OVERVIEW PRESENTATION
FOR PARTNERS

Tuberculosis is the leading infectious diseases killer worldwide today. It carries profound economic and social consequences. The public health crisis on multi-drug resistant TB (MDR-TB) continues. Although 49 million lives have been saved through global efforts since 2000, actions and investments fall far short of those needed to end TB epidemic. High-level multisectoral action is needed.

**KEY TB FACTS**

- **1.8 MILLION TB DEATHS** excluding 0.4 MILLION TB deaths among people with HIV
- **MDR-TB crisis with gaps in detection and treatment**
- **Funding shortfall for TB implementation**


- TB was one of the top ten causes of death worldwide
- TB was responsible for more deaths than HIV and malaria
- Only 1 in 5 needing MDR-TB treatment were enrolled on it
- Gap of over US$1 billion per year for TB research
EXPECTED OUTCOMES WITH MULTISECTORAL ACCOUNTABILITY

Leading up to the United Nations General Assembly High-Level Meeting on TB in 2018, Ministerial commitment to:

1. **UNIVERSAL COVERAGE OF TB CARE AND PREVENTION**
   Systems reforms, and full uptake of innovative tools, to optimize quality of integrated people-centred care and prevention, and ensure access so that no one is left behind.

2. **SUSTAINABLE FINANCING FOR UHC, SOCIAL PROTECTION AND DEVELOPMENT**
   Sustainable financing, especially from domestic sources, to enable access to care and prevention embedded in comprehensive health and social systems that alleviate the risk factors and consequences of disease.

3. **RESPECT FOR EQUITY, ETHICS AND HUMAN RIGHTS**
   An equitable and human right-based response that prioritizes people affected by poverty, disease, stigma and marginalization, including global action on the plight of migrants, and on the special risks faced by other vulnerable groups such as prisoners.

4. **SCIENTIFIC RESEARCH AND INNOVATION**
   Increased and targeted financing and intensified capacity-building to foster rapid achievements in scientific research and innovation.

5. **MONITORING AND EVALUATION OF PROGRESS**
   Tracking progress towards SDG Target 3.3 and other SDG targets that impact the TB epidemic, and establishment or strengthening of digital systems to collect, store and analyse large volumes of disaggregated data.

6. **ACTION ON AMR, HEALTH SECURITY AND MDR-TB**
   Addressing MDR-TB as an emergency and threat to health security, including within the global antimicrobial resistance (AMR) agenda.

7. **STEPPED-UP TB/HIV RESPONSE**
   Integrated care for all people affected by TB and HIV, with a special focus on eliminating TB deaths among people living with HIV.

8. **SYNERGIES ACROSS THE RESPONSES TO TB AND NONCOMMUNICABLE DISEASES**
   Synergistic and joint actions against TB and noncommunicable diseases and their risk factors.
MEMBER STATES INVITED:
MINISTERIAL DELEGATIONS FROM ALL 194 WHO MEMBER STATES ARE INVITED
40 HIGH-TB AND MDR-TB BURDEN COUNTRIES WILL BE SUPPORTED BY WHO WITH
FINANCING PROVIDED BY THE RUSSIAN FEDERATION:
Ministers of Health and Ministers from other sectors (e.g. finance, social development, justice, labour)

AFR
Angola
Central African Republic
Congo
DR Congo
Ethiopia
Kenya
Lesotho
Liberia
Mozambique
Namibia
Nigeria
Sierra Leone
South Africa
UR Tanzania
Zambia
Zimbabwe

EUR
Azerbaijan
Belarus
Kazakhstan
Kyrgyzstan
Republic of Moldova
Russian Federation
Tajikistan
Ukraine
Uzbekistan

SEAR
Bangladesh
DPR Korea
India
Indonesia
Myanmar
Thailand

WPR
Cambodia
China
Philippines
Viet Nam
Papua New Guinea

AMR
Brazil
Peru

EMR
Pakistan
Somalia

* WHO regional offices will support participants of other countries based on their priorities and resources.
Countries that will be supported by regions include: Bolivia, Colombia, Maldives, Mexico, Mongolia, Lao PDR, Sri Lanka and Timor Leste.
PARTNERS INVITED

- UN organizations
- Multilateral agencies
- Bilateral agencies
- International development agencies
- Regional bodies
- Partnerships
- Nongovernmental organizations; faith-based organizations; civil society representatives; affected people and communities
- Professional societies
- Academic and research institutions
- Philanthropic foundations
- Private sector entities

Bilateral discussions and consultations are underway with partners
Meeting of Partner Advisory Group during the World Health Assembly in 2017
Global health and foreign policy: Health Employment and Economic Growth

The General Assembly, (...)

21. Takes note of the initiative to hold, in Moscow in November 2017, a global ministerial conference on the fight against tuberculosis in the context of public health and the Sustainable Development Goals;

22. Decides to hold a high-level meeting in 2018 on the fight against tuberculosis, and requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard;

(...)
Leadership of WHO and the Ministry of Health of the Russian Federation, with high-level representatives of high-TB (and MDR-TB) burden countries: Brazil, India, China, South Africa, Indonesia, Pakistan, and Belarus.

**HIGH-LEVEL STEERING COMMITTEE**

**WHO CONFERENCE SECRETARIAT**
Focal points from the WHO Global TB Programme, WHO Cluster on noncommunicable diseases

**ORGANIZING COMMITTEE**

**PARTNER ADVISORY GROUP**
Inputs from partners

Representatives from WHO, Ministry of Health of the Russian Federation, supported by consultants

- Technical and policy taskforce
- Administration and Logistics taskforce
- Russia Local Organizing Committee
- Communications and advocacy taskforce
THANK YOU!