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# **Preparation for a high-level meeting of the General Assembly on ending tuberculosis**

## **Report by the Director-General**

1. In January 2018, the Executive Board at its 142nd session considered and noted an earlier version of this report<sup>1</sup> and adopted resolution EB142.R3.

### **BACKGROUND**

2. In May 2014, the Sixty-seventh World Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015,<sup>2</sup> subsequently known as the End TB Strategy, and made an ambitious commitment to end the global tuberculosis epidemic. Promoting government stewardship and community engagement, as well as rights-based, ethical approaches with equitable focus on vulnerable populations and multisectoral action, the End TB Strategy rests on three pillars: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation. In September 2015, the United Nations adopted the Sustainable Development Goals of the 2030 Agenda for Sustainable Development: a target of the health-related Goals is to end the tuberculosis epidemic.<sup>3</sup> The Stop TB Partnership's Global Plan to End TB 2016–2020 estimates the resources required for 2016 to 2020. A progress report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy,<sup>4</sup> while describing the efforts of the Secretariat and partners to provide support to Member States to achieve the necessary paradigm shift to end the tuberculosis epidemic, cautioned that, on the basis of the data reported to WHO,<sup>5</sup> current actions and investments are falling far short of those needed to end the epidemic.

3. Tuberculosis is the leading cause of death worldwide from a single infectious agent, one of the top 10 global causes of death, the leading killer of people with HIV infection, and a leading cause of death due to antimicrobial-resistant infections. In 2016, tuberculosis was responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among HIV-positive people worldwide. An estimated 10.4 million people globally fell ill with tuberculosis in 2016. Drug-resistant tuberculosis is

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<sup>1</sup> See document EB142/16 and the summary records of the Executive Board at its 142nd session, ninth meeting, section 1.

<sup>2</sup> Resolution WHA67.1 (2014).

<sup>3</sup> Target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

<sup>4</sup> Document A70/38, section E.

<sup>5</sup> Global tuberculosis report 2016. Geneva: World Health Organization (<http://apps.who.int/medicinedocs/documents/s23098en/s23098en.pdf>, accessed 14 February 2018).

a worldwide threat and a crisis in several Member States. In 2016, there were 600 000 new cases with multidrug-resistant and rifampicin-resistant tuberculosis, requiring treatment of longer duration with more expensive and more toxic second-line drug regimens. Globally, the tuberculosis mortality and incidence rates are decreasing annually at about 3% and 2%, respectively. However, by 2020, these annual rates of reduction need to be 4–5% and 10%, respectively, in order to reach the 2020 milestones of the End TB Strategy. Clearly, there is a need to galvanize the political commitment needed to step up the battle against tuberculosis and help the world and individual countries accelerate progress on the path to ending the epidemic.

## **HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON ENDING TUBERCULOSIS**

4. In December 2016, the United Nations General Assembly adopted resolution 71/159, in which it: decided to hold a high-level meeting in 2018 on the fight against tuberculosis and requested the Secretary-General, in close collaboration with the Director-General of WHO, and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard; and also noted the initiative to hold, in Moscow in November 2017, a global ministerial conference on the fight against tuberculosis in the context of public health and the Sustainable Development Goals.

## **THE PROCESS LEADING TO THE HIGH-LEVEL MEETING**

5. The General Assembly resolution has led to increasing recognition among all stakeholders of the need to enhance commitment, efforts and investments in order to accelerate progress in implementing the End TB Strategy and achieving its stated milestones, targets and goal of ending the tuberculosis epidemic. In July 2017, the G20 leaders recognized that action on tuberculosis as part of global efforts to confront antimicrobial resistance is critical. A summit in September 2017 of leaders of the BRICS group of countries (Brazil, Russian Federation, India, China and South Africa) made a commitment to act together to combat tuberculosis, including by advancing research. The preparatory process leading to the high-level meeting of the General Assembly will include the steps and activities outlined below.

### **Options and modalities: General Assembly report and resolution**

6. In response to the General Assembly's request to propose options and modalities for the conduct of the high-level meeting, including potential deliverables, WHO has submitted a draft report for consideration by the Secretary-General, incorporating feedback from a wide range of stakeholders, including the Stop TB Partnership's coordinating group for the high-level meeting,<sup>1</sup> which organized a variety of activities to elicit support and input from representatives of civil society, people affected by tuberculosis, financial and technical partners, parliamentarians, academic institutions and the private sector. It is expected that the President of the General Assembly will initiate a process on the options, modalities, dates, format and organization of the high-level meeting, with a view to submitting a draft resolution to the General Assembly, containing the organizational arrangements of the high-level

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<sup>1</sup> The members of the Stop TB Partnership's coordinating group include: WHO; the United Nations special envoy on tuberculosis; and representatives of the Global TB Caucus, International Civil Society Support and other nongovernmental organizations, South Africa, the United States Agency for International Development, Global Affairs Canada, the Bill & Melinda Gates Foundation and the International Union Against Tuberculosis and Lung Disease.

meeting. The resolution would then be expected to guide the preparations of the high-level meeting, which would include an intergovernmental political declaration as an outcome of the meeting.

### **Global ministerial conference on ending tuberculosis**

7. WHO, jointly with the Government of the Russian Federation, organized the first WHO global ministerial conference on “Ending tuberculosis in the sustainable development era: a multisectoral response”, held in Moscow on 16 and 17 November 2017. All Member States, relevant entities of the United Nations system, donors, technical and financial partners, nongovernmental organizations, civil society, academic institutions, the private sector, community representatives, and people affected by tuberculosis participated in the conference. The conference aimed at encouraging health ministers, ministers from other sectors, and all other partners to reaffirm their commitment to help to accelerate implementation of the End TB Strategy through a multisectoral approach, in order to reach the global targets set by the Health Assembly and the relevant targets of the health-related Sustainable Development Goals.

8. The sharing of best practices, discussions on key identified areas for rapid action, and a ministerial declaration emerging from the conference will inform the General Assembly high-level meeting on tuberculosis in 2018. It is expected that this ministerial conference will: help to speed up universal coverage of tuberculosis care and prevention in the context of the global agendas on antimicrobial resistance, health security and sustainable development; enable sufficient and sustainable financing, from domestic and external sources, for a full response to the tuberculosis epidemic; increase investment in research and innovation; and reach an agreement on preparing a multisectoral accountability framework that encompasses all dimensions of the multisectoral tuberculosis response, and enables a timely review of results and prompts the taking of corrective action.

### **Partner consultations**

9. WHO, as well as other entities of the United Nations system, regional commissions, relevant envoys of the Secretary-General, the United Nations Office for Project Services-hosted Stop TB Partnership, the WHO-hosted UNITAID, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, may be invited to organize partner consultations in conjunction with important relevant global and regional forums and meetings, and to consider initiatives in support of the preparatory process and of the high-level meeting itself, particularly with regard to discussing challenges and opportunities as well as identifying priorities and mobilizing support for the high-level meeting.

### **Dialogue with civil society and the private sector**

10. WHO will actively support and participate in any interactive civil society hearings that may be organized by the President of the General Assembly to elicit input from people affected by tuberculosis, the wider community, civil society organizations and the private sector as part of the preparatory process for the high-level meeting.

### **Participation in interactive exchange or multistakeholder panels**

11. Should the President of the General Assembly decide to convene interactive exchange or multistakeholder panels, WHO will actively contribute, along with Member States, heads of other relevant entities of the United Nations system, the Stop TB Partnership, and representatives of civil society, nongovernmental organizations, community and faith-based organizations, and people affected by tuberculosis.

### **Conduct and expected outcome of the high-level meeting**

12. It is expected that the high-level meeting will be convened in the second half of 2018 in conjunction with the General Assembly, with the participation of heads of State and government. It is envisaged that the President of the General Assembly will preside over the high-level meeting. It is envisioned that the high-level meeting will result in the adoption of a concise and action-oriented political declaration endorsed by heads of State on ending the tuberculosis epidemic as its outcome.

13. WHO stands ready to provide further support to the Secretary-General and the General Assembly, upon request, in preparation for and follow-up to the high-level meeting.

### **ACTION BY THE HEALTH ASSEMBLY**

14. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB142.R3.

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