UN HIGH-LEVEL MEETING ON TB KEY TARGETS & COMMITMENTS FOR 2022
1. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 40 million people with tuberculosis by 2022.

2. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 3.5 million children with tuberculosis by 2022.

3. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115,000 children with drug-resistant tuberculosis, by 2022.

4. COMMIT TO PREVENT TUBERCULOSIS for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.

5. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis reaching at least US$13 billion a year by 2022.

6. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D with the aim of increasing overall global investments to US$2 billion, in order to close the estimated US$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.

7. PROMOTE AND SUPPORT AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION, including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

8. COMMIT TO DELIVERING, AS SOON AS POSSIBLE, NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE, AVAILABLE VACCINES, point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis.


10. FURTHER REQUEST THE SECRETARY GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO PROVIDE A PROGRESS REPORT IN 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.
REACH ALL PEOPLE BY CLOSING THE GAPS ON TB DIAGNOSIS, TREATMENT AND PREVENTION 

P1: Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, notably through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV have preventive treatment by 2022. 

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

P2: Affirm that all these people (affected by TB) require integrated people-centred prevention, diagnosis, treatment, care and support, with attention to the side effects and care, as well as psychosocial, nutritional and socioeconomic support 

P3: In order to make the elimination of tuberculosis possible, prioritize, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica, the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities and people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders, and people who use tobacco, recognizing the higher prevalence of tuberculosis among men. 

P4: Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights. 

P5: Commit to promoting access to affordable medicines, including generic medicines, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2018 World Trade Organization Declaration on the TRIPS Agreement and Public Health. 

P25: Commit to preventing tuberculosis for those most at risk of failing ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV have preventive treatment by 2022. 

INVEST THE FUNDS NECESSARY TO END TB

P46: Commit to mobilize sufficient and sustainable financing for universal access to quality diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments in tuberculosis at least fourfold from 2015 to 2022. 

P47: Commit to enable timely and effective innovation of new tools for tuberculosis, and to accelerate development of essential new tools to end tuberculosis, as appropriate. 

P48: Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector. 

The full Declaration can be viewed here: https://bit.ly/2OtPnA
On 26 September 2018 at the UN General Assembly in New York, Member States held the first high-level meeting on TB, the world’s deadliest infectious disease. The meeting resulted in a political declaration endorsed by Heads of State and Government outlining the key commitments that must be met for the world to end the TB epidemic by 2030, as called for in the UN Sustainable Development Goals. In 2023 UN Member States will convene a follow-up high-level meeting for a comprehensive review of their progress.
It’s Time to play my part to achieve the targets in the UN Political Declaration on TB by 2022.

#EndTB

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