

# Tuberculosis

The Executive Board,

Having considered the report of the Director-General on tuberculosis,<sup>1</sup>

RECOMMENDS to the Fifty-first World Health Assembly the adoption of the following resolution:

The Fifty-first World Health Assembly,

Aware that tuberculosis is strongly associated with social and economic causes related to gender, income and other factors showing inequities;

Aware also that tuberculosis remains one of the most important causes of death despite the existence of the highly cost-effective DOTS strategy to control the disease,<sup>2</sup> and that poor treatment and inadequate control of anti-tuberculosis drugs will result in the development of drug-resistant strains that may make tuberculosis incurable;

Recognizing that the already serious situation is worsening in many countries which have been slow to implement the strategy, and that in some the disease is rapidly spreading owing to HIV infection, itself facilitated by sexually transmitted diseases;

Convinced that tuberculosis can be controlled using the DOTS strategy even under difficult conditions even though the strategy presupposes strong political commitment;

Appreciating WHO's leadership in persuading more countries to adopt the DOTS strategy (from ten in 1990 to nearly a hundred in 1997);

Acknowledging that many countries will achieve the global targets for the year 2000 set by resolutions WHA44.8 and WHA46.36;

Concerned that most of the countries with the greatest disease burden will be unable to meet the targets;

Aware that the delay in introducing the DOTS strategy will lead to significant increase in tuberculosis prevalence and cause millions more preventable deaths,

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<sup>1</sup> Document EB101/10.

<sup>2</sup> Directly observed treatment, short course (DOTS).

1. URGES all Member States:

- (1) to improve social and economic conditions for vulnerable groups in their communities;
- (2) to set a time before the year 2000 for the effective introduction of the DOTS strategy<sup>1</sup> if it has not yet been implemented;
- (3) to monitor implementation of the strategy and establish an effective disease surveillance system;
- (4) especially in those 22 countries with the highest burden of disease, which are not expected to meet the targets by the year 2000, to take the steps necessary:
  - (a) to improve and sustain political commitment at national and local levels;
  - (b) to review the constraints faced in meeting the targets, if necessary with support from WHO, development institutions or nongovernmental organizations;
  - (c) to meet the targets through implementation and expansion of the DOTS strategy;
  - (d) to develop a detailed plan to meet the targets as soon as feasible after 2000, clearly specifying the type, amount and phasing of support to be provided by their governments, WHO, donors or nongovernmental organizations as appropriate;

2. CALLS ON the international community, United Nations agencies, donors, nongovernmental organizations and foundations:

- (1) to mobilize and sustain external financial and operational support;
- (2) to encourage cooperation from other organizations and programmes for health systems development, and prevention and control of HIV/AIDS and sexually transmitted diseases and lung diseases;

3. REQUESTS the Director-General:

- (1) to use all appropriate existing fora where Member States, including those 22 with the highest burden of disease, may present problems faced in implementation of the DOTS strategy and other strategies in order to overcome these problems and mobilize external technical, financial and other support needed;
- (2) to encourage research to ensure sustainable, cost-effective programme implementation, as well as action to prevent multi-drug-resistant tuberculosis and to develop new tools to supplement the DOTS strategy (including vaccines);
- (3) to intensify collaboration and coordination with UNAIDS and other programmes and agencies;
- (4) to take all possible steps to maintain WHO's regular budget contribution for global tuberculosis control;
- (5) to keep the Executive Board and Health Assembly informed of progress.

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<sup>1</sup> Directly observed treatment, short course (DOTS).

Eleventh meeting, 24 January 1998  
EB101/SR/11

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