

# UNHLM ON TB KEY TARGETS FOR 2022



'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':



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 and AIDS, 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.

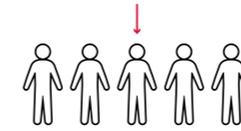
6. COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D**

with the aim of increasing overall global investments to \$2 billion, in order to close the estimated \$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.



7. 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.



8. 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.

Recognize the various socio-cultural 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.



9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO **CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK**

and ensure its timely implementation no later than 2019.



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.**

# UNHLM ON TB KEY COMMITMENTS

'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':

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

**P24:** 'Commit to provide 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 including 115,000 children with drug-resistant tuberculosis...'

**P25:** 'Commit to prevent tuberculosis for those most at risk of falling ill through the rapid scale-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 five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV and AIDS, receive preventive treatment by 2022...'

**P48:** 'Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in this political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic...'

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

**P14:** '...affirm that all these people [affected by TB] require integrated people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutrition and socioeconomic support for successful treatment including to reduce stigma and discrimination.'

**P17:** '...in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups as well as 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 and AIDS, people who use drugs particularly those who inject drugs, miners and others exposed to silica, urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, 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.'

**P18:** 'Recognize the various socio-

cultural 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.'

**P19:** 'Commit to promote access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including multidrug-resistant and extensively drug-resistant tuberculosis treatment, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health...'

**P25:** 'Commit to... enact measures to prevent tuberculosis transmission in work places, schools, transportation systems, incarceration systems, and other congregate settings.'

**P33:** 'Commit to develop community-based health services through approaches protecting and promoting equity, ethics, gender equality, and human rights in addressing tuberculosis...'

**P34:** 'Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage... such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and

In addition to the ten headline targets, these are some of the key commitments in the Political Declaration, grouped according to the **Key Asks** proposed by the TB community. The full Declaration can be viewed [here](#).



affordable prevention, diagnosis, treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public, community, including faith-based organizations, and private sector services.'

**P37:** 'Commit to... promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis...'

**P38:** 'Commit to provide special attention to the poor, those who are vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in planning, implementation, monitoring and evaluation of the tuberculosis response...'

## ACCELERATE DEVELOPMENT OF ESSENTIAL NEW TOOLS TO END TB

**P42:** 'Commit to advance research for basic science, public health research and development of innovative products and approaches... including towards 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...'

**P43:** 'Commit to create an environment conducive to research and development of new tools for tuberculosis and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration...'

**P45:** 'Promote tuberculosis research and development efforts aiming to be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency, and equity, and should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and for MDR TB continue to support existing voluntary 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.'

## INVEST THE FUNDS NECESSARY TO END TB

**P46:** '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...'

**P47:** 'Commit to mobilize sufficient and sustainable financing, 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...'

## COMMIT TO DECISIVE AND ACCOUNTABLE GLOBAL LEADERSHIP

**P48:** 'Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in this 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...'

**P49:** 'Request the Director-General of the WHO to continue to develop the Multisectoral Accountability Framework in line with WHA Resolution 71.3 and ensure its timely implementation no later than 2019.'

**P53:** 'Further request the Secretary General, with the support of the WHO, to provide a progress report in 2020 on global and national progress, across sectors... which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high level meeting in 2023.'