



PRESIDENT OF THE GENERAL ASSEMBLY

Summary by the President of the General Assembly of the Multistakeholder Hearing in preparation of the United Nations General Assembly High-level Meeting on the Fight against Tuberculosis

8 May 2023

**Trusteeship Council Chamber
United Nations Headquarters, New York**

Overview

The President of the General Assembly organized an interactive multistakeholder hearing on 8 May 2023 as part of the preparatory process for the United Nations General Assembly high-level meeting on the fight against tuberculosis (TB), with support from the World Health Organization (WHO) and the Stop TB Partnership¹, pursuant to United Nations General Assembly resolution 77/274. The hearing was meant to ensure an inclusive, active and substantive engagement of stakeholders in the preparation for the high-level meeting. Those taking part included TB survivors and affected communities, representatives of Member States, parliamentarians, civil society organizations, philanthropic foundations, academia, medical associations, the private sector, and broader communities. The summary of discussions presented serves to inform the high-level meeting to be held on 22 September 2023 on the theme of “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”.

The hearing included an opening segment followed by two thematic panels: (i) fast-tracking multisectoral and multistakeholder action to ensure universal access to equitable, high-quality, people-centered TB services, and (ii) mobilizing adequate and sustainable financing for the TB response, research, and innovation.

Opening Segment

The President of the General Assembly, H.E. Mr. Csaba Körösi, commended the collective efforts of all stakeholders, including governments, civil society, academia, businesses, and financial partners on progress achieved in the fight against TB, saving an estimated 74 million lives globally between 2000 and 2021. He acknowledged TB continues to inflict immense suffering and claim significant number of lives, driven by persistent gaps in access to care, exacerbated by financial hardship, stigma and discrimination. Looking ahead, he underscored the importance of universal access to high-quality care, social protection, and research and innovation to accelerate progress towards ending TB.

H.E. Ms. Amina J. Mohammed, Deputy Secretary-General of the United Nations, saluted the progress in science and innovation that has transformed care for people with TB, particularly for people with drug-resistant forms of the disease. To fast-track progress, she underscored the importance of closing the profound gaps in access to care through adequate financing, and by

¹ The agenda can be accessed [here](#).

addressing both the health and social drivers of the disease, such as HIV, poverty and undernutrition, through multisectoral linkages. In the context of several important high-level events taking place in September she reaffirmed the clear linkages between health and other Sustainable Development Goals (SDGs), and specifically that efforts to end TB reduce inequities within and between countries, strengthen health systems, and thereby can serve as a foundation for pandemic preparedness and response.

WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, via video statement, highlighted the devastating impact of the COVID-19 pandemic on health services, that compounded with impacts of armed conflicts have reversed fragile gains made towards ending TB. To reverse this setback and accelerate progress, he called on world leaders to commit to reach, within the next five years, at least 90% of people who develop TB with quality assured treatment, while ensuring that all those treated were tested with WHO-recommended diagnostics and to ensure that at least 90% of people at high-risk of developing TB are provided with preventive treatment². He underscored the importance of comprehensively addressing the health and social drivers of the TB epidemic through universal access to health and social benefits packages, while strengthening the engagement of TB survivors, civil society and affected communities in the TB response, including through the WHO Civil-Society Task Force³. Finally, he stressed the importance of safe and effective new TB vaccines to fast-track progress. He reiterated WHO's ongoing efforts to establish a TB vaccine accelerator council and urged Member States to commit to license at least one new effective TB vaccine within the next five years.

H.E Mr. Inoyatov Amrillo Shodievich, Minister of Health of the Republic of Uzbekistan, highlighted the importance of global collective action to end the epidemic building on the 2018 political commitments. He underscored that TB remains as much a health as a development challenge that requires strong national response with engagement of high-level political leadership. Drawing on Uzbekistan's experience, he called for bold policies and programmatic actions to strengthen equitable access to high-quality WHO-recommended diagnostic tests, treatment and care, delivered to all people in need, free of stigma and discrimination.

Mr. Austin Arinze Obiefuna, Vice Chair of the Stop TB Partnership, introduced elements from the organization's "Key Asks from TB Stakeholders for the UN high level meeting in 2023"⁴, which includes reaching all people with or at-risk of TB with prevention, diagnosis, treatment, and care, in the wider context of people-centred, rights-based and inclusive response; accelerating research and development to address unmet needs of people with TB; adequately investing in the TB response; and prioritizing TB in relevant cross-cutting health agendas and processes such as UHC, PPPR and antimicrobial resistance. The role for civil society in holding governments accountable for their stances and promises was emphasized. In this context, he announced the publication of report entitled "A deadly divide: TB commitments vs. TB realities"⁵.

² World Health Organization Director-General Flagship Initiative to #ENDTB 2023-2027. See, <https://www.who.int/publications/m/item/who-director-general-flagship-initiative-to-enttb>

³ World Health Organization Civil Society Task Force on TB. See, <https://www.who.int/groups/civil-society-task-force-on-tb>

⁴ Key Asks from TB Stakeholders for the UN high level meeting in 2023. Stop TB Partnership. 2023. Geneva. See <https://www.stoptb.org/news/launched-key-asks-tb-stakeholders-un-high-level-meeting-tb>

⁵ A deadly divide: TB commitments VS. TB realities. Stop TB Partnership. 2023. See, <https://www.stoptb.org/communities-rights-and-gender-crg/deadly-divide-tb-commitments-vs-tb-realities>

Panel 1: Fast-tracking multisectoral and multistakeholder action to ensure universal access to equitable, high-quality, people-centered TB services

The first panel discussion was moderated by Ms. Thokozile Phiri, Malawi, a TB-HIV activist and Executive Director of FACT, Malawi. It featured the following panelists: Ms. Paran Sarimita Winarni, a TB survivor from Indonesia sharing her story of battling and surviving multi-drug resistant TB, and its long lasting social, economic and psychological impacts; Ms. Tina L. Campbell, Canada, Registered nurse and TB Advisor for the Northern Inter-Tribal Health Authority; Prof. Ibrahim Abubakar, UK, Dean, Faculty of Population Health Sciences University College-London and Mr. Choub Sok Chamreun, Cambodia, Head of KHANA.

Building on the progress made to date, drawing on the lessons learnt from the impact of the COVID-19 pandemic, and looking ahead to the second High-Level Meeting, panelists and stakeholders called for the following:

- Take urgent measures to close gaps in access to WHO recommended high-quality diagnostic tests and medicines for treatment and prevention, including for pregnant women and children, noting that they remain out of reach for millions worldwide for reasons including under resourcing of health systems and financial barriers to care. Member States can address these barriers in both low and high TB incidence countries by adequately financing the TB response, reducing the prices of healthcare commodities, strengthening collaboration between public, community and private health care providers and regularly soliciting feedback from communities and civil society.
- Improve health outcomes of people with TB by providing access to social, nutritional, and psychological support. Equitable, timely, affordable, rights-based, people-centered, and gender sensitive TB care must be delivered through multisectoral action: This must include social protection measures to address the drivers of the disease such as inadequate access to decent and affordable housing, and nutritious food.
- End inequities and discrimination against marginalized people, including but not limited to Indigenous Peoples, minorities, people who use drugs, miners, prisoners, migrants, and refugees. Health disparities in these populations have worsened due to disruptions to healthcare and socio-economic consequences of the COVID-19 pandemic.
- Given that TB is a global emergency and a global health security imperative, build an accountable, whole-of-government response to TB and support mechanisms where Member States are held accountable by civil society, while holding each other accountable in the context of their shared commitments on TB.
- Strengthen synergies across the HLMs of PPPR, TB, and UHC, to tackle the cross-cutting determinants of health inequities, recognizing that a strong TB response contributes to both the UHC agenda, and to pandemic preparedness and response.
- Partner with, and sustainably fund the meaningful engagement of civil society and representatives of TB-affected communities, in all aspects of the national TB response⁶,

⁶ Joint Statement WHO Director General and Civil Society Taskforce Joint Statement: <https://www.who.int/news/item/01-05-2023-who-director-general-and-civil-society-task-force-on-tb-release-joint-statement-on-key-priorities-in-the-lead-up-to-2nd-un-high-level-meeting-on-tb>

including with regard to decision making in TB policy and financing, service delivery, research planning and implementation, as well as in national TB accountability mechanisms, while also strengthening independent community-led monitoring systems.

At the end of the discussion, panelists highlighted the following key points for consideration by Member States:

- Ensure communities are at the center of decision-making in the fight against TB;
- Launch a multisectoral response to address TB, with engagement of civil society and TB-affected communities;
- Given that TB is preventable and curable, urgently end deaths from the disease by closing gaps in access to TB services, including for children;
- Support independent accountability and monitoring to motivate political leadership, action, and to track progress;
- Strengthen the synergies across the health agendas of UHC, PPPR and TB, particularly to address the drivers of health inequities.

Panel 2: Mobilizing adequate and sustainable financing to ramp up the TB response, and advance research and innovation

The panel was moderated by Prof. Harry Hausler, CEO of TB HIV Care, South Africa. The panel was opened by Ms. Olga Klimenko, a TB survivor from Ukraine who shared her journey of beating TB, and its social, economic and psychological consequences. She emphasised that timely, people-centred access to high-quality comprehensive TB services is integral to reduce illnesses and deaths, including during humanitarian emergencies such as the ongoing war in Ukraine. Panelists included: Dr. Nguyen Viet Hai, Viet Nam, TB Researcher; Dr. Özlem Türeci, Germany, Germany, Chief Medical Officer, BioNTech; Dr Ethel Maciel, Brazil, Secretary of Health, Brazilian Ministry of Health and Dr. Eliud Wandwalo, Switzerland, Head of Tuberculosis, Technical Advice and Partnerships Department, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

The 2018 political declaration on TB set bold and ambitious targets to increase financing for the TB response, as well as for TB research and innovation but those aspirations were largely not met, and domestic spending on TB services decreased during the pandemic. There is an urgent need to close funding gaps for TB response, research and innovation. Looking ahead to the high-level meeting, panelists and stakeholders called for the following:

- In the context of the International Covenant on Economic, Social and Cultural Rights, protect and fulfil the rights to the benefits of science, including by ensuring TB research and development efforts are needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity, and considered a shared responsibility.
- Increase investments for the TB response through collective action at both international and national levels to reach at least US \$ 22 billion a year ^{2,7} by 2027 to close gaps in access to TB care, recognizing that the cost of inaction could amount to US \$1 trillion globally by 2030. Investing in the TB response will help expand access to life-saving tools

⁷ See Global Plan to end TB (2023-2030)

such as WHO-recommended molecular diagnostic tests and short-duration all oral regimens to treat drug-resistant forms of TB, and TB preventive treatment, including for children and pregnant women, and will boost health systems, health workforce, and laboratory infrastructures, strengthening progress towards UHC and pandemic preparedness and response.

- Increase current levels of investment in TB research to reach at least US \$ 5 billion^{2,8} a year, through collective efforts, in order to:
 - address unmet needs of people with TB, including children, pregnant and lactating women, such as point of care tests, safer and more effective medicines and vaccines, integrating the expectations, needs, and values of civil society, including young people, into the research and development process.
 - develop evidence to guide multisectoral policies and actions, including through social science research, as well as operational, implementation and health system research that are responsive to the needs of people vulnerable to TB. Participants provided examples of consortia that are working to strengthen the evidence base for action, such as the BRICS TB research network.
- Ensure equitable and affordable access to the benefits of science, by putting in place policy of open data for publicly funded scientific research; promoting technology transfer; and ensuring disclosure of the costs of R&D, of prices of new medicines, tests and vaccines; and intellectual property conditionalities, to inform the policy dialogue on access.
- Strengthen the engagement of the private sector in research and development of, and affordable access to new TB tools, particularly novel effective vaccines by creating an enabling environment for research and development. This includes strengthening clinical trial capacity, ethics review processes and creating transparent and predictable regulatory systems. Partnership with other sectors, particularly with high-TB burden countries is essential to clarify demand for and ensure acceptance of new TB vaccines. Market incentives can facilitate the search for new TB vaccines.

At the end of the discussion, panelists highlighted the following key messages to Member States:

- Put in place mechanisms to ensure equitable global access, when financing research and development of new TB vaccines, and foster partnerships across sectors to fast-track progress;
- Enhance funding for TB research and strengthen the engagement of civil society in research and innovation, including young people;
- Increase funding for the TB response, including through innovative funding mechanisms, and work across sectors to reduce the prices of health commodities.

Closing Segment

Ms. Maurine Murenga, Kenya, TB/HIV survivor and Coordinator of TB Women, reminded participants of the impact of TB on people with HIV, drawing on her life experience, to ensure that the comprehensive needs of people with TB and HIV co-infection are considered in the political outcome document. She reshared the priorities in the “Key Asks” document.

H.E. Mr. Krzysztof Szczerski, Permanent Representative of the Republic of Poland to the United Nations, on behalf of the co-facilitators of the political declaration of the high-level

meeting, summarized key points from the hearing, including the call for equitable and affordable access to TB prevention, diagnosis, treatment and care for all people, eliminating stigma and discrimination, strengthening community participation, adequate funding for the TB response, research and innovation, including for the development of novel effective TB vaccines.