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Tiden er inne!  
It's time- to end TB





1, 6 millioner mennesker dør av tuberkulose hvert år. Unge, arbeidsføre menn og kvinner. Gravide. Barn. Hvert eneste dødsfall er unødvendig.



HIV	TUBERKULOSE
<ul style="list-style-type: none"><li>- 1,8 millioner mennesker fikk hiv i 2017</li><li>- 940 000 mennesker døde av aids relaterte sykdommer, blant annet tuberkulose, i 2017</li><li>- Første medisinen tilgjengelig i 1987. Innen 2010 var det over 20 forskjellige medisiner/ behandlingsmuligheter.</li><li>- Enkle og kjappe diagnostiske tester kom allerede på 1990 tallet, og i dag kan man ta test hjemme hvis ønskelig</li><li>- Finansiering til forskning og utvikling har ligget på rundt 1,2 milliarder USD pr år de siste 10 årene</li><li>- Stor satsing på vaksineutvikling, med hundrevis av vaksinekandidater</li><li>- Flere høynivåmøter i FN fra 2001</li></ul>	<ul style="list-style-type: none"><li>- 10,4 millioner mennesker ble syk av tuberkulose i 2017</li><li>- 1,6 millioner mennesker døde av tuberkulose i 2017. 300 000 av disse var hiv positive.</li><li>- Tuberkulose behandles fortsatt med de samme medisinene som på 1940-50 tallet.</li><li>- Tuberkulose diagnostiseres fortsatt hovedsakelig gjennom mikroskopi av ekspektorat. Veldig få nye diagnostiske verktøy på trappene.</li><li>- Finansiering til forskning og utvikling er ca. 700 millioner USD per år. Målet er 2 milliarder USD.</li><li>- Rundt 15 vaksinekandidater for tuberkulose</li><li>- Første høynivåmøte i 2018</li></ul>





Utviklingsminister Astrup:  
***We need to take action on TB now –  
 doing nothing is far too costly and we  
 will leave far too many behind.***





United Nations

A/73/L.4



## General Assembly

Distr.: Limited  
3 October 2018  
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Seventy-third session  
Agenda item 129  
Global health and foreign policy

Draft resolution submitted by the President of the General Assembly

### Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

*The General Assembly*

*Adopts* the following political declaration approved by the high-level meeting of the General Assembly on the fight against tuberculosis on 26 September 2018:

### Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

United to end tuberculosis: an urgent global response to a global epidemic

We, Heads of State and Government and representatives of States and Governments, **reaffirm our commitment to ending the tuberculosis epidemic globally by 2030,**

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:





## UNHLM ON TB KEY TARGETS FOR 2022

"WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES  
OF STATES AND GOVERNMENTS ASSEMBLED AT THE  
UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018":



1. **COMMIT TO PROVIDE  
DIAGNOSIS AND  
TREATMENT**  
with the aim of successfully  
treating 40 million people  
with tuberculosis by 2022.
2. **COMMIT TO PROVIDE  
DIAGNOSIS AND  
TREATMENT**  
with the aim of successfully  
treating 3.5 million children  
with tuberculosis by 2022.
3. **COMMIT TO PROVIDE  
DIAGNOSIS AND  
TREATMENT**  
with the aim of successfully  
treating 1.5 million people  
with drug-resistant  
tuberculosis, including 115  
000 children with drug-  
resistant tuberculosis,  
by 2022.



4. **COMMIT TO  
PREVENT TUBERCULOSIS**  
for those most at risk of  
falling ill so that at least 30  
million people, including  
4 million children under  
five years of age, 20 million  
other household contacts  
of people affected by  
tuberculosis, and 6 million  
people living with HIV,  
receive preventive treatment  
by 2022.



5. **COMMIT TO MOBILIZE  
SUFFICIENT AND  
SUSTAINABLE FINANCING**  
for universal access to  
quality prevention, diagnosis,  
treatment and care of  
tuberculosis, from all sources,  
with the aim of increasing  
overall global investments for  
ending tuberculosis reaching  
at least US\$13 billion a year  
by 2022.
6. **COMMIT TO MOBILIZE  
SUFFICIENT AND  
SUSTAINABLE FINANCING  
FOR R&D**  
with the aim of increasing  
overall global investments  
to US\$2 billion, in order to  
close the estimated US\$1.3  
billion gap in funding annually  
for tuberculosis research,  
ensuring all countries  
contribute appropriately to  
research and development.



7. **PROMOTE AND SUPPORT  
AN END TO STIGMA  
AND ALL FORMS OF  
DISCRIMINATION,**  
including by removing  
discriminatory laws, policies  
and programmes against  
people with tuberculosis,  
and through the protection  
and promotion of human  
rights and dignity.  
  
Recognize the various  
sociocultural barriers to  
tuberculosis prevention,  
diagnosis and treatment  
services, especially for  
those who are vulnerable  
or in vulnerable situations,  
and the need to develop  
integrated, people-centred,  
community-based and  
gender-responsive health  
services based on human  
rights.



8. **COMMIT TO DELIVERING,  
AS SOON AS POSSIBLE,  
NEW, SAFE, EFFECTIVE,  
EQUITABLE, AFFORDABLE,  
AVAILABLE VACCINES,**  
point-of-care and  
child-friendly diagnostics,  
drug susceptibility tests  
and safer and more  
effective drugs and shorter  
treatment regimens for  
adults, adolescents and  
children for all forms of  
tuberculosis and infection,  
as well as innovation to  
strengthen health systems  
such as information and  
communication tools and  
delivery systems for new  
and existing technologies,  
to enable integrated  
people-centred prevention,  
diagnosis, treatment and  
care of tuberculosis.



9. **REQUEST THE DIRECTOR-  
GENERAL OF THE WORLD  
HEALTH ORGANIZATION TO  
CONTINUE TO DEVELOP  
THE MULTISECTORAL  
ACCOUNTABILITY  
FRAMEWORK**  
and ensure its timely  
implementation no later  
than 2019.



10. **FURTHER REQUEST THE  
SECRETARY GENERAL,  
WITH THE SUPPORT OF  
THE WORLD HEALTH  
ORGANIZATION, TO  
PROVIDE A PROGRESS  
REPORT IN 2020**  
on global and national  
progress, across sectors,  
in accelerating efforts to  
achieve agreed tuberculosis  
goals, which will serve to  
inform preparations for  
a **comprehensive review  
by Heads of State and  
Government at a high-level  
meeting in 2023.**

Finne og behandle 40 milllioner mennesker, inkludert 3,5 mill barn og 1,5 mill med resistant tb innen 2022



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2.  
COMMIT TO PROVIDE  
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with the aim of successfully treating 3.5 million children with tuberculosis by 2022.
3.  
COMMIT TO PROVIDE  
**DIAGNOSIS AND TREATMENT**  
with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drug-resistant tuberculosis, by 2022.







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- 30 mill skal få forebyggende behandling
- Tilstrekkelig og bærekraftig finansiering av behandlingsapparatet og til forskning og utvikling



4. **COMMIT TO PREVENT TUBERCULOSIS**  
for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.

5. **COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING**  
for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis reaching at least US\$13 billion a year by 2022.

6. **COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D**

with the aim of increasing overall global investments to US\$2 billion, in order to close the estimated US\$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.







## Få slutt på alle former for stigmatisering og diskriminering



### 7. PROMOTE AND SUPPORT **AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION,**

including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.





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Så raskt som mulig få på plass  
en ny trygg effektiv vaksine og  
bedre og enklere diagnostikk



8.  
COMMIT TO DELIVERING,  
AS SOON AS POSSIBLE,  
**NEW, SAFE, EFFECTIVE,  
EQUITABLE, AFFORDABLE,  
AVAILABLE VACCINES,**

point-of-care and  
child-friendly diagnostics,  
drug susceptibility tests  
and safer and more  
effective drugs and shorter  
treatment regimens for  
adults, adolescents and  
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tuberculosis and infection,  
as well as innovation to  
strengthen health systems  
such as information and  
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delivery systems for new  
and existing technologies,  
to enable integrated  
people-centred prevention,  
diagnosis, treatment and  
care of tuberculosis.







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Få på plass et «multisectoral accountability framework» og en framdriftsrapport i 2020 og et nytt høynivåmøte i 2023



9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO **CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK**

and ensure its timely implementation no later than 2019.



10. FURTHER REQUEST THE SECRETARY GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO **PROVIDE A PROGRESS REPORT IN 2020**

on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.





## Så hva mangler?



- friske midler
- nasjonale målsetninger
- tidsfrister for når innovasjoner som bedre diagnostikk og vaksiner skal være på plass
- et uavhengig «accountability framework»

## Tuberculosis in Norway

Having endorsed the Political Declaration from the High-Level Meeting on TB, every country must now deliver its fair share of those global commitments.

As one of the world's leaders in science and research, Norway has a particularly important role to play in achieving R&D funding targets, and working to encourage other countries to step up their own investments.

Lastly, TB does not respect national boundaries, and even limited outbreaks can have a major social and economic impact. Norway should work with partner countries around the world to build the political will, technical capacity and financial resources to ensure that every country achieves the global target to end TB by 2030.



## DIAGNOSE AND TREAT 40 MILLION BY 2022

National share: **1,000**  
Projected:<sup>1</sup> **1,150**  
Global delivery rank:<sup>2</sup> **25**

If delivered, the headline target to diagnose and treat 40 million people with TB by 2022 will put the world on track to end TB by 2030. To achieve the target, all countries must deliver their share.

## Delivering on the promises of the High-Level Meeting



Provide preventive treatment for 30 million people worldwide by 2022

National share: **NA**  
Current total: **Unavailable**



Treat 1.5 million with MDR-TB worldwide by 2022

National share: **45**  
Projected: **30**  
Global delivery rank: **22**



Treat 3.5 million children worldwide by 2022

National share: **84**  
Projected: **95**  
Global delivery rank: **10**



Invest \$2 billion a year in TB R&D

National share: **\$5,300,000 p/a**  
2017 spend: **\$3,424,657**

## Key asks for the government

- Develop and publish a clear plan outlining how the government will deliver its share of the global targets agreed in the Political Declaration from the High-Level Meeting on TB and establish a cross-governmental working group to monitor and evaluate progress made against those targets.
- Support the international adoption of the target to spend 0.1% of R&D expenditure on TB R&D to close the global TB R&D funding gap, and make a generous pledge in support of the Global Fund to Fight HIV/AIDS, TB and Malaria at its upcoming replenishment.
- Work through all diplomatic channels to ensure TB remains on the agenda of Heads of State around the world, particularly through existing platforms where Heads of State and Government meet each year.





## Veien videre?

- Delta i utviklingen av accountability framework (skal godkjennes på World Health Assembly i april i år)
- Drive politisk påvirkningsarbeid opp mot norske myndigheter
- Fortsette mobilisering av tidligere pasienter og frivillige
- Fortsette å framheve viktigheten av en rettighetsbasert tilnærming og «people-centred care»

