

UNITED NATIONS HIGH-LEVEL MEETING ON TUBERCULOSIS

United to end tuberculosis: an urgent global response to a global epidemic

26 SEPTEMBER 2018, NEW YORK

The first ever United Nations High-Level Meeting (HLM) on Tuberculosis (TB) will convene in New York on 26 September. The theme is *United to end tuberculosis: an urgent global response to a global epidemic*. The meeting must generate action urgently needed to End TB. The Union is advocating for priority actions countries should implement.

Political commitment is critical

TB is not an epidemic doctors and nurses alone can end. We need action from political leaders. Member states should participate in the HLM at the highest political level. Heads of State are the only leaders who can mobilise action across multiple sectors.

It is in presidents' and prime ministers' best interest to act.

Fighting TB has economic benefits. TB usually afflicts people in their most economically productive years, reducing productivity and draining the economy. According to an analysis by KPMG, between 2015 and 2030 the global economy is poised to lose a trillion dollars—and 28 million people will die—from TB.¹

Drug-resistant TB is a crisis. With increasing resistance, we are witnessing the emergence of an incurable airborne disease. If nothing changes, 75 million people will die from drug-resistant TB over the next 35 years.²

About The Union

The International Union Against Tuberculosis and Lung disease (The Union) is the world's first global health organisation, founded in 1920. We are a global leader in ending TB, we fight the tobacco industry, and we solve key problems in treating major diseases. We use science to design the best treatments and policies for the most pressing public health challenges affecting people living in poverty around the world. The Union's members, staff and consultants operate in more than 150 countries and embody our core values of accountability, independence, quality and solidarity.

theunion.org

Key facts about TB

- TB is the world's leading infectious-disease killer. In 2016, an estimated 1.7 million people died from TB.
- Progress against TB has stalled. 10.4 million people became sick with TB in 2016—the same as 2015.
- The number of people affected by drug-resistant TB rose from 580,000 people in 2015 to 600,000 in 2016.
- TB afflicts one million children under the age of 15 each year. Of those, nearly one in four die. 90 percent of children who die from TB went untreated.
- An estimated 4 million people with TB are 'missing', meaning they are undiagnosed or their disease goes unreported.
- An extra US \$1.3 billion per year is required for the development of new tools.

The HLM will produce a political declaration on TB. The Union calls on UN member states to include the following commitments within the declaration:

REACH ALL PEOPLE BY CLOSING THE GAPS ON DIAGNOSIS, TREATMENT AND PREVENTION

- Treat a cumulative 40 million people by 2022—including 3.5 million children and 1.5 million people with drug-resistant TB.
- Diagnose and provide preventive therapy to a cumulative 80 million people by 2022—including nine million children exposed to TB.
- Implement National Strategic Plans designed and evaluated based on progress toward ending TB at the national level, with targets for testing, treatment and prevention.

INVEST THE FUNDS NECESSARY TO END TB

- Double current funding to \$13 billion to implement TB care and prevention.
- Close the US\$1.3 billion annual funding gap in TB research.

TRANSFORM THE TB RESPONSE TO BE EQUITABLE, RIGHTS-BASED, AND PEOPLE-CENTRED

- Enact and implement policies recognising people's right, including key populations, to know their TB status—whether active or latent TB—and to receive accessible, affordable and equitable access to care and services.
- Remove discriminatory laws against people with TB and promote rights-based laws, policies and practices that enable access to services. End TB-related stigma and discrimination, and prevent TB transmission in work places, schools and other congregant settings by 2020.
- Facilitate equitable access and universal uptake of new TB drugs, diagnostics and vaccines, ensuring that cost is not a barrier to access of quality diagnostics and treatments. Align and harmonise regulatory pathways to fast-track the uptake and implementation of new tools, including utilising TRIPS flexibilities where needed.
- It is an open secret that health systems neglect children and adolescents with TB. They should receive equal recognition in the HLM programme, political declaration and accountability framework.

ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

- Create a research-enabling environment that streamlines and expedites innovation and promotes international collaboration in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including:
 - A two month or less oral cure for TB and its drug-resistant forms before 2028.
 - One or more new or repurposed vaccines ready to enter the registration process for global use by 2025.
 - Affordable point-of-care TB diagnostics that can identify new infections and tests for drug resistance by 2025.
- Acknowledge TB innovation is a shared responsibility. Ensure R&D is needs-driven, evidence-based and guided by principles of affordability, efficiency, equity and collaboration. TB requires models of innovation that delink R&D costs from prices and volumes of sales to facilitate equitable and affordable access.

COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP, INCLUDING REGULAR UN REPORTING AND REVIEW

- Convene a follow-up UN High Level Meeting on TB in 2023 and every five years thereafter, until the End TB target is met, with the UN Secretary General delivering an annual report to Heads of State and Government at the UN General Assembly to review progress toward achieving political declaration commitments.
- Add TB as a regular item on the agenda of regional Heads of State and Government meetings and mechanisms from 2019 to analyse and review results and address gaps and challenges.
- Commit to evidence-based multisectoral actions to operationalise these commitments, involving all appropriate ministries.

¹ Price of a Pandemic. If the status quo continues, the global economic cost of TB will be US\$983 billion between 2015 and 2030.

² Price of a Pandemic 2016 report.

All figures quoted are for 2016 (unless stated otherwise) which are the latest recorded data. Figures quoted should be credited to: Global Tuberculosis Report 2017, pub. World Health Organization: <http://www.who.int/mediacentre/news/releases/2017/political-commitment-tb/en/>