Written statements - Fight against tuberculosis Multi-Stakeholder Hearing

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Organization	Statement
Abt associates	Scaling up adequate and sustainable national, regional and international financing to ensure equity in tuberculosis service delivery
ACH-VOK. Association of community health volunteers in Kenya	In the field of tuberculosis (TB), Community Healthcare Workers (CHWs) we are engaged for advocacy, case detection, and patient support in a wide range of settings. Estimates predict large-scale shortfalls of healthcare workers in low- and middle-income settings , what support and plans do you have for this unrecognized ,unpaid health care workers in our community facing all the challenges ? " NOTHING FOR US WITHOUT US "
Action for Health Initiatives, Inc. (ACHIEVE)	TB remains to be a huge public health concern in the Philippines. TB programs are donor-dependent and the move to roll out UHC is also affecting the health structures and systems for TB service delivery. How can countries ensure that these equally important health strategies and goals do not undermine the other?
Africa Health Research Institue	I will focus on the importance of TB vaccine development for ultimate control of the TB epidemic. I will describe the role of vaccines in control of TB, exciting developments in this area, and advocate for ongoing support for development. I have spent my whole career in TB vaccine discovery and development, in academia (current) and at the BMGF (before).
Afri-health Optonet Association	What are the sustainable financing approaches for the eradication of TB in resource-constrained settings?
AGENCE PANAFRICAINE POUR LA PROMOTION DE LA FRANCOPHONIE ET DE LA FRANCOPHONIE ET DE LA LANGUE FRANÇ	Des préventions primaire et secondaire pour des résultats vraiment des plus réluisants. Pour y arriver comment la communication engagente semble mieux répondre à la demande.
AIDS Healthcare Foundation	Integration of HIV and TB testing and treatment should be adopted as a standard of care by the Member States. Too many countries still have parallel tracks for TB and HIV that do not cross over sufficiently, even though TB is the leading cause of death among people living with HIV.
AIDS PREVENTION SOCIETY	Early detection and simpler diagnosis for full treatment and HIV co morbidity
Ajemalebu Self Help (AJESH)	What are the essential services needed for the prevention and control of tuberculosis among the poor people

AJLTB	je voudrai bien participer sur la tuberculation parceque les personnes vulneralbles souffrent trop dans mon pays
All People Association for Development and Peace, Asyut , Egypt	How to cooperate with international community organizations in the prevention of tuberculosis
AMBASSADEURS DE LUTTE CONTRE LA TUBERCULOSE	In the East of the Democratic Republic of Congo, the degrading security situation causes many internally displaced persons and thus affects many tuberculosis patients who are deprived of their fundamental right to access quality treatment. what does the general assembly think about giving these patients the chance to be treated correctly and thus prevent them from becoming multi-resistant TB patients?
American Association of University Women	Frontline health workers remain at risk for infection with XDRTB strains. Developing and ensuring access to adequate PPE for health workers is a priority. Can we discuss measurable and incremental PPE benchmarks to ensure protection for frontline health workers beyond the assessments within the JEE?
Americas TB Coalition	Statement of Civil Society from the Americas for the TB, UHC, PPP&R UN Public Hearing, May 8, 9, 2023 The following statement is a result of several consultation with Civil Society (CS), affected communities and parliamentarians from the Americas throughout January to May 2023. These consultations have highlighted: The Americas is the most unequal region in the world, dramatically affected by the Covid-19 pandemic. The Region has stopped receiving support from international cooperation justified by the argument that it only accounts for 3% of the global TB burden. Despite the considerable progress observed in some countries of the region, there is still a lack of political will to include community participation in the processes of building public policies and specific services to strengthen them as key actors in the response to TB. Governments and other entities still view CS with reservations and suspicion. This perception limits the ability of communities to participate meaningfully in the TB response, including monitoring and evaluation by community-based organizations. For this reason, CS in our region continues to be underfunded and undervalued, with participants in the consultation expressing their demand for access to consistent funding mechanisms to strengthen CS and for essential participation in health policies; in the provision of health services and direct support to CS representatives who act as community health agents, technicians and community specialists. TB still needs to be prioritized in the health agendas of our countries within the framework of human rights, with a gender perspective and cultural relevance, with special attention to the populations most socially vulnerable to the disease, such as: indigenous communities, migrants, prisoners, people with HIV, diabetes, leprosy, contacts of people with or deceased from TB, children,

	women, health professionals, sex workers, LGTBIQ+ population, street dwellers, tobacco, drug and alcohol users and other groups. Affected communities and CS demand recognition and endorsement of their effective participation as protagonists in national TB planning, implementation and monitoring. This framework of active participation and multi-sectoral responsibility benefits society, governments, transparency and the good use of public resources. We CS demand that the governments of the Americas region rapidly update their guidelines and implement international recommendations for TB care and remove administrative barriers to imports and intellectual property to ensure access to diagnostic tests, drugs, supplies and vaccines for all people and constantly invest in research, knowledge management and development and implementation of new technologies, with the participation of the community from conception to implementation, as a key strategy to achieve the objectives of the End of TB in the coming years. TB is a disease fueled by poverty and inequity. Social disparities are growing in the Americas, generating stigma and discrimination for those most affected, and jeopardizing progress in the fight against TB. Without universal health coverage & access, and comprehensive social protection measures we will continuie with unjustifiable deaths and suffering from TB. The threat we do not reach the End TB targets is very real. We urge our governments and international cooperation agencies to prioritize the Region of the Americas, with political will, significant investment and community participation, the Americas could be the first region in the world to put an end to TB. Finally, we urge the United Nations to name a special rapporteur for the elimination of discrimination against persons affected by TB and other syndemics to monitor the accomplishment of the UN High Level Meeting TB Declaration, and the strategic points delivered here.
Amref health africa in kenya	Tuberculosis being a socioeconomic disease, What proactive measurable steps with clear indicators can we put in place to hold governments accountable to ensure key government departments undertake their responsibilities in the spirit of multi sectoral accountability framework
APCASO	We, representatives of country, regional, and global community and civil society organizations working on health in the Asia Pacific region, gathered in Jakarta, Indonesia, and defined our vision for the three United Nations (UN) High-Level Meetings (HLM) on Universal Health Coverage (UHC), the Pandemic Summit, and Tuberculosis (TB). Our collective decades of experience and expertise working with and representing key and vulnerable populations and communities in the Asia-Pacific region, and contributing towards better responses to TB, UHC, and COVID-19 has enabled us to identify these gaps and facilitate the prioritization of our needs. The three-day

	regional dialogue that took place in Jakarta is aligned with the global aspirations and the regional engagement and national actions that set the tone for our joint statement for the 3 HLMs. UN Member States are meant to set new political commitments and targets on UHC, pandemic prevention, preparedness and response (PPPR), and TB in the three HLM scheduled around September 2023 at the UN headquarters in New York. Recognizing that the UN HLM Political Declaration are expressions of the world governments' collective vision, political commitment, and priorities, we appeal for a stronger, target-specific, and more progressive language in the upcoming political declarations for people-centered, equitable, gender transformative, and rights-based approach UHC, PPPR, and TB approaches and responses. TB is the world's top infectious disease killer claiming close to 4,400 lives a day. It remains the leading killer of people with HIV and a major contributor to antimicrobial resistance related deaths . Worsening socio-economic conditions from the impact of TB and the pandemic does not only fuel the epidemic but also inequalities. In light of this situation and aligned with previous calls to action , we call on world leaders to: 1. Change the paradigm in global, regional, and country responses to end TB by addressing social determinants of health. Governments, technical agencies, donors, and other decision-makers should ensure meaningful participation of civil societies and communities to overcome systemic barriers including poverty, undernutrition, overcrowding, poorly ventilated living and working environments, and stigma that limit access to TB prevention and care services. 2. Increase investments to close gaps in funding for community-led advocacy and human rights interventions. Governments and donors at the regional and country levels should increase investments for advocacy that will address social determinants of health, and effectively address stigma, discrimination, and human rights violations faced by people affected by TB in accessing quality TB prevention and care services. 3. Establish and strengthen the linkage of efforts between the TB program and UHC. Governments, technical agencies, donors, and other stakeholders should scale up coverage of healthcare facilities that optimize innovative technologies and people-centered approaches in prevention and care; integrate services to address co-morbidities, risk factors and side effects; and provide, monitor, and evaluate social protection measures to eliminate catastrophic costs. 4. Prioritize financing and capacity building of human resources in the TB program. Governments, donors, and other decision-makers should finance capacity building of TB service providers, including community and civil society service providers. Resources should be allocated to ensure safety of health workers in public and private healthcare facilities, as well as community healthcare workers and volunteers. 5. 5. Utilize holistic, human rights-based and people-centered strategies for equitable and sustainable access to TB

	prevention, treatment and care. Governments, technical agencies, donors, and other stakeholders should scale-up non-discriminatory TB prevention, diagnosis, treatment, and care.
Armed Forces Medical College, Pune	Good afternoon, I'm a medical student researching drug-resistant tuberculosis and medical event reminders for TB patients. TB is a growing public health threat and drug-resistant TB is particularly challenging to manage. My research focuses on the use of technology to improve adherence to medication regimens, which can improve treatment outcomes and reduce the risk of transmission. However, more needs to be done to address the challenges of drug-resistant TB, including investing in research and development of new drugs and diagnostics, improving access to treatment, and promoting collaboration between stakeholders. I urge policymakers and stakeholders to prioritize the development of comprehensive and innovative strategies to address these challenges. By working together, we can save lives and promote global health. Thank you.
Asabe Shehu Yar Adua Foundation	A routine check for Tuberculosis is an Effective Control Measure
ASAPSU	TB care is mainly linked with nutrition and detecting TB issues. How are the stakeholders present planning to improve the quality of fundings for TB towards these issues ?
Asia-Europe Foundation (ASEF)	Asia-Europe Foundation (ASEF) would like to propose recognising the linkage between UHC, Antimicrobial resistance (AMR) and PPPR for the TB statement. Recognising AMR in the statements on UHC, TB, and PPPR will benefit us in gaining more robust political support instead of gaining it individually. TB is not exempt from the threat of drug-resistance – Multidrug-resistance tuberculosis (MDR TB) and extensively drug-resistant tuberculosis (XDR TB) leave patients with less effective treatment options. Addressing resistance control when discussing TB is essential, and the health system should support the mechanism to manage resistance. The control of TB should also be emphasised within the health system, as it leads to achieving UHC. For example, the successful management of TB was key for Japan to achieve UHC in 1961 – prior to achieving UHC, Japan allocated more than 20% of total medical expenditure to TB alone . It demonstrates how strong commitment from the government can help achieve health agenda benefiting the population. For more information, please refer to our latest report: https://asef.org/wp-content/uploads/2023/03/ASEF-PHN_UHC-in-an-Era-of-AMR_2023_Report.pdf
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Asociación Civil de Trabajadoras Sexuales ''Rosas Mujeres de Lucha - Perú''	Las trabajadoras sexuales estamos expuestas a la tuberculosis, debido a nuestro ambiente laboral, la exposición que pasamos todas las noches ante el frío y la humedad.
Asociacion de personas afectadas por tuberculosis del peru aspat peru	What are the measures that the UN is taking to prevent and control tuberculosis in low-income countries? How is the UN working with countries to ensure that TB treatment is accessible and affordable for all affected people? What are the most important challenges facing the UN in the fight against tuberculosis and how are they being addressed? How can civil society collaborate with the UN in the prevention and control of tuberculosis? What is the role of research and innovation in the fight against tuberculosis and how is the UN supporting research in this field? What are the UN priorities in relation to tuberculosis in the next decade? How can the UN ensure that people living in conflict zones and humanitarian crises have access to TB diagnosis and treatment? What is the impact of the COVID-19 pandemic on tuberculosis prevention and control, and how is the UN addressing this issue? What role do the UN Sustainable Development Goals play in the fight against tuberculosis and how are these goals being addressed?
Association d'assistance au Développement (ASAD)	COVID-19 a affecté la recherche de cas de tuberculose et le lien avec les soins. Dans de nombreux pays, les ressources humaines, financières et autres ont été réaffectées de la lutte contre la tuberculose à la réponse COVID-19, limitant la disponibilité des services essentiels
Association of the Survivors of Makobola Massacres (ARMMK)	Tuberculosis is a pandemic that continues to affect the populations in the east of the DRC and whose effects are constantly increasing and causing many deaths among the populations due to lack of diagnostic equipment and materials. Within local communities, the events of wars, the massive displacement of populations inside and outside the country, promiscuity, malnutrition and misery linked to increased poverty contribute to reinforce this spread of tuberculosis.
Association pour le Développement intégré du Guidimakha ADIG	La tuberculose est une maladie et elle necessite l'engagement des poplations dans sa prevention et son traitement pour eviter la contamination et l suivi des malades
Aurum Institute	Although once ignored, the global burden of post-TB disease (lifelong pulmonary disability and increased cardiopulmonary mortality) despite TB cure is now recognized to equal active TB. Adjunctive host-directed disease-modifying drugs can help recover lung function post-TB. The

	hypothesis that these drugs can prevent disability and death is important and testable. Research in this area should be prioritized.
Aurum Institute NPC	This statement is delivered by Makaita Gombe on behalf of the Aurum Institute a proudly South African research organisation encouraging the translation of research to policy and policy to practice in TB and HIV. 1. To end TB, we need to prevent TB. Member states need to provide the best available effective TB preventative treatment as recommended by WHO. These include short course TB preventative treatment regimens that can be completed in as little as 28 days or 12 weeks. 2. The Stop TB partnership has asked that member states commit to provide TB preventive treatment to 35 million people. This can be achieved by focusing on 3 priority populations: a. At least 6 million people living with HIV. b. 8 million young child contacts c. 21 million adolescent and adult contacts 3. Since the last UNHLM on TB in 2018 we met the targets for people living with HIV but there are three groups that we have left behind including children and adolescents living with HIV and pregnant people. Member states need to invest in reaching the groups that have been left behind. 4. Member states did not meet the targets for providing TB preventive treatment to contacts, or people exposed to TB, made at the last UNHLM. Therefore, at the upcoming TB UNHLM member states must invest in contact tracing to identify people exposed to TB, eligible to receive preventive treatment. 5. Member states need to invest in improving their program data to be able to tailor service delivery and medicines to different risk groups to improve treatment uptake and completion. 6. In addition, member states need to go beyond provision of medication, they need to provide social support including education, nutritional and psycho-social support to achieve universal health coverage for people exposed to TB or people with TB. This will ensure that people who begin TB preventive treatment complete preventive treatment and are fully protected from TB. 7. Finally, member states need to work with manufacturers to improve the sustainable supply and affordability of medicines. This will involve lowering the price of medicines that would limit access to these medicines and ease of registration of generic medicine manufacturers to supply their products. 8. We hope that the political declaration will include a commitment to prevent TB through the provision of TB preventive treatment to end TB.
Becton Dickinson and Company	Investment in resilient health systems is critical to manage TB and other infectious diseases
Blossom trust	Tuberculosis, nicknamed the "poor man's disease", is far from being a benign and cured disease in developing countries such as India, where it is unfortunately still too prevalent. Our NGO, Blossom Trust, has been fighting for 30 years now for access to treatment for the most precarious and marginalised populations. However, we still see a major lack of investment in TB. As a

	member of the STOP TB partnership, we know that actions are being taken, but the funds are not sufficient to concretely improve the health conditions of the most vulnerable. We therefore call for more investment from all countries in the fight against TB, especially in research and development (R&D).
Bolo Didi	For Panel 2 on R&D - Community Delegation representing 200 community and civil society organisations - Stressing R&D priorities such as point of care diagnostics, non toxic drugs, new vaccines and the affected community perspective on these important priorities.
Boston University	Undernutrition is a key TB risk factor that has a population attributable fraction that exceeds all other risk factors. What concrete plans do you have to address this modifiable risk factor at a population scale and integrating care for undernutrition into standard TB care?
Botswana Network on Ethics, Law & HIV/AIDS (BONELA)	commitments across the board including increased resources to move the needle
Boychild AIDS Foundation	How can we increase funding for these grassroot organizations working on TB prevention and Treatment
Brazilian Nurse Network for the Brazil free of Tuberculosis (Rede EnfTB)	The Rede EnfTB is the first Brazilian Nurse Network creating for given voices and representing brazilian nurses regarding discuss exposure to tuberculosis, circulating information about the national tuberculosis plan agaisnt TB in the country, as well as help those nurses to implement assistance and dedicate care centered to the patient as the same time the nurse creating a sense of biosafety and precaution into their routine and workplaces.
Bridges of Hope	What commitments can governments and health financing institutions make to ensure greater cushioning of MDR TB patients from associated catastrophic costs due to ill health/isolation from work places?
Burundi Secours	What should be done to eradicate TB in the least developed countries, especially the countries of the East African Community where there are still many cases of TB due to lack of awareness for the prevention and effective treatment of this disease?
Businesses for Health Papua New Guinea	If local governments, politicians or barriers could be ignored, what would be the best strategy and suite of tools for rapid elimination of TB is a relatively small country like PNG?
Campaigns in Global Health	Your Excellencies TB programmes took much longer to bounce back after the initial shock of COVID-19 because so many of their resources were redeployed to the pandemic response for prolonged periods of time. As a highly prevalent, airborne infectious disease with significant risk of drug resistance and associated with stigma, the diagnostic tools and laboratories, surveillance systems, infection prevention and control mechanisms, specialist workforce, community-led services and research competencies, were easily redirected. We know respiratory pathogens

	pose the greatest pandemic risk because of the speed at which they can spread. The world needs stronger pandemic preparedness and it needs to end TB. To deliver on both agendas, Member States must focus on these intersections to ensure we address common barriers and make the most of opportunities for dual impact. The political declaration of the UN High Level Meeting on TB must therefore explicitly recognise these intersections and commit member states to prioritize these within national policy frameworks and investment packages on pandemic prevention, preparedness and response. In doing so, we can strengthen the return on investment for both TB and PPPR, and ensure sustained, impactful investment in core public health functions. Evidence-based policymaking is crucial to the effective design and delivery of integrated policies and investments. Alongside the voice of affected communities, academics and healthcare workers can play a crucial role in this process. In many countries, their expertise has been insufficiently mobilized. We would therefore further welcome an explicit commitment to strengthen engagement with these stakeholders as part of the delivery of the UN High-Level Meeting political declaration.
Carter Center, Inc., The	The Carter Center would like to make a statement highlighting the importance of addressing mental health as part of efforts to fight tuberculosis and support person centered care across countries.
Centre for Healthworks,Development and Research Initiative(CHEDRES)	Over the years, investments and funding for TB have been very low. Is it that TB is the least among HIV/AIDS and Malaria or as a result of low case findings or notification??
Charitable Organization "TB PEOPLE UKRAINE"	The responsibility of various branches of government and state leaders for the implementation of the provisions of the Political Declaration, adopted as a result of the UN General Assembly High-Level Meeting on Ending TB 2018, taking into account MAF-TB and the role of affected communities in this process.
CITAMPLUS	TB still remains the number one killer of people living with HIV and people with TB continue to be missed. Why does the TB program continue to be less funded compared to HIV and Malaria when it is a known fact that it is only through increased investments especially at community level that we are going to be able to eradicate this disease. TB is curable, why is it still killing people?
Civil society Engagement mechanism for UHC2030, MSSI Chennai, Disability Rights India Foundation	Myself being a person with lived experiences of Multiple Sclerosis, an NCD / RD / disability, living in a LMIC such as India and on behalf of MSSI Chennai Chapter and Disability Rights India Foundation, I submit the question on how the national TB responses can be accessible, equitable, Inclusive, disability sensitive, rights based, people centred, affordable without any out of pocket expenditure, provide information in accessible formats, screen periodically for any kind of TB in people living with auto immune deficiant conditions, rare diseases, non communicable diseases,

	senior citizens and other vulnerable populations such as displaced, homeless, indegenous, trans persons. On identification, how could these populations be provided accessible affordable curative treatments and rehabilitation services including assitive devices?
Civil Society for the Eradication of Tuberculosis	Since the last HLM , many have stressed the need for Making the TB response rights based, equitable and stigma free with communities at the centre . But political will to make this happen seems slow . Is there a common understanding by Governments and communities on what this really means and how can we translate policy to practice and fast track the realization this community centered approach to TB at all levels of governance?
Civil Society Movement Against Tuberculosis (CISMAT)	There has been so much progress on TB as we have seen increasingly significant participation of TB communities including CSOs. This time we want to see a more people centred strategies including access to quality TB services. Social accountability to advance better TB services should be at the core of our priorities
Community Working Group on Health (CWGH)	Is it true that women are expected with the society to love and care for their for their loved ones with TB and when they are diagnosed with TB they are blamed and sometimes ostracized?
Coordinadora Nacional Multisectorial en Salud - CONAMUSA	la CONAMUSA agrupa a organizaciones de afectados y el programa nacional de tuberculosis, y nuestra preocupación es asegurar el financiamiento .
Copperbelt Health Education Project	Contact Tracing is still a challenge as most patients fail to comply to medication. What could be the new way of practicing it,
DISABILITY PEOPLES FORUM UGANDA	"DISABILITY IS NOT THE END WORD,GIVE US WINGS TO OUR DREAMSNATHING WILL STOP US"
Dream Weaver Organization	#YesWeCanEndTB by investing US$ 5 billion annually to accelerate the R&D of new diagnostics, medicines and vaccines. #WorldTBDay #EndTB
Eastern Africa National networks of AIDS and Health Services Organisation (EANNASO)	Ending TB by 2030 communities need to be at the centre of the last mile innovations. What critical last mile investments are there to ensure communities do not end up being spectators but meaningful actors in the response to end TB?
Emory University - H. Humphrey Fellow (Fulbright Exchange Program)	Considering the HLM TB theme envision the "advancing in TB field taking in account the equitable access to prevention, testing, treatment and care", how to mitigate TB in the low and middle income countries that still struggling with poverty and social inequalities? How to take action to building and funding effective partnerships beyond health sector to end TB? In addition, related to the incorporation of new diagnostic methods and treatments, middle income countries - such as Brazil - still challenging to afford and organize its public health care system to include the most modern tools. How to promote equitable and affordable access to the brand new technologies timely, considering the peculiarities of each country?

Equal Health and Rights Access Advocacy Initiative (EHRAAI)	A sustained commitment preserves the specialized function and funding to conduct TB surveillance, program monitoring , improved quality of Care which is a pivot towards a global UHC / TB Free society.
Ethiopian Muslims Relief and Development Association	Ethiopia remains to be among the 30 countries reported with high burden of TB, TB/HIV and DR-TB for 2015 to 2020. TB related mortality is highlighted in the top ten reported causes of death among hospital admissions, with annual estimated death rate of 26 per 100,000 populations in 2015. Ethiopia accounts for 3% of the annually 3 million missed people with TB by global health system. In Ethiopia, close to 70% of annually notified cases are between 15-54 years of age, while around 12% are children younger than 15. During the same year, 56% of nationally notified TB cases were male, while females constitute 44%. In both males and females, the occurrence of TB is dominated by the young, suggesting continuing infection transmission as opposed to reactivation of latent TB. Delayed diagnosis and treatment contributes for pre-treatment loss to follow up (LTFU), unfavorable patient outcomes including death, further transmission of DR-TB, as well as increased burden of illness to affected patients and their families. Countries like Ethiopia with high TB Burdon unless world decided on a big push to eradicate TB as the enemy of human kind can we solve the problem through piecemeal approach ?
Ex-miners Association of Malawi	As the mining sector plays a significant role in the global burden of tuberculosis, what key measures must be prioritized in adopting TB prevention and control frameworks to ensure the health and safety of mining workers and communities?"
Facilitators of Community Transformation (FACT)	Are there initiatives in place to ensure engagement of governments and the presidents prior to the high level meeting, and efforts to ensure there exists a mechanisms of ensuring high level participation in incountry pre-UNHLM meetings
Federation Humana People to People	Highlighting the essential role of affected communities and civil society in the End TB Strategy by sharing results and impact of selected programs in different countries. Equitable access to prevention, testing, treatment and care can only happen with meaningful participation of communities.
FHI 360	Prior to the COVID-19 pandemic, there was rapid progress toward meeting global TB targets. The COVID-19 pandemic, the measures adopted to contain it, and associated service disruptions caused unprecedented strain on global TB progress. Efforts to get back on track to End TB and achieve Universal Health Coverage (UHC) are linked. Most countries have a healthcare system mixed with public and private healthcare sectors. Over two-thirds of people with TB symptoms seek care in the private sector, seeing many different providers before being diagnosed. These delays fuel the transmission of TB and contribute to large out-of-pocket costs, deepening

	inequalities and pushing vulnerable communities into poverty and insecurity. To achieve UHC coverage across all population groups, we must target clients in both healthcare sectors using clinical, public health, and social protection interventions that maximize quality and reduce out-of-pocket expenses. This requires a health systems-level approach, driven by the community and people affected by TB, that builds regulatory, engagement, and financing agendas which works across multiple health areas and reaches beyond just public providers and clients. The healthcare workforce is fundamental to the attainment of UHC, and to build health system capacity and health systems resilience. The COVID-19 pandemic has underscored the vital role of healthcare workers in enabling health system's response to shock. Adequate, trained and empowered health care workforce are more effective in responding to emergencies and maintain essential services. Several project evaluations on TB care globally suggest that involving all care providers using a private-public mix can potentially increase the detection of people with TB by 10-60% while improving treatment outcomes by over 85%. To ensure that everyone, including those affected by TB, can obtain the health services they need, when and where they need them, without suffering financial hardship, we need to build on what has worked during the pandemic, highlighting resilient health systems approaches: • Centre all efforts on people and communities (including. people affected by TB, TB survivors and community). Communities need to be at the front and center of everything. • (Re)Build strong health systems prioritizing the primary healthcare (PHC) • Engage, equip, and empower the health workforce (public, private and community) • Multisectoral collaboration ensuring political commitment, investment and tailored implementation mechanisms. • Strengthen social protection schemes to prevent catastrophic out-of-pocket costs. • Public financing of TB services in private and informal sector through social and health insurance packages or contracts, minimizing out-of-pocket costs • Investment and support for community-led systems to reach the most vulnerable and marginalized with essential services.
FIND	Every year, millions of people with TB are not diagnosed or notified to health systems – resulting in millions of preventable deaths. For the last two decades, FIND has been working on the development, delivery and scale up of diagnostic solutions that are urgently needed to defeat this deadly disease. In line with the Global Plan to End TB (2023-2030), the 2023 UN HLM key targets and commitments must prioritize the development of: Rapid, affordable tests for diagnosis or triage that do not rely on sputum and are used at the point of care. Accurate drug susceptibility testing for critical medicines, including through sequencing-based tests and strategies for early detection of resistance to the medicines used in regimens. Tools for detecting TB infection,

	subclinical TB and testing for risk of progression to active disease. Digital health technologies geared to the needs of the most neglected, key and vulnerable populations. The COVID-19 pandemic had a devastating impact on the fight against TB rolling back progress towards the 2018 UN HLM key targets, but it unlocked a wave of technological progress that can in the case of TB enable critical testing tools to be used in primary care and community settings, where people first access health systems. It is essential that these new tools meet the needs of those who will be using them, and that requires civil society and affected communities to be involved in their creation. Our DriveDx4TB project is doing just that as we are working with Unitaid to strengthen community-based testing, by increasing TB testing options and evaluating new, less invasive sampling methods to accurately diagnose more people and connect them to care. Finally, diagnostics receive only a small share of global health R&D funding. We require a coordinated approach to mobilize at least US$1 billion for TB diagnostics R&D
Fondation Medicines Patent Pool	We will provide the statement as soon as we can.
Free lance health and social worker	My name is yasar mehmood am from pakistan i am a multi dreg resestant tb survivor and we have face 4 mdr tb in my home now am work as a free lance health and social workor in tb community in my country i have aims tu make my country tb free
Fundación Grupo Efecto Positivo	Almost 30 years after the signing of TRIPS, we can ensure that the existence of legal monopolies on medical technologies did not produce the promised effects, in terms of promoting and fostering R&D initiatives, as well as promoting the transfer of technology between high-income countries and low- and middle-income countries. The development of medical technologies was oriented from the creation of the patent system towards those pathologies where the pharmaceutical industry assesses that it can obtain profits, generating on the one hand the chronification of pathologies; and on the other, the existence of “neglected” diseases, linked to poverty and social vulnerability for which there is a shortage of developing new medicines and vaccines, as is the case with Tuberculosis. This new political declaration should consider focusing on advancing binding instruments for technology transfer and the need to discuss alternative R&D models that are no longer focused on profit, but on public health needs. In line with the debates that have taken place in the WTO, we believe that this situation represents an unprecedented opportunity to license intellectual property rights, release patents and expand public production capacity to avoid further delaying access to medicines for tuberculosis to the most vulnerable populations.
Fundación Habitat Verde	Sobre las Reacciones Adversas a los Fármacos Antituberculosos (TB – RAFA), y tuberculosis Drogo Resistentes (TB DR), o tuberculosis extremadamente resistente (TB – XDR), el acceso a Drogas de

	Segunda Línea (DSL) y Drogas de nueva generación, cual es el trabajo realizado para reducir los costos de los patentes en los medicamentos, por los estados miembros.
Fundación Hábitat Verde	El ingreso de la Pandemia del COVID-19 invisibilizo las demas enfermedades entre ellas la Tuberculosis, La poblacion infantil que enfermo con Tuberculosis no contaba con medicamentos adecuados para los mismos (jarabes) ya que al ser el padre o madre la persona enferma de tuberculosis el menor de edad en la cuarentena sufrió en algunos casos contagio. ¿Que estrategias tienen cada uno de los paises para afrontar un problema de esta magnitud que sufren los menores frente a alguna pandemia?
Global Coalition of TB Advocates	Statement from the Civil Society Task Force- WHO, taken from the Joint statement of WHO-DG and CSTF The situation of over 4,000 people in the world losing their lives to TB each day, and close to 30,000 people falling ill from TB which is preventable and curable is unacceptable. We need to fundamentally transform the global TB response, drawing on lessons from the response to the COVID-19 pandemic and put an end to human suffering and death caused by this ancient global TB epidemic. This Second UN high-level meeting (UNHLM) on TB presents a critical opportunity to renew the commitments, mobilize political will and revamp efforts to end the TB epidemic. Furthermore, we believe that TB needs to also be a priority in the UN high- level meetings on universal health coverage and on pandemic preparedness, prevention, and response, which are taking place tomorrow. We emphasize the need for the following Actions for considerations, taken from the joint statement of WHO Director-General and Civil Society Task Force on TB 1. Mobilize sufficient and sustainable financing 2. Ensure accelerated people-centered actions, with bold strategies based on the latest approaches ensuring universal access to TB prevention and care (including treatment) 3. Encourage all sectors and stakeholders to work together and establish and maintain high-level multisectoral mechanisms in all high TB burden countries 4. Strengthen the engagement of civil society, TB-affected communities and TB survivors as equal partners in all aspects of the national TB responses 5. Accelerate the development of safe and effective TB vaccines and facilitate their equitable global access Finally, the 'social listening and community feedback' of the communities affected by TB emphasizes the importance of meaningful engagement of the affected communities. What progress has been made since the last UNHLM on TB and the political commitments?
Global Coalition of TB Advocates	Thank you very much for giving us the opportuninty . My first question, please will there be a support system in place for terminally ill TB/HIV client whose oxygen therapy would be waved off to reduce cost and burden on the patients? I am saying this because, most cases of TB on the ward, who needs oxygen therapy to survive end up paying soo much bills that at the end when

	they are not able to continue to paying for the service they die miserably. Secondly, I want to appeal to our honorable stakeholders, to consider making a good review assessment of the Isolated Wards and Fevers unit. Most isolated wards and fever units in African and in some parts of the world is badly neglected and left to deplorable state. Example poor ventilation setting, non availabilty of oxygen plant, no decent gents, etc. I hereby appeal to Stakeholders for a postive action that will give a face lift to our screening centers, diagnostic unit, isolation wards and treatment centers in accordance with WHO and CDC standard and adequate supply of PPE's
Global Fund Principal Recipient - Community Consortium Penabulu-STPI	community engagement in TB prevention is crucial as many people at the lowest level need proper information and education on TB
Global Fund To Fight HIV, TB and Malaria	Urgent need to ramp up funding for TB programs: - There is simply not nearly enough funding today to end the TB pandemic. The Global Plan to End TB for 2023-2030 provides a clear roadmap of priority actions needed to end TB as a public health challenge by 2030. We need to invest US$19 billion a year to deliver TB prevention and care to all who need it. But in 2021, countries invested only US$5.4 billion, down from US$6 billion in 2019. - The Global Fund has been working to help bridge this gap by mobilizing funding from a broad range of government and private sector donors. The Global Fund is by far the largest external funder of TB programs – we provide 76% of all external financing for TB. But we clearly need more money. - The Global Fund also encourages countries to increase domestic resources for TB, and we catalyze innovative finance initiatives to fund TB programs in LMICs. - We urge Member States to commit to increasing funding to the Global Fund to Fight HIV, Tuberculosis and Malaria, the largest external grant funder for TB programs, and to support innovative financing mechanisms to help close the funding gap for TB programs, such as blended finance efforts with Multilateral Development Banks, co-financing schemes, and debt swap schemes. - There has been incredible global momentum in the fight against COVID-19. That same level of urgency must propel the response to TB today. Investing in TB strengthens pandemic preparedness: - Together with partners we have found through twenty years of experience fighting HIV, TB, and malaria that the best way to prepare for future pandemics is by strengthening health systems to fight the pandemics of today. - Turbocharging the fight against TB is the surest path towards cost-effective PPR. LMICs used the same tools the Global Fund partnership developed and the same systems we supported to fight TB in order to fight COVID-19. COVID-19 also spurred prevention, diagnostic, treatment and community outreach innovations that ensure more people with TB are being found, treated and cured of this devastating disease. - Investments in ending TB reinforce pandemic preparedness and build resilience. We are talking about the same lab workers, diagnostic machines, supply

	chains, primary health care facilities, disease surveillance capabilities, and community health workers. - We urge Member States to turbocharge the fight against TB and the other “pandemics of today” like malaria and HIV as the most effective and cost-efficient way to build resilient health systems and country capacity to confront the next pandemic threat. Scale up equity and access to innovation: - Strong health systems and community systems together serve as an essential foundation for pandemic preparedness and for ensuring equitable access to existing and new quality-assured health products. - We urge Member States to commit to scale up equitable access to new tools and innovations, such as new diagnostic tools and treatment regimens, to accelerate our progress towards ending TB by 2030. - We ask Member States to fully fund the fight against TB, particularly through the Global Fund, which is the largest multilateral procurer of HIV, TB, and malaria products and a key driver of equitable access to existing and new quality-assured health products in LMICs. Role of civil society and communities: - Thanks to our advocates, including civil society and communities, the TB community is succeeding in keeping the focus on TB and rallying world leaders to meet their commitments. The Global Fund looks forward to continuing to work with TB partners throughout the year to ensure the HLM produces a strong set of commitments, and generates the political will needed to achieve them and end this disease for good. - The three UN High Level Meetings on health this year provide an opportunity to foster greater integration of efforts to end the major pandemics of today like TB, to enhance PPR, and to make progress toward UHC. The Global Fund embodies this integration by serving as the key grant financing mechanism for donors to support low- and middle-income countries to accelerate all three agendas.
Global TB Caucus	what can we do to ensure that countries fulfill the commitments they make? We cannot let countires make commitments they do not meet over and over
Global TB Caucus	As a member of parliament i believe there is a lot that we need to do as policy akers to ensure we hold our governments accountable to meeting the targets that they sign up for. Covid-19 showed us that wiht the right political will, we can change the landscape for future pandemics
Global TB Caucus	We recognise that financing remains the primary obstacle in eradicating TB, noting that WHO monitoring shows an annual financing gap of at least $14.3 billion. We call on the international community to ensure the $19.6 billion per year to close the gap is paid in full through 2030. While acknowledging these real challenges, we express our hope that new innovations in diagnostics, therapeutics and the development of vaccines needed to eradicate TB are closer than they have ever been, and express our full support for efforts to enable TB-affected populations to access these interventions as soon as possible. This includes pushing for stronger measures to prevent,

	identify, and treat people with TB and related health conditions, with active engagement from civil society and affected communities. It is imperative that these medical countermeasures be made affordable and accessible to all.
GSK	GSK TB Statement - Your excellencies and distinguished guests, thank you for the opportunity to participate in this TB multi-stakeholder hearing. My name is Ariane McCabe, I am the Director of Global Health Policy & Advocacy at GSK. GSK and the bio-pharmaceutical industry welcome the focus on TB this year. Together we have made great strides on innovating to tackle TB. These include the development of new drugs and shorter treatment regimens for drug-sensitive and drug-resistant TB; fixed dose combinations and child-friendly drug formulations; progress on new vaccines; and advances in molecular diagnostics, digital health and artificial intelligence. We've also established innovative approaches to expand access to TB innovations and accelerate patient finding. GSK continues to be committed to global health and is continuing to invest in global health R&D. Last year, we announced investments of £1 billion over the next 10 years to accelerate R&D for infectious diseases that disproportionately impact lower-income countries, including TB. Today we are working across 7 public-private TB research consortiums and have a world-leading pipeline of candidate medicines. We are aiming to transform the TB landscape, with our assets in combination with other medicines, to create a shorter treatment course that is effective in all patients, as well as those that are infected with multi-drug-resistant TB. In addition, GSK developed the promising M72/AS01E vaccine candidate with IAVI. In 2020, GSK announced a licencing agreement with Gates Medical Research Institute for the continued development and use of the vaccine in lower income countries with high TB burdens. GSK will continue to provide the AS01 adjuvant and is committed to support efforts to ensure long term access. More investment in TB R&D, particularly in late stage development, and disease programmes are needed. It also will be important to support new innovations coming to market. Key access enablers include multisectoral partnerships and early end to end planning to provide visibility on the policy, regulatory and financing pathways for new combination therapies and vaccines. We also need a healthy IP ecosystem to sustain innovation and collaborations and new approaches to share the risk in the scale up of manufacturing and product supply. We look forward to continuing this important work with stakeholders to reduce the burden placed by TB on communities.
IACIB	Proper action should be tajen to end TB like small pox from the globe

IAVI	How is UN and the nations plan and prepare to execute later phase TB vaccine trials towards marketing approval. Funding for TB vaccine trials is very large and may need support from various funders/philanthrophy to make it a success.
ICF, Inc.	New drug regimens offer incredible promise in the fight against drug-resistant tuberculosis, but testing for resistance to new and repurposed drugs like bedaquiline and linezolid is not in general practice. As countries introduce the newer regimens, they must also be testing for resistance to new and re-purposed drugs. How will high TB and high drug-resistant TB countries meet this urgent need and can we commit to ensuring that all persons with TB receive a complete diagnostic profile?
Independent, formerly Genentech & Gates Foundation	There is real potential for every sector to use the ongoing TB epidemic as a training ground to test and iterate on solutions that also accelerate response to emerging pathogens. The upside is that all of us will be optimally prepared for the uncertain future and, at the same time, we will have actively improved the current state of global TB. Could stakeholders from each sector please outline their plans for such a dual-purpose approach?
INDIAN MEDICAL ASSOCIATION	Atleast in most of the High burden South and Southeastern Asian countries the bulk of private care comes from private doctors.While the clinicians stand for that healing touch of a doctor called art of medicine and the confidentiality of the human being who confides, the Public Health is out to crunch numbers and notifications even with punitive measures. Unless the medical profession outside the Programmes are addressed with sincerity and sense of purpose TB elimination will remain a rainbow. Half hearted attempts to engage the profession are the reason for the only gap that remains in TB care and control. Engaging the community can never be an excuse to disengage the profession. The voice of the profession has been suppressed for long and the feigned inclusiveness of the programmes is a sham. There is a constituency which is independent, concerned and responsible in TB care and control more than anyone.
Infectious Diseases Society of America	The Infectious Diseases Society of America offers these comments to help inform the development of political declarations on ending tuberculosis and strengthening pandemic prevention, preparedness and response. As health professionals working in infectious diseases responses, patient care, public health and research in the U.S. and globally, we urge member states to adopt strong political declarations with actionable targets aimed to build resilience and equitable access to needed services and tools. Ending TB The High-Level Meeting presents an important opportunity for the global community to rally in the common cause of eliminating an ancient disease that, despite having been curable since the 1940s, remains the world's biggest infectious disease killer, killing more people than HIV and malaria combined. As an airborne

	infectious disease, TB knows no borders, and reducing TB globally is essential for minimizing its impact within the U.S. The COVID-19 pandemic reversed years of progress made towards meeting the TB elimination goals established at the 2018 HLM on TB. We urge member states to make bold commitments to allocating the resources necessary to eliminate TB and a scale-up of efforts to address multidrug-resistant TB; invest in TB research and development for new vaccines, diagnostics and treatments; and strengthen screening and linkages to treatment and care. The COVID-19 pandemic had profound impacts on country responses to TB, from disruptions in case finding and treatment initiation, to TB laboratories, personnel and funding being redirected to COVID-19 response efforts. TB case finding fell from 7.1 million in 2019 to 5.8 million in 2020, with an 18% drop contributing to an estimated 100,000 additional TB-related deaths in 2020 and 2021, including 5,000 additional TB-related deaths among people with HIV. In 2020 compared to 2019, 800,000 fewer people received TB preventative services. There was also a 15% decline in the number of people enrolled in treatment for MDR-TB. TB is the most prevalent airborne antimicrobial-resistant disease, and drug-resistant forms of TB account for 29% of all antimicrobial-resistant infections globally and one in four antimicrobial resistance-related deaths. Controlling and preventing MDR-TB globally will significantly reduce the risk of easily transmissible drug-resistant pathogens from reaching American soil. We urge member states to champion accelerating action to address drug-resistant TB in the political declaration resulting from the HLM, including improved national, regional and global pharmaco-vigilance, improved stewardship programs to prevent drug resistance, improved treatment adherence for people with drug-sensitive TB, and universal and equitable access to quality diagnosis, treatment, care and support for people with drug-resistant TB. We urge member states to push for the political declaration to include increased funding commitments to accelerate basic TB research and the development of new tools, including low-cost, rapid diagnostics, effective drugs and shorter treatment regimens, and a new vaccine. In most of the settings where TB is most prevalent, access to diagnosis and care remain limited and often reliant on time-intensive diagnostic methods developed more than a century ago and medicines developed more than half a century ago. The first innovative TB drugs and drug regimens to be developed in more than 50 years remain unavailable to the vast majority of patients who need them. No disease has ever been eliminated without an effective vaccine. But the existing vaccine, developed in the beginning of the last century, is effective only in preventing one form of the disease, only in children. Even with the existing vaccine, according to the WHO 2020 Global TB Report, more than 1 million children fall ill with TB every year, and TB deaths have increased for the first time in more than a decade.

	During the UN HLM on TB in 2018, the world made commitments to prevent and treat childhood TB; however, only 29% of children are receiving TB preventative services, far short of the UN HLM target, and only 37% of children who develop TB are being diagnosed and treated. The political declaration must also include commitments to close the gaps for TB diagnosis, treatment and prevention. We urge all member states to support the inclusion of specific diagnosis and treatment targets in the political declaration. Four million people living with active TB disease do not know they have it, go untreated and remain infectious. Finding and treating the missing cases is critical for achieving epidemic control. We urge member states to support the inclusion of bold new funding commitments during the HLM and in the political declaration. Achieving the Sustainable Development Goal of ending TB by 2030 will not be possible with the resources we have today. Countries must commit to adequate funding to achieve epidemic control and filling the research funding gap for TB.
Infervision	While checking and triaging for symptomatic individuals can help control new tuberculosis infections, active screening of asymptomatic individuals is necessary to end the spread of TB. Unfortunately, the high cost of sputum and microbiological tests, as well as the unavailability of lung specialists in remote areas, makes it difficult to perform active screening. To address this challenge, the adoption of TB-CAD artificial intelligence in conjunction with portable x-ray devices is a necessary step. As one of the leading providers of TB-CAD, we plan to launch a campaign to reduce the cost of TB-CAD artificial intelligence so that the End TB target can be achieved at an affordable price, maximizing the benefits to society.
Institute of allergy and clinical immunology of bangladesh (iacib)	UN may kindly request to Bangladesh Government to include TB CRG in National TB Control Strategy. to end TB by 2030.and implement the program in the whole country through NGO.
International AIDS Vaccine Initiative (IAVI)	This statement has been prepared on behalf of the TB Vaccine Advocacy Roadmap (TB Vax ARM), a global coalition of TB stakeholders, including TB survivors, civil society organizations, and nonprofits invested in TB vaccine advocacy and research. We also share this in support of the 1,188 individuals and organizations around the world who signed a recent open letter calling on world leaders to prioritize investments in TB vaccine research and development (R&D). We need new and effective vaccines to reach the 2030 End TB goals and end the TB pandemic. New TB vaccines will help mitigate the impact of COVID-19 on the global TB response, and control the spread of drug-resistant TB, a key driver of antimicrobial resistance. Yet, the only available TB vaccine is the century-old Bacillus Calmette-Guérin (BCG) which is largely ineffective in adolescents and adults, who are most at risk for developing and spreading TB. BCG is one of the world's most widely administered vaccines and most people who develop TB have received it.

	With five promising vaccine candidates currently in phase 3 trials, new TB vaccines can be developed and deployed this decade. However, we need greatly increased support to make this possible. Failure to act now would result in immense human suffering. New and effective TB vaccines can help achieve the 2030 End TB goals, which could prevent up to 23.8 million deaths and US$13.1 trillion in economic losses by 2050. In fact, every $1 invested in a TB vaccine for adolescents and adults could generate $7 of economic returns over the next 25 years. The rapid development and roll-out of multiple COVID-19 vaccines contributed significantly to controlling the pandemic. We require a similar response to end TB. Investments in TB R&D carry huge potential for impact in pandemic prevention, preparedness, and response (PPPR). We saw how important TB Infrastructure was in mobilizing the COVID-19 response. TB R&D and clinical trial infrastructure can likewise serve as an interoperable system for future threats, particularly airborne pathogens. This is an opportunity to establish the flexible, adaptable, and sustainable global health R&D funding, capacity, and infrastructure needed to successfully address future pandemics. While greatly increased investment is needed for all TB R&D, TB vaccine R&D remains proportionally the most underfunded area. At the 2018 UNHLM on TB, governments pledged to invest $2 billion annually in TB R&D over five-years. By 2021, only 30% of the pledged amount had been invested, with TB vaccine R&D receiving only 15% of the funding required in the Global Plan. The Global Plan to End TB 2023-30 now estimates that an annual investment of $1.25 billion in TB vaccine R&D is needed to achieve the 2030 End TB goals. With world leaders soon convening at the UNHLM on TB in September, we call on our leaders to prioritize TB vaccine R&D, through: ● Increasing and sustaining investments in TB vaccine R&D in line with the Global Plan targets. ● Strengthening partnerships between governments, research institutions, and private, multilateral, and pharmaceutical organizations for coordinated TB vaccine development. ● Ensuring TB vaccines are universally available and accessible as soon as they are ready, especially to those most vulnerable to developing TB disease. ● Including TB R&D as a central element of PPPR agendas to improve global public health. We also welcome the planned TB Vaccine Accelerator Council announced earlier this year by the WHO Director-General. We call on the WHO to ensure that the Council includes representatives from civil society and TB affected communities. A critical initial focus of the Council must be on raising significant additional financing for TB vaccine R&D in order to accelerate the development, licensure, and introduction of new TB vaccines. We urge the co-facilitators and member states to ensure the political declaration includes actions and commitments to accelerate TB vaccine R&D and its financing.

International AIDS Vaccine Initiative (IAVI)	The current TB vaccine is over 100 years old and only partially effective in infants; and it is mostly ineffective in adolescents and adults, who are most at risk of developing TB. No infectious disease has ever been eradicated without an effective vaccine — TB is no exception. TB vaccine development is at a critical juncture. Promising vaccines are ready to move into the last phases of testing and could be developed in the coming decade—but only if adequate investments are mobilized to support these large and costly clinical efficacy trials. If these advances are slowed by lack of funding, the world is likely to lose 10-20 years of progress toward introduction of a successful vaccine.
International Charitable Foundation "Alliance for Public Health"	Statement On behalf of the Civil Society Engagement Mechanism for UHC2030, I would like to address this UN TB multi-stakeholders hearing with a sense of urgency and hope. CSEM urges governments and donors to take a comprehensive, people-centered approach to strengthen the linkage between TB and UHC programs to address health's social, economic, and political determinants of health. Governments and donors must increase investment to strengthen health systems at all levels, including community systems to improve their effectiveness, and accessibility, particularly for populations living in remote and underserved communities, and ensure equity. As highlighted in the UHC2030 Action Agenda, governments and donors must invest in and strengthen the health and care workforce to deliver quality health care in the communities most affected by TB. Governments and donors must strengthen financial protection to ensure that all people have access to TB services without experiencing financial hardship. Furthermore, health education and community engagement must be strengthened, including empowering people affected by TB to participate in the design, implementation, and monitoring of TB programs. To achieve the End TB goal by 2030, we must champion participatory, inclusive governance and coordinate a meaningful whole-of-society approach for universal health coverage and health security. We must institutionalize mechanisms for inclusive health governance and adopt policy frameworks that enable and resource social participation. We must also promote trust and transparency by strengthening accountability in health governance. Thank you.
International Community of Women living with HIV Eastern Africa (ICWEA)	Community Led Responses is the way to go in controlling pandemic and be prepared for any future pandemics. What is the take of UN on how to make this real

International Federation of Medical Students' Associations	Our statement aims to tackle how can the WHO 1+1 initiative be utilized by both youth and their member states on the national level to ensure sustainable, meaningful youth engagement in the fight against TB
International Federation of Pharmaceutical Manufacturers Associations (IFPMA)	Chemin des Mines 9 1202 Geneva Switzerland +41 22 338 32 00 info@ifpma.org ifpma.org @IFPMA /IFPMA STATEMENT IFPMA intervention for multi-stakeholder hearing on TB 8 MAY 2023, NEW YORK – Your excellencies and distinguished guests, thank you for the opportunity to participate in this multi-stakeholder hearing. My name is James Anderson and I am Executive Director of Global Health at the International Federation of Pharmaceutical Manufacturers and Associations, or IFPMA. The innovative pharmaceutical industry welcomes the focus on TB this year, particularly given the concerning reality that hard-fought progress in incidence and mortality reductions have been set back during the COVID-19 pandemic. Together, we have made great strides on innovating to tackle TB. These include the development of new drugs and shorter treatment regimens for drug-sensitive and drug-resistant TB; fixed dose combinations and child-friendly drug formulations; progress on vaccines; and advances in molecular diagnostics, digital health, and artificial intelligence. We've also established innovative approaches to expand access to TB innovations and accelerate patient finding in high-burden countries. These achievements demonstrate the continued commitments from the innovative pharmaceutical industry

	and our partners to address this leading infectious disease killer, now second only to COVID-19. More is needed, however, to advance the additional innovation required to end TB. Greater public and private investment in TB research and development and manufacturing will be critical considering how complex, risky, expensive, and time-consuming these processes are for TB. A critical enabler of our success is a healthy and reliable intellectual property ecosystem for innovation. Placing mandatory one-size-fits-all access conditionalities on collaborations between the public and private sectors runs the risk of thwarting innovation at a time when TB patients are in urgent need of new and better prevention, diagnosis, and treatment options. In addition, we also need improved, end-to-end planning to provide visibility on the policy, regulatory, and financing pathways required for new combination therapies and vaccines. In all our efforts, we prioritize the importance of multi-sectoral collaboration, including with TBaffected people and communities. We look forward to continuing to work with stakeholders to reduce the burden placed by TB on societies and communities and to overcome this long-standing global health challenge. Thank you.
International Pharmaceutical Students' Federation	Tuberculosis is sometimes called the poor disease because it affects mostly those who live in LMICs and poor pockets of regions in HICs. The current therapy we have are decades old and we are yet to have updated because of a lack of funding in research. What is the UN's plan to commit in ramping up research output through collaboration with academic institutions and sensitizing the private sector?
International Union Against Tuberculosis and Lung Disease	“Tuberculosis remains a global health emergency. To accelerate international End TB goals we must focus on implementing and supporting the growth of new, evidence-based developments in prevention, diagnosis and treatment for TB. We must break the chain of transmission by finding & treating all people with infectious TB. Where there are gaps in the evidence, we must fill them and ensure that a complete approach to TB care is taken, including access to high-quality medicines, management of comorbidities and social support. This can only be achieved

	collectively: Alone we go fast, but together we go far. It is also important that international donors prioritise TB. This is crucial to our collectively fight against TB. Everyone has a role to play."
International Union Against Tuberculosis and Lung Disease: Working Group on Gender Equity in TB	Can we have a commitment to recognise gender as a key social determinant of tuberculosis - disease, access to care, social, health, and economic outcomes - and to addressing gender disparities both to ensure an equitable and inclusive TB response and to end the TB epidemic?
IntraHealth International	55 countries are now facing severe health workforce shortages, according to WHO. To end TB, it is crucial to invest in health workers and address such shortages and fully recognize and professionalize community health workers otherwise innovations in TB, such as new diagnostics and treatments, will be underutilized and we will never end the disease. We must also involve health workers in health policymaking on tuberculosis, including budget planning and donor consultations so that the ideas of health workers are considered. Global health initiatives, such as the Global Fund, should include frontline health workers in planning bodies, such as in Global Fund Country Coordinating Mechanisms.
Jaringan Indonesia Positif (JIP)	We need to change the paradigm in global, regional and country responses to end TB by addressing social determinants of health.
Johns Hopkins University	I would like to speak in favor of increasing the research response to Ending TB, to develop better tools and strategies for reducing global burdern.
Johnson & Johnson	Your Excellencies and distinguished guests – thank you for the opportunity to participate in this hearing. My name is Anna Caravaggio, and I am representing Johnson & Johnson in my role as Vice President of Global Public Health. I also have the honor to serve as Chair of the Stop TB Partnership's Private Sector Constituency, which Dr. Shibu Vijayan represented in his separate intervention. At Johnson & Johnson, we apply a lab to last mile approach to advance global health equity and improve the lives of some of the world's most underserved populations. We focus on a range of critical global health challenges, including TB, and have been one of the leading private sector advocates in the fight against TB for nearly 20 years. I would like to offer three brief perspectives today as we look ahead to our collective goal of ending TB. First, a critical need is continued private and public investment in innovative TB drugs and regimens. Alongside improved diagnostics and effective vaccines, new treatments remain essential to outpacing rising antimicrobial resistance and ending TB once and for all. Accelerating TB R&D will also require strong clinical trial infrastructure in high-burden countries, further regulatory harmonization, and a healthy innovation ecosystem. At Johnson & Johnson we've pledged to do our part: In our own labs and with partners around the world, we are working to develop shorter, safer, and simpler TB regimens. Second, to help prevent drug resistance from outpacing drug

	innovation, the global community would benefit from a strengthened and coordinated global approach to TB drug stewardship. This can be done by building on existing efforts around appropriate use, safety monitoring and patient support to facilitate adherence, robust resistance surveillance, and a secure, quality-assured supply chain. At Johnson & Johnson we are maintaining our commitments to comprehensive stewardship of our approved medicine for the treatment of multidrug-resistant TB. Finally, we need strengthened public and private commitments to find the missing millions who go undiagnosed. This will require strong programmatic investments to strengthen patient finding efforts, including those focused on children; expanding access to rapid TB diagnostics; and keeping TB-affected people and communities at the center of the fight against TB. At Johnson & Johnson, one of our most recent efforts includes co-founding Ending Workplace TB, which has so far engaged 50 multinational companies which employ about 7 million employees to tackle TB in their own workforces and supply chains. In all of these efforts, multisectoral collaboration is essential. We look forward to continuing to collaborate with many of you as we work towards ending TB. Thank you.
Karnataka health promotion trust	Community response to TB holds significance now more than ever before, particularly to address TB Stigma, address barriers to access and care for the unreached and most vulnerable populations and, address the social ramifications of TB disease, especially as India unifies its efforts towards its ambitious End TB goal by 2025. Broadening the scope of community engagement for TB Elimination through the involvement of both formal and informal grassroots community structures and local self-governance bodies that represent vulnerable communities in both urban and rural areas, positions TB as an agenda of civil society and places it within the broader framework of health and well-being for communities.
KNCV Tuberculosis Foundation	To end TB with new tools and policies, we need to bridge the gap between national regulatory and professional bodies with ministry of health and national TB programs and the civil society to ensure rapid uptake, scale-up, and optimazation of new and existing tools.
KNCV-KG	There are new WHO recommendations on new regimens, effective and short TB treatment regimens. But why are the rights of children and pregnant women being violated - since the new recommended drugs are not recommended by WHO. Since there is not enough evidence for safe use. But why not provide for in the initial stages of research not to infringe on the rights of children and find the right way out of a difficult task. Why do children and adolescents remain on long regimens of low-efficiency drugs?
Lawyers Alert Nigeria	Equitable, Inclusive, Gender-sensitive, Rights-based and People-centred TB Response by Rommy Mom, Lawyers Alert (Nigeria). Nigeria ranks 6th among the 30 countries with high TB burden

	countries in the world. Nigeria has made significant progress in expanding access to TB services over the years, including a shift from hospital-based to community-based care and the introduction of new and more effective TB drugs. However, the country is still struggling to reach some of the most vulnerable and marginalised populations, such as those living in remote and hard-to-reach areas, women and girls, people living with HIV, inmates, and internally displaced persons. TB affects more men than women. The stigma associated with TB, low awareness of TB symptoms and prevention, and limited access to TB services due to cultural and social norms restricting women's mobility and decision-making power are challenges faced by women. The TB response must recognise these challenges and develop strategies to address gender-related barriers to TB prevention, diagnosis, and treatment, including community engagement, health education, and female-friendly TB services. TB patients face rights violations, discrimination, stigmatisation, denial of social and economic opportunities, loss of privacy and confidentiality, and the use of coercive measures to ensure treatment adherence. TB response should respect, promote, and protect the human rights of everyone, including TB patients, their families, and their communities. We must take this opportunity to address the specific needs of vulnerable populations. TB response should put people at the centre of everything, including their needs, preferences, and aspirations, and ensure they are actively involved in decision-making and implementation. There is a need to improve the quality and accountability of TB services. Finally, we need a TB law that is gender-sensitive, rights-based and people-centred.
Liga Antituberculosa Bogotá	Teniendo en cuenta que la Estrategia Fin a la Tuberculosis tiene dentro de las metas propuestas que ninguna familia tengan que hacer frente a gastos catastróficos debido a la tuberculosis. Por lo anterior es necesario reconocer el cumplimiento apremiante de esta meta y los esfuerzos realizados por nuestros países para identificar la línea de base sobre los gastos catastróficos en sus respectivos países y la forma como enfrentar esta problemática a nivel local y mundial; Por lo anterior debemos fortalecer los esfuerzos mundiales dirigidos hacia la protección social y la canalización hacia programas de protección social del estado a las personas afectadas por tuberculosis incluyendo esta necesidad en las normativas de los países. Las consecuencias de enfermar por TUBERCULOSIS además de la afectación individual, trae como resultado entre otros aspectos: la pérdida del empleo o de la imposibilidad de obtener su sustento, la incapacidad, el sobrecosto en el transporte debido a la búsqueda de la atención en diagnóstico y tratamiento y gastos en alimentación, entre otros. Lo anterior genera también afectación a las familias y entornos cercanos. Esto se evidencia en el último estudio realizado en Colombia sobre costos catastróficos, en el cual se indicó que el 13, 4 % de las Personas Afectadas por Tuberculosis (PAT),

	viven bajo el umbral de pobreza nacional y el 1,7 % del internacional. La proporción de hogares que experimentaron costos catastróficos a razón de TUBERCULOSIS fue de 51,7 % (IC 95% 45,4-58), en TUBERCULOSIS sensibles fue inferior 51,3 % y en TUBERCULOSIS resistentes 65 %.
Liverpool School of Tropical Medicine	Dr Kerry Millington representing the UK Academics & Professionals to end TB network. Given that 'advancing science' is core to the theme of the TB high-level meeting, can we have a commitment from Member States to strengthen their engagement and collaboration with their academics, healthcare workers, and affected communities to draw on their knowledge, expertise, and frontline experience to inform and shape decision-making during the drafting and negotiation of the 2023 Political Declaration. Can Member States also ensure that they contribute their fair share to mobilise US$5 billion a year for TB R&D including US$2 billion for drugs, US$1 billion for diagnostics, and US $1 billion for TB vaccines as well as for implementation research and social science research ensuring uptake of evidence into policy, programmes and practice at scale for equitable access to scientific progress in prevention, diagnostics, shorter and safer treatment regimens and a new vaccine to take innovation the last mile to those who need it most in efforts to end TB. Specifically, can Member States commit to a people-centred, equitable, gender-transformative, rights-based and stigma-free approach, including reaching men who carry a high burden of untreated infectious disease, to address the social and economic determinants driving the tuberculosis epidemic. Gender is a key social determinant of TB, influencing the likelihood of developing TB disease, of accessing care, and of achieving treatment success. Addressing gender disparities in TB is essential to improve health and reduce transmission, caregiver burden, household economic pressure, and stigma for persons of all genders and all ages. A comprehensive approach will ensure each Member State gets on track to achieve the Sustainable Development Goal to end the tuberculosis epidemic and help achieve no poverty (SDG1) and gender equality (SDG5).
London School of Hygiene and Tropical Medicine	Statement on why TB vaccine R&D is one of the smartest health investments governments can make, and should therefore be a focus of member-state action. This statement is given by Professor Richard White, from the TB Centre, at the London School Of Hygiene and Tropical Medicine. I also represent the 1200 individuals and organizations worldwide that signed the recent letter calling on world leaders to prioritise TB vaccine R&D. The world needs new TB vaccines. The only available TB vaccine is a century-old, and ineffective in adolescents and adults, who suffer the most TB, and spread the most TB. With five vaccines in phase 3 trials, new vaccines could be developed and deployed this decade. However, this needs increased government support to make it happen. The World Health Organization recently published an

	Investment Case for New TB Vaccines, showing that new TB vaccines would have massive global health, economic, and broader impacts. For example, new adolescent/adult TB vaccines could avert ~44m TB cases, 25m treatments, reducing pressure on antimicrobial resistance, and ~5m deaths They'd likely be cost-effective in all high-burden countries from the government's perspective And they'd have a fantastic return on investment - for every $1 invested by a country, could yield $7 in health and economic benefits And new TB vaccines could advance health equity, with about 60% of benefits going to the poorest 40% Finally, new vaccines could increase global GDP by 1.6 trillion dollars This shows why TB vaccine R&D is one of the smartest investments governments can make, and should therefore be a focus of member-state action Member states need to commit to include the following three points in the zero draft: First, invest $5 billion a year in TB R&D, including at least $1 billion a year on TB vaccines, as called for in the Stop TB Global Plan Second, invest to ensure TB vaccines are universally available, affordable, and accessible, when ready, especially to the most vulnerable - linking directly to the UHC political declaration tomorrow Third, to include TB R&D as a central part of pandemic preparedness and response - linking directly to the PPR political declaration tomorrow Thank you
McGill University	How can we specify in accountable language the importance of investing in health workers and all care providers (public, private, community, informal) to ensure TB services for all people seeking care, as well as being the forefront of UHC and pandemic preparedness?
Medecins sans frontières (International)	Medecins Sans Frontieres/Doctors Without Borders (MSF) welcomes the UNHLM's ambition to mobilise political will and action to end TB. As a medical humanitarian organisation treating over 17,000 people living with TB in more than 35 countries, we witness deadly gaps in diagnosis and treatment every day despite scientific breakthroughs such as all-oral and more effective TB treatment regimens. To address these gaps, and in order to meet the WHO end TB targets to reduce mortality by 95% and incidence by 90% between 2015 and 2035, MSF calls on member states to urgently take the following steps: 1.Update national treatment guidelines with the latest WHO-recommended shorter regimens and required diagnostics for TB prevention, drug-susceptible TB (DS-TB) in children, and drug-resistant TB (DR-TB), in a timely manner. 2.Adopt the latest WHO recommendations for diagnosing TB and DR-TB among children and ensure that the diagnostic tools are made available for nation-wide implementation of the guidelines. 3.Ensure that R&D, clinical trials and operational research for TB medicines encompass and study

	their safe and effective use as part of treatment and prevention regimens, and not just as standalone medical products. 4.High-income countries should commit to providing additional official development assistance (ODA) grants and top-up funding for existing TB initiatives. Low- and middle-income countries should commit to assessing the possibility of providing additional resources for their national TB programme. I thank you for your attention.
MOI'S BRIDGE COMMUNITY WELFARE ASSOCIATION	TB as it is and its outlook is a desease of class and choice of treatment, it impacts serverely on the very poor and vulnerable and their fore the choice of actors to combat prevention. treatment and control is a special subject of this meeting, it must be the owners as viewed in the perspective of organizations and individuals to win
Movement of men against aids in kenya (mmaak)	The role and support available for the TB affected Communities towards ending TB.2 Why is TB response soo medicalised what plans are there to strengthen socio-economic aspect of TB response?
Multiple Sclerosis Society of India Chennai Chapter& Disability Rights India Foundation	As a caregiver and a mother of an adult daughter with multiple sclerosis, a rare disease/ NCD and a disability, I submit the following question: How can the End TB action agenda in all countries enable periodic screening and other services at the door steps for all vulnerable communities such as persons with disabilities, NCDs / Rare diseases, senior citizens, homeless, displaced, indigenous and trans persons? How can the heads of states ensure priority training, accessible information, community support liason and safe healthy environment with regard to TB for all vulnerable groups in a transparent and accountable manner and in partnership with the civil society actors? By what means can targeted approaches lead to effectively inclusion of all vulnerable groups in prevention, diagnosis, treatment, care, evidence based and quality interventions with regard to TB?
National Network for the Promotion of Reproductive Health of Adolescents and Young People (RENAPSAJ)	the interest of my questioning will focus on the problem of the incidence of tuberculosis at the level of our country Gabon and in general on Africa and in the world
National Organization of Peer Educators (NOPE)	Need to allocate resources for TB prevention alongside diagnosis, care and treatment.
National Tuberculosis Controllers Association, INC. (NTCA)	I represent the largest member organization of TB public health professionals working in the United States. I would like to address the importance of the efforts to support both high, and lower, burdened countries as we work to eliminate tuberculosis. My organization, NTCA, has over 700 members, all working in TB programs throughout the US and the US-Affiliated Pacific Islands.

NETWORK OF TB CHAMPION	what do we have for community Tb champions in the fact that there's no stipend and also nutrition package for the affected tb clients.Awareness on TPT especially on the side effects for PLHIV due to the side effects .
NOPE - National Organization of Peer Educators	Are Developed Nations willing to support (Knowledge, Skills Transfer, Resources and Financing) the Least and Developing Countries like Kenya with use of Artificial Intelligence in Health Care especially, to detect TB scenarios among Communities for early and timely Medication? If so, how can they have a Multi-Sectoral Approach and Partnership of the same (Governments, NGOs, CSOs, and Private Sector) without duplicity?
Occupational Knowledge International	Statement on the need to focus on occupational risk factors including silica dust exposure and risks to heath workers
Open Source Pharma Foundation	There needs to be a global fund for tuberculosis medicine and vaccine R&D. There also needs to be a global open platform for TB medicine and vaccine R&D.
Organización Panameña Antituberculosa - OPAT	Amador Goodridge,PhD Organización Panameña Antituberculosa-OPAT Instituto de Investigaciones Científicas y Servicios de Alta Tecnología-INDICASAT Republica de PANAMÁ Distinguidos delegados, Hoy me gustaría resaltar la importancia de la investigación, desarrollo y la innovación para el control de la tuberculosis. Todos coincidimos que la investigación beneficia poblaciones pobres pues ataca a la inequidad en los más vulnerables, mediante avances tales como: • Desarrollo de pruebas moleculares y de biomarcadores que permiten la rápida detección de casos y de resistencia a medicamentos. • Nuevos regímenes terapéuticos, con ciclos más cortos y que permiten una mejor adherencia, con altas tasas de curación para salvar vidas. • Secuenciación de genes que han permitido comprender mejor la bacteria de la tuberculosis y el desarrollo nuevos medicamentos. Sin embargo, el alto costo de estas herramientas impide su acceso universal en nuestros países. Esto dificulta el control de la tuberculosis. Solo en América Latina, cada día más de 845 personas son diagnosticadas y otras 85 mueren. Por ende, la tuberculosis afecta la productividad del sector público y privado de nuestros pueblos. La vacunación es una de las intervenciones de Salud Pública más eficaz en la prevención de enfermedades. A través de la investigación y la innovación, se han desarrollado nuevas plataformas tecnológicas de vacunas. Por lo tanto, instamos a los tomadores de decisiones a priorizar la asignación de recursos para finalizar los estudios de eficacia y seguridad; acelerar su aprobación y disponibilidad universal. Con ello lograremos que estas vacunas sean asequibles para nuestros pueblos. Tal misión requiere una colaboración multisectorial entre proveedores de salud, científicos, parlamentarios, sector privado, sociedades civiles y pacientes. Confiamos que,

	con la inversión continua en la investigación y la innovación, podremos poner fin a la tuberculosis. Gracias.
PEOPLES ACTION FOR SOCIAL SERVICE	Address the Tuberculosis issue in multi stakeholders approach to issue and recommmend for best practice (community effected HIV/AIDS,TB)
Plan International Senegal	Quelles stratégies pertinentes ont permis a des pays africains de combler le gap d'un tiers dans la notification des cas de Tb nouveaux et rechutes
Population service international Ethiopia	What has been done so far to address persistent challenges and gaps in tuberculosis research and development, including the development of safe and effective vaccines, diagnostics, medicines and essential health technologies, and their components, as well as equipment, in order to mount an effective tuberculosis response and management?
PopVax	If tuberculosis is to be eliminated, we at PopVax believe that it can only happen via funding stakeholders in countries where the burden of the disease is the highest to carry out core research and development into new vaccines and therapeutics – rich and unaffected countries will never feel the same urgency to end this crisis, and even if they do make technical breakthroughs that could help fight the pathogen, the big pharma companies they are beholden to will ensure that these advances do not benefit those who need them the most. Cutting-edge translational science can and should be done in the rising world, and those organisations with the resources to back these efforts must rid themselves of perception that we outside the West lack the talent, the infrastructure, the rigour to do it – only by eliminating this ugly prejudice can we end the vicious cycle of resource deprivation serving as a convenient excuse for further resource deprivation. The end of the scourge of tuberculosis will not begin in Boston, Geneva, New York, or Paris, but rather in Hyderabad and Cape Town and Rio and Bangkok.
Program for Appropriate Technology in Health (PATH)	Statement for the Multistakeholder Hearing in Preparation of the General Assembly High Level Meeting on Tuberculosis Submitted by: Heather Ignatius, Chief of External Affairs On behalf of PATH, a global nonprofit working to advance health equity, thank you for the ability to provide input. PATH wishes to raise three key points for the High-Level Meeting on tuberculosis. First, TB must be integrated with other services as part of a gender-sensitive, person-centered primary health care approach. This includes integrating outpatient departments and nutrition, HIV, and maternal and child health clinics. Integration will not only improve efficiency but is crucial to advancing equity.

	Second, critical to the fight against tuberculosis is rapid, equitable access to new and existing innovations including new drugs and shorter regimens, diagnostic tools, case finding strategies, and digital adherence technologies. Importantly, communities need to be informed, engaged, and resourced to play a key role in advocating for rapid innovation uptake. Further investment in innovations including a TB vaccine, pediatric formulations, and support tools for post-TB rehabilitation—especially for people with drug resistant-TB—is critical to reach the End TB goals. Finally, a multi-sectoral approach will further move the world towards eliminating TB because to fight TB we must tackle its social determinants: tobacco smoke, air pollution, overcrowding, malnutrition, human rights, and poor access to health care. In urban areas, in particular, a multi-sectoral approach addressing overcrowding, occupational transmission, and high HIV prevalence could be highly impactful. Involving the private sector in diagnosis and treatment will also expand coverage. TB programs are an investment, not simply an expense. Every dollar invested in TB control yields $46 in benefits. The business case is clear. We call on the participants in this HLM to create the enabling environment to ensure these investments are made and set TB back on track towards elimination goals.
PUMUANI Community Based Organization	What innovative solutions can be implemented to improve the diagnosis and treatment of drug-resistant tuberculosis, particularly in low-income and high-burden countries where resources are limited and access to healthcare is challenging?
PYI GYI KHIN Non-Governmental Organization	I encourage all stakeholders to participate actively in this hearing, share your knowledge and expertise, and engage in constructive dialogue in order to develop actionable recommendations. Let us work together to ensure that everyone in Myanmar has access to high-quality Tuberculosis prevention, diagnosis, and treatment services, and to create a future free of this deadly disease.
PyiGyiKhin	Community engagement and community empowerment in TB response, Transparency of funding opportunities with the global support to local actors, all stakeholder's involvement with TB services to reach underserved population in conflict affected area towards END TB.in Burma.
QIAGEN	Dear Honorable Heads of State, Ministers of Health, TB affected individuals, private sector colleagues and other members of the global TB community: On behalf of the 6,000 plus members of QIAGEN, a global provider of Sample to Insight solutions, we are honored to address this distinguished body and reaffirm our unwavering commitment to achieving TB elimination. For nearly two decades QIAGEN has been committed to the elimination of TB by focusing on the early detection and prevention of infection – cutting off the source of TB disease before transmission can occur. Together with stakeholders from public health institutions, national TB programmes,

	and community-based organizations, we are focused on chipping away at the largest part of the iceberg that lies below the surface, the estimated 1.8 billion people infected with M.tb whom, without addressing this neglected group, we will never succeed at reaching full elimination. We lament that progress in this area remains woefully inadequate: of the four targets tackling TB preventive treatment established at the 2018 UN High Level Meeting on TB, we have succeeded only in one area: finding and treating 10.3 million people living with HIV. Yet testing and treatment among household contacts, pediatrics and people of all ages are less than 50% of the 2018 targets with household contacts greater than 5 years of age at only 3% of target – less than 1 million of the 20 million we needed to reach by 2022. We know that an unprecedented global pandemic threw these efforts into disarray. Nevertheless, we believe that the COVID-19 crisis should not be seen as an excuse to explain away failures, but as an opportunity to re-double our efforts, re-commit to even more funding, more testing and more treatment than ever before. The COVID-19 pandemic proved beyond a doubt that the global community could mobilize financial resources, harness innovation, and deploy essential healthcare services rapidly. Testing became a nearly routine habit for a majority of the global population. This presents us with a tremendous advantage: if we can normalize routine screening for COVID-19, let us do the same for TB. Let's make "a return to normal" a normality that includes a world free from TB. This means committing the same level of prioritization that we afforded COVID-19 to universal access to TB testing and treatment for all ages, all risk groups, all contacts. We are fully aware that such a proposal is bold, some may say unrealistic. But the data from the last UN High Level Meeting on TB shows that business as usual is no longer an option. If we do not become bold, if we do not challenge established norms and break down established thinking that only relies on what we think can be done, we will never be able to achieve was must be done. Distinguished members, thank you once again for the opportunity to share our views. We look forward to continue working with all those present over the months and years ahead to finally make TB a distant memory.
Qure	Draft Statement 8 May UN Multi-Stakeholder Hearing on TB, New York, United States Your excellencies, distinguished guests, and members of civil society – on behalf of the Stop TB Private Sector Constituency, or PSC, thank you for the opportunity to participate in this multi-stakeholder hearing. My name is Dr. Shibu Vijayan. As a childhood TB survivor and now a Medical Director at Qure.AI based in India, my journey has taken me from the depths of illness to the forefront of innovation in the fight against TB. My experience motivates my work, including my participation in the Stop TB PSC, which is committed to the global goal of ending TB. Our member

	companies invest and innovate in all aspects of TB care to advance the drugs, vaccines, diagnostics, processes, and systems needed to end TB. Innovations like these can fundamentally transform TB care - from new tools to find, prevent, and treat TB; to improved quality and availability of patient data; to enhanced treatment adherence. But we know that today's tools are not enough to end TB, especially given the setbacks we've seen following the COVID-19 pandemic. Investment in innovation is needed to continue to develop quality-assured diagnostics; shorter, safer, and simpler treatment regimens; and effective TB vaccines. To ensure broad access to innovation, we also need to continue building resilient health systems that serve TB patients well, developing strong TB research and development agendas, and putting patients and communities at the center of all that we do. We thank the Stop TB Partnership for its leadership in publishing the Global Plan, around which we can center a renewed commitment to end TB. The road ahead will be challenging and will require unprecedented levels of political commitment and multisectoral collaboration, with patients and communities at the center. This means continuing to accelerate the adoption and scale-up of innovations in high-burden countries, maintain commitments at the national level, and strengthen public and private collaborations. We call for a strong political declaration that sets forth an ambitious and pragmatic path forward to ending TB. As the Stop TB PSC, we look forward to collaborating with you on the work that lies ahead. Thank you.
Rajmala Welfare Society	Factors like lack of awareness and resources, poor infrastructure, increasing drug resistant cases (MDR TB and XDR TB), poor notification and overall negligence are the major challenges in the world of TB .. how can one really control this ?
Reach	I am working closely with the TB Survivors in India, a TB High Burden Country on Community Engagement. As part of Board member representing the STOP TB Board I would like to bring in voices from the Civil Society Organisations to the Multi-stakeholder Hearings.
REDE-TB - Brazilian TB Research Network	This statement results from Civil Society recent consultations in the Americas with support by PAHO: 1. Despite Americas growing inequalities and poverty, the Re-gion is lacking support from international cooperation agencies. We demand prioritization within the framework of human rights, gender perspective and cultural relevance, with special at-tention to the most vulnerable populations! 2. Without universal health access and comprehensive social protection measures, and urgent uptake of multisectoral ap-proaches, the threat we do not reach the End TB targets is very real. 3. Although progress was observed within some countries, CS is still perceived with reserves and suspicion, which limits the ability of communities to participate meaningfully in the TB policies and services. We demand countries to comply with commitments to open dialogue

	and collaboration with CS in the benefit of all and good use of public funds! 4. CS in our region continues to be underfunded and undervalued. We demand access to consistent funding mechanisms to strengthen civil society organizations and support their repre-sentatives who act as community health agents, technicians and community specialists. 5. TB R&D lacks participation of the community from concep-tion to implementation. We demand governments to rapidly update their guidelines and implement international rec-ommendations for TB prevention and care and remove ad-ministrative barriers to imports, and intellectual property to en-sure access to new technologies. 6. We urge the U.N. to name a special rapporteur for the elimina-tion of discrimination against persons affected by TB. FULL STATEMENT: The following statement is a result of several consultation with Civil Society (CS), affected communities and parliamentarians from the Americas throughout January to May 2023. These consultations, which were supported by PAHO, have highlighted: 1. The Americas is the most unequal region in the world, dramatically affected by the Covid-19 pandemic. The Region has stopped receiving support from international cooperation justified by the argument that it only accounts for 3% of the global TB burden. Despite the considerable progress observed in some countries of the region, there is still a lack of political will to include community participation in the processes of building public policies and specific services to strengthen them as key actors in the response to TB. Governments and other entities still view CS with reservations and suspicion. This perception limits the ability of communities to participate meaningfully in the TB response, including monitoring and evaluation by community-based organizations. 2. For this reason, CS in our region continues to be underfunded and undervalued. Civil Society Organizations (CSO) express their demand for access to consistent financing mechanisms to strengthen the communities in order to guarantee relevant participation in the definition of health policies and in the provision of health services. In addition, CSO require a guarantee of direct support from SC representatives who act as community health agents, technicians, and community specialists. 3. TB still needs to be prioritized in the health agendas of our countries within the framework of Human Rights, with a gender perspective and cultural relevance, with special attention to the populations most socially vulnerable to the disease, such as: indigenous communities, migrants, prisoners, people with HIV, diabetes, leprosy, contacts of people with or deceased from TB, children, women, health professionals, sex workers, LGTBIQ+ population, street dwellers, tobacco, drug and alcohol users and other groups. 4. Affected communities and CS demand recognition and endorsement of their effective participation as protagonists in national TB planning, implementation and monitoring. This framework of active participation and multi-sectoral responsibility benefits society, governments,

	transparency and the good use of public resources. 5. We CS demand that the governments of the Americas region rapidly update their guidelines and implement international recommendations for TB care and remove administrative barriers to imports and intellectual property to ensure access to diagnostic tests, drugs, supplies and vaccines for all people and constantly invest in research, knowledge management and development and implementation of new technologies, with the participation of the community from conception to implementation, as a key strategy to achieve the objectives of the End of TB in the coming years. 6. TB is a disease fueled by poverty and inequity. Social disparities are growing in the Americas, generating stigma and discrimination for those most affected, and jeopardizing progress in the fight against TB. Without universal health coverage & access, and comprehensive social protection measures we will continuie with unjustifiable deaths and suffering from TB. The threat we do not reach the End TB targets is very real. 7. We urge our governments and international cooperation agencies to prioritize the Region of the Americas. With political will, significant investment and community participation, the Americas could be the first region in the world to put an end to TB. 8. Finally, we urge the United Nations to name a special rapporteur for the elimination of discrimination against persons affected by TB and other syndemics to monitor the accomplishment of the UN High Level Meeting TB Declaration, and the strategic points delivered here.
Research Center Borstel	Dear honorable Ladies and Gentlemen, with seventeen novel compounds in clinical development, we are currently experiencing a wealth of possibilities to improve the management and treatment outcomes for patients with multidrug-resistant/rifampicin-resistant tuberculosis. With the support of academia and industry novel compounds and regimens are now being evaluated in large clinical trials platforms such as the UNITE4TB and Pan-TB projects. However, there is a substantial shortage in drug susceptibility testing capacity for novel medicines with the risk of programmatic selection of drug-resistant strains of Mycobacterium tuberculosis when standard treatment regimens are administered to all. Rapid scale-up of M. tuberculosis drug susceptibility testing is now urgently needed as well as knowledge about drug resistance conferring mutations before novel medicines are marketed, so that this information can be included in latest generations of genotypic tests to predict drug resistance and to provide effective, tailor-made treatment regimens for every patient. Lange C, et al. Regimens for Drug-Resistant Tuberculosis. N Engl J Med. 2023 Jan 12;388(2):190. doi: 10.1056/NEJMc2213970. PMID: 36630637
Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association	Japan suffered extremely heavy TB burden in 1940-50's as was shown by the notification rate of approximately 700 per 100,000 population in 1951. In those days, Japan was poor as we were recovering from the ravages of the World War II, however, the government invested as much

	amount of funding as possible to strengthen TB control by expanding target of chest X-ray screening, (secured high BCG coverage), increase of public fund subsidy to TB medical care, strengthening patient's care and support etc. By implementing these strategies, Japan achieved an average annual reduction in incidence of 10%over 13 years between 1965 and 1978. The reduction rate is equivalent to the target of current End TB strategy between 2015 and 2025. It is noted that tuberculosis medical costs as a percentage of total medical costs declined by about one-tenth (from 18% to 1.7%) during the two decades from 1960 to 1980. I would like to reiterate that ample and sustained investment as well as proper implementation of the TB control program provide huge financial benefit and contribute to welfare of the people. The more funding is invested, the earlier the time come to end unnecessary funding for TB control.
Results Educational Fund, Inc.	This statement is submitted on behalf of the ACTION Global Health Advocacy Partnership, a partnership of locally rooted organizations across five continents that advocate to influence policy and mobilize resources to fight diseases of poverty and achieve equitable access to health for all. TB is the world's oldest infectious disease and a driver of poverty globally. We call on Member States and leaders around the globe to recommit to ending TB through increased financing and national and global action plans that promote accountability and are informed and driven by civil society and affected communities. We call on Member States to include the following commitments in the final declaration: 1. Ensure universal access to quality and affordable TB prevention, diagnosis, treatment, and care. 2. Ensure that the commitments made in the Political Declaration of the High-Level Meeting are translated into national action plans with appropriate funding and ensure that national TB responses are equitable, inclusive, gender-sensitive, rights-based, and people-centered. 3. Accelerate the research, development, roll-out, and access to new TB vaccines, diagnostics, and other essential new tools, including digital technologies geared to the needs of the most neglected, key, and vulnerable populations. 4. Commit to mobilizing the funds necessary to end TB, including through sustainable financing from domestic and external sources with the aim of reaching US$22 billion per year by 2026 and US$35 billion annually by 2023 at the global level. Ensure funding for full access and coverage of services for key and vulnerable populations and provide sound integration of these responses within national and community health systems.

	5. Ensure decisive and accountable global, regional, and national leadership, including through ensuring that TB-affected communities and civil society are included in national governance mechanisms for TB, including Country Coordinating Mechanisms where appropriate. In addition to an ambitious, measurable political declaration, we call on each member state and relevant global institutions to bring their own bold new commitments and plans to the High Level Meeting. These commitments should offer new donor and domestic funding, new strategies to achieve universal access at a national or local level, new commitments on research & development, or other specific, aligned contributions to the global targets. Leaders must commit to ending TB globally by 2030 by advancing clear plans to invest in TB R&D and prevention and care, removing barriers to access to diagnostics and treatments, and working with civil society and affected communities to develop and implement national, regional, and global plans.
Results Educational Fund, Inc.	With nearly 40% of people sick with TB left behind by their health systems, how can we scale up equitable access to quality prevention, testing, treatment, and care for all people sick with TB -- and ensure that the financing is available to support access for a community-led response?
Roche Diagnostics	Roche recognizes the commitment by the UN General Assembly to elevate Tuberculosis (TB) prevention, screening and treatment. Among the essential components of any health system is the ability to accurately diagnose illness to provide the correct treatment. When a diagnosis is accurate and timely, a patient has the best opportunity for a positive health outcome. The WHO recently endorsed high throughput diagnostics as an underutilized option that offers a much needed path towards integrated testing in high disease burden settings. The same conclusion was drawn in an analysis of the COVID pandemic testing response across 16 African countries where high throughput machines, that were put in place for HIV, fast-tracked COVID testing. (Romano et al Emerg Infect Dis. 2022; 28.) The TB diagnostic gap must be closed and that can happen with a combination of all diagnostic options. This includes high volume testing to cost-effectively meet the needs of the population in urban and peri-urban areas coupled with near-patient testing to meet the needs of patients in rural areas . We must be ambitious and we must leverage all available resources, including existing high volume molecular labs and trained staff. The optimization of referral networks can ensure the fast turnaround needed for the patient. Roche is a private sector partner worker to improve TB outcomes. We underscore diagnostics as

	an important factor in better serving TB patients, easing the burden on health care providers and better utilizing existing health infrastructure going forward.
Rural Health Advocacy Project Division of WITS Health Consortium	everyone has the right to access healthcare, south africa aggregate performance on essential health services (rmch, infectious diseases, NCD) has mostly been moving in the right direction at a national level but shows significant variation across the provinces and districts. rural districts mostly perform below the national average. We have less than a decade to achieve the 2030 UHC goals. The impact of the pandemic on routine health services (PHC) is yet to assess but the evidence is emerging that we have lost ground in several areas. This human rights day as we others we commemorate the heroes of our struggle and we must. However, as a sector we need to give content to these hard-won rights in the constitution. as a sector we are duty-bound to refocus our struggle from the disease silo's necessary to move the response from emergency to resilience which put differently should translate to prioritising the strengthening and responsiveness of primary health care. Primary health care is the key to address the TB emergency , Primary Health Care is the key to moving the second 95 from 70% to 95 by 2030 . Primary Health Care is the key to addressing the growing NCD crisis . Primary Health Care is the key to improving access to sexual and reproductive health care services , improved ante natal care included the reduction of maternal mortality primary health care is key to improving under health , primary health care is the key to future pandemic preparedness.
SAF-Teso	My country Uganda has failed to control the drug misuse and abuse among the teenage children, adolescent youth and adults ,the drugs, alcohol and substance and substance abuse, misuse is contributing to high burden of TB MDR cases and many have died in communities unnoticed.The cost of TB treatment is also very expensive for an ordinary poor village person.What funding schemes are available for CSOs like SAF-TESO operating in the rural neglected and marginalized communities! Please any available funding assistance for SAF-TESO!
SANAC Civil Society Forum	Countries like South Africa that have not achieved eradication of TB do so because of lack of political will to do what it right in the interest of the people especially the poor
Sankalp Rehabilitation Trust	Being a person with 40 years experience of street based drug users, we have seen a number of cases of our marginalised population being affected by TB. I have been associated with advocacy for shorter regimen TPT through our project with TAG New York. I have specifically taken interest to set up a group of active TB related NGOs that forms the Mumbai TB Collective. It is therefore important for me to attend and share our concerns.
Social Science & Health Innovations for Tuberculosis (SSHIFTB)	In order for emerging biomedical and digital advancements in TB to be utilized, reach people, and have impact, a complementary social science approach is needed. Social science research

	responds to the social determinants of TB, unveils the structural barriers in TB care, is by nature equity oriented, is often qualitative - enabling inclusive, participatory and community engaged practices, and can serve as a bridge to mobilize acceptability and utilization of new and existing tools and technologies. Yet, it remains poorly funded. At SSHIFTB, our sub-analysis of the latest TB funding trends shows that social science research is ignored within donor agendas. We ask that the 2023 UNHLM on TB include a commitment to social social science and/or qualitative research to complement the biomedical and digital R&D agenda.
Socios En Salud Sucursal Perú	Considering the need to address tuberculosis from the social determinants. How to face the challenges of supporting the fulfillment of the goals of the end of TB strategy in the involvement of civil society of TB and the social protection of people affected by tuberculosis?
Southern Africa Miners Association (SAMA)	How can innovation like CAD be cover beyond TB to include occupational lung diseases especially to miners exposed to silica dust, coal dust and other impurities in the mine?
SPARSHA Nepal	According to NTCC, the TB-HIV co-infection rate (the prevalence of HIV infection among TB patients) in Nepal is 2.4%. TB is still regarded as a common opportunistic infection that is fatal for people living with HIV with almost 12% prevalence among HIV patients. In Nepal, if collaborative TB/HIV activities are accelerated, the burden of TB and HIV in a population affected by both diseases can be decreased, and joint effort will help to achieve SDG's goal of TB and HIV can be achieved.
Stevenson Holistic Care Foundation	Health Insurance and Healthcare Financing is a tool towards attainment of Universal Healthcare Coverage, in my Country for instance where it has been made compulsory for all citizens, the level of coverage is still below 30% of the Nigerian Population. Many persons are yet to enroll due to lack of financial ability and ignorance. USAID via Integrated Health Project financed Informal Sector enrollment of Social Community Health Insurance in Abuja but its like a drop of water intoan ocean, I will like to appeal to donor agencies to look into this aspect and intervene towards Universal Healthcare Coverage
STOP TB PARTNERSHIP	National Accountability 1. Agree to translate the 2023 UNHLM global targets and commitments into national-level targets and adopt them within national frameworks and legislation, and further support the achievement of these targets and commitments by integrating them within ambitious National TB Strategic Plans, implementation and financing plans, and monitoring and evaluation frameworks. 2. Agree to provide country annual reports to the UN General Assembly on progress towards the Political Declaration and use that report as the basis for an annual review of progress on TB in parliaments. Community- and TB survivor-led reports produced in 2025 and 2027 will form part of the basis to measure achievements against commitments made in the

	Political Declaration. 3. TB-affected communities and civil society, supported by national networks, are included in national governance mechanisms for TB, TB/HIV and PPR, including Country Coordinating Mechanisms where appropriate. 4. Adapt and operationalize community-led monitoring that includes quality, access and stigma indicators, and contributes realtime inputs against national targets. 5. Building on the WHO Multisectoral Accountability Framework for TB (MAF-TB), commit to implementing the National Multisectoral Accountability Frameworks. 6. Implement a national annual high-level review on the progress to end TB (under the leadership of the Head of State or Head of Government). 7. Develop costed and budgeted multisectoral national action plans toward ending TB, and an annual multisectoral progress report
Stop TB Canada / Northern Inter-Tribal Health Authority	To speak/share insight and experience on TB in Indigenous populations in Canada. Myself a Cree woman from Treaty 5 territory in Northern Manitoba has lived experience as a TB patient, and a TB care provider in Indigenous regions with the highest burden of disease in Canada
Stop TB Partnership	Ladies and gentlemen, esteemed delegates, Thank you for the opportunity to speak before you today. The time has come for us to revolutionize our approach to ending tuberculosis. We must be bold, daring, and relentless in our pursuit of innovative implementation and massive collaboration across sectors. First, let us fearlessly embrace innovative implementation. Our medical approach to TB must undergo a radical transformation by prioritizing four critical areas: diagnostics, treatment, prevention through vaccination, and TB Preventive Treatment. Lessons learned from COVID-19, we can curb the pandemic through multi-sectoral collaboration and equity. It works! Let's do it for TB. The involvement of non-medical actors, such as governments, non-governmental organizations, and communities is an paramount importance. We must be commited in our efforts to mainstream their participation, action, and empowering them to actively discuss and engage with TB issues. These diverse stakeholders are crucial in amplifying our collective efforts, raising awareness, and driving transformative change across all levels of society. Let's be inclusive! Esteemed delegates, I urge each and every one of you to think and act differently in our fights against TB. It has been too long for us, talking about TB among ourselves, and left other behind. It's time for us to talk with those who don't know TB, so that we can in the end TB together. YES WE CAN END TB! Erlina Burhan, MD, PhD Indonesia
STOP TB PARTNERSHIP GHANA	ur response to the outbreak of Covid-19 around the world proved our ability to effectively rescue Persons Living with TB. What can the UN do to support the global TB response in this regard?
STOP TB PARTNERSHIP GHANA	National Accountability 1. Agree to translate the 2023 UNHLM global targets and commitments into national-level targets and adopt them within national frameworks and legislation, and further support the achievement of these targets and commitments by integrating them within

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Stop TB Partnership Indonesia	Prioritize financing and capacity building of human resources in the TB program. Governments, donors, and other decision-makers should finance capacity building of TB service providers, including community and civil society service providers. Resources should be allocated to ensure safety of health workers in public and private healthcare facilities, as well as community healthcare workers and volunteers.
Stop TB Private Sector Constituency	The private sector has been committed to end TB for the long haul. Many private sector organizations are working to develop critical innovations needed to advance the drugs, vaccines, diagnostics, processes, and systems needed to end TB. Continued investments in innovation have the potential to fundamentally transform TB care - from strengthening the quality and availability of patient data across systems, to optimizing case detection and resource allocation, to enhancing treatment adherence. And yet, sadly, many of these innovations won't be able to get into the hands of providers and patients fast enough. For this to happen we need to build resilient health systems that serve TB patients well, develop strong TB research and development agendas, and further enhance the capacity of health systems to accelerate dissemination of these innovations. No significant advance in TB can be accomplished by one sector alone; multisectoral partnerships are critical for the success of all of this work. Partnerships have helped us make progress in the fight to end TB, bringing innovation to patients and communities who remain front and center in this work. The Global Plan to End TB is a great starting point around which centering a renewed commitment to end TB. And we want to thank the Stop TB Partnership for its leadership on guiding our community towards the end goal. The road ahead will be challenging and will require unprecedented levels of political commitment and multisectoral cooperation. We are looking forward to a strong political declaration that sets forth an ambitious yet pragmatic path forward that lead us to end this disease.
Stop TB Private Sector Constituency	The private sector has been committed to end TB for the long haul. Many private sector organizations are working to develop critical innovations needed to advance the drugs, vaccines,

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Stopaids	Our statement will address the questions raised in Panel 2 (Mobilizing adequate and sustainable financing to ramp up the TB response, and advance research and innovation). In considering efforts to improve access to WHO-recommended diagnosis and treatments, our statement will consider both short-term and long term reforms needed within the Research & Development system and intellectual property protection. Drawing on recent STOPAIDS research and the latest data on TB drug access, we will highlight the continued need for TRIPS Flexibilities and needed support for innovative open-innovation R&D partnerships, including the WHO mRNA Vaccine Technology Hub which is currently working on a TB vaccine. Our statement will also address the question on mechanisms to step up and mobilize adequate and sustainable financing to ramp up the TB response, and advance research and innovation. Here we will look to highlight the role of key global health initiatives, (including Unitaid and Global Fund) in the TB response and mechanisms which Governments and private-sector can use to ensure sustainable financing (including supporting the target for donor countries to spent 0.7% of GNI on Official Development Assistance, and innovative finance mechanism).
Stopaids	In line with panel 1, our statement will cover how the integration of health service delivery can also strengthen health systems by improving coordination between different health programs and services, leading to better access to care and management of the burden of TB. We will

	demonstrate how person-centred community-led initiatives and integration can increase the efficiency of TB responses by reducing duplication of efforts and improving resource allocation. Thus, prioritising community-led initiatives and integration is crucial to ensure that resources are used effectively to support the delivery of essential services. Person-centred community-led initiatives can improve access to care for people with TB in hard-to-reach and marginalised communities, as well as foster greater community engagement in TB prevention and care, reduce stigma, and improve treatment outcomes. The political declaration should highlight the need to secure funding for community-led initiatives and prioritise them in UHC planning. This will ensure that all people affected by TB receive the necessary support and services.
Students And Youth Working on reproductive Health Action Team (SAYWHAT)	Scaling up youth engagement and responses to the increasing Tuberculosis impact in the communities
Support Women Families Affected by AIDS 'SUWOFA'	Reach-out program to unreached communities due to controversial issues, the need of states commitment
Swaziland Migrant Mineworkers Association	My question is on the most vulnerable groups such as mine workers who mainly suffer from various lung related infections such as pneumoconiosis, silicosis and asbestosis who are multiple times more prone to TB than the general population. My question is, are there any mitigation plans that will address the scourge of occupational related infections in the mining sector such as dust control.
TB Alert	Civil society is an under-used resource for TB care. Its value is often stated by WHO and others but then little or nothing is done to ensure availability of finance for work by CSOs. A particular case is the current push to reach the many people with TB who never get to see appropriate health services. Community action would help immensely but no funds are made available
TB Europe Coalition (TBEC)	The TBEC calls on all stakeholders - national governments, parliamentarians, representatives of civil society and communities affected by TB, associations, international partners and donors - to take urgent action to unite intersectoral and intersectoral efforts to eliminate TB. The Multisectoral Accountability Framework for Ending TB (MAF-TB) developed by WHO is essential to achieving key goals and targets for countries to end TB. And although its implementation does not actually require additional financial resources (initiation and launch of MAF-TB in countries can be carried out both on the basis of existing national platforms and on the basis of cross-cutting and intersectoral structures specially created for the introduction of MAF-TB), many countries still did not implement this mechanism. The main problem, in our opinion, is the insufficient level of

	political will in this direction, as well as communication with decision makers that needs to be strengthened, aimed at making them aware of the importance of introducing MMP-TB. We believe that to overcome this issue it is crucial to ensure high-level engagement of the UN, WHO Directors and other international organizations to formally call on decision-makers in countries to prioritize multisectoral collaborative action and accountability (initiating and launching MAF-TB) to address social determinants of TB and risk factors in the TB response through mobilizing high-level political will at the country level and leveraging domestic and external financial resources. It is important that international organizations carry out regular communication work (led by WHO, UN, etc) aimed at informing decision makers and all stakeholders in countries about the fundamental idea of MAF-TB, which unites all involved sectors under the common idea: TB is not only a medical issue. Decision makers should be aware at a high political level that people affected by TB, in addition to medical care, need psychological and social support and assistance in order to successfully diagnose, start and complete treatment on time and successfully, as well to address issues related to education, employment, movement, living conditions, food, etc. By promoting comprehensive and integrated people-centred care, MAF-TB will bring together all sectors, sectors and partners to achieve national, regional and global targets to end TB by addressing the biomedical, social and economic drivers of TB. In addition, the MAF-TB aims to ensure that the commitments made by UN Member States to eliminate TB are implemented through concrete actions that are tracked, analyzed and accountable. At the same time, the TBEC notes in countries that key stakeholders lack information on specific national indicators and indicators necessary for the full contribution of the country to the achievement of global/regional goals and commitments to eliminate TB, defined by the Political Declaration on TB in 2018. With this in mind, we consider it extremely important to ask WHO, together with partners, to develop appropriate country-specific indicators. This will allow clear goals and commitments to be defined at the national level so that all stakeholders are aware of the country's required contribution to the global indicators and can advocate for their achievement. Country indicators developed and verified by WHO will give even more weight to the political commitments made by countries and create a basis for monitoring their achievement on the one hand, and a good basis for advocacy work for civil society and communities in this direction on the other hand.
TB STAR Advisor	It is an honor to be part of the history on the 2nd UNHLM on Tuberculosis. As Tuberculosis have became a priority agenda since 2018 - when the first UNHLM is held. Indonesia is proud to be part of this effort. As the country leading the G20 in year 2022, Indonesia take a great step to discuss the Tuberculosis during the meeting and proudly present the G20 Call to Action on Financing for

	Tuberculosis which being discussed and agreed by all G20 member countries and its invited countries that TB is still need more attention and investation especially for its innovation in VTD. Therefore, it is would be an honor if the UNHLM 2023 could refer and look at the great effort and leadership of Indonesia during its G20 presidency
TBpeople Global	The 2018 UN HLM on TB resulted in the adoption of an ambitious Political Declaration. Nevertheless, its targets remain unmet. We know how TB can be ended, but we do not have the political will and therefore the resources to turn the ambitions into the reality. Ending TB can easily become a historic victory of the humanity over the millenia-old enemy - a victory that will reinstate the public trust in global health, in vaccines, in science. It will enhance our knowledge and evidence base for combating other bacterial infections and antimicrobial resistance and improving our protection from future respiratory pandemics. And of course - it will save millions of lives and billions of dollars that will otherwise be needed to keep on fighting TB the old-school way. It is not easy to end TB, but it can and must be done!
TBpeople Pakistan	New shorter regimen is under process and people with TB are anxious to get it free and the earliest. The best practices are the combination of free drugs, social enablers and counselling. How would it made sure that pharma, providers, governments are aligned with TB survivors and social enablers are assured as an incentive? How pharma and governments will be accountable following cheap pricing, accountability and inclusion of TB survivors and people with TB's active, effective and meaningful engagement?
TBpeople Philippines Organization Inc.	Lacking coverage for the disability assistance needed for tuberculosis patients, like infrastructure enhancements and reasonable accomodation.
The Global Alliance for TB Drug Development, Inc.	TB Alliance urges world leaders to unleash the power of science and the best qualities of humanity to end TB. There have been tremendous advances in TB treatment achieved in even in the past few years, including improved cures for latent infection, drug-susceptible and drug-resistant TB. Despite these advances, current funding levels are severely limiting the pace of innovation and the ability to implement these advances. A substantial boost in TB research funding alone to $5 billion per year, fueled by contributions from LMICs in addition to HICs, can bring about the vaccines, tests and treatments that will truly bring the TB endgame into focus. Without a marked increase in funding, we will not end TB. Of note, the next generation of TB tools will also be more affordable than the older tools. For example, adopting six-month DR-TB regimens will save countries a combined $740 million per year. By following through on ambitious funding and health care system targets, the oldest infectious disease pandemic (TB) can finally be eradicated.

The Ohio State University Global One Health initiative	How will the access to newer, shorter oral regimens for both drug susceptible and drug resistant tuberculosis be implemented in developing and even developed countries when we have stock out of key drugs or the costs are prohibitive. Why should alternatives be prescribed when there are shorter, less toxic regimens available? How will we ensure access to medications?
The Worldwide Hospice Palliative Care Alliance	Drug resistant tuberculosis is one of the diseases identified in the WHPCA/WHO Global Atlas of Palliative Care as needing palliative care. 2% of the 57 million adults and children needing palliative care annually are TB patients. Despite this representing in excess of a million patients very few patients dying of TB get palliative care at any stage of their illness including end of life. In addition, many patients with drug resistant tuberculosis will have NCDs adding to the potential need for palliative care both throughout the disease trajectory and at the end of life. However, there is poor awareness amongst healthcare workers of the importance of palliative care for TB patients and this knowledge gap needs to addressed. We all want to Stop TB but until then we need to do a much better job of training TB health care workers in palliative and end of life care to ensure that patients living and dying with drug resistant TB do not experience preventable serious health related suffering.
Touched by TB	What kind of Global support can be provided to India to enhance affected community involvement to End TB by 2025, five years ahead of global commitment
Treatment Action Group	Tuberculosis Multistakeholder Hearing — TAG Statement Monday, May 8th 2023 This statement is delivered by Mike Frick on behalf of Treatment Action Group (TAG). 1. We are an independent, activist, and community-based research and policy think tank based in New York, in consultative status with ECOSOC, and committed to accelerating the vital research and innovation required to end the TB epidemic. 2. The theme of this year's High-Level Meeting on TB spotlights the importance of "advancing science, finance and innovation, and the equitable distribution of their benefits, to end TB." 3. This theme speaks directly to the need of the hour: intensified research and financing to

	develop and distribute new and improved technologies for preventing, diagnosing, and treating TB. The theme also mirrors the International Covenant on Economic, Social and Cultural Rights establishing the human right of everyone to enjoy the benefits of scientific progress and its applications (i.e., the right to science). 4. As member states prepare to negotiate the political declaration on TB, Treatment Action Group urges member states to explicitly recognize the right to science as a guiding framework for action to end TB. 5. Upholding the right of people with TB to benefit from scientific progress will require states to commit to support TB research in three ways: 6. First, states must advance TB science by increasing investments in TB research and development and creating research enabling environments. The Stop TB Partnership has called for states to commit to mobilize $5 billion a year for TB research, including $1.25 billion per year for TB vaccines. 7. There will be no end to the TB epidemic without developing new TB vaccines. TB vaccine science is at a place of unprecedented promise with five candidate vaccines ready for late-stage clinical trials. Substantially increased investments are required to ensure these critical studies move forward at a pace that can deliver a new TB vaccine ahead of the 2030 SDG deadline. This will require that each member state contributes its fair share to TB R&D and approaches TB research as a shared responsibility. 8. Second, governments should direct research investments in a purposive fashion to fill unmet innovations needs of groups most vulnerable to TB, including children, pregnant people, people living with HIV, and other populations who are requently excluded from studies. Governments must commit to ensuring TB research is needs-driven, evidence-based, conducted openly and collaboratively, and guided by the principles of affordability, effectiveness, efficiency, and equity. 9. Third, information collected by Treatment Action Group shows that nearly 70% of funding for TB research comes from the public sector. It is therefore essential that governments require access conditionalities for publicly funded research and greater transparency of research inputs

	and results. These conditionalities are about maximizing public return on the public investments that drive TB research. 10. Access conditionalities and transparency requirements should span the R&D continuum. ●Scientists require access to the means, methods and materials of scientific discovery. ●Communities affected by TB have a right to participate in research as more than just clinical trial participants and have a right to access affordable, evidence-based technologies. ●Governments and donors also require access to data on pricing, intellectual property, manufacturing and research costs to make informed decisions in the manufacturing, purchasing, and procurement of health technologies. 11. These access conditionalities should ensure that incentives for innovation are independent from rights to market exclusivity and that investments in research and development are delinked from the final prices and volumes of sale of health products so that the benefits of scientific progress against TB can be enjoyed by all, while also promoting appropriate use. 12. In closing, Treatment Action Group urges the co-facilitators and member states to make TB research – its financing, transparency, and the equitable access and distribution of its benefits – a central focus of the political declaration.
Uganda Network on Law, Ethics and HIV/AIDS (UGANET)	There is need to prioritize funding for TB related programs ie research, advocacy and treatment literacy
Uganda Stop TB Partnership	Tuberculosis is an ancient disease that causes a lot of ill health and death of many people. During the upcoming UN high level meeting on TB, we wish to see commitment of World leaders towards a new TB vaccine and pledging of funds and resources for Ending TB by 2030
UK Academics and Professionals to end TB	Access to TB medicines, specifically fixed dose combinations, rifapentine and protomenid, in the UK as well as much of the WHO Europe region, is either insecure or non-existent. This increases the risk of treatment interruption and denies people with TB access to the new shorter and all-oral regimens. How can we strengthen the mechanisms that hold governments and drug companies to account for equitable and sustained access to all TB medicines?
UNITE Parliamentarians Network for Global Health	It is quite incredible to see that the second leading infectious killer after COVID-19 which is Tuberculosis even above HIV and AIDS, continues to need us to be here today and to be here in September, but we must. We know that Universal Health Coverage and Primary Healthcare will play a very important role. We need to address the issue that we are pushing for a health system

	model that is broken, that is pushing for more disease as we've seen around the world. Heath systems are leading to more disease, to the rise of burden of disease and to the rise of costs, and we need to change that using digital tools and making sure that we are working with NGOs, with patient advocates, to make sure that everyone is included, that no one is left behind, particularly those living in most vulnerable situations, which is the case with Tuberculosis. Innovation is critical. COVID19 brought tremendous innovation, but as was mentioned here today, TB continues to be burdened with a century old vaccine and we have no doubt that that speaks a lot about the human nature of what we are discussing here today. If TB had hit mostly the richer countries of the world, we would probably have a modern vaccine working today. So, we must make sure that we address this issue, because if we do not, the richer countries and the poorer countries will all be hit the same. As we've seen, more than 10 million people falling ill each year to Tuberculosis. When we look at the draft zero of the pandemic accord, TB is not mentioned once. The final version must include Tuberculosis. And to end, Madam Chair, in every crisis, every time we lower our guard, Tuberculosis always comes back with a vengeance. And I was this in firsthand, as a medical volunteer in Ukraine last summer. If we do not take action, we will never end TB as a Global Health threat. It is now in our hands, it's time to get the job done. It's time to UNITE, thank you very much.
UNITE parliamentarians network for global health	Hello, everyone. My name is Neema Lugangira. I'm a member of Parliament from Tanzania and I just want to reaffirm the commitment and political will from Tanzania by Her Excellency our President, Dr. Samia Suluhu Hassan and the commitment of Tanzania towards championing the end of tuberculosis as well as UHC and pandemic preparedness. Currently, Tanzania is working on an initiative to make sure that the testing of new cases, diagnosis should be done at community level rather than waiting until one goes to the hospital. So, I think it's very important in the declarations to also recognize such community interventions rather than waiting for diagnosis to take place at hospitals. But also, secondly, very quickly, it's very important for vaccine development, like in other countries in Tanzania, most of us get the TB vaccine at infant age, but there are still new cases of tuberculosis. That means there needs to be there needs to be vaccine development for tuberculosis. As a parliamentarian, I must also reaffirm that it is important that it clearly resonates how the TB interventions will include parliamentary engagement, because we are talking about issues of financing, issues of accountability, issues of public awareness, and in all of these issues, parliamentarians have a clear and direct mandate. So, it would be very important also make sure that we clearly map out the engagement of parliamentarians, but also CSOs and parliamentarians can work together and CSOs can be an avenue for us as parliamentarians to get

	evidence based for our own advocacy and decision making. Finally, we must not forget the importance of looking at community health centres and cross-border regions. Thank you.
United for Global Mental Health	Without addressing mental health, there will be no end to TB. It is estimated that as many as 14 million TB infections, a greater number than the total number of global infections in any given year, can be avoided by investing in mental health services as part of TB programs. The 2023 UN high-level Meeting on the fight against tuberculosis is an opportunity to mobilise political commitment to integrate mental health into TB programmes within the context of universal health coverage. When we talk about integrating mental health into TB programmes, we mean: making mental health care and psycho-social support just as important as physical health care for people with TB including mental health in all integrated people-centred services across the continuum of care for TB, including prevention, diagnosis, treatment and care; and ensuring coordination mechanisms are in place for collaboration and accountability across health programmes. Key asks To meaningfully integrate mental health into TB programme, the global mental health community is calling on national governments and political leaders to: Strengthen platforms for collaborative action on TB and mental health that are functional at the national, regional, district and facility levels. This includes TB and mental health experts jointly developing policies, guidelines, operational plans and budgets, as well as establishing mechanisms to ensure the provision of integrated services for TB and mental health. As part of their collaborative efforts, governments must also meaningfully engage people with lived experience, their caregivers and civil society organisations. Commit adequate domestic financing to ensure that mental health services are accessible to those receiving TB prevention, testing, treatment and care, and offer financial protection so they can avoid financial hardship. Strengthen links between national TB programmes and existing mental health services to support the delivery of stepped care across the continuum of TB services. The scale-up of low-intensity, community-based interventions for the delivery of mental health services will improve equitable access. Integrate mental health into routine health information systems to better understand the prevalence of mental health conditions, as well as their association with TB outcomes. Research activities need to be monitored, evaluated and expanded so that leaders making investment decisions understand the importance and positive effect of mental health integration into TB programmes and prioritise it accordingly. These are the steps governments need to take to fully integrate mental health into TB programmes, which is essential to maximise progress toward global targets to end the TB epidemic.

United for Global Mental Health	Without addressing mental health, there will be no end to TB. The 2023 UN high-level Meeting on the fight against tuberculosis is an opportunity to mobilise political commitment to integrate mental health into TB programmes within the context of universal health coverage. When we talk about integrating mental health into TB programmes, we mean: making mental health care and psycho-social support just as important as physical health care for people with TB including mental health in all integrated people-centred services across the continuum of care for TB, including prevention, diagnosis, treatment and care ensuring coordination mechanisms are in place for collaboration and accountability across health programmes. Key asks To meaningfully integrate mental health into TB programme, the global mental health community is calling on national governments and political leaders to: Strengthen platforms for collaborative action on TB and mental health that are functional at the national, regional, district and facility levels. This includes TB and mental health experts jointly developing policies, guidelines, operational plans and budgets, as well as establishing mechanisms to ensure the provision of integrated services for TB and mental health. As part of their collaborative efforts, governments must also meaningfully engage people with lived experience, their caregivers and civil society organisations. Commit adequate domestic financing to ensure that mental health services are accessible to those receiving TB prevention, testing, treatment and care, and offer financial protection so they can avoid financial hardship. Strengthen links between national TB programmes and existing mental health services to support the delivery of care across the continuum of TB services. The scale-up of low-intensity, community-based interventions for the delivery of mental health services will improve equitable access. Integrate mental health into routine health information systems to better understand the prevalence of mental health conditions, as well as their association with TB outcomes. Research activities need to be monitored, evaluated and expanded so that leaders making investment decisions understand the importance and positive effect of mental health integration into TB programmes and prioritise it accordingly. These are the steps governments need to take to fully integrate mental health into TB programmes, which is essential to maximise progress toward global targets to end the TB epidemic.
University College London	With competing interests between several infectious diseases, would it be better to dovetail priorities -(for example vaccine development for TB,HIV, Hepatitis, Lassa, MPox, MERS etc to attract funder and political attention?)
University College London	Speaking as a former chair of the WHO's main TB advisory group and an active TB researcher representing a major stakeholder community, I would like to highlight the important research

	gaps - including in particular on the need for an effective vaccine that works against tuberculosis infection and call on member states to drive relevant investments.
UNIVERSITY FOR DEVELOPMENT STUDIES	TB, is a forgotten deadly killer disease and it is a myth and myth in some place and society, so how do we penetrate into these communities to ERADICATE TUBERCULOSIS BY 2030 and how do we ensure that we leave no one behind and everybody will be engage in this campaign
University of Munich (LMU)	In the next 4 years and for the first time since decades, there will be several new pan-TB regimens ready for phase 3 evaluation.(like the ones currently being developed within the UNITE4TB consortium, part of the IMI AMR Accelerator). Usually, it takes at least 10 years from this stage until communities have access to those innovations in national TB programs. We now have the responsibility to shorten that period to a minimum. This will require an infrastructure that allows the conduct of Phase 3 and operationalizing trials in parallel. A joint effort of WHO, national TB programs and multinational funders is needed to provide the practical framework and the substantial funding required.
Volunteer Health Services	I am a pharmacist, DR TB Survivor, advocate, journalist, policy analyst, graphics/website designer, Founder of Ethiopian Drug Information Network and Volunteer Health Services NGOs/VHS. In addition, participating in UN lancet commission on TB, PEPFAR, Global fund CCM/E board membership representing TB constituency, STOPTB/UNOPS communities', UNITAID board delegation member and founding, member of Africa coalition of TB and other global stakeholders. Hosting parliamentarian TB Caucus from UK, French and Germany. More importantly, I was actively involved in the formation of Ethiopian parliamentarian TB caucus. Facilitating donors hosting event, communicating those key stakeholders like World Bank, WHO, USAID, local parliament and AU commissioners in some key events. I had a chance to speak for US senator at Capitol hill in 2012 GF replenishment. In my 10 years of advocacy & policy engagement experience, I have a diversified perspective on TB/HIV/Malaria-related global health policy, GF implementation and strategic framework, market dynamics of health commodities, countries regulatory and legal issues and supply chain management. And also intellectual property, domestic financing, community, right and gender, national and regional strategic policy document development & continental health priority setting. Within Global Fund and beyond advocacy framework, I was active participant in Abuja declaration (15% GDP contribution) follow-up, domestic financing, GF replenishment, MPs/donor hosting, bi-/multi-lateral engagement and policy advocacy. I was interacting with a range of stakeholders, including ambassadors, celebrities, community groups, politicians, religious leaders, advisers, bureaucrats, and a range of other actors. Using various strategies including board representation, conferences, AU meetings,

	caucus initiatives and through global media. (please check my article in prominent digital, print and broadcast channels below) More specific to this application, I am passionate community representative and professional, to build robust and sustainable health systems and ensure meaningful engagement of Communities. This is essential to deliver health care in a sustainable, equitable and effective way, accelerating progress toward universal health coverage and pushing countries toward prosperous nation. I strongly believe, UNHLM follow-up meeting, affected community representative can play a unique role to create shared ownership and political commitment to end TB and ensure UHC. This is a significant step forward to ensure our engagement and influence Global policy directions.
WACI Health	The world is out of track to meeting the commitments and targets of the 2018 HLM ON TB. My contribution will amplify the messages from the Deadly Divide Report, which points out the gaps. I will also amplify the Africa common position on UHC as well as the civil scoiety common position on UHC. These common positions are currently being developed
We Are TB / STOP TB community Delegation / NTCA	My name is Kate O'Brien from We Are TB and NTCA. I had tuberculosis when I was pregnant and I nearly lost my life and my child. Today my heart is with mothers everywhere who are left out of TB advancements both during their pregnancy- with very little data on TB meds in pregnant and lactating people, and with TB treatments and diagnostics for children so far behind what is for adults. As an American I am proud of the investments we have made in TB but we can still do more. I want the USA to give big financially and encourage countries with high burdens of TB to come forward with bold national action plans at the HLM - for us to support these country plans. I challenge other donor countries to do the same, to match the need with the actual resources. To actually ACT like the world leaders we want to believe we are. We need a TB vaccine, an affordable point of care diagnostic, the creation, equitable access and uptake of shorter regimens - and social support for people in treatment- ALL people. Even children and pregnant people. They are people. And we need to protect them by including them in research — they are always last to benefit from scientific progress, and that needs to change. We cannot forget that TB is everywhere, even in New York City. In the US we are facing TB drug shortages and TB programs are suffering. We won't be able to take advantage of these shorter regimens if we don't have the medications. I was born in this city, I love it, and I want it safe. Thank you.
Who Civil Society Task Force on Tuberculosis	Statement from the Civil Society Task Force- WHO, taken from the Joint statement of WHO-DG and CSTF. The situation of over 4,000 people in the world losing their lives to TB each day, and close to 30,000 people falling ill from TB which is preventable and curable is unacceptable. We need to fundamentally transform the global TB response, drawing on lessons from the response

	to the COVID-19 pandemic and put an end to human suffering and death caused by this ancient global TB epidemic. This Second UN high-level meeting (UNHLM) on TB presents a critical opportunity to renew the commitments, mobilize political will and revamp efforts to end the TB epidemic. Furthermore, we believe that TB needs to also be a priority in the UN high- level meetings on universal health coverage and on pandemic preparedness, prevention, and response, which are taking place tomorrow. We emphasize the need for the following Actions for considerations, taken from the joint statement of WHO Director-General and Civil Society Task Force on TB 1. Mobilize sufficient and sustainable financing 2. Ensure accelerated people-centered actions, with bold strategies based on the latest approaches ensuring universal access to TB prevention and care 3. Encourage all sectors and stakeholders to work together and establish and maintain high-level multisectoral mechanisms in all high TB burden countries 4. Strengthen the engagement of civil society, TB-affected communities and TB survivors as equal partners in all aspects of the national TB responses 5. Accelerate the development of safe and effective TB vaccines and facilitate their equitable global access, once available. Finally, the 'social listening and community feedback' of the grassroot communities organized by various CSOs emphasizes the importance of meaningful engagement of the affected communities.
World Hepatitis Alliance	We would like to make a statement regarding the importance of a person-centered approach to health and the importance of the integration of diseases responses to ensure every contact with a person counts, no one is left behind, and people affected by TB are supported in their health needs beyond TB alone.
Y+ Global	Young people between the ages of 15-34 are disproportionately affected and carry among the heaviest burdens of the disease. They are also often the largest population group in developing countries, with their role and potential contributing immensely to a nation's social and economic capital. Enabling their access to care and ensuring their meaningful participation in efforts to end TB at all levels will pave the way to a better, safer and healthier world free of TB. We pledge to fight against the stigma faced by people with TB, and to respect and uphold their human rights and dignity, including but not limited to the right to health in line with the Universal Declaration of Human Rights, so that they can access care without fear of discrimination freely. We commit ourselves to encourage greater empathy and understanding of the disease to enable peer, family and societal acceptance through campaigns, including in the community, on social media, and through one-on-one support. We urge countries to put in place laws and measures to protect TB survivors from discrimination, especially in work and education settings and dismantle existing stigmatizing policies.

Yale University	I am Dr. Lloyd Friedman, a tuberculosis physician and researcher at Yale Medical School. On June 4, 2018, I spoke for two minutes here at the United Nations about the need to treat the two billion people in the world who are latently infected with tuberculosis but do not yet have the disease. I say not yet because 80% of the active cases come from this group of people. That means that 8 million new tuberculosis cases each year come from this group of latently infected people. On October 25, 2018, a month after the first High Level Meeting, an article was published in the New England Journal of Medicine that described a vaccine that was 50% effective in eradicating disease in the latently infected. That means in one year we could cut the rate of TB cases in half, from 10 million to 5 million new cases per year. COVID arrived a year later and in a very short time, a vaccine was developed and was administered to billions of people. 70% of the world has received at least one dose. Yet the tuberculosis vaccine is still not available and over 4,000 people are dying of tuberculosis every day. How can this be? When 4000 people per day were dying of COVID, it was considered an emergency! Vaccines have always been the key to fighting infectious diseases such as smallpox, polio, COVID, and others. Well, now we have a TB vaccine that works. I know people are trying to bring the vaccine forward, but let's make it an emergency. We need to have the same sense of urgency with tuberculosis as we had with COVID. Let's simultaneously develop a tuberculosis vaccine as well as the infrastructure to deliver it worldwide.
Zimbabwe network of people living with hiv÷(znnp+)	Yes We Can EndTB Invest more on TB response
"İnformasiya Təşəbbüslərinə Dəstək" ictimai birliyi	You must know that the annual number of missing people with Tuberculosis has increased and is more than 4 million including more than 700,000 children. You must also know there is no language of the pain that TB affected people suffer; no nation of this disease; the devastating impact of the pandemic is the same either in Africa, Asia and Europe or in everywhere in the world. Health systems are facing challenges in diagnosing and treating the Tuberculosis disease. Despite progress, properly and timely TB diagnostics remain as a key challenge in TB response, particularly in underserved and hard-to-reach populations. We are in the 21st century and why we should not be empowered by the latest technological achievements and innovation while fighting this health crisis. Most TB screenings across the world are still heavily dependent on hundreds of years old X-ray technologies, occupying enormous capacity of TB response. This is where digital ultra mobile X-ray technologies based on Artificial Intelligence (AI) will make a real difference. As Steve Jobs's smartphones for the communication

	as small devices with AI is we can diminish the number of people suffering from TB. Small Digital X-ray machines that produce high-quality images are e-transmitted makes it easier the share and analyses remotely. With the help of AI, these images are rapidly and accurately screened for signs of TB. It also helps with the shortage of skilled radiologists and engages less health staff in screenings And of course digital X-ray technologies and AI can help to identify TB cases earlier, even before the patients become symptomatic or infectious. Think how further transmission of the TB will be challenged. We as CSO community believe this is particularly important in populations that are at higher risk of TB, such as people living with HIV, children, elderly people migrants, prisoners, and many others. Please think about it when you make decision working on TB Declaration. We ask you to commit to diagnose TB as early as possible by reaching all vulnerable and at-risk populations, contacts of people with TB, using modern tools, such as screening with artificial intelligence enabled X-rays. We ask you to pay greater attention to our asks, and to Reach all people affected by tuberculosis To invest in technologies and making technologies accessible for all countries for all populations, we can help to achieve the goal of ending TB by 2030 and SDG3.