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International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijidINTERNATIONAL
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FOR INFECTIOUS
DISEASES

Editorial

The historic and unprecedented United Nations General Assembly High Level Meeting on Tuberculosis (UNGA-HLM-TB)—‘United to End TB: An Urgent Global Response to a Global Epidemic’



On September 26, 2018, history will be made. For the first time ever, the United Nations General Assembly will meet in New York (WHO, 2018a,b) with a specific focus on tuberculosis (TB), which is the leading cause of death from an infectious disease worldwide (WHO, 2017). The theme of the meeting is ‘United to End TB: An Urgent Global Response to a Global Epidemic’ (United Nations, 2018a). Heads of state will gather in New York at the first-ever United Nations General Assembly High-Level Meeting on Tuberculosis (UNGA-HLM-TB) to accelerate efforts in ending TB and reach all affected people with prevention and care.

This unprecedented meeting has focused global attention and generated high expectations of a major ‘step-up’ change for advancing political will to bring the devastating global TB epidemic under control. The UNGA-HLM-TB will be attended by heads of state, government ministers, the UN Secretary General, other UN leaders, parliamentarians, scientists, healthcare workers, civil society, community representatives, private sector individuals, and UN ambassadors, among other advocates (United Nations, 2018b).

The UNGA-HLM-TB will be only the fifth time in the history of the United Nations that the General Assembly has called for a high-level meeting devoted to a specific health issue. The first high-level meeting was the UN Special Session on HIV/AIDS on June 25, 2001 (United Nations, 2018c), the second was on non-communicable diseases and was held on September 19, 2011 (WHO, 2011), the third was on Ebola and was held on September 25, 2014 (WHO, 2014), and the fourth was on antimicrobial resistance and was held on September 21, 2016 (WHO, 2016).

The preparation and organization of the UNGA-HLM-TB has been a lengthy, coordinated, and consultative process directed by the President of the UN General Assembly (United Nations, 2017). Given the complex nature of the factors driving the global TB epidemic (Grange and Zumla, 1999, 2002; Grange et al., 2001, 2009), discussions have involved multi-stakeholder panels covering key themes, with numerous consultations and meetings at the national, regional, and global level and with the participation and engagement of all stakeholders. Key leadership roles have been played by The Stop TB Partnership, the World Health Organization Global TB Programme, the Global TB Caucus of parliamentarians, and the International Union Against TB and Lung Diseases (The Union), in liaison with governments of high- and low-incidence

countries, communities, TB advocacy groups, patients, researchers, healthcare workers, civil society, specialist organizations, academics, and industry, among others.

Aligned to this have been calls for urgent and advancing decisive political action with commitments to end TB. These were re-iterated at World TB Day 2018, the Moscow Global TB Ministerial Conference, and the Delhi End TB Summit held earlier this year (Petersen et al., 2017a,b; Herbert et al., 2018a,b; UK academics and Professionals to End TB, 2018; Tiberi et al., 2018; Lienhardt et al., 2018). A civil society hearing (WHO, 2018b) was held on June 4, 2018 at the United Nations Headquarters, New York, where discussions focused on four themes: (1) reaching all people ill and affected by TB; (2) financing, (3) innovation, and (4) partnerships to prioritize communities in an equitable, person-centered, rights-based response. At that forum, the President of the General Assembly, HE Mr Miroslav Lajčák, highlighted the fact that world leaders had previously committed to end TB, but that progress was not on track.

Two co-facilitators have been appointed by the UN Secretary General to lead the inter-governmental consultations and negotiations on the modalities and outcomes of the high-level meeting: Mr Walton Webson (Permanent Representative of Antigua and Bermuda) and Mr Koro Bessho (Permanent Representative of Japan). After difficult negotiations (EATG, 2018) to find general agreement between all UNGA member states, the consensus text of the political declaration agreed by all UNGA member states was finalized by the co-facilitators and released by the President of the UNGA on September 14, 2018 (United Nations, 2018d).

The 53-point declaration is a formidable and comprehensive document that captures wide-ranging priorities in which the UN member states make bold statements (United Nations, 2018d):

- Declare their commitment to end the global TB epidemic and reaffirm the 2030 Agenda for Sustainable Development, including the resolve to end the TB epidemic by 2030;
- Pledge to provide leadership and to work together to accelerate national and global collective actions, investments, and innovations urgently;
- Affirm that TB, including drug-resistant TB, is a critical challenge being the leading infectious disease cause of death and the most common form of antimicrobial resistance globally;

<https://doi.org/10.1016/j.ijid.2018.09.017>

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- (d) Acknowledge that TB is also the leading cause of death of people living with HIV, and that poverty, gender inequality, vulnerability, discrimination, and marginalization exacerbate the risks of acquiring TB;
- (e) Recognize the devastating impacts of TB, including stigma and discrimination at all ages, and that TB requires a comprehensive response, including towards achieving universal health coverage, and one that addresses the social and economic determinants of the epidemic and that protects and fulfils the human rights and dignity of all people;
- (f) Commit to mobilize sufficient and sustainable financing with the aim of increasing overall global investments for ending TB reaching at least US\$ 13 billion a year by 2022;
- (g) Commit to mobilize sufficient and sustainable financing, to close the estimated US\$ 1.3 billion gap in funding annually for research;
- (h) Ensure that all countries contribute appropriately to research, effective implementation of recently approved health technologies, and to strengthen the academic, scientific, public health, and laboratory capacity needed to support research and development for the prevention, diagnosis, treatment and care, inter alia through the engagement of domestic, international, and innovative financing mechanisms.

Whilst all governments are expected to fully commit themselves to adopting and implementing the goals and targets that will be set in the declarations, the most difficult issue and the hardest aspect will be to get member states to deliver on their commitments. There have been many political declarations on TB and other killer infectious diseases over the past decade in which UN members states have willingly adopted UNGA resolutions such as the Sustainable Development Goals of Agenda 2030, committing to implementation of the goals by 2030. However, leaders of many high TB endemic countries have not lived up to these commitments. TB remains a low domestic priority health agenda in many countries, with no clear intention of sustainability (Raviglione et al., 2012; Petersen, 2017b; Zumla et al., 2016).

Thus a critical feature of the declaration (United Nations, 2018d) is that member states will request that the Director-General of the World Health Organization continues to develop the multisectoral accountability framework in line with World Health Assembly Resolution 71.3 and ensure its timely implementation no later than 2019. They are also expected to request that the Secretary-General, in close collaboration with the Director-General of the World Health Organization, promotes collaboration among all stakeholders to end the TB epidemic and implement the UNGA-HLM-TB declaration. A progress report in 2020 is expected on global and national progress in achieving the agreed goals, to inform preparations for a comprehensive review by heads of state and government at a high-level meeting in 2023. This could be made forthcoming by identifying 'facilitators' or 'monitors', such as the Stop TB Partnership (Stop TB Partnership, 2018), the Global TB Caucus of parliamentarians (Global TB Caucus, 2018), and the International Union Against TB and Lung Disease (The Union, 2018) to make governments accountable and translate these very laudable political declarations into concerted action with strong commitment from both high- and low-TB burden countries.

The UNGA-HLM-TB meeting on September 26, 2018 will be the most significant political meeting ever to be held on TB. It has generated the long-awaited 'unity of purpose' between the main lead organizations and stakeholders involved in global TB control and has enthused and excited the global TB fraternity. The real challenge will be translating the 'hype' and 'hope' of political declarations into 'reality' by getting governments to commit to the UNGA-HLM-TB declarations and deliver and sustain resources. This will be key to ending the TB epidemic and also requires the entire

TB community and those organizations leading the global TB control effort to align their common vision and unite to work together, exploring synergies and achieving an enhancing effect. Currently, the global TB community has the knowledge, expertise, and tools required to achieve global control.

The UNGA-HLM-TB brings renewed hope and increased prospects of much-needed increased funding and the political commitment required to control TB and achieve the World Health Organization and Stop TB Partnership 'End TB targets' for 2030. With the UNGA-HLM-TB declarations and unprecedented commitment of the UN member states, the year 2018 will mark a critical turning point in the global fight against TB. If all member states sincerely deliver on their commitments, the world's number one cause of death from an infectious disease will be confined to the history books in the next few decades. Only time will tell.

Conflict of interest

The authors declare no conflicts of interest.

Author declarations

Both authors are global TB advocates and have links with most global TB organizations. The views expressed in this article are their own.

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