



**Statement by
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TO THE HIGH-LEVEL MEETING ON THE FIGHT TO END TUBERCULOSIS
THE UNITED NATIONS
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Madam President,

It is an honour to address this Assembly on behalf of the South Centre on the occasion of the first-ever High Level Meeting on the Fight to End Tuberculosis (TB).

The South Centre is the intergovernmental organization created by developing countries, with currently 54 member States from Africa, Asia and the Pacific, and Latin America and the Caribbean, to promote collaboration and solidarity towards their common objectives, seeking unity in diversity.

This High Level Meeting on Tuberculosis marks a historic opportunity to advance new concrete commitments with the political support to help mobilize the resources needed to end the TB epidemic.

In order to meet the targets set as part of the Sustainable Development Goals (SDGs) and the World Health Organization (WHO)'s End TB Strategy, there is urgent need to accelerate accessible, affordable and equitable access to prevention, diagnosis, treatment and care for all, including for people with drug-resistant TB and with TB/HIV co-infection.

TB is a preventable and curable disease, yet remains the leading infectious cause of death worldwide. Drug-resistant TB is spreading, threatening progress in the fight against TB and is at the heart of the global antimicrobial resistance (AMR) challenge. TB needs to be recognized as the cornerstone of the antimicrobial resistance (AMR) threat, in line with the High Level Political Declaration on Antimicrobial Resistance of 2016, and therefore mainstreamed within all AMR interventions.

Developing countries are disproportionately affected by TB, accounting for most of the estimated 10 million incident cases of TB in 2017. Global cooperation is essential to support national actions and provide sustainable financing. The shortfall of global financing is a key impediment, even as developing countries increase their efforts. The BRICS countries (Brazil, Russia, India, China and South Africa) accounted for 54% of the available funding for TB in 2018, with 96% funding coming from domestic sources.

Achieving universal health coverage (UHC) rooted on the right to health for all is central to eliminate cost barriers to existing diagnostics and treatments. Legitimate, supportive interventions include the full use of the flexibilities of the World Trade Organization (WTO)'s

Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), in line with the recommendations of the UN High Level Panel on Access to Medicines.

Innovation in new tools to tackle TB is also critical. Research and development (R&D) efforts should be needs-driven, evidence-based and guided by principles of affordability, efficiency, equity. New models are needed to increase R&D collaboration and to de-link R&D costs from prices and sales to facilitate equitable and affordable access. Examples such as the BRICS TB R&D Network and the Life Prize should be supported more actively.

I am glad to see that these commitments are reflected in the High Level Political Declaration (HLPD) on TB.

The South Centre welcomes the HLPD on TB as part of the global accountability framework that is needed to accelerate actions and enable periodic review by the United Nations General Assembly (UNGA) on progress.

The South Centre will continue supporting developing countries in adopting adequate policies to end the TB epidemic.