

## **Statement on agenda item 5.8.3—Ending tuberculosis**

*Delivered at the 144<sup>th</sup> session of the World Health Organization Executive Board.*

Global Health Council, supported by American Academy of Pediatrics, ACTION, and the Global Health Technologies Coalition, welcomes continued efforts to develop the multisectoral accountability framework and engage stakeholders, including civil society, in the process.

To fulfil the commitments of the High-Level Meeting on TB, Member States must realign National TB Strategic Plans, including on research and development, and ensure that budgets are increased to enable effective implementation. This should be driven at the highest political level, preferably Head of State or Government, and meaningful civil society engagement is essential.

We welcome the HLM's attention to the neglected needs of children. WHO recommends that high-burden countries base TB diagnoses on sputum microscopy, a process which often misses children. Furthermore, in 2015 the 20th WHO Expert Committee decided to include five new medicines in the anti-TB section of the WHO Model List of Essential Medicines, yet did not include medicines on the children's list, even though TB affects approximately 1 million children annually, 125,000 of whom do not survive.

We applaud the Tripartite's work and the intersectoral response to AMR, and urge WHO to continue to engage professional health associations at all levels of surveillance, training and response.

To facilitate such action, the framework rightly recognizes the need for additional and strengthened reporting, monitoring and review mechanisms at all levels. Global high-level review should be independent, and hold stakeholders and member states accountable, for example through a multisectoral panel chaired by an independent non-executive person, supported by a secretariat and hosted by an existing organization, engaging Heads of State and Government.