

Statement from the World Health Organization

on the launch of the UNFP II study on Tuberculosis in Indigenous Peoples

25 April 2019

The World Health Organization commends the Permanent Forum on Indigenous Issues for commissioning and launching this important study on tuberculosis and indigenous peoples. It demonstrates the commitment to action on an under-addressed issue of significance to the fulfilment of the rights of indigenous peoples, to the achievement of the Sustainable Development Goals and to leaving no one behind.

Ending the global tuberculosis epidemic by 2030 is a target under SDG3. The World Health Organization End TB Strategy provides a blueprint for reaching the target, within a vision of a world free of tuberculosis, with an end to illness, deaths and suffering due to the disease. Among the principles of the End TB Strategy is protection and promotion of human rights, ethics and equity, as is a strong coalition with civil society and communities. The rising voice of affected communities is dramatically improving the world's understanding of the human face of the epidemic and demonstrating the demand for far more intensive actions –moving to truly put people at the center of the response.

This UNFP II study shows just how far the world needs to go to fulfill these principles, as well as the principle of accountability that is central to the Strategy and to the Political Declaration of 2018.

As the study reports, the General Assembly high-level meeting on the fight against tuberculosis in 2018, with its political declaration, was a watershed event in facing, what is today, the top cause of death due to a single infectious agent worldwide. The World Health Organization had reported in 2017 and again in 2018 that the world was off-track to reach the goal of ending the epidemic in 2030. The high-level meeting set out to respond to this sobering situation. The declaration of the high-level meeting reinforced commitment to ending TB and set new access to prevention, treatment and financing targets for 2022 on the road to 2030. The declaration also reinforced the profound links of tuberculosis to poverty, marginalization and other social determinants. This new study shows how central these concerns are for indigenous peoples, across diverse countries and continents, and how much we still need to learn.

Driving down rates of tuberculosis and associated deaths among indigenous peoples is possible much more rapidly than is occurring today in countries with high- middle- and lower-income. Applying current strategies and good practice in engagement and delivery, and adopting the fruits of research quickly, can all make a difference.

The recommendations offered in the study launched today are sound and in keeping with the End TB Strategy and the new commitments made in 2018. They are challenging yet feasible to act upon, especially given some opportunities that exist today.

Among these opportunities is the power of improving data collection and analysis and use at local level, including via electronic data systems that WHO recommends, enabling faster consolidation and analysis of subnational data and data disaggregation, including to look

at the burden of disease and outcomes for indigenous peoples. We need to understand differences in risks, in access to care, in treatment quality and social support, and outcomes. New surveys and operational research can help enable better assessment of the socioeconomic burden of disease and help fuel practical multisectoral policy discussions to eliminate the devastating impacts of tuberculosis. This data can also help ensure better understanding of inequities in access to innovations that can enable great improvements in TB prevention and care, such as better and more rapid diagnostic tests, new screening and prevention tools, and new drug treatments.

Progress towards health for all, and universal access to care and prevention fundamentally links to priority given to reach those most in need, those most at risk of being left behind or facing discrimination. The upcoming 2019 high-level meeting on universal health coverage is another critical opportunity to be seized.

The World Health Organization is finalizing, as requested by the World Health Assembly and the General Assembly, a multisectoral accountability framework to accelerate progress to end TB. It includes a cycle of four components: commitments, actions, monitoring and reporting, and review. The study you have launched today helps enlighten how the commitments made can be converted to specific actions towards ending TB among indigenous peoples, and how specific monitoring and reporting efforts can drive actions as well. WHO recommends that more inclusive multisectoral review at country and local level, involving affected communities, can help enable the course shifts and initiatives needed to move faster and with more impact.

The World Health Organization is working in a range of countries, with many partners, to help support national strategic plans that can differentiate action to meet needs of specific populations and groups. The study launched today shows some of the strides taken already in some countries. Under the new 13th General Programme of Work of WHO, a new mission statement has been adopted: Promote health, keep the world safe, and serve the vulnerable. We are committed to work with more partners, including in this Forum, to take forward that mission for 2019 to 2023 and beyond. Ending the TB epidemic and reaching all SDGs in 2030 is possible if we are working together. Thank you again for your efforts and the vision laid out here today.