

## **Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis**

The Sixty-second World Health Assembly,

Having considered the reports on the prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis;<sup>1</sup>

Noting the progress made since 1991 towards achieving the international targets for 2005, the acceleration of efforts following the establishment of the Stop TB Partnership in response to resolution WHA51.13, and more recently following resolution WHA58.14 encouraging Member States to ensure availability of sufficient resources to achieve the internationally agreed goal relevant to tuberculosis contained in the United Nations Millennium Declaration by 2015;

Aware that the development of the Stop TB strategy as a holistic approach to tuberculosis prevention and control and represents a significant expansion in the scale and scope of tuberculosis-control activities as a part of strengthening health systems within the context of primary health care and addressing social determinants of health;

Noting that the Stop TB Partnership's Global Plan to Stop TB 2006–2015 sets out the activities oriented towards implementing the Stop TB strategy and achieving the international targets for tuberculosis control set by the Stop TB Partnership – in line with the target of the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration to “have halted by 2015 and begun to reverse the incidence of major diseases” – of halving tuberculosis prevalence and death rates by 2015 compared with 1990 levels;

Noting that the care and control of tuberculosis have progressed significantly during the past decade and the incidence of new cases is estimated to have fallen slightly each year since 2003;

Aware that a significant proportion – an estimated 37% of tuberculosis cases worldwide remain un-notified and receive either no treatment or inappropriate treatment;

Recognizing that the rates of tuberculosis are disproportionately high in high-risk populations including indigenous populations;

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<sup>1</sup> Documents A62/20 and A62/20 Add.1.

Recognizing that emergence and spread of multidrug-resistant and extensively, drug-resistant tuberculosis is facilitated by not detecting sufficient cases of tuberculosis and not treating them appropriately by DOTS-based treatment;

Concerned that the highest levels of multidrug-resistance reported in WHO's fourth global report on anti-tuberculosis drug resistance<sup>1</sup> – an estimated half a million multidrug-resistant cases occurring globally, including 50 000 cases of extensively drug-resistant tuberculosis – pose a threat to global public health security;

Recognizing that there is an urgent need to invest in research for development of new diagnostics, medicines and vaccines and in operational research to prevent and manage tuberculosis, including multidrug-resistant and extensively drug-resistant tuberculosis; while exploring and, where appropriate, promoting a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products;

Noting that less than 3% of the estimated total number of multidrug-resistant and extensively drug-resistant cases of tuberculosis receive treatment according to WHO recommended standards;

Concerned that the disease transmission occurs mostly in communities where there is a lack of appropriate infection control;

Concerned that the insufficient demand from countries for internationally quality-assured anti-tuberculosis medicines resulting in an inadequate supply through the Green Light Committee mechanism has been a major bottleneck to treating multidrug-resistant and extensively drug-resistant tuberculosis and that quality-assured fixed-dose drug combinations, developed as a tool to prevent the emergence of resistance, are not widely used;

Aware that the delays in implementing the Global Plan to Stop TB 2006–2015 will result in increasing numbers of tuberculosis cases and deaths, including those due to multidrug-resistant and extensively multidrug-resistant tuberculosis and to the impact of HIV, and therefore in delays in achieving by 2015 the international targets for tuberculosis control and the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Recalling resolution WHA60.19 on tuberculosis control in which the Health Assembly urged Member States to develop and implement long-term plans for tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis prevention and control in line with the Global Plan to Stop TB 2006–2015, within the overall health development plans, and resolution WHA58.33 on achieving universal coverage;

Welcoming the Beijing Call for Action on tuberculosis control and patient care given jointly by representatives of 27 Member States carrying a high burden of multidrug-resistant and extensively drug-resistant tuberculosis, civil society, the private sector and others to address the alarming threat of multidrug-resistant and extensively drug-resistant tuberculosis,<sup>2</sup>

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<sup>1</sup> Document WHO/HTM/TB/2008.394.

<sup>2</sup> Document A62/20 Add.1, Annex.

1. URGES all Member States:

(1) to achieve universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis as part of the transition to universal health coverage, thereby saving lives and protecting communities, by means of:

(a) developing a comprehensive framework for management and care of multidrug-resistant and extensively drug-resistant tuberculosis, that includes directly-observed treatment, community-based and patient-centered care, and which identifies and addresses the needs of persons living with HIV, the poor and other vulnerable groups, such as prisoners, mineworkers, migrants, drug users, and alcohol dependants, as well as the underlying social determinants of tuberculosis and multidrug-resistant and extensively drug-resistant tuberculosis;

(b) strengthening health information and surveillance systems to ensure detection and monitoring of the epidemiological profile of multidrug-resistant and extensively drug-resistant tuberculosis and monitor achievement in its prevention and control;

(c) aiming to ensure the removal of financial barriers to allow all tuberculosis patients equitable access to tuberculosis care, that their rights are protected, and that they are treated with respect and dignity in accordance with the local legislation;

(d) making available sufficiently trained and motivated staff in order to enable diagnosis, treatment and care of tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis, as an integral part of efforts to address the overall health workforce crisis;

(e) strengthening laboratory systems, through increasing capacity and adequate human resources, and accelerating access to faster and quality-assured diagnostic tests;

(f) engaging all relevant public and private health-care providers in managing tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis and tuberculosis-HIV coinfection according to national policies, and strengthening primary health care in early detection, effective treatment and support to patients;

(g) ensuring that national airborne infection-control policies are developed (as part of general infection prevention and control programmes) and implemented in every health-care facility and other high-risk settings and that there is sufficient awareness of tuberculosis infection control in the community;

(h) ensuring uninterrupted supply of first- and second-line medicines for tuberculosis treatment, which meet WHO prequalification standards or strict national regulatory authority standards, and that quality-assured fixed-dose combination medicines of proven bioavailability are prioritized within a system that promotes treatment adherence;

(i) strengthening mechanisms to ensure that tuberculosis medicines are sold on prescription only and that they are prescribed and dispensed by accredited public and private providers;

(j) undertaking effective advocacy, communication and social mobilization, avoiding stigmatization and discrimination, and spreading community awareness about policies and plans for prevention and control of tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis;

(k) establishing national targets in order to accelerate access to treatment according to WHO guidelines, for multidrug-resistant and extremely drug-resistant tuberculosis patients;

(2) to enhance quality and coverage of DOTS in achieving 70% detection rate and 85% success rate of tuberculosis treatment, thereby preventing secondary multi-drug resistant tuberculosis;

(3) to use all possible financing mechanisms in order to fulfil the commitments made in resolutions WHA58.14 and WHA60.19, including the commitment to ensure sustainable domestic and external financing, thereby filling the funding gaps identified in the Global Plan to Stop TB 2006–2015;

(4) to increase investment by countries and all partners substantially in operational research and research and development for new diagnostics, medicines and vaccines to prevent and manage tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis;

2. REQUESTS the Director-General:

(1) to provide technical support to Member States in order to develop and implement response plans, based on a comprehensive framework for management of care, for the prevention and control of tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis;

(2) to provide support to Member States in developing and implementing strategies to engage all relevant public, voluntary, corporate and private health-care providers in the training for and scaling up of prevention and control of tuberculosis including multidrug-resistant and extensively drug-resistant tuberculosis and all aspects of tuberculosis-HIV coinfection;

(3) to advise and support Member States to bring the standards of national drug regulatory agencies in line with international standards, thus enabling national pharmaceutical manufacturers to produce material of assured quality to be sold in the local and international markets;

(4) to provide support to Member States for upgrading laboratory networks to be able to undertake diagnosis and monitoring of multidrug-resistant and extensively drug-resistant tuberculosis and facilitate systematic evaluations of newer and faster diagnostic technology;

(5) to strengthen the Green Light Committee mechanism to help to expand access to concessionally-priced and quality-assured first- and second-line medicines, to encourage and assist the local pharmaceuticals in high-burden countries to get qualification within the Green Light Committee mechanism;

- (6) to explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products;
- (7) to work with countries to develop country indicators and to support monitoring and evaluation of the implementation of the measures outlined in this resolution;
- (8) to report through the Executive Board to the Sixty-third and Sixty-fifth World Health Assemblies on overall progress made.

Eighth plenary meeting, 22 May 2009  
A62/VR/8

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