

# UN Special Envoy Eric Goosby FIND and NDWG Symposium The Hague, October 24, 2018

It is appropriate that we are having this conversation RIGHT NOW..... almost one month to the day after the UN High-Level Meeting on Tuberculosis. I believe we left that meeting with a great sense of hope, but also with the reality that we have significant hurdles to overcome.

But it should be of surprise to no one that these hurdles exist. The High Level Meeting did not come with a magic wand to wave all our TB woes away.

But what it did come with was a launching pad to begin knocking down those hurdles to scale-up people-centered care. And we must all be players in this effort. Your expertise will also help guide countries as they put the words of the declaration into action.

TB has never had this kind of attention. And, now, it's our job not to squander it. We must make sure that commitments made at the High Level Meeting are commitments kept.

The declaration has many valuable components from financing to accountability to rights, but today the most relevant is certainly the clear articulation of R&D needs -including –diagnostics - and the operational targets. We have a little more than 4 years to find and treat 40 million people living with TB disease and provide treatment to 30 million people infected with TB.

To do so, first, countries must know their epidemic. Collectively we need to build plans from the bottom up that are aligned with the commitments made from the top down. These global targets have been apportioned to countries based on their burden of disease – and now we need to adapt our efforts to find the 40 million.

Knowing the epidemic is more than just a number – it's also knowing how people seek care maps with the system's capacity to diagnose TB. It's removing barriers like stigma and cost to make sure people come early and are properly diagnosed. It's understanding how TB care affects the lives of those affected and finding ways to deliver care that supports the patient and their families.

It is also critical that we rely on civil society to make sure that heads of state are held accountable. I am not exaggerating when I say that civil society played a big role in the success of the High Level Meeting.

And the task before them is even bigger. They not only need to ensure accountability, they need to be part of making it happen... become part of the process... give voice to the voiceless.

Most of you know that I come from the AIDS community. I have witnessed a couple of High Level Meetings. And the ones that were the most successful were the ones that brought civil society to the table before and after.

Finally, we will not defeat TB if we don't address the need to achieve universal health coverage. It won't be easy. But achieving universal health coverage will happen. It MUST happen if we are to truly end the senseless suffering and death of countless people across the planet.

Finding the last 40% of any group is harder than finding the first 40% whether this is TB or HIV – polio or malaria. Universal health coverage is a principle and a right, but delivering it requires strong health systems. Whether to treat infectious diseases or NCDs, we need health systems that function efficiently at all levels.

Several years ago, when I was the U.S. Global AIDS Coordinator, I was asked what was the most overlooked achievement of the AIDS response. I surprised just about everyone when I said the creation of strong health care platforms. Strong health care platforms were and remain the backbone of our AIDS response efforts. Without them, we would not be able to provide the testing, treatment and care necessary to save lives.

I understand that the rate of TB/ HIV co-infection is declining and now only 9% of people with TB are co-infected but I think this analogy is extremely relevant. PEPFAR built a one-stop-shop for services. People could get tested and if they were diagnosed with HIV, they would immediately be linked to care and provided with counseling on how to stay on treatment and in care. Through co-investments with local governments, we rebuilt hospitals and clinics; increased the quality and quantity of trained health care workers; established patient information systems and quality laboratories; and strengthened commodity procurement and distribution systems.

It is only through the strengthening of health platforms in low- and middle-income countries that we are going to see dramatic decreases in the rates of infection and death in TB and other diseases.

I thank you for inviting me today to the annual FIND Symposium to deliver the message that sharply increasing every country's capacity to diagnose TB is the first step in achieving the operational targets from the HLM. Success in reaching these targets will require both advances in new diagnostic technology and broader, bolder case finding strategies. I believe our discussions will be rich and look forward to hearing them.

In closing I would like to remind all of the hurdles before us. I didn't hear anyone at the High Level Meeting say this was going to be easy. But we must remember that TB is preventable, treatable and curable.

Now, let's make it doable.

Thank you.