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Title

The United Nations High-Level Meeting on Tuberculosis 2023: renewing hope, momentum, and commitment to end TB

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Global efforts to end TB have saved an estimated 75 million lives this century.[1] The first ever 2018 United Nations High Level Meeting (HLM) on tuberculosis (TB) was widely welcomed as a necessary reaffirmation of the commitments, defined in the WHO End TB Strategy and the UN Sustainable Development Goals, to end TB by 2030.[1,2] However, only limited progress was made in TB prevention and care in the years following the 2018 HLM. Moreover, any progress that had been made was decimated by the COVID-19 pandemic, which adversely affected access to TB services and financing, and intensified key social determinants of TB, including poverty and undernutrition.[3,4] In 2020, while scientific and healthcare resources were ploughed into addressing COVID-19, it was estimated that 30,000 people developed TB disease and 4000 people died from TB every day.[2] Since then, TB has reclaimed from COVID-19 the unfortunate position of being the world's leading infectious killer, while drug-resistant TB represents a leading cause of death due to antimicrobial resistance (AMR).[5]

In September 2023, following three High-Level Meetings (HLM) at the 78th Session of the United Nations General Assembly in New York, political declarations on pandemic prevention, preparedness and response; universal health coverage (UHC); and TB were adopted. These consecutive HLMs were an historic opportunity to coordinate the TB community's collective voice and align across three complementary political agendas with a renewed sense of hope and purpose after the ravages of the COVID-19 pandemic. As members of UK Academics and Professionals Against TB, an organization committed to ending TB through campaigns, advocacy, and education, we are proud to be part of this wider TB community and to have contributed to both UN HLMs on TB. Specifically, this year, we engaged tirelessly with TB civil society, healthcare professionals, public servants, and politicians in the UK and beyond to advocate for key improvements to the zero draft of the 2023 political declaration of the HLM on TB.

Following the HLM on TB, we were encouraged that the final adopted political declaration contained specific, measurable, and time-bound targets related to TB care, prevention, and funding; and, for the first time ever in a health related HLM declaration, recognised 'the right to enjoy and share the benefits of scientific progress'.[6] Yet, despite these hard-won successes, the HLM on TB has been criticised as a missed opportunity and there remain concerns about how member states will be held accountable for the pledges they made.[7-9] Negotiations were overshadowed by a range of political agendas: high-level political ambition was largely absent including from high burden countries; only a single Head of State spoke during the plenary on TB; and many pledges within the adopted declaration lacked much-needed clarity. Moreover, the final pledges had notable omissions including a dearth of consideration of involvement of TB-affected communities and many numeric or time-bound targets being watered down with "up to" or "preferably within" language, representing ceilings rather than minimal expectations.

A specific area of the declaration that would have benefited greatly from further clarity included pledges to address the social determinants and consequences of TB. Although undernutrition, stigma and discrimination were recognised as critical drivers of both TB disease and adverse TB treatment outcomes, targets against which to measure progress to address these determinants were absent. Another example relates to catastrophic costs of TB-affected households, a well-defined and measurable indicator,[10,11] the elimination of which is a key target of the WHO End TB Strategy alongside TB incidence and mortality. Recently published results from 20 national TB Patient Cost Surveys have shown that catastrophic costs are incurred by one in two and four in five households affected by drug-sensitive and drug-resistant TB, respectively.[12] Despite this eyewatering figure, the Declaration used the opaquer term "economic hardship", which has no specific indicator or threshold against which to assess advancements.

However, despite this lacklustre backdrop, it was impressive to see the commitments the TB community *was able* to secure. These included: measurable TB diagnosis and treatment targets;

strengthened language on the importance of developing and rolling out a new, effective TB vaccine; recognition of the gendered impact of TB and the need to adopt equitable, inclusive, and gender-responsive approaches; and an explicit commitment to strengthen social protection and socioeconomic support, including beyond the health sector.

There were additional reasons the HLM on TB should generate positivity and optimism amongst the TB community. Global summits, such as HLMs, garner momentum and create space for the development and announcement of concrete commitments beyond the declarations themselves. The HLM on TB was no exception with several major initiatives launched on its fringes. These included the inauguration of the TB Vaccine Accelerator Council, supported by the WHO secretariat, which aims to catalyse high-level commitment, engagement, and alignment among funders, global agencies, governments, and communities, and overcome barriers to equitable TB vaccine development, licensing, manufacture, and distribution at scale.[13] There was also the launch of the Coalition of Leaders to End TB, involving Ministers of Health from Brazil, Indonesia, Kazakhstan, Kenya, Philippines, South Africa, and Tanzania. The Coalition aims to facilitate coordinated high-level national engagement and accountability for HLM pledges, and it is anticipated that other countries will join its membership shortly.[14] Finally, vital financial commitments to support TB research programmes were made including £5 million from the UK government to the TB Alliance and $25 million USD from the Canadian government to TB Reach.

Whilst the final pledges are political and not legally binding, the HLM on TB is a process that goes well beyond a single declaration. By bringing political actors together with people and communities affected by TB, civil society, researchers, healthcare workers, the private sector and development partners, we can work in concert to promote and prioritise the adequate financing of TB research, development, policy, and practice, and more effectively hold governments and the whole TB community accountable to the promises made to end the TB epidemic by 2030.[15,16] Even more can be achieved when we align across multiple HLMs through smarter investment, work towards equitable health and social care access, and design and build stronger, more resilient health systems. Such alignment will be paramount in the work ahead of the upcoming HLM on AMR in 2024.

Thirty years on from WHO's 1993 declaration, TB remains a global public health emergency. Despite the adopted political declaration of the 2023 TB HLM being underwhelming, the renewed momentum within the TB community must turn the positive pledges of that Declaration into action. This work must begin now – we cannot wait for the next UNHLM on TB, scheduled for 2028. We, UKAPTB, will continue to collaborate with national and international stakeholders to lobby, advocate, and support delivery of the HLM commitments to ensure the immense efforts made to adopt the Declaration were worth it.

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