

First WHO Global Ministerial Conference
Ending TB in the Sustainable Development Era: A Multisectoral Response
Moscow, Russian Federation, 16-17 November 2017

MOSCOW DECLARATION TO END TB

Preamble:

We, the Ministers of Health and from across Governments acknowledge that despite concerted efforts, tuberculosis (TB), including its drug-resistant forms, causes more deaths than any other infectious disease worldwide^a and is a serious threat to global health security.

TB kills more than five thousand children, women and men each day and leaves no country untouched.^a It is one of the leading killers among people of working age which creates and reinforces a cycle of ill-health and poverty, with potential catastrophic social and economic consequences for families, communities, and countries. While recognizing the higher prevalence of TB among men, women and children are also vulnerable to the consequences of TB due to gender- and age-related social and health inequalities, such as poor health literacy, limited access to health services, stigma and discrimination, and exposure to the infection as carers. Multidrug-resistant TB (MDR-TB) accounts for one-third of all antimicrobial resistance (AMR)-related deaths, making the global AMR agenda central to tackling TB. TB is also the principal cause of death among people living with HIV/AIDS. The global TB targets will not be met without new and more effective tools and innovative approaches for prevention, diagnosis, treatment and care. Persistent funding gaps impede progress towards ending TB.

Although a concern to all people, TB disproportionately afflicts the poorest and the most vulnerable populations. Tobacco smoking, harmful use of alcohol and other substance abuse, air pollution, exposure to silica dust, living with HIV/AIDS, diabetes and malnutrition increase the risk of TB. Stigma and discrimination remain critical barriers to TB care.

We reaffirm our commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development and its Sustainable Development Goals (SDGs), the World Health Organization (WHO) End TB Strategy, and the Stop TB Partnership Global Plan to End TB 2016-2020. We acknowledge that to fundamentally transform the fight against TB, we need to:

- (i) address all the determinants^b of the TB epidemic including through a high-level commitment to, and implementation of, a multisectoral approach^c;
- (ii) achieve rapid progress towards the goal of universal health coverage through health systems strengthening, while also ensuring universal access to quality people-centred TB prevention and care, ensuring that no one is left behind;
- (iii) implement measures aimed at minimizing the risk of the development and spread of drug resistance taking into account global efforts to combat AMR;
- (iv) secure sufficient and sustainable financing, especially from domestic sources, and mobilize, as needed, additional financing from development banks, development partners and donor agencies;
- (v) advance research and development, as well as rapid uptake, of new and more effective tools for diagnosis, treatment, drug regimens, and prevention including vaccination, and ensure that we translate existing and emerging knowledge into concrete action to achieve rapid results;
- (vi) actively engage people and communities affected by, and at risk of, TB.

Furthermore, an effective TB response requires a global, regional, cross-border and country specific approach with multisectoral and multi-stakeholder actions, with recognition of: (i) significant differences among and within countries with high, intermediate and low incidence of TB and MDR-TB, (ii) demographic and social trends such as population ageing and urbanization, and (iii) needs of the affected individuals and communities, and the challenges in reaching and identifying all people with TB and providing them with appropriate care.

We recognize this First WHO Global Ministerial Conference, *Ending TB in the Sustainable Development Era: A Multisectoral Response*, convened by the WHO and the Government of the Russian Federation, as a fundamental milestone towards the United Nations General Assembly (UNGA) High-Level Meeting on TB in 2018. To fulfil the commitments and calls to action in this Declaration, and to achieve the most from the UNGA High-Level Meeting, we need to enlist the full engagement of, and collaboration among, heads of state, UN leadership and other global leaders; technical agencies and academia; private sector and philanthropic foundations; civil society and other relevant partners (such as patients groups, health professionals, social and community workers organizations and funding agencies).

Commitments and calls to action:

We commit ourselves to ending TB, which is a political priority defined in the Agenda 2030 and as a contribution to achieving universal health coverage, within national legislative and policy frameworks, and to implementing the following actions through approaches protecting and promoting equity, ethics, gender equality, and human rights in addressing TB, and based on sound, evidence-based, public health principles. We urge WHO, and call upon other UN organizations and all partners, to provide the support necessary for success:

1) Advancing the TB response within the SDG agenda

We commit to:

- *Scaling up TB prevention, diagnosis, treatment and care and working towards the goal of universal health coverage through public and private health care providers to achieve detection of at least 90 per cent of cases and successful treatment of at least 90 per cent of those detected^d in all countries through the use of rapid diagnostics (including molecular diagnostics), appropriate treatment, patient-centred care and support, applying WHO-recommended standards of care^e, and harnessing digital health^f.*
- *Prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and populations in vulnerable situations such as women and children, indigenous people, health care workers, the elderly, migrants, refugees, internally displaced people, prisoners, people living with HIV/AIDS, people who use drugs, miners, urban and rural poor and under-served populations, without which TB elimination will not be possible.*
- *Addressing MDR-TB as a global public health crisis including through a national emergency response in at least all high MDR-TB burden countries, while ensuring that robust systems are sustained in all countries to prevent emergence and spread of drug resistance.*
- *Rapidly scaling up access to patient-centred, integrated TB and HIV services and collaborative activities to end preventable deaths due to TB among people living with HIV/AIDS.^{g h}*
- *Achieving synergies in managing TB, co-infections and relevant noncommunicable diseases, undernutrition, mental health and harmful use of alcohol and other substance abuse, including drug injection.*

- Working to increase, when relevant, access to new and effective tuberculosis drugs under strict programmatic monitoring and follow-up.
- Ensuring, as appropriate, adequate human resources for TB prevention, treatment and care.
- Reducing stigma, discrimination and community isolation, and promoting patient-centred care including community-based treatment options, as well as psychosocial and socioeconomic support.

We call upon:

- WHO, other UN agencies, the Global Fund to Fight AIDS, TB and Malaria, the Stop TB Partnership, UNITAID, donors and partners, including from the private sector, academia and philanthropic foundations, and civil society to support the implementation of this declaration.
- WHO, bilateral and multilateral funding agencies and other partners to urgently support high MDR-TB burden countries in their national emergency response.
- WHO, other UN agencies, bilateral and multilateral funding agencies and technical partners to address MDR-TB as a major threat to public health securityⁱ by supporting implementation of the Global Action Plan on AMR in all countries, while we reaffirm the political declaration of the high-level meeting of the UN General Assembly on antimicrobial resistance.^j

2) Ensuring sufficient and sustainable financing

We commit to:

- Working with heads of state and across ministries and sectors, as appropriate, to mobilize the domestic financing needed for health systems strengthening with the ultimate goal of reaching universal health coverage, in keeping with national legislative frameworks, and with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.^k
- Developing and implementing, as appropriate, more ambitious, fully-funded national TB policies and strategic plans, including for TB research, that are aligned with national health plans, frameworks and the End TB Strategy and in keeping with national legislative frameworks.
- Identifying and implementing, as appropriate, the actions required to address issues that cause catastrophic costs^l to patients and their households, to ensure social protection measures, while ensuring that actions are in line with human rights obligations.

We call upon:

- Global health financing partners including the Global Fund to Fight AIDS, TB and Malaria, the Global Financing Facility, bilateral agencies, the World Bank, and regional development banks to pursue and advocate for additional financing including through blended^m and/or other forms of innovative financing, with adequate safeguards for ensuring public health impact and attention to key populations.
- WHO to continue providing strategic and technical leadership, advice and support to Member States as well as to international institutions.
- Academic, technical, civil society, private sector and other relevant partners to continue their efforts to help countries develop and pursue investment casesⁿ while supporting health systems strengthening and increased absorption capacity.^o

3) Pursuing science, research and innovation

We commit to:

- *Increasing national and/or regional capacity and funding, as needed, to urgently expand multidisciplinary TB research and innovation, as well as applied health research, by establishing and/or strengthening national TB research networks including civil society and community-based mechanisms, considering TB research as a central element of national TB and R&D strategies, expanding existing networks to integrate TB research, and reducing research- and implementation-related regulatory impediments.*
- *Working, when relevant, across ministries, donors, the scientific community and the private sector, academia, and other key stakeholders for the purpose of research: (a) for development and evaluation of (i) rapid point of care diagnostics, (ii) new and more effective drugs, and shorter, high-quality and cost-effective treatment regimens for all forms of TB (including latent TB infection and drug-resistant TB), and (iii) safe and effective TB vaccines by 2025; and (b) on environmental and social determinants of TB and effective interventions strategies.*
- *Improving, as appropriate, the coordination of research efforts nationally and globally, and ensuring that the emerging knowledge is promptly put into action, including by putting in place appropriate policy frameworks and implementing new medical technologies.*
- *Strengthening, as appropriate, surveillance systems, improving data collection and reporting at all levels, utilising innovative approaches and including surveillance in TB research agendas.*

We call upon:

- *WHO in collaboration with global partners, research organizations, donors, the scientific community and countries to consider developing a Global Strategy for TB Research taking into consideration ongoing and new efforts, such as the TB Research Network stated in the BRICS Leaders Xiamen Declaration.*
- *WHO in collaboration with global health and research partners and countries to make further progress in enhancing cooperation and coordination of TB research and development, considering where possible drawing on existing research networks to integrate TB research, such as the new AMR Research and Development Collaboration Hub proposed in the 2017 G20 Leaders' Declaration, notably to facilitate rapid scale up of innovative approaches and tools for TB prevention, diagnosis, treatment and care.*

4) Developing a Multisectoral Accountability Framework

To end TB by 2030, we will need reliable data to ensure that our collective knowledge is transformed into effective and timely action, both globally and domestically, and that we deliver on the commitments made in this declaration. A new multisectoral accountability framework should enable the review and monitoring of implementation and provide a systematic approach to determine additional actions required to achieve the SDG and End TB Strategy milestones and targets. The accountability framework should build upon evidence, independent analysis and constructive collaboration among all relevant partners, with an emphasis on high-burden countries, and should avoid duplication and increased reporting burden. To maximize impact, a multisectoral accountability framework that is based on approaches protecting and promoting equity, gender equality, human rights and ethics could, according to needs, include:

- a) The convening of national inter-ministerial commissions on TB, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral fora to include actions against TB in consultation with existing entities the goals of which include combatting TB so as to avoid duplication of efforts;
- b) Mechanisms for strengthening advocacy at all levels within all relevant sectors;

- c) Well-defined reporting, including sex- and age-disaggregated data, and review processes to monitor progress toward clear goals; and
- d) Opportunities for active engagement, monitoring, reporting and/or audits by civil society, as well as other key stakeholders.

We commit to:

- *Supporting the development of a multisectoral accountability framework in advance of the 2018 UNGA High-Level Meeting on TB, to track progress towards the SDG target of ending TB using relevant SDG indicators and the End TB Strategy operational indicators, and applying financing benchmarks set by the Stop TB Partnership Global Plan to Stop TB 2016-2020.*

We call upon:

- *WHO, working in close cooperation with the UN Special Envoy on TB, Member States, including, where applicable, regional economic integration organizations, civil society representatives, UN Organizations, the World Bank and other multilateral development banks, UNITAID, the Stop TB Partnership, the Global Fund to Fight AIDS, TB and Malaria, research institutes and other partners, to develop the multisectoral accountability framework for the consideration of the WHO Governing Bodies, while taking into account existing multisectoral and multi-stakeholder frameworks, that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries.*
- *WHO, in collaboration with Member States and key stakeholders, to develop a reporting framework and periodicity for a multisectoral global progress report on TB, subject to independent review.*

Way forward:

We conclude with a commitment to act immediately on this Declaration in coordination with the WHO, and to engage with leaders and all relevant sectors of Government, UN agencies, bilateral and multilateral funding agencies and donors, academia, research organizations, scientific community, civil society and the private sector to prepare for and follow-up on the UNGA High-level Meeting on Tuberculosis in 2018 in New York.

Explanatory Notes

^a Please see the 2016 WHO Global TB Report: http://www.who.int/tb/publications/global_report/en/

^b TB determinants and/or risk factors: Conditions that favour transmission of TB or make people vulnerable to get TB are called TB determinants. The important social determinants of TB include poverty, and poor living and working conditions. Communicable and noncommunicable disease and other conditions that increase individual risk of getting TB are called risk factors. These include HIV/AIDS and other conditions that weaken the immune system, diabetes, silicosis, tobacco smoking, undernutrition, harmful use of alcohol and other substance abuse.

^c Multisectoral approach: Preventing TB or minimizing the risk of TB certainly requires not only actions by the health sector (such as achieving universal health coverage and control of communicable and noncommunicable diseases that are major risk factors for TB) but also by other development sectors (such as poverty reduction, improved food security, better living and working conditions).

^d As recommended in the WHO guidance on implementing the End TB Strategy:

http://www.who.int/tb/publications/2015/end_tb_essential.pdf?ua=1

^e Standards of care: WHO-recommended standards for optimum delivery of TB care and prevention, presented in the *Compendium of WHO guidelines and associated standards: ensuring optimum delivery of the cascade of care for patients with TB*.

^f Please see the document, *WHO Digital health for the End TB Strategy - an agenda for action*

<http://www.who.int/tb/publications/digitalhealth-TB-agenda/en/>

^g Eliminating preventable deaths among people living with HIV: This is in line with the target of reducing TB-related deaths among people living with HIV by 75 per cent by 2020, adopted by the UN General Assembly in the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

^h Please see the document, *WHO policy on collaborative TB/HIV activities*

http://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/.

ⁱ As stated in *WHA Resolution 62.15* from 2009: "Concerned that the highest levels of multidrug-resistance reported in WHO's fourth global report on anti-tuberculosis drug resistance – an estimated half a million multidrug-resistant cases occurring globally, including 50 000 cases of extensively drug-resistant tuberculosis – pose a threat to global public health security" http://apps.who.int/gb/ebwha/pdf_files/WHA62-REC1/WHA62_REC1-en-P2.pdf.

^j Please see the documents *WHO Global Action Plan on AMR* <http://www.who.int/antimicrobial-resistance/global-action-plan/en/> (adopted by the 68th WHA

http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R7-en.pdf?ua=1, and the *Political declaration of the high-level meeting of the UN General Assembly on AMR*

http://www.un.org/pga/71/wp-content/uploads/sites/40/2016/09/DGACM_GAEAD_ESCAB-AMR-Draft-Political-Declaration-1616108E.pdf.

^k Please see the document, *Addis Ababa Action Agenda of the Third International Conference on Financing for Development* http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf

^l Catastrophic costs: The costs due to TB measure the total economic burden on TB patients and their families and are considered catastrophic when they threaten the livelihood of patients and their families. These costs include: payments for care (e.g. diagnostic and treatment services, and medicines), payments associated with care seeking (e.g. travel costs) and the "opportunity costs" associated with care seeking (e.g. lost income). These are determined by undertaking surveys of TB patients in health facilities.

^m Blended financing: Complementary use of grants (such as from the Global Fund or other donors) and non-grant financing from private and/or public sources (such as a World Bank loan) on terms that would make a programme financially sustainable.

ⁿ Investment case: The Investment Case is a description of the transformation that a country wants to see to meet the targets and milestones towards ending the TB epidemic, and a prioritized set of investments required to achieve the results.

^o Absorption capacity: Capacity of a country health system to put a significantly increased flow of resources to efficient use, which depends generally on governance, institutional capacity, ownership, and social and political stability.