



Independent observer  
of the Global Fund

## New global action pledge to end TB by 2030

The United Nations General Assembly 2023 (UNGA 78 or UNGA 23) culminated on Friday, the end of a unique week: four consecutive summits had been held to discuss global health issues and challenges. One of them, the Summit on Tuberculosis, is the topic of this article.

The universal aim of these meetings was to establish the right direction to address these acute health challenges by 2030. Declarations have been put together during several months of long processes which international civil society hoped would “be as concrete as possible: previous decisions should be reaffirmed, new strategic approaches should be defined, concrete implementation steps should be named, responsibilities should be determined and their financing should be guaranteed.”

There is no doubt that the ratification of the Political Declaration (PD) of the High-Level Meeting (HLM) on the Fight Against Tuberculosis is a huge achievement. However, some civil society activists feel that the reality has not met expectations. There was an inkling of this when it comes to the Political Declaration on TB, as we reported on in GFO 436 ([What do we want from the High-Level Meeting on TB?](#)). And these differences as to what the PD should contain had not been ironed out by the time of the meeting itself: civil society stakeholders felt strongly that there is a lot beyond the PD that fell short.

## The Summit on TB and its Political Declaration

The theme of the meeting was: “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.”

The World Health Organization (WHO) worked closely with the office of the President of the General Assembly, the Co-facilitators, Member States and partners including civil society in making preparations for the HLM. The main objective of the meeting was to implement a comprehensive review of progress in the context of the achievement of targets set in the 2018 PD, and in the Sustainable Development Goals (SDGs). In preparation for the HLM, Member States had requested the Secretary-General, supported by WHO, to develop a “comprehensive and analytical report on progress achieved and challenges remaining in realizing tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the 2018 political declaration”.

On 22 September, United Nations Member States formally adopted the Political Declaration of the High-Level Meeting on the Fight Against Tuberculosis in New York at the 78th UNGA. The Global Fund Advocates Network (GFAN) says that, on the morning of the 22nd, civil society and affected communities cheered and chanted #YesWeCanEndTB from Conference Room 1 at the United Nations in New York City when the PD was adopted with no objections. If member states follow through on their commitments, it will put the world on track to ending TB by 2030 and result in saving up to 45 million lives between now and 2027.

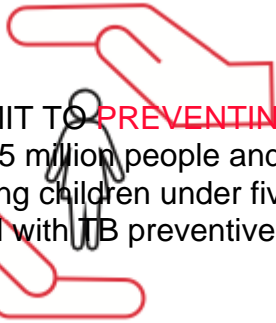
The document itself contained 84 commitments. You can read the [PD Concept Note](#) here; and the livestream of the meeting is available to watch [here](#).

Table 1. Key targets and commitments 2023, HLM on TB

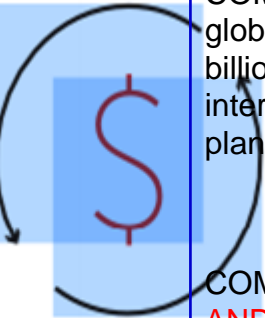


COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT** with the aim of successfully treating 45 million people between 2023 and 2027.

COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT** with the aim of successfully treating 4.5 million children with TB and up to 1.5 million people with drug-resistant tuberculosis (DR-TB).

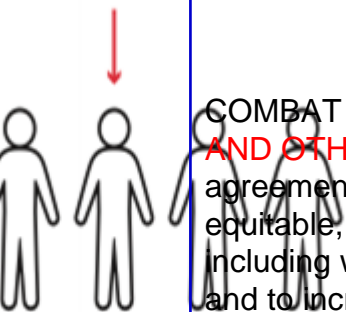


COMMIT TO **PREVENTING TUBERCULOSIS** for those most at risk of falling ill so that at least 45 million people and 30 million other household contacts of people affected by TB, including children under five years of age, and 15 million people living with HIV (PLHIV) are treated with TB preventive treatment (TPT).



COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING**, increasing annual global TB funding levels to over four times the current level (\$5.4 billion) towards reaching \$22 billion annually by 2027, increasing to \$35 billion by 2030, mobilized through domestic and international investment mechanisms, innovative financing mechanisms, and costed action plans.

COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING FOR RESEARCH AND DEVELOPMENT** with the aim of increasing overall global investments to \$5 billion annually by 2027 for TB research and innovation – a five times increase from the current \$1 billion a year – towards the development of point-of-care diagnostics, vaccines for all forms of TB, and shorter, safer and more effective treatment regimens.



COMBAT **INEQUALITY AND ELIMINATE TB-RELATED DISCRIMINATION, STIGMA AND OTHER HUMAN RIGHTS BARRIERS**, prioritizing TB affected communities through agreement to create enabling legal and policy frameworks to ensure that the TB response is equitable, inclusive, people-centred and promotes gender equality and respects human rights including with regard to policymaking forums, planning, and comprehensive TB care delivery, and to increase and sustain investment for initiatives at the community level.

## Translating lip service into concrete actions

The Stop TB Partnership (STP) issued a [statement](#) at the conclusion of the TB Summit.

Lucica Ditiu, Executive Director of the Stop TB Partnership, said: “This Declaration contains clear targets for the fight against TB. The TB community should be proud of their amazing work done to secure these targets. However, we know commitments alone aren’t enough and Declarations will gather dust without further action. In 2018 member states promised to provide \$13 billion a year in annual TB funding by 2022, yet they’re providing less than half that amount – who is accountable for the failure to follow through on this promise? This is why we need strong accountability efforts and tools to hold leaders and all of us accountable to reaching their promises. This starts with translating the global targets and commitments to national level, which Stop TB Partnership is currently working on, and ensuring civil society and TB communities have the resources and tools to ensure leaders follow through on their commitments.”

Unfortunately, member states failed to attach deadlines to these commitments which had been prioritized by TB-affected communities in their [‘Deadly Divide’](#) Accountability Report, and again featured in the interventions during the HLM itself. A small group of member states also opposed critical references to community-led monitoring and community, rights and gender action plans, which resulted in their removal during the negotiations process.

Member states failed to agree to several other key measures requested in the TB Community’s [Key Asks document](#), including a strong, robust, system of accountability in the PD to ensure regular and timely monitoring and follow-up, as well as feeling that the language on having a safe and effective new TB vaccine available in the next five years had been weakened.

GFAN’s statement of the 22nd said “The leaders assembled in New York for the TB HLM have adopted the political declaration this morning with no objection. We are relieved to see the political declaration finally come through by consensus, even if it leaves significant gaps”. It then went on to introduce the [Hub Statement on the Political Declaration](#).

“Because of the great advocacy efforts of many within the TB community, the declaration came a long way from humble beginnings in May. We now have specific, measurable and time bound targets to find, diagnose, and treat people with TB with the latest WHO recommended tools, as well as time bound and specific targets for funding the TB response and R&D.

“A particularly big win for the community is the commitment “to strengthen financial and social protections for people affected by TB

“. Critically, this would alleviate the health and non-health related financial burden of TB experienced by affected people and their families. UN Member states agreed to ensure that by 2027 “100 percent 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“. The community is also proud that this is the first political declaration on health that explicitly recognizes the human right to enjoy the benefits of scientific progress.”

But despite this achievement, the watering-down of issues identified in the earlier drafts was still apparent. “While the declaration could have been much stronger than it is and ultimately did not incorporate all key asks from TB stakeholders, it will be an important reference for accountability.

“However, despite supportive language, none of our substantive key asks related to ensuring all national TB responses are equitable, inclusive, gender-sensitive, rights-based and people-centred were secured. There are no specific commitments to action around costed community, rights and gender (CRG) action plans, stigma reduction plans, or strengthening national networks of people affected by TB in the declaration. Also upsetting is the fact that there are no explicit commitments to ensure public funding for research and development comes tied with access conditionalities. We all saw and lived through the consequences of citizen dollars not working for citizens during the COVID-19 pandemic, when predominantly publicly funded diagnostics, vaccines and treatments were ultimately not affordable or equitably accessible.

“While the PD adopted today is a tool that grassroots advocates can and will put to use to drive action and accountability at national levels, the fight continues and we will remain engaged and untied to push for greater ambition, accountability and impact”.

The Hub statement also contains many quotes from around the world from civil society organizations and stakeholders.

Some positive aspects

Not everyone was depressed about the supposed shortcomings of the PD. An HLM on TB delegate from India representing Indian youth said “We have finally reached an agreement on the crucial PD concerning the UN-TB-HLM. This document is a significant step, not just for us as individuals, but for the advancement of SDG 3, specifically targeting goals 3.3, 3.8 and 3.B

“As a youth, we are the future of tomorrow, and citizens of the world, we firmly believe that every article within these 84 PDs holds equal importance.

“Our commitment remains steadfast in fulfilling the SDG 3 agenda.

What next?

As Devex reported, prior to the meeting, there were already concerns that it may have a low turnout among heads of state. This was not wrong: Zimbabwe’s President Emmerson Dambudzo Mnangagwa and Saint Kitts and Nevis Prime Minister Terrance Drew were the only heads of state that attended in person; the remaining high-level participants participated through [e-delegations](#). For these Summits and PDs to carry the weight needed, high level commitment from governments was needed at the highest level and physical presence sends this message much more clearly than a virtual one. Lucica Ditiu said that while there were “amazing people” in the room, she expected more high-level personalities, adding that ministers of health struggle with their health budgets, and TB could benefit from support from finance ministers and heads of state.

The perceived mixed success of the Summit and PD cannot take away from the fact that the PD in itself was a significant accomplishment. Consensus-building is tough and nigh impossible with so many stakeholders from different walks of life representing so many different organizations in so many countries. Let’s celebrate this success while at the same time acknowledging that we now know the weak points of the PD and can work to ensure that those are strengthened as we move forwards in the fight against TB.

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