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Global Model WHO 2024

COMMITTEE A6

ANNOTATED BIBLIOGRAPHY

ENDING TB STRATEGY

Geneva, Switzerland
October 29 - November 1, 2024

The Most Accurate Simulation of the World Health Assembly

GA6: End TB Strategy

The World Health Assembly (WHA) has underscored its commitment to combating tuberculosis (TB) through its End TB Strategy, aiming to eliminate TB as a global health threat by 2035. This ambitious strategy aligns with the Sustainable Development Goals (SDGs) and focuses on reducing TB incidence by 90%, TB deaths by 95%, and ensuring that no family faces catastrophic costs due to TB by 2035.

Central to the End TB Strategy is the promotion of patient-centered care. The WHA emphasizes the need for accessible, high-quality TB services that are tailored to meet the needs of all individuals, including vulnerable populations such as children, the elderly, and those with co-morbidities like HIV. Efforts include improving diagnostic methods, ensuring uninterrupted supply of effective TB medicines, and providing holistic care that addresses the social and economic determinants of TB.

Another critical objective is the strengthening of health systems to support TB control. This involves enhancing laboratory capacities for accurate diagnosis, integrating TB services into broader health systems, and training healthcare professionals to manage TB effectively. The WHA advocates for comprehensive health insurance schemes and social protection policies to minimize the economic burden on patients and their families.

The strategy also prioritizes the need for intensified research and innovation. Recognizing that current tools are insufficient to eliminate TB, the WHA calls for accelerated development of new vaccines, diagnostic tools, and treatment regimens. Public-private partnerships are encouraged to foster innovation and ensure that new technologies are rapidly translated into practice.

Addressing the social determinants of TB is another key focus. The WHA emphasizes that TB control efforts must go beyond the health sector to address factors such as poverty, malnutrition, and living conditions. Multi-sectoral collaboration is essential, involving government agencies, non-governmental organizations, and communities to create supportive environments that reduce TB transmission and improve treatment outcomes.

Global collaboration and accountability are vital components of the End TB Strategy. The WHA encourages countries to adopt robust monitoring and evaluation frameworks to track progress, and share best practices. International funding and technical assistance are also critical to support low-resource settings that face significant challenges in implementing effective TB control measures due to limited healthcare infrastructure, financial constraints, and social determinants that exacerbate the spread and impact of the disease.

In summary, the WHA's End TB Strategy is a comprehensive approach aimed at eradicating tuberculosis through patient-centered care, strengthened health systems, research and innovation, addressing social determinants, and fostering global collaboration. By implementing these strategies, the WHA seeks to achieve significant reductions in TB incidence and mortality, ultimately eliminating TB as a public health threat by 2035.

Simulation: World Health Assembly Committee A Topic: End TB Strategy

Welcome to Global Model WHO 2024.

We are very pleased to introduce you to the most authentic simulation of the World Health Organisation in the world; and hope to contribute to your understanding of the Organisation, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

Key Points and Main Issues Delegates Need to Understand about Strategies to Eradicate

Delegates need to understand that TB remains prevalent in high-burden countries because of a combination of weak healthcare systems, socioeconomic conditions (poverty, malnutrition, overcrowding), and co-infections with HIV, as well as challenges related to drug-resistant TB. Addressing these issues requires a comprehensive approach that includes strengthening health systems, improving public awareness, addressing the social determinants of TB, and ensuring that funding and political commitment are sustained. The fight against TB in high-burden countries also necessitates better diagnostics, new treatment regimens, and the development of more effective vaccines to break the cycle of transmission.

1. Global TB Burden

- TB remains one of the top 10 causes of death worldwide, with around 10 million people developing the disease each year. Although TB is preventable and curable, around 1.5 million people die from it annually.
- TB disproportionately affects low- and middle-income countries (LMICs), particularly in Africa, South Asia, and Southeast Asia. About 95% of TB deaths occur in LMICs.

2. Poverty and Socioeconomic Factors

- TB is often referred to as a disease of poverty because it thrives in conditions where people have poor nutrition, inadequate housing, and limited access to healthcare. Poverty also leads to malnutrition, which weakens the immune system and makes individuals more vulnerable to developing active TB.
- In high-burden countries, many people live in overcrowded homes or urban slums with poor ventilation, which facilitates the transmission of TB. The bacteria that cause TB are airborne, and they spread easily in congested environments.
- In many countries, TB is highly stigmatized, particularly because it is associated with poverty, HIV, and poor hygiene. This stigma prevents people from seeking timely diagnosis and treatment, allowing the disease to spread further.

Key Points and Main Issues Delegates Need to Understand about Strategies to Eradicate

3. Co-Infection with HIV

- In regions with high HIV prevalence (especially in sub-Saharan Africa), the HIV epidemic has driven up TB rates. People with HIV have weakened immune systems, which makes them much more susceptible to developing active TB if they are infected with the TB bacteria.
- TB is the leading cause of death among people living with HIV. The dual epidemic of HIV and TB presents significant challenges to healthcare systems in high-burden countries, as both diseases need to be treated simultaneously and require specialized care.

4. Drug-Resistant TB

- Poor adherence to TB treatment, along with inadequate healthcare infrastructure, has led to the emergence of drug-resistant TB strains in many high-burden countries. MDR-TB and extensively drug-resistant TB (XDR-TB) are much harder and more expensive to treat, requiring longer treatment durations and second-line drugs.
- Many patients in high-burden countries fail to complete their TB treatment due to the long duration (6–9 months for drug-sensitive TB, up to 24 months for MDR-TB), side effects, and inconsistent access to medications. This leads to drug resistance and a higher transmission rate of resistant strains.

5. Lack of Public Health Awareness and Education

- Many people in high-burden countries are not aware of the symptoms of TB or the importance of completing treatment. Misunderstandings about the disease, combined with stigma, prevent people from seeking care early.
- In some regions, people may rely on traditional medicine or local healers before seeking formal medical treatment, which can delay diagnosis and treatment of TB, increasing transmission and worsening health outcomes.

Key Points and Main Issues Delegates Need to Understand about Strategies to Eradicate

6. Social Determinants of Health

- Malnutrition is both a cause and a consequence of TB. Undernourished individuals have weakened immune systems, which makes them more vulnerable to TB infection and disease progression. TB, in turn, worsens malnutrition by causing weight loss and poor absorption of nutrients.
- Rapid urbanization in high-burden countries often leads to the development of informal settlements with poor living conditions, where TB spreads easily. Migrant populations, particularly those living in overcrowded refugee camps or slums, are at high risk of TB due to poor healthcare access and living conditions.

7. Inadequate Funding and Global Support

- Many high-burden countries face severe funding gaps in their national TB programs, which limits their ability to scale up TB prevention, diagnostics, and treatment services. The WHO estimates an annual global TB funding shortfall of around \$6 billion.
- In some high-burden countries, national TB programs are highly dependent on international funding from donors like the Global Fund. This external funding is often insufficient to cover all TB-related needs and is subject to fluctuations, making it difficult to sustain long-term TB control efforts.

8. Weak Public Health Infrastructure and Surveillance

- Many high-burden countries lack effective disease surveillance systems, which makes it difficult to detect and track new TB cases in a timely manner. This leads to underreporting of cases and limits the ability to monitor the true extent of the TB epidemic.
- Effective TB control requires the ability to trace and test close contacts of TB patients to prevent further transmission. However, contact tracing is often inadequate in high-burden countries due to limited resources.

Key Points and Main Issues Delegates Need to Understand about Strategies to Eradicate

9. Political Instability and Conflict

- In areas affected by conflict or political instability, healthcare infrastructure is often destroyed or disrupted, making it difficult to deliver TB services. Populations in conflict-affected regions are at higher risk of TB due to displacement, overcrowded living conditions, and poor nutrition.
- People living in refugee camps or migrating due to conflict often face poor healthcare access, making them particularly vulnerable to TB. These populations are also more likely to have latent TB infections that may progress to active TB due to their challenging living conditions.

10. Environmental and Occupational Exposure

- In some high-burden countries, workers in certain industries, such as mining, are at higher risk of TB due to exposure to silica dust and crowded working conditions. This is particularly true in countries with a large mining workforce, such as in southern Africa, where silicosis (lung disease from silica dust) increases vulnerability to TB.
- Poor air quality and overcrowded urban environments in high-burden countries exacerbate respiratory diseases, making people more susceptible to TB infection.

[The second United Nations high-level meeting on TB: new global pledge to end the TB epidemic](#)

2023

Summary: On 22 September 2023, world leaders adopted a historic declaration with commitments to ambitious and comprehensive time-bound targets and actions at the second United Nations (UN) high-level meeting on the fight against tuberculosis (TB). This webpage summarizes the target goals that were set, highlights the commitments made by all UN Member States in the 2023 declaration on TB and the requests made to WHO, the UN Secretary-General and Member States. It also provides an important summary of all the meetings that led up to this historic declaration as well as links to all the important documents delegates should be familiar with in preparation for the GMWHO. .

[2023 Political Declaration on United Nations High Level Meeting to fight against Tuberculosis](#)

2023

Summary: The 2023 Political Declaration builds on the previous declaration, identifies gaps in implementation and reaffirms the political commitment of the nations towards reducing TB deaths and incidences. It highlights the lack of sustainable financing and the need to build an investment case.

[Comprehensive review of progress towards the achievement of global tuberculosis targets and implementation of the political declaration of the United Nations high-level meeting of the General Assembly on the fight against tuberculosis - Report of the Secretary-General](#)

2023

Summary: The report provides overview of actions taken by Member States, the World Health Organization, communities and partners over a period of five years, from 2018 to 2022 to achieve the global tuberculosis targets.

[WHO Director-General Flagship Initiative to #ENDTB 2023-2027](#)

2023

Summary: The focus of the initiative is on ensuring universal access to prevention, care and the latest tools and technologies to combat TB on the road to Universal Health Coverage (UHC).

[The Global Plan to End TB 2023-2030](#)

2022

Summary: The Stop TB Partnership's Global Plan to End TB, 2023-2030 is a plan for ending TB as a public health challenge by 2030. It provides a blueprint of priority actions required and a detailed estimate of financial resources needed to end TB.

[The WHO End TB Strategy](#)

2015

Summary: The post 2015 global strategy for tuberculosis prevention, care and control adopted by consensus in the WHA Resolution 67.1 charts the different targets and pillars to achieve SDG 3.3. Refer to the figures describing global burden in 2015, set targets on the 2015 baseline and challenges to the set targets.

[Moscow Declaration](#)

2023

Summary: The first WHO Inter-Ministerial Conference on Ending Tuberculosis adopted the 2017 Moscow Declaration highlighting national strategies and interventions to help accelerate post-2015 strategy. It laid down the groundwork for the G20 work-stream on TB.

[2018 Political Declaration on United Nations High Level Meeting to fight against Tuberculosis](#)

2018

Summary: The Political Declaration of the United Nations General Assembly High Level Meeting renews the political commitment to reduce mortality and morbidity due to TB and pledges to intensify efforts in achieving set targets. It also recognizes the social determinants which affect TB and sets financial targets in line with the Addis Ababa Agenda for Financing Development.

[Global Strategy for Tuberculosis Research and Innovation](#)

2020

Summary: A comprehensive strategy to support Member States to ramp up production and distribution of biomedical and digital technologies for diagnostics and other services, including data-sharing, financing research and innovation and creating an enabling environment for TB research among others.

[Framework for Collaborative Action on Tuberculosis and Comorbidities](#)

2022

Summary: This document addresses multimorbidity as part of patient-centred care with respect to Tuberculosis and its comorbidities. Through 5 sub-sections, it highlights the significance of collaborative action to reduce mortality in cases of comorbid diabetes, alcohol abuse, smoking, etc with TB.

[Guidance on Engagement of Communities and Civil Societies to End Tuberculosis](#)

2023

Summary: This document identifies civil society organisations and describes ways in which they can be engaged to effectively implement the End TB Strategy to help achieve the set targets.

[Global Tuberculosis Report](#)

2023

Summary: Every year, the World Health Organisation publishes the Global Tuberculosis Report which measures the progress made against the End TB Strategy, lapses in implementation and country success stories.

[WHO TB Guidelines: Recent Updates](#)

2023

Summary: All the recent updates to WHO TB Guidelines (formed after convening a Guideline Development Group for TB Guidelines) are reflected here, including changes made to screening and diagnostics and any updates in treatment as well.

Summary: The meeting brought together Member States and their delegations including Heads-of-State and other leaders, ministers from relevant ministries, mayors and governors of cities and states with a high burden of tuberculosis, representatives of civil society, including non-governmental organizations and indigenous leadership community organizations and faith-based organizations, academia, philanthropic foundations, the private sector and networks representing people affected by tuberculosis. The Opening segment included statements by H.E. Mr. Dennis Francis, President of the 78th session of the General Assembly and Tedros Adhanom Ghebreyesus, Director-General, World Health Organization. During the high-level meeting on the fight against tuberculosis, the following speakers addressed the General Assembly: the President of the Economic and Social Council, the Chair of the Stop TB Partnership Board, an eminent high-level champion of the fight against tuberculosis and a person affected by tuberculosis. The Plenary Segment included statements by Member States (starting at 01:02:00 on the YouTube video, Member States spoke in the following order: Zimbabwe, Saint Kitts and Nevis (on behalf of CARICOM), Malta (on behalf of European Union), Cuba (on behalf of G77 and China), Tunisia (on behalf of the Group of African States), El Salvador, Brazil (on behalf of Mercosur that includes Argentina, Uruguay, Paraguay, Chile, Bolivia), Indonesia, Chile, Italy, Slovakia, Egypt, Paraguay, Sweden, Ecuador, Norway, Malaysia, the Netherlands, Tajikistan, Argentina, Iraq, Tanzania, Hungary, Kazakhstan, South Africa, Ghana, Angola, France, Mali, Uruguay, Namibia, Guyana, Qatar, Uzbekistan, United Arab Emirates, Kyrgyz Republic, Denmark, Uganda, the Gambia, Côte d'Ivoire, Moldova, Malawi, Venezuela, Bangladesh, Somalia, Togo, Sierra Leone, Tuvalu, Philippines, Equatorial Guinea, Nauru, Trinidad and Tobago, Yemen, Nigeria, Burkina Faso, Kenya, Maldives, Timor Leste, Lao PDR, Eritrea, Poland, Viet Nam, Papua New Guinea, Bhutan, Liberia, Zambia, Ethiopia, Botswana, Cameroon, Oman, Senegal, Kiribati, Cambodia (on behalf of ASEAN), New Zealand (on behalf of CANZ), United Kingdom, Holy See, Tonga, Democratic Republic of Congo, Russian Federation, United States, Nicaragua, China, Armenia, Morocco, Saudi Arabia, Mozambique, Türkiye, Georgia, Republic of Korea, Pakistan, Australia, Panama, Jamaica, Iran, Germany, Canada, Bulgaria, Japan, Portugal, India, Bahrain, Nepal, Syrian Arab Republic, Ukraine, and members of the United Nations specialized agencies. The Closing segment included summaries of the multi-stakeholder panels and concluding remarks by H.E. Mr. Dennis Francis, President of the 78th session of the General Assembly. The objective of the meeting was to undertake a comprehensive review of the achievement of agreed tuberculosis goals at the national, regional and global levels that was contained in the 2018 political declaration and to identify gaps and solutions to accelerate progress towards ending the epidemic by 2030. At the end of the meeting, the high-level meeting approved an action-oriented political declaration, agreed in advance by consensus through intergovernmental negotiations. This is a truly wonderful resource to hear real government representatives speak on this important health issue.

Approving Political Declaration, Member States at High-Level Summit Call For New, Effective Vaccine Against Tuberculosis with Chants of 'End TB!'

2023

Summary: Summary of speeches delivered a panel discussion that served to open the High-Level Meeting on Fight against Tuberculosis at the Seventy-eighth Session of the GA.

High-level meeting on the fight against tuberculosis -- General Assembly, 78th session

NA

Summary: This wonderful resource of actual statements from the High-level meeting on tuberculosis contains a number of statements made by regional and political groups that includes: CARICOM, European Union, G77 and China, the Group of African States, Mercosur, ASEAN, and CANZ. If a delegate cannot find a statement made by a representative of the country he or she has been assigned but their country belongs to one of these groups, they align their position with the statement made by any of the groups to which they are a member. In some cases, when a country belongs to more than one group, they align their position with more than one group.

[STOP TB Partnership Dashboard](#)

NA

Summary: This Dashboard provides a profile for every country that includes an overview of the tuberculosis situation in each country, a TB summary analysis, UN High-level meeting on tuberculosis targets, TB financing for the country and diagnostics and medicines provided by the Global Drug Facility (GDF).

Asia Pacific

[WHO South-East Asia Region commits to further enhance efforts to end TB, adopt Gandhinagar Declaration- WHO SEARO Press Release](#)

2023

Summary: The Gandhinagar Declaration focuses on multi-sectoral action to end TB, including the multisectoral commission reporting at the highest political level in the countries of the region.

[National Plan for Accelerated Actions for Ending TB: 2021-2025-WHO Timor Leste](#)

2020

Summary: A strategic roadmap with objectives and list of accelerated actions for ending TB in Timor Leste, which can be extrapolated to the South East Asian Region.

Latin America and the Caribbean

**Tuberculosis in the Americas: Regional Report 2020-
PAHO**

2020

Summary: Complete summarisation of the trends of tuberculosis in the region including incidences of different categories of TB, preventive strategies and progress towards End TB Strategy.

**Determinants of Tuberculosis in Countries of Latin
America and the Caribbean-Pan American Journal of
Public Health**

Summary: This study explores the correlation of determinants of health like basic sanitation and water coverage, women's literacy, nutritional status, etc against parameters like incidences of TB-HIV co-infection and MDR TB. Addressing the determinants of health had a great impact on reduction of these incidences.

African Group

Framework for Implementing the “End TB Strategy” in the WHO African Region 2016-2020- WHO AFRO

2017

Summary: This framework gives context to the End TB Strategy in the African region along with setting up regional targets to be achieved by 2020. The most important aspect is the identification of regional issues and challenges which continue to pose threats to the realization of the set goals and targets.

Tuberculosis in the WHO African Region: 2023 Progress Update- WHO AFRO

Summary: Progress on the WHO AFRO TB initiatives, including diagnostics, susceptibility testing and laboratory networks strengthening, and reflects the current trends and updates from the previous framework.

European Region

Tuberculosis Surveillance and Monitoring in Europe 2024-2022 data

2024

Summary: This report provides factual data reflecting the epidemiological situation on the burden of tuberculosis in the region, trends, disease notification and treatment outcomes summarising the situation in the region.

PASS To End TB, Terms of Reference- WHO EURO

2024

Summary: The EURO/TB Initiative on TB Prevention and Systematic Screening(PASS) is based on the idea that preventive strategies showed the greatest impact on slowing the TB Epidemic in the region, with an expansive workforce(EURO/TB Roster) and lays out the terms of reference and objective of this Roster.

[The Social Drivers of Tuberculosis-Reconfirmed: Lancet Infectious Diseases](#) **2023**

Summary: This article explores the social determinants behind TB and the reason behind existing TB burden in Low and Middle Income Countries(LMICs) and explains why social protection is necessary for TB-affected families.

[Failure to Integrate UHC, TB, PPPR Agendas Will Squander Resources and Cost Lives-Plos](#) **2023**

Summary: This article links health systems resilience to the integrated and multisectoral approach to TB and other major global health security threats. It also highlights the need to achieve UHC for TB-affected families.

[Tuberculosis: Current Challenges and Beyond-European Respiratory Journals](#) **2023**

Summary: This article explores the challenges of TB prevention and control with a 3 tier model: national TB programmes, general health sector and beyond health. It builds a strong case for multisectoral action to achieve the goals set out in the End TB Strategy.

[The Impact of Digital Health Technologies on Current Challenges and Beyond- European Respiratory Journals](#) **2018**

Summary: This article explores the efficacy of DHIs such as Video Observed Therapy, Short Message Services(SMS) and Medication Monitors(MM) to support DOTS.

Asia Pacific

[2025 Too Short A Time to Eliminate Tuberculosis from India- Lung India](#)

2017

Summary: India has the highest burden of Tuberculosis in the world, sharing an estimated 25% of global TB burden. Elimination of TB from India (<1 case per 10 lakh) would significantly reduce global burden. However, the article stresses on the several challenges India and the Asia Pacific faces when it comes to Elimination of TB.

[Implementation Status of National Tuberculosis Infection Control Guidelines in Bangladesh-PLOS ONE](#)

2021

Summary: To prevent the spread of Tuberculosis among the Health Care Workers (HCWs) of Bangladesh, the TB Infection and Prevention Control (IPC) guidelines were developed, especially in the context of reducing nosocomial and MDR TB. This article found that there was lack of awareness among HCWs about TB IPC Guidelines, leading to poor adherence. This may prove disastrous in the future with the development of MDR TB.

Latin America and the Caribbean

**Universal Health Coverage: An Effective
Intervention for a Tuberculosis Free World- Lancet
Global Health**

2022

Summary: Following Brazil's example, a Family Health Strategy based on UHC may considerably reduce child mortality due to TB.

**Tuberculosis and the Law in Latin America and the
Caribbean- STOP TB Partnership**

2018

Summary: This document reflects the WHO Guidelines on TB Legislation and discusses the various ethical standards that must be met when it comes to treatment of TB in keeping with the WHO Ethics Guidance.

African Group

[A Spotlight on the Tuberculosis Epidemic in South Africa-Nature](#)

2024

Summary: The article highlights how socioeconomic inequality in South Africa has contributed to rising incidences of Tuberculosis, with the research sector taking the brunt of lack of financing for TB research and innovation.

[TB is once again the deadliest disease in Africa-what went wrong- GAVI, the Vaccine Alliance](#)

2022

Summary: The article analyses the reasons behind the post-pandemic rise in TB cases in Africa, investigating different causes including the setbacks suffered by the TB Control Programme due to decreased pool of funds, overwhelmed health systems, supply chain disruptions and more.

Europe

Tuberculosis in the European Union/European Economic Area: Much Progress, Still Many Challenges- Eurosurveillance

2019

Summary: While it is traditionally believed that TB doesn't affect HICs, this article highlights how even though the rate of incidences and mortality may be decreasing in EEA, but it is still not enough to meet the post 2015 targets that have been set up by the WHO.

Migration and Tuberculosis in Europe- Journal of Clinical Tuberculosis and other Mycobacterial Diseases

2022

Summary: This study explores the resurgence in TB in Europe due to migration from High-TB incidence countries, and how this may affect populations living in Europe for long periods of time and with decreased immunity.



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