



TBHLM CIVIL SOCIETY AND COMMUNITY ENGAGEMENT HUB

POLITICAL DECLARATION ANALYSIS & READING COMPANION

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KEY ASKS FROM TB STAKEHOLDERS FOR #2023TBHLM

This analysis was completed by Robyn Waite on August 9, 2023. Feedback, comments and reactions are warmly welcomed. Do not hesitate to reach out via email to robynchristinewaite@gmail.com/ privanka.tbhlm@gmail.com



Traffic Light Scoring Key:

Bright Green = Secured

Soft Green = Mostly Secured

Yellow = Somewhat or Sort of Secured

Soft Red = Not Explicitly Secured but Some Aligned Content

Bright Red = Not Secured

Key Ask #	Key Ask Language	Secured in Political Declaration Score	Reference Para in PD	Supporting Comments
1. Reach all people affected by tuberculosis (TB) with prevention, diagnosis, treatment, and care by implementing evidence-based and quality interventions and tools as per the latest international guidelines				
1.1	Commit to develop and implement ambitious National Strategic Plans (NSPs) with bold actions and targets to achieve the SDG target of ending TB by 2030.	Secured	44	No reference to SDGs
1.2	Commit to find, diagnose early, and treat 40 million people with TB (equivalent to over 90% of people developing TB) using screening approaches, modern diagnostics, and short treatment regimen, including 1.7 million people with drug-resistant tuberculosis (DR-TB) and 3.5 million children with TB and 115,000 children with DR-TB.	Somewhat or sort of secured	48 a)	No specificity on WHO recommended short treatment regimens; no mention of or target for with children with DR-TB; "up to" language, which makes targets ceilings and not floors; DR-TB target is less than our ask of 1.7 million
1.3	Commit to comprehensively address the management of TB in children, adolescents, and those who are pregnant or lactating, and ensure specific models of care and investments in children's needs.	Mostly secured	51	No reference to specific investments.

1.4	Commit to ensure that more than 90% of pulmonary TB is diagnosed with rapid molecular tests by providing universal access to WHO-recommended rapid molecular tests as the initial diagnostic test for TB.	Secured	48 a)	
1.5	Commit that more than 90% of bacteriologically confirmed TB have rapid drug susceptibility test (DST) results for first- and second-line TB drugs, at or before treatment initiation to address all forms of drug resistant TB and contribute to reducing the burden of antimicrobial resistance (AMR).	Somewhat or sort of secured	54	No 90% target included and reference to "universal access" is in the context of "work towards" with no target date.
1.6	Commit to diagnose TB as early as possible by reaching all vulnerable and at-risk populations including contacts of people with TB, using modern tools, such as screening with artificial intelligence enabled X-rays.	Somewhat or sort of secured	39, 40, 42, 50, 53, 54	Lots of references to "universal access" and "closing diagnosis gaps" throughout PD but no explicit reference to "for KVPs" and no reference to modern tools like AI Xrays
1.7	Commit to ensure universal access to the best available effective, evidence-based and quality interventions and tools as per the latest international guidelines, such as, by 2024 one-month/once-weekly TB prevention, fourmonth drug-susceptible TB treatment regimens for adults and children, and six-month regimens for DR-TB	Not secured		Who recommended is explicit and there is no time on the indication to "work towards universal access". This only refers to DR-TB.
1.8	Commit to prevent TB for those most at risk so that at least 35 million people (equivalent to more than 90% of those eligible) receive TB preventive treatment (TPT), ensuring universal access to TB infection testing where needed and with new, effective short-course drugs and regimens, including for: 21 million contacts of people with TB who are five years or older including pregnant and lactating people, 8 million under-five child contacts and 6 million people living with HIV, adults as well as children.	Mostly secured	48 b)	no target specific to reaching children under five; reference to ensuring universal access to TB infection testing and short course regimens. Reference to WHO guidance is there but language isn't explicit enough, stating that member states with "take guidance into account", which does indicate a commitment to compliance with; "household" contacts is specified, which narrows reach of total contacts

1.9	Commit to ensure that all eligible people with TB have access to health and social benefits packages; strengthen financial and social protection beyond the health sector to alleviate the health and non-health related financial burden of TB	Secured	80	
1.1	Commit to invest in ensuring appropriate numbers and distribution of trained human resources for health, across the cascade of TB care, contact investigation and prevention, including community health workers, nurses, doctors, social workers, laboratory technicians, radiologists and pharmacists. All community health workers and volunteers working on TB should be empowered, trained, paid and accountable to the people they serve.	Mostly secured	45 , 59 & 78	No reference to volunteer community health workers
1.11	Commit to modernize and improve TB care as well as to introduce, adopt and scale-up innovative technology, including digital health technologies, to facilitate universal access to decentralized, integrated and people-centered care	Secured	66 & 67	no references to modernization; in addition to these two instances there are numerous references to new regimens and diagnostics being scaled up throughout the PD.
1.12	Commit to improve real-time data collection, analysis, reporting and automation, including by the use of advanced technologies like predictive analytics and AI/ machine learning, to support evidence-based decisionmaking, effective program implementation and improved health outcomes for people affected by TB.	Mostly secured	47	no mention of using advanced technologies
1.13	Commit to accelerate actions on addressing social determinants, key vulnerabilities and factors associated with TB, such as mental health, nutrition, diabetes, smoking, poverty, climate and environment.	Somewhat or sort of secured	39 , 44 , 49 , 72	No commitment to accelerated action (just action). Climate is missing, note that climate related action was previously minorly visible in OP12ter from July 7th PD version but is no longer present

2. Ensure all national TB responses are equitable, inclusive, gender-sensitive, rights-based and people-centered				
2.1	Commit to ensure that the respect, protection and fulfilment of human rights and attention to gender guide the TB response and form the foundation of NSPs, with people affected by TB and civil society able to meaningfully engage and be consulted on the creation of NSPs.	Mostly secured	Many, notable 44 , 47 , 50 , 52 , 76 , 77 , 81 ,	Numerous CRG based commitments throughout OPs, however no explicit commitment to this "forming the foundation" of NSPs.
2.2	Commit that by 2025 all high-burden countries fund, implement and monitor NSPs that include: TB Community Rights and Gender (CRG) costed Action Plans developed based on CRG Assessments; Real-time TB community-led monitoring of access to services, quality of services, stigma and other human rights-related barriers; At least five TB key and vulnerable populations relevant to each country context that are prioritized, have size estimations completed, are included in TB surveillance and TB programming and provided with differentiated approaches to meet their needs.	Not secured		No commitments to CRG costed action plans; no explicit commitment to community led monitoring (see 43) and the weak reference to community led monitoring (maybe) in point 77 with "national multisectoral accountability and review mechanisms as appropriate"
2.3	Commit to eliminate TB-related stigma through funding, implementing and monitoring stigma reduction plans based on measuring stigma and discrimination (including self-stigma, stigma in communities and stigma in health care settings), as part of the national CRG Action Plans, including relating to discriminatory laws and policies	Not secured	N/A	No commitments to stigma reduction plans or stigma measuring
2.4	By 2025, commit to strengthen national networks of TB survivors, their families, key and vulnerable populations and civil society (including National Stop TB Partnerships, where applicable) and fully fund them to ensure meaningful engagement in all parts of the TB response and research, including planning, implementation, monitoring, review and governance,	Not secured	77	There are very few explicit references to survivors throughout the PD; there is no commitment to strengthen networks of survivors and affected communities; point 77 has a commitment to

	both in service delivery and also with regard to demand generation, law and policy reform and social accountability.			"increase and sustain investments for initiatives in particular at the community level"
2.5	Commit to strengthen financial and social protections beyond the health sector for people affected by TB and alleviate the health and nonhealth related financial burden of TB experienced by affected people and their families.	Secured	51 , 80	OP11bis From July 7 version is no longer included, meaning this commitment is gone - Commit further to enable child-friendly policies and an integrated family-oriented approach to tuberculosis care and services, address the vulnerabilities faced by children affected by tuberculosis, support their caregivers, in particular women and older persons, and provide related social protection; (source: based on para 28 of 73/3, omitting elements already covered by OP11)

3. Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies geared to the needs of the most neglected, key and vulnerable populations

3.1	Commit to create a research-enabling environment that streamlines and expedites research and innovation and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research, including: shorter and more acceptable treatment regimen with less side effects for TB, DR-TB and TPT, applicable to all including adults, children, adolescents and those who are pregnant or lactating; affordable non-sputum-based point-of-care TB diagnostics that can identify early TB disease, including in children, new rapid molecular tests, chest	Somewhat or sort of secured	67 , 68 , 75	no mention of shorter regimens for TPT; no reference to for all including adults, children, adolescents, and those who are pregnant and lactating; no explicit reference to non-sputum based, rapid molecular, chest imaging, genome sequencing, or other purposeful tools; no commitment to have a vaccine ready for registration process for global use by 2025.
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	imaging and userfriendly genome sequencing technology for drug resistance, tools to monitor response to treatment (e.g., biomarkers), and tools to predict unfavorable treatment outcomes; and One or more new or repurposed vaccines, based on existing science and/or recent technological advances, ready to enter the registration process for global use by 2025, and systems in place to provide access to all in need.			
3.2	Strengthen capacity for TB R&D to accelerate the development of and access to new tools, including vaccines, drugs and diagnostics, and increase country resilience to respond rapidly to new and emerging infectious diseases.	Secured	66 , 67 , 68 , 70 , 72	evident in a number of points
3.3	Acknowledging that drug-resistant TB currently accounts for a large proportion of AMR-related deaths globally, commit to develop innovative solutions to DR-TB, to alleviate human suffering, counteract AMR, and strengthen global health security.	Secured	54 , 55 , 56	
3.4	Commit to promote voluntary open data sharing by strengthening well-resourced national opendata initiatives for TB research to contribute to global data-sharing mechanisms in a timely and consistent manner to guide global policy decision-making processes and development of new tools for TB.	Somewhat or sort of secured	71 , 55	commitment to promoting open data sharing but no indications of how
3.5	Commit to ensure that TB research and development incorporates access conditionalities across the R&D continuum and is needs-driven, rights-based, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity as a shared responsibility, such that	Somewhat or sort of secured	69 , 71 , 73	No explicit commitment to "access conditionalities"; omission of inclusion of "rights based"

	TB-related products are able to reach the people who need them most, including where applicable via technology transfer			
3.6	Commit to require access conditionalities for publicly funded research and ensure that rewards for innovation are independent from rights to market exclusivity, in cases where market incentives have not delivered satisfactory results, so that research and development costs are delinked from the final prices of health products and the benefits of scientific progress against TB can be enjoyed by all.	Half secured (half not secured is significant though)	74	No commitment to require access conditionalities with publicly funded research
3.7	Commit to support and establish public-private partnerships to end TB with a focus on developing innovative and accessible products and solutions; partnerships with public funding must include terms and conditions to ensure access to publicly funded innovations.	Half secured (half not secured is significant though)	70	No commitment to public funding coming with terms and conditions to ensure access

4. Invest the funds necessary to End TB

4.1	Commit to mobilize sufficient and sustainable financing from domestic and external sources for scaling up quality prevention, diagnosis, treatment and care of TB, with the aim of reaching US\$22 billion a year by 2026 and US\$35 billion annually by 2030 at the global level.	Secured	62	22 and 35 billion time bound targets secured
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4.1 (sub)	Commit to secure funding for low- and lower middle income countries from domestic and external sources with the aim of reaching US\$15 billion a year by 2026 and US\$21 billion annually by 2030.	Not secured	N/A	specificity for LIC and LMICs not secured.
4.2	Commit to mobilize US\$5 billion a year for TB R&D, including US\$2 billion for drugs, US\$1 billion for diagnostics, and US \$1 billion for TB vaccines.	Secured (but lacking specificity across innovations)	67	5 billion secured, no specificity of funding across innovations
4.2 (sub)	US\$13 billion should be made available annually to vaccinate people with new vaccines once they are available and conduct necessary implementation research.	Not secured	N/A	
4.2 (sub)	Ensure that all countries contribute their fair share to financing TB research and development.	Not secured	N/A	
4.3	Recognizing the huge funding gap for universal access to TB prevention, diagnosis, treatment and care (only US\$5 billion in 2021, out of a target of US\$13 billion), and for TB R&D (US\$1 billion was available in 2021, out of a target of US\$2 billion) commit to: Increase substantially domestic financing for TB, including via health insurance, and social protection. Ensure that essential TB interventions are explicitly included in packages of essential health services ('basic packages') that are accessible to all people in need and covered by the state under health financing and insurance schemes; Ensure funding for full access and coverage of services	somewhat or sort of secured (could refine and break down	63 , 65 , 71 , 73 , 75 , 80 ,	no mention of increased resources via insurance and health financing schemes; commitment to strengthen social protection; no ref to funding for full access or integration of responses; R&D funding noted above but no ref to funding candidate tools, although point 73 commits to advancing R&D with funding; commitment to equitable accessible and affordable vaccines + funding for vaccines, also ref to World Health

	for key and vulnerable populations, and provide for sound integration of these responses with national health systems and community systems; Ensure resources are available to advance efficiently candidate tools/technologies for TB diagnosis, treatment and prevention through different phases of R&D without delays; Increase funding for research and development of one or more new or repurposed TB vaccines, including by an explicit pool of funds , and ensure universal access to these vaccine(s). Prioritize advancing late-stage development of TB vaccines candidates, given the promising science and projected public health and economic benefits; Increase funding from the bilateral donors and financial institutions such as the Global Fund, the World Bank and the Regional Development Banks, and, private sector and innovative financing mechanisms including co-financing schemes and debt swaps/debt forgiveness and mobilize additional funding via a new global funding mechanism.	score by sub asks)		Organization initiatives such as the accelerator council for new tuberculosis vaccines which could turn into a pooled mechanisms...but no explicit ref to pooled funds and prioritize late stage candidates; commitments to innovative financing and increasing funding from existing mechanisms, no mention of debt swaps or a new mechanism
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5. Prioritize TB across systems for health: Universal Health Coverage(UHC), Primary Health Care (PHC), Pandemic Prevention, Preparedness and Response (PPPR), and Antimicrobial Resistance (AMR)				
5.1	Commit to include TB as a centerpiece in national pandemic preparedness and response agendas, infectious disease response platforms and multi-disease decentralized diagnostic networks that can rapidly detect TB, its drug-resistant forms along with other diseases, as a foundation for preparedness and response to new outbreaks while closing long-standing access gaps	Mostly secured	58 , 59	language is to strive to ensure TB services are essential elements (not an explicit commitment), commitment to use COVID19 diagnostic capacity to strengthen global health capacities; no ref to infectious disease response platforms and multi-disease decentralized diagnostic networks that can rapidly detect TB, its drug-resistant forms along with other diseases

5.2	Commit to formulate plans to ensure the uninterrupted diagnosis, prevention, treatment and research-related activities of TB during outbreaks of other diseases, as well as in other situations of crisis and state fragility.	Somewhat or sort of secured	58 , 59	language is to "strive to" ensure uninterrupted diagnosis, prevention, treatment, affordable and quality-assured antibiotics (no explicit commitment), 59 includes a commitment to invest and strengthen the TB response and to avoid adverse impact from future pandemics but no explicit ref to making plans for this
5.3	Commit to integrate airborne infection prevention and control (IPC) into wider infection prevention and control policies and procedures, based on the experience and expertise of TB programmes.	Not secured		
5.4	Commit to engage all care providers in efforts to end TB including private and informal sector providers.	Somewhat or sort of secured	45 , 46 , 47	Inferred but not explicitly committed to throughout the PD; No references to informal providers anywhere in PD.
5.5	Commit to integrate TB services as an essential component of UHC and PHC as the goals of UHC cannot be achieved without universal access to TB prevention and care.	Mostly secured	58 , 81	language is to "Strive to ensure tuberculosis services are essential elements of national and global strategies and efforts to achieve universal health coverage" + ask of WHO to support making TB an integral part of the UHC agenda
5.6	Commit to increased harmonization of regulatory policies and reduce market barriers to the efficient and sustainable import and use of new and existing products related to the diagnosis and treatment of TB as well as clinical research related specimens, including addressing customs duties and taxes for products for use in both public and private sectors and	Somewhat or sort of secured	70	no explicit reference to harmonizing policies or addressing customs duties and taxes for products, nor cost free pathways, language is softer but aligned to sentiment of ask

	developing expedited and cost-free pathways for any required approvals, registrations and certifications related to their import and use.			
5.7	Commit to focus on building capacity within primary health care systems to address co-morbidities associated with TB, mental health and post-TB health needs.	Secured	49 & 53	
5.8	Commit to end the global public health crisis of DR-TB through actions for prevention, diagnosis, treatment and care, including compliance with stewardship programmes to address the development of drug resistance, including country-level stewardship and leadership on providing access to new tools for DR-TB, a secured quality-assured TB drug supply chain, drug resistance surveillance and treatment safety monitoring.	Secured	54 & 55	
5.9	Commit to include TB as a tracer indicator in global and national UHC, PHC and AMR strategies, since progress on TB and TB R&D is a critical indicator of progress on UHC, PHC and AMR	Not secured		

6. Ensure decisive and accountable global, regional and national leadership, including regular UN reporting and Review				
6.1	Commit to convene a follow up UN High-Level Meeting on TB in 2028	Secured	83	
6.2	Request the UN Secretary-General to issue a publicly available (annual) report, including TBrelated funding from bilateral donors, the Global Fund and the multilateral development banks, to Heads of State and	Mostly secured	83	doesn't specify reporting on funding by source though

	Government at the UN General Assembly, to review progress towards ending TB, as part of the existing monitoring of Sustainable Development Goal (SDG) target 3.3.			
6.3	Commit to monitor investments in TB R&D, including the fair share targets of Member States, through a robust accountability mechanism.	Not secured		No reference to fair share funding targets in the PD
6.4	Commit to translate the 2023 UNHLM global targets and commitments into national level targets and adopt them within national frameworks and legislation, and further support the achievement of these targets and commitments by integrating them within ambitious National TB Strategic Plans, implementation and financing plans, and monitoring and evaluation frameworks	Somewhat at or sort of secured	43, 82	language is different but this can be pretty well fully inferred in points 43 and 82. there is however no explicit link to incorporating into NSPs, focus seems to be on global entity level adoption.
6.5	Commit to implement a national annual high-level review on the progress to end TB, including the implementation of latest WHO and international recommendations, under the leadership of the Head of State or Head of Government, as well as regular review of progress on TB in parliaments	Not explicitly secured (some aligned content though)	43	43 does however make a commitment to "strengthen national review of progress"
6.6	Commit to ensure that TB-affected communities and civil society, supported by national networks, are included in national governance mechanisms for TB, TB/HIV and PPR, including Country Coordinating Mechanisms where appropriate.	Not explicitly secured (some aligned)	43	Not explicitly secured, although lots of language throughout the PD supporting inclusion of community in processes (e.g. see 43 language "with meaningful engagement of people and communities affected by TB).

		content though)		
6.7	Commit to implementing the National Multistakeholder Accountability Frameworks (MAFTBs) which are publicly accessible and included in a WHO maintained public register of all completed MAFs.	Not explicitly secured (some aligned content though)	43	43 does however make a commitment to "strengthen national review of progress"; No reference to national MAFs, nor them being publicly available in a WHO database
6.8	Commit to support development of Community and TB survivor-led reports in 2025 and 2027 to form part of the basis to measure achievements against commitments made in the Political Declaration.	Not secured		
6.9	Agree to develop and publish country annual reports on progress towards the commitments in the Political Declaration	Not secured		

Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis

“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”

We, Heads of State and Government and representatives of States and Governments assembled at the United Nations on 22 September 2023 to reaffirm our commitment to end the tuberculosis epidemic by 2030, and review progress achieved in realizing the 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis, deeply concerned that some of the global targets set at the UN high-level meeting might not be reached, alarmed by the adverse impact of the COVID-19 pandemic on access to diagnosis and treatment for people affected by tuberculosis, resulting in increases in illness and deaths, and the persistent crisis of drug-resistant and multidrug-resistant tuberculosis, seize the opportunity that the mid-term review of progress on the Agenda for Sustainable Development presents to intensify leadership and action for a comprehensive and urgent response against the disease, its determinants and consequences at the national, regional and global levels, in order to scale-up investments for the tuberculosis response, research and innovation to reduce the number of people falling ill and dying and incurring catastrophic costs from tuberculosis, including by incorporating lessons learnt from the response to the COVID-19 pandemic, and achieve the targets agreed in the 2030 Agenda for Sustainable Development and in the End TB Strategy¹: **AGREED AD REF**

1. Renew and reaffirm our collective commitment to the 2030 Agenda for Sustainable Development², including the resolve to end the tuberculosis epidemic by 2030, as outlined in SDG 3.3, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development³ and the 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis; **AGREED AD REF**
2. Acknowledge that the Millennium Development Goal 6 and associated strategies, plans and programmes for the prevention and care of tuberculosis helped to reverse the trend of the tuberculosis epidemic; **AGREED AD REF**
3. Reaffirm the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance⁴, the political declaration of the high-level

¹ See World Health Organization, document [WHA67/2014/REC/1](#)

² Resolution [70/1](#)

³ Resolution [69/313](#)

⁴ Resolution [71/3](#)

meeting of the General Assembly on HIV and AIDS⁵, the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases⁶, and the political declaration of the high-level meeting of the General Assembly on Universal Health Coverage⁷;
AGREED AD REF

4. Recall the first World Health Organization Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and its Moscow Declaration to End TB;
AGREED AD REF
5. Reaffirm the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the right of everyone to the enjoyment of highest attainable standard of physical and mental health, and that the fulfillment of the right to health in the context of tuberculosis is closely linked to the right to enjoy and share the benefits of scientific progress and its applications, and note with concern that access to tuberculosis services, and to the benefits of research and innovation such as quality, safe, efficacious and affordable tuberculosis diagnostics and treatment, remains challenging, especially for developing countries; **AGREED AD REF**
6. Reaffirm further that health is a pre-condition for, and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and that sustainable development can be achieved only in the absence of a high prevalence of debilitating diseases such as tuberculosis which requires further multifaceted efforts, including to support developing countries, especially those with high-burden of tuberculosis to ensure they are on track to achieve the Sustainable Development Goals, especially in light of the continuing impacts of COVID-19 pandemic;
7. Remain deeply concerned that while it has been 30 years since the World Health Organization declared tuberculosis a global emergency, the global tuberculosis epidemic still is a critical challenge in all regions and affects every country of the world, and that although tuberculosis is preventable and curable, an estimated 10.6 million people, fell ill with tuberculosis, of whom 56.5 per cent were men, 32.5 per cent women and 11 per cent children and approximately 1.6 million people died from the disease in 2021, including approximately 187,000 people with HIV, making tuberculosis one of the leading causes of death worldwide, that 30 high tuberculosis burden countries accounted for 87 per cent of those affected, and that one quarter of the world's population is estimated to have been infected with the bacterium that causes the disease and that millions of people ill with tuberculosis are missing out on quality care

⁵ Resolution [75/284](#)

⁶ Resolution [73/2](#)

⁷ Resolution [74/2](#)

each year, including on access to affordable diagnostic tests and treatment, especially in developing countries;

8. Recognize that tuberculosis affects populations inequitably and contributes to the cycle of ill health and poverty, that malnutrition and inadequate living conditions contribute to the spread of tuberculosis and its impact upon the community, and that tuberculosis is fundamentally linked to a majority of the leading development challenges addressed by the 2030 Agenda; **AGREED AD REF**
9. Recognize that tuberculosis disproportionately affects people in vulnerable situations in all countries, the epidemic is driven by both health and social and economic determinants, such as poverty, undernutrition, HIV, housing conditions, mental health, diabetes, tobacco use, harmful use of alcohol and other substance abuse, including drug injection, incarceration, history of incarceration and other congregated settings, as well as occupational risks, such as among miners and health care workers, that people with tuberculosis and their families face financial hardships before, during, and after seeking care, and these determinants and socioeconomic consequences of tuberculosis are exacerbated by or arise through health and humanitarian emergencies, armed conflicts, displacement, climate change and disasters, and therefore affirm that the response to tuberculosis needs to be people-centred, community-based, gender-responsive, with full respect for human rights, and integrated across relevant health and other sectors;
10. Recognize that structural inequity, stigma, racism and discrimination, including against women, inadequate investment in, and inequitable access to tuberculosis prevention, diagnosis, treatment remain key roadblocks to ending the tuberculosis epidemic, that people with tuberculosis may suffer from stigma and all forms of discrimination and that barriers to the enjoyment of human rights need to be addressed through comprehensive political, legal, and programmatic actions;
11. Note the multidirectional relationship between tuberculosis, mental health conditions, social and economic determinants, including stigma and discrimination, that can lead to greater morbidity and poorer treatment outcomes, that the prevalence of depression is as high as 45 per cent amongst individuals with tuberculosis, and that this needs to be addressed through integrated programming;
12. Recognize the profound socioeconomic challenges and financial hardships faced by people affected by tuberculosis, including in obtaining an early diagnosis, in being subject to extremely long treatment regimens, with drugs that could involve severe side effects, as well as in securing integrated support, including from the community, and therefore affirm that all these people require integrated, people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination; **AGREED AD REF**
13. Acknowledge that strong and resilient public health systems are an essential pillar of the tuberculosis response, including health workforce capacity-building for public and

- private sector care, and recognizes that women health workers make up 70 per cent of the global health workforce and 90 per cent of the frontline health workforce, but hold only 25 per cent of senior leadership positions in health, and resolve to address the 24 per cent pay gap compared to men across the health sector, and to provide better opportunities and working environments for women to ensure their role and leadership in health sector; **AGREED AD REF**
14. Also acknowledge that investments in building robust, integrated and resilient health systems, including in tuberculosis prevention, detection and treatment services and research and development infrastructure and community responses can advance universal health coverage, and contribute to effective pandemic prevention, preparedness, and response, and recognizing the opportunity for further coordination for global health policies that the 2023 health related UNGA high-level meetings present;
 15. Recognizing that tuberculosis can cause infertility, maternal and perinatal mortality, that tuberculosis treatment can reduce obstetric complications, and addressing this requires universal access to integrated tuberculosis care for women and girls across the life course, in order to obtain the highest standard of health, and that these must not be interrupted in times of emergency;
 16. Reaffirming the importance of collaboration and cooperation at the global and regional level in particular, across health, finance, trade and development sectors in order to enhance collective actions to end tuberculosis;
 17. Commend the progress achieved in saving 74 million lives across all countries between 2000 and 2021 through provision of tuberculosis treatment for people with tuberculosis and antiretroviral therapy for people with HIV co-infected with tuberculosis, and regret that only some progress achieved towards targets and commitments agreed in the political declaration of the 2018 high level meeting of the General Assembly on the fight against tuberculosis; **AGREED AD REF**
 18. Note with concern that the COVID-19 pandemic continues to have a damaging impact on access to tuberculosis prevention, diagnosis, treatment and care and the burden of tuberculosis disease and that progress made in the years up to 2019 has slowed, stalled or reversed, and global tuberculosis targets are off track, and that the number of people diagnosed with tuberculosis and notified to public health reporting systems falling by 18 per cent from 7.1 million in 2019 to 5.8 million in 2020, followed by a partial recovery to 6.4 million in 2021, and that as a result of these disruptions, the number of people who died from tuberculosis increased in 2020 and 2021 than in prior years, and the number of people who fell ill from tuberculosis increased in 2021; **AGREED AD REF**
 19. Express deep concern that in 2021 only 61 per cent of people with tuberculosis including 38 per cent of children were diagnosed and treated for tuberculosis, that only 38 per cent of people with tuberculosis are diagnosed with WHO-recommended rapid molecular diagnostics, and as a result, between 2018 and 2021,
 - a. only 26.3 million people, including 1.9 million children, and 649,000 people with

- drug resistant tuberculosis, were reported to have been provided with tuberculosis treatment, which translates to 66 per cent of the 40 million target,
 - b. and only 12.5 million people, including 10.3 million people living with HIV, 1.6 million children under the age of 5 who are household contacts of people affected by tuberculosis, and 0.6 million other household contacts of people affected by tuberculosis were provided with tuberculosis preventive treatment, which translates to 42 per cent of the 30 million target agreed in the 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis,
 - c. and that close to half of people diagnosed with tuberculosis and their families experience financial hardship because of tuberculosis;
- AGREED AD REF**

20. Welcoming the commitment and support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, through the Seventh Replenishment held in September 2022, which will help to sustain support for tuberculosis programmes;
21. Recognize the need 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, and to align with overall national health financing strategies, including by helping countries, to raise domestic revenues and providing international financial support including at bilateral, regional and global levels, towards achieving universal health coverage and social protection strategies, in the lead-up to 2030;
22. Welcome progress in reaching 10.3 million people living with HIV with tuberculosis preventive treatment between 2018 and 2021, surpassing the target of reaching 6 million people between 2018 and 2022 set at the 2018 high-level meeting of the General Assembly on the fight against tuberculosis, with a total of 16 million receiving tuberculosis preventive treatment since 2005 when the policy was introduced, which translates to 42 per cent of people living with HIV having benefited from tuberculosis preventive treatment by 2021, although this remains far from reaching the 90 per cent target by 2025, agreed in the political declaration of the high-level meeting of the General Assembly on HIV and AIDS; **AGREED AD REF**
23. Note with concern that, although people living with HIV are about 16 times more likely to fall ill from TUBERCULOSIS compared to people without HIV and that tuberculosis remains the leading cause of severe illness and death of people living with HIV, almost half of people with HIV-associated tuberculosis are not diagnosed and treated for tuberculosis, and also notes that in 2021, testing for HIV among people with tuberculosis increased to 76 per cent compared to 64 per cent in 2018 and that 89 per cent of people living with HIV, who were diagnosed with tuberculosis were on antiretroviral treatment in 2021; **AGREED AD REF**
24. Acknowledges that ending tuberculosis requires accelerating progress towards universal health coverage, particularly through strong and sustainable primary health care, with multisectoral approaches that address tuberculosis determinants, engages people affected by tuberculosis and civil society, and reaches people with

- tuberculosis, or at risk of tuberculosis, with equitable and affordable access to high-quality services – close to their everyday environments, enabling them to fully enjoy the benefits of scientific advances, and free of financial hardship;
25. Acknowledge that drug-resistant tuberculosis is a key component of the global challenge of antimicrobial resistance, and express grave concern that the scope and scale of multidrug-resistant and extensively drug-resistant tuberculosis illness and mortality place an additional burden on health and community systems, especially in low- and middle-income countries, and thereby pose a critical challenge that could reverse the progress made against the disease, against antimicrobial resistance and towards the Sustainable Development Goals, and that there is a profound gap in access to quality diagnosis, treatment and care for those affected, and there is still a low treatment success rate for those who are treated, and therefore acknowledge that it is necessary to ensure global collaboration, sustainable and sufficient political buy-in and financial investment from all sources, a strong and resilient health systems, and additional investment in research, development and innovation, recognizing that innovation has the potential to benefit society at large; **AGREED AD REF**
26. Express concern that close to half a million people annually develop tuberculosis that is resistant to at least rifampicin, the most effective first-line drug, of whom only one in three accessed treatment in 2021 and of these, 40 per cent had poor health outcomes for reasons including gaps in access to WHO-recommended diagnostic tests and treatment, inefficient service delivery models, medication side-effects, lack of access to treatment support, comprehensive social protection and care and acknowledge lack of attention and care to the needs of tuberculosis survivors for post-treatment follow-up, particularly drug-resistant tuberculosis survivors; **AGREED AD REF**
27. Remain deeply concerned that financing for tuberculosis prevention, diagnosis, treatment, and care is inadequate, that overall total annual funding was consistently less than half of the 13 billion United States dollars a year target set at the 2018 high-level meeting of the General Assembly on the fight against tuberculosis, that domestic funding declined during the COVID-19 pandemic, while acknowledging that investment in care and the prevention of tuberculosis brings some of the largest gains in terms of lives saved and economic benefits from development investments;
28. Stress the importance of domestic and international funding for the tuberculosis response, including in high-burden countries, and note that overall international funding has stagnated since 2018, and stressing therefore the importance of adequately replenishing voluntary international financing mechanisms such as the Global Fund to fight AIDS, Tuberculosis and Malaria, Unitaaid, other sources of financing, including official development assistance, as well as innovative financing to support comprehensive national tuberculosis strategies as an integral part of costed national health strategies, multilateral efforts and other initiatives, to end tuberculosis;
29. Reaffirm the central role of WHO as the leading agency on health in providing technical advice, guidance, direction and support on tuberculosis prevention, diagnosis, treatment and care, and urgently support WHO Global Tuberculosis

Programme, to end tuberculosis worldwide; **AGREED AD REF**

30. Commend progress achieved so far in tuberculosis research and innovation of new tests, drugs and regimens that informed World Health Organization guidance⁸, including on the use of shorter duration tuberculosis preventive treatment with less pill burden, shorter duration regimens for the treatment of drug-susceptible tuberculosis for adults and children, and more-effective all-oral shorter duration regimens for the treatment of drug-resistant tuberculosis, including formulations appropriate for children, and note that although 26 high-tuberculosis burden countries are using WHO recommended rapid molecular diagnostic test and 126 countries have introduced all oral regimens to treat drug-resistant forms of tuberculosis, supply and access to some drugs central to these regimens is not yet universally available; **AGREED AD REF**
31. Recognize that reaching the 2030 global tuberculosis targets requires, inter alia, technological breakthroughs by 2025, so that the annual decline in global tuberculosis incidence can be accelerated to an average of 17 per cent per year, and research and development is critical to achieving that goal; **AGREED AD REF**
32. Recall with concern that no new vaccines for prevention of all forms of tuberculosis have been licensed for over 100 years, that safe, effective, affordable, accessible and preventive vaccines for people of all ages which can be administered before or after exposure are essential to accelerate the decline in illness and mortality, and reduce antimicrobial resistance acknowledge the importance of global collaboration and increased investment to fast-track progress and ensure equitable access and maximal return on public investment in scientific progress; **AGREED AD REF**
33. Recall with concern that the utilization of World Health Organization recommended rapid molecular diagnostics remains far too limited, and that in 2021, only 38% of the 6.4 million people newly diagnosed with tuberculosis were initially tested with World Health Organization recommended rapid molecular diagnostics, and acknowledging that the limited utilization of these rapid tests underscores the urgent need for enhanced global collaboration to facilitate their wider use to ensure more timely and accurate tuberculosis diagnoses, while further research to point-of care tests are urgently required; **AGREED AD REF**
34. Express concern that financing for tuberculosis research and innovation is only half of the 2 billion United States dollars a year target agreed in the 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis, and underscore that enhanced, sustained and equitable financing is required for the development and evaluation of better tools and strategies to ensure tuberculosis prevention and care for all, including to address social and economic determinants of the disease, as called for in the Global Strategy for tuberculosis research and

⁸ WHO guidance: <https://tbksp.org/en/guidance-books-solr>

innovation⁹, taking into account that an additional investment in research, development and innovation has the potential to benefit society at large; **AGREED AD REF**

35. Recognizing the importance of national systems that monitor the availability, accessibility, acceptability, affordability and quality of tuberculosis care at their respective national level; **AGREED AD REF**
36. Welcome the roll-out of the World Health Organization Multisectoral Accountability Framework for tuberculosis as requested in resolution [73/3](#) and World Health Assembly resolution [71.3](#), and emphasize the continued importance of multisectoral action and accountability, as appropriate, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, including air quality, housing, trade, development and other sectors, in order to ensure that all relevant stakeholders pursue actions to end tuberculosis and leave no one behind through whole of society and whole of government approach;
37. Recognize that equitable, affordable and sustainable access to high-quality tuberculosis diagnostics, vaccines and medicines, including for preventive treatment, are essential to end illness, suffering and prevent further loss of life from tuberculosis, and further recognize the role played by relevant international organisations and initiatives, such as the Stop TB Partnership/Global Drug Facility, working to improve access to high-quality and affordable medicines, including appropriate formulations of medicines for children, and diagnostics to test, prevent and treat tuberculosis for populations in need;
38. Recognize that active and meaningful engagement of civil society, people and communities affected by tuberculosis, and healthcare workers, is vital to improve access to tuberculosis prevention and care, relevant health information and education, and contribute to the promotion and protection of the human rights of people affected by tuberculosis, including through planning, implementation, monitoring, evaluation and accountability, at all levels, as appropriate, of the tuberculosis response and in research, development and delivery of tuberculosis services;
39. Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, and the right to enjoy the benefits of scientific progress and its application in order to advance towards universal access to quality, affordable inclusive, equitable and timely prevention, diagnosis, treatment, care, and awareness raising related to tuberculosis, and address its economic and social determinants;
40. Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene based therapies and other health technologies across the value

⁹ See World Health Organization, document [WHA73/2020/REC/1](#)

- chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products and in this regard encourage the World Health Organization to continue its efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products;
41. Recognize the need to strengthen linkages between ending tuberculosis and the 2030 Agenda for Sustainable Development, including towards achieving universal health coverage, through the Sustainable Development Goals review processes, including the high-level political forum on sustainable development, while noting the resolutions and decisions made by the World Health Assembly;
 42. Commit to urgently strengthen measures to reduce tuberculosis-related deaths, including among people living with HIV, through comprehensive multisectoral actions including but not limited to the implementation of the World Health Organization End TB Strategy, that address all determinants and risk factors of tuberculosis and improve health outcomes, and close the large gaps in access to tuberculosis prevention, diagnosis, treatment and care, especially in high-burden countries;
 43. Continue to support the WHO Multisectoral Accountability Framework for tuberculosis by establishing or strengthening high-level multisectoral accountability and review mechanisms, in line with national contexts, defining the roles and responsibilities of relevant sectors and stakeholders with the meaningful engagement of people and communities affected by tuberculosis, and to strengthen national review of progress aligned to agreed national and global tuberculosis targets, including the commitments in the present political declaration, with support from the World Health Organization to enhance efforts in ending tuberculosis;
 44. Commit to develop and implement ambitious costed national tuberculosis strategic plans or national health strategies with multisectoral approaches, including with the active involvement of communities and people affected by tuberculosis, civil society, private sector and other stakeholders to enable universal access to quality tuberculosis services and actions to address all tuberculosis determinants and drivers, such as poverty, undernutrition, HIV, inequalities by social and economic position, as well as inadequate housing and living conditions, barriers to gender equality, and non-communicable diseases, including diabetes;
 45. Emphasize that efforts to increase awareness on TB must be intensified, including through continuous teaching and sensitization of health workers to consider tuberculosis in differential diagnosis, bearing in mind the need to invest in a better public health infrastructure and workforce to improve prevention efforts;
 46. Strengthen support and capacity-building in low-income and lower-middle-income countries, many of which have high rates of tuberculosis combined with health and social protection systems that have limited resources, including to support implementing multisectoral approaches in their response to the tuberculosis

epidemic;

47. Further commit to strengthen notification of all people diagnosed with tuberculosis, by public, private and community-based health care providers to national health information systems, facilitated by the expanded use of secure, confidential and digital case-based surveillance, with full respect for human rights, in line with highest applicable standards and data privacy laws, and to improve civil registration and vital statistics registers (CRVS), to allow for tracking of the tuberculosis epidemic, including drug resistant forms, and its impact, with disaggregation by age, sex, and other characteristics relevant to national contexts, and to strengthen national capacity for the use and analysis of such data, including by improving real-time data collection, reporting and automation, to inform and support evidence-based decision-making and strengthen accountability;
48. Pledge to accelerate progress towards timely, quality universal access to tuberculosis services in both high and low burden countries, as outlined in the End TB Strategy, such that, by 2027,
 - a. at least 90 per cent of the estimated number of people who develop tuberculosis are reached with quality assured diagnosis and treatment, with all those diagnosed having been initially tested with WHO-recommended rapid molecular tests, and supported to complete treatment, which translates to providing life-saving treatment for up to approximately 45 million people between 2023 and 2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant tuberculosis;
 - b. at least 90 per cent of people at high-risk of developing tuberculosis are provided with preventive treatment, which translates to providing up to approximately 45 million people with TB preventive treatment, including approximately 30 million household contacts of people with tuberculosis, including children and approximately 15 million people living with HIV, with the vision of reaching more people, including those who live in remote geographical regions or in areas difficult to access, taking into account World Health Organization guidance; and,
 - c. 100 per cent of people with tuberculosis have access to a health and social benefits package so they do not have to endure financial hardship because of their illness;

AGREED AD REF

49. Commit to integrate within primary health care, including community-based health services, the systematic screening, prevention, treatment and care of tuberculosis and for related health conditions, such as HIV and AIDS, viral hepatitis, undernutrition, mental health, non communicable diseases including diabetes and chronic lung disease, tobacco use, harmful use of alcohol and other substance abuse, including drug injection, as well as a people-centred, approach, to improve equitable access to quality, inclusive, affordable health services with effective referral systems to other levels of care;
50. Given that one third of deaths among people living with HIV are due to TB and that HIV is associated with poorer TB treatment outcomes, recommit to strengthen coordination and collaboration between tuberculosis and HIV programmes, with the support of relevant United Nations specialized agencies, funds and programmes and other stakeholders in the follow-up to the 2021 high-level meeting of the General Assembly on HIV and AIDS to ensure universal access to integrated prevention, diagnosis, treatment and care services,

including through promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, especially using diagnostics appropriate for people with advanced HIV disease who are most at risk of dying from tuberculosis, providing tuberculosis preventive treatment, and addressing common social and economic determinants of HIV, TB and related co morbidities and structural barriers to health services, such as stigma, discrimination and gender inequality, leaving no one behind;

51. Commit to strengthen comprehensive care for all people with tuberculosis, using specific models of care such as nutritional, and mental health and psychosocial support, social protection, as well as rehabilitation, treatment of post-tuberculosis lung disease, and palliative care, paying particular attention to people in vulnerable situations or who are vulnerable to tuberculosis, including women during pregnancy, lactation, and post-partum period, children and adolescents, people living with HIV, persons with disabilities, including those with life-long disabilities due to tuberculosis, Indigenous Peoples, health-care workers, older persons, migrants, refugees, internally displaced people, people living in situations of complex emergencies, stateless persons, people in prison and other closed settings, people living in impoverished areas, people affected by extreme poverty, miners and others exposed to silica, undernourished people, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, taking into account the higher prevalence of tuberculosis among men and that the gaps in case detection and reporting are higher among men;
52. Commit to ensure meaningful participation and inclusion of persons with disabilities, including those affected by tuberculosis, through non-discrimination, equality of opportunities, accessibility to all tuberculosis services, and integrated tuberculosis services for persons with disabilities, including comprehensive rehabilitation and social support services for tuberculosis survivors with disabilities in line with the Convention on the Rights of Persons with Disabilities;
53. Commit to urgently scale up comprehensive efforts to close longstanding gaps in prevention, diagnosis, treatment and care of children with or at-risk of tuberculosis recognizing it is an important preventable cause of preventable childhood illness and death, including among children with HIV and as a co-morbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition, including by implementing relevant World Health Organization guidance and policies to improve equitable access to screening, prevention, testing and treatment services, particularly to vaccines and formulations of tuberculosis medicines for children, as part of a comprehensive integrated primary health care; **AGREED AD REF**
54. Commit to accelerate progress to end the crisis of drug-resistant tuberculosis epidemic in the context of broader national, regional and global mechanisms to address antimicrobial resistance, by improving treatment adherence for people with drug-susceptible and drug resistant tuberculosis, including with support of digital technologies, and by working towards the achievement of the universal, equitable and affordable access to WHO-recommended diagnostics and drug-susceptibility tests, as well as those approved and recommended by national regulatory agencies and all-oral shorter-duration treatment regimens for people with drug-resistant tuberculosis, complemented by monitoring and management of side effects together with care and support to improve outcome of

treatment; **AGREED AD REF**

55. Scale up efforts to collect and report AMR surveillance data for tuberculosis, and increase support for the existing surveillance systems, including the WHO Global Project on Anti Tuberculosis Drug Resistance Surveillance, the Global Tuberculosis Data Collection System and the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) in its endeavour to strengthen knowledge through surveillance and research, and look forward to the 2024 high-level meeting on Anti-Microbial Resistance;
56. Recognize high-level commitments and calls for action against tuberculosis, including its multi drug resistant and zoonotic forms made by global, regional and sub-regional bodies and meetings, and recognize also the value of a One Health approach;
57. Recommit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis; **AGREED AD REF**
58. Strive to ensure tuberculosis services are essential elements of national and global strategies and efforts to achieve universal health coverage, to address antimicrobial resistance, and to strengthen pandemic prevention, preparedness, and response to ensure uninterrupted diagnosis, prevention, treatment, affordable and quality-assured antibiotics, surveillance and research-related activities of tuberculosis for all people, while ensuring that the fight against tuberculosis is not devalued as a result of health emergencies;
59. Commit to invest in tuberculosis services and health workforce, support service providers, ensuring sufficient quantity, adequate levels of training and motivation, surveillance, inter alia, integrated molecular surveillance, information systems, laboratory capacity, community-based care, as well as to consolidate and adopt existing laboratory capacities used during the COVID-19 pandemic to increase the access to diagnostics, to strengthen global health capacities to prevent, prepare, detect, report and respond to threats from future epidemics and pandemics and to avoid adverse impact of future pandemics on tuberculosis; **AGREED AD REF**
60. Commit to build back stronger by learning lessons from the COVID-19 pandemic, including by enhancing the resilience of TB programmes during health emergencies, implementing resilient and inclusive recovery plans to reach targets and harnessing innovations such as digital technologies; **AGREED AD REF**
61. Support building capacities, skills and expertise and developing local and regional manufacturing capacities for health tools, including in developing countries, while recognizing that the high prices of some health products, and the inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards achieving universal health coverage and ending tuberculosis, among other diseases, by 2030;
62. Commit to mobilize sufficient, adequate, predictable and sustainable financing for universal access to quality tuberculosis prevention, diagnosis, treatment and care within and beyond the health sector to address determinants and drivers of the tuberculosis epidemic, from

all sources, with the aim of reaching overall global investments of at least 22 billion United States dollars a year by 2027, and 35 billion annually by 2030 as estimated by the Stop Tuberculosis Partnership by enhancing global solidarity, and through domestic and international investment mechanisms, including innovative financing mechanism, aligned with costed and budgeted national health plans and strategies to end tuberculosis and its complications or sequelae in collaboration with WHO and the Global Fund to fight AIDS, Tuberculosis and Malaria; **AGREED AD REF**

63. Commit to work towards the increase of funding from the bilateral donors and financial mechanisms such as the Global Fund and financing institutions such as the World Bank and the Regional Development Banks, and private sector and innovative financing mechanisms including co-financing schemes and mobilize additional funding;
64. Commit to give particular attention to high burden countries, including by supporting efforts in eliminating tuberculosis through prevention efforts and access to quality diagnosis, treatment and care, including access to affordable diagnostic tools and drug treatment, as well as financing innovations, research and development;
65. Recognize the enormous economic and social impacts and burden of tuberculosis for people affected by the disease, their households, in particular, for migrants and hosting countries and in this respect highlights the need to provide support as well as technical and financial assistance, to host and transit countries for strengthening local and national infrastructures and health systems for effective tuberculosis prevention, treatment and care, with a view to reducing the burden on health systems; **AGREED AD REF**
66. Commit to maximize the potential of innovation to end tuberculosis by 2030 including through international cooperation as well as financing, encouraging greater collaboration between the scientific research and innovation community and TB stakeholders; committing to scale-up promising innovations to the greatest extent possible; and, fostering greater engagement from the research and innovation community in high burden countries at all stages of planning and implementation of TB programmes and in alignment with national plans and priorities; **AGREED AD REF**
67. Further commit to mobilize adequate, predictable and sustainable financing for tuberculosis research and innovation especially to high burden countries towards reaching 5 billion United States dollars a year by 2027, for the development of safe, effective, accessible and affordable rapid and accurate point of care diagnostics, including for drug susceptibility testing, including for use in community settings; vaccines for all forms of tuberculosis for people of all ages; and shorter, safer and more effective treatment regimens, especially for drug-resistant tuberculosis, including child-friendly diagnostics and treatment, and for implementation science to facilitate the scaling of evidence-based interventions and other newly approved technologies, including digital technologies, while ensuring participation of institutions from all countries, including developing countries, in tuberculosis research and innovation;
68. Commit to create a research-enabling environment that expedites research innovation, and promotes collaboration in TB research and development (R&D) across UN Member States in order to develop and introduce new tools to prevent, diagnose and treat TB in all its forms, and to ensure equitable access to the benefits and applications of TB research;

AGREED AD REF

69. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;
70. Commit to create an enabling environment for tuberculosis research including operational and implementation research and innovation by developing and implementing sustainable and fully funded national tuberculosis research agendas and strategic plans in line with national priorities, developing or strengthening public-private partnerships and product development partnerships in collaboration with affected communities and civil society particularly in high burden countries, where appropriate, strengthening research capacity, legislative and regulatory frameworks where needed so that new tuberculosis diagnostics, medicines and vaccines, for both tuberculosis disease and infection are prioritized for fast-tracked review and registration, where such solutions have not already been authorized within a regulatory jurisdiction and ensure timely access to such products;
71. Commit to increase international cooperation to advance TB research and innovation, including by fostering and coordinating research and clinical trials, providing funding for collaborative research and clinical trials, supporting transparent and rapid reporting of research and clinical trial results, promoting data sharing, encouraging open innovation approaches, voluntary licensing and technology transfer on mutually agreed terms;
72. Further commit to strengthening research capacity and collaboration through improving tuberculosis research platforms and networks across the public and private sectors, noting platforms and networks such as the BRICS Tuberculosis Research Network in basic science, clinical research and development, including pre-clinical and clinical trials, as well as operational, qualitative and applied research, to advance effective tuberculosis prevention, diagnosis, treatment, and care and actions on the economic and social determinants and impacts of the disease;
73. Commit to promote equitable, affordable and timely access to the benefits of research and innovation, tuberculosis vaccines, medicines, including generic medicines, and diagnostics, and through appropriate governance structures that foster local and regional production capacity, research and innovation as a shared responsibility that is needs driven, evidence based and guided by the core principles of affordability, accessibility, effectiveness, efficiency and equity by rapid deployment of recently approved tools, diagnostics, new drugs, regimens, and methodologies, as they become available, in countries with the greatest need, including through the Stop TB Partnership/Global Drug Facility, to ensure availability and access to quality-assured and affordable tuberculosis commodities, recommended by the World Health Organization;
74. Continue to support existing 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 and other results to be gained through research and development; **AGREED AD REF**

75. Commit to, working with the private sector and academia, accelerate the research, development, roll-out of safe, effective, affordable and accessible pre and post exposure vaccines, preferably within the next 5 years, for all forms of tuberculosis for people of all ages, and establish sustainable systems for local, regional and global manufacturing and procurement and equitable distribution of vaccines once they are available, through global collaboration mechanisms, including World Health Organization initiatives such as the accelerator council for new tuberculosis vaccines¹⁰ noting that further details of the programme are being developed;
76. Commit to intensify national efforts to create enabling legal and social policy frameworks to combat inequalities, in order to eliminate all forms of tuberculosis related stigma, discrimination, inequality and other barriers, including those negatively impacting human rights, and to adopt equitable, inclusive and gender-responsive approaches, as appropriate, to address barriers to tuberculosis services that reflect the different ways men and women can be affected by tuberculosis and achieve a more effective response and greater results, so that no one is left behind in the fight against tuberculosis;
77. Commit to strengthen the meaningful engagement of parliaments, civil society, the educational system and tuberculosis affected local communities including young people and women, in all aspects of the tuberculosis response, to ensure that the response is equitable, inclusive, people centered and promotes gender equality and respects human rights including with regard to policymaking forums, planning, comprehensive tuberculosis care delivery, and national multisectoral accountability and review mechanisms as appropriate, and increase and sustain investment for initiatives in particular at the community level, and in line with national contexts;
78. Commit to promote the inclusion of TB in the curricula of medical schools, public health, nursery, medical technology, nutrition, social work and other related areas of training; **AGREED AD REF**
79. Commit to safeguard tuberculosis services as essential health services during humanitarian and health emergencies and in conflict settings, as displaced people and people affected by such emergencies face multiple challenges, including heightened tuberculosis infection, risk of treatment interruption and limited access to quality health-care services, nutritious food and information that is language and culture sensitive;
80. Commit to strengthen financial and social protections for people affected by TB and alleviate the health and non-health related financial burden of TB experienced by affected people and their families; **AGREED AD REF**

¹⁰ See , <https://www.who.int/news/item/17-01-2023-who-announces-plans-to-establish-a-tb-vaccine-accelerator-council>

81. Request the World Health Organization to continue to provide global leadership to support Member States build a resilient response to tuberculosis as an integral part of the Universal Health Coverage agenda, and to also address the drivers and determinants of the epidemic, including in the context of health and humanitarian emergencies, with multisectoral engagement,
- a. the provision of normative guidance and technical support, and through monitoring, reporting and review of progress, and by advancing the tuberculosis research and innovation agenda;
82. Request the Secretary-General, in close collaboration with the Director General of the World Health Organization, to strengthen cooperation between Member States and relevant entities to implement the present declaration and accelerate progress towards ending tuberculosis by 2030, including funds, programmes and specialized agencies of the United Nations system, United Nations regional commissions, the Stop TB Partnership, hosted by the United Nations Office for Project Services, UNITAID, hosted by the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to promote cooperation among relevant multilateral stakeholders;
83. Also request the Secretary-General, with the support of the World Health Organization, to report, as part of his annual SDG report, on the global effort to end TB, and to present to the General Assembly a report in 2027 on the progress achieved in realizing the commitments made in this Political Declaration towards agreed tuberculosis goals at the national, regional and global levels, including on the progress of multisectoral action, within the context of achieving the 2030 Agenda for Sustainable Development which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting on tuberculosis in 2028.

AGREED AD REF