

Revised draft political declarations streamlined based on comments provided during informal consultations up to the 6th consultation on 25 June 2018.

Note: “Former” paragraphs refers to text order presented during the 25 June informal consultations.

United to End Tuberculosis: An Urgent Global Response to a Global Epidemic

Suggested Chapeau:

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 achieve the Sustainable Development Goals target to end the tuberculosis epidemic globally by 2030 and commit to end 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 of tuberculosis, affirming that tuberculosis, including its drug-resistant forms, is [a serious threat to health security] (Source: WHA 71.3) and the leading infectious disease cause of death, the most common form of antimicrobial resistance, as well as the leading cause of death of people living with HIV, and that poverty, gender inequality, vulnerability, discrimination, and marginalization exacerbate the risks of acquiring tuberculosis at all ages so the disease requires a comprehensive response that addresses social and economic determinants of the tuberculosis epidemic and that protects and fulfils the human rights and dignity of all people, and we:

PP1 (Former PP1 partial) [Reaffirm resolution 70/1 on the 2030 Agenda for Sustainable Development / USA: Reaffirm that the 2030 Agenda for Sustainable Development offers a framework to sustain healthy lives] including the target to end the tuberculosis epidemic by 2030, and the World Health Organization End TB Strategy as approved in World Health Assembly resolution 67.1, and its associated targets of a 90 per cent reduction in tuberculosis deaths, an 80 per cent reduction in tuberculosis incidence and the elimination of catastrophic costs borne by tuberculosis patients and their households between 2016 and 2030:

PP2 (Former PP1 partial and former PP4) Further reaffirm the 2016 political declaration of the high-level meeting of the General Assembly on antimicrobial resistance as reflected in resolution A/71.3, the 2016 political declaration on HIV and AIDS in resolution A/76/266, the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases in resolution A68/300, [G77: the Addis Ababa Action Agenda of the Third International Conference on Financing for Development as reflected in resolution 69/313,] and the [South Africa: 2016 Human Rights Council resolution 33/11 on Preventable mortality and morbidity of children under 5 years of age as a human rights concern], the General Assembly resolution which called for a high-level meeting on Universal Health Coverage in 2019, [as well as relevant Sustainable Development Goal targets], [EU: including target 3.a of the 2030 Agenda for Sustainable Development calling for strengthened implementation of the WHO Framework Convention on Tobacco Control], [Co-facilitators: all of which address tuberculosis or global health priorities that have profound links and impact on tuberculosis];

PP3 (Former PP2) Acknowledge that the Millennium Development Goals and associated strategies, plans and programmes for the prevention and care of tuberculosis helped to reverse the trend of the tuberculosis epidemic and, between 2000 and 2016, reduce tuberculosis mortality by 37 per cent, which saved 53 million lives, and that investment in care and prevention of tuberculosis brings among the largest benefits in lives saved and economic savings from development investments;

PP4 (Based on Former PP3 and PP3 alt) Welcome the convening of the first World Health Organization Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and **[Russian Federation delete: take note with appreciation of]** its Moscow Declaration to End TB, with its commitments and calls for urgent action **[Russian Federation: regarding notably: advancing the response to tuberculosis within the SDG Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework]**, which contributed to this meeting;

PP5 (Former PP5) Recognize other recent high-level commitments and calls to action against tuberculosis, multidrug-resistant tuberculosis and zoonotic tuberculosis, made by global, regional and sub-regional bodies;

PP6 (Former PP7) Recognize, **though**, that **while** the World Health Organization declared tuberculosis a global emergency 25 years ago, it is still among the top ten

causes of death worldwide **[and is a significant cause of death among adults, children and adolescents]**, and that it is **[a serious threat to health security** (Source: WHA 71.3) **/ major challenge]** in all regions and countries **and affects disproportionately developing countries where 99% of TB-associated deaths occur, and furthermore** recognize that the epidemic is exacerbated by the rise of multidrug -resistant tuberculosis and the heavy burden of tuberculosis/HIV co-infection **and other co-morbidities, such as diabetes, and that** one quarter of the world's people are infected with the bacteria that causes the disease,

P6 (Former PP6) Express serious concern that, despite these commitments, tuberculosis **remains a cause** of enormous burden of illness, suffering and deaths, that stigma and discrimination because of the disease bring enormous costs for **individuals affected by** tuberculosis and their families, **[EU delete supported by Russia and USA, not supported by CANZ: especially women]**, acknowledge that an adequate multisectoral and intersectoral engagement in the fight against the disease is needed, and that the world **needs to refocus efforts** on actions and investments, including in research, needed to achieve **the Sustainable Development Goal target of ending the TB epidemic by 2030** and **[and, at the current rate of progress, will miss the target by 100 years];**

PP7 (Former PP8) Further recognize that tuberculosis affects populations inequitably, contributes to the cycle of ill-health and poverty, **[EU: that poor nutrition and inadequate living conditions]** all contribute to the spread of tuberculosis and its impact upon the community, **and that** tuberculosis is fundamentally linked to a majority of the leading development challenges addressed by the 2030 Agenda for Sustainable Development;

PP8 (Former PP7 bis South Africa) Recognize that tuberculosis is both preventable and curable and can **only** be eliminated **through prevention efforts and access to quality diagnosis, drug treatment, [G77: including access to affordable diagnostics and treatment especially in developing countries]; effective people-centred and community-based models of care supported by integrated care services as well as financing innovations, additional investments in research and development and in the delivery of tuberculosis programmes, and** yet 40 per cent of **people newly affected by tuberculosis** are missed by public health reporting systems, and **millions** do not receive quality care each year;

PP10 (Former PP1 bis USA, CANZ) Recognize that even though tuberculosis is the leading global infectious disease cause of death of people living with HIV, in 2016 less than half of the estimated cases of tuberculosis in people living with HIV were found and notified, and less than 60 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in unnecessary deaths;

PP11 (Consolidated former PP7, PP1 ter USA, PP4 bis EU, PP12 ter G77) Recognize that multidrug-resistant tuberculosis **[EU: is estimated to account for one third of deaths due to antimicrobial resistance]** and that **many of** the Sustainable Development Goals **may not** be attainable if we fail to address antimicrobial resistance, that the grave individual and public health risks posed by multidrug-resistant tuberculosis are **cause for alarm**, that only 25 per cent of the estimated number of multidrug-resistant tuberculosis cases were diagnosed and notified in 2016, such that the vast majority of those in need still lack access to high-quality prevention, treatment and care services and that significant investment in

tuberculosis case detection is a **key** obstacle to meeting tuberculosis treatment goals, and **furthermore acknowledge** that response to multidrug-resistant and extensively drug-resistant tuberculosis to date has been insufficient despite the introduction of new rapid diagnostic tests, efforts to scale up disease management and international financing, such as from the Global Fund to help support drug supply, **yet** globally just over 50 per cent of patients enrolled on treatment for multidrug-resistant tuberculosis are successfully treated:

PP12 (Former PP9) Acknowledge that multidrug-resistant tuberculosis is a key component of the global threat of antimicrobial resistance and that the additional burden placed on health and community systems by multidrug-resistant tuberculosis requires additional investment in both research and development as well as to support the health system especially in low- and middle-income countries], and express grave concern that multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis pose [**a serious threat to health security** (Source: WHA 71.3)] and could reverse the progress made against the disease, antimicrobial resistance and towards the Sustainable Development Goals, while exacerbating the burden on health systems given the scale and scope of multidrug-resistant tuberculosis incidence, mortality, the profound gap in access to quality diagnosis, treatment and care for those affected, the still low treatment success-rate for those who are treated, and also reaffirm/acknowledge that it is necessary to ensure global collaboration, sustainable and sufficient political buy-in and financial investment from all sources, a strong public health response, including strong and resilient health systems, research and [**G77: ensuring that**] innovation [**G77: is a global public good**];

PP13 (Former PP7 ter G77) [Note with concern that the fulfilment of the right to the enjoyment of the highest attainable standard of physical and mental health, as well as access for millions of people to tuberculosis health services and to quality, safe, efficacious and affordable tuberculosis diagnostics and treatment remains challenging aims, especially in developing countries;]

PP14 (Former PP10 and PP10 bis G77) Recognize the profound socioeconomic challenges [G77: and financial hardships] faced by people affected by tuberculosis, including in obtaining an early and [G77: adequate/ CANZ: accurate] diagnosis, to being subject to excessively long treatment regimens, with drugs that could involve severe side-effects [G77: high prices], [co-facilitators: to securing] integrated support including from the community and therefore affirm that all these people require integrated people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutrition and socioeconomic support for successful treatment:

PP15 (Former PP10 ter USA and PP12 bis G77) [Recognize that the Global Drug Facility, which is [based on EU/CANZ: open as an option to be considered for use by all nations], makes medicines for tuberculosis treatment available at low cost, and that prices for drugs and drug regimens for treating multi-drug resistant tuberculosis have decreased dramatically in recent years, and therefore encourage all nations to use the Global Drug Facility; and also recognize the potential of digital technologies to be used in a variety of ways for tuberculosis prevention and care, including to support health systems by improving the accessibility, quality and affordability of health services and to help with adherence, surveillance, logistics management and e-learning;

PP16 (Former PP11) Recognize the enormous, often catastrophic, economic and social impacts and burden of tuberculosis for people affected by the disease, their households, and affected communities, and that the risk and impact of tuberculosis can vary depending on age, sex, income, **[Co-facilitators: gender]**, social and environmental circumstances, recognize the higher prevalence of tuberculosis among men and the special vulnerabilities of women, children, and the elderly, and affirm that some groups and vulnerable populations across both sexes are particularly affected, people living with **HIV** or diabetes, undernourished people, food-insecure populations, health workers, migrants, refugees, internally-displaced persons, **[people experiencing complex emergencies,]** indigenous peoples, ethnic minorities, prisoners, miners and others exposed to silica, people with mental or physical disabilities, people and communities at risk of exposure to bovine tuberculosis, and **[EU: people who inject drugs]**, people with alcohol use disorders, and people who use tobacco;

PP17 (Former PP11 bis EU) Recognize the various human rights and gender- and age-related barriers to tuberculosis prevention, diagnosis and treatment services, especially for vulnerable groups, and the need to develop a [rights-based and gender-responsive approach] to the tuberculosis response;

PP18 (Former PP13 bis G77) **[Recognize the critical importance of affordable medicines, including generics, in scaling up access to affordable multidrug-resistant and extensively drug-resistant tuberculosis treatment, and further recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade Organization Agreement on**

Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, notably in line with the Doha Declaration on TRIPS and public health];

PP19 (Former PP12) Recognize also the lack of sufficient and sustainable financing for the tuberculosis response, including for the implementation of integrated people-centred prevention diagnosis, treatment and care [CANZ, South Africa, G77: of tuberculosis including for community-based health service delivery] and for tuberculosis research and innovation, including for the development and evaluation of better diagnostics, drugs, treatment regimens and vaccines as well as other innovative care and prevention approaches such as to address social and economic factors of the disease, [EU, supported in principle by CANZ: recognize also that countries that are transitioning from donor to domestic funding, meet new challenges that may negatively impact earlier gains in the fight against tuberculosis, in particular in relation to access to and supply of medicines];

PP20 (Former PP12 quat USA) [Recall that there had been no new medicines for tuberculosis treatment approved for over 40 years, and that the markets for tuberculosis are very delicate, offering little incentive for private sector investment alone to develop new drugs];

PP21 (Former PP5 bis CANZ) Recognize that to end the tuberculosis epidemic by 2030, we will need to improve how we use evidence to guide our actions and

investments and that progress at both the global and national levels needs to be reviewed regularly to ensure we remain on target;

PP23 (Former PP13) [Original: Welcome the World Health Organization draft] /G77: Take note of the process of drafting a] multisectoral accountability framework to accelerate progress to end tuberculosis, [G77, not supported by USA: and call for its further development by the World Health Organization in full consultation with Member States, and in line with the Moscow Declaration to End TB (2017);end paragraph] which was welcomed and supported by the Seventy-first World Health Assembly in May 2018 for further development by the World Health Organization [EU: including clear accountabilities and provisions for long-term funding arrangements] / [Russia: in consultation with Member States, in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for nationally adapting and using the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries];

[Ensure access for all to quality integrated people-centred services that are based on respect for human rights]

OP1 (former OP1) Commit to **diagnose, treat and cure** an estimated 40 million people with **tuberculosis** from 2018-2022, including 3.5 million children and 1.5 million people with drug-resistant tuberculosis **[South Africa: including 115,000 children,]** with each Member State responsible for delivering its share of the targets proportional to their contribution to the global burden of tuberculosis, while recognizing the constrained health system capacity of low-income countries and thereby aiming at achieving **[USA (delete achieving) furthering]** effective universal access to quality diagnosis, **treatment, care, and adherence support, without suffering financial hardship,** with special focus on reaching those **vulnerable and marginalized key populations** and communities included among the 4 million each year who have been most likely to miss out on quality care;

OP2 (former OP2 and OP2 alt South Africa) Commit to prevent tuberculosis for those most at risk of falling ill through **the** rapid scale-up of access to **testing for Tuberculosis infection, and provision of preventive treatment [South Africa: to 80 million people including 9.6 million children exposed to tuberculosis and at least 90 per cent of household contacts /CANZ: to 30 million people globally¹] by 2022,** and provision of other tuberculosis prevention strategies, including infection prevention and control and tailored approaches, and enact measures to prevent tuberculosis transmission in work places, schools, transportation systems, incarceration systems, and other congregant settings **[South Africa: by 2020];**

¹ Including 24 million household contacts (90% of eligible household contacts) and 6 million people living with HIV (90% of eligible people living with HIV) based on WHO guidance

OP3 (former OP3, OP2 quat EU) Commit to overcome the public health crisis [G77: (delete crisis) challenge] of multidrug-resistant tuberculosis **through actions for prevention, diagnosis, treatment and care**, including: [EU: compliance with stewardship programmes to address the development of drug resistance in line with the United Nations resolution on antimicrobial resistance UN/RES/71/3, improved national, regional and global pharmaco-vigilance and regulatory systems to eliminate substandard and falsified medicines, and improved treatment adherence for people with drug-sensitive tuberculosis;]; universal [G77: equitable and affordable] access to **quality diagnosis, treatment, care** [South Africa: and support for 1.5 million adults and 115,000 children by 2020; global collaboration to ensure accelerated development of accessible and affordable diagnostic tools, and shorter and more effective [G77: oral] regimens, including those that meet the unique needs of children; and through an urgent response to [G77: multidrug-resistant tuberculosis / USA: the scale and severity of local and national epidemics of the disease];

OP4 (former partial OP3 and OP3 bis EU) Ensure that tuberculosis programmes actively contribute to developing national antimicrobial resistance strategies, capacities and plans and that lessons learned from efforts to combat drug-resistant tuberculosis inform the design and implementation of both global antimicrobial resistance strategies and National Action Plans (NAPs);

OP5 (former OP4 and OP4 bis South Africa and OP4 ter alt Holy See) Commit to address tuberculosis **prevention, diagnosis, treatment and care** in the context of child health and survival, as an important cause of **preventable** childhood illness and death, including among children with HIV and as a comorbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition; **to**

enable child-friendly policies and services, address the vulnerabilities faced by children affected by tuberculosis, support their caregivers, and provider related social protection; to address national regulatory and policy barriers to ensure equitable access to child-friendly formulations of medicines to optimize the prevention and treatment of drug-sensitive and drug-resistant tuberculosis among children;

OP6 (former OP5 bis USA and OP5 ter South Africa) Given the strong association between the two diseases, and associated high co-mortality, commit to coordination and collaboration between tuberculosis and HIV programmes, to ensure universal access to integrated prevention, diagnosis, treatment and care activities, including through eliminating the burdens faced by affected people, facilitating testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, providing tuberculosis preventive therapy, and leveraging resources to maximize impact;

OP7 (former OP4 ter CANZ): Commit to reviewing the gender dimensions of tuberculosis, implementing interventions that are gender-responsive, recognizing that reaching undetected and untreated men, as well as empowering women and girls through community healthcare and outreach, is a critical part of the solution to finding the missing people with tuberculosis, and integrating tuberculosis efforts more fully into all relevant health services to increase access to tuberculosis services, not only for women, but also their families and their communities;

OP8 (FORMER OP2 bis EU and OP2 ter South Africa) Commit to systematic screening of relevant risk groups as identified in World Health Organization guidance documents for active tuberculosis to ensure early detection and prompt treatment in groups disproportionately affected by tuberculosis disease, and to implementing primary prevention in high-risk occupations by reducing silica dust exposures in mining, construction and other dusty workplaces, and worker tuberculosis surveillance and infection prevention and control in healthcare settings;

OP9 (former OP5) Commit to **adapt and implement rapidly the End TB Strategy, to ensure that current guidance from the World Health Organization and other relevant international entities**, relevant to the tuberculosis response in each country, **is rapidly adapted and implemented and scaled up, where necessary**, in taking forward the commitment to quality **prevention, diagnosis, treatment and care of tuberculosis**;

OP10 (former part of OP6) Commit to integrated people-centred **and rights-based health systems that provide equitable access to prevention, diagnosis, treatment and care, including social and psychosocial support based on individual needs and integrated care for related health conditions**, such as HIV and AIDS, undernutrition, noncommunicable diseases including diabetes and chronic lung disease, mental health, and, tobacco use, harmful use of alcohol and other substance abuse, including drug injection, with access to existing and new tools; **[USA delete: under-nutrition, non-communicable diseases including diabetes and chronic lung disease, mental health and, tobacco use, harmful use of alcohol and other substance abuse, including drug injection, with access to existing and new tools]**

OP11 (former part of OP6) Commit to related improvements in policies and systems on each country's path towards achieving **and sustaining** universal health coverage, such that **all people with tuberculosis or at risk of developing tuberculosis** receive the quality **accessible** and affordable prevention, diagnosis, treatment and care services they need **without suffering financial hardship**, [USA not support: with **stewardship of antimicrobials and prevention and infection control, within public, community, including faith-based organizations, and private sector services**];

OP12 (former OP7, OP7bisEU and OP7terEU) Given the global nature of the tuberculosis epidemic and the public health [USA: crisis/ G77: challenge] of multidrug-resistant tuberculosis, [commit/ USA: seek] to **strengthening public health systems as an essential pillar of the tuberculosis response including health workforce capacity building for civil society, public and private sector care, and related robust multisectoral partnership frameworks in countries where the non-state sector is the leading tuberculosis care provider, laboratory networks, infection prevention and control, medicines procurement, distribution and regulatory capacity and access to diagnostic technologies for drug resistance, cross-border collaboration; robust health information systems comprising integrated case-based electronic surveillance, reliable data, including at national and subnational level with age, sex [South Africa:, gender] [India:, disability] disaggregation, for monitoring the level of, and trends in, the epidemic, treatment outcome monitoring, and improvements in national vital registration systems; as well as financial management systems; and to enable responsible transition in those countries that are moving from donor to domestic funding, to prevent interruptions in national service delivery, in particular drug supply;**

OP13; (form OP13bis G77) Commit to consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation for effective tuberculosis prevention, treatment and care, reinforce national and global health priorities by optimizing existing platforms and services, for the promotion of people-centred health and disease prevention and in order to reduce the burden on health systems;

OP14 (former OP7 quat G77): [USA delete para: Commit to urgently removing obstacles that limit the capacity of countries to provide affordable and effective tuberculosis prevention, diagnosis and treatment [G77: as well as treatment for comorbidities and coinfections] and to reducing costs associated with care [G77: and multidrug-resistant treatment] including by amending national laws and regulations, as deemed appropriate by respective Governments, [EU: while assuring the full respect of each countries international obligations, in particular those under the World Trade Organization] so as to optimize:

- i. The use to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) specifically geared to promoting access to and trade in medicines; and ensure that intellectual property rights provision in trade agreements do not undermine existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health;**
- ii. By encouraging all states to apply measures and procedures for enforcing intellectual property rights [EU: in line with the TRIPS Agreement and the Doha Declaration] in such a manner as to avoid creating barriers to the legitimate trade in medicines and innovation, and to provide for safeguards against the abuse of such measures and procedures;**
- iii. Addressing barriers, regulations policies and practices, including regulatory strategies, that prevent access and use to affordable and effective tuberculosis diagnostic and treatment; and**
- iv. Encouraging the use, where appropriate [EU: and in line with the TRIPS Agreement and the other regulations pertaining to data protection], of**

voluntary mechanisms such as collaborative R&D platforms, open licensing and sharing of data and patent pools, including through entities such as the medicines, patent pool, [EU: and product development partnerships] to help to promote competition to reduce treatment costs and shortage and encourages development of new tuberculosis drug regimens;]

Leave no one behind through global and multisectoral collaboration

OP15 (former OP8, OP8 bis South Africa, and OP8 ter South Africa) Commit to protect and promote the right to **the enjoyment of the highest attainable standard of health [USA delete: and other economic and social rights], to [advance towards / EU: provide] universal access to quality affordable and equitable prevention, diagnosis, treatment and care of tuberculosis and multidrug-resistant tuberculosis and support for those who become disabled due to tuberculosis, integrated within national health systems to achieve universal health coverage and remove barriers to care, to address the economic and social determinants of the disease, and to end stigma and all forms of discrimination, including by removing discriminatory laws against people with tuberculosis, promoting rights-based laws and pursuing gender-sensitive policies and practices.**

OP16 (former OP 9) Commit to **provide** special attention to the poor, vulnerable and marginalized people, **including** infants, young children and adolescents, and communities especially **at risk of and affected by tuberculosis, [Ukraine: to the population that is in conflict areas where hostilities are taking place, as well as to internally displaced persons and political prisoners in accordance with human rights and] [Ukraine delete: in accordance with]** the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in planning, implementation, monitoring and evaluation of

the tuberculosis response, within and beyond the health sector; [EU: further acknowledge that in many countries incarceration and tuberculosis in prison is fuelling the tuberculosis epidemic and therefore reaffirm the Standard Minimum Rules for the treatment of prisoners as defined in A/RES/70/175;]

OP17 (Former OP10): Commit to enable and pursue multisectoral collaboration at global, regional, national and local levels, across health and nutrition, finance, labour, social protection, **education, science and technology, justice, agriculture, the environment, housing, trade, development** and other sectors, in order to ensure all relevant stakeholders pursue actions to end tuberculosis and leave no one behind;

OP18 (former OP8 quat South Africa): Promote collaboration of tuberculosis and HIV programmes with other health programmes and sectors to address the common social, economic and structural determinants of tuberculosis, HIV, viral hepatitis and non-communicable diseases and the complex biological factors that increase tuberculosis incidence and mortality, worsen treatment outcomes and increase drug resistance;

OP19 (former OP10, OP10 bis EU) Strengthen support to low-income countries, many of which combine high rates of tuberculosis with poorly-resourced health and social protection systems, implementing multisectoral approaches to tuberculosis prevention and control;

OP20 (former OP10 ter USA and former OP10 quat EU): As a responsibility of all nations, [USA: to cooperate with public and private sector entities involved in the development of newly-approved medicines for multi- and extensively-drug resistant tuberculosis and for additional new drugs in the future, to contribute appropriately to the cost of research and development, and not take steps that will destabilize these markets or research and development systems;] and further [EU: commit to eliminate substandard and falsified medicines through cross-sectoral action including improvements in national, regional and global pharmaco-vigilance and regulatory systems;]

Accelerate impactful research and innovation

OP21 (Former OP11): Commit to advance and increase research funding for basic science, public health research and development of innovative products and approaches [G77, CANZ delete: including traditional medicines], [CANZ: which may include evidence-based, regulated medicines as adjuvant therapies], in cooperation with the private sector and academia, without which ending the tuberculosis epidemic will be impossible, including towards 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;

OP22 (Former part OP12) Commit to create an environment conducive to research and development of new tools for tuberculosis and to enable timely and effective innovation and affordable and available access to and [use of / Russian Federation: fast and proper implementation of] existing and new tools and delivery strategies, by [G77: promoting competition and collaboration, removing barriers to innovation, supporting technology transfer, transfer arrangements,] [Russian Federation delete: expediting relevant regulatory processes / G77: strengthening regulatory processes and capabilities];

OP23 (Former part OP12) Further Commit to advance that new research and innovation environment through global collaboration including through existing World Health Organization mechanisms and initiatives; strengthening research capacity [G77: and open science] and collaboration through improving existing [Russian Federation: tuberculosis] research platforms and networks across the public and private sectors, including product development partnerships such as the Life Prize and the BRICS research network; developing new research networks and platforms [Russian Federation: involving new national and international research institutions and groups] in basic science, clinical research and development, including pre-clinical and clinical trials; as well as increasing operational, qualitative and applied research [G77:, ensuring they promote approach to research and data sharing that promote the development of new regimen comprises of novel classes of drugs, equitable access and affordable pricing] to advance effective tuberculosis prevention, diagnosis, treatment, and care and actions on the economic and social determinants and impacts of the disease;

OP24 (Former OP13, OP13 alt South Africa) [Russia: Reaffirm Ensure] that [USA: all] research and development efforts [USA: aim to] be needs-driven, evidence-based and guided by the principles of [USA, not supported by EU: affordability],

effectiveness and efficiency and equity, and should be considered as a shared responsibility. In this regard, ~~[USA: we acknowledge the importance of delinking the cost of investment in research and development from the price and volume of sales so as to facilitate equitable and affordable access to new tools and other results to be gained through research and development, and we acknowledge the need to establish [additional] incentives for the research and development of new products to treat multidrug-resistant tuberculosis and to encourage stewardship, conservation, and global access to such products in addition to rewarding innovation,] / [EU: we acknowledge the importance of delinking the cost of investment in research and development from the price and volume of sales so as to facilitate equitable and]~~ affordable access to new tools and other results to be gained through research and development, and welcome innovation and research and development models that deliver effective ~~[EU: , safe and equitable]~~ solutions to the challenges presented by tuberculosis, including those ~~[USA: promoting that promote] investment [USA: in research and development, with by]~~ all relevant stakeholders, including governments, industry, non-governmental organizations and academics, ~~[USA: continuing and continue]~~ to ~~[EU: support existing initiatives and incentive mechanisms that avoid the reliance on high price/volume combinations and]~~ explore ways to support innovation models ~~[USA: , particularly including intellectual property incentives,]~~ that address the unique set of challenges presented by tuberculosis, including the importance of the ~~[G77: optimal appropriate and rational]~~ use of medicines and diagnostic tools, while promoting access to affordable medicines and other health technologies;

OP25 (Former OP11 pre South Africa) [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;]

Ensure sufficient and sustainable financing to end the epidemic

OP26 (Former OP14) Commit to secure 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 US\$ 13 billion a year by 2022], as estimated by the Stop TB Partnership and World Health Organization, according to each country's capacity and strengthened solidarity, including through contribution to a successful 6th and subsequent replenishments of the Global Fund to Fight AIDS, TB and Malaria, which provides 65 per cent of all international financing for tuberculosis], and aligned within overall financing strategies, [including providing financial support bilaterally, at regional and global levels,] towards achieving universal health coverage and social protection strategies; in the lead up to 2030;

OP27 (Former OP15) [USA, (delete commit) Seek] to secure sufficient and sustainable financing, [G77: with a tripling of global annual investments / EU and South Africa combined: 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], [EU: working through a broadly agreed upon global mechanism to ensure that all countries contribute a fair share toward tuberculosis research and product development] to support the effective implementation of high-quality research and development of products, and to strengthen the academic, scientific, public health and laboratory capacity needed to support research and development endeavours, including new tools and products for diagnosis, treatment and care, including through the engagement of domestic, international and innovative financing mechanisms [EU: to scale up investment in

applied research to enhance access to quality prevention, diagnosis treatment and care, and actively support work to address the need for market incentives to increase private sector engagement in the development of new drugs, vaccines and diagnostics,] [G77: and the use of appropriate incentives mechanisms as reaffirmed in operative paragraph 24 (former OP 13)];

OP28 (former OP15 bis EU) [Ensure all available resources are allocated and managed as effectively as possible to maximize impact against the World Health Organization’s End TB Strategy targets by 2030;]

Provide bold leadership and multisectoral accountability

OP29 (Former OP16) Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in this political declaration, [South Africa: with full-costings, taking into consideration and adaptation of the draft multisectoral accountability framework as recommended in the Moscow Declaration to End TB (2017) and] including national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership [South Africa: under the direction of the head of state or government], and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector, and to ensure that tuberculosis is, part of national strategic planning and budgeting for health, recognizing existing legislative frameworks and constitutional arrangements, so as to ensure that each Member State is on track to achieve the SDG target to end the tuberculosis epidemic;

OP 30 (former OP16 bis CANZ): Request the Director-General of the World Health Organization, to continue to develop, working in close collaboration with all relevant international regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress by those countries; **(text from 71st WHA resolution)**

OP31 (former OP16 ter) Commit to establishing and promoting regional efforts and collaboration to set ambitious targets, generate resources, and use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end tuberculosis;

OP 32 (former OP 17) Call on Member States to further strengthen progress against the tuberculosis epidemic and linkages **between tuberculosis elimination and relevant** Sustainable Development Goals targets, **including [G77: the achievement of /USA: expanded access to]** universal health coverage, through existing Sustainable Development Goals review processes, including the High-Level Political Forum on Sustainable Development;

OP33 (former OP17 bis South Africa): [Based on South Africa: Call on Member States, with the support of the World Health Organization, to work with

community-based organizations and relevant entities, including funds, programmes and specialized agencies of the United Nations system, United Nations regional commissions, the Stop TB Partnership hosted by the United Nations Office for Project Services, UNITAID hosted by the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as regional intergovernmental institutions, to deliver the commitments made in this political declaration;]

OP34 (former OP18): Request the Secretary-General [EU: to appoint [South African: an eminent person to lead] an independent accountability body to be responsible for monitoring and review of global and national progress towards agreed tuberculosis goals] [CANZ: especially in high burden countries, including discussion of recommended actions needed to accelerate progress to end tuberculosis and based on a constructive and positive approach], and at the global, this independent accountability body, [with the support of the World Health Organization], working with Member States and relevant entities, including funds, programmes and specialized agencies of the United Nations system, United Nations regional commissions, the Stop TB Partnership hosted by the United Nations Office for Project Services, UNITAID hosted by the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to provide an [update/G77: annual progress report] in 2020 on the status of implementation of the present political declaration and to provide a progress report to the General Assembly, taking into account annual global tuberculosis reports of the World Health Organization, deliberations of the World Health Assembly and regional mechanisms, and focusing on the acceleration of efforts to end the tuberculosis epidemic within the context of achieving the 2030 Agenda for Sustainable Development, prior to a comprehensive review by Heads of State and Government at a high level meeting in 2023.

OP35 (Former OP18 bis Russian Federation and Belarus): [Request the Secretary-General to strengthen cooperation between relevant agencies of the United Nations system, under the leadership of the World Health Organization, in order to accelerate elimination of the tuberculosis epidemic and request the World Health Organization to provide support to Member States, including through the strengthening of the multisectoral accountability framework and promotion of participation of all stakeholders in order to implement the decisions contained in the declaration, within their respective mandates, capacities and resources.]

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