



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

17 September 2018

Excellency,

Further to my letters dated 16 August and 16 September 2018, I have the honour to enclose herewith the preliminary programme and concept note of the high-level meeting on the fight against tuberculosis.

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

High-level meeting on the fight against tuberculosis

26 September 2018

10.00 am – 6.00 pm

PRELIMINARY AGENDA

10.00-11.00 am Conference Room 4	<p><u>Opening segment:</u></p> <ul style="list-style-type: none">- H. E. Ms. María Fernanda Espinosa Garcés, President of the General Assembly- Mr. António Guterres, Secretary-General, United Nations- Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization- H.E. Dr. Aaron Motsoaledi, Minister of Health of South Africa, Chair of Stop TB Partnership- H.E. Ms. Veronika Skvortsova, Minister of Health of the Russian Federation, Chair of WHO Global Ministerial Conference on Tuberculosis- Professor Peng Liyuan, First Lady of China, WHO Goodwill Ambassador for Tuberculosis and HIV/AIDS (video message)- Ms. Nandita Venkatesan, TB survivor, India
11.00 am -1.00 pm Conference Room 4	<p><u>Plenary segment</u></p>
11.30 am – 1.00 pm Trusteeship Council Chamber	<p><u>Multi-stakeholder panel 1:</u> Accelerating comprehensive response through access to affordable prevention, diagnosis, treatment and care to end the tuberculosis epidemic, including multi-drug-resistant tuberculosis, taking into consideration co-morbidities and the linkages to relevant health challenges on each country's path towards achieving universal health coverage, taking note of and building on the efforts concerning an accountability framework to drive multisectoral action, as envisaged in the Moscow ministerial declaration</p> <p>Co-chairs:</p> <ul style="list-style-type: none">- H. E. Mr. Muhammadu Buhari, President of the Federal Republic of Nigeria- H. E. Mr. David Sergeenko, Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia <p>Keynote address: Mr. Bill Gates, Co-Chair, Bill & Melinda Gates Foundation</p> <p>Stakeholder panellists:</p> <ul style="list-style-type: none">- Ms. Henrietta Fore, Executive Director, UNICEF- Sir Fazle Hasan Abed, Founder and Chairperson, BRAC- Dr. Jeremiah Chakaya Muhwa, President, International Union against Tuberculosis and Lung Disease (The Union)- Ms. Eden Mariano, President, Samahan ng Lusog Baga Association
3.00 – 5.30 pm Conference Room 4	<p><u>Plenary segment</u></p>
3.00 – 4.30 pm Trusteeship Council Chamber	<p><u>Multi-stakeholder panel 2:</u> Scaling up sufficient and sustainable national and international financing and implementation for service delivery, innovation and research and development to identify new diagnostics, drugs, vaccines and other prevention strategies</p>

	<p>Co-chairs:</p> <ul style="list-style-type: none"> - H.E. Ms. Nila Moeloek, Minister of Health of the Republic of Indonesia - H.E. Mr. Molwyn Joseph, Minister of Health and Environment of Antigua and Barbuda <p>Keynote address: Mrs. Aisha Buhari, UNAIDS Special Ambassador, Ambassador of the Stop TB Partnership and First Lady of Nigeria</p> <p>Stakeholder panellists:</p> <ul style="list-style-type: none"> - Ms. Annette Dixon, Vice President for Human Development, World Bank Group - Mr. Peter Sands, Executive Director, The Global Fund to fight AIDS, Tuberculosis and Malaria - Mr. Lelio Marmora, Executive Director, Unitaid - Rt Hon Nick Herbert CBE MP, Co-chairman, Global TB Caucus
<p>5.30 – 6.00 pm Conference Room 4</p>	<p><u>Closing segment:</u></p> <ul style="list-style-type: none"> - H. E. Ms. María Fernanda Espinosa Garcés, President of the General Assembly - Ms. Timpiyan Leseni, TB survivor, Kenya

CONCEPT NOTE

General Assembly high-level meeting on the fight against tuberculosis 26 September 2018, UNHQ, New York

BACKGROUND

The United Nations General Assembly (UNGA) decided to hold a high-level meeting on the fight against tuberculosis (TB) in its resolution [71/159](#). Member States determined the format of the high-level meeting in General Assembly resolution [72/268](#).

The overall theme of the high-level meeting is “United to end tuberculosis: an urgent global response to a global epidemic.

The aim of the high-level meeting on TB is to call on the global community and commit world leaders to urgent action needed to accelerate progress towards ending TB. To this end, Heads of State and Government will approve a political declaration at the meeting.

[SDG3](#) and the [WHO End TB Strategy](#) call for an end to the TB epidemic by 2030. However, current global actions and investments fall far short of those needed to meet this target. TB is the leading infectious disease killer, the most common form of antimicrobial resistance globally, as well as the leading cause of death of people living with HIV.

Multi-stakeholder Panel 1 Trusteeship Council Chamber 11:30 to 13:00

OBJECTIVE

The multi-stakeholder panel will provide a platform for speakers to highlight key issues related to the theme of the panel, while bringing their own experience, expertise, and point of view to the discussion. In accordance with the modalities resolution, panel 1 will address the following themes:

Accelerating comprehensive response through access to affordable prevention, diagnosis, treatment and care to end the tuberculosis epidemic, including multi-drug-resistant tuberculosis, taking into consideration co-morbidities and the linkages to relevant health challenges on each country’s path towards achieving universal health coverage, taking note of and building on the efforts concerning an accountability framework to drive multisectoral action, as envisaged in the Moscow ministerial declaration.

FORMAT

The panel will be co-chaired by two representatives of Member States.

Following the introductory remarks of the co-chairs, panellists will be invited to deliver their statement.

The co-chairs will then open the floor for interventions from Member States and other participants. Discussions in the multi-stakeholder panels are intended to be interactive in nature, and there will be no pre-established list of speakers. Time limits for interventions will be two minutes for individual delegations and three minutes for statements made on behalf of a group of States. The co-chairs will moderate the interactive discussion.

A summary of the discussions will be presented during the closing segment of the high-level meeting.

More information on logistics is available in the President of the General Assembly's note on logistics, available on the [official website](#).

QUESTIONS

To frame the discussion during the panel, participants may wish to consider the following questions:

1. What will it take to drive the needed scale-up to universal access to TB care and prevention in the next few years, including access to effective new tools?
2. How can the approaches taken ensure that vulnerable groups are not left behind?
3. How can Heads of State and Government ensure a multisectoral approach to ending TB with accountability by all stakeholders at local and national level? What can they do to firmly increase the full engagement of civil society in the TB response?
4. How can we strengthen global collaboration needed to address the public health crisis of multidrug-resistant TB and to increase overall accountability for results towards ending the epidemic?

Multi-stakeholder Panel 2

Trusteeship Council Chamber

15:00 to 16:30

BACKGROUND

The United Nations General Assembly (UNGA) decided to hold a high-level meeting on tuberculosis (TB) in its resolution [71/159](#). Member States determined the format of the high-level meeting in General Assembly resolution [72/268](#).

The aim of the high-level meeting on TB is to call on the global community and commit world leaders to urgent action needed to accelerate progress towards ending TB. To this end, Heads of State and Government will approve a political declaration at the meeting.

[SDG3](#) and the [WHO End TB Strategy](#) call for an end to the TB epidemic by 2030. However, current global actions and investments fall far short of those needed to meet this target. TB is the leading infectious disease killer, the most common form of antimicrobial resistance globally, as well as the leading cause of death of people living with HIV.

OBJECTIVE

The multi-stakeholder panel will provide a platform for speakers to highlight key issues related to the theme of the panel, while bringing their own experience, expertise, and point of view to the discussion. In accordance with the modalities resolution, panel 2 will address the following themes:

Scaling up sufficient and sustainable national and international financing and implementation for service delivery, innovation and research and development to identify new diagnostics, drugs, vaccines and other prevention strategies.

FORMAT

The panel will be co-chaired by two representatives of Member States.

Following the introductory remarks of the co-chairs, panellists will be invited to deliver their statement.

The co-chairs will then open the floor for interventions from Member States and other participants. Discussions in the multi-stakeholder panels are intended to be interactive in nature, and there will be no pre-established list of speakers. Time limits for interventions will be two minutes for individual delegations and three minutes for statements made on behalf of a group of States. The co-chairs will moderate the interactive discussion.

A summary of the discussions will be presented during the closing segment of the high-level meeting.

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QUESTIONS

To frame the discussion during the panel, participants may wish to consider the following questions:

1. What are effective means to ensure increases in domestic financing for the TB response and for achieving universal health coverage as a whole, especially in the countries with the greatest burdens of disease?
2. International and innovative financing will need to increase substantially as well to reach the financing levels required for the scale-up in the TB response in the coming few years; what lessons have we learned in other development areas that can be applied for greater TB investments?
3. How can the people and communities most affected by tuberculosis be enabled to play a greater role in defining research priorities and in mobilizing the resources needed to drive research and development of new tools for TB prevention, diagnosis and treatment?
4. How can we reduce the gaps in financing for research and development via better partnerships and innovations at country and global level?