



UK Academics & Professionals to End TB

UK academics & professionals working in Tuberculosis research and service delivery – www.ptb.org

@UKAPTb



What next after the UN High Level Meeting on TB?

Bertie Squire

The run up to the 26th September 2018 and formation of UKAPT B

The content of the Political Declaration

What next?

Time-line, the run up to the HLM on TB

Date	Location	Event
05.17	Geneva	World Health Assembly Resolution to hold HLM
06.17	Geneva	WHO STAG-TB – planning for Moscow
07.17	Wilton Park	STOP-TB & WHO planning for Moscow and New York
01.18	UK	First UKAPTБ call – fortnightly thereafter
03.18	Global	World TB: Light up for TB
04.18	New York	UNGA Resolution: Scope, modalities and format for HLM
06.18	New York	Civil Society Hearing and WHO STAG-TB
06.18	London	Parliamentary Debate on TB
08.18	New York	Draft Political Declaration
09.18	New York	Political Declaration adopted by UN General Assembly

Report from the interactive civil society hearing for the UN high level meeting on TB

Property of Prof. Bertie Squire



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Scientists warn of global crisis over failure to tackle tuberculosis

With 10 million new cases each year, outcome of UN summit in New York could prove crucial

Robin McKie,
science editor

Sat 15 Sep 2018 17.05 BST



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🕒 This article is over 1
month old



▲ Patients wait to be tested for tuberculosis at a hospital in Liberia – one of the countries most affected by the disease. Photograph: SOPA Images/LightRocket via Getty Images



General Assembly

Distr.: Limited

3 October 2018

Original: English

The General Assembly

Adopts the following political declaration approved by the high-level meeting of the General Assembly on the fight against tuberculosis on 26 September 2018:

Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

United to end tuberculosis: an urgent global response to a global epidemic

United to end TB: an urgent global response to a global epidemic

Heads of State and Government signed up to 53 paragraphs

26 on recognitions and affirmations

27 on commitments to:

- action in the health sector (12 paras)
- multisectoral action (2 paras)
- research (7 paras)
- governance and accountability (6 paras)

United to end TB: Commitments to health sector action

Para(s)	Content
19	to promoting access to affordable medicines (reaffirms commitment to TRIPS)
24	to providing diagnosis and successful treatment of 40m people with TB by 2022, including 3.5m children, 1.5m with DR TB
25	to preventing TB: <ul style="list-style-type: none">- >30m people, including 4m children <5yrs, 20m other household contact and 6m PLWHIV to receive preventive therapy by 2022- Development of vaccine and provision of other prevention strategies
30 -31	to finding missing people with TB including reaching undetected and untreated men , as well as empowering women and girls, and systematic screening of risk groups
32-37	to WHO End TB Strategy, managing associated risk factors, engage with UHC, strengthening public health systems, use of digital technologies, human rights
46	to mobilise sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care to reach 13bn US\$ by 2022

United to end TB: Commitments to multi-sectoral action

Para(s)	Content
38	to provide special attention to the poor and vulnerable
39	to ensuring multisectoral collaboration: health, nutrition, finance, labour, social protection, education, science & technology, justice, agriculture, environment, housing, trade etc – leave no one behind

United to end TB: Commitments to research

Para(s)	Content
40-41	to capacity building & fostering cooperation between public and private sectors to develop new drugs
42-45	to advancing research: basic science, public health research and development of innovative products and approaches, conducive environments, networks (BRICS) , pre-clinical, clinical trials, operational, qualitative and applied research
47	to mobilise sufficient and sustainable financing for research to 2bn US\$

United to end TB: Commitments to governance and accountability

Para(s)	Content
48	to developing national tuberculosis strategies led by Heads of State
49	Request WHO DG to continue to develop multisectoral accountability framework and ensure implementation no later than 2019
50-52	to coordination and collaboration, links to SDG's UHC
53	Requests Secretary General, with support from WHO, to provide progress report in 2020 on global and national progress across sectors to inform preparations for comprehensive review by Heads of State and Government at a HLM in 2023



UKAPTB Statement on the UN High Level Meeting on TB

<http://ukaptb.org/ukaptb-statement-on-the-un-high-level-meeting-on-tb/>



Next actions advocated by UKAPT

1. Global campaign to ensure effective implementation of the commitments
2. UKAPT to link with global networks of academics and professionals and other stakeholders – parliamentarians, NGOs etc
3. Strong need for applied health research while awaiting breakthroughs in basic science
4. Situate work within health systems and within the contexts: poverty, social injustice and HIV
5. Work to mobilise funding
6. Better & continued engagement with policy makers, NGO's affected community,
7. Commit, with stakeholders, to evidence-based decision-making: eg. focus on missing men

Work under consideration to be taken forward by UKAPT

1. Work with PHE on national patient cost survey
2. Track funding – complementing GAP minder and TAG (esp applied health research)
3. Continued engagement with MP's and APPG
4. Speak as a collected constituency with DFID, DH, WT, MRC etc

Summary

The run up to the 26th September 2018 and formation of UKAPT B

The content of the Political Declaration: commitments to

- Health sector action
- Multi-sectoral action
- Research
- Governance and accountability

What next – for UKATPB?

- Patient cost survey
- Track funding
- Continued engagement with MP's and APPG
- Stronger, united constituency for interactions with funders and HMG

Reserve slides – details on Political Declaration

United to end TB: an urgent global response to a global epidemic

Heads of State and Government signed up to
53 paragraphs, :

Para(s)	Content
1-5	1-5 recognise and re-affirm previous resolutions and meetings (SDG's, AMR, HIV/AIDS, End TB Strategy, MDG's etc)
6-18	Recognises magnitude of the problem and the overall context: developing country burden and medical co-morbidities, HIV, relationship with poverty, curable, challenges in diagnosis and treatment, AMR, need for people-centred care, epidemiology, higher prevalence among men
19	Commits to promoting access to affordable medicines (reaffirms commitment to TRIPS)
20-21	Recognises lack of new drugs on market and lack of funding generally
22	Recognises need for data, plus its conversion into action and as a medium for monitoring
23	Notes drafting of multisectoral accountability framework
24	Commits to providing diagnosis and successful treatment of 40m people with TB by 2022, including 3.5m children, 1.5m with DR TB

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26-27	Commits to addressing MDR-TB
28	Commits to addressing childhood TB
29	Commits to co-ordination with HIV
30	Commits to finding missing people with TB including reaching undetected and untreated men, as well as empowering women and girls
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32-37	Commit to WHO End TB Strategy, managing associated risk factors, engage with UHC, strengthening public health systems, use of digital technologies, human rights

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