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Political Declaration
UN High-Level
Meeting on the fight
against tuberculosis

Abridged version of

The Political Declaration of the UN High-Level Meeting on the fight against tuberculosis

Adopted by the 78th session of the UN General Assembly
on 5th October 2023, Document: A/78/L.4

This is a shortened and simplified version of the original document which can be found at www.stoptb.org/unhlm

Please note:

- *For clarity, we included the numeric quantifiable targets right in the beginning.*
- *The paragraph references refer to the text location in the Political Declaration.*



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The Political Declaration of the UN High-Level Meeting on the fight against tuberculosis

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We, Heads of State and Government and representatives of States and Governments assembled at the United Nations on 22 September 2023 to reaffirm our commitment to end the tuberculosis epidemic by 2030 and make the following commitments:



NUMERIC TARGETS



Diagnosis, Treatment and Prevention

Pledge to accelerate progress towards timely, quality universal access to tuberculosis services as outlined in the End TB Strategy, such that, **by 2027**:

▶ at least 90% of people who develop tuberculosis are reached with quality assured diagnosis and treatment, with all those diagnosed having been initially tested with WHO-recommended rapid molecular tests, and supported to complete treatment, which translates to providing treatment for up to 45 million people between 2023 and 2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant tuberculosis;

▶ at least 90% of people at high-risk of developing tuberculosis are provided with preventive treatment, which translates to providing up to 45 million people with TB preventive treatment, including 30 million household contacts of people with tuberculosis, including children and 15 million people living with HIV, with the vision of reaching more people; and,

100% of people with tuberculosis have access to a health and social benefits package so they do not have to endure financial hardship because of their illness. *(paragraph 48)*



Financing TB response

Mobilize sufficient, adequate, predictable and sustainable financing from all sources for universal access to quality tuberculosis prevention, diagnosis, treatment and care, with the aim of reaching overall global investments of at least USD 22 billion a year by 2027, and USD 35 billion annually by 2030 as estimated by the Stop TB Partnership, by enhancing global solidarity, and through domestic and international investment mechanisms, including innovative financing mechanism, aligned with costed and budgeted national health plans and strategies to end tuberculosis in collaboration with WHO & the Global Fund to fight AIDS, Tuberculosis and Malaria. *(paragraph 62)*

Increase funding from the bilateral donors and financial mechanisms such as the Global Fund and financing institutions such as the World Bank and the Regional Development Banks, and private sector and innovative financing mechanisms including co-financing schemes and mobilize additional funding. *(paragraph 64)*

Mobilize adequate, predictable and sustainable financing for tuberculosis research and innovation especially to high burden countries towards reaching USD 5 billion a year by 2027, for the development of safe, effective, accessible and affordable rapid and accurate point of care diagnostics, including for drug susceptibility testing, for use in community settings; vaccines for all forms of tuberculosis for people of all ages; and shorter, safer and more effective treatment regimens, especially for drug-resistant tuberculosis, including child-friendly diagnostics and treatment, and for implementation science to facilitate the scaling of evidence-based interventions and

other newly approved technologies ensuring participation of institutions from all countries, particularly from developing countries, in tuberculosis research and innovation. *(paragraph 68)*



NON NUMERIC COMMITMENTS



National Strategic Plans

Develop and implement ambitious costed national tuberculosis strategic plans or national health strategies with multisectoral approaches, including with the active involvement of communities and people affected by tuberculosis, civil society, private sector and other stakeholders to enable universal access to quality tuberculosis services and actions to address all tuberculosis determinants, drivers and barriers. *(paragraph 44)*



Data – collection, reporting and surveillance

Strengthen notification of all people diagnosed with tuberculosis, by public, private and community-based health care providers to national health information systems, facilitated by the expanded use of secure, confidential and digital case-based surveillance, with full respect for human rights, to allow for tracking of the tuberculosis epidemic, and its impact, with disaggregation by age, sex, and other characteristics relevant to national contexts, and to strengthen national capacity for the use and analysis of such data, in-

cluding by improving real-time data collection and reporting. *(paragraph 47)*



Communities, Rights and Gender

Protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, and the right to enjoy the benefits of scientific progress and its application to advance towards universal access to quality, affordable, inclusive, equitable and timely prevention, diagnosis, treatment, care and awareness-raising related to tuberculosis, and address its economic and social determinants. *(paragraph 39)*

Strengthen comprehensive care for all people with tuberculosis, paying particular attention to people in vulnerable situations or are vulnerable to tuberculosis, including women during pregnancy, lactation, and post-partum period, children and adolescents, people living with HIV, persons with disabilities, including those with life-long disabilities due to tuberculosis, Indigenous Peoples, health-care workers, older persons, migrants, refugees, internally displaced people, people living in situations of complex emergencies, stateless persons, people in prison and other closed settings, people living in impoverished areas, people affected by extreme poverty, miners and others exposed to silica, undernourished people, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis. *(paragraph 51)*

Recognize the enormous economic and social impacts and burden of tuberculosis for people affected by the disease, their households, in particular, for migrants and hosting countries and in this respect highlights the need to provide support as well as technical and financial assistance, to host and transit countries for strengthening local and national infrastructures and health systems for

effective tuberculosis prevention, treatment and care, with a view to reducing the burden on health systems. *(paragraph 66)*

Intensify national efforts to create enabling legal and social policy frameworks to combat inequalities, in order to eliminate all forms of tuberculosis related stigma, discrimination, inequality and other barriers, including those negatively impacting human rights, and to adopt equitable, inclusive and gender-responsive approaches, as appropriate, to address barriers to tuberculosis services that reflect the different ways men and women can be affected by tuberculosis and achieve a more effective response and greater results, so that no one is left behind in the fight against tuberculosis. *(paragraph 77)*

Safeguard tuberculosis services as essential health services during humanitarian and health emergencies and in conflict settings, as these people may face heightened tuberculosis infection, risk of treatment interruption and limited access to quality health-care services, nutritious food and information that is language and culture sensitive. *(paragraph 80)*



Research and development

Create a research-enabling environment that expedites research innovation, and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research. *(paragraph 69)*

Create an enabling environment for tuberculosis research including operational and implementation research and innovation by developing and implementing sustainable and fully funded national tuberculosis research agendas and strategic plans in line

with national priorities, developing or strengthening public–private partnerships and product development partnerships in collaboration with affected communities and civil society particularly in high burden countries. *(paragraph 71)*

▶ Increase international cooperation to advance TB research and innovation, including by fostering, coordinating and funding collaborative research, supporting transparent and rapid reporting for clinical trials and their results, promoting data sharing, encouraging open innovation approaches, voluntary licensing and technology transfer on mutually agreed terms. *(paragraph 72)*

▶ Strengthening research capacity and collaboration through improving tuberculosis research platforms and networks across the public and private sectors, such as the BRICS Tuberculosis Research Network, including pre-clinical and clinical trials, as well as operational, qualitative and applied research. *(paragraph 73)*



Vaccines

Work with the private sector and academia, to 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, and establish sustainable systems for local, regional and global manufacturing and procurement and equitable distribution of vaccines once they are available, through global collaboration mechanisms, including the WHO Accelerator Council on TB Vaccines. *(paragraph 76)*



Improved access to drugs, diagnostics and new tools

Promote access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis; *(paragraph 57)*

Support building capacities, skills and expertise and developing local and regional manufacturing capacities for health tools in developing countries. *(paragraph 61)*

Increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the TRIPS Agreement and the Doha Declaration on TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products. *(paragraph 70)*

Promote equitable, affordable and timely access to the benefits of research and innovation, tuberculosis vaccines, medicines, including generic medicines, and diagnostics, and through appropriate governance structures that foster local and regional production capacity, research and innovation by rapid deployment of recently approved tools, diagnostics, new drugs, regimens, and methodologies, including through the Stop TB Partnership/Global Drug Facility, to ensure availability and access to quality-assured and affordable tuberculosis commodities. *(paragraph 74)*

Support existing initiatives and incentive mechanisms that separate the cost of investment in research and development from the

price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development. *(paragraph 75)*



Primary Health Care and Health System

Sensitization, teaching and training of health workers to consider tuberculosis in differential diagnosis, investing in a better public health infrastructure and workforce to improve prevention efforts. *(paragraph 45)*

Integrate within primary health care, including community-based health services, the systematic screening, prevention, treatment and care of TB and for related health conditions, using a people-centred, approach, to improve equitable access to quality, inclusive, affordable health services with effective referral systems to other levels of care. *(paragraph 49)*



TB/HIV

Strengthen coordination and collaboration between tuberculosis and HIV programmes, with the support of relevant United Nations entities and other stakeholders to ensure universal access to integrated prevention, diagnosis, treatment and care services, by promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, providing tuberculosis preventive treatment, and addressing structural barriers to health services, such as stigma, discrimination and gender inequality. *(paragraph 50)*



Anti-Microbial Resistance, Universal Health Care and Pandemic Preparedness

Accelerate progress to end the crisis of drug-resistant tuberculosis epidemic in the context of broader national, regional and global mechanisms to address antimicrobial resistance, by improving treatment adherence for people with drug-susceptible and drug resistant tuberculosis, with support of digital technologies, and universal access to drug susceptibility tests approved and recommended by WHO and national regulatory agencies and all-oral shorter-duration treatment regimens for people with drug-resistant tuberculosis, complemented by monitoring and management of side effects with care and support. *(paragraph 54)*

Strive to ensure tuberculosis services are essential elements of national and global strategies and efforts to achieve universal health coverage, to address antimicrobial resistance, and to strengthen pandemic prevention, preparedness, and response to ensure uninterrupted diagnosis, prevention, treatment, affordable and quality-assured antibiotics, surveillance and research-related activities ensuring that the fight against tuberculosis is not devalued as a result of health emergencies. *(paragraph 58)*

Invest in tuberculosis services and health workforce, support service providers, ensuring sufficient quantity, adequate levels of training and motivation, surveillance, information systems, laboratory capacity, community-based care, to consolidate and adopt existing laboratory capacities used during the COVID-19 pandemic to prevent, prepare, detect, report and respond to threats from future epidemics and pandemics and to avoid adverse impact of future pandemics on tuberculosis; *(paragraph 59)*



Accountability

Support the WHO Multisectoral Accountability Framework for tuberculosis by establishing or strengthening high-level multi-sectoral accountability and review mechanisms, in line with national contexts, with the meaningful engagement of people and communities affected by tuberculosis, and to strengthen national review of progress aligned to agreed national and global tuberculosis targets. *(paragraph 43)*

Request the Secretary-General, with the support of the World Health Organization, to report, as part of his annual SDG report, on the global effort to end TB, and to present to the General Assembly a report in 2027 on the progress achieved in realizing the commitments made in this Political Declaration towards agreed tuberculosis goals at the national, regional and global levels and the progress of multisectoral action, to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting on tuberculosis in 2028. *(paragraph 84)*

Strengthen the meaningful engagement of parliaments, civil society, the educational system and tuberculosis affected communities in all aspects of the tuberculosis response to be equitable, inclusive, people centered and promotes gender equality and respects human rights, with regard to policymaking forums, planning, comprehensive tuberculosis care delivery, and national multisectoral accountability and review mechanisms to increase and sustain investment in line with national contexts. *(paragraph 78)*

The Power of the Meeting again

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