

Reaffirm the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and that the fulfilment of the right to health in the context of AMR is closely linked to the right to enjoy and share the benefits of scientific progress and its applications and the development, diffusion, and conservation of scientific benefits.



Research and Development

Recognize vaccine development as a critical strategy in addressing AMR, ensure that the regulatory framework provides guidelines and supports streamlined development and authorization of drugs and vaccines against AMR, and commit to supporting R&D on human immunology and newer, AI-driven strategies for tracking AMR and identifying viable vaccine targets for AMR.

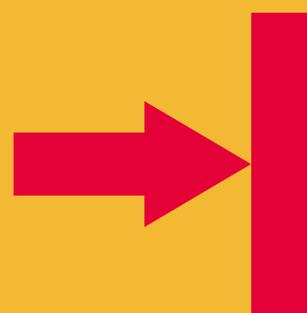


Health Systems and Accountability

Strive to ensure TB services are essential elements of national and global Universal Health Coverage (UHC) strategies and efforts to address antimicrobial resistance, to ensure uninterrupted diagnosis, prevention, treatment, affordable and quality-assured antibiotics, surveillance and research-related activities.

Recognise the importance of a one health approach in responding to drug resistant TB, zoonotic TB, AMR and climate and the importance of emphasising TB as part of the one health response.

Advance AMR accountability, including establishing an Independent Panel on Evidence for Action Against AMR, an annual report by the UN Secretary-General to review progress against AMR, convene a follow-up UN High-Level Meeting on AMR, translate global targets on AMR into national level targets, and recognise the critical importance of community-led monitoring as part of this effort.



KEY TB ASKS

for the United Nations High-Level Meeting on Antimicrobial Resistance

Antimicrobial resistance (AMR) poses a significant and growing threat to global public health, undermining our ability to treat common infections. AMR occurs when microorganisms evolve to resist the effects of antimicrobial drugs, rendering them ineffective.

Tuberculosis (TB) is the world's leading infectious killer and a prime example of the intersection between AMR and infectious diseases. TB is preventable and curable, but the emergence of drug-resistant TB (DR-TB) has exacerbated the TB crisis since DR-TB is resistant to the most widely used drugs. DR-TB and its different forms – multi-drug resistant TB (MDR TB) and Extreme Drug Resistant TB (XDR-TB) highlights the urgent need to address AMR within the context of TB control and prevention efforts.

The upcoming UN High-Level Meeting on AMR presents a crucial opportunity for member states to reaffirm their commitment to combating AMR and to recognize DR-TB as a priority area within this agenda, building on the commitments already made during the UNHLM on TB in September 2023.



Political Commitment

Recognize the urgent threat posed by TB as the world's leading single infectious killer and a leading cause of death among anti-microbial resistant infections, with at least 410,000 people developing DR-TB and 160,000 deaths caused by DR-TB in 2022.

Commit to include TB as a tracer indicator in global and national AMR strategies, since progress on TB and TB R&D is a critical indicator of progress on AMR and efforts against the development of drug-resistant strains. Advancements in TB R&D lead to advancements in combating antimicrobial resistance, highlighting the interconnectedness of efforts to address both public health threats. Moreover, strategies employed in TB, such as surveillance systems, drug discovery, and vaccination programs, contribute valuable insights and tools to the broader fight against antimicrobial resistance.



Financing

Commit to reach \$22 billion in annual funding for the global TB response by 2027, including DR-TB prevention, diagnosis, treatment, care, and real time surveillance, as well as sustainable financing mechanisms and innovative funding approaches, as agreed by governments commitment in the 2023 UN High-Level Meeting (UNHLM) on TB Political Declaration

Commit to reach US\$ 5 billion in annual TB research and development (R&D) funding by 2027, as agreed by governments in the UNHLM on TB Political Declaration, for rapid and accurate point of care diagnostics, including for drug susceptibility testing; and shorter, safer and more effective treatment regimens, especially for DR-TB, and the development and roll-out of safe, effective, accessible and affordable TB vaccines for people of all ages, and acknowledge the importance of global collaboration and increased investment to fast-track progress and ensure equitable access and maximal return on public investment in scientific progress.

Diagnosis, Treatment and Prevention



Commit to providing treatment for up to 45 million people with TB between 2023 and 2027, including up to 4.5 million children and up to 1.5 million people with drug-resistant tuberculosis, as agreed in the 2023 UN High-Level Meeting (UNHLM) on TB Political Declaration.

Commit to ending the DR-TB epidemic through actions for awareness, surveillance, prevention, early diagnosis, treatment, and care, including in the public and private health systems, by improving treatment adherence and compliance for people with DR-TB, with the support of digital technologies, strengthened laboratory networks for universal access to drug susceptibility tests, quality-assured TB drug supply chains, contact tracing, and preventative treatment. This commitment should also prioritize country-level stewardship in providing access to new innovations, including all-oral shorter-duration treatments, social, mental health, and nutritional support, complemented by safety monitoring and management of side effects.

Advocate for promoting antimicrobial stewardship and comprehensive infection prevention and control measures in healthcare settings, including adequate, uninterrupted, high quality, and affordable TB medicines, to prevent the emergence and spread of drug-resistant TB strains.

Recognize the potential to leverage Stop TB Partnership's Global Drug Facility to support initiatives aimed at promoting access to affordable, quality-assured medicines and diagnostics beyond drug-resistant TB for other AMR pathogens.

Community, Rights and Gender



Advocate and commit resources for an AMR response that is human rights-based, gender transformative, stigma-free, and people-centered to ensure communities, affected people, and key and vulnerable populations are at the center of the AMR response, and ensure resources are allocated to support their engagement in AMR programmes.