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A key outcome of the Ministerial Forum 'All against TB' on 22 October 2007 will be the adoption of a Declaration on TB. Over the past few months, the World Health Organisation has been working together with Ministries of Health in the EURO region and Partners including the Stop TB Partnership to develop the draft Ministerial Declaration (text below, Russian language version can be downloaded). It should be noted that this is not the final text that the Ministers will adopt, but it demonstrates the approach and key themes. Civil society has been given the opportunity to use this draft document to help shape their '*Offer of Partnership*' for the Ministerial Forum.

## DRAFT DECLARATION

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, note with concern that tuberculosis (TB) has re-emerged as an increasing health security threat in the WHO European Region.

- In 2005 there were 445 000 new cases of TB and 66 000 TB-related deaths in the Region.
- There are extremely high TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Throughout the Region, the presence of TB often reflects social, economic and migratory factors.



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- Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant and extensively drug-resistant TB (MDR-TB and XDR-TB).
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.
- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address the TB/HIV co-infection in a comprehensive manner.
- TB does not respect borders.

2. We note that, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

- The Region has a high proportion of unfavourable treatment outcomes resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate evidence-based treatment strategies needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Focused action is needed to tackle MDR/XDR-TB and TB/HIV co-infection.
- Prevention, including infection control, is a factor of continued importance in TB control, especially among vulnerable groups.
- Timely collection, transmission and analysis of TB surveillance data are essential for proper TB control and elimination interventions.

3. We recognize that:



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- many countries have national plans for TB control.
- a plan to stop TB in the high-priority countries of the WHO European Region 2007-2015 has been developed and we support the development of a European Union action plan on TB.
- Member States of the WHO European Region can contribute considerably in skills and finance to the development of new tools for TB diagnosis, treatment and vaccination.
- national and international funding and support for TB activities in the European Region have grown.
- the United Nations Secretary-General has appointed Dr Jorge Sampaio, former president of Portugal, as his Special Envoy to Stop TB.
- the Stop TB Partnership for Europe and Central Asia has been launched.

4. We note with concern the priorities and gaps to be bridged in order to fully implement the Stop TB Strategy for effective TB control and agree that:

- universal access to the Stop TB Strategy requires strengthening of the health sector and the involvement of the full spectrum of private and public, civilian and penitentiary health care providers, all of whom should follow the International Standards for Tuberculosis Care and promote the Patients' Charter.
- civil society and affected communities need to be considered as essential partners and integrated in TB control.
- the shortfall in funds, as identified in the Global Plan to Stop TB 2006-2015, needs to be met through increased, properly prioritized, sustained and targeted local, national and international funding.
- TB control needs to be given high priority within national development plans presented for external financing.



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- better use must be made of current effective tools. In addition, new diagnostics, drugs and vaccines need to be developed through basic and applied research.
- it is necessary to integrate TB into HIV treatment and care programmes, as the two diseases represent a deadly combination, which is more destructive together than either disease alone.
- special efforts are needed to ensure that highly vulnerable migrant and other populations have access to adequate culture-sensitive services providing quality care for TB.
- there is a need for greater partnership and intersectoral coordination across the health, penitentiary and social services sectors, as well as intercountry collaboration.

5. We therefore **commit ourselves** to responding urgently to the current situation.

(i) We will strengthen:

- political will
- public health and social services systems
- engagement of the full range of care providers
- human resource capacity, adequate in both quality and quantity for effective TB care
- the evidence base for TB policy and interventions through enhanced TB surveillance and
- monitoring
- collaboration between TB and HIV programmes
- coordination at national and international level
- civil society involvement.



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(ii) We will adopt the Stop TB Strategy in all its components:

- ensuring the expansion and enhancement of high-quality DOTS implementation.
- addressing MDR-TB, XDR-TB, HIV-related TB and other challenges, particularly high-risk populations.
- integrating TB care delivery with general health services and reinforcing activities aimed at strengthening health systems.
- engaging all care providers.
- empowering people with TB and their communities, and removing stigma.
- enabling and promoting research and development of new diagnostics, drugs and vaccines, as well as programme-based operational research.

(iii) We will endeavour to secure sustainable financing:

- by implementing the resolutions on TB prevention and control adopted by the World Health Assembly in 2005 and 2007\*.
- to ensure implementation of regional and national plans to stop TB, including the WHO Plan to stop TB in the high-priority countries of the WHO European Region.
- in collaboration with the G8 countries in supporting the Global Plan to Stop TB 2006- 2015.
- to address the funding gap between the total resources available and the resources needed to control TB and accelerate the development of new diagnostics, drugs and vaccines to achieve the 2015 Millennium Development target on TB.
- through funding by appropriate mechanisms at global and European level, including the Global Fund to fight AIDS, Tuberculosis and Malaria; the European Commission; International Drug Purchase Facility/United



Against AIDS (IDPF/UNITAID), the Bill and Melinda Gates Foundation, and other philanthropic organizations.

6. We commit ourselves to closely monitoring and evaluating the implementation of the actions outlined in this Declaration, and call upon the WHO Regional Office for Europe, in partnership with the European Union and other relevant Regional institutions and organizations, to establish adequate fora and mechanisms, including the involvement of civil society and communities, to assess progress at Regional level every second year, starting in 2009.