Paper laid on the Table of the House by Hon. Stephen Mutinda Mule, MP on Wednesday 15th August 2018 (Afternoon)

REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT- SECOND SESSION 2018

DELEGATION REPORT

PARLIAMENTARY CONSULTATION FOR THE UN HIGH-LEVEL MEETING ON TUBERCULOSIS

NEW YORK, USA

APRIL 25TH - 26TH, 2018

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ABBREVIATIONS

AMR	Antimicrobial resistance
(DR-TB)	Drug Resistant TB
HIV	Human Immunodeficiency Virus
HLMTB	High Level Meeting on Tuberculosis
MDR	Multi-Drug Resistant
ODA	Official Development Assistance
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNEP	United Nations Environmental Program
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 Caucases comprising the Global TB Caucus. Hon. Stephen Mule, Member of Parliament in the Parliament of Kenya was elected Chairman Africa Region. The Caucases are instrumental in advancing political will in the fight against TB and formation of in-country caucuses to advance this agenda.

The Parliamentary Consultation meeting was geared towards bringing Caucus members together from around the world to discuss the first UN High-Level Meeting on TB with a view of ensuring that the meeting achieves maximum possible impact of bringing political attention towards the TB epidemic.

The meeting with the representatives at the Kenyan Mission at the UN was geared towards creating more awareness on the critical need for the Head of State to address the TB scourge during the upcoming UNHLM scheduled for 23-26 September, 2018.

1.2 Delegation

The following Members of the Departmental Committee on Health and a Parliamentary Officer were nominated to attend the Meetings of the **Global TB Caucus Parliamentary Consultation** in New York, USA from April 25th to 26th, 2018

1. Hon. Stephen Mutinda Mule, MP – **Chairperson, Africa TB caucus and Leader of the Delegation**
2. Hon. Gladwell Jesire Cheruiyot, MP
3. Hon. Tongoyo Gabriel Koshal, MP
4. Mr. Muyodi Meldaki Emmanuel - **Secretary to the delegation**

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 Parliamentary Consultation meeting was geared towards bringing Caucus members together from around the world to discuss the first UN High-Level Meeting on TB with a view of ensuring that the meeting achieves maximum possible impact of bringing political attention towards the TB epidemic.

The Meeting with the representatives at the Kenyan Mission at the United Nations in New York was geared towards creating awareness on the realities of the TB pandemic and more importantly, getting the Head of State 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 Kenya Mission to the United Nations. The mission was delighted with the progress so far made by the African Parliamentary Tuberculosis Caucus towards bringing political attention on TB scourge and their effort to bring to an end the TB epidemic by 2030.

Mr. Speaker,

Pursuant to Standing Order no. 199(6), it is now my pleasant duty to table the Report of the Parliamentary Delegation to the **Parliamentary Consultation for the UN High-Level Meeting on Tuberculosis** in New York, USA April, 25th – 26th, 2018 in preparation for the **High-Level Meetings in New York on 26th of September, 2018,** for consideration and adoption by the House.

Signed..... **Date**.....17th July 2018

Hon. Stephen Mule, MP
Chairperson, Africa Parliamentary TB Caucus

2.0 BACKGROUND

2.1 About the Global TB Caucus

The Global TB Caucus is a unique global network of parliamentarians united by their shared commitment to end the tuberculosis (TB) epidemic. Led by its members for its members, the Caucus aims to transform the response to TB through targeted interventions at national, regional, continental, and global levels.

The Caucus has two elected co-chairmen: Dr Aaron Motsoaledi, Minister of Health from South Africa, and the Rt Hon Nick Herbert CBE MP from the United Kingdom. Under the leadership of Dr Motsoaledi and Mr Herbert, the network has grown from an initial meeting of ten parliamentarians, to a global organisation with support from over 2,300 parliamentarians in more than 132 countries. The Caucus has launched 4 regional networks, a Francophone linguistic network, and nearly 40 national TB caucuses.

2.2 The High-Level Meeting on Tuberculosis

The United Nations High-Level Meeting on TB (HLM TB) is a special meeting that will take place in the United Nations General Assembly on Wednesday 26th September 2018. Heads of State from around the world will be invited to participate in a once in a generation opportunity to launch a renewed global campaign against the TB epidemic. The HLM TB will result in a Political Declaration, which will outline commitments from Heads of State to tackle the disease.

2.3 Caucus Objectives

1. Ensure the attendance of the greatest possible number of Heads of State.
2. Push for an ambitious, action-oriented Political Declaration that will drive meaningful change against the epidemic.
3. Ensure that that Political Declaration is fully implemented.

2.4 The Global TB Caucus Parliamentary Consultation

The Parliamentary Consultation meeting brought leading members of the Global TB Caucus network together in New York to discuss the HLM TB and agree on a Position that will outline the minimum expectations that the Caucus has from the Political Declaration. Delegates deliberated on the position and found a common ground around key set of asks that they resolved to advocate to their Permanent Representatives in New York, and their governments.

Delegates also discussed the regional response to the disease and agreed to a work plan which they will carry out in order to achieve the following objectives:

1. Ensuring Head of State attendance; and
2. Push for an ambitious action-oriented Declaration.

The delegates heard from some of the world's leading experts, engaged with civil society and people-affected by the disease, and met their Permanent Representatives.

2.5 Reasons for the High-Level Meeting on TB (HLM TB)

1. **Tuberculosis is the world's leading infectious killer**. TB has killed more people than any other infectious disease in human history. It was declared a "global health emergency" by the World Health Organization in 1993, and an estimated 50 million people have died from it since then. In 2016, it killed 1.7 million people, more than any HIV/AIDS and malaria combined.

2. **Tuberculosis is drug-resistant.** TB has been described as the "cornerstone of the global AMR threat" and it is the world's only major airborne drug-resistant disease. There were over half a million cases of drug-resistant TB in 2016, and fewer than 1-in-10 were successfully treated. Global commitments around AMR can never be achieved without addressing TB.

3. **Tuberculosis carries a huge economic cost.** Research estimates that at the current rate of progress, an estimated USD$1 trillion could be lost in global economic output due to TB by 2030. The disease is both a consequence and a cause of poverty such that every dollar invested in TB could return benefits to society worth around $43.

4. **Tuberculosis is not just about health.** In November 2017, Ministers of Health from across the world met at a Global Ministerial Conference and agreed their agenda for tackling the disease but medical interventions are only part of the picture. TB is driven by many factors, including poor nutrition, inadequate housing, and sub-standard sanitation. More investment is required in programmes and in research. A cross-governmental effort is required and this can only be led by the Head of State.

5. **Tuberculosis is a test of commitment to the Sustainable Development Goals.** The SDGs target the end of TB by 2030. At the current rate of progress, the global community will miss that target by over 100 years. A renewed global campaign is required, and only a High-Level Meeting can lay the foundations for that campaign. If the High-Level Meeting is successful, it could drive a step-change in the response to TB. If it fails, the target to end TB by 2030 will be missed and global leaders will have given a clear signal that the SDGs will not be achieved.

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) in 2016. 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 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.

2.8 Key information on TB in Kenya

The End TB Index is an experimental Index produced by the Global TB Caucus showing countries compared to each other in terms of when they will achieve the Sustainable Development Goal target to end TB if the rate of progress from 2000-2015 continued into the future. The lower the ranking, the further off-track countries are considered to be.

Country Rank	**End TB Year**	**Distance from SDG target**
50	2039	9 years

Further statistics

Statistic	**Detail**	**Number**	**Rank (of all WHO territories)**
TB cases in 2016	The number of people who fell ill with TB in 2016.	**169,000**	**206/217**
TB case rate	The rate is shown as the number of cases per 100,000. The SDG target is to get to fewer than 10 cases per 100,000	**348**	**198/217**
TB deaths in 2016	The number of people who died from TB in 2016.	**53,000**	**209/217**
Case Detection Rate	The case detection rate shows what percentage of TB patients in the country are officially diagnosed and treated. The minimum international target is 90%.	**45%**	**207/217**
Number of missed cases	The missed cases number shows the case detection rate in terms of how many people are sick with TB and aren't officially diagnosed and treated. Each person can transmit the disease to 12-15 other people a year if left untreated.	**92,950**	**207/217**
TB/HIV percentage	HIV increases the likelihood of getting TB by 20 times. High rates of TB/HIV co-infection require specialist treatment programs.	**31%**	**197/217**
MDR-TB percentage	What proportion of TB cases are multi-drug resistant (MDR TB). MDR-TB is the world's leading drug-resistant killer. It is extremely difficult to treat.	**1.3%**	**51/217**
Cases during the MDG era	The era of the Millennium Development Goals ran from 2000-2015.	**3,274,000**	**208/217**
Deaths during the MDG era	The era of the Millennium Development Goals ran from 2000-2015.	**1,132,000**	**210/217**
Cases during the SDG era	The Sustainable Development Goals run from 2015-2030, we used historical rates of progress to predict future cases and deaths.	**1,445,340**	**198/217**
Deaths during the SDG era	The Sustainable Development Goals run from 2015-2030, we used historical rates of progress to predict future cases and deaths.	**218,507**	**195/217**
Economic cost of TB (MDGs)	The Global TB Caucus commissioned KPMG to calculate the economic impact of people dying from TB for the period 2000-2015 for 166 countries	**USD$1.032 billion**	**113/166**

	worldwide.		
Economic cost of TB (SDGs)	The Global TB Caucus commissioned KPMG to calculate the economic impact of people dying from TB for the period 2015-2030 for 166 countries worldwide.	**USD$3.690 billion**	**140/166**

3.0 Meetings of the Parliamentary Consultation for the UN High-Level Meeting on Tuberculosis from 25th - 26th April 2018

During the two-day consultation meeting held in New York on 25-26 April, 2018, Members of Parliament (MPs) from 32 countries, representing all regions of the world were joined by the Stop TB Partnership, the President of the General Assembly, UN Missions in New York, the World Health Organization (WHO), The Global Fund to Fight AIDS, Tuberculosis and Malaria, representatives of TB survivors and communities, the private sector, researchers and technical partners.

The parliamentarians showed overwhelming engagement for the UN High-Level Meeting (HLM) on TB and support to the 'Key Asks from TB Stakeholders and Communities' and committed to engage and urge their Heads of State to attend the UN General Assembly HLM on September 26th , 2018 and make meaningful and concrete commitments to end TB.

In his welcome address, the Rt Hon Nick Herbert CBE MP from the United Kingdom, who co-chairs the Global TB Caucus along with South Africa's Minister of Health and Chair of the Stop TB Partnership, Hon Aaron Motsolaedi, said that the "HLM is a unique opportunity to raise the profile of TB which until now simply had not commanded adequate attention from global leaders," emphasizing that "TB needs the focus at the top level".

Statement By H.E. Mr. Miroslav Lajčák, President of the 72nd Session of the UN General Assembly

TB is preventable and curable. Yet in this modern age, it still claims over 4,500 lives daily. It is the leading cause of death among infectious diseases, including HIV.

Although the mortality rate is falling; but the decline is not fast enough. Progress has been made on new treatments, drugs and vaccines; but the advances are much too slow.

At the same time, new challenges are on the horizon. Multi-drug resistant Tuberculosis, for example, is a big concern. In 2016, there were more than half a million new cases with resistance to the best drugs. There is also a huge funding gap of US$2.3 billion in 2017.

There is need to translate commitments into action; in finance, research, development, building partnerships and in ensuring accountability of all stakeholders.

The High-level Meeting must raise awareness about the epidemic; about its impact; and what is needed to end it. It will be the first time that the General Assembly focuses its attention on tuberculosis.

The voices of the survivors, champions and the affected must be heard. Leaders need to be reminded that TB is a real threat requiring real action to save real people.

The pledges that will be made during the High-level Meeting in September, 2018 will require the parliamentarians to translate them into policy and legislation and ensure the fight against TB is allocated funding in their respective countries and that the declarations made are implemented.

Remarks by H.E. Ambassador Koro Bessho, Permanent Representative of Japan to the United Nations, Co-facilitator for the UNGA High-Level Meeting on Tuberculosis,

The purpose of the General Assembly High-level Meeting on TB is to secure the highest level political attention that the TB and TB community has long deserved but had not received.

The modalities resolution on the HLM was adopted by the General Assembly in April, 2018 and according to this resolution, the High-Level Meeting will be held on the 26th of September. It will be the second day of the General Debate of the General Assembly, where many heads of states and heads of governments will be present.

The theme of the High-Level Meeting will be "United to end tuberculosis: an urgent global response to a global epidemic". The meeting will consist of not only a plenary, but two multi-stakeholder panels.

Japan suffered greatly from TB Up until the 1950s; TB was the biggest killer in Japan. But through the universal health coverage system and other efforts, involving public and private partners, the country managed to dramatically reduce the TB burden, and it is on the final inch of becoming a low TB burden country by 2020.

Japan is now one of the largest contributors to the world-wide TB response and it is excited to be part of the process towards this once in a lifetime opportunity to turn the global TB epidemic around.

This meeting of the TB Global Caucus will certainly provide critical input towards the UN General Assembly High-Level Meeting on TB.

Key Asks from TB Stakeholders and Communities

The Global TB Caucus members endorsed the headline Key Asks, urging world leaders to use the HLM on TB to commit to a renewed effort to prevent, diagnose and treat TB a cumulative 40 million people by 2022 through both public and private sector health services, including 3.5 million children and 1.5 million people with drug-resistant TB.

Members agreed on the following priority actions to be taken by Heads of State and Governments to accelerate progress and achieve the goal of ending TB:

i. Reach all people by closing the gaps on TB diagnosis, treatment and prevention

Commit to diagnosing and treating a cumulative 40 million people by 2022 through both public and private-sector health services—including 3.5 million children and 1.5 million people with drug-resistant TB.

Commit to diagnosing and providing preventive therapy to a cumulative 80 million people by 2022 through both public and private-sector health services—including 9 million children exposed to TB.

Commit to implementing National Strategic Plans that are designed and evaluated based on progress towards ending TB at the national level, with targets for testing, treatment and prevention.

ii. Transform the TB response to be equitable, rights-based, and people -centered

Enact and implement policies that recognize the rights of people, including key populations, to know their TB status—whether active or latent TB—and to be provided with accessible, affordable and equitable access to services and care.

The Global Plan to End TB identified the following as key populations: people who have increased exposure to TB due to where they live or work, including prisoners, sex workers, miners, hospital visitors, health care workers and community health workers; people who live in urban slums; people who live in poorly ventilated or dusty conditions; both adult and child contacts of TB patients; people who work in overcrowded environments; people who live and work with livestock; people who work in hospitals; people who have limited access to quality TB services including migrant workers, women in settings with gender disparity, children, refugees and internally displaced people; illegal miners; undocumented immigrants; people from tribal populations and indigenous people; people who are homeless; people who live in hard-to-reach areas; people who live in homes for the elderly; people living with mental or physical disabilities; people who face legal barriers to access care, including people who are lesbian, gay, bisexual or transgender; and people who are at increased risk of TB because of biological or behavioral factors that compromise immune functions, including people living with HIV, people living with diabetes or silicosis, people undergoing immunosuppressive therapy, undernourished people, people who use tobacco, people who suffer from alcohol-use disorders, and people who inject drugs.

a. Remove discriminatory laws against people with TB, and promote rights-based laws, policies and practices that enable access to services. End TB-related stigma and discrimination, and prevent TB transmission in work places, school and other congregant settings by 2020.

b. Facilitate equitable access and universal uptake of TB tools (drugs, diagnostics, vaccines), ensuring that cost is not a barrier to the access of quality diagnostics

and treatments. Align and harmonize regulatory pathways to fast-track the uptake and implementation of new tools, including utilizing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, where needed.

iii. Accelerate development of essential new tools to end TB

Create a research-enabling environment that streamlines and expedites innovation and promotes collaboration across UN member states in order to introduce new tools to prevent, diagnose and treat TB in all its forms, including;

(i) A 2-month or less oral cure for TB and its drug resistant forms before 2028;

(ii) One or more new or repurposed vaccines ready to enter the registration process for global use by 2025;

(iii)Affordable point-of-care TB diagnostics that can identify new infections and tests for drug resistance by 2025. Acknowledge that TB innovation is a shared responsibility, and ensure that all R&D efforts are needs-driven, evidence-based and guided by principles of affordability, efficiency, equity and collaboration. Importantly, as a central component of the AMR response, TB will require models of innovation that delink the costs of R&D from prices and volumes of sales to facilitate equitable and affordable access.

iv. Invest the funds necessary to end TB

Recognizing that investments in TB care and prevention are critical to achieving Universal Health Coverage, double current funding to US$13 billion annually in order to implement TB care and prevention activities laid out within the WHO End TB Strategy and the Stop TB Partnership's Global Plan to End TB 2016-2020. Increase funding for TB research to close the US$1.3 billion annual funding gap, for example, through each member state spending up to or beyond 0.1% of its annual Gross Domestic Expenditure on Research and Development (GERD) on TB research; and implement long-term funding strategies to ensure the sustainability of research progress and pipelines

v. Commit to decisive and accountable global leadership, including regular UN reporting and review

Convene a follow up UN High-Level Meeting on TB in 2023 and every 5 years thereafter, until the End TB target is met, with the UN Secretary-General delivering an annual report to Heads of State and Government at the UN General Assembly to review progress towards achieving the commitments of the 2018 UN High-Level Meeting on TB Political Declaration. The report will be supported by an independent review body utilizing a constructive and evidence-based approach that synthesizes existing monitoring and implements new tools such as scorecards and national rankings. Add TB as a regular item on the agenda of existing regional Heads of State and Government meetings and mechanisms from 2019 to analyze and review the results, and establish additional commitments and actions to address identified gaps and challenges.

Commit to evidence-based multi-sectoral actions at the national level to operationalize these commitments, including the appropriate ministries (Health, Finance, Justice, Family Welfare, and Education) under the auspices of the Head of State or Government, with active involvement of civil society and affected communities at every stage of the process.

3.1 Briefing for UN Missions

A briefing for UN Missions took place on Thursday, 26 April evening in UN Headquarters under the theme "The Human Faces of TB," where a group of passionate TB advocates from Tajikistan, Kenya, Peru, and the United States shared their personal stories with UN Ambassadors and Parliamentarians and called on the delegates to take ambitious actions to put the world on course to ending TB.

3.2 Courtesy call to H.E. Ms. Koki Muli Grignon, Ambassador/Deputy Permanent Representative, Permanent Mission of Kenya at the United Nations

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

The Delegation was in New York to discuss the High–Level Meeting on TB and the commitments that must be made to tackle the disease and help achieve the Sustainable Development Goal target to end the epidemic by 2030.

The Parliamentary Global TB Caucus has more than 2,300 members from over 130 countries who work collectively and individually to accelerate progress against Tuberculosis. The Caucus exists because TB had been consistently overlooked by political decisions-makers.

TB kills more people every year than any other infectious disease. It is also the world's only major drug-resistant disease that is transmitted through air. Current trends on dealing with TB had shown that ending TB may be missed by 180 years.

High–Level Meeting therefore presents a once-in-a-generation opportunity to transform the response to the disease. It also speaks to the resolve of the global community in achieving the Sustainable Development Goals (SDGs) targets.

The delegation was therefore seeking the support of Kenya Mission in a bid to have the Head of State, H.E. President Uhuru Kenyatta to commit to attend the High-Level Meeting on TB in New York in September, 2018 and add a voice to the global campaign to end TB.

The Ambassador/Deputy Permanent Representative undertook to push the agenda for fight against tuberculosis (TB) at the national level and she also promised that the Kenya Mission will ensure that H.E. President Uhuru Kenyatta attends the UNHLM scheduled for 26th September, 2018 and commits to the global fight against TB.

4.0 The Global TB Caucus position paper on the High-Level Meeting on TB

At the end of the meeting the elected representatives from countries around the world and members of the Global TB Caucus reaffirmed their commitment to ending the global TB epidemic, recognizing TB as a key component of the Sustainable Development Goals (SDG) and 2030 Agenda, and a cornerstone of efforts to deliver universal health coverage, combat antimicrobial resistance, end deaths from HIV, and address the global NCD crisis. Thereafter, they called on all Heads of State or Government to attend the High-Level Meeting and to:

1. Acknowledge that TB is the world's longest running global health emergency having been responsible for 50 million deaths since it was declared an emergency in 1993 and that it remains the world's leading infectious killer, carrying a major socioeconomic impact; that there are more cases of drug-resistant TB every year than all other airborne, drug-resistant infections combined; that TB is among the top ten killers of children; and that forty per cent of all people affected by TB are not reported as diagnosed and treated which remains a major obstacle to overcoming the disease.

2. Acknowledge that involvement of communities and civil society in a non-discriminatory manner in all aspects of TB care and prevention is critical to ending TB and thus achieving the SDGs.

Reach all people by closing the gaps on diagnosis, treatment and prevention.

3. Commit to a renewed effort to prevent, diagnose and treat TB, with a specific focus on key vulnerable populations to ensure that no one is left behind, so that as a global community and in each individual member state the Sustainable Development Goal target to end TB by 2030 is achieved; and further commit to increasing diagnosis and treatment of people with TB in each member state in line with its share of the global burden to collectively successfully treat 40 million people worldwide by 2022.

4. Commit to investing in enhanced data-collection and TB surveillance programs, to better track and respond to TB at all levels and in public and private health care services; and further commit to making such information available and transparent to the World Health Organization and all relevant stakeholders in real-time.

Transform the TB response to be equitable, rights-based and people-centered.

5. Commit to adopting and implementing all internationally approved standards and guidelines for TB care, diagnosis, and prevention by 2022, ensuring that all people with TB have access to safe, effective, person-centred, care, including providing all necessary support to ensure diagnosis of TB does not result in catastrophic financial costs; and further commit to taking all necessary steps to reduce stigma and discrimination associated with TB.

6. Commit to conducting and publishing assessments of the national legal environment and of other barriers to accessing TB prevention, treatment and care, and reviewing laws that allow for the forced deportation of migrants with TB or for the forcible incarceration of people with TB by 2020, enacting laws protecting people with TB from discrimination and affirming that the protection and promotion of the human rights of people living with, at risk of contracting, and affected by TB, as enshrined in the Universal Declaration of Human Rights and other international agreements should be mainstreamed into all TB policies and programs.

Accelerate development of essential new tools to end TB

7. Commit to increasing investment in the full spectrum of TB research – from basic science to product development to operational research - with each member state committing to invest their fair share of the $1.3 billion annual funding gap; and further commit to enhanced collaboration and coordination of research and development across member states, including, as appropriate, through developing innovative financing mechanisms and new models of R&D.

8. Affirm that the benefits of scientific innovation should be made equitably accessible to all as quickly as possible, and that intellectual property rights and cost should not be a barrier to the access and availability of modern or novel high-quality diagnostic, treatment, or prevention technologies and that all steps should be taken to harmonise regulatory pathways to fast-track the implementation and uptake of new tools.

Invest the funds necessary to end TB

9. Commit to revising or developing multi-sectoral national strategic plans outlining how the targets in the Political Declaration will be fully implemented, including full costings for scale-up of diagnosis and prevention; and further commit to doubling current funding for the TB response to USD$13 billion annually, with each member state contributing in proportion to its fair share of the global TB epidemic and its own resource capacities, and mobilizing additional resources as necessary from the private sector and relevant UN institutions, the World Bank and regional development funds, and supporting the upcoming replenishment of the Global Fund to Fight HIV/AIDS, TB and malaria.

Commit to decisive and accountable global leadership, including regular UN reporting and review

10. Commit to including TB as a regular item on the agenda of regional Head of State meetings in 2018 and beyond to monitor and evaluate progress against TB; to urge Member States to call on the Secretary-General, with support from the WHO and the Stop TB Partnership, to deliver to the General Assembly an annual report on progress achieved in realizing the commitments made in the Political Declaration of the High-Level Meeting on TB and the overall progress made by Member States towards achieving the SDG target to end TB by 2030; and lastly to commit to reviewing these commitments at a second High-Level Meeting of the General Assembly on TB no later than 2023.

5.0 RECOMMENDATION FOR KENYA

The Delegation, having successfully deliberated with other elected representatives from countries around the world and members of the Global TB Caucus and reaffirmed their commitment to ending the global TB epidemic and further held discussions with Kenya Mission to the United Nations, made one major conclusion and recommendation:

Kenya will continue pushing the agenda to fight the spread of tuberculosis (TB) at the national level and in the days leading to the United Nations High-Level Meeting on TB (HLM TB) scheduled for Wednesday 26th September 2018 at the United Nations General Assembly. The delegation will continue lobbying for H.E. President Uhuru Kenyatta to attend the meeting and commit to the global fight against TB.

Global TB Caucus position paper on the High-Level Meeting of the General Assembly on tuberculosis

Preamble:
We, elected representatives from countries around the world and members of the Global TB Caucus, in preparation for the High-Level Meeting of the General Assembly on the fight against tuberculosis (TB), reaffirm our commitment to ending the global TB epidemic, recognizing TB as a key component of the Sustainable Development Goals (SDG) and 2030 Agenda, and a cornerstone of efforts to deliver universal health coverage, combat antimicrobial resistance, end deaths from HIV, and address the global NCD crisis. We call on all Heads of State or Government to attend the High-Level Meeting and to:[i]

1. *Acknowledge* that TB is the world's longest running global health emergency having been responsible for 50 million deaths since it was declared an emergency in 1993 and that it remains the world's leading infectious killer, carrying a major socioeconomic impact; that there are more cases of drug-resistant TB every year than all other airborne, drug-resistant infections combined; that TB is among the top ten killers of children; and that forty per cent of all people affected by TB are not reported as diagnosed and treated which remains a major obstacle to overcoming the disease.[ii]

2. *Acknowledge* that involvement of communities and civil society in a non-discriminatory manner in all aspects of TB care and prevention is critical to ending TB and thus achieving the SDGs.[iii]

Reach all people by closing the gaps on diagnosis, treatment and prevention.

3. *Commit* to a renewed effort to prevent, diagnose and treat TB, with a specific focus on key vulnerable populations to ensure that no one is left behind, so that as a global community and in each individual member state the Sustainable Development Goal target to end TB by 2030 is achieved; and further commit to increasing diagnosis and treatment of people with TB in each member state in line with its share of the global burden to collectively successfully treat 40 million people worldwide by 2022.[iv]

4. *Commit* to investing in enhanced data-collection and TB surveillance programs, to better track and respond to TB at all levels and in public and private health care services; and further commit to making such information available and transparent to the World Health Organization and all relevant stakeholders in real-time.[v]

Transform the TB response to be equitable, rights-based and people-centred.

5. *Commit* to adopting and implementing all internationally approved standards and guidelines for TB care, diagnosis, and prevention by 2022, ensuring that all people with TB have access to safe, effective, person-centred, care, including providing all necessary support to ensure diagnosis of TB does not result in catastrophic financial costs; and further commit to taking all necessary steps to reduce stigma and discrimination associated with TB.

6. *Commit* to conducting and publishing assessments of the national legal environment and of other barriers to accessing TB prevention, treatment and care, and reviewing laws that allow for the forced deportation of migrants with TB or for the forcible incarceration of people with TB by 2020, enacting laws protecting people with TB from discrimination and affirming that the protection and promotion of the human rights of people living with, at risk of contracting, and affected by TB, as enshrined in the Universal Declaration of Human Rights and other international agreements should be mainstreamed into all TB policies and programs.[vivii]

Accelerate development of essential new tools to end TB

7. *Commit* to increasing investment in the full spectrum of TB research – from basic science to product development to operational research - with each member state committing to invest their fair share of the $1.3 billion annual funding gap; and further commit to enhanced collaboration and coordination of research and development across member states, including, as appropriate, through developing innovative financing mechanisms and new models of R&D.[viii]

8. *Affirm* that the benefits of scientific innovation should be made equitably accessible to all as quickly as possible, and that intellectual property rights and cost should not be a barrier to the access and availability of modern or novel high-quality diagnostic, treatment, or prevention technologies and that all steps should be taken to harmonise regulatory pathways to fast-track the implementation and uptake of new tools.[ix]

Invest the funds necessary to end TB

9. *Commit* to revising or developing multi-sectoral national strategic plans outlining how the targets in the Political Declaration will be fully implemented, including full costings for scale-up of diagnosis and prevention; and further commit to doubling current funding for the TB response to USD$13 billion annually, with each member state contributing in proportion to its fair share of the global TB epidemic and its own resource capacities, and mobilizing additional resources as necessary from the private sector and relevant UN institutions, the World Bank and regional development funds, and supporting the upcoming replenishment of the Global Fund to Fight HIV/AIDS, TB and malaria.[x]

Commit to decisive and accountable global leadership, including regular UN reporting and review

10. *Commit* to including TB as a regular item on the agenda of regional Head of State meetings in 2018 and beyond to monitor and evaluate progress against TB; to urge Member States to call on the Secretary-General, with support from the WHO and the Stop TB Partnership, to deliver to the General Assembly an annual report on progress achieved in realizing the commitments made in the Political Declaration of the High-Level Meeting on TB and the overall progress made by Member States towards achieving the SDG target to end TB by 2030; and lastly to commit to reviewing these commitments at a second High-Level Meeting of the General Assembly on TB no later than 2023.[xi]

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[i] References include: General Assembly resolutions A/RES/70/1 (Sustainable Development Goals), A/RES/67/81 (Universal Health Coverage), A/RES/71/3 (Antimicrobial Resistance), A/RES/70/266 (HIV), A/RES/66/2 and A/RES/68/300 (Non-Communicable Diseases).

[ii] Data taken from World Health Organization Global TB Report 2017, more than 2 million people a year have died from TB on average since 2000, projected back to 1993 makes a total of 50 million.

[iii] Language drawn from the Moscow Declaration to End TB.

[iv] This is an articulation of the targets outlined in the 2016 HIV Declaration and the Moscow Declaration, both which stem from the Stop TB Partnership's Global Plan to End TB 2016-2020. The original percentage figure has been articulated as a number, and was announced as a campaign by the Director General of the World Health Organization at the Delhi TB Summit in March 2018. Target date has been set at 2023 instead of 2020 to give countries more time to scale-up and represents the half-way mark towards the SDGs.

[v] Data commitments are found in HIV and NCD Declarations and the Moscow Declaration. Investments in data are also considered key to the achievement of the SDGs.

[vi] These commitments echo the Moscow Declaration and the End TB Strategy. The commitment to conduct legal assessment is similar to the most recent HIV HLM Declaration.

[vii] Commitments to human rights are a common theme in previous HIV HLM Declarations.

[viii] Similar to the Moscow Declaration and the G20 Hamburg Communique.

[ix] Similar to agreed language in the HIV Declarations, and the AMR Declaration in 2016.

[x] Financing commitments reflect Moscow Declaration, End TB Strategy, Global Plan to End TB, and a range of other internationally agreed Declarations and commitments.

[xi] UN reporting is a standard feature of all High-Level Meeting Declarations, as is the provision for a follow-up HLM. Reference to regional Head of State meetings reflects the need for continued Head of State focus on the disease.