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# **Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues**

## **Ending tuberculosis**

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

1. At its 144th session in January 2019, the Executive Board noted an earlier version of this report.<sup>1</sup> In particular, paragraphs 12 and 13 of the present document have been updated.

#### **BACKGROUND**

2. 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, with the goal of ending the global tuberculosis epidemic. The 2030 Agenda for Sustainable Development has the same target, to end the tuberculosis epidemic.<sup>3</sup> The End TB Strategy high-level targets include the reduction in the number of deaths due to tuberculosis by 90% and the tuberculosis incidence rate by 80%, compared with 2015, between 2016 and 2030. Promoting government stewardship and community engagement, rights-based, ethical approaches with equitable focus on vulnerable populations, as well as multisectoral action and global collaboration, the End TB Strategy has three pillars: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation. A report submitted to the Seventieth World Health Assembly in May 2017 on the progress made in implementing resolution WHA67.1,<sup>4</sup> cautioned that, on the basis of national data reported to WHO, current actions and investments are falling far short of the levels needed. The *Global tuberculosis report 2018* continued to signal that the world is not on track to end the epidemic by 2030.<sup>5</sup> It also signalled that some high tuberculosis-burden countries were able to drive down incidence and/or mortality at a faster rate, suggesting that greater progress is possible, even in resource-constrained low- and middle-income countries.

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<sup>1</sup> See document EB144/21 and the summary records of the Executive Board at its 144th session, eleventh 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 the Sustainable Development Goals).

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

<sup>5</sup> Global tuberculosis report 2018. Geneva: World Health Organization; 2018 ([https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/), accessed 12 March 2019).

3. Tuberculosis is the leading cause of death worldwide from a single infectious agent, the tenth global cause of death, the leading cause of death of people with HIV infection, and a major cause of death due to antimicrobial-resistant infections. In 2017, tuberculosis was responsible for an estimated 1.3 million deaths and an additional 300 000 deaths among HIV-positive people worldwide. An estimated 10.0 million people globally fell ill with tuberculosis in 2017, including 5.8 million men, 3.2 million women and 1.0 million children. An estimated 3.6 million people who fell ill with tuberculosis in 2017 were not included in national tuberculosis case notification reports and may therefore have missed out on being diagnosed and receiving quality care. Globally, tuberculosis mortality and incidence rates are decreasing far too slowly, at about 3% and 2%, respectively, each year. By 2020, these annual rates of reduction need to reach 4–5% and 10%, respectively, in order to meet the targets of the End TB Strategy. Furthermore, the ongoing burden of and poor access to treatment for drug-resistant tuberculosis represents a public health crisis and health security threat. In 2017, about 558 000 people were in need of treatment for drug-resistant tuberculosis, but only one in four of them were enrolled in care, and treatment success globally remains low at only 55%, versus a target of 90%.

4. In December 2016, the United Nations General Assembly decided to hold a high-level meeting in 2018 on the fight against tuberculosis.<sup>1</sup> 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 November 2017. The resulting Moscow Declaration to End TB set out commitments and calls to action regarding, notably: advancing the response to tuberculosis within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; pursuing science, research and innovation; and developing a multisectoral accountability framework.<sup>2</sup>

5. The Executive Board at its 142nd session in January 2018 adopted resolution EB142.R3 on preparation for the high-level meeting of the General Assembly on ending tuberculosis. In the resolution, the Board requested the Director-General to develop, working in close collaboration with all relevant partners as recommended in the Moscow Declaration to End TB, a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, and to submit the draft for consideration by the Seventy-first World Health Assembly in May 2018.

6. The Director-General submitted a report to the Seventy-first World Health Assembly on the preparation for a high-level meeting of the General Assembly on ending tuberculosis, outlining the outcomes of the global ministerial conference in Moscow and the work of WHO and its partners to support the General Assembly in preparing for the high-level meeting.<sup>3</sup> In resolution WHA71.3 (2018), the Health Assembly welcomed the Secretariat’s report on a draft multisectoral accountability framework to accelerate progress to end tuberculosis<sup>4</sup> and urged Member States to pursue the implementation of all the commitments called for in the Moscow Declaration to End TB. It also requested the Director-General to continue to develop, in consultation with Member States, the draft multisectoral accountability framework, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB, and to provide

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<sup>1</sup> See United Nations General Assembly resolution 71/159 (2016).

<sup>2</sup> Moscow Declaration to end TB. Geneva: World Health Organization; 2017 ([http://www.who.int/tb/Moscow\\_Declaration\\_MinisterialConference\\_TB/en/](http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/), accessed 12 March 2019).

<sup>3</sup> Document A71/15.

<sup>4</sup> Documents A71/16 and A71/16 Add.1.

technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft framework.

7. The Secretariat, together with the Stop TB Partnership, supported the President of the seventy-third session of the General Assembly in holding a successful interactive civil society hearing on 4 June 2018 at the United Nations headquarters, with a wide range of stakeholders – including Member States, observers of the General Assembly, parliamentarians, relevant United Nations entities, nongovernmental organizations, civil society organizations, academic institutions, medical associations and the private sector, as well as people affected by tuberculosis and broader communities – in preparation for the high-level meeting, in September 2018. The Secretariat supported the two co-facilitators from Antigua and Barbuda and Japan, appointed by the President of the General Assembly, in the preparation for and the conduct of intergovernmental consultations and negotiations on the outcome document of the high-level meeting.

## OUTCOMES

8. The first high-level meeting of the General Assembly on the fight against tuberculosis, convened by the President of the General Assembly, was held on 26 September 2018, with over 1000 participants. The theme of the meeting was “United to end tuberculosis: an urgent global response to a global epidemic”. The meeting resulted in an action-oriented political declaration, which the delegations approved by acclamation and the General Assembly adopted on 10 October 2018.<sup>1</sup> At the meeting, statements of commitment were made by 65 high-level national representatives, including 15 Heads of State and Government. More than 100 high-level national delegations attending expressed interest in speaking during the plenary session. Also attending were representatives of 10 entities of the United Nations system and over 360 external stakeholders including, among others, representatives from affected communities and civil society, nongovernmental organizations, private sector entities, philanthropic foundations, academic institutions and other agencies.

9. The Heads of State and Government, and representatives of States and Governments, in the preamble to their declaration, reaffirmed their commitment to end the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals target and committed themselves to end the epidemic in all countries. They affirmed that the disease requires a comprehensive response, including towards achieving universal health coverage, and one that addresses the social and economic determinants of the epidemic and that protects and fulfils the human rights and dignity of all people. They therefore pledged to provide leadership and to work together to accelerate national and global collective actions, investments and innovations urgently to fight this preventable and treatable disease.

10. The political declaration reaffirms commitment to meet the targets for 2030 set for ending tuberculosis under the Sustainable Development Goals and in the End TB Strategy. Among new commitments, the declaration set numerical targets to be met by 2022 in paragraphs 24, 25, 46 and 47:

(Paragraph 24) Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115 000 children, bearing in mind varying degrees of the burden of tuberculosis among countries, and recognize the constrained health system capacity of low-income countries, and thereby aiming to achieve effective universal access to quality diagnosis, treatment, care, and adherence support, without

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<sup>1</sup> United Nations General Assembly resolution 73/3 (2018) ([http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/73/3](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3), accessed 12 March 2019).

suffering financial hardship, with a special focus on reaching those who are vulnerable and the marginalized populations and communities among the 4 million people each year who have been most likely to miss out on quality care;

(Paragraph 25) Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and the provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022, and with the vision of reaching millions more, and further commit to the development of new vaccines and the provision of other tuberculosis prevention strategies, including infection prevention and control and tailored approaches, and to enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings;

(Paragraph 46) Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022, as estimated by the Stop TB Partnership and the World Health Organization, according to each country's capacity and strengthened solidarity, including through contributions to the World Health Organization as well as voluntary mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, including its replenishment, which provides 65 per cent of all international financing for tuberculosis; and to align within overall national health financing strategies, including by helping developing countries to raise domestic revenues and providing financial support bilaterally, at regional and global levels, towards achieving universal health coverage and social protection strategies, in the lead-up to 2030;

(Paragraph 47) Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development, to support quality research and development of new and the effective implementation of recently approved health technologies, and to strengthen the academic, scientific, public health and laboratory capacity needed to support research and development for prevention, diagnosis, treatment and care, inter alia through the engagement of national, international and innovative financing mechanisms.

11. The political declaration included the following requests:

(Paragraph 49) Request the Director-General of the World Health Organization to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019;

(Paragraph 52) Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, to promote collaboration among all stakeholders to end the tuberculosis epidemic and implement the present declaration, with Member States and relevant entities, 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;

(Paragraph 53) Also request the Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed tuberculosis goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

## **ACTIONS BEING TAKEN BY THE DIRECTOR-GENERAL**

12. In response to the requests made in the political declaration contained in General Assembly resolution 73/3, the Director-General is pursuing the actions listed below. These efforts will be taken up as part of the Thirteenth General Programme of Work, 2019–2023 and its “triple billion” goals, as approved by the Seventy-first World Health Assembly in 2018.<sup>1</sup> These actions are aligned with the Organization’s overall work towards strengthening primary health care and achieving universal health coverage, and where appropriate, with other efforts to prevent and respond to antimicrobial resistance. The actions will also contribute to implementation of the Global Action Plan for Healthy Living and Well-being for All.<sup>2</sup> The actions are:

- (a) **finalizing in 2019 the multisectoral accountability framework to accelerate progress towards ending tuberculosis.** This process has included consulting with Member States and relevant partners.<sup>3</sup> In response to resolution WHA71.3, the Secretariat is providing technical support to Member States and partners, as appropriate, for adaptation and use of the framework, including its four components, at the country level, as well as at the regional level. These four components are: commitments, actions, monitoring and reporting, and review. Examples of actions adapted at the country and regional levels in the use of the framework include new or strengthened multisectoral commissions, with civil society and/or parliamentary engagement, and regional high-level review of performance scorecards.
- (b) **strengthening collaboration between all stakeholders** to end the tuberculosis epidemic and implementing the political declaration, with Member States and relevant partners, with a special focus on acceleration of efforts, strengthening country capacity and multisectoral response. The Secretariat continues to lead coordination and collaboration between partners supporting Member States’ actions, including in prevention, treatment, care, surveillance and monitoring, and research;
- (c) **continuing all WHO core functions to support delivery on commitments and impact.** This includes: via WHO country support plans, enabling strengthened and updated national strategic plans and targets in line with new bold commitments; providing support to enable effective, integrated, people-centred tuberculosis prevention and care; policy revision and resource mobilization; monitoring and evaluation; and research promotion. Throughout, efforts include enabling meaningful engagement of civil society. Underpinning this work is the updating and consolidating of technical guidance, in line with new evidence and targets, to enable rapid access to effective new tools, innovations and information on best practices. A special focus is on supporting dissemination and use of new guidelines on treatment of multidrug-resistant

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<sup>1</sup> See resolution WHA71.1.

<sup>2</sup> See [https://www.who.int/sdg/global-action-plan/Global\\_Action\\_Plan\\_Phase\\_I.pdf](https://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf) (accessed 12 March 2019).

<sup>3</sup> The final document will be available at: <https://www.who.int/tb>.

tuberculosis and on treatment of latent tuberculosis infection. The commitments of the political declaration, country actions and progress, as well as WHO actions, are accompanied by regular advocacy and communication;

(d) **supporting the Secretary-General to provide a progress report in 2020.** This includes ongoing support for the preparation of the Organization's annual global tuberculosis report, which provides a comprehensive assessment of the epidemic and progress made in response to the End TB Strategy, the Sustainable Development Goals, and the new 2022 targets. Support is also being provided to Member States to strengthen the generation, analysis and use of data at the country level that are needed to accelerate progress and measure impact. This includes assistance for: strengthening national health information systems; periodic national surveys of tuberculosis prevalence, anti-tuberculosis drug resistance, and costs faced by tuberculosis patients and their households; and country support packages for data analysis and use, following a common WHO approach applied across health priorities. In addition, the Director-General plans to submit a report to the Seventy-third World Health Assembly in May 2020, through the Executive Board, on progress achieved in implementing resolution WHA67.1 on the End TB Strategy, as requested by the Sixty-seventh World Health Assembly.

13. Important initiatives are under way to support accelerated implementation of actions at the country level to reach the 2022 targets of the political declaration and the End TB Strategy and the Sustainable Development Goals tuberculosis-related targets for 2030, including those noted below.

(a) A WHO flagship initiative FIND.TREAT.ALL#ENDTB has been launched – a joint initiative with the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The work of the initiative is complementary to bilateral support provided to Member States, and other partners are encouraged to join the initiative. It aims to provide support to countries for scaled-up access to high-quality diagnosis and treatment for tuberculosis and multidrug-resistant tuberculosis, monitoring and evaluation, with the aim of treating 40 million people ill with tuberculosis between 2018 and 2022. The initiative was launched in March 2018 and underpins the treatment targets in the political declaration of the high-level meeting of the General Assembly. The main focus of the initiative is on the 30 highest tuberculosis-burden countries.<sup>1</sup> The initiative provides support to countries, including to: define and set targets; mobilize resources; engage stakeholders, especially affected communities; scale up testing and treatment; and measure results and impact.

(b) A strategic initiative agreement between WHO and the Global Fund, and a related strategic initiative agreement between the Stop TB Partnership and the Global Fund, are being implemented to enhance the capacity of 13 high tuberculosis-burden countries to reach ambitious targets in diagnosing and treating all persons ill with tuberculosis, with a focus on communities and groups most at risk of missing out on quality prevention and care.

(c) The Secretariat is collaborating with Unitaid to provide support to Member States: for effective introduction of innovations, including through ensuring that evidence to inform policy is generated, and use of WHO guidelines on treatment of multidrug-resistant and rifampicin-resistant tuberculosis, on preventive treatment of tuberculosis, and on diagnosis and

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<sup>1</sup> The 30 countries are: Angola, Bangladesh, Brazil, Cambodia, Central African Republic, China, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, Viet Nam, United Republic of Tanzania, Zambia and Zimbabwe.

treatment of paediatric tuberculosis; and for other related work in support of accelerated implementation of innovations and improved access.

(d) High-level missions are being undertaken, as requested by Member States, to support target setting, strategic planning and multisectoral actions, including with partner agencies, as well as missions of a WHO universal health coverage accelerator flagship initiative, bringing together disease-control and Secretariat teams in support of country actions towards universal health coverage.

(e) In line with the research and development and innovation commitments of the political declaration, and in response to resolution WHA71.3, the Secretariat will continue the development of a global strategy for tuberculosis research and innovation. A road map for the development of the strategy has been prepared and consultations held with the WHO Strategic and Technical Advisory Group for Tuberculosis, the WHO Global TB Research Task Force, national tuberculosis programme managers, civil society and affected communities, other officials from ministries of health and others, including ministries of science and technology, research funding institutions and other tuberculosis research and innovation stakeholders. A draft document has been made available for global public review in the second quarter of 2019, and a revised draft document will be considered by all WHO regional committees in 2019. The final draft strategy will be presented to the Executive Board at its 146th session and the Seventy-third World Health Assembly, for their consideration. The Secretariat is also continuing its intensive collaboration with national and global research partners and research networks, such as the BRICS Tuberculosis Research Network, supporting and promoting research projects and intercountry collaboration.

(f) As a complement to these initiatives, the 4th annual WHO End TB Strategy Summit of the national tuberculosis programmes of the 30 highest tuberculosis-burden countries was held in October 2018 with a focus on: preparing for national strategic plans and targets to be adapted and strengthened; scaled-up use of rapid diagnostic tests and tuberculosis case-finding efforts; application of new WHO guidelines on preventive treatment and on treatment of drug-resistant tuberculosis; review of the draft multisectoral accountability framework and related efforts under way in establishing and/or strengthening national accountability mechanisms; and preparation of the global strategy on tuberculosis research and innovation. The 2019 Summit will be held in October in Hyderabad, India, in advance of the World Conference on Lung Health.

14. The Director-General will ensure effective synergy of actions being taken by WHO in follow-up to the high-level meeting: with those in follow-up to resolutions resulting from closely related high-level meetings of the General Assembly, including those pertaining to HIV and AIDS,<sup>1</sup> antimicrobial resistance<sup>2</sup> and noncommunicable diseases;<sup>3</sup> as well as with the support being provided for preparations for the high-level meeting on universal health coverage in September 2019.

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<sup>1</sup> United Nations General Assembly resolution 70/266 (2016).

<sup>2</sup> United Nations General Assembly resolution 71/3 (2016).

<sup>3</sup> United Nations General Assembly resolution 73/2 (2018).

**ACTION BY THE HEALTH ASSEMBLY**

15. The Health Assembly is invited to note the report, and to provide guidance on advancing the work in support of Member States and the commitments made at the high-level meeting on ending tuberculosis.

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