

Report on the Parliamentary Consultation on the High-Level Meeting

25-27 April, New York City



Introduction

Forty members of parliament from thirty-five countries came together across three days to discuss the High-Level Meeting on tuberculosis (TB) with civil society, TB experts, and UN Missions.

Total number of missions engaged by the Global TB Caucus: 107

Thank you

The Global TB Caucus would like to thank all our supporters who contributed to this meeting, especially:

- Our co-hosts, Ambassador Bessho of the Permanent Mission of Japan and Ambassador Webson of the Permanent Mission of Antigua and Barbuda
- Ambassador Van Oosterom of the Permanent Mission of the Netherlands to the United Nations.
- The UN Development Programme
- The Stop TB Partnership
- The Global Fund to Fight HIV/AIDS, TB and Malaria
- The ACTION Partnership

- The International Union Against TB and Lung Disease
- The World Health Organization
- TB Alliance
- KNCV Tuberculosis Foundation
- International Civil Society Support

Background

In April 2018, the Caucus convened a Parliamentary Consultation for the UN HLM on TB, focused on preparing the national, regional and global parliamentary response in lead up to the UN High-Level Meeting on TB. Parliamentarians from the High TB Burden Countries and across the G20 were prioritised to ensure coordination and collaboration between the HLM campaign and the 2018 G20 campaign.

Objectives:

- Discussing the critical role of the parliamentarians in addressing the global TB epidemic and in holding Governments to account for their commitments.
- Engaging with the governments of the co-facilitating countries to support them in delivering a successful meeting.
- Engaging with New York Missions to build strong functioning relationships between the Caucus Secretariat and the missions, but also between parliamentarians and their UN Ambassadors.
- Engaging with the President of the General Assembly and building a strong relationship to help ensure the success of the HLM.
- Presentation of a proposal for action endorsed by the parliamentarians for how the High Burden, G20 and other leading countries could address TB in the lead up to the HLM.
- Discussion and agreement of a work plan and position ahead of the Argentine Presidency of the G20, ensuring alignment between the UN HLM and G20.
- Commitment to a plan of action focused on national and global accountability for the outcomes of the UN HLM.

About the 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 for 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. We have launched 4 regional networks, a

Francophone linguistic network, and nearly 40 national TB caucuses are counted under our network.

The Global TB Caucus is not an end in itself. Our objective is not to create an organisation, but to bring new political support to the fight against TB

Delegates

Abdul Malik Baloch	<i>Pakistan</i>	Kra Eugène Kouassi	<i>Cote D'Ivoire</i>
Akaki Zoidze	<i>Georgia</i>	Luis Gallo	<i>Uruguay</i>
Aminata Gueye	<i>Senegal</i>	Luz Salgado	<i>Peru</i>
Anurag Thakur	<i>India</i>	Mariam Jashi	<i>Georgia</i>
Chico D'Angelo	<i>Brazil</i>	Mohamed Abdou	<i>Egypt</i>
Chris Kalila	<i>Zambia</i>	Nick Herbert	<i>UK</i>
Ciro Zabala	<i>Bolivia</i>	Oleksiy Kyrychenko	<i>Ukraine</i>
Claudio Marte	<i>Dominican Republic</i>	Oscar Mukasa	<i>Tanzania</i>
Dipu Moni	<i>Bangladesh</i>	Oxana Domenti	<i>Moldova</i>
Elias Iniguez	<i>Mexico</i>	Ruth Labode	<i>Zimbabwe</i>
Emmanuel Ombugadu	<i>Nigeria</i>	Stephen Mule	<i>Kenya</i>
Erasmus Palazzotto	<i>Italy</i>	Toshiko Abe	<i>Japan</i>
Florin Bodog	<i>Romania</i>	Vadim Pistrinciuc	<i>Moldova</i>
Gabriel Serville	<i>France</i>	Valeria Mitelela	<i>Mozambique</i>
Gabriel Tongoyo	<i>Kenya</i>	Viplove Thakar	<i>India</i>
Gladwell Cheruiyot	<i>Kenya</i>	Virendra Sharma	<i>UK</i>
Gulkan Moldobekova	<i>Kyrgyzstan</i>	Warren Entsch	<i>Australia</i>
Helen Tan	<i>Philippines</i>	Yagya Raj Sunuwar	<i>Nepal</i>
Jean-Francois Mbaye	<i>France</i>	Yoweeri Ssebikaali	<i>Uganda</i>
Nazar Mohamed	<i>Sudan</i>	Zaynab Vulu	<i>Tanzania</i>

Agenda

Wednesday 25th April: G20 and Welcome Meeting

On Wednesday 25th April, Parliamentarians from the G20 gathered at the Permanent Mission of Argentina to discuss priorities for the 2018 G20 campaign. The meeting was opened by Ambassador H.E. Martín García Moritán, the Permanent Representative, and members were briefed by Melquiades Huauya Ore, who spoke on the human impact of drug resistant TB in the Americas.

During the 2017 G20, of which Germany held the presidency, members of the Global TB Caucus worked to help ensure TB was recognised as a core part of the discussions on antimicrobial resistance (AMR). TB currently comprises a third of deaths from AMR - and as such, it is impossible to address AMR without addressing TB.

In 2018, under Argentina's presidency, members of the Global TB Caucus will be working to include TB both in the discussions on AMR, as well as within dialogue on Health Systems Strengthening and the move toward Universal Health Coverage. To use in their advocacy on the issue, the MPs agreed a position document on the G20.

Speakers included Dr Lucica Ditiu, Stop TB Partnership, Mike Frick, Treatment Action Group and Dr Eliud Wandwalo, Global Fund to Fight HIV/AIDS, TB and Malaria. The meeting concluded with feedback from Hon Toshiko Abe MP, who spoke about Japan's experience with Tuberculosis, and their ongoing drive to eradicate it.

In the evening, Parliamentarians joining a Caucus event for the first time attended a meeting with Ms Oxana Domenti (Moldova), Co-chair of the Eurasian Parliamentary Group on TB, who welcomed the new members to the group and explained how the Global TB Caucus operates. The new members introduced themselves, and spoke about their reasons for attending the parliamentary consultation and their work on health and TB.

Thursday 26th April: Plenary

The Parliamentary Consultation on the UN HLM on TB was formally opened by the President of the 72nd Session of the UN General Assembly, H.E. Mr. Miroslav Lajčák, with welcoming remarks from Dr Aubrey Webson, Permanent Representative of Antigua and Barbuda to the United Nations and H.E. Mr. Koro Bessho, Permanent Representative of Japan to the United Nations.



Rt Hon Nick Herbert CBE MP, co-chair of the Global TB Caucus, opened the first plenary, featuring speakers including Tsira Chakhaia, TB doctor and former patient who discussed the potential impact of TB from the community perspective, Dr Tereza Kasaeva, Director, World Health Organization Global TB Programme, who explained the Joint Initiative and Dr Lucica Ditiu – Executive Secretary, Stop TB Partnership who presented the key asks from the TB community and the reasons behind them.

Lunch was hosted by H.E. Sebastiano Cardi, Permanent Representative of Italy to the United Nations, H. E. Elbio Rosselli, Permanent Representative of Uruguay to the United Nations, and Jose Luis Castro, Executive Director of the International Union Against Tuberculosis and Lung Disease, and focused on the links between the High-Level Meetings on Non-Communicable Diseases (NCDs) and TB.



In the afternoon, the regional Caucuses met to discuss the position paper, and develop their plans for the next few months.

The meeting closed with a presentation from Mandeep Dhaliwal, Director of UNDP's HIV, Health and Development Group, Bureau of Policy and Programme Support, and Charles Chauvel, Team Leader, Inclusive Political Processes, UNDP Bureau for Policy and Programme Support who spoke of the role UNDP plays in strengthening parliamentary capacity around the world.

In the evening, the Permanent Mission of Antigua and Barbuda to the United Nations, the Permanent Mission of Japan to the United Nations, and the Permanent Mission of the Kingdom of the Netherlands to the United Nations, hosted a reception at the United Nations, the Human Faces of TB.

This event brought together Ambassadors to the United Nations, members of the Global TB Caucus, representatives of affected communities, TB experts, and UN agencies to discuss the human consequences of the epidemic and how to achieve the target of the Sustainable Development Goals to end TB by 2030.

After statements by H.E. Mr. Koro Bessho, Permanent Representative of Japan to the United Nations, H.E. Dr Aubrey Webson, Permanent Representative of Antigua and Barbuda to the United Nations and H.E. Mr. Karel J.G. van Oosterom, Permanent Representative of The Netherlands to the United Nations, Community and Civil Society members shared personal stories of their experiences with TB. Speakers included Leonid Lecca, Safar Naimov, Maurine Murenga, Kristine and Jackson East, and Kate O'Brien. The event closed with comments from Dr Lucica Ditiu.

Briefing Missions

On Friday 27th, members of the Caucus held meeting with Permanent Missions and members of civil society. In total, the Caucus engaged with 70 Missions, which brings the total that we have engaged with since 2017 to 107.

The Caucus invited members of civil society to join Parliamentarians in regional meetings with Missions, including:

- Americas, hosted by the Permanent Mission of Peru
- Eastern Europe and Central Asia, hosted by the Permanent Mission of Georgia
- CANZ, hosted by the Permanent Mission of Australia
- Asia Pacific, hosted by the Permanent Mission of the Republic of the Philippines
- EU, hosted by the Delegation of the European Union to the United Nations
- Francophone, hosted by the Permanent Mission of France

The Caucus also held a briefing with G77+China bloc, hosted by the Arab Republic of Egypt, met with the co-facilitators, Ambassadors Bessho and Webson from Japan and Antigua and Barbuda, and with the President of the General Assembly.

Parliamentarians met individually with Ambassadors from India, China, Thailand, Saudi Arabia, Mocambique, Mexico, Kenya, Brazil, Italy, Uruguay, Uganda, and the Philippines and

Ambassadors and representatives from many other Missions attended part of the Parliamentary Consultation, and the reception.

Outcomes

The Caucus agreed on two key outcomes: “Global TB Caucus position paper on the High-Level Meeting of the General Assembly on tuberculosis” and the “Global TB Caucus Position on the G20”. Members also sent a letter to every head of state, calling for their attendance at the HLM, and endorsed the TB community Key Asks document.

Over the next few months, member of the Caucus will be working in their national and regional groups to ensure high level commitment to ending the TB epidemic by 2030, as committed to in the target of the U.N.’s Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages.”



Annex:

Global TB Caucus Position on the G20

The Global TB Caucus is an international network of more than 2,300 parliamentarians from over 130 countries. Its members work collectively and individually to accelerate progress against the tuberculosis (TB) epidemic. The G20 nations, as the world's largest economies and home to more than fifty per cent of the world's cases of TB, must show greater leadership if we are to achieve success in the fight against TB. We, therefore, call on the G20 nations, under the leadership of the government of Argentina, to include the following statements in their 2018 Leaders' Communiqué:

On Universal Health Coverage (UHC)

We recognise that strong public health systems to tackle infectious diseases, and particularly HIV/AIDS, TB and malaria, are pre-requisites for the delivery of universal health coverage. We acknowledge that a country's rate of TB is a key indicator of the strength of its health system and that investments in TB care and prevention can leave a legacy of stronger health systems and represent an important stepping stone towards the achievement of universal health coverage. We recognise the Global Fund to Fight HIV/AIDS, TB and Malaria as having a key role in efforts to tackle these diseases and strengthen health systems and commit to supporting a successful replenishment of the Global Fund in 2019.

On Antimicrobial Resistance (AMR)

We recognise drug-resistant tuberculosis as a key component of the global threat of AMR and that the prevention, diagnosis and treatment of all forms of tuberculosis is central to preventing the further development and spread of drug-resistance and ensuring global health security. We commit to scaling up diagnosis and treatment of all forms of TB to achieve the targets agreed in the United Nations High-Level Meeting on Tuberculosis in 2018 and to ensure that the Sustainable Development Goal target to end TB by 2030 is realised. We recognise the need to urgently develop and promote access to new drugs, diagnostics and vaccines to tackle drug-resistant TB, and affirm that to further these efforts, addressing drug-resistant TB will be a central component of the focus of the AMR R&D collaboration hub established during the 2017 German Presidency.

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.^{vii}

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}

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.