



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

30 May 2018

Excellency,

I have the honour to enclose herewith a letter from H.E. Mr. Walton Webson, Permanent Representative of Antigua and Barbuda, and H.E. Mr. Koro Bessho, Permanent Representative of Japan, co-facilitators of the intergovernmental consultations and negotiations on the modalities and outcomes of the high-level meeting on the fight against tuberculosis.

The letter of the co-facilitators transmits the draft elements paper on the political declaration which shall be agreed in advance of the high-level meeting through intergovernmental negotiations in accordance with paragraph 6 of resolution 72/268.

In this respect, the co-facilitators will convene the first and second informal consultations on 5 and 8 June 2018.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in black ink, appearing to read 'M. Lajčák', written in a cursive style.

Miroslav Lajčák

All Permanent Representatives and
Permanent Observers to the United Nations
New York



**The Permanent Mission of Antigua
and Barbuda to the United Nations**



**The Permanent Mission of
Japan to the United Nations**

25 May 2018

Excellency,

We are honored to write to you in our capacity as co-facilitators to lead the intergovernmental consultations and negotiations on the modalities and outcomes of the High-Level Meeting on the Fight against Tuberculosis.

In accordance with Paragraph 6 of Resolution 72/268, kindly find attached a draft elements paper, proposing a preliminary draft political declaration to be elaborated in the informal consultations by the Member States. The draft elements paper has been informed by relevant declarations including the Moscow Declaration to End TB adopted at the First WHO Global Ministerial Conference on Ending TB on 17 November 2017, informal Mission briefings on 21 March and 26 April, Key Asks from TB stakeholders and communities, including the Global TB Caucus, the Stop TB Partnership, as well as technical inputs from the World Health Organization.

In this connection, we are pleased to convene informal consultations on the proposed draft elements paper. The first two informal consultations will be held on 05 and 08 June 2018, respectively, from 3 pm to 6 pm in Conference Room 1.

In relation to the upcoming informal consultations, we highly recommend that the Member States attend the interactive civil society hearing organized by the President of the General Assembly on 04 June 2018 to listen to the voices of civil society and other stakeholders.

Please accept, Excellency, the assurances of our highest consideration.

H.E. Mr. Walton Alfonso Webson
Ambassador and Permanent Representative
of Antigua and Barbuda to the United Nations

H.E. Mr. Koro Bessho
Ambassador and Permanent Representative
of Japan to the United Nations

H. E. Mr. Miroslav Lajčák
President of the 72nd session of the General Assembly

United to End Tuberculosis: An Urgent Global Response to a Global Epidemic

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York on 26 September 2018, with a dedicated focus for the first time on the global tuberculosis epidemic, affirm that tuberculosis, an airborne infection, is a threat to us all, as it is the leading infectious killer, the leading killer of people living with HIV, and drug-resistant tuberculosis is the most common and deadly form of antimicrobial resistance in the world, it affects people most frequently in their most productive years and poverty, gender inequities, vulnerability and marginalization exacerbate risks at all ages, and so it requires a response that protects and fulfils the human rights and dignity of all people affected, and therefore we reaffirm our commitment to end the epidemic globally by 2030, and to end the epidemic in all countries, and pledge to provide leadership and to work together to urgently accelerate our national and global collective actions, investments and innovations to fight this preventable and largely curable disease, and we:

- PP1. Recognize that tuberculosis, including its drug-resistant forms, was declared a global emergency by the World Health Organization twenty five years ago, but still is among the top ten causes of mortality worldwide among adults and children today, that it is a public health threat in all regions and countries, that it is exacerbated by the heavy burden of tuberculosis/HIV coinfection, and that still today one quarter of the world's people are infected with the bacteria that causes the disease, and that millions of people ill with tuberculosis are missing out on quality care each year;
- PP2. Further recognize that it affects populations inequitably and contributes to the cycle of ill-health and poverty and is fundamentally linked to a majority

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of the leading development challenges addressed by the 2030 Agenda for Sustainable Development;

- PP3. Acknowledge that the Millennium Development Goals, and associated tuberculosis care and prevention strategies, plans and programmes, helped to reverse the trend of the tuberculosis epidemic and, between 2000 and 2016, reduce the TB mortality by 37 percent, saving 53 million lives; and, that investment in tuberculosis care and prevention brings among the largest benefits in lives saved and economic savings from development investments;
- PP4. Reaffirm the General Assembly resolution A/RES/70/1 adopting the 2030 Sustainable Development Agenda and its associated target of ending the tuberculosis epidemic by 2030; the three 2030 targets adopted by the World Health Assembly for the End TB Strategy in resolution WHA 67.1 in 2014 including a 90% reduction in TB deaths, an 80% reduction in TB incidence and the elimination of catastrophic costs borne by TB patients and their households between 2016 and 2030; and the associated three pillars of the Strategy of integrated patient-centred TB care and prevention, bold policies and systems, and research and innovation; as well as the Strategy's four underlying principles of government stewardship and accountability, with monitoring and evaluation; strong coalition with civil society organizations and communities; protection and promotion of human rights, ethics and equity; and, adaptation of the Strategy and targets at country level, with global collaboration;
- PP5. Reaffirm the General Assembly resolution A/RES/71/3 providing a political declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance; and resolution A/RES/70/266 providing a political declaration on HIV/AIDS; and, A/RES/68/300 providing a political declaration

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on Non-Communicable Diseases of 2014, and General Assembly resolution A/RES/72/139 to hold a high-level meeting on Universal Health Coverage in 2019, all of which address global health priorities which have profound links to tuberculosis;

- PP6. Express concern that, despite these achievements and commitments, tuberculosis causes an enormous burden of illness, suffering and deaths, that there is far from adequate multisectoral engagement in the fight against the disease, and that the world is off-track on actions and investments needed to end the TB epidemic by 2030;
- PP7. Express grave concern about the crisis of multidrug-resistant tuberculosis, given the scale and scope of its incidence, mortality and the profound gap in access to diagnosis, treatment and care for those affected and still low treatment success rate for those who are treated, could reverse the progress made against tuberculosis, requiring global collaboration, a strong public health response, and innovation;
- PP8. Recognize the profound challenges faced by people ill with tuberculosis to obtain an early and correct diagnosis, to pursue long treatment to cure, with drugs that may involve unbearable side-effects, and to seek integrated support from families, communities, employers, healthcare providers and public health programmes; and therefore all these people require integrated people-centred diagnosis, treatment, care and prevention;
- PP9. Recognize the enormous, and often catastrophic, economic and social burden faced by tuberculosis patients, their households and affected communities, and that the risk and impacts of tuberculosis can vary depending on age, sex, income, gender roles and social and environmental circumstances, with some groups and vulnerable populations particularly

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impacted, such as women and children, the elderly, people living with HIV or diabetes, undernourished people and food-insecure populations, health workers, migrants, refugees and internally-displaced persons, indigenous peoples, ethnic minorities, prisoners, miners and others affected by silicosis, as well as people with alcohol use disorders, people who use tobacco, and people with mental or physical disabilities;

- PP10. Recognize also the lack of sufficient and sustainable financing for implementation of integrated people-centred tuberculosis diagnosis, treatment, care and prevention, and for tuberculosis research and innovation, including for the development and evaluation of better diagnostics, drugs, treatment regimens and vaccines as well as other innovative care and prevention approaches, including against the social and economic determinants of the disease;
- PP11. Welcome the convening of the World Health Organization First Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and take note with appreciation of its Moscow Declaration to End TB, with its commitments and calls for urgent action, which contributed to this meeting;
- PP12. Recognize other recent high-level commitments and calls to action against tuberculosis and multidrug-resistant tuberculosis made by global, regional and sub-regional bodies;
- PP13. Welcome the World Health Organization draft multisectoral accountability framework to accelerate progress to end TB, which was welcomed and supported by the World Health Assembly in May 2018 for further

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development by the World Health Organization working with Member States and partners;

Ensure access to integrated people-centred services

- OP1. Commit to diagnose and treat 40 million people ill with tuberculosis from 2018-2022, including 3.5 million children and 1.5 million people with drug-resistant tuberculosis, without suffering financial hardship, thereby achieving effective universal access to quality tuberculosis diagnosis and care for those ill with tuberculosis, and with special focus on reaching those people and communities who have missed out on care, or have not been notified though treated and may have missed out on quality care, comprising forty percent of all those falling ill in recent years;
- OP2. Commit to prevent tuberculosis for those most at risk of falling ill through rapid scale-up of access to tuberculosis preventive treatment;
- OP3. Commit to overcome the public health crisis of multidrug-resistant tuberculosis through universal access to diagnosis, treatment, care and prevention, and through urgent response to the scale and severity of local and national epidemics of multidrug-resistant tuberculosis;
- OP4. Commit to address tuberculosis in the context of child health and survival, as an important cause of childhood illness and death, including among children with HIV, and as a co-morbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition;
- OP5. Commit to ensure that current World Health Organization guidance, relevant to the tuberculosis response in each country, is rapidly adapted and

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implemented, in taking forward the commitment to scaled-up quality tuberculosis care and prevention;

- OP6. Commit to achieve integrated people-centred diagnosis, treatment, care and prevention, and related improvements in policies and systems on each country's path towards achieving universal health coverage, such that all people living with, at risk of or affected by tuberculosis receive the quality and affordable services they need, including integrated care for related health conditions, such as HIV, under-nutrition, non-communicable diseases including diabetes and chronic lung disease, mental health and, tobacco use, harmful use of alcohol and other substance abuse, including drug injection, with access to existing and new tools, stewardship of antimicrobials and infection control, within public, community and private sector services;
- OP7. Given the global nature of the tuberculosis epidemic and the multidrug-resistant tuberculosis public health crisis, commit to ensure strong public health functions including among others for laboratory strengthening and infection control, regulatory capacity, cross-border collaboration, and robust and reliable data for monitoring the level of, and trends in, the epidemic, including through case-based electronic surveillance, and improvements in national vital registration systems;

Leave no one behind through global and multisectoral collaboration

- OP8. Commit to protect and promote the right to health and other economic and social rights, to advance towards universal access to quality tuberculosis diagnosis, treatment, care and prevention, to address the economic and social determinants of tuberculosis, and to end stigma and discrimination;

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- OP9. Commit to ensure special attention to the poor, vulnerable and marginalized people and communities especially at risk and affected by tuberculosis, in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in planning, implementation, monitoring and evaluation, within and beyond the health sector;
- OP10. Commit to enable and pursue multisectoral collaboration at global, national and local levels, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, and other sectors, in order to ensure all relevant stakeholders pursue actions to end TB and leave no one behind;

Accelerate impactful research and innovation

- OP11. Commit to advance basic science and innovations, without which ending the tuberculosis epidemic will be impossible, including towards delivering by 2025 new, safe and cost-effective vaccines, point-of-care diagnostics, drugs and shorter treatment regimens for adults and children affected by all forms of tuberculosis, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred TB care and prevention;
- OP12. Commit to enable timely and effective innovation and use of existing and new tools and delivery strategies, by expediting relevant regulatory processes, strengthening research capacity and collaboration through existing research platforms and networks across the public and private sectors including product development partnerships, and developing new

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networks as needed in basic science, clinical research and development, as well as operational and applied research to advance effective care and prevention services and actions on the economic and social determinants and impacts of disease;

- OP13. Reaffirm that all research and development efforts should be needs-driven, evidence-based and guided by the principles of affordability, effectiveness and efficiency and equity, and should be considered as a shared responsibility. In this regard, we acknowledge the importance of delinking the cost of investment in research and development from the price and volume of sales so as to facilitate equitable and affordable access to new tools and other results to be gained through research and development, and welcome innovation and research and development models that deliver effective solutions to the challenges presented by tuberculosis, including those promoting investment in research and development, with all relevant stakeholders, including Governments, industry, non-governmental organizations and academics, continuing to explore ways to support innovation models that address the unique set of challenges presented by tuberculosis, including the importance of the appropriate and rational use of medicines, while promoting access to affordable medicines;

Ensure sufficient and sustainable financing to end the epidemic

- OP14. Commit to secure sufficient and sustainable financing for universal access to TB treatment, care and prevention, including the systematic scaling up of evidence-based programmatic approaches to reaching vulnerable and hard-to-reach populations, with a doubling of annual investments, from domestic, international, public, private and innovative financing sources, including bilateral and multilateral financing streams such as through the

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regular replenishment of The Global Fund to Fight AIDS, TB and Malaria, and aligned within overall financing strategies towards achieving universal health coverage;

- OP15. Commit to secure sufficient and sustainable financing, with a doubling of annual investments, to support the implementation of research and development, and to strengthen the academic, scientific and laboratory capacity needed to support research endeavors, including through engagement of domestic, international and innovative financing mechanisms;

Provide bold leadership and multisectoral accountability

- OP16. Commit to establish or strengthen national multisectoral mechanisms to monitor and review progress achieved towards ending TB, with high-level leadership, and with engagement of civil society and affected communities, as well as parliamentary, private and other stakeholders within and beyond the health sector, ensuring that tuberculosis is effectively addressed in national TB strategic planning and budgeting within national health and development planning;
- OP17. Call on Member States to further strengthen consideration of progress against the TB epidemic and linkages between TB and other Sustainable Development Targets, including universal health coverage, through existing Sustainable Development Goals review processes, including the High-Level Political Forum on Sustainable Development;
- OP18. Request the Secretary-General, with the support of the World Health Organization, working with Member States and relevant entities, including

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funds, programmes and specialized agencies of the United Nations system, regional commissions as well as the Stop TB Partnership hosted by the United Nations Office for Project Services, UNITAID hosted by the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to provide an update in 2020 on the status of implementation of the present outcome document/political declaration and to provide a progress report to the General Assembly, taking into account annual global tuberculosis reports of the WHO, deliberations of the World Health Assembly and regional mechanisms, and focusing on acceleration of efforts to end the tuberculosis epidemic within the context of achieving the 2030 Agenda for Sustainable Development, prior to a comprehensive review by Heads of State and Government at a high level meeting in 2023.