

# WASHINGTON COMMITMENT TO STOP TB

22-23 OCTOBER 2001, WASHINGTON D.C., USA



*The first Stop TB Partners' Forum*

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## *The first Stop TB Partners' Forum,*

**Involving ministerial representatives from high-burden countries comprising 80% of the global TB burden, heads of agencies and representatives of Stop TB partners, meeting in Washington D.C. at the World Bank, recognizing tuberculosis as a critical factor contributing to persistent entrapment by poverty, and as such being an impediment to economic development, herewith expresses its commitment to further operationalize the Amsterdam Declaration to Stop TB by:**  
***undertaking urgent and accelerated action against tuberculosis over the next 50 months;***  
***intensifying efforts to reach the global targets for tuberculosis control by 2005;***  
***detecting 70% of people with infectious tuberculosis, and successfully treating 85% of those detected;***  
***and mobilizing additional resources through increasingly coordinated efforts.***

### THE PARTNERS' FORUM PARTICIPANTS HEREBY ISSUE THE FOLLOWING STATEMENT:

#### **I WE ARE ENCOURAGED BY THE PROGRESS MADE IN IMPLEMENTING THE AMSTERDAM DECLARATION:**

- Tuberculosis (TB) is now increasingly recognized internationally as a social and economic—as well as a health—issue;
- The number of countries adopting DOTS has increased substantially;
- Several TB high-burden countries have rapidly expanded DOTS coverage;
- A growing number of TB high-burden countries have established national coordination mechanisms as partnerships to optimize support for control programmes; some have also initiated partnerships with the private sector;
- The Global Partnership to Stop TB is continually expanding and developing operational mechanisms to accelerate action;
- A Global Plan to Stop TB, comprehensively describing the actions, resources and partnerships that will accelerate progress towards TB elimination, has been developed;
- National and international resources invested in TB control and research have increased substantially;
- The Global Fund to Fight AIDS, TB and Malaria (GFATM) is being developed to channel additional resources to countries;
- A Global DOTS Expansion Plan, identifying the actions and resources needed to meet the global targets for TB control in the 22 high-burden countries, has been developed by countries and partners;
- The Global TB Drug Facility (GDF) has been launched and is already delivering tuberculosis drugs to countries in Africa, Asia and Eastern Europe at considerably reduced prices;
- The DOTS-Plus Green Light Committee (GLC) for access to second-line drugs for the management of MDR-TB has approved projects which are currently benefiting from drug price reductions of up to 94%;
- The Global Alliance for Tuberculosis Drug Development (GATB) has been established and is funding research into new drugs;
- The Global Working Group on TB-HIV is promoting implementation of the range of interventions available to decrease the burden of TB-HIV;
- TB vaccines development has received renewed attention and reinforced support through coordination and resources;
- The TB Diagnostics Initiative has expanded to involve more partners.

#### **II DESPITE THIS WELCOME PROGRESS, THERE IS NO ROOM FOR COMPLACENCY. WE NOTE WITH GRAVE CONCERN THAT:**

- The level of public awareness, as well as the degree of political and financial commitment, remains inadequate. As a result, the global TB epidemic continues to worsen, undermining the development of families, communities and thus national economies. It traps the world's poorest, stigmatizing individuals and marginalized and vulnerable groups (including prisoners, refugees, migrants and the homeless) in a vicious cycle of disease and poverty:
- Only one in four people with tuberculosis is treated with DOTS. The current rate of DOTS expansion is still far too slow to reach the global targets by 2005. Failure to reach these targets will condemn millions of people to disease and death;
  - The TB epidemic continues to grow, and more people now die from tuberculosis than ever before—nearly two million every year;

- The tuberculosis epidemic increases ten per cent per year in Africa—largely due to HIV/AIDS. Thirteen million people around the world are dually infected with TB and HIV, the majority in Africa and Asia;
- Similar increases in rates of TB have been observed in the former Soviet Union as a result of the severe socio-economic difficulties of the last decade;
- Two of every three people stricken with tuberculosis are young adults in their most productive years—many also suffering from HIV/AIDS—who are cut down in the prime of their lives;
- Hundreds of thousands of people, many of whom are socially disadvantaged and have no access to effective treatment, have drug-resistant tuberculosis;
- The magnitude of suffering and death caused by the global tuberculosis pandemic is both alarming and unacceptable. Far more than just a health concern, this human tragedy demands urgent action on a global scale to address both the TB and HIV/AIDS epidemics and their repercussions on global development;
- Many countries continue to face serious constraints to TB control, with insufficient human and financial resources and an inadequate health care infrastructure.

#### **III AS PARTNERS, INCLUDING REPRESENTATIVES OF THE NATIONAL GOVERNMENTS OF 18 OF THE HIGHEST TB BURDEN COUNTRIES,**

**WE RECOGNIZE THAT URGENT AND SPECIFIC ACTION IS NEEDED OVER THE NEXT 50 MONTHS TO ACCELERATE PROGRESS AGAINST TUBERCULOSIS AND TO ACHIEVE THE GLOBAL TARGETS, WHICH ARE TO DETECT 70% OF INFECTIOUS CASES, AND CURE 85% OF THOSE DETECTED. WE COMMIT TO:**

- **Ensuring that all people with TB have access to effective care by:**
  1. Developing and implementing strategies for the development of sufficient, sustainable, human and financial resources to meet the challenge of stopping tuberculosis;
  2. Expanding tuberculosis prevention and care programmes based on the DOTS strategy in all public health services, in line with internationally accepted standards and practices;
  3. Developing sustainable systems capacity to plan, implement, manage and evaluate TB programmes;
  4. Monitoring and evaluating national tuberculosis programmes to confront the disease, prevent the emergence of drug-resistant strains, and effectively manage people with drug resistant tuberculosis;
  5. Working in close public-private sector collaboration with other health service providers in the private sector, nongovernmental organizations (NGOs) and social security agencies;
  6. Raising awareness and mobilizing society to undertake tuberculosis prevention and care;
  7. Promoting the development of national and sub-national partnerships with all stakeholders in society, including government departments and organizations, private health sector partners, industry, NGOs, social security agencies and the community.
- **Addressing the urgent issue of the tuberculosis and HIV/AIDS co-epidemic by:**
  1. Massively expanding DOTS coverage, to ensure that people with tuberculosis, irrespective of their HIV status, have access to effective care and support;

2. Enhancing effective collaboration between tuberculosis and HIV/AIDS prevention and care programmes, promoting increased use of all appropriate interventions, including voluntary counseling and testing, and community-based initiatives in education, care and support;
3. Building on lessons learned from successful DOTS programmes in providing appropriate treatment, care and support for people with HIV/AIDS.

#### • **Co-ordinating effective action by:**

1. *Collaborating within the health sector.* The care of adults and children with tuberculosis is an integral part of primary health care and a major contributor to the overall development of national health systems;
2. *Collaborating across sectors.* Confronting tuberculosis requires collaboration across government sectors and action across the entire spectrum of society. It is a complex socio-economic problem that impedes human development and cannot be controlled by the health sector acting alone;
3. *Collaborating across borders.* Recognizing that TB respects no borders, and that other countries not represented in this Forum face many or all of the same problems, we call upon our colleagues around the world to join us and actively participate in building momentum against tuberculosis and for better health for all. TB control is a global public good and requires global action. The epidemic will continue to worsen unless we share resources, best practices and tools within and across borders.

#### **IV AS PARTNERS, INCLUDING HIGH TB BURDEN COUNTRIES, COMMITTED TO ACHIEVING THE GLOBAL TARGETS TO STOP TB WITHIN THE NEXT 50 MONTHS, WE AFFIRM OUR SUPPORT TO THESE EFFORTS.**

While recognizing that it is first and foremost the responsibility of affected countries to initiate and sustain action against tuberculosis, we call attention to the fact that the problem is often greatest in the very countries which can least afford to take action. Because it is in the interest of the global community to support tuberculosis control worldwide:

#### • **We commit to sharing our resources by:**

1. Providing technical assistance to support global, regional and national stop TB programmes and activities;
2. Mobilizing increased financial resources for countries and partners in support of the Global Plan to Stop TB, using existing mechanisms and new initiatives, such as the Global Fund to Fight AIDS, TB and Malaria;
3. Establishing a mechanism for direct financing of the Stop TB Partnership.

#### • **We commit to working in partnership by:**

1. Endorsing the Framework of the Global Partnership to Stop TB;
2. Collaborating through Stop TB Working Groups and other operational structures established by the partnership to achieve the objectives of the Global Plan to Stop TB;
3. Promoting and supporting the development of interagency coordinating committees, or similar mechanisms, at the national and regional level;
4. Supporting the further development of the Global TB Drug Facility and other initiatives of the Global Partnership to Stop TB.



**TOGETHER, AS NATIONAL GOVERNMENTS AND OTHER STOP TB PARTNERS, WE COMMIT TO MONITORING OUR PROGRESS, AND UNDERTAKING THE FOLLOWING SPECIFIC ACTIONS:**

***Within the next 50 days—by the end of 2001:***

- All high-burden countries will finalize national plans to achieve the global targets for TB control;
- All partners represented in this meeting will affirm their commitment to the Global Plan to Stop TB;
- All partners will support the launch of the Global Fund to Fight AIDS, TB and Malaria.

***Within the next 50 weeks—by the end of 2002:***

- We will achieve a global DOTS case detection rate of at least 35%;
- All high-burden countries will establish interagency coordinating committees, or similar mechanisms, that will include tuberculosis control within the scope of their mandates;
- The Global TB Drug Facility will provide drugs to treat at least one million additional patients.

***Within the next 50 months—by the end of 2005:***

- We will achieve a DOTS case detection rate of at least 70%, while maintaining a treatment success rate of at least 85%;
- We will develop and scale up effective responses to TB-HIV and to multidrug-resistant TB (MDR-TB);
- We will develop the Global Plan to Stop TB for the period 2006–2010.

***Within the next 50 years—by 2050:***

- We will eliminate tuberculosis as a global public health problem.

**WE MANDATE THE STOP TB PARTNERSHIP SECRETARIAT TO REPORT ANNUALLY TO THE FORUM ON PROGRESS IN ACHIEVING THESE OBJECTIVES.**

**PARTICIPATING COUNTRIES AND ORGANIZATIONS IN THE FIRST STOP TB PARTNERS' FORUM**

*American Lung Association, American Thoracic Society, Bangladesh, Belgium, Brazil, Cambodia, Canada, Center for TB in Children, China, Centers for Disease Control and Prevention, Community Health Tuberculosis/Australia, Development Communication Associates, Doctors of the World, DR Congo, Eurasian Medical Education Program, European Commission, Fairfax County Health Department, Family Health International, France, Global Fund to Fight AIDS, TB and Malaria, Global Alliance for TB Drug Development, Global Health Council, Gorgas Memorial Institute/Tuberculosis Initiative, HDNET, Indonesia, International Organization of Migration, International Union against TB and Lung Disease, Infectious Diseases Society of America, Japan, John Snow, Inc., J.R. Garrison & Assoc., Kenya, Royal Netherlands Tuberculosis Association, Norwegian Heart & Lung Association, London School of Hygiene & Tropical Medicine, Management Sciences for Health, MERLIN, Myanmar, Netherlands, New Jersey Medical School National TB Center, National Institute of Allergies and Infectious Diseases, Nigeria, Norway, Open Society Institute, Partners in Health, Pakistan, Peru, Philippine Coalition against TB, Philippines, Princeton Project 55, Project Hope, Research Institute for Tuberculosis, Results International, RIVM (National Institute of Public Health and Environmental Protection), Rockefeller Foundation, Russian Federation, Ryder-Cheshire, Sequella Global Tuberculosis Foundation, South Africa, Stop TB Canada, Switzerland, Task Force for Child Survival & Development, TB Alert, Treatment Action Group, Uganda, UNAIDS, UNDP/IAPSO, UNICEF, United Kingdom, University of Sao Paulo, UR Tanzania, United States of America, USAID, Viet Nam, WHO, World Bank, World Food Programme, Wyeth Whiteball Export, Zimbabwe*



World Health Organization



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The World Bank