



Towards the
UNITED NATIONS
HIGH-LEVEL MEETING ON THE
FIGHT TO END TUBERCULOSIS
22 SEPTEMBER 2023, UNHQ, NEW YORK



WHEN: 22 SEPTEMBER 2023

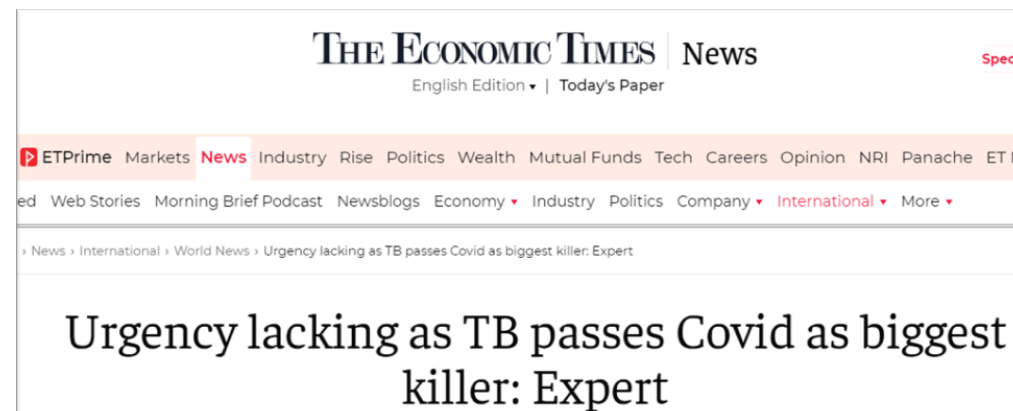
WHERE: UNITED NATIONS GENERAL ASSEMBLY, NEW YORK

CO-FACILITATORS: POLAND AND UZBEKISTAN

Tuberkuloseseminar
Folkehelseinstituttet
7 september 2023

Hvorfor er høynivåmøtet viktig?

- Tuberkulose tilfeller og dødsfall økte i 2020-2021
- Langt unna 2030- målene
- TB viktig del av pandemiberedskap
- Kamp om tilgang/ priser av nye produkter
- Globale Fondet for aids, tuberkulose og malaria er underfinansiert
- Vertikale tuberkuloseprogram vs. helsesystemstyrking



'A ticking bomb': This illness is now killing more people than COVID-19 or AIDS

More people worldwide are dying of tuberculosis than COVID-19 or AIDS, with those in conflict zones particularly susceptible.



Politisk deklarasjon

- Vanskelige forhandlinger- ikke enighet (13 sider, 83 punkter)
- Innspill til Norad/ UD/UN Mission
- TB HLM 2023 Affected communities and civil society coordination hub

KEY ASK #3

Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics, drugs, and other essential new tools, including digital health technologies geared to the needs of the most neglected, key and vulnerable populations



UNITED TO END TUBERCULOSIS: AN URGENT GLOBAL RESPONSE TO A GLOBAL EPIDEMIC

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York on 26 September 2018, with a dedicated focus for the first time on the global tuberculosis epidemic, reaffirm our commitment to ending the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals target, commit to ending the epidemic in all countries, and pledge to provide leadership and to work together to accelerate our national and global collective actions, investments and innovations urgently to fight this preventable and treatable disease, affirming that tuberculosis, including its drug-resistant forms, is a critical challenge and the leading cause of death from infectious disease, the most common form of antimicrobial resistance globally and the leading cause of death of people living with HIV, and that poverty, gender inequality, vulnerability, discrimination and marginalization exacerbate the risks of contracting tuberculosis and its devastating impacts, including stigma and discrimination at all ages, such that the disease 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, and we therefore:

1

Reaffirm the 2030 Agenda for Sustainable Development,¹ including the resolve to end the tuberculosis epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;²

2


Further reaffirm the 2016 political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, as reflected in its resolution 71/3 of 5 October 2016, the 2016 political declaration on HIV and AIDS, adopted in its resolution 70/266 of 8 June 2016, the 2014 outcome document of the high-level meeting of the Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, adopted in its resolution 68/300 of 10 July 2014, and its resolution 72/139 of 12 December 2017, in which the Assembly decided to hold a high-level meeting on universal health coverage in 2019, and take note of World Health Assembly resolution 69.2 of 28 May 2016, entitled "Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health",³ and Human Rights Council resolution 33/11 of 29 September 2016 on preventable mortality and morbidity of children under 5 years of age as a human rights concern,⁴ and further reaffirm the World Health Organization End TB Strategy, as



Hva er bra med deklarasjonen?
Helhetlig tilnærming til tuberkulose

- Tilgang til sosial støtte
- Styrke ernæring, mental helse, rehabilitering
- Sårbare grupper, inkludert statsløse

Hva mangler i deklarasjonen? Ingen betingelser (access conditionalities) ved offentlig finansiering av utvikling av nye produkter



CAMPAIGN

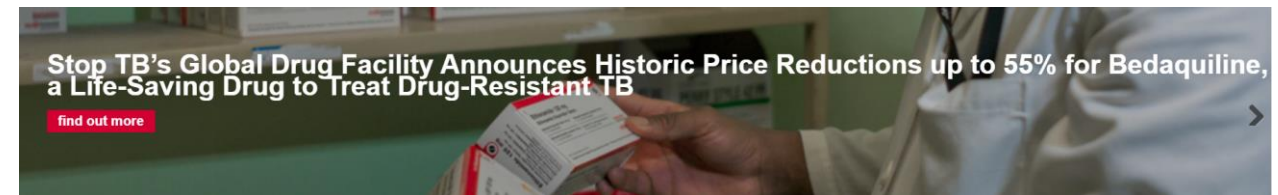
Time for \$5

The 'Time for \$5' campaign is a global coalition calling on diagnostics corporation Cepheid to drop the price of its GeneXpert tests to US\$5 a test so that many more people can get access to fast and accurate disease diagnosis.

The 'Time for \$5' coalition is coordinated by MSF Access Campaign and Treatment Action Group (TAG), together with more than 150 civil society organizations working to improve access to GeneXpert instruments and tests.

Since 2019, we have been calling on the manufacturer, **Cepheid**, to lower the price of Xpert tests to US\$5* per test across diseases.

* The \$5 ask is based on publicly available [evidence of Cepheid's cost of production](#) of Xpert tests.



Stop TB's Global Drug Facility Announces Historic Price Reductions up to 55% for Bedaquiline, a Life-Saving Drug to Treat Drug-Resistant TB

[find out more](#)

Public investments in the clinical development of bedaquiline

Dzintars Gotham, Lindsay McKenna, Mike Frick, Erica Lessem

Public contributions through clinical trials funding were estimated at US\$109–252 million, tax credits at US\$22–36 million, tax deductions at US\$8–27 million, administration of a donation programme at US\$5 million, PRV revenues at US\$300–400 million. Total public investments were US\$455–747 million and originator investments were US\$90–240 million (if capitalized and risk-adjusted, US\$647–1,201 million and US\$292–772 million, respectively).



Hva mangler i deklarasjonen? Lite om styrking av nettverk og organisering av personer med TB

- Finner de som er syke.

- Oppsøker mennesker med lite reell tilgang til helsetjenester
- Kjenner sitt lokalsamfunn
- Symptomscreening
- Rundt 30% av nye tilfeller i Tanzania er henvist fra frivillige



- Hjelper pasienter på behandling

- Hjemmebesøk
- Veiledning
- Matstøtte





Mara Banda, grunnlegger av Paradiso TB Patient Trust, Malawi

-Folkeopplysning
og reduksjon av
stigma



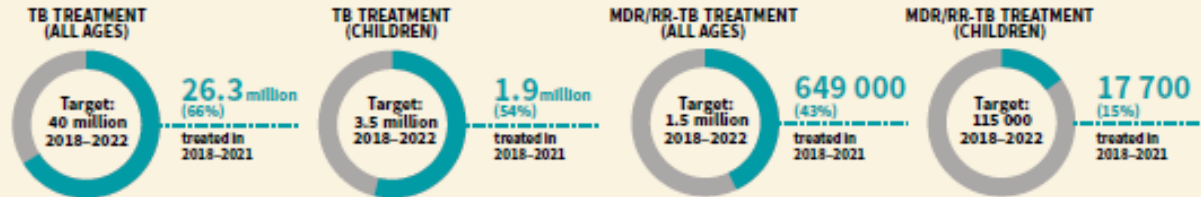
- Når ut til sårbare grupper



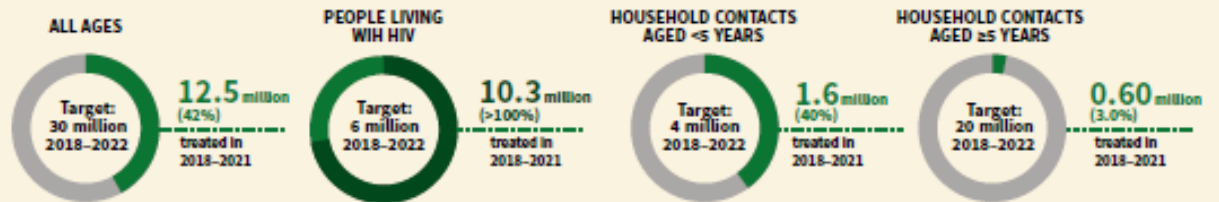
- Holder myndigheter ansvarlig

Ingen ansvarligjøringstater trenger ikke følge deklarasjonen?

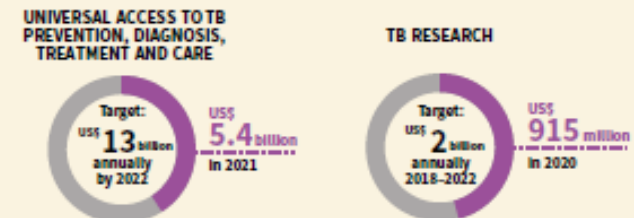
UN high-level meeting on TB: treatment targets



UN high-level meeting on TB: TB preventive treatment targets

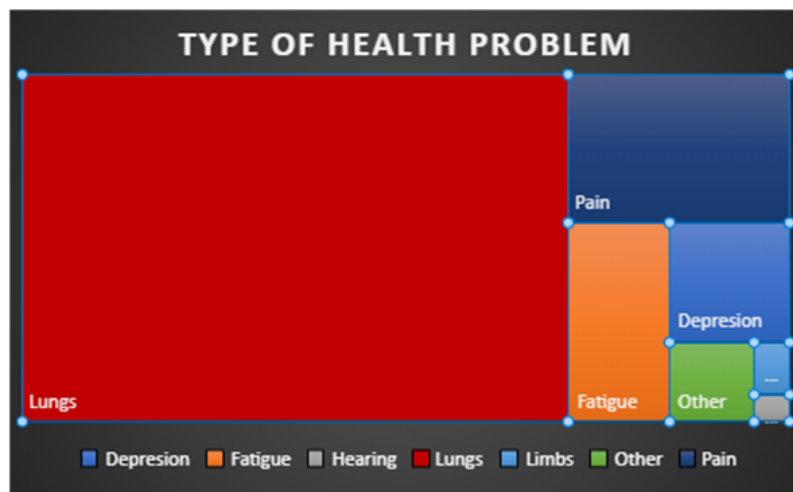


UN high-level meeting on TB: funding targets



Funksjonsnedsettelse etter tuberkulose

- Minst halvparten av alle som har hatt TB har kroniske senskader
- Langvarig effekt på funksjonsnivå, arbeid og inntekt
- Vi finner også mye TB blant tidligere pasienter. Hver fjerde med PTLD hadde aktiv TB i Tanzania
- Enkel lungerehabilitering virker!
- Malawi:
https://drive.google.com/file/d/1nvTKSbHMS7CofUG_UaN8fsxjQRBAbxQk/view



Hva bør vi gjøre i Norge?

- Finansiering av forskning og utvikling (eks. vaksine): Fair share.
- Øke støtten til Globale Fondet
- Mer helhetlig tilnærming til personer med tuberkulose i Norge:
 - psykososial støtte
 - livet etter tuberkulose- senskader etter tuberkulose

