Kochi Declaration 2024

United to End Tuberculosis (TB): Declaration from Private Sector Provider Constituency of Stop TB Partnership and Leaders of Commonwealth Medical Association, National and other Medical Associations of:

- Bangladesh
- Ghana
- India
- Indonesia
- Jamaica
- Kenya
- Nigeria
- Philippines
- Tanzania (UR)
- Uganda
- Zambia

2nd June 2024; Kochi, Kerala, India

We, members of the Private Sector Provider Constituency of the Stop TB Partnership and Leaders of Medical Associations assembled at Kochi, Kerala, India for the 'Leadership Summit for Achieving UNHLM TB targets' on 1-2 June 2024, with a dedicated focus for the first time on the global TB epidemic, reaffirm our commitment to end TB globally by 2030 in line with the Sustainable Development Goals target and commit to support all efforts by governments and other stakeholders to achieve the UNHLM 2023 targets on TB.

We pledge to provide leadership and to work together to urgently accelerate our national and global collective actions, investments and innovations to fight TB, this airborne preventable and treatable disease, affirming that this disease, including its drug-resistant forms, is a public health challenge and the leading infectious disease cause of death, a common form of antimicrobial resistance globally as well as the leading cause of death of people living with HIV. We underline that poverty, gender inequality, vulnerability, discrimination, and marginalization, exacerbate the risks of acquiring TB and its devastating impacts - including stigma and discrimination - require a comprehensive response, including addressing the social and economic determinants and the protection and fulfilment of the human rights and dignity of all people, towards achieving Universal Health Coverage.

Therefore, we:

- Reaffirm our commitment to the 2030 Agenda for Sustainable Development, including the resolve to end TB by 2030,
- 2. Recognize that while the World Health Organization declared TB a global emergency 30 years ago, it is still an emergency and the top cause of death due to a single infectious disease worldwide; furthermore recognize that the problem is exacerbated by the rise of multidrug-resistant TB and comorbidities such as HIV, malnutrition and diabetes, that one quarter of the world's people are infected with the mycobacterium TB and that millions of people ill with TB are missing out on diagnosis and treatment;
- 3. Acknowledge that multidrug-resistant TB is a key component of the global challenge of antimicrobial resistance and express grave concern that that there is a profound gap in access to quality diagnosis, treatment and care for those affected, a low treatment success-rate for those who are treated, and therefore ask for a strong public health response, including strong partnership with private health care systems, and additional investment in research, development and innovation;
- 4. Recognize that in recent years there has been progress in research and development of new and more accurate diagnostics, new medicines that have shortened and simplified treatment regimen and digital technology including A.I, all of which have great potential of substantially improving diagnosis, care and prevention of TB;

- Recognize the role played by the Stop TB Partnership, that is spearheading the advocacy and political commitment for TB globally and nationally, including through Private Sector Provider Constituency of the Governing board;
- Appreciate the innovative private sector provider ledengagement through 'Systems for TB
 Elimination by Private Sector (STEPS)' a private -private partnershipowned and operated by private
 hospitals.
- 7. Highlight that 60-80% of people with symptoms of TB go first to a private health care provider in most high TB burden countries, yet:
 - The government funding for TB response in these countries often excludes or inadequately
 funds the private health care system involved in diagnosing and treating TB, leaving the
 financial burden on TB affected people.
 - The private health care providers have sub-optimal or no access to essential new tools in diagnosis, treatment and prevention of TB, including rapid molecular tests, A.I -enabled Xrays and new TB drugs.
- 8. All national and other professional associations commit to:
 - promotethe provision of preventive services, diagnosis and treatment and supportive care for people with TB with special focus to those seeking care with private sector health providers with the aim of supporting countries to achieve their share of the global UNHLM TBtargets;
 - provide leadership and foster collaboration between government led TBprogrammes and private sector providers to end TB by 2030, through advocacy, policy development support, capacity building and monitoring;
 - engage with ministry of health/national TB programs and national health product regulatory authorities to ensure that the new diagnostics and new drugs are promptly available and accessible to the private health care providers;
 - advocate for increasing awareness among heads of States/Governments, political leaders, parliamentarians, local governments, academia, private health care sector and other stakeholders, promoting the need for greater attention and resources to the country TB responses and development of comprehensive national TB strategic plans to end toTB;
 - engage with Governments to ensure that country TB responses are prioritized and sufficient resources are allocated for people with TB seeking care in the private health care system from domestic as well as external funding sources, and TB is included within essential package of social health insurance schemes;
 - network with other medical professional associations and hospital associations to improve TB care, including through private-private partnership like 'STEPS'.
 - promote TB prevention, diagnosis, treatment and care in the context of child health and survival as TB is a significant cause of preventable childhood illness and death;
 - advocate forinclusion of TB management as a core competency in undergraduate medical education curriculum;
 - identify and institute a core team of leaders within the professional association and mentor them in leadership towards TBelimination;
 - build capacity of the members who are engaged in TB management as well as those who
 could potentially contribute and train/update their knowledge, and constantly engage with
 them.
- 9. The Commonwealth Medical Association commits to global advocacy for ending TB and coordinating with national and international professional bodies for actions on TB.
- 10. Stop TB Partnership Private Sector Provider Constituency and the Secretariate commit to providingnecessary technical andfacilitatory support, working with Commonwealth Medical Association, National and other medical associations.

National	Associations

ational Associations:
· Bangladesh meran Dr. Md. Ehteshamil Hug Chouching Sec. General Bangladesh medici Association
Ghana ANGUCKEL DR. MARY AKWAKOH-COLEMAN; GHANA MEDICAL ASSOCIATI
· India - Spice Dr. R.V. AGOKAN Indian Medico ASGOCIAN
· Indonesia & A. Moh. Adib. Khumaidi. MD. Othopaedie Ship. INDO NESIAN MEDICAL ASSOCIATion.
· Jamaica Colin Well COLIN ABEL. MEDICAL ASSOCIATION OF JAMAICA.
· Kenya DR. BUNTH NEKST BARASA KENYA MEDICAL ASSOCIATI
· Nigeria Attores Dr Itrohum Mutaphy NIGERIANI MEDICAL ASIOCIATION (MILE
Philippines PROF. DR. MARIA MINERVA P. CALIMAG, MD, MSC, PAD PHILIPPINE MEDICAL ASSOCIATION
· Tanzania (UR) & MEDICAL ABBREATION DE TONZANIA De DEWIDOIT Nollanha
• Uganda DI. HERBERT LUSWATA PRESIDENT VIRIL
· Zambia Dipi Dr. Kaumba Tolopu medical Association. Prevident Zambia medical Association.
Commonwealth Medical Association Precident of Common Wealth B. Dr. J. A. Jayalad, Secretary CMA (Dr. Wunga Rig Rayathurai) Arvorian Private Sector Provider Constituency, Stop TB Partnership Board
Enland Erlina Burhan, Board Member Private Brounden Courts trienny 85
· Stop TB Partnership S Deputy Executive Director
SPEENING ANNIK Jenier Havison
Step 113 Partnerhy, Genove.