UN High-Level Meeting on TB

Berlin, 18 May 2017
Lucica Ditiu and Greg Paton, Stop TB Partnership
What is a UN High-Level Meeting

• A UN ‘Special Session’ convened by UN General Assembly and governments on issues of global political importance

• Under leadership of Ministers of Foreign Affairs – represented by UN Ambassadors in New York
  • UN HLMs on health issues, MoH have significant input

• Usual result - a Political Declaration endorsed by Heads of State

• Five previous UN HLMs focused on health issues
UN HLMs on Health Issues

Non-communicable Diseases: Sept 2011 (15 HoS) - follow ups 2014, 2018
Ebola: Sept 2016,
AMR: Sept 2016 (8 HoS)
TB: 2018

• September – initial meeting
• June - reviews
UN HLM on TB Background

• Campaign Launched in September 2016 at Stop TB Partnership Board in New York

• Chair of Stop TB Board called for UN HLM on TB on the floor of the UNGA in Sept 2016

• Resolution for UN HLM on TB initiated by Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand

• **15 December 2016 Resolution:** “Decides to hold a high-level meeting in 2018 on the fight against tuberculosis, and requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard”
Key Influencers

- **Governments**: Ministers of Health, Ministers of Foreign Affairs, Ministers of Development, UN Ambassadors (Geneva and New York)
- **UN Leadership**: UN Secretary-General, WHO Director General
- **Key Groupings**: Global Health and Foreign and Policy, G77, G20, BRICS, Regional Groups
- **Civil Society**: Communities, People Affected by TB
- **Private Sector**
- **Private Foundations and HNWIs**
- **Co-facilitators**: Key role - ‘neutral’
UN High-Level Meeting
Formal Key Steps

• Appointment of Co-Facilitators
• Establishment of CSO Task Force and CSO Hearings
• Negotiations and agreement of Modalities Resolution
• National and Regional Consultations
• Zero Draft of Political Declaration
• Negotiations on Political Declaration
UN High-Level Meeting
STBP Key Steps

- Establishment of Coordinating Group to work with all and ensure strategic approach
- Ensure resources
  - Financial – fundraising ask and fundraising strategy
  - Human - presence in NY (high-level influencer, TB HLM coordinator, civil society liaison)
- Advocacy and Communication Strategy
- Development and Agreement of Targets and Asks
- Support establishment and function of CS Task Force
- Regional and Global Consultations
Modalities Resolution – STPB Priorities  
(to be finalized and agreed by January 2018)

- **Date:** September 2018
- **Length:** 1.5 days (previous HLMs 1.5 days)
- **Format:** Plenary Session with at least four roundtable sessions (two concurrently at a time)
- **Participation Level:** HoS, HoG, and Ministers
- **Opening Session:** to include PGA, UNSG, Key Note speaker – eminent personality and person Affected by TB, HoS or HoG
- **Strong Emphasis on CSO participation**
- **Agreement for UNSG to convene CSO Hearing by May 2018**
<table>
<thead>
<tr>
<th>Process Asks</th>
<th>Outcome Asks in PD</th>
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<tbody>
<tr>
<td>Coordinating Group of Partners with PGA and UNSG office participation</td>
<td>Set of high-level political and technical targets (2020 and 2025)</td>
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<td>National and Regional Multi-stakeholder Partner Consultations</td>
<td>Bi-annual Progress Report to UNGA</td>
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<td>Agreement to issue Outcomes Orientated Political Declaration endorsed by HoS/HoG</td>
<td>Accountability and M&amp;E mechanisms</td>
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<td>Strong Civil Society Involvement including:</td>
<td>Agreement on follow up in 4-5 years</td>
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<tr>
<td>• A Civil Society Taskforce under PGAs Office</td>
<td>Commitments on Human Rights, Gender, and Vulnerable Populations</td>
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<td>• Civil Society Consultation hosted by UNSG</td>
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<tr>
<td>• Inclusion of CSOs in govt delegations to UNHLM</td>
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<td>• Involvement of CSOs in accountability mechanism</td>
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### HLM on HIV/AIDS vs AMR

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<thead>
<tr>
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<th>2016 HLM on HIV/AIDS</th>
<th>2016 HLM on AMR</th>
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<tbody>
<tr>
<td>Declaration Length</td>
<td>26 pages</td>
<td>5 pages</td>
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<tr>
<td># of Targets</td>
<td>20 +</td>
<td>0</td>
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<tr>
<td>M&amp;E</td>
<td>Annual Report to UNGA by UNSG</td>
<td>Report to UNGA in 2018</td>
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<tr>
<td>Funding Targets</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>CSO Task Force and Hearings</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Agreement to Follow Up HLM</td>
<td>✓</td>
<td>✗</td>
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UN HLM on TB
STBP Initial Thinking on Targets

Epidemiology Targets
- By 2020, 10 million people diagnosed and treated for TB annually
- By 20xx, bending the curve to reduce annual deaths from TB to xx and reduce incidence to xx
- By 20xx, xx people receive preventive therapy annually
- By 2020, rapid molecular tests for diagnosis of TB available at the lowest level of the health system in all high burden countries
- By 20xx, a safe and effective TB vaccine and a 2-month treatment regimen available to xx%.

Financing Targets

Community, Rights and Gender Targets
## Timeline Scenario based on UN HLM on HIV/AIDS

<table>
<thead>
<tr>
<th>Event</th>
<th>UN HLM on HIV/AIDS June 2016</th>
<th>UN HLM on TB Date Scenario: September 2018</th>
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<tbody>
<tr>
<td>Appointment of Co-Facilitators</td>
<td>Nov 2016 (-7 months)</td>
<td>Dec 2017 (-9 months)</td>
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<tr>
<td>Agreement of Modalities Resolution</td>
<td>Dec 2016 (-6 months)</td>
<td>Jan 2018 (-7 months)</td>
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<tr>
<td>Regional Consultations</td>
<td>Q4 2015 – Q2 2016</td>
<td>Q3/4 2017-Q1 2018</td>
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<td>Release of Zero Draft</td>
<td>April 2017 (-2 months)</td>
<td>June 2018 (3 months)</td>
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<tr>
<td>Civil Society Hearing</td>
<td>April 2017 (-2 months)</td>
<td>May 2018 (-4 months)</td>
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Stop TB Initial Consultations on UN HLM on TB

- TB Populations Asia Pacific Meeting, Bangkok, Thailand, 3-5 April
- TB Champions from the Southeast Asia Region, New Delhi, India, 10-14 April
- MDR-TB Patient Support Services Meeting, Bangkok, Thailand, 20 Apr – 22 Apr
- GDF Annual Suppliers Meeting, Luang Prabang, Laos, 25-27 April
- Asia Regional Meeting on TB Data, Bangkok, Thailand, 27 Apr – 1st May
- TB REACH Grantees Meeting, Bangkok, 8-11 May
CSO Views on the HLM

“Governments should focus on community involvement and should listen to the community. If we want to end TB, we should invest more in communities. If we are not engaging the communities, we’re leaving them behind. But if we engage the communities more, we can achieve this. Only then we will be able to end TB.”

- Mona
Feed back received

General

• Cautious on impact of Declarations without clear follow up - Accountability
  • Analyze all previous declarations, plans, strategies on TB
• High level attendance - Heads of State/Governments is critical
• Need to engage all CSOs, vulnerable groups, civil society indigenous populations (not just ‘preferred’ groups)
• Civil society processes need to be organized early enough to feed into outcomes
• Get the right language already in the Zero Draft
Feedback received
Outcomes -1

• A set of short and medium term political targets
  • Clear, measurable, numeric
• Financial targets – not just more, but better use of funds
• Strong Human Rights, Vulnerable Populations language and clear commitments to invest in communities
• Systems that can reach, diagnose and treat all populations, including those who live in areas where health systems are weak
• Ensure access to diagnosis and medicines for everyone, including new tools, new regimens and drugs for all, including people in hard to reach areas
  • TRIPS and IP key to reduce cost barriers
• Universal coverage with high quality care
• Recognize medical approach is not working, need a paradigm shift as well as a comprehensive look at socio determinants of health
Outcomes – 2

- Increased and sustained funding for TB R&D
- Do not forget children - to have access to high quality diagnosis and medicines; ensure enough advocacy for tools for in children

GDF Suppliers

- Low level of awareness of UNHLM on TB
- Asks centered around procurement and supply:
  - Improve drug registration process (faster and more harmonized)
  - Responsible procurement (no treatment interruptions etc)
  - More focus on quality and production over price
  - Better data and forecasting to ensure appropriate demand
The HLM raise funds to end TB, and give the money to the right people who are doing the right jobs. Select people who are actually doing the work, instead of doing things randomly. It’s all very well to give money away, but to give money away intelligently I think is very different and makes much greater impact.

- Cedric
CSO Views on the HLM

“I think that people are good at making documents and declarations, the most important thing is what comes after that. We would like to see what will come after the HLM.”

- Lusiana
THANK YOU