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Paper laid
by the Hon. Sabine
Chege - chair of Committee
on Health.
29/03/2018

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THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT- SECOND SESSION

DELEGATION REPORT

MEETINGS OF THE GLOBAL PARLIAMENTARY TB CAUCAS

NEW YORK, USA

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ABBREVIATIONS

AMR	Anti-Microbial Resistance
ALMA	African Leaders Malaria Alliance
EU	European Union
BCG	Bacillus Calmette–Guérin vaccine
G77	United Nations Group of 77
G20	Global Summit of 20
HIV	Human Immunodeficiency Virus
HLMTB	High Level Meeting on Tuberculosis
MDR	Multi-Drug Resistant
ODA	Official Development Assistance
PGA	President of the General Assembly
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Program
UNEP	United Nations Environmental Program
UNICEF	United Nations Children’s Fund
UNHLM	United Nations High Level Meeting
UNGA	United Nations General Assembly
WHO	World Health Organization

1.0 PREFACE

The African Parliamentary Tuberculosis Caucus was launched in Durban, South Africa in 2016 and is one of the four regional Caucuses comprising the Global TB Caucus. Hon. Stephen Mule, Member of Parliament in the Parliament of Kenya was elected Chairman Africa Region. The Caucuses are instrumental in advancing political will in the fight against TB and formation of in-country Caucuses to advance this agenda.

The Meetings with Missions at the UN were geared towards creating more awareness amongst the representatives on the critical need to address the TB scourge. The Meetings were part of elaborate plans towards bringing TB on the agenda of the UNHLM scheduled for 23-26 September, 2018.

The Meetings in New York were also a follow up to the Moscow High Level discussions on TB held in November 2017. The Conference culminated in the signing of the Moscow Ministerial Declaration on TB, to inform the UN General Assembly High Level meeting on TB in 2018.

The Delegation's main agenda was to speak to a host of Missions with a view to drawing the support of the respective Heads of States to support discussions on TB during the UNHLM in New York. To this end, the Delegation spoke to 44 UN Missions based in New York. It is important to note that there was overwhelming support by the Missions, with pledges that they would follow the discussions with their respective Governments.

Part of the preparations for the UNHLM in New York entailed drafting of modalities that would guide the consultations building up to the Leaders Meeting. Plans were also under way to convene another consultative meeting in April 2018.

1.2 Delegation

The following Members of the Departmental Committee on Health were nominated to attend the Meetings of the Global Parliamentary TB Caucus with the United Nations Missions in New York, USA between 1st and 3rd February, 2018;

1. Hon. Sabina Wanjiru Chege, MP – Chairperson, Departmental Committee on Health and Leader of the Delegation
2. Hon. Stephen Mutinda Mule, MP – Chairperson, Africa TB caucus
3. Mr. Daniel Mwaniki Mutunga – Principal Clerk Assistant/Delegation Secretary

1.3 Appreciation

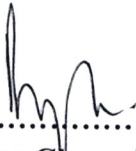
Mr. Speaker Sir,

The delegation is grateful to the Offices of the Speaker and the Clerk of the National Assembly for facilitating the trip. The Meetings with a selected number of the Missions at the United Nations in New York were geared towards creating awareness on the realities of the TB pandemic and more importantly, getting countries to support the agenda for TB to be part of the UN High Level Meetings in New York in September, 2018.

The Delegation was well received by the various UN Missions that were visited. It was encouraging to note that many of the UN Missions were very positive about the effort to bring to an end the TB scourge by 2030. It also emerged that some Missions were not even aware of the extent to which TB had affected their countries and were quite shocked by the statistics.

Mr. Speaker,

Pursuant to Standing Order no. 199(6), it is now my pleasant duty to table the Report of the Parliamentary Delegation on its Meetings with Missions at the UN, New York, USA in preparation for the High-Level Meetings in New York in September 2018, for consideration and adoption by the House.

Signed  Date 28/03/18

Hon. Sabina Chege, MP

Chairperson, Departmental Committee on Health

Signed  Date 28/03/18

Hon. Stephen Mule, MP

Chairperson, Africa Parliamentary TB Caucus

2.0 BACKGROUND

2.1 The UN High Level Meeting and its focus on Tuberculosis (TB)

In late 2018 the UN will be hosting a High-Level Meeting on Tuberculosis (HLMTB). The Meeting will bring Heads of States and Heads of Governments from across the world to discuss TB, the world's leading infectious killer. It marks the culmination of several high profile political meetings regarding TB, most recent being the Global Ministerial Conference on TB in Moscow in November 2017.

2.2 About the Global TB Caucus: Its significance

This is the first meeting of Heads of States and Heads of Governments exclusively regarding TB. It represents an escalation in the political response to TB. Ending TB by 2030 was one of the Sustainable Development Goals (SDGs) that governments committed to in 2015, yet at the current rate of progress, this SDG will not be achieved for 180 years. The timing of the meeting will also provide impetus to achieve the milestone targets for 2020 set by the SDGs.

Ultimately the HLMTB will shape the international response to TB for a decade; it is key to the successful achievement of the Sustainable Development Goals by 2030.

2.3 Primary objectives for Global TB Caucus

If we are to achieve the Sustainable Development Goals and end TB, two major activities must first take place:

1. **The full scale-up of existing tools: diagnose and treat every patient with TB.** At present only around 60% of all global cases of TB are officially diagnosed and treated.
2. **The development and introduction of a new pan-TB regimen, new diagnostics and a better vaccine.** Even with full implementation, the current tools to tackle TB are insufficient to eliminate the disease.

The Global TB Caucus is therefore advocating that the HLMTB prioritizes these two outcomes. However, as the burden to achieve this does not fall equally on member states, the Global TB Caucus believes that the best resolution is for member states to agree to a 'compact' where the countries that are typically donors commit to a new suite of tools by 2025 and making them accessible, in return for the higher burden but lower income countries to scale up their care and prevention programmes to diagnose and treat everyone.

2.4 Participation of the Global TB Caucus

As an international network of parliamentarians, the Global TB Caucus is uniquely placed to advocate in country regarding both the outcomes of the meeting and attendance of Heads of States and Heads of Governments.

Throughout 2017, the regional groups of the Global TB Caucus outlined their priorities for the HLMTB, according to the regional needs, and together these formed the global strategy for the HLMTB.

The Global TB Caucus has a number of events and advocacy opportunities throughout 2018 which will enable its members to advocate on a national, regional and global stage. Globally the Caucus and partners will host a Parliamentary Consultation in New York to discuss the political priorities.

The Parliamentary Consultation for the UNHLM on TB is focused on preparing the national, regional and global parliamentary response in lead up to the UN High-Level Meeting on TB, with a particular focus on convening parliamentarians from across the G20 to ensure coordination and collaboration between the HLM campaign and the 2018 G20 campaign. There will be members from over 50 countries participate and it will be held in New York from 9-11th April.

Once the meeting has occurred, the Caucus is also ideally positioned to hold Heads of States to account and to advocate for promised changes within their own country.

2.5 Key objectives of the modalities document

1. Press for the date of the HLM to be in September 2018, during leaders' week. Leaders week at the UN General Assembly starts on 25 September, and we are asking for either the 23 September, 25-26 September, 26 September. Anything after 26 and before 23 will have very little chances of heads of states attending.
2. Press for the UNHLM to be at attended at the highest possible level - head of state or head of government.
3. Press that the outcome of the UNHLM on TB should be a Political Declaration that includes ambitious numeric targets aligned to the End TB targets and an UNGA accountability framework.

2.6 Global statistics

Tuberculosis (TB) remains the world's leading infectious killer: 1.7 million people died from TB in 2016. 53 million lives have been saved since 2000 and there has been a 37% decline in global TB mortality. Globally the TB incidence rate is falling by about 3% per year. Nonetheless, 173 million people fell ill from the disease from 2000-2015 and 32 million people died.

Seven countries accounted for 64% of the total burden: India, Indonesia, China, Philippines, Pakistan, Nigeria and South Africa. TB is the leading cause of death for people with HIV. 400,000 people died of TB/HIV in 2016, a decrease of 4% from 2015.

There were 600,000 new cases of Drug Resistant TB (DR-TB) last year. TB is the world's only major drug-resistant disease which is transmitted through the air. The Sustainable Development Goals (SDGs) target the end of TB by 2030, but at the current rate of progress this will not be achieved for 180 years. At the current rate of progress, an estimated 27 million people will die from TB over the SDG period.

The global economic cost of fighting TB in the period from 2000-2015 was USD\$616 billion and, if current trends continue, the estimated global economic cost of TB during the SDGs will be USD\$984 billion.

2.7 Regional figures for the Americas

23,000 people died from TB in the Americas in 2016 and there were an estimated 274,000 new cases in the region. Of these 51,000 people were never officially diagnosed or treated.

An estimated 30,000 people had TB/HIV co-infection in the Americas in 2016. There were an estimated 12,000 number of cases of drug-resistant TB but only 8,000 were officially diagnosed, meaning that at least 4,000 people with drug-resistance did not start treatment.

Since 2000 2,273,000 people have died from TB, and 9,543,000 people have fallen ill with the disease in the Americas.

TB cost countries across the Americas USD\$35.01 billion in the period from 2000-2015. At current rates of progress, an estimated 386,000 people will die from TB by 2030, and 4,219,000 people will fall ill with the disease.

The economic impact of the disease could be at least USD\$42.48 billion in the Americas by 2030.

2.8 Regional figures for the Asia Pacific

858,000 people died from TB in the Asia Pacific in 2016 and there were an estimated 7,112,000 new cases in the region. Of these 2,601,000 people were never officially diagnosed or treated. An estimated 200,000 people had TB/HIV co-infection in the Asia Pacific in 2016.

There were an estimated 365,000 number of cases of drug-resistant TB but only 224,000 were officially diagnosed, meaning that at least 141,000 people with drug-resistance did not start treatment.

Since 2000 19,841,000 people have died from TB, and 116,294,000 people have fallen ill with the disease in the Asia Pacific.

TB cost countries across the Asia Pacific USD\$363.25 billion in the period from 2000-2015. At current rates of progress, an estimated 14,249,000 people will die from TB by 2030, and 105,049,000 people will fall ill with the disease.

The economic impact of the disease could be at least USD\$573.44 billion in the Asia Pacific by 2030.

2.9 Regional figures for Europe and Central Asia

31,000 people died from TB in Europe and Central Asia in 2016 and there were an estimated 291,000 new cases in the region. Of these 38,000 people were never officially diagnosed or treated.

An estimated 33,500 people had TB/HIV co-infection in Europe and Central Asia in 2016. There were an estimated 122,000 number of cases of drug-resistant TB but only 77,000 were officially diagnosed, meaning that at least 45,000 people with drug-resistance did not start treatment.

Since 2000 2,757,000 people have died from TB, and 19,223,000 people have fallen ill with the disease in Europe and Central Asia. TB cost countries across Europe and Central Asia USD\$99.18 billion in the period from 2000-2015.

At current rates of progress, an estimated 473,000 people will die from TB by 2030, and 4,163,000 people will fall ill with the disease.

The economic impact of the disease could be at least USD\$64.49 billion in Europe and Central Asia by 2030.

2.10 Regional figures for Africa

759,000 people died from TB in Africa in 2016 and there were an estimated 2,726,000 new cases in the region. Of these 1,373,000 people were never officially diagnosed or treated. An estimated 765,000 people had TB/HIV co-infection in Africa in 2016.

There were an estimated 101,000 number of cases of drug-resistant TB but only 43,000 were officially diagnosed, meaning that at least 58,000 people with drug-resistance did not start treatment.

Since 2000 7,017,000 people have died from TB, and 25,873,000 people have fallen ill with the disease in Africa. TB cost countries across Africa USD\$118.70 billion in the period from 2000-2015.

At current rates of progress, an estimated 12,707,000 people will die from TB by 2030, and 47,626,000 people will fall ill with the disease.

The economic impact of the disease could be at least USD\$303.24 billion in Africa by 2030.

3.0 MEETINGS OF THE GLOBAL PARLIAMENTARY TB CAUCAS WITH THE UNITED NATIONS PERMANENT MISSIONS

3.1 Meeting with H.E. George Sparber, Deputy Permanent Head of the Principality of Liechtenstein at the United Nations

During the Meeting, the Deputy Permanent Head of the Mission was informed as follows: -

The Global Parliamentary TB Caucus meetings with targeted UN Missions in New York were aimed at building relationships with Missions from leading countries, noting that the Caucus wanted to work with key countries, with the ultimate goal of bringing the TB pandemic on the international agenda;

The series of meetings with the UN Missions was a precursor to a High-Level Meeting on TB (HLMTB) scheduled for September, 2018 at the UN, New York, during the head of states meeting.

There was need therefore to hold the HLMTB in September on the sidelines of the Leaders Meeting during the UN General Assembly. Any date between 23rd and 26th September 2018 would be most appropriate for maximum participation and awareness on TB with the leaders in attendance.

It was imperative to have the HLMTB at the UN attended at the highest level by heads of states. This would be geared at heightening political good will by governments and ensuring that there was sustainable support and commitment from across the globe.

It was the intention of the Global TB Caucus that the HLMTB at the UN would end with a political declaration with concrete action plan and targets being set with a view to ending TB in addition to strengthening an UNGA accountability framework.

In light of the above, there was need therefore to have one voice in order to tackle TB, which was the biggest silent killer in the world. It was important to carry out further research with a view to finding alternative drugs that would be used to treat the now worrying instances of strains of TB which were increasingly resistant to common regimens.

Remarks by the Deputy Permanent Head

In response, the Deputy Head reiterated the support of the Liechtenstein Mission to the efforts the Parliamentary Global TB Caucus was making to create awareness about TB by bringing the matter on the global agenda.

The Deputy Permanent Head sought to know whether there was a Global Trust Fund to support the Parliamentary TB Caucus efforts in fighting the pandemic, as well as the distribution of funding of other major diseases like Malaria and HIV.

He was agreeable that the focus should be tilted towards TB funding. It was also important to involve non-state actors, private organizations and civil society to work together in advancing the advocacy efforts to sustain the gains so far made towards treatment of TB.

In addition, there was need for multinational pharmaceuticals and the academia to double their efforts in terms of carrying out research geared towards developing drugs that would combat the emerging strains to TB treatment.

He undertook to have the Liechtenstein Mission to have countries sign up for collaboration to tackle and push for the TB agenda to be part of the discussions during the Leaders Meeting at the UN in September, 2018.

3.2 Meeting with H.E. Penelope Althea Beckles, Ambassador, Permanent Mission of Trinidad and Tobago at the United Nations

The Meeting was held at the Mission's offices. Key issues touching on efforts to combat TB were discussed as follows: -

The Parliamentary Global TB Caucus has grown since inception, from 8 Members to the current Membership of 2,400 Parliamentarians spread in over 134 countries.

It was encouraging to note that WHO had reported Trinidad and Tobago was on course to achieving the SDG targets by 2027. Regrettably, many countries would miss the SDG targets by 2030.

To make progress in achieving the SDGs, it was imperative to address TB. WHO in collaboration with other key organizations in the world, ought to make TB a global agenda including escalating funding for the disease.

The Parliamentary Global TB Caucus was holding meetings with various Missions at the UN to seek collaboration and support of several countries during the Leaders Week to be held later in the year at the UN in New York.

Thus, the push for the TB agenda to be part of the discussions at the HLMTB was necessary. Heads of States would be expected to make a political declaration in support of efforts to fight TB globally.

There was need for collaboration with other Parliamentary caucuses such as the Inter-Parliamentary Union and the Parliamentarians for Global Action in relation to finding solutions to end TB. It should be a major concern to the world that TB could be used as a biological weapon which could cause untold damage.

The Ambassador was requested to talk to her counterparts in Antigua and Barbados in advancing the call for advocating for the TB agenda to be part of the Leaders Meeting in September in New York.

Statement by the Ambassador

The Ambassador was supportive of the HLMTB initiative to have TB addressed at the UN Meetings. She opined that a continuous and persistent push to have the International Community to have the TB matter on the agenda at the UN Meetings was necessary. She requested for modalities on the HLMTB preparations to be availed to the Mission once a draft was finalized.

3.3 Meeting with H.E. Carlos Morales, Ambassador Extraordinary and Plenipotentiary, Permanent Representative, Permanent Mission of Colombia at the United Nations

During the Meeting, the Ambassador was informed as follows: -

The Parliamentary Global TB Caucus meetings with targeted UN Missions in New York were aimed at building relationships with Missions from leading countries, noting that the Caucus wanted to work with key countries, with the ultimate goal of bringing the TB pandemic on the international agenda;

The series of meetings with the UN Missions was a precursor to a High-Level Meeting on TB (HLMTB) scheduled for September, 2018 at the UN, New York, during the Heads of States meeting.

There was need therefore to hold the HLMTB in September on the sidelines of the Leaders Meeting during the UN General Assembly. Any date between 23rd and 26th September 2018 would be most appropriate for maximum participation and awareness on TB with the leaders in attendance.

It was imperative to have the HLMTB at the UN attended at the highest level by heads of states. This would be geared at heightening political good will by governments and ensuring that there was sustainable support and commitment from across the globe.

It was the intention of the Global TB Caucus that the HLMTB at the UN would end with a political declaration with concrete action plan and targets being set with a view to ending TB in addition to strengthening an UNGA accountability framework.

In light of the above, there was need therefore to have one voice in order to tackle TB, which was the biggest silent killer in the world. It was important to carry out further research with a view to finding alternative drugs that would be used to treat the now worrying instances of strains of TB which were increasingly resistant to common regimens.

Remarks by the Ambassador

The Ambassador informed the Delegation that a relative of his has had TB in the past. He requested for information to be shared on TB, access to medicines and maternal and child health. The Ambassador noted that the Caucus should have a clear position on the three main issues that participants focus on at UN: technology transfer, Overseas Development Agency (ODA) as these are all important for the global north.

3.4 Meeting with H.E. Mr. Syed Akbaruddin, Ambassador, Permanent Mission of India at the United Nations

During the meeting, the Ambassador was informed as follows: -

TB has been ignored for a long time yet it is the highest silent infectious killer claiming 1.8 million people every year. There was need to push for the agenda on TB at the HLMTB in New York to bring to the attention of Heads of States on the need to end TB.

The cardinal objective of the TB Caucas was to call for a one-day meeting to address the agenda on communicable diseases in particular TB. The focus should be on better access to affordable TB drugs. A conscious effort ought to be made towards making TB a priority in the Universal Health Coverage platform.

The goal on achieving Vision 2030 will not be realized if TB was not tackled as a global problem. Indeed, to ignore TB would mean pulling back by 180 years the gains made towards ending it. If proper measures were taken towards dealing with TB in terms of proper research, diagnosis and treatment, the SDGs on communicable diseases would be achieved by 2025.

There was need to bring to the attention of the world that TB remained a lethal disease. It was therefore important to have the UN HLM attended by Heads of States for greater impact. A political and binding declaration would be the ultimate resolution on TB with focus shifting to accountability and commitment by respective governments.

The India Mission could therefore be part of the collaborative effort towards placing the TB on the agenda of the UN HLM in New York. Modalities on the meetings preceding the HLMTB at the UN were still being worked. Once a draft was ready it would be shared with the Indian Mission.

Remarks by the Ambassador

The Ambassador informed Members of the Caucas that the Indian Delegation to Geneva was quite active in the discussions on communicable diseases. The Ministry of Health in India was key in dealing with TB and other infectious diseases. He undertook to meet the facilitators of the High-Level Heads of States meeting in New York in September and share the message of the Caucas.

3.5 Meeting with H.E. Mr. Sven Jürgenson, Ambassador Extraordinary and Plenipotentiary, Permanent Representative, Permanent Mission of Estonia at the United Nations

During the Meeting, the Ambassador was informed as follows: -

The Parliamentary Global TB Caucas meetings with targeted UN Missions in New York were aimed at building relationships with Missions from leading countries, noting that the Caucas wanted to work with key countries, with the ultimate goal of bringing the TB pandemic on the international agenda;

The series of meetings with the UN Missions were a precursor to a High-Level Meeting on TB (HLMTB) scheduled for September, 2018 at the UN, New York, during the Heads of States meeting.

There was need therefore to hold the HLMTB in September on the sidelines of the Leaders Meeting during the UN General Assembly. Any date between 23rd and 26th September 2018 would be most appropriate for maximum participation and awareness on TB with the leaders in attendance.

It was imperative to have the HLMTB at the UN attended at the highest level by heads of states. This would be geared at heightening political good will by governments and ensuring that there was sustainable support and commitment from across the globe.

It was the intention of the Global TB Caucas that the HLMTB at the UN would end with a political declaration with concrete action plan and targets being set with a view to ending TB in addition to strengthening an UNGA accountability framework.

In light of the above, there was need therefore to have one voice in order to tackle TB, which was the biggest silent killer in the world. It was important to carry out further research with a view to finding alternative drugs that would be used to treat the now worrying instances of strains of TB which were increasingly resistant to common regimens.

Statement by the Ambassador

The Ambassador was not aware about the extent of TB in the world but was immediately supportive of the Caucas' efforts after the discussions. The Ambassador agreed to ask the Prime Minister if he would attend the meeting, share information that the Caucas sent on TB with the capital, and also raise it with his Ambassadorial colleagues. The Ambassador requested information on how TB affected children, having been the chairperson of UNICEF previously. He would raise the matter with UNICEF'S Regional Bloc.

3.6 Meeting with H.E. Mr. Jan Kickert, Ambassador, Permanent Mission of Austria at the United Nations

At the meeting with the Austrian Ambassador, a number of issues were discussed. The deliberations included the following: -

The Delegates were advocating for HLMTB in September 2018 at the UN, New York. There was need for more attention to be drawn to deal with TB on a global level. The emergence of multi drugs resistant TB should be cause for concern. If the matter of ending TB was not addressed, the objective on achieving SDGs by 2030 would not be feasible.

While Malaria and HIV received some considerable attention, it was not the case with TB. Even funding was tilted towards Malaria and HIV which received about 60% and 25% respectively, while TB would only get 15%. There was need therefore to enhance funding for TB.

The Ambassador was called upon to reach out to his counterparts and also heads of governments in a bid to advocate for TB to be given more prevalence on the international arena. A draft of the modalities of the planned meetings would be shared with the Austrian Mission for information and sensitization.

Statement by the Ambassador

He reiterated the need to bring on board pharmaceuticals and other key stakeholders in the private sector to have one voice in the discussions on TB. The idea of co-financing with WHO in a bid to control resistance to anti-biotics should also be considered. In handling spread of TB, focus should shift to immigrants and not just tourists.

The Ambassador affirmed that he had made contact with the facilitators/secretariat planning the Nelson Mandela Peace Summit and would therefore advance the idea of having the matter of TB being discussed at the time of the High-Level Meeting. He would also endeavor to bring the TB discussions as an agenda during the European Union (EU) Meetings.

3.7 Meeting with H.E. Mr. Michal Mlynar, Ambassador, Permanent Mission of Slovakia at the United Nations

H.E. the Slovakian Ambassador was informed as follows: -

The TB Caucus was founded in 2013 by 8 Parliamentarians. Current Membership stood at 2,400 Parliamentarians from 134 countries across the globe. Hon. Stephen Mule was the Caucus' Africa region President/Chairperson and Vice Chairperson globally.

Every year, 1.8 million people were dying of TB. These casualties were more than all the other infectious diseases combined. Drug resistant TB was on the rise. There was need to research on new TB vaccine. Studies had shown that for every 1 US dollar invested in treating TB there was a corresponding return of 7 US dollars.

The Moscow Ministerial Conference was a positive step in raising awareness for TB. However, there was no commitment or accountability arising from the Meeting. It was therefore necessary to have nations commit themselves into ending TB within the WHO timelines.

The HLMTB in New York would therefore provide a platform for enhancing accountability at the national level in as far as TB was concerned. It was envisaged that the outcome of the HLMTB would be a political declaration and an accountability framework by respective governments.

Slovak was urged to take part in the HLMTB and offer support towards increased awareness and attention towards TB. The Ambassador was called upon to reach out to his colleagues and raise the TB awareness as well as pass information on the forthcoming HLMTB. The modalities of the HLM were being formulated and would be circulated once concluded.

Remarks by H.E. the Ambassador

The Ambassador was in agreement that issues of TB needed to be elevated from the ministerial docket to the national level. He recommended that a leading Slovak academic and physician Prof. Evans ought to be approached and perhaps be a panelist during the HLMTB in New York.

The Ambassador also undertook to talk to his colleagues with a view to having them support the TB initiative during the HLMTB in September in New York.

3.8 Meeting with H.E. Ambassador Noa Furman, Deputy Permanent Representative, Permanent Mission of Israel at the United Nations

During the Meeting, the Deputy Permanent Representative was informed as follows: -

The Parliamentary Global TB Caucus meetings with targeted UN Missions in New York were aimed at building relationships with Missions from leading countries, noting that the Caucus wanted to work with key countries, with the ultimate goal of bringing the TB pandemic on the international agenda;

The series of meetings with the UN Missions was a precursor to a High-Level Meeting on TB (HLMTB) scheduled for September, 2018 at the UN, New York, during the Heads of States meeting.

There was need therefore to hold the HLMTB in September on the sidelines of the Leaders Meeting during the UN General Assembly. Any date between 23rd and 26th September 2018 would be most appropriate for maximum participation and awareness on TB with the leaders in attendance.

It was imperative to have the HLMTB at the UN attended at the highest level by heads of states. This would be geared at heightening political good will by governments and ensuring that there was sustainable support and commitment from across the globe.

It was the intention of the Global TB Caucus that the HLMTB at the UN would end with a political declaration with concrete action plan and targets being set with a view to ending TB in addition to strengthening an UNGA accountability framework.

In light of the above, there was need therefore to have one voice in order to tackle TB, which was the biggest silent killer in the world. It was important to carry out further research with a view to finding alternative drugs that would be used to treat the now worrying instances of strains of TB which were increasingly resistant to common regimens.

Statement by the Ambassador

The Ambassador was not aware about the extent of TB in the world but was immediately supportive of the Caucus' efforts after the discussions. The Deputy Head agreed to ask the Prime Minister if he would attend the meeting, share information that the Caucus sent on TB with the capital, and also raise it with his Ambassadorial colleagues. The Deputy Ambassador requested information on how TB affected children, having been the chairperson of UNICEF previously. He would raise the matter with UNICEF'S Regional Bloc.

3.9 Meeting with H.E. Mr. Vladmir Drobjank, Ambassador, Permanent Mission of Croatia at the United Nations

During the meeting, H.E. the Ambassador was informed as follows: -

TB was a serious infectious disease that was killing almost 2 million people every year. However, there was low level on allocation to TB by the National Treasuries. Indeed, among the communicable diseases, TB received about 15% while Malaria and HIV/Aids received about 60% and 25% allocation respectively.

Again, TB is usually relegated to a Department in the Ministry of Health while Malaria and HIV have been given prominence in the Office of the President. There was need therefore to push for TB to be moved to the Office of the President in order to rise its portfolio and enhance the awareness that TB is a silent killer that is threatening many lives.

There were a number of challenges affecting the treatment of TB. For instance, a multi drug resistant TB was on the rise. The vaccine used to treat TB, BCG, was really old. A new vaccine was necessary. However, there were no financiers to fund research. New drugs for effective treatment of the resistant strain of TB were unaffordable to many poor communities.

Studies had shown that if TB menace was not adequately addressed, the SDG target to ending TB by 2030 would not be achieved. Africa bore the highest burden in reported TB cases. With the current trend, the SDG goal will be missed by 180 years!

It was important to develop a full TB regimen in order to treat TB effectively. However, pharmaceutical companies were not willing to invest in research as there were no prospects of good returns on the drugs once manufactured.

In line with creating awareness and bringing to the attention of the world the graveness of TB, the Parliamentary Global TB Caucus was planning a High-Level Meeting to be held in September in New York during the Leaders Meeting of States. Before then, consultative Meetings were being organized which would culminate into a Consultative Meeting of MPs of the Caucus sometimes in April, 2018.

The HLMTB in September would result in a political declaration with States undertaking to push the agenda of TB to the National level, with a clear framework on accountability in the treatment of TB. The Mission was beseeched to support the HLMTB initiative by contacting other Missions to create the desired attention on TB issues.

Ambassador's remarks

The Ambassador agreed that TB was a widespread disease whose treatment was out of reach to many societies. Awareness about TB was important. He was keen to know whether there was a direct link between migration and spread of TB. Illegal migration should therefore be at the forefront in tackling the spread of TB.

H.E. requested to be furnished with the modalities of the Consultative Meeting and the UNHLM so that he could reach out to other Missions in seeking their support and willingness to bring the attention of Heads of States during the HLMTB in September, 2018 in New York.

3.10 Meeting with H.E. Dr. Walton Webson, Ambassador, Permanent Mission of Antigua and Barbuda at the United Nations

The meeting with H.E. the Ambassador for Antigua and Barbuda deliberated as follows: -

The Parliamentary Global TB Caucus was founded in 2013. There were only 8 Members of the Caucus at inception. Currently there were 2,400 members drawn from 134 countries. The sole

focus of the Caucas was to end TB through advocacy and awareness by 2030 in accordance with the SDGs.

However, TB could not be ended in the prevailing circumstances. There has been no new vaccine developed over the period. BCG vaccine was not effective any more. TB was getting more resistant to drugs, while the multi drug regimens developed were very expensive to most of the patients. There was also little funding for TB.

There was therefore need to bring to the attention of the world the dire consequences of not addressing TB. The Caucas was therefore arranging for a series of advocacy meetings of Parliamentarians which was a lead up to a HLMTB at the UN in New York in September.

The aim of the HLMTB was to get the involvement of Heads of States, instead of Ministers, in addressing the TB menace. The Caucas was pushing for the dates for the HLMTB to be on 23 – 26 September, 2018, during the UNGA which also coincided with the Nelson Mandela Summit.

At the end of the HLMTB, it was expected that a political declaration would be made where Heads of States would commit and be accountable to matters pertaining to TB. After the Meeting, it was envisioned that Heads of States would focus more on treatment of TB, through increased awareness and enhanced allocation of resources, with a view to ending it by 2025.

The voice and support of Antigua and Barbuda was therefore necessary in building support for HLMTB to be actualized and TB brought on the agenda. Antigua and Japan, being the facilitators for the HLMTB, should concretize arrangements towards realization of the HLM at the UN. There was urgency then to fast-track modalities for the Consultative meetings for April so that information could be disseminated to the prospective participants.

Statement of the Ambassador

He was aware that TB had not attained the attention and awareness associated with other diseases. Indeed, there was over-commitment to TB by WHO but there was no follow-up. There was also very little money going to advocacy. Fragmented approach to TB issues by the Civil Society led to weak advocacy.

The targets for the HLMTB should be brief, specific and achievable, and should be about one and half pages. The Antigua and Barbuda Mission was already collaborating with Japan on the modalities of the meetings and also talking to Moscow on the follow up of the Ministerial Conference held in the Capital in November 2017.

There was need to bring on board the civil society for effective advocacy. Adequate communication and awareness on the forthcoming HLMTB ought to be done prior to the meetings with a view to engaging many actors. Antigua and Japan were working towards the meeting to be held on 24th September, 2018.

3.11 Meeting with H.E. Mrs. Valentine Rugwabiza, Ambassador, Permanent Mission of Rwanda at the United Nations

During the meeting, the Ambassador was informed as follows: -

The Caucas was founded in 2013. Amongst the founders was Nick Herbert of the UK House of Commons, who is the current Chairman while the Co-chair was Dr. Aaron Motsoaledi, Minister of Health in the Republic of South Africa.

TB was a major killer which had been declared a world disaster by WHO twenty-two years ago. The Caucas was advocating for a new paradigm shift to end TB by 2025. There have been no serious discussions on matters touching on TB.

Political will, commitment and accountability were lacking from the national agenda in many countries. Indeed, TB had been relegated to none-descript and non-glamorous Departments in the Ministry of Health. It was time to move TB to the more prominent and influential Office of the President.

A strong accountability framework was needed. Treatment of TB was not a complex matter. All that was required was to place the TB agenda on a global level, increase funding for research and treatment and make drugs more affordable.

It was towards this end that the Caucas was advocating for the HLMTB in September at the UN in New York to raise the TB awareness as a national agenda for state parties. Japan and Antigua and Barbuda were spearheading this initiative and raft modalities on the planned meetings would be released soon for circulation.

Remarks by the Ambassador

TB was associated with stigma hence the patients felt stigmatized. A lot of cases went un-diagnosed and untreated causing many deaths. Attention had diminished and shifted from TB to other infectious diseases due to availability of treatment. It was important to raise the level of awareness if TB would be ended in 2030 as envisaged.

Champions for TB should not only be left to the politicians but non-state actors should be actively engaged. Countries and regions that bear the heaviest burden should be at the forefront in advocating for increased awareness on TB. The private sector especially major pharmaceutical companies should be engaged to support in research for better vaccines and affordable TB regimens.

A comprehensive blue print was essential to elevate TB to the national level. The level of detection should be increased to prevent infection. Rwanda would be willing to input in the process of creating this awareness at all levels.

3.12 Meeting with H.E. Diego Morejon-Pazmino, Ambassador Extraordinary and Plenipotentiary, Permanent Representative, Permanent Mission of Ecuador at the United Nations

During the meeting, H.E. the Ambassador was informed as follows: -

TB was a serious infectious disease that was killing almost 2 million people every year. However, there was low level on allocation to TB by the National Treasuries. Indeed, among the communicable diseases, TB received about 15% while Malaria and HIV/Aids received about 60% and 25% allocation respectively.

Again, TB is usually relegated to a Department in the Ministry of Health while Malaria and HIV have been given prominence in the Office of the President. There was need therefore to push for TB to be moved to the Office of the President in order to rise its portfolio and enhance the awareness that TB is a silent killer that is threatening many lives.

There were a number of challenges affecting the treatment of TB. For instance, a multi drug resistant TB was on the rise. The vaccine used to treat TB, BCG, was really old. A new vaccine was necessary. However, there were no financiers to fund research. New drugs for effective treatment of the resistant strain of TB were unaffordable to many poor communities.

Studies had shown that if TB menace was not adequately addressed, the SDG and target to ending TB by 2030 would not be achieved. Africa bore the highest burden in reported TB cases. With the current trend, the SDG goal will be missed by 180 years!

It was important to develop a full TB regimen in order to treat TB effectively. However, pharmaceutical companies were not willing to invest in research as there were no prospects of good returns on the drugs once manufactured.

In line with creating awareness and bringing to the attention of the world the graveness of TB, the Parliamentary Global TB Caucus was planning a High-Level Meeting to be held in September in New York during the Leaders Meeting of States. Before then, consultative Meetings were being organized which would culminate into a Consultative Meeting of MPs of the Caucus sometimes in April, 2018.

The HLMTB in September would result in a political declaration with States undertaking to push the agenda of TB to the National level, with a clear framework on accountability in the treatment of TB. The Mission was beseeched to support the HLMTB initiative by contacting other Missions to create the desired attention on TB issues.

Remarks by the Ambassador

The Ambassador informed the Delegates that he would seek for instructions from the capital on how to proceed with the proposals presented. He asserted that he understood then health issues being canvassed as he was previously based at Geneva.

The Ambassador opined that the composition of panels was very important, and the Caucas should pay attention to this. Ecuador's priorities were focused on access to medicines and the right to health. He noted that the G77 negotiated as a group on AMR – and emphasized the right to health, not access to it.

3.13 Meeting with H.E. Mr. Mahmoud Saikal, Ambassador, Permanent Mission of Afghanistan at the United Nations

During the meeting, H.E. the Ambassador was informed as follows: -

TB was a life threatening contagious disease that was killing almost 2 million people every year. However, funds channeled to the Ministry of Health to deal with TB were inadequate. Among the communicable diseases, TB received about 15% while Malaria and HIV/Aids received about 60% and 25% respectively.

Sadly, TB is usually relegated to a Department in the Ministry of Health while Malaria and HIV are given prominence in the Office of the President. There was need therefore to push for TB to be moved to the Office of the President in order to raise its profile and enhance the awareness that it is a silent killer that is threatening many lives.

A number of challenges affected the treatment of TB. For instance, a multi drug resistant (MDR) TB was on the rise. The vaccine used to treat TB, BCG, was a very old one. A new vaccine was necessary but there were no financiers to fund research. New drugs for effective treatment of the resistant strain of TB were unaffordable to many poor communities.

Studies had shown that if TB menace was not adequately addressed, the SDGs to ending TB by 2030 would not be achieved. Africa bore the highest burden in reported TB cases. With the current trend, the SDGs will be missed by 180 years!

The Caucas was advocating for introduction of a full TB regimen in order to treat TB effectively. However, pharmaceutical companies were not willing to invest in research because profits on research and manufacture of drugs were minimal.

In line with creating awareness and bringing to the attention of the world the graveness of TB, the Parliamentary Global TB Caucus was planning a High-Level Meeting to be held in September in New York during the Leaders Meeting of States. Before then, Consultative

Meetings were being organized which would culminate into a meeting of MPs of the Caucasus sometimes in April, 2018.

The HLMTB in September would result in a political declaration with governments undertaking to push the agenda of TB to the national level, with a clear action plan and framework on accountability in the treatment of TB. The Mission was called upon to support the HLMTB initiative by contacting other Missions to create the desired attention on TB issues.

Ambassador's remarks

The Ambassador termed TB in Afghanistan as a big threat. About 80% of the population did not have access to proper medication. Issues of TB and humanitarian rights were intertwined. Every citizen has a right to proper health care.

The Ambassador said that it was important to reach out to the G-20 countries to support development of a better regimen to treat TB. He was aware of the Stop TB Partnership under UNOPS in Geneva and the good work it was doing to end TB.

He undertook to inform the Afghan Head of State to support the HLMTB in September at the UN in New York. He requested to be furnished with more information in relation to the draft modalities being developed.

3.14 Meeting with H.E. Mr. Kelebone Maope, Ambassador, Permanent Mission of Lesotho at the United Nations

During the meeting, the Ambassador was informed as follows: -

TB has been ignored for a long time yet it is the highest silent infectious killer claiming 1.8 million people every year. There was need to push for the agenda on TB at the HLMTB Meeting in New York so as to have the disease be handled with the seriousness it deserved.

It was envisioned that a one-day meeting to address the agenda on TB was necessary whose focus should be on treatment and access to affordable TB drugs. A conscious effort ought to be made towards making TB central in the Universal Health Care platform.

Vision 2030 will not be realized if TB was not tackled as a major global problem. Indeed, to ignore TB would pull back the gains made towards ending it by 2030 and extending this target by 180 years. If proper measures were taken towards dealing with TB in terms of proper research, diagnosis and treatment, the SDGs on communicable and particularly TB would be achieved by 2025.

The attention of the world must be awakened to the fact that TB remained a lethal disease. It was therefore important to have the UNHLM attended by Heads of States for greater impact. A political and binding declaration would be the ultimate resolution on TB with more binding commitments being made and accountability by respective governments being formalized.

Lesotho was requested to be part of the collaborative effort towards placing the TB on the agenda at the UN HLM in New York. Modalities on the Meetings preceding the HLMTB at the UN were still being worked. Once a draft was ready it would be shared with the respective Missions for information.

Remarks by the Ambassador

The Ambassador informed the Delegates that having checked on statistics on TB infection in Lesotho, the numbers were quite frightening. A population of about 2.1 million people could easily be wiped out by a TB outbreak. While other diseases were given prominence, TB was not given much relevance. He cited the Bill Gates and Bill Clinton Foundations which focused more on controlling Malaria and HIV than they did to TB.

Governments needed to support pharmaceuticals and private companies towards research on new vaccines. It was important to have early detection of TB infection in order to treat it effectively. However, it was apparent that TB was not a lucrative venture for business since there were little profits gained.

He undertook to seek the support of the Southern African Development Community (SADC) in a bid to rally them to support TB as an agenda for the HLMTB at the UN. He would also talk to the Minister of Health and reach out to the Head of State of the government of Lesotho to commit to supporting the TB agenda at the High-Level Meeting.

3.15 Meeting with H.E. Mr. António Gumende, Ambassador Extraordinary and Plenipotentiary Permanent Representative, Permanent Mission of Mozambique at the United Nations

During the meeting, the Ambassador was informed as follows: -

TB has been ignored for a long time yet it is the highest silent infectious killer claiming 1.8 million people every year. There was need to push for the agenda on TB at the HLMTB Meeting in New York so as to have the disease be handled with the seriousness it deserved.

It was envisioned that a one-day meeting to address the agenda on TB was necessary whose focus should be on treatment and access to affordable TB drugs. A conscious effort ought to be made towards making TB central in the Universal Health Care platform.

Vision 2030 will not be realized if TB was not tackled as a major global problem. Indeed, to ignore TB would pull back the gains made towards ending it by 2030 and extending this target by 180 years. If proper measures were taken towards dealing with TB in terms of proper research, diagnosis and treatment, the SDGs on communicable and particularly TB would be achieved by 2025.

The attention of the world must be awakened to the fact that TB remained a lethal disease. It was therefore important to have the UNHLM attended by Heads of States for greater impact. A political and binding declaration would be the ultimate resolution on TB with more binding commitments being made and accountability by respective governments being formalized.

Mozambique was requested to be part of the collaborative effort towards placing the TB on the agenda at the UN HLM in New York. Modalities on the Meetings preceding the HLMTB at the UN were still being worked. Once a draft was ready it would be shared with the respective Missions for information.

Remarks by the Ambassador

This was an informal meeting. The Ambassador was very supportive and knowledgeable about TB. He noted that it was a priority in the capital, and discussions focused on the history of the Caucus, as one of our co-chairs was a Parliamentarian from Mozambique. The Delegation committed to share information throughout the year and send communications in Portuguese and English.

3.16 Courtesy call to H.E. Mr. Macharia Kamau, Ambassador, Permanent Mission of Kenya at the United Nations

At a courtesy call to the Kenya Mission to the United Nations, the Ambassador was informed that: -

The Delegation was in New York to talk to a wide range of Missions at the United Nations to support the forthcoming HLMTB in September, 2018 at the UN. So far, a number of Missions had been contacted and the response received from the Ambassadors was very encouraging.

The Parliamentary Global TB Caucus was founded in 2013 by 8 Members. It grew with time to about 2,400 members from more than 134 countries. The Caucus focal point was to ensure TB was ended by 2025, ahead of Vision 2030 target.

Current trends on dealing with TB had shown that ending TB may be missed by 180 years. TB had become resistant to drugs while multi resistant drugs were unaffordable to many poor patients across the globe.

The Caucas was therefore pushing for TB to be moved from the Ministry of Health to the Office of the President so that it could get the attention and awareness it deserved. Towards this end, a series of consultative meetings were planned to take place in preparation to the HLM in September.

The preferred date for the HLMTB would be between 23-26 September, 2018. It was envisioned that a political declaration by the participating heads of states would provide an accountability framework on ending TB by 2025.

The delegation was therefore seeking the support of Kenya Mission in a bid to have the heads of states to commit to ending TB during the HLM in September.

Ambassador's remarks

The Ambassador welcomed the delegates to New York. He informed the Members that he had done some work on health matters in his previous post at the UNEP and UNDP and he understood issues surrounding TB quite well.

He said that TB was an old disease which had been wiped out in some countries while in areas where it was prevalent, it majorly affected the poor. For this reason, TB had lost the prominence to more 'newer' diseases such as cancer and HIV.

More resources were being channeled to research on 'lucrative' diseases such as Cancer. Cancer was a big threat to the developed countries. Due to this, these countries paid more attention to finding a cure for it than they did for TB. Migration was regarded as a source for spreading diseases instead of a human rights issue hence reluctance by superpowers to support migrants.

The Kenya Mission was very central at the UN especially on negotiations relating to the African region. The Ambassador undertook to push the agenda for TB to be placed at the national agenda. He requested for the draft modalities to be shared with the Mission.

He also requested for the draft modalities to be shared with the Mission to incorporate into health proposals the Mission was developing to be presented to the UN during the negotiations.

3.17 Meeting with H.E. Mr. Menelaos Menelaos, Deputy Permanent Representative, Permanent Mission of Cyprus at the United Nations

The Deputy Permanent Representative was informed as follows: -

The TB Caucas was founded in 2013 by 8 Parliamentarians. The current Membership stood at 2,400 Parliamentarians from 134 countries across the globe. Hon. Stephen Mule was Chairperson/President of the Caucas in Africa and Vice Chairperson globally.

Every year, 1.8 million people were dying of TB. These casualties were more than all the other infectious diseases combined. Drug resistant TB was on the rise. There was need to research on new TB vaccine. Studies had shown that for every 1 dollar invested in treating TB there was a corresponding return of 7 dollars.

The Moscow Ministerial Conference was a positive step in raising awareness for TB. However, there was no commitment or accountability arising from the Meeting. It was therefore necessary to have nations commit themselves into ending TB within the WHO timelines.

The HLMTB in New York would therefore provide a platform for enhancing accountability to a national level in as far as TB was concerned. It was envisaged that the outcome of the HLMTB would be a political declaration and a framework on accountability by respective nations.

Cyprus was urged to take part in the HLMTB and offer support towards increased awareness and attention towards TB. The Ambassador was called upon to reach out to his colleagues and raise the TB awareness as well as pass information on the forthcoming HLMTB. The modalities of the HLM were being formulated and would be circulated once concluded.

Remarks by the Deputy Permanent Representative

The Ambassador identified with the sentiments of the Caucas. Since TB was a life-threatening epidemic, the disease should be monitored, assessed and treated. Hospitals and centres dedicated solely to TB should be established. Infections from TB could get lethal since the world had become a global village.

An upward trend in the spread of TB had been witnessed. Drug resistant TB strain was also on the rise. Migration ought to be seen as a human rights issue. Immigrants screened and found to be suffering from TB should not be deported or discriminated against but should receive adequate treatment.

The Ambassador also undertook to take to the message of the Caucas to the Parliament of Cyprus. He requested for information on the modalities of the arrangements to be send to the Mission for further support.

3.18 Meeting with Mrs. Hayet Zeggar, Gender, Health and Social Affairs Counsellor, Permanent Mission of France at the United Nations

During the meeting, the Counsellor was informed as follows: -

TB has been ignored for a long time yet it is the highest silent infectious killer claiming 1.8 million people every year. There was need to push for the agenda on TB at the HLMTB Meeting in New York so as to have the disease be handled with the seriousness it deserved.

It was envisioned that a one-day meeting to address the agenda on TB was necessary whose focus should be on treatment and access to affordable TB drugs. A conscious effort ought to be made towards making TB central in the Universal Health Care platform.

Vision 2030 will not be realized if TB was not tackled as a major global problem. Indeed, to ignore TB would pull back the gains made towards ending it by 2030 and extending this target by 180 years. If proper measures were taken towards dealing with TB in terms of proper research, diagnosis and treatment, the SDGs on communicable and particularly TB would be achieved by 2025.

The attention of the world must be awakened to the fact that TB remained a lethal disease. It was therefore important to have the UNHLM attended by Heads of States for greater impact. A political and binding declaration would be the ultimate resolution on TB with more binding commitments being made and accountability by respective governments being formalized.

France was requested to be part of the collaborative effort towards placing the TB on the agenda at the UN HLM in New York. Modalities on the Meetings preceding the HLMTB at the UN were still being worked. Once a draft was ready it would be shared with the respective Missions for information.

Remarks by the Counsellor

This was a friendly meeting. The Caucus and the Mission were in agreement in relation to priorities and the importance of TB HLM. The Mission committed to host an event with other Francophone countries – probably when the Global TB Caucus MPs visit there in April. They are in and chairing Oslo group in 2019 - this is the global health and foreign policy group in NYC Missions and generally they are keen to work with us to push the HLM forward.

3.19 Meeting with H.E. Mr. Lazarous Kapambwe, Ambassador, Permanent Mission of Zambia at the United Nations

The TB Caucus was founded in 2013 by 8 Parliamentarians. Current Membership stood at 2,400 Parliamentarians from 134 countries across the globe. Hon. Stephen Mule was African Region President and Vice Chairperson globally.

Every year, 1.8 million people were dying of TB. These casualties were more than all the other infectious diseases combined. Drug resistant TB was on the rise. There was need to research on new TB vaccine. Studies had shown that for every 1 dollar invested in treating TB there was a corresponding return of 7 dollars.

The Moscow Ministerial Conference was a positive step in raising awareness for TB. However, there was no commitment or accountability arising from the Meeting. It was therefore necessary to have nations commit themselves into ending TB within the timelines.

The HLMTB in New York would therefore provide a platform for enhancing accountability to a national level in as far as TB was concerned. It was envisaged that the outcome of the HLMTB would be political declaration and a framework on accountability by respective nations.

Zambia was urged to take part in the HLMTB and offer support towards increased awareness and attention towards TB. The Ambassador was called upon to reach out to his colleagues and raise the TB awareness as well as pass information on the forthcoming HLMTB. The modalities of the HLM were being formulated and would be circulated once concluded.

Remarks by H.E. the Ambassador

The Ambassador said that for the HLMTB to succeed, special interest should be placed on specific goals – the exact road map with which to end TB. He would spearhead the formation of a small group of friends made up Ambassadors/UN entities who would champion for a sustained evidence-based campaign that would focus on ways of ending TB.

He advised that for the Caucas to make an impact, the advocacy should also cite factual success stories not just abstract philosophies. The Directorate of Social Affairs at the African Union Secretariat could also come in handy by dedicating a section of the African Leaders Malaria Alliance (ALMA) to entirely focus on TB.

There would be great value in coordination between the Caucas and the group of friends probably led by the Kenyan Ambassador to the UN. The role of the private sector in dealing with TB could not be underestimated.

The Caucas could organize for a major event and invite Multinationals who could be requested to provide certain promotional materials like drinks, advertisements, banners, branded anti-TB clothing, etc.

3.20 Meeting with H.E. Ms. Keisha A. Mcquire, Ambassador, Permanent Mission of Grenada at the United Nations

During the meeting, the Ambassador was informed as follows: -

The Delegates were advocating for HLMTB in September 2018 at the UN, New York. More attention should be drawn towards bringing awareness on TB. The emergence of multi drugs resistant (MDR) TB should be cause for concern. If the matter of ending TB was not addressed, the goal on achieving SDGs by 2030 would not be realized.

In terms of funding, while Malaria and HIV received some considerable allocation; it was not the same with TB. Funding was tilted towards Malaria and HIV which received about 60% and 25% respectively, TB would only get 15%. There was need therefore to enhance funding for TB.

The Ambassador was called upon to reach out to other colleagues especially in the Caribbean region and also inform the government of Grenada in a bid to advocate for TB to be given more prevalence on the international arena. A draft of the modalities of the planned meetings would be shared with the Mission for information and sensitization.

Ambassador's remarks

The Caribbean was committed to the Caucas course as advanced by Antigua and Barbuda. Indeed, Grenada would fully support the efforts being made by the Caucas to ensure that TB was one of the agenda during the Leaders Meeting at the UN.

Grenada's would be involved in every step during the preparations. Political will was necessary if the TB pandemic was to be wiped out. She would reach out to MPs from Grenada, talk to the Ministry of Health and contact the Office of the President in order to raise the profile for TB.

She requested to have the modalities on the HLM preparations shared so that she could make informed decisions.

3.21 Meeting with Ms. Myriam Aman Soulama, First Counsellor, Permanent Mission of Burkina Faso at the United Nations

During the meeting, the First Counsellor was informed that: -

According to statistics, Burkina Faso had resistant strains to TB. Many people were losing lives yet not much was being done to end TB. A lot paperwork had been done but there was little progress to show. There was no commitment. Accountability was lacking.

TB was a life threatening contagious disease that was killing almost 2 million people every year. However, funds channeled to the Ministry of Health to deal with TB were inadequate. Among the communicable diseases, TB received about 15% while Malaria and HIV/Aids received about 60% and 25% allocation respectively.

Unfortunately, TB is usually domiciled in a Department in the Ministry of Health while Malaria and HIV are given prominence in the Office of the President. There was need therefore to push for TB to be moved to the Office of the President in order to raise its profile and enhance the awareness that TB is a silent killer that is threatening many lives.

Challenges affecting the treatment of TB include a multi drug resistant (MDR) TB that was on the rise. The vaccine used to treat TB, BCG, was very old. A new vaccine was necessary but there were no financiers to fund research. New drugs for effective treatment of the resistant strain of TB were unaffordable to many poor communities.

Research had shown that if the TB menace was not adequately addressed, the SDGs to ending TB by 2030 would not be achieved. Africa bore the highest burden in reported TB cases. With the current trend, the SDG on ending TB will be missed by 180 years!

The Caucus was advocating for introduction of a full TB regimen in order to treat it effectively. However, pharmaceutical companies were not willing to invest because profits on research and manufacture of drugs were minimal.

In line with creating awareness and bringing to the attention of the world the graveness of TB, the Parliamentary Global TB Caucus was planning a High-Level Meeting to be held in September in New York during the Leaders Meeting of States. Before then, Consultative Meetings were being organized which would culminate into a meeting of MPs of the Caucus sometimes in April, 2018.

The HLMTB in September would result in a political declaration with States undertaking to push the agenda of TB to the national level, with a clear action plan and framework on accountability in the treatment of TB. The Mission was called upon to support the HLMTB initiative by contacting other Missions to create the desired attention on TB issues.

Remarks by the First Counsellor

She thanked the delegates for contacting the Mission. She would relay the information to the Ambassador. She was positive that Burkina Faso would participate in the process. She also agreed that Parliament would play a pivotal role in driving the campaign on ending TB. However, the Mission would first contact the Burkina Faso government to get its position. She also requested for the modalities on the forthcoming meetings to be shared with the Mission.

3.22 Meeting with Mr. Mohamed Moussa, First Secretary, Permanent Mission of Egypt at the United Nations

The First Secretary was informed as follows: -

The TB Caucus was founded in 2013 by 8 Parliamentarians. The current Membership stood at 2,400 Parliamentarians from 134 countries across the globe. Hon. Stephen Mule was the Africa Region President and Vice Chairperson globally.

Every year, 1.8 million people were dying of TB. Egypt was expected to hit the target of ending TB according to WHO reports. India had the highest cases of TB. Kenya bore a heavy burden on TB infections especially amongst informal settlements and refugee camps.

TB casualties were more than all the other infectious diseases combined. Drug resistant TB was on the rise. There was need to research on new TB vaccine. Studies had shown that for every 1 dollar invested in treating TB there was a corresponding return of 7 dollars.

The Moscow Ministerial Conference was a positive step in raising awareness for TB. However, there was no commitment or accountability arising from the Meeting. It was therefore necessary to have nations commit themselves into ending TB within the WHO timelines.

The HLMTB in New York would therefore provide a platform for enhancing accountability to a national level in as far as TB was concerned. It was envisaged that the outcome of the HLMTB would be political declaration and a framework on accountability by respective nations.

Egypt was urged to take part in the HLMTB and offer support towards increased awareness and attention towards TB. The Mission was called upon to reach out to other Missions and raise the TB awareness as well as pass information on the forthcoming HLMTB. The modalities of the HLM were being formulated and would be circulated once concluded.

Remarks by the First Secretary

He stated that a clear action plan with specific goals should be the focus of the Caucas, with the political declaration founded on firm achievable targets. The Consultative Meetings should therefore aim at developing these clear specific goals.

Contact should be made with the G-77 members who can play a critical role in championing for the TB cause during the annual summits. Again, the G-20 countries can be approached to fund research and development of new affordable medication.

Nations should be called upon to improve on housing, nutrition/diet and promote universal health coverage for their citizens. The HLMTB should ensure monitoring and evaluation of the outcome.

The First Secretary undertook to relay the information to the G-77 countries through the Cairo government and have an MP to attend the April Meeting in New York.

3.23 Meeting with H.E. M.r. Francisco Duarte Lopes, Ambassador, Permanent Mission of Portugal at the United Nations

During the meeting, H.E. the Ambassador was informed as follows: -

TB was a life threatening contagious disease that was killing almost 2 million people every year. However, funds channeled to the Ministry of Health to deal with TB were inadequate. Among the communicable diseases, TB received about 15% while Malaria and HIV/Aids received about 60% and 25% allocation respectively.

Sadly, TB is usually relegated to a Department in the Ministry of Health while Malaria and HIV are given prominence in the Office of the President. There was need therefore to push for TB to be moved to the Office of the President in order to raise its portfolio and enhance the awareness that TB is a silent killer that is threatening many lives.

A number of challenges affected the treatment of TB. For instance, a multi drug resistant (MDR) TB was on the rise. The vaccine used to treat TB, BCG, was a very old one. A new vaccine was necessary but there were no financiers to fund research. New drugs for effective treatment of the resistant strain of TB were unaffordable to many poor communities.

Studies had shown that if the TB menace was not adequately addressed, the SDGs to ending TB by 2030 would not be achieved. Africa bore the highest burden in reported TB cases. With the current trend, the SDGs would be missed by 180 years!

The Caucus was advocating for introduction of a full TB regimen in order to treat TB effectively. However, pharmaceutical companies were not willing to invest in research because profits on research and manufacture of drugs were minimal.

In line with creating awareness and bringing to the attention of the world the graveness of TB, the Parliamentary Global TB Caucus was planning a High-Level Meeting to be held in September in New York during the Leaders Meeting of States. Before then, Consultative Meetings were being organized which would culminate into a meeting of MPs of the Caucus sometimes in April, 2018.

The HLMTB in September would result in a political declaration with States undertaking to push the agenda of TB to the National level, with a clear action plan and framework on accountability in the treatment of TB. The Mission was called upon to support the HLMTB initiative by contacting other Missions to create the desired attention on TB issues.

Remarks by the Ambassador

Contact would be made with the Portuguese Special Envoy to Geneva on Malaria who was quite influential on health matters. Also, the Mission will reach out to MPs through the Speaker of Parliament of Portugal with a view to sending a delegation to New York in April for the Consultative Meeting.

He requested for modalities to be shared with the Mission for onward transmission of the proposals to Lisbon and await feedback.

3.24 Meeting with H.E. M.r. Daniel Okaiteye, Deputy Permanent Representative, Permanent Mission of Ghana at the United Nations

During the meeting, the Deputy Ambassador was informed that: -

The TB Caucus was founded in 2013 by 8 Parliamentarians. Current Membership stood at 2,400 Parliamentarians from 134 countries across the globe. Hon. Stephen Mule was African Region President and Vice Chairperson globally.

Every year, 1.8 million people were dying of TB. These casualties were more than all the other infectious diseases combined. Drug resistant TB was on the rise. There was need to research on new TB vaccine. Studies had shown that for every 1 dollar invested in treating TB there was a corresponding return of 7 dollars.

The Moscow Ministerial Conference was a positive step in raising awareness for TB. However, there was no commitment or accountability arising from the Meeting. It was therefore necessary to have nations commit themselves into ending TB within the timelines.

The HLMTB in New York would therefore provide a platform for enhancing accountability to a national level in as far as TB was concerned. It was envisaged that the outcome of the HLMTB would be political declaration and a framework on accountability by respective nations.

Ghana was urged to take part in the HLMTB and offer support towards increased awareness and attention towards TB. The Ambassador was called upon to reach out to his colleagues and raise the TB awareness as well as pass information on the forthcoming HLMTB. The modalities of the HLM were being formulated and would be circulated once concluded.

Remarks by the Deputy Permanent Representative

The Deputy Permanent Representative thanked the delegates for the visit and information on TB. He undertook to share the message with the Ambassador and give feedback over support of the Mission during the HLMTB in September. The Mission would also strive to bring on board MPs from the Parliament of Ghana to champion for TB to be placed on the national agenda and to also attend the Consultative Meeting in April in New York.

3.25 Meeting with Mrs. Juliette Babb-Riley, Charge d'affaires, Permanent Mission of Barbados at the United Nations

During the meeting, the Charge d'affaires was informed as follows: -

The Delegates were advocating for HLMTB in September 2018 at the UN, New York. More attention should be drawn towards bringing awareness on TB. The emergence of multi drugs

resistant (MDR) TB should be cause for concern. If the matter of ending TB was not addressed, the target on achieving SDGs by 2030 would not be realized.

In terms of funding, while Malaria and HIV received some considerable allocation; it was not the same with TB. Funding was tilted towards Malaria and HIV which received about 60% and 25% respectively, TB would only get 15%. There was need therefore to enhance funding for TB.

The support of the Mission was therefore being sought. The Caucas was also reaching out to the Barbados government, through the Mission, in a bid to advocate for TB to be given more prevalence on the national agenda. A draft of the modalities of the planned meetings would be shared with the Mission for information and sensitization.

Charge d'affaires remarks

She recalled that health was a cardinal agenda of the UN with a UNOP Secretariat set up in Geneva Switzerland. She believed that this would be the most relevant organ to deal with matters related to TB.

She would relay the message to the Ambassador for deliberation and feedback. She requested to have the modalities on the HLM preparations shared.

4.0 OBSERVATIONS

The Delegation made the following observations arising from the numerous meetings with the Missions at the United Nations: -

1. The Missions were very supportive of the Caucas' efforts in creating awareness on the critical need to end TB, bearing in mind that the disease was a major killer. Indeed, many Missions pledged to work with the Caucas to ensure that the Head of States from their respective countries would be briefed on the up-coming High Level Meeting during UN General Assembly in New York on 23-26 September 2018.
2. Some Missions were not aware of the gravity with which TB posed to entire populations. It came as a shock how statistics were quite high even in their respective countries. The disease had either silently caused many deaths or it was spreading unabated.
3. TB was never treated as a serious threat in many countries especially the more developed ones where cases of attacks were quite low. Even in countries where TB was prevalent, it was still relegated in the less prominent Department in the Ministry of Health.
4. Funding for TB research and treatment had diminished over the years. Concerted efforts and willingness for financial support by governments to develop a new vaccine to replace

BCG for children, research for drugs to deal with new strains of MDRTB or AMRTB were minimal.

5. Multinational companies, pharmaceuticals and research institutions had funds channeled to finding solutions to diseases such as cancer, diabetes, malaria and HIV at the expense of Tuberculosis. This had the effect of leaving TB 'orphaned' from the mainstream search for eradication hence increasing deaths occasioned by attacks.

5.0 RECOMMENDATIONS FOR KENYA

The Delegation, having successfully held discussions with key Missions at the UN, made the following conclusions and recommendations: -

1. The Government should support the activities of the Global Parliamentary TB Caucus. The Delegation urges the Head of State to participate in the UNHLM on TB to be held in New York on 23-26 September, 2018.
2. The Government should make a conscious effort to move the Department dealing with TB from the Ministry of Health to the Office of the President
3. The Global TB Caucus should cultivate a strong Public-Private Partnership between various stakeholders, i.e. government, the private sector, civil society organizations, donors and research institutions for a strong united front in fighting TB.
4. The National Treasury should allocate funds for research and development of a new vaccine (BCG for infants is no longer effective) and come up with new drugs to treat the MDR TB strain. Out of the 15% recommended allocation for health, a minimum cap should be dedicated towards the fight against TB.
5. The Government should keep proper and up-dated records in order to effectively fight and eradicate TB. Data immunization, surveillance of MDR-TB, collaborative efforts with various stakeholders, health professionals dedicated to TB should be maintained.
6. The Government should strictly adhere to and enforce immigration laws. Being a major host of refugees from the region, the government should secure the country's borders by having strong surveillance systems to stop the spread of TB.
7. The Ministry of Health should improve effective monitoring of the disease by sensitizing and creating awareness amongst groups, *chamas*, schools, etc.



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

28 February 2018

Excellency,

I am pleased to inform You that consensus has been reached on the draft resolution on the scope, modalities, format and organization of the high-level meeting on the fight to end tuberculosis, which was circulated to Member States under silence procedure on 26 February 2018. The draft resolution, as attached, will be brought to the General Assembly for adoption once its programme budget implications have been reviewed by the Secretary-General, the Advisory Committee on Administrative and Budgetary Questions and the Fifth Committee.

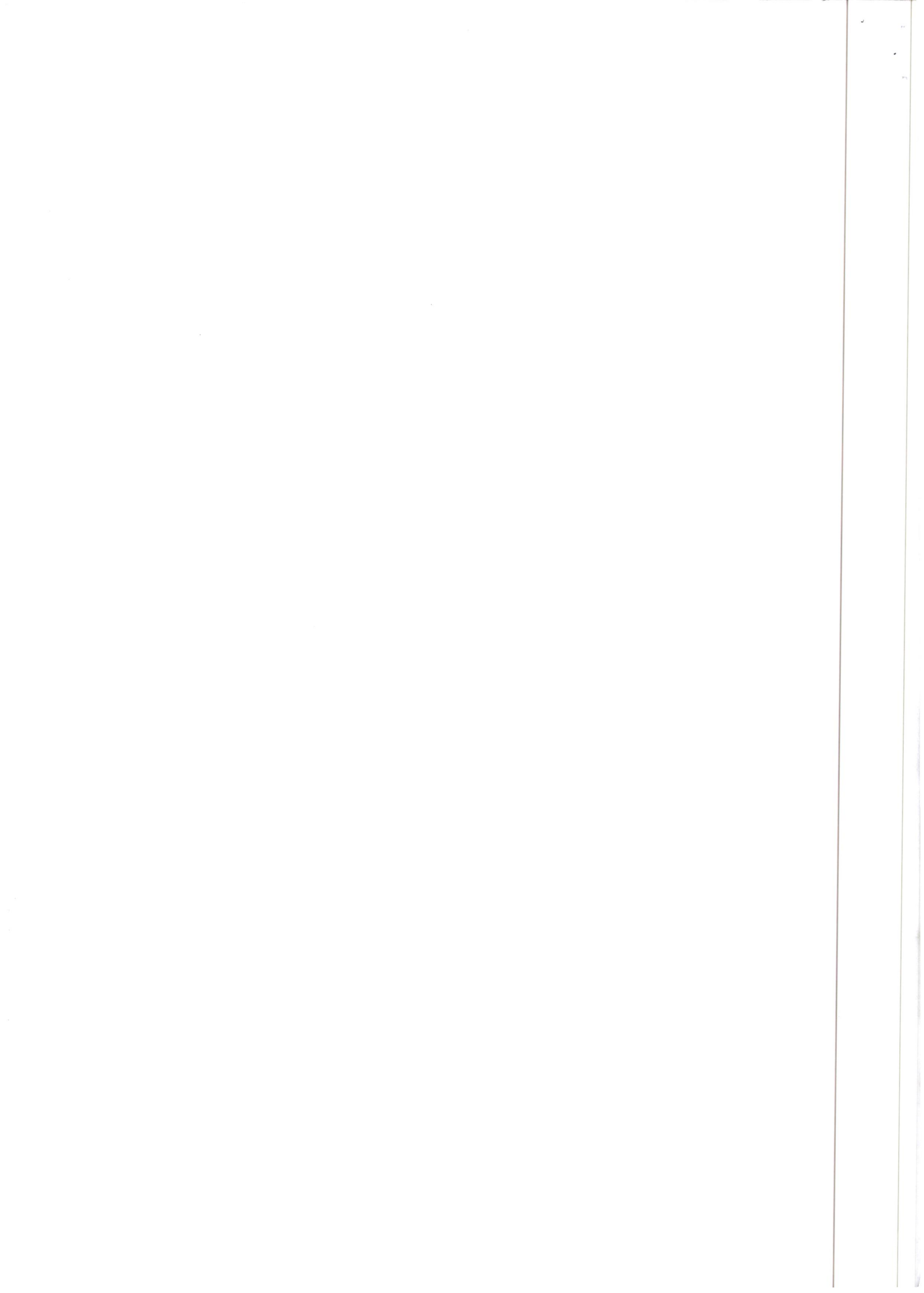
I wish to thank all Member States for their efforts and the spirit of collaboration shown throughout the consultations. In particular, I take this opportunity to express my gratitude to H.E. Mr. Walton Webson, Permanent Representative of Antigua and Barbuda and H.E. Mr. Koro Bessho, Permanent Representative of Japan, for the leadership they demonstrated in their capacity as co-facilitators.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in black ink, appearing to read 'M. Lajčák', written over a light blue circular stamp.

Miroslav Lajčák

All Permanent Representatives and
Permanent Observers to the United Nations
New York



DRAFT resolution

Scope, modalities, format and organization of the high-level meeting on the fight against tuberculosis

The General Assembly,

Recalling its resolution 71/159, entitled "Global health and foreign policy: health employment and economic growth", in which it decided to hold a high-level meeting in 2018 on the fight against tuberculosis, *Ad ref*

Also recalling General Assembly resolution 71/3, entitled "Political Declaration of the High-Level Meeting of the GA on Antimicrobial Resistance", as well as resolution 70/266 entitled "Political Declaration on HIV/AIDS on the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030", *Ad ref*

Recognizing that through the adoption of the Agenda 2030 and its Sustainable Development Goals, in September 2015, Heads of States and Heads of Government made a bold commitment to ending the tuberculosis epidemic by 2030, *Ad ref*

Recognizing the End TB Strategy endorsed by the Sixty Seventh World Health Assembly in 2014, *Ad ref*

Taking note of the 2017 World Health Organization Global Tuberculosis report, *Ad ref*

Emphasizing that current global actions and investments fall far short of those needed to end the global tuberculosis epidemic, *Ad ref*

Welcoming the convening of the World Health Organization First Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and taking note with appreciation of its outcome, which forms part of the way towards the high level meeting of the General Assembly on tuberculosis, *Ad ref*

Taking note of the report of the Secretary-General on the options and modalities for the organization of the high-level meeting on tuberculosis convened by the President of the General Assembly, *Ad ref*

1. *Decides* that the one day high-level meeting on the fight against tuberculosis convened by the President of the General Assembly shall be held in New York on the second day of the general debate of the General Assembly at its seventy-third session, from 10:30 a.m. to 1 p.m.

and from 3 to 6:00 p.m., consisting of an opening segment, a plenary segment for general discussion, two multi-stakeholder panels and a brief closing segment; **Ad ref**

2. *Also decides* that the overall theme of the high-level meeting will be “United to end tuberculosis: an urgent global response to a global epidemic”; **Ad ref**
3. *Further decides* that:
 - (a) The opening segment held from 10:30 a.m. to 11:30 a.m. will feature statements by the President of the General Assembly at its seventy-third session, the Secretary-General, the Director General of the World Health Organization, the Chair of the Stop TB Partnership, the Chair of World Health Organization First Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, as well as an eminent high-level champion of the fight against tuberculosis and a person affected by tuberculosis both selected, in consultation with Member States, by the President of the General Assembly, giving due consideration to gender equity; **Ad ref**
 - (b) The plenary segment held from 11:30 a.m. to 1 p.m. and 3 p.m. to 5:30 p.m. will hear statements by Member States and observers of the General Assembly. A list of speakers will be established in accordance with established practices of the General Assembly and the time limits for these statements will be three minutes for individual delegations and five minutes for statements made on behalf of a group of States; **Ad ref**
4. *Also decides* that the organizational arrangements for the two multi-stakeholder panels will be as follows:
 - (a) Two consecutive multi-stakeholder panels will be held in parallel to the plenary, one from 11:30 a.m. to 1 p.m. and the other from 3 p.m. to 4:30 p.m.; **Ad ref**
 - (b) The multi-stakeholder panels will address the following themes:

Panel 1: Accelerating comprehensive response through access to affordable prevention, diagnosis, treatment and care to end the TB epidemic, including multi-drug resistant tuberculosis, taking into consideration co-morbidities and the linkages to relevant health challenges on each country’s path towards achieving Universal Health Coverage; taking note of and building on the efforts concerning an accountability framework to drive multi-sectoral action as envisaged in the Moscow Ministerial Declaration, **Ad ref**

Panel 2: Scaling up sufficient and sustainable national and international financing and implementation for service delivery, innovation, and research and development to identify new diagnostics, drugs, vaccines and other prevention strategies, **Ad ref**