

## **Global strategy and targets for tuberculosis prevention, care and control after 2015**

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;<sup>1</sup>

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;

Concerned by the persisting gaps and the uneven progress made towards current targets, and in addition 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;

Further concerned that even with significant progress, an estimated three million people who contract tuberculosis each year will not have their disease detected or will not receive appropriate care and treatment;

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

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

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

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<sup>1</sup> Document A67/11.

Recognizing that further progress on tuberculosis and other health priorities identified in the United Nations Millennium Declaration must be made in the decades beyond 2015, and that progress on all of those priorities requires overall commitment to health system strengthening and progress towards universal health coverage;

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

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

Noting the need for increased investment in accelerated implementation of innovations at country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,

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

- (1) 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% (or to fewer than 10 tuberculosis cases per 100 000 population), and elimination of associated catastrophic costs for tuberculosis-affected households;
- (2) its associated milestones for 2020, 2025 and 2030;
- (3) 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;
- (4) its three pillars of: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation;

2. URGES all Member States:<sup>1</sup>

- (1) to adapt the strategy in line with national priorities and specificities;
- (2) to implement, monitor and evaluate the strategy's proposed tuberculosis-specific health sector and multisectoral actions with high-level commitment and adequate financing, taking into account the local settings;
- (3) to seek, with the full engagement of a wide range of stakeholders, to prevent the persistence of high incidence rates of tuberculosis within specific communities or geographical settings;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

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3. INVITES international, regional, national and local partners from within and beyond the health sector to engage in, and support, the implementation of the strategy;
4. REQUESTS the Director-General:
- (1) 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, including migrant populations, and the threats posed by drug resistance;
  - (2) to 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, as well as all constituencies of the Stop TB Partnership and the additional multisectoral partners required to achieve the goal and objectives of the strategy;
  - (3) to further develop and update global normative and policy guidance on tuberculosis prevention, care and control, as new evidence is gathered and innovations are developed, adding to the tools and strategic approaches that are available for ending the global epidemic and moving far more rapidly towards tuberculosis elimination;
  - (4) 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 achievement of the 2035 target;
  - (5) to monitor the implementation of the strategy, and evaluate impact in terms of progress towards set milestones and targets;
  - (6) to promote the research and knowledge generation required to end the global tuberculosis epidemic and eliminate tuberculosis, including accelerated discovery and development of new or improved diagnostics, treatment and preventive tools, in particular efficient vaccines, and the stimulation of the uptake of resulting innovations;
  - (7) to promote equitable access to new tools and medical products for the prevention, diagnosis, and treatment of tuberculosis and multidrug-resistant tuberculosis as they become available;
  - (8) to work with the Stop TB Partnership, including active support of the development of the global investment plan, and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;
  - (9) to report on the progress achieved to the Seventieth and Seventy-third World Health Assemblies, and at regular intervals thereafter, through the Executive Board.

Sixth plenary meeting, 21 May 2014  
A67/VR/6

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