

The Regional Committee,

Noting that the Member States of the Western Pacific Region account for one third of the global tuberculosis burden;

Recognizing that tuberculosis affects all sections of society, but particularly the poorest and most vulnerable populations and the most economically productive age group;

Expressing concern that, despite the progress made in the directly observed treatment, short course (DOTS) expansion, the current case detection rate of 39% of estimated new smear-positive cases in areas of the Region implementing DOTS is still far below the regional target of 70%;

Expressing further concern that the quality of DOTS programmes is being compromised by the insufficient human resources assigned to tuberculosis programmes to conduct systematic monitoring and supervision;

Recognizing that, in most of the countries in the Region with an intermediate burden of disease, tuberculosis notification rates have stopped declining;

Further noting that the emerging challenges to tuberculosis control include multidrug resistance, tuberculosis/HIV co-infection and the low level of DOTS implementation in the private sector;

Welcoming the successful foundation that has been laid by Member States and the Stop TB Special Project since the declaration of a tuberculosis crisis in the Region in 1999;<sup>1</sup>

Acknowledging the increased global and regional support being provided to tuberculosis control through such mechanisms as the Global Fund to Fight AIDS, Tuberculosis and Malaria;

1. URGES Member States:

(1) to strengthen political commitment for tuberculosis control and to implement five-year Stop TB national plans for the period 2001-2005 in order to achieve the regional targets of detecting at least 70% of smear-positive tuberculosis cases and making DOTS available to all newly detected cases by 2005;

(2) to further increase financial resources, matching the recent increase in commitments from international partners, to expand DOTS coverage and to secure supplies of antituberculosis drugs;

(3) to strengthen partnerships at the country level through Country Coordinating Mechanisms of the Global Fund, and national Interagency Coordinating Committees;

(4) to increase human resources and management capacity for tuberculosis control at all levels and to enhance monitoring and supervision to improve the quality of DOTS programmes;

(5) to respond to emerging challenges by (a) adopting the regional framework for the prevention, surveillance and care of tuberculosis/HIV co-infection, (b) strengthening the monitoring and management of drug-resistant tuberculosis, and (c) establishing DOTS in the private sector in collaboration with the public sector;

(6) to improve the efficiency of drug management systems, including planning and monitoring, through closer collaboration between tuberculosis and drug management programmes;

(7) in countries with an intermediate burden of tuberculosis, to increase the availability and quality of tuberculosis surveillance data and to identify the country-specific factors that may be preventing further declines in tuberculosis notification rates;

2. REQUESTS the Regional Director:

(1) to work closely with Member States and other international organizations and partners, including the Global Fund, in order to reduce the funding gap for tuberculosis control in the Region;

(2) to further strengthen technical support to countries with a high burden of tuberculosis in order to reach the regional targets of 70% case detection by 2005 and 100% of newly detected cases to be treated by DOTS;

(3) to support Member States to respond effectively to emerging issues such as tuberculosis/HIV co-infection, drug-resistant tuberculosis and public-private collaboration for DOTS implementation;

(4) to continue to work with national interagency coordination committees, particularly in conducting reviews and comprehensive evaluations of national Stop TB programmes;

(5) to support countries with an intermediate burden of tuberculosis to strengthen their surveillance systems and to analyse the country-specific factors affecting tuberculosis.