

Global TB Caucus position paper on the High-Level Meeting of the General Assembly on tuberculosis

Preamble:

We, elected representatives from countries around the world and members of the Global TB Caucus, in preparation for the High-Level Meeting of the General Assembly on the fight against tuberculosis (TB), reaffirm our commitment to ending the global TB epidemic, recognizing TB as a key component of the Sustainable Development Goals (SDG) and 2030 Agenda, and a cornerstone of efforts to deliver universal health coverage, combat antimicrobial resistance, end deaths from HIV, and address the global NCD crisis. We call on all Heads of State or Government to attend the High-Level Meeting and to:ⁱ

1. *Acknowledge* that TB is the world's longest running global health emergency having been responsible for 50 million deaths since it was declared an emergency in 1993 and that it remains the world's leading infectious killer, carrying a major socioeconomic impact; that there are more cases of drug-resistant TB every year than all other airborne, drug-resistant infections combined; that TB is among the top ten killers of children; and that forty per cent of all people affected by TB are not reported as diagnosed and treated which remains a major obstacle to overcoming the disease.ⁱⁱ
2. *Acknowledge* that involvement of communities and civil society in a non-discriminatory manner in all aspects of TB care and prevention is critical to ending TB and thus achieving the SDGs.ⁱⁱⁱ

Reach all people by closing the gaps on diagnosis, treatment and prevention.

3. *Commit* to a renewed effort to prevent, diagnose and treat TB, with a specific focus on key vulnerable populations to ensure that no one is left behind, so that as a global community and in each individual member state the Sustainable Development Goal target to end TB by 2030 is achieved; and further commit to increasing diagnosis and treatment of people with TB in each member state in line with its share of the global burden to collectively successfully treat 40 million people worldwide by 2022.^{iv}
4. *Commit* to investing in enhanced data-collection and TB surveillance programs, to better track and respond to TB at all levels and in public and private health care services; and further commit to making such information available and transparent to the World Health Organization and all relevant stakeholders in real-time.^v

Transform the TB response to be equitable, rights-based and people-centred.

5. *Commit* to adopting and implementing all internationally approved standards and guidelines for TB care, diagnosis, and prevention by 2022, ensuring that all people with TB have access to safe, effective, person-centred, care, including providing all necessary support to ensure diagnosis of TB does not result in catastrophic financial costs; and further commit to taking all necessary steps to reduce stigma and discrimination associated with TB.
6. *Commit* to conducting and publishing assessments of the national legal environment and of other barriers to accessing TB prevention, treatment and care, and reviewing laws that allow for the forced deportation of migrants with TB or for the forcible incarceration of people with TB by 2020, enacting laws protecting people with TB from discrimination and affirming that the protection and promotion of the human rights of people living with, at risk of contracting, and affected by TB, as enshrined in the Universal Declaration of Human Rights and other international agreements should be mainstreamed into all TB policies and programs.^{viii}

Accelerate development of essential new tools to end TB

7. *Commit* to increasing investment in the full spectrum of TB research – from basic science to product development to operational research - with each member state committing to invest their fair share of the \$1.3 billion annual funding gap; and further commit to enhanced collaboration and coordination of research and development across member states, including, as appropriate, through developing innovative financing mechanisms and new models of R&D.^{viii}
8. *Affirm* that the benefits of scientific innovation should be made equitably accessible to all as quickly as possible, and that intellectual property rights and cost should not be a barrier to the access and availability of modern or novel high-quality diagnostic, treatment, or prevention technologies and that all steps should be taken to harmonise regulatory pathways to fast-track the implementation and uptake of new tools.^{ix}

Invest the funds necessary to end TB

9. *Commit* to revising or developing multi-sectoral national strategic plans outlining how the targets in the Political Declaration will be fully implemented, including full costings for scale-up of diagnosis and prevention; and further commit to doubling current funding for the TB response to USD\$13 billion annually, with each member state contributing in proportion to its fair share of the global TB epidemic and its own resource capacities, and mobilizing additional resources as necessary from the private sector and relevant UN institutions, the World Bank and regional development funds, and supporting the upcoming replenishment of the Global Fund to Fight HIV/AIDS, TB and malaria.^x

Commit to decisive and accountable global leadership, including regular UN reporting and review

10. *Commit* to including TB as a regular item on the agenda of regional Head of State meetings in 2018 and beyond to monitor and evaluate progress against TB; to urge Member States to call on the Secretary-General, with support from the WHO and the Stop TB Partnership, to deliver to the General Assembly an annual report on progress achieved in realizing the commitments made in the Political Declaration of the High-Level Meeting on TB and the overall progress made by Member States towards achieving the SDG target to end TB by 2030; and lastly to commit to reviewing these commitments at a second High-Level Meeting of the General Assembly on TB no later than 2023.^{xi}

ⁱ References include: General Assembly resolutions A/RES/70/1 (Sustainable Development Goals), A/RES/67/81 (Universal Health Coverage), A/RES/71/3 (Antimicrobial Resistance), A/RES/70/266 (HIV), A/RES/66/2 and A/RES/68/300 (Non-Communicable Diseases).

ⁱⁱ Data taken from World Health Organization Global TB Report 2017, more than 2 million people a year have died from TB on average since 2000, projected back to 1993 makes a total of 50 million.

ⁱⁱⁱ Language drawn from the Moscow Declaration to End TB.

^{iv} This is an articulation of the targets outlined in the 2016 HIV Declaration and the Moscow Declaration, both which stem from the Stop TB Partnership's Global Plan to End TB 2016-2020. The original percentage figure has been articulated as a number, and was announced as a campaign by the Director General of the World Health Organization at the Delhi TB Summit in March 2018. Target date has been set at 2023 instead of 2020 to give countries more time to scale-up and represents the half-way mark towards the SDGs.

^v Data commitments are found in HIV and NCD Declarations and the Moscow Declaration. Investments in data are also considered key to the achievement of the SDGs.

^{vi} These commitments echo the Moscow Declaration and the End TB Strategy. The commitment to conduct legal assessment is similar to the most recent HIV HLM Declaration.

^{vii} Commitments to human rights are a common theme in previous HIV HLM Declarations.

^{viii} Similar to the Moscow Declaration and the G20 Hamburg Communique.

^{ix} Similar to agreed language in the HIV Declarations, and the AMR Declaration in 2016.

^x Financing commitments reflect Moscow Declaration, End TB Strategy, Global Plan to End TB, and a range of other internationally agreed Declarations and commitments.

^{xi} UN reporting is a standard feature of all High-Level Meeting Declarations, as is the provision for a follow-up HLM. Reference to regional Head of State meetings reflects the need for continued Head of State focus on the disease.