World Health Organization

Stop TB Partnership

KEEPING THE PLEDGE

Second Stop TB Partners' Forum
24–26 March 2004
New Delhi, India

Keeping the Pledge to Stop TB

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

PARTICIPATING COUNTRIES AND ORGANIZATIONS IN THE SECOND STOP TB PARTNERS' FORUM INCLUDE:

Academy For Educational Development; Aeras Global TB Vaccine Foundation; Afghanistan; American Lung Association (ALA); American Red Cross; American Thoracic Society (ATS); Asia Society; Astrazeneca Plc; Bangladesh Rural Advancement Committee (BRAC); Bangladesh; BBC World Service Trust; BHP Billiton; Brazil; Byword Editorial Consultants; Canada; Care India, Epidemiology and Emerging Diseases; Centers for Disease Control and Prevention (CDC); Center for Molecular Microbiology and Infection (CMMI), Imperial College of Science;Child Survival Collaborations and Resource Group (CORE); City TB Control Society (CTCS); Confederation of Indian Industry (CII); Council of the Baltic Sea States; Cuba; Damien Foundation; DANIDA; Darby Communications; Doctors Of The World; Eastern African National Networks of Aids Service Organizations (EANNASO); Eli Lilly and Company; Faith Orphanage Foundation; Foundation for Innovative New Diagnostics (FIND); Freedom Foundation; Gay Men's Health Crisis; Germany; Global Alliance for TB Drug Development; Gorgas Tuberculosis Initiative at the University of Alabama at Birmingham; Health & Development Networks (HDN); Identity, Merge and Action (AIM); India HIV/AIDS Alliance; India Network of Positive People – INP+; India; Indian Consul of Medical Research; Indian Railways Public Health Association; Institute of Lung Diseases and Tuberculosis Clinical Centre of Serbia; Instituto de Salud, MSC "Cristoforis Deneke" (ISDEN); International Federation of Medical Students' Associations (IFMSA); International Federation of Red Cross and Red Crescent Societies (IFRC); International Labour Office (ILO); International Organization for Migration (IOM); International Pediatric Association (IPA); International Union Against Tuberculosis and Lung Disease (IUATLD); Iranian Charity Foundation for Tuberculosis and Lung Disease; J. Watumull Global Hospital & Research Centre; Japan Anti-Tuberculosis Association (JATA); Japan; John Snow, Inc.; Johns Hopkins Bloomberg School of Public Health, CCP, Health Communication Partnership; Kenya; Kingdom of Cambodia; KNCV Royal Netherlands Tuberculosis Association; Liberty Institute; Liverpool School of Tropical Medicine, Equi-TB Knowledge Programme; Lupin Limited; Macleods Pharmaceuticals Limited; Maldives; Management Sciences for Health (MSH); Massive Effort Campaign Against AIDS, TB and Malaria; Médecins Sans Frontières (MSF); Media to End Poverty and Social Injustice; Morrocco; Mozambique; MVJ, Medical College & Research Hospital; Myanmar; National Institute for Public Health & the Environment; National Institute of Pharmaceutical Education and Research; National Research Institute of Tuberculosis and Lung Disease (NRITLD); National Tuberculosis Institute; Naz Foundation (India) Trust; Netherlands; New Delhi TB Centre; New Jersey Medical School National Tuberculosis Center; Nigeria; Nigerian Institute of Medical Research; Norwegian Association of Heart and Lung Patients (LHL); Novartis India Limited; Novartis institute for Tropical Diseases; Oneworld.net; Open Society Institute (OSI); Pakistan; PANOS; Partners in Health; People's Republic of China; Peru; Philippines; Project Hope; Reliance Industries Ltd.; Republic of Indonesia; République Démocratique du Congo; Results Canada; Results UK; Russian Federation; Sandoz GMBH (a Novartis company); Sandoz Private Ltd. (a Novartis company); Sarada Society for Care and Counselling of AIDS (SSCCA); Society for the Prevention & Eradication of TB in Nigeria (SPETBN); South Africa; Strategic Mediaworks; Strides Arcolab Limited; Svizera Labs PVT. Ltd.; Swami Vivekananda Integrated Rural Health Centre; Swiss Tropical Institute; Tamir Welfare Organization; Target Tuberculosis UK; Tata Consultancy Services; TB Alert India; TBTV.ORG; Terma Foundation; Thailand; The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); The Global Network of People Living with HIV/AIDS (GPP+) Central Secretariat; The Naz Foundation Trust;The Nelson Mandela Foundation; The Research Institute of Tuberculosis (RIT); Tianjin Tuberculosis Institute; Tuberculosis Research Centre, Chennai; Tunisia; Uganda; UK Coalition of People Living with HIV and AIDS (UKC);UNAIDS; UNDP/IAPSO, Copenhagen; United Kingdom; United Nations Children's Fund (UNICEF); United Republic of Tanzania; USA; Viet Nam; Voxiva India; World Bank; World Economic Forum (WEF); World Health Organization (WHO); WHO Regional Office for Africa; WHO Regional Office for Europe; WHO Regional Office for the Eastern Mediterranean; WHO Regional Office for South-East Asia; WHO Regional Office for the Western Pacific;WHO/ Stop TB Partnership Secretariat;World Vision India; Zimbabwe.

Stop TB Partnership

Stop TB is a Partnership housed by

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The Second Stop TB Partners' Forum,

Involving ministerial representatives from high-burden countries (HBCs) that together comprise 80% of the global tuberculosis (TB) burden, heads of agencies and representatives of Stop TB Partners meeting in New Delhi, India;

Recognizing that TB is a "killer with a cure" that develops into active TB in an additional 9 million people each year and also kills 2 million; that 1 in every 3 people in the world is infected with TB, an insidious disease that spreads through the air we breathe; that TB kills more women in their reproductive years than maternal mortality; and that TB remains a blight on individuals, families, communities, countries, undermining productivity and societal well-being;

Recalling that sense of urgency, need and high-level dedication with which participants endorsed the pioneering Amsterdam Declaration in March 2000 and the subsequent Washington Commitment in October 2001;

Realizing that we have only 20 more months in which to meet the global TB control targets set for December 2005 by World Health Assembly Resolution 44 in May 2000;

We, the delegates to the Second Stop TB Partners' Forum ***affirm our solemn commitment to*** pursue with all haste the following consensus objectives:

- ***intensifying*** *our efforts to attain the global TB control targets – that is, detecting 70% of all people with infectious TB and successfully treating 85% of those detected – over the coming 20 months;*
- ***accelerating*** *action to expand DOTS coverage, especially to those countries and populations that need it most;*
- ***expanding*** *our outreach to include key new partners, such as private practitioners, nongovernmental organizations (NGOs), the private sector, those at risk of or already living with HIV/AIDS, and ultimately all of civil society, not just those directly affected now;*
- ***mobilizing*** *more resources, both in cash and in kind, to facilitate our push towards the 2005 targets and beyond those towards the Millennium Development Goals of reducing TB prevalence and mortality by half by 2015.*

The Second Stop TB Partners' Forum participants hereby issue the following statement:

I. WE ARE HEARTENED TO NOTE THAT THE GLOBAL PARTNERSHIP TO STOP TB IS WORKING EFFECTIVELY

Since 1998, the Stop TB Initiative, subsequently known as the **Partnership,** has established itself swiftly, made remarkable progress and has been lauded as a model for international public health partnerships; it has been a driving force towards achieving the global TB control targets;

- The **Global Drug Facility**, one of the most effective facets of the Partnership, has recorded unprecedented successes, expanding access to high-quality TB drugs through grants and direct procurement at reduced prices;
- The **Global Plan to Stop TB** continues to provide a sound management plan and framework for action;
- The **DOTS Expansion Working Group** achieved the geographical DOTS coverage of 37% in 2002 and catalysed political commitment and new financial resources; a sub-working group has been established to address the special situation of TB in children;
- The **TB/HIV Working Group** helped to develop interim policy and recommendations for collaborative TB/HIV activities;
- The **Working Group for DOTS-Plus MDR-TB** has reduced second-line drug prices by 95%, and approved almost 5000 patients in 14 sites through the Green Light Committee;
- The **Working Group for New TB Diagnostics** is facilitating the development and evaluation of an increasing number of promising new diagnostic tests and developing approaches for these tests to be within the framework of TB control programmes;
- The **Working Group on TB Drug Development** is coordinating the investigations of promising new compounds for treatment of TB;
- The **Working Group for new TB Vaccines** is facilitating the development and evaluation of several candidate vaccines, two of which are in Phase 1 trials.

II. DESPITE SIGNIFICANT STRIDES MADE SINCE 2001, PROGRESS COULD BE REVERSED WITHOUT RAPID ACTION

Even though the Stop TB Partnership is making enormous strides towards its long-term 2050 goal of a world free of TB as a public health problem, today's reality is starkly sobering. Every day, more than 5000 people are dying of TB; each minute about 100 people are newly infected with TB, 5–10% of them become active cases and, left untreated, infect another 10–15 people each year. In order to break the chain of transmission, we must:

- ***increase the case-detection rate,*** which is still far below the 70% target for 2005. Reaching the 2005 targets is a prerequisite for achieving the Millennium Development Goals of reducing TB prevalence and mortality by half by 2015; the Intensified Support and Action in Countries (ISAC) initiative of the DOTS Expansion Working Group aims to do all that is possible to reach the 2005 targets;
- ***extend our reach to the special issue of TB in children*** and ***ensure that all regions reach and maintain*** the target of 85% treatment success;
- ***consolidate, sustain and advance the achievements*** made since the inception of the Partnership, demonstrating its efficacy and added-value, mobilizing a wider range of stakeholders, and strengthening relations with the donor community, especially with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- ***enhance political commitment*** through intensified advocacy, communications and social mobilization, raising the TB control profile through political mapping for "top-down" and capacity building for "bottom-up" approaches;
- ***accelerate the development and implementation of pro-poor strategies for TB,*** to enable access to TB control for the poor;
- ***address the health workforce crisis,*** especially in HBCs, by providing technical and financial assistance to optimize human resources and by promoting better terms and conditions of service;
- ***introduce more comprehensive TB training*** for future health-care workers – by involving policy-makers in curriculum development – that emphasizes public health and community-based interventions;
- ***strengthen health systems, particularly primary care delivery,*** by fostering national TB-control programme stewardship, by harnessing the TB control contributions of all primary health-care providers, and encouraging collaboration with groups involved in public health monitoring and surveillance;
- ***accelerate responses to the TB/HIV emergency*** by augmenting collaboration between TB and HIV/AIDS communities, identifying areas of mutual need and benefit, and working towards the WHO "3 by 5" goal of treating 3 million people with HIV/AIDS, many of whom also have TB, with antiretrovirals by 2005;
- ***mobilize civil society, NGOs and the private sector,*** thereby creating grassroots demand on the one hand and stimulating input from the private and corporate sectors on the other, as well as demonstrating the socioeconomic benefits of corporate sector contributions to TB control;
- ***step up investments for TB research and development,*** focusing on the improvement of diagnostic tests, the search for better drugs and the development of a more effective vaccine.

III. THERE IS AN URGENT NEED TO ACCELERATE DOTS EXPANSION, PREVENTION AND MANAGEMENT OF HIV/AIDS AND MDR-TB THROUGH PARTNERSHIP BUILDING AND TO INVEST IN NEW TOOLS – DIAGNOSTICS, TB DRUGS AND VACCINES

We, – national governments and other Stop TB partners – acknowledging historically unprecedented resources, pledge to build on progress to date and to fulfill our commitments made in Amsterdam and Washington, by achieving the following ***objectives over the remaining 20 months until December 2005***:

- **The international community** must infuse a greater sense of urgency into the TB movement and support national campaigns aimed at achieving global targets, through:
  - ***supporting the implementation of the Global Plan to Stop TB,*** putting the recommendations of the 2nd Ad Hoc Committee on the TB epidemic into action, actively implementing the ISAC initiative,
  - ***advocating the urgency to reach the targets*** during the next months in international gatherings, including the World Health Assembly, GFATM Partners Forum, AIDS conferences, WHO regional committees, International Union conferences;
  - ***stepping up the efforts to overcome region-specific TB control barriers (regional Stop TB partnerships)*** such as HIV, MDR-TB, poor medical private practitioner sector performance, and prison epidemics; incorporating NGO activities into the national medium-term development plans; and participating actively in Inter-Agency Coordinating Committees, and Country Coordinating Mechanisms;
  - ***developing the next phase of the Global Plan after 2005*** towards the Millennium Development Goals (2015) to be endorsed by the World Health Assembly in 2006;
  - ***collaborating intensively with the HIV/AIDS community*** by speeding up efforts for the provision of voluntary counselling and testing, and for comprehensive treatment and care of HIV-infected TB patients;
  - ***supporting research and development*** that is essential to accelerate the development of new therapeutic, diagnostic and preventive tools.
- **Countries** must infuse a greater sense of urgency and intensify efforts at implementing plans to achieving global targets, through:
  - ***revitalizing political commitment*** by moving TB up their national health agenda, especially in outlying provincial areas and decentralized regions; they can create Stop TB national campaigns;
  - ***adopting more inclusive and multistakeholder***-based decision-making processes as reflections of building true partnerships to fight TB;
  - ***ensuring diagnosis and treatment of known TB cases according to DOTS*** standards and continue recruiting patients from the private sector, non-DOTS participating hospitals/clinics, and beyond the current boundaries of health systems;
  - ***stepping up partnership efforts*** by reaching out and enlisting in TB control the wide range of stakeholders such as NGOs and community-based organizations, civil society, private and corporate sectors; strengthening Inter Agency Coordinating Committees, Sector-Wide Approaches, as well as Country Coordinating Mechanisms adapted to locally most influential forces for change;
  - ***planning strategically and sufficiently*** for well-documented needs, match budgets more closely with plans, and include TB as part of the Poverty Reduction Strategy Papers and Sector-Wide Approach approaches;
  - ***strengthening monitoring and evaluation*** of TB programmes and taking prompt effective actions to address problems and overcome constraints;
- **The donor community** must mobilize resources and harmonize approaches for efficient resource flow in order to make a difference and reach the 2005 targets, through:
  - ***increasing the resources*** dedicated to TB control plans in countries as well as to international Stop TB initiatives;
  - ***advocating appropriate allocation of resources*** to TB control through the GFATM and other mechanisms such as Poverty Reduction Strategy Papers and Sector-wide Approach as well as general health systems support;
  - ***the private business sector*** expanding its involvement through investment in the development of new tools, as well as through corporate social responsibility complementing TB plans;
  - ***the medical and scientific community*** continuing to invest in harnessing science, including new diagnostics, TB drugs and vaccine research, for a faster, easier detection and cure – and ultimately for the elimination of TB as a public health problem;
- **NGOs,** strengthened by the "2004 KNCV Centennial Declaration" should increase their TB control involvement by seeking partnerships and collaborating closely with national TB control programmes accelerating initiatives to fight TB through:
  - ***capacity building*** using the experience and expertise of international TB-oriented NGOs on quality of services, innovation, communication and engagement to support the foundation of local NGOs, and enlist existing ones, enabling them to play a more proactive role;
  - ***civil society*** expanding its participation, building a greater sense of social commitment to the TB movement;
- **Advocates, communicators, NGO networks and media** should play a bigger role at global, regional, and national levels in order to increase awareness, mobilize society and resources for better TB control, through:
  - ***intensive and sustained media campaigns*** including press activities with a broad network of leading journalists on a variety of press-relevant Stop TB issues;
  - ***involving*** visible spokespersons and champions to widely broadcast the Stop TB messages;
  - ***communications and social mobilization*** sustainable plans as part of the national increasing case-detection efforts, ensuring bottom-up demand creation;
  - ***support*** for strengthening of information discussion networks and forums on TB and HIV/AIDS;
- **The people suffering from TB** need a stronger voice within the global movement to Stop TB and should be welcomed and supported by countries and organizations so they can actively and equitably participate in Stop TB efforts at all levels. TB patients deserve a universal care standard;
- **All stakeholders** should do their utmost to accelerate efforts to meet the 2005 TB control targets. ■

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