In this Joint Statement, the WHO Director-General and the Civil Society Task Force on TB commend Member States for their efforts in translating commitments in the political declaration of the 2018 United Nations General Assembly high-level meeting on the fight against TB into action, as well as efforts of the ministries of health, community, civil society and other partners and funders for the progress in implementing the commitments.

However, major concerns remain. While some Member States have achieved important milestones towards meeting the End TB Strategy targets, progress is overall very slow and the set global targets have not been achieved. The COVID-19 pandemic, the war in Ukraine and other parts of the world, the global energy crisis, climate change and the impact of these on the broader determinants of TB such as food insecurity will likely worsen the TB epidemic, and its impact on people with or at risk of TB.

This situation is unacceptable, 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.
The response to COVID-19 proved that a global response to a pandemic is possible with leadership commitment among various stakeholders and by all countries. We need to fundamentally transform the global TB response, drawing on lessons from the response to the COVID-19 pandemic, to put an end to human suffering and death caused by the ancient global TB epidemic.

The 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 also taking place in 2023.

Recognizing the launch of WHO Director General’s Flagship Initiative to #ENDTB 2023-2027, including its strategic approaches to fast-track the TB response, we highly encourage all stakeholders to join the initiative and align efforts to end TB. The initiative calls for actions to get back on track in enabling access to quality TB prevention and care with the bold target to achieve 90% access to WHO recommended TB treatment and TB preventive treatment for all, 100% access to WHO recommended rapid diagnostic tests and financial risk protection for vulnerable people with TB, licensing of at least one new TB vaccine and sustained financing for TB services (22 billion US$ per year) and TB research and innovation (5 billion US$ per year) by 2027.

WE EMPHASIZE THE NEED FOR THE FOLLOWING ACTIONS for consideration in the upcoming UNHLM on TB:

1. **Mobilize sufficient and sustainable financing** from all sources for universal access to quality prevention, diagnosis, treatment and care of all types of TB, TB-related disability and comorbidities. It is also paramount to mobilize sufficient financing for research and development including for social science research focusing on the needs of, and challenges faced by communities affected by TB.

Despite the recognition of insufficient funding as a main barrier to end TB, the previous UNHLM commitment has not materialized. We need commitment for more domestic funding and for inclusion of TB as part of countries’ health insurance schemes. We also need bold commitment from the global community for sufficient donor funding with a community-friendly funding mechanism. Recognizing the enormous, often catastrophic, negative economic impacts and burden of TB on people affected by the disease, their households, and affected communities, social protection mechanisms for people and families with TB need to be prioritized.
2. **Ensure accelerated people-centered actions, with bold strategies and based on the latest approaches ensuring universal access to TB prevention and care.**

We urge governments to secure accountable leadership to fulfill the commitments to end TB, including global targets within national policies, strategies and legislation and ensure the monitoring and review of the progress. We request all TB programmes to use the latest WHO TB recommendations in national responses, including rapid diagnostics and shorter treatment regimens. We also call for an end to all forms of TB-related stigma and discrimination, including removal and revision of discriminatory laws and practices and ensuring enabling environment for community-led initiatives to address barriers to access to affordable and equitable care. We believe that addressing these issues will help to build trust in health systems and promote people-centered care, beyond biomedical solutions.

3. **Strengthen the engagement of civil society, TB-affected communities and TB survivors as equal partners** with the ministries of health and their national TB programmes in all aspects of the national TB responses with strong primary health care: we urge countries to ensure that all health systems in countries affected by TB are resilient, based on primary health care framework and therefore include community systems as their continuum as ‘one system’, with fair and sustainable funding and financing, enabling legal and policy environment ensuring meaningful engagement of TB-affected communities, TB survivors and civil society in governance, policy development, decision-making, resource mobilization, advocacy, provision of TB services, monitoring and evaluation and research.

4. **Encourage all sectors and stakeholders to work together and establish and maintain high-level multisectoral mechanisms in all high TB burden countries:** We emphasize the need for multisectoral engagement and accountability in the TB response in line with WHO’s Multisectoral Accountability Framework on TB. We call on governments for a strengthened collaborative action in the implementation of the multisectoral action.

5. **Accelerate the development of safe and effective TB vaccines** and facilitate their equitable global access, once available.
We call on Member States, partners, international agencies and communities to join forces so we can collectively drive a response that matches the scale of this pandemic. The second United Nations high-level meeting on TB provides a unique opportunity to reaffirm our commitment to the Sustainable Development Goals, strengthen commitment and action to improve equitable access to TB services, protect human rights, address determinants, accelerate research, innovation and increase investments to realize these goals. Failure to end the epidemic will not only cause suffering, illness and deaths, it will also affect the world’s chances of progress on the other SDGs.

We encourage participation of Member States at the highest possible level of Heads of State with representation of communities in each delegation of the second UN high-level meeting (UNHLM) on TB.

WHO along with Civil Society Task Force on TB continue to commit providing global leadership for the TB response in close collaboration with Member States, TB affected communities and other stakeholders towards the UNHLM 2023 and implementation of the renewed commitment beyond the UNHLM.

We strongly believe, yes, we can end TB.

WHO CIVIL SOCIETY TASK FORCE ON TB

WHO’s Civil Society Task Force on TB provides a platform for discussion and exchange between WHO and civil society, building on commitment of the WHO Director-General, with emphasis on strengthening collaboration towards accelerating progress to end TB. Its thirteen civil society members, mainly from TB high-burden countries representing all WHO regions reflect diverse interests, skills, and backgrounds.