

Ending TB Strategy

The Second GMWHO World Health Assembly,

Considering that tuberculosis (TB) is preventable and treatable and noting with concern that there were more than 10.8 million new cases and 1.25 million deaths in 2023, that the global reduction in TB incidence was only 8.7% from 2015 to 2022, far from the WHO's target of a 50% reduction by 2025, and that TB disproportionately affects developing countries and imposes severe socio-economic burden on affected families and communities;

Noting with appreciation the Organization's recent efforts to fight TB and acknowledging that the WHO End TB Strategy and its associated plans and programs have been essential in containing the spread of TB;

Alarmed by setbacks caused by the global COVID-19 pandemic on End-TB efforts and concerned about the impact of future pandemics on End TB initiatives;

Recognizing that rapid, timely and accurate diagnosis is critical for controlling TB and preventing further infections, therefore underlining the importance of investing in the improvement of the access to and availability of primary care systems;

Further recognizing the importance of United Nations (UN) Sustainable Development Goal 10 (SDG 10) to emphasize social inclusion and non-discrimination while acknowledging significant inequities in access to TB prevention, testing, treatment, and financial resources;

Acknowledging that high-risk groups—such as individuals with HIV/AIDS, diabetes, substance addiction, malnourishment, and marginalized populations including prisoners, Indigenous peoples, migrants and those under occupational risk—face higher vulnerability to TB and emphasizing the need for inclusive strategies prioritizing these groups to reduce disparities and improve outcomes, particularly for vulnerable populations such as children, the elderly, pregnant women, and immunocompromised individuals and persons in rural, isolated regions, encampments, slums, and densely populated settings, underscoring the importance of accessible,

high-quality TB services tailored to diverse needs, given TB's status as a leading cause of death among these key populations;

Recognizing that the current *Bacillus Calmette-Guérin* (BCG) vaccine offers limited protection for adolescents and adults and only partial protection for young children, it is essential to develop and approve effective vaccines for all age groups, It is also concerning that, over a century after the creation of BCG, only a few TB vaccine candidates have advanced to clinical trials, and regional disparities in vaccine innovation and drug-resistant TB treatment persist;

Expressing deep concern about the rise in multidrug-resistant TB (MDR-TB) and the insufficient global treatment uptake of 61% in 2023 and recognizing that this increase poses a significant threat to TB treatment and prevention efforts, thereby impacting global health security;

Reaffirming the importance of multilateral collaboration on global, regional, national, and local levels, stressing that collective action is essential in achieving the objectives outlined in the 2023 UN High-Level Meeting on Ending TB, thereby advancing toward the 2030 SDG3, target 3,

1. URGES Member States:

- (1) to enhance human resources related to TB education and awareness, particularly amongst community healthcare workers and leaders, by adopting and improving upon existing healthcare training programs, offering incentives and support, and increasing access to healthcare services, adapting to local contexts accordingly;
- (2) to promote the End TB Strategy by following the core principles of OHCHR General Comment No. 14 on the human right to health, through the provision of sufficient, good quality healthcare services and information that are equitably accessible, in respect of cultural differences and medical ethics, and sensitive to gender and age;
- (3) to address TB-related stigma by implementing public awareness campaigns to increase understanding of TB transmission, coinfections, treatment importance, and safe healthcare environments, while integrating TB education into school and university curricula and supporting youth-led initiatives;
- (4) to improve access to TB healthcare in key populations and regions by creating new and optimizing existing healthcare infrastructure and strengthening community-

based TB prevention, surveillance, screening and treatment programs through multilateral collaborative efforts;

(5) to increase funding to strengthen healthcare infrastructure, diagnostics, and social protection measures, and to support poverty alleviation and other actions addressing TB determinants in rural and underserved regions where unequal healthcare access hinders TB control efforts;

(6) to scale up joint TB/HIV interventions, enhancing all levels of prevention availability for high-risk individuals;

2. CALLS UPON UN agencies, non-governmental organizations (NGOs), the healthcare sector, the young generation, the international research community, international health institutions, educational institutions, and any and all related stakeholders:

(1) to improve early TB detection by offering rapid diagnostic tools, training community health workers, and guaranteeing free testing, facilitating efficient sample collection and timely diagnosis, promoting effective TB management and treatment adherence;

(2) to secure sustainable funding for research, testing, and the development of rapid diagnostic tools, effective TB vaccines and treatments while strengthening TB surveillance, implementing comprehensive interventions in high-incidence and drug-resistant regions, establishing regional collaborative frameworks through the implementation of Revolving Funds, and enhancing financial oversight including the removal of coercive economic measures hindering related purposes to ensure the efficient use of resources;

(3) to implement community-based screening programs to improve access to TB healthcare in high-risk regions, including rural and isolated areas, encampments, urban slums, and regions with poor sanitation and high population density;

(4) to promote TB literacy in local communities by advocating for a multisectoral approach in culturally sensitive public awareness campaigns, urging health institutions at all levels to prioritize inclusivity and community engagement, and creating supportive environments for marginalized populations to reduce disparities;

(5) to develop innovative health education methods tailored to key population characteristics and risk factors, including enhancing peer education among tuberculosis patients, and improving knowledge, attitude, and practices regarding TB;

(6) to strengthen healthcare facilities in conflict-affected regions by providing essential medical supplies and delivering personalized treatment plans, while also training healthcare professionals and implementing ending TB strategies tailored to the local and regional contexts;

3. REQUESTS the Director-General:

(1) to enhance Universal Health Coverage by ensuring equitable access to healthcare services including targeted interventions for TB prevention, diagnosis, and treatment, while supporting member states in providing financial risk protection and access to safe, effective, and affordable commodities;

(2) to accelerate the global response to TB by increasing resource allocation for MDR/RR-TB treatment in low- and middle-income countries and reducing the spread of drug-resistant TB strains;

(3) to strengthen collaboration between public and private stakeholders internationally to implement the End TB Strategy;

(4) to support Member States in the adaptation, expansion and implementation of training programs for healthcare professionals as part of the End TB strategy.