

Stop Tuberculosis Initiative

The Fifty-third World Health Assembly,

Concerned that the global burden of tuberculosis is a major impediment to socioeconomic development and a significant cause of premature death and human suffering;

Being mindful of the fact that most countries with the greatest burden of disease will not meet global targets for tuberculosis control for 2000 set by resolutions WHA44.8 and WHA46.36;

Welcoming the establishment, in response to resolution WHA51.13, of a special Stop Tuberculosis Initiative to accelerate action against the disease and to coordinate activities across WHO,

1. ENCOURAGES all Member States:

(1) to endorse the Amsterdam Declaration To Stop Tuberculosis, as an outcome of the Ministerial Conference on Tuberculosis and Sustainable Development (Amsterdam, March 2000), and to note and apply as appropriate the recommendations from that meeting, paving the way for creation of broad and long-lasting high-level political support to tackle tuberculosis within the broader context of health, social and economic development;

(2) to accelerate tuberculosis control by implementing and expanding the strategy of directly observed treatment, short course (DOTS) and to commit themselves politically and financially to achieving or to exceeding as soon as possible the global targets set by resolutions WHA44.8 and WHA46.36;

(3) to ensure that sufficient domestic resources are available, especially in developing countries, to enable them to meet the challenges of stopping tuberculosis, and that the capacity to apply them exists;

(4) to give high priority to intensifying tuberculosis control as an integral part of primary health care;

2. RECOMMENDS that Member States should:

(1) participate with WHO in the global partnership to stop tuberculosis, and establish and sustain country-level partnerships for:

(a) study of antituberculosis drug resistance and means of its containment;

(b) improvement of diagnostic laboratories;

- (c) access to antituberculosis drugs for the poorest populations;
 - (d) education and monitoring of patients to ensure better compliance with the treatment regimen;
 - (e) training of health workers in the DOTS strategy;
 - (f) integration of tuberculosis control into primary health care institutions and activities at the central and peripheral level;
- (2) include case detection and treatment success rates – the basic outcome measures for tuberculosis – among performance indicators for overall health sector development;
- (3) continue to assess the magnitude of the impact of the AIDS epidemic on the tuberculosis epidemic and develop strategies to better address tuberculosis in persons with AIDS and in HIV-infected populations, to speed up coordination between prevention and treatment programmes for the two epidemics so as to foster an integrated approach at all levels of the health system, and to the maximum extent possible, to monitor for multidrug-resistant tuberculosis and address issues leading to its containment;
3. CALLS ON the international community, organizations and bodies of the United Nations system, donors, nongovernmental organizations and foundations:
- (1) to support and to participate in the global partnership to stop tuberculosis by which all parties coordinate activities and are united by common goals, technical strategies, and agreed-upon principles of action;
 - (2) to increase organizational and financial commitment towards combating tuberculosis within the context of overall health sector development;
4. REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden, by:
- (1) applying, as appropriate, the recommendations of the Ministerial Conference in Amsterdam;
 - (2) exploring partnerships and options for enhancing access to safe, high-quality curative drugs;
 - (3) promoting of international investment in research, development and distribution of new diagnostics to speed up case detection and strengthen epidemiological surveillance, including support to Member States for community-based prevalence surveys or among high-risk subpopulations, the poor and those who are vulnerable to infections, new drug formulations to shorten duration of treatment, and new vaccines and other public health measures to prevent disease, reduce suffering and save millions from premature death;
 - (4) sustaining an active and participatory partnership with external organizations throughout the development and implementation of the Stop Tuberculosis Initiative and its activities;
 - (5) supporting regional programmes intended to coordinate tuberculosis control programmes.