Interactive multistakeholder hearing as part of the preparatory process toward High-level meeting on the fight against tuberculosis

Trusteeship Council Chamber
United Nations Headquarters, New York
8 May 2023, 3.00 pm – 6.00 pm

CONCEPT NOTE

I. Background

Pursuant to UN General Assembly resolutions 73/3 and 77/274, a second UN high-level meeting on fight against tuberculosis (TB) will be convened on 22 September 2023 on the theme of “Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular, by ensuring equitable access to prevention, testing, treatment and care”.

The high-level meeting is aimed to undertake a comprehensive review on the achievement of agreed tuberculosis goals at national, regional and global levels in the 2018 Political Declaration, and to identify gaps and solutions to accelerate progress towards ending the epidemic by 2030. In this regard, The President of the General Assembly will convene an interactive multi-stakeholder hearing, in accordance with paragraph 6 of General Assembly resolution 77/274, to ensure an active engagement of multi-stakeholders in preparation for the high-level meeting, with support from the World Health Organization (WHO) and the Stop TB Partnership.

TB remains one of the world’s leading infectious disease killers. The latest Global TB Report estimates that 1.6 million people died in 2021 alone and close to 10.6 million people fell sick with the disease. It is now the leading cause of death of people with HIV and a major contributor of antimicrobial resistance related deaths.

The 2018 Political Declaration, adopted by world leaders, included ambitious and comprehensive time bound targets and actions to enhance universal access to TB services, protect and promote human rights and dignity, address the economic and social determinants, reaching those who are vulnerable, accelerate research and innovation and mobilize sufficient and sustainable resources to support these endeavours. Progress has been made in key areas, such as expansion of multisectoral collaboration approaches, and the availability of novel and more effective WHO-recommended prevention, diagnostics and treatment options and improved community-based care. Provision of TB services is estimated to have saved 74 million lives since 2000. However, the COVID-19 pandemic has reversed progress in recent years, causing hundreds of thousands of excess TB illnesses and deaths. Today, one in two people with TB and their households face catastrophic costs because of this illness.

With universal access to health care, almost everyone who develops TB can be successfully treated and preventive treatment can be offered to those most at risk. Multisectoral action is needed to eliminate the economic distress, vulnerability, marginalization, stigma and discrimination often faced by those affected by TB. Such cooperation would effectively drive down the number of people developing TB infection and disease by addressing determinants such as poverty, undernutrition, the prevalence of HIV infection, diabetes, mental health and smoking. Research breakthroughs, such as a new vaccine, are needed to rapidly reduce TB incidence.
worldwide to the levels already achieved in countries that have a low burden of TB incidence, as articulated in the global strategy for TB research and innovation. Building on the 2018 Political Declaration, world leaders have a unique opportunity to reverse the current and long-term impact of the COVID-19 pandemic on the TB response and accelerate progress towards the goals and targets of WHO’s End TB Strategy.

To ensure synergies across the three health-related processes of the General Assembly, the multistakeholder hearings as part of the preparatory process of the High-level meetings on pandemic prevention, preparedness and response and on universal health coverage will be convened back-to-back with the multistakeholder hearing on the fight against tuberculosis. Ensuring coherence across the three High-level meetings is a priority for the President of the General Assembly and the co-facilitators of the three health-related processes, in line with the statements made by Member States during consultations.

III. Objective

The hearing will provide an opportunity for all relevant stakeholders to contribute to the ongoing preparatory process for the High-level meeting, with a focus on the current state of efforts and top needs to accelerate the TB response. Participants will be encouraged to exchange views on key priorities for the High-level meeting, while underscoring experiences and best practices on the ground, highlighting the special challenges faced by civil society and other relevant stakeholders working in the field and the need for stronger accountability at all levels. The hearing is meant to contribute to the creation of a common knowledge base among Member States and stakeholders that can inform science-driven decision making by the General Assembly.

III. Participants

The hearing will bring together representatives of the Member States, observers of the General Assembly, parliamentarians, representative of local government, relevant UN entities, major global health donors for tuberculosis, non-governmental organizations in consultative status with the Economic and Social Council, invited civil society organizations, academia, medical associations and the private sector, as well as populations and communities vulnerable to TB, representative organizations of people living with, at risk of, and affected by TB and HIV coinfection, people affected by tuberculosis and broader communities. This includes ensuring the participation and voices of women, girls and Indigenous Peoples.

There will be no preestablished list of speakers and participants will be invited to indicate their interest to intervene during the panels. The hearing will be webcast on UN WebTV.

IV. Format

The half-day interactive hearing will be divided into an opening segment, two interactive panel discussions and a closing segment. The two panels will feature up to four to five speakers, including survivors of, and people affected by TB, taking into consideration diverse backgrounds and gender balance.

Each panel will be opened by a member of the affected community sharing their story, underpinning the theme of the specific session.

Panel 1: Fast-tracking multisectoral and multistakeholder action to ensure universal access to equitable, high-quality, people-centered TB services.
The prioritization of TB in the agenda of Heads of State and other leaders provides strong impetus to step up progress against this ancient disease, in collaboration with sectors beyond health. Given that TB is mainly driven by social and economic determinants, multisectoral engagement is critical to develop a comprehensive response to end TB and ensure universal access to TB prevention and care for those affected. This is critical now more than ever in the face of the COVID-19 pandemic coupled with interlocking crises such as armed conflict, increasing food insecurity, and political and socioeconomic instability, that has reversed years of progress made in the fight against TB.

Based on the request from Member States in the 2018 Political Declaration, WHO developed and released the Multisectoral Accountability Framework to end TB (MAF-TB) in 2019. This framework has been widely adopted and implemented by countries to enable the effective engagement across sectors to ensure access to equitable and affordable TB prevention and care for those affected and to strengthen accountability of governments and all stakeholders, towards reaching End TB commitments and targets. The panel will discuss how to transform the global response, ensuring all sectors are engaged in order to ensure everyone has affordable access to quality TB prevention, diagnosis, treatment, and care. The need for meaningful engagement of civil society, affected people and communities, to ensure a rights-based, person-centered model for TB care and prevention will be emphasized.

Guiding questions for panel 1:

i) How can we strengthen partnerships across sectors to streamline a comprehensive response to the TB epidemic, for example, between private, public sectors in health, or between health and non-health sectors?

ii) What are some of the key strategies to ensure meaningful and active engagement of civil society by governments to drive an effective, person-centred national TB response?

iii) Considering TB treatment coverage is woefully inadequate (61%), how can we improve access to WHO-recommended rapid diagnosis to ensure all people with TB are diagnosed and timely provided WHO-recommended treatment?

iv) What are some of the lessons learnt from the response to the COVID-19 pandemic, which can be used to strengthen and transform the TB response to be resilient and resistant to shocks?

v) In the context of the planned mid-review progress of the 2030 Agenda in 2023, what are your reflections on ways the response to TB can be strengthened to leave no one behind?

Panel 2: Mobilizing adequate and sustainable financing to ramp up the TB response, and advance research and innovation.

There is an urgent need for increased domestic and international investments to close funding gaps for TB response, research and innovation, if we hope to end TB by 2030. Current investments in TB are less than half of the $13 billion annual target set in the 2018 Political Declaration. In 2020 and 2021, global spending on TB services decreased compared to pre-pandemic levels. While all countries should increase domestic financing, those with weaker economies that have inadequate fiscal capacity to expand public financing, especially following the enormous socioeconomic impacts of COVID-19, will require international support in the short or medium term. Other existing and new financing mechanisms will need to be leveraged to accelerate progress.

Research and innovation are also needed to develop new approaches to tackling TB, and to address the public health crisis of antimicrobial resistance. The fight against TB will require affordable rapid point of care diagnostics; more effective, more affordable and safer treatment
regimens, particularly for drug-resistant TB; innovative strategies, as well as new TB vaccines. Safe vaccines that are effective in significantly reducing disease incidence are particularly key to rapidly reduce mortality. This panel will focus on how to fill funding gaps for TB care and prevention, and for TB research and innovation, as well as on how to build support for investment for dramatically underfunded health systems.

**Guiding questions for panel 2:**

i) What are some innovative ways to sustainably address the persistent chronic underfunding for the TB response, including for health workforce both at domestic and international levels?

ii) What are the key factors for change, in policy and leadership to enable increased and sustained financing for community engagement and community led response?

iii) What are some ways to boost national and international financing required to fast-track the development of rapid tests that can be used at the point of care in community setting, safer and more effective drugs and treatment regimens and other technologies?

iv) How can we rapidly boost financing to strengthen the search for safe and effective vaccines, drawing on platforms and lessons learned from the development of vaccines against SARS-CoV-2?

**VI. Outcome**

The President of the General Assembly will prepare a summary of the hearing prior to the high-level meeting.