World Health Organization

EXECUTIVE BOARD
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Global strategy and targets for tuberculosis prevention, care and control after 2015

Draft resolution proposed by Australia, Brazil, Colombia, Costa Rica, Estonia, France, Italy, Japan, Netherlands, Poland, Portugal, Slovakia, South Africa and United States of America

The Executive Board,

Having considered the report prepared by WHO which presents a global strategy and targets[1] for tuberculosis prevention, care and control after 2015,

RECOMMENDS to the Sixty-seventh World Health Assembly, the consideration and adoption of the following resolution:

The Sixty-seventh World Health Assembly,

(PP1) Having considered the report by the Secretariat which presents a proposed global strategy and targets for tuberculosis prevention, care and control after 2015;

(PP2) Acknowledging the progress made towards the achievement of the Millennium Development Goal 6 for 2015 following the United Nations Millennium Declaration and related 2015 TB targets through the adoption of the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on these frameworks, as called for with resolution WHA60.19;

(PP3) [Concerned with the persisting gaps and the uneven progress made towards current targets, and that some regions, Member States, communities and vulnerable groups require specific strategies and support to accelerate progress in preventing disease and deaths, and to expand access to needed interventions and new tools; **(EU)]**

(PP4) Noting with concern that even with significant progress, an estimated three million people who develop TB each year will not be detected or will not receive appropriate care and treatment;

[1] Document EB134/13 6.1 *(provisional agenda item – number may change).*

(PP5) Cognizant of the serious economic and social consequences of tuberculosis and of the burden borne by many of those affected in seeking care and adhering to tuberculosis treatment;

(PP6) Considering resolution WHA62.15 and its appeal for action on multidrug-resistant tuberculosis, aware that the response to the crisis to date has been insufficient despite introduction of new rapid diagnostic tests, and efforts to scale up disease management, that the vast majority of those in need still lack access to quality prevention, treatment and care services and alarmed at the grave individual and public health risks;

(PP7) Aware that HIV co-infection is the main reason for the failure to meet TB control targets in high-HIV settings and that TB is a major cause of deaths among people living with HIV, and recognizing the need for substantially enhanced joint actions in addressing the dual epidemics of tuberculosis and HIV/AIDS through increasing integration of primary care services to improve access to care;

(PP8) Recognizing that further progress on tuberculosis and other health priorities addressed within the Millennium Declaration must be made in the decades to come beyond 2015, and that progress on all of these priorities requires overall commitment to health systems strengthening and progress towards universal health coverage;

(PP9) Acknowledging that progress against tuberculosis depends on action within and beyond the health sector to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction;

(PP10) Guided by resolution WHA61.17 and its appeal for action on the health of migrants, and recognising the need for increased collaboration between high and low incidence countries and regions in strengthening TB monitoring and control mechanisms, including with regard to the growing mobility of labour;

(PP11) Noting the need for increased investments for accelerated implementation of innovations at country level as well as in research and development of new tools for tuberculosis care and prevention essential to eliminate tuberculosis;

(OP) 1. ADOPTS the global strategy for tuberculosis prevention, care and control after 2015 with:

(a) its bold vision of a world without tuberculosis and its targets of ending the global tuberculosis epidemic by 2035, through a reduction in tuberculosis deaths by 95%, and in tuberculosis incidence by 90%, and elimination of associated catastrophic costs for TB affected households;

(b) its associated milestones for 2020, 2025 and 2030;

(c) its principles addressing: government stewardship and accountability; coalition-building with affected communities and civil society; equity, human rights and ethics; and, adaptation to fit the needs of each epidemiological, socioeconomic and health system context;

(d) its three pillars of: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation;

(OP) 2. URGES all Member States[1] to adapt the strategy and implement, with high-level commitment and adequate financing, its proposed tuberculosis-specific, health sector and multisectoral actions, taking into account the local settings and, with full engagement of a wide range of stakeholders, seek to prevent the persistence of high-incidence rates of TB within specific communities or geographic settings;

(OP) 3. URGES all Member States[1] to adopt and pursue the targets and milestones, as well as monitor the implementation of the strategy and evaluate impact [**fully taking into consideration leaving flexibility to countries with high Tuberculosis burden while setting their respective country targets for post-2015 TB prevention and control. (CHINA)]**;

(OP) 4. INVITES international, regional, national and local partners from within and beyond the health sector to engage in, and support, the implementation of the strategy;

(OP) 5. REQUESTS the Director-General:

(a) to provide guidance to Member States on how to adapt and operationalize the strategy, including the promotion of cross border collaboration to address the needs of vulnerable communities and the threats posed by drug resistance;

(b) to co-coordinate and contribute to the implementation of the post-2015 global tuberculosis strategy, working with Member States, The Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and other global and regional financing institutions, all constituencies of the Stop TB Partnership and with additional multisectoral partners required to achieve the goal and objectives of the strategy;

[(CANADA) (b BIS) to actively support the development of a global investment plan by the Stop TB Partnership, outlining activities and defining financing requirements to meet the ambitious targets while achieving the stated milestones on the way;]

(c) to further develop and update global normative and policy guidance in tuberculosis prevention, care and control, as new evidence is gathered and innovations develop in the tools and strategic approaches available for ending the global epidemic and moving far more rapidly towards tuberculosis elimination;

(d) to support Member States upon request, in the adaptation and implementation of the strategy, as well as in the development of nationally-appropriate indicators, milestones and targets to contribute to local and global 2035 target achievement;

(e) to monitor the implementation of the strategy, and evaluate impact in terms of progress towards set milestones and targets;

[1] And, where applicable, regional economic integration organizations.

[(f) to promote the research and knowledge-generation required to end the global TB epidemic and eliminate TB, including accelerated discovery and development of new tools, and to pursue the adoption of resulting innovations; **(EU)]**

[(g) to promote equitable access to new tools and medical products for the prevention, diagnosis, and treatment of TB and MDR TB as they become available; **(EU)**]

(h) to work with the Stop TB Partnership and, where appropriate, seek out new partners that can leverage effective commitment and innovation within and beyond the health sector to effectively implement the strategy;

(i) to report on the progress achieved to the Seventieth and Seventy-third World Health Assemblies and at regular intervals thereafter through its Executive Board.

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