

**Statement of I.R. Iran on:
End TB Strategy
“Progress in implementing the global strategy and targets for
tuberculosis prevention, care and control after 2015**

The valuable efforts of the secretariat to develop the comprehensive document of EB154/10 are greatly appreciated.

We would like to raise a few points and expectations:

The WHO/EMR is one of the regions not on track with the End TB Strategy and SDGs, which is largely stemming from crises and complex emergencies in addition to the dramatic impacts of the COVID-19 pandemic. Re-emphasizing the implementation of the new political declaration of the UN General Assembly in Sep. 2023 on the fight against tuberculosis, we highlight some special and pillars in that declaration which include:

- Increasing commitment
- Intensifying investment
- Accelerating the process of research and innovation
- And strengthening multi-sectoral accountability

Those pillars expand access to the up-to-date and comprehensive package of TB services.

In the current document, it is rightly emphasized on the need to quadruple the amount of current financial resources in order to provide access to (1) basic tuberculosis services (2) timely and fair access to prerequisites guidelines, and (3) to conduct research needed to produce new vaccines and medicines.

Despite the correct emphasis on the three strategic pillars in the document, the general impressions from the last meeting of the Global Fund board, as one of the two main international resources, is that, the share of the fight against tuberculosis will be probably reduced.

One of the areas of negligence in the document is the necessity of international attention to those countries that do not meet the standard definition of “High Burden”. Therefore, they not only do not benefit from international aids, but due to this classification and other competing health priorities, willingly or inadvertently, are neglected in allocating domestic resources as well; While those countries are in dire need of preventive interventions and timely access to new vaccine(s) due to epidemiological reasons. Neglecting this matter now, can repeat a catastrophic consequence like what the world experienced following the introduction of multi-drug, strategic DOTS treatment and the reduction of tuberculosis in the 80s. We all remember well that previous neglect, together with the HIV epidemic and the emergence of TB drug resistance, turned back tuberculosis into a global health emergency.

Therefore, it is necessary for WHO, on one hand, to update technical guidelines; to recommend new diagnostic, therapeutic and preventive methods, then to play a more active role in providing the prerequisites and requirements of the new recommended protocols.

On the other hand, WHO should continue intensifying efforts to justify international donors and strengthen their investment for high-prevalence countries, in addition to systematic presentation and advocacy to high-level decision makers of those countries with medium or lower burden, in order to ensure governments commitment and strengthen multi-sectoral accountability.

The I.R. Iran, having capacities such as the Pasteur Institute of Iran which is a producer of BCG and COVID-19 vaccines, welcomes any WHO support in technology transfer related to new TB vaccine(s) that are in the final phase of trials. Such an initiative can contribute to the provision and equitable access to new, effective and safe TB vaccines in the context of the current challenges in financial resources for research and technology.

Thank you Madam/Mr. Chairperson.