



General Assembly

Distr.: General
13 December 2017

Original: English

Seventy-second session

Agenda item 127

Global health and foreign policy

Options and modalities for the organization of the high-level meeting on tuberculosis convened by the President of the General Assembly

Report of the Secretary-General

Summary

The General Assembly, in paragraph 22 of its resolution [71/159](#), decided to hold a high-level meeting in 2018 on the fight against tuberculosis, and requested 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.

The present report is submitted pursuant to that request, and invites the President of the General Assembly to initiate an open and transparent consultative process with Member States to finalize the proposed modalities and outcomes. In order to ensure multi-stakeholder engagement, including from civil society and affected communities, it is proposed in the report that the President of the Assembly organize and preside over an interactive consultation in the lead-up to the high-level meeting, including with parliamentarians.

Linkages between tuberculosis and other global health priorities, such as antimicrobial resistance, access to medicine, universal health coverage and research and development, are noted in the report, and the holding of multisectoral panel discussions as part of the high-level meeting, covering key themes, is encouraged. Participation at the highest possible level is also encouraged, as it may result in the endorsement of a concise and action-oriented intergovernmental political declaration.



I. Introduction

1. The General Assembly, in paragraph 22 of its resolution [71/159](#), decided to hold a high-level meeting in 2018 on the fight against tuberculosis, and requested 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. The present report is submitted pursuant to that request.
2. Through their endorsement of the Sustainable Development Goals, in September 2015, Heads of State and Heads of Government made a bold commitment to ending the tuberculosis epidemic by 2030, similar to a goal that has been endorsed by the World Health Assembly. Progress made towards that goal has, however, been very slow. A World Health Organization report on the implementation of the End TB Strategy to the 2016 World Health Assembly contained the warning that current global actions and investments fall far short of those needed to end the global tuberculosis epidemic. An end to the epidemic will not be reached without significantly increased political commitment, leading to financial investments to achieve universal access to high-quality tuberculosis care through rights-based, people-centred policies, and the intensification of research and development in order to identify new tools for diagnosis, treatment and prevention.
3. The Secretary-General invites the President of the General Assembly to initiate an open and transparent consultative process with Member States in order to finalize the modalities and outcomes proposed in the present report.

II. Proposed modalities, format and organization of the high-level meeting

A. Date and venue

4. It is proposed that the high-level meeting on the fight against tuberculosis convened by the President of the General Assembly be held in 2018. The venue of the meeting will be announced in due course. All scheduled meetings will be listed in the *Journal of the United Nations*.

B. Overall theme

5. The proposed overall theme of the meeting is “United to end tuberculosis: a global response to a global emergency”.

C. Schedule of meetings and organization of work

6. The meeting may consist of an opening segment, a plenary segment for general discussions, multi-stakeholder panels and a brief closing segment. Multi-stakeholder panels held in parallel to the plenary segment would entail additional costs.

D. Opening and closing segments

7. The meeting may begin with opening remarks by the President of the General Assembly, the Secretary-General, the Director General of the World Health Organization, the Chair of the Stop TB Partnership, an eminent high-level champion of tuberculosis and a person affected by tuberculosis, subject to availability and confirmation. The last two individuals would be selected by the President of the General Assembly.

8. The closing segment may comprise the endorsement of a political declaration (see para. 20 below), and closing remarks by the President of the General Assembly and a person affected by tuberculosis.

E. Plenary segment

9. The General Assembly may wish to decide that, during the plenary segment, statements made by Member States and all observers of the Assembly will be heard. A list of speakers will be established in accordance with the practices of the Assembly, and the time limit for the statements will be three minutes for individual delegations and five minutes for statements made on behalf of a group of States.

F. Multi-stakeholder panels

10. Given the complexity of the tuberculosis epidemic, multi-stakeholder panels covering key themes could be held. They may include the following topics: universal health coverage and inclusive tuberculosis response; sustainable national and international financing for ending the tuberculosis epidemic, including adequate funding for research and development to identify new diagnostics, drugs and vaccines; the growing health security threat of antimicrobial resistance and multidrug-resistant tuberculosis; and an accountability framework to drive multisectoral action in order to end tuberculosis.

11. Two Co-Chairs may be appointed by the President of the General Assembly for each panel. The Co-Chairs may be identified from among the representatives attending the meeting at the level of Head of State or Head of Government, in consultation with the regional groups. One Co-Chair would represent a high-tuberculosis-burden country and the other a low-tuberculosis-burden country. The President of the Assembly may also invite the heads or senior officials of relevant institutional stakeholders, as well as representatives of the private sector and affected communities, to serve as speakers on the panels.

12. Participation in the panels should be open to representatives of all Member States, observer States and observers; relevant entities of the United Nations system, civil society and community organizations; donors, technical partners, representatives of business sector entities and product development partnerships; and stakeholders from other sectors. In accordance with the established practice of the General Assembly, the President of the Assembly will communicate the list of stakeholders.

13. The Secretary-General invites the President of the General Assembly to seek gender parity and, given the global impact of the tuberculosis epidemic, equitable geographical distribution at all levels of the panels' membership, to the extent feasible.

G. Participation

14. By its resolution [71/159](#), the General Assembly decided to hold the meeting at a high level. In that regard, the Secretary-General strongly encourages all Member States to participate in the meeting at the highest level possible.

15. Intergovernmental organizations and entities that have observer status with the General Assembly and non-governmental organizations in consultative status with the Economic and Social Council would be invited to participate in the meeting, as appropriate.

16. The Secretary-General wishes to emphasize that members of civil society, especially those representing communities and vulnerable populations heavily affected by tuberculosis, can make a fundamental contribution to the process in terms of raising awareness of the issues faced by the poorest and most marginalized populations of the world.

17. The General Assembly may wish to encourage Member States to include in their national delegations representatives, such as parliamentarians, mayors and governors, of cities and States with a high burden of tuberculosis; representatives of civil society, including non-governmental organizations, community organizations and faith-based organizations; the private sector; and networks representing people affected by tuberculosis and HIV-associated tuberculosis, including women, children and adolescents, migrants and miners.

H. Preparatory process

18. The Secretary-General wishes to propose that, as part of the preparatory process for the meeting, the President of the General Assembly organize and preside over an interactive hearing for civil society with the active participation of people affected by tuberculosis, broader communities and civil society organizations, to be attended by representatives of Member States, observer States and observers; non-governmental organizations in consultative status with the Economic and Social Council; invited civil society organizations; parliamentarians; and the private sector. It is proposed that the President prepare a summary of the hearing.

I. Webcast

19. The General Assembly may wish to decide that the proceedings of the meeting and the interactive hearing for civil society be webcast.

III. Outcome of the high-level meeting

20. The high-level meeting may wish to endorse a concise and action-oriented intergovernmental political declaration as an outcome of the meeting, including the following recommended actions: (a) advancing the response to tuberculosis through the 2030 Agenda for Sustainable Development and linkages with other Goal 3 health targets, including HIV/AIDS, universal health coverage and antimicrobial resistance; (b) increasing and sustaining financing for multisectoral actions against tuberculosis; and (c) intensifying research on new tools for and innovative approaches to tuberculosis prevention, diagnosis, treatment and care, in order to end the tuberculosis epidemic by 2030.