European Union
Statement

WHO
72nd World Health Assembly
(20-28 May 2019)

Agenda item 11.8 – Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues
Ending tuberculosis

Geneva, 24 May 2019

- CHECK AGAINST DELIVERY –
WHO
72nd World Health Assembly
(20-28 May 2019)

Agenda item 11.8 – Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues
Ending tuberculosis

EU Statement

Honourable Chair,
Distinguished Director-General,
Colleagues,
I am speaking on behalf of the European Union and its Member States.

The Candidate Countries Montenegro*, Serbia* and Albania*, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia align themselves with this statement.

TB remains very much a poverty-related infection and mainly affects persons in vulnerable situations with insufficient access to prevention, diagnostics, treatment and health care services. Communities and people affected by TB must be engaged, empowered and supported in order to be able to assist as service deliverers, advocates and activists thus helping to reduce the burden of disease and stigmatization. We acknowledge the importance of multi-sectorial actions to address social and economic determinants of the disease, including overall poverty

* Montenegro, Serbia and Albania continue to be part of the Stabilisation and Association Process.
reduction, and, ideally, achieving universal health coverage. This is crucial to progress towards the elimination of TB.

Indeed, the success of TB control depends largely on strong health systems, including community systems that can provide effective prevention strategies, improved early detection, diagnosis and enhanced treatment and care to all TB patients, in particular to drug resistant tuberculosis, as well as implementation of programmatic management of latent tuberculosis infection. To ensure finding missing people with TB, a better integration of TB/HIV services and other relevant health services is needed, while taking into account the One Health approach.

The new WHO recommendations for treatment of MDRTB, based on the most recent available evidence, indicate an important improvement of previous approaches to treat MDR/RR-TB, however there is a need for further research on how to adapt the short-course regimen to improve treatment outcomes.

We call on the WHO to do the utmost to support the development and implementation of safer and more effective vaccines, new drugs and drug combinations (including those for drug-resistant forms of TB), accompanied by a scale-up of diagnostic facilities and know-how to prevent the development of drug resistances in tuberculosis.

The EU and its Member States invite the WHO to provide an update at this year’s UN HLM on UHC, progress made on key targets and commitments made at the UN HLM on TB as most of them strongly depend on UHC.

The EU and its Member States recognize the crucial role played by the GFATM in financing the response to TB and progress towards UHC in developing countries. Ahead of the 6th replenishment conference of the Global Fund to Fight AIDS TB and Malaria to be hosted by France this year, we call on donors to mobilize to save
16 million lives, cut the mortality rate from HIV, tuberculosis, and malaria in half, and build stronger systems for health. Low income countries with high rates of TB require ongoing support.

We believe particular attention should be borne to transition countries, i.e. countries moving away from donor support, including from the GFATM. These countries have indeed been faced with critical drug stock-outs and drug quality issues, next to higher prices.

We also encourage the WHO to support Member States in their effort to implement the multi-sectorial accountability framework. We support the ongoing process of preparations of the draft Global Strategy for TB Research and Innovation, with the aim to enhance efforts by Member States to accelerate research and innovation. We would urge that stigmatizing language, which is still common in research and practice, be avoided.

Thank you.