TO END TB



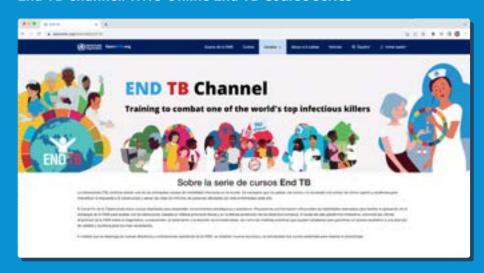
KEY DIGITAL RESOURCES

TB Knowledge Sharing Platform: Modular WHO guidelines on tuberculosis with corresponding handbooks and training materials





End TB Channel: WHO Online End TB Course series









WHO Global TB Report App











HIGH-LEVEL MEETING WEBSITE

- https://www.who.int/activities/ preparing-for-the-un-high-levelmeeting-on-the-fight-againsttuberculosis--2023
- √ https://www.un.org/en/ga/78/meetings



VENUE

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