

## **Tuberculosis control: progress and long-term planning**

The Sixtieth World Health Assembly,

Having considered the report on tuberculosis control: progress and long-term planning;<sup>1</sup>

Noting the progress made since 1991 towards achieving the international targets for 2005, and more recently following the establishment, in response to resolution WHA51.13, of the Stop TB Partnership;

Aware of the need to build on this progress and overcome constraints in order to reach the international targets for tuberculosis control for 2015 set by the Stop TB Partnership – in line with 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 the development of the Stop TB strategy as a comprehensive approach to tuberculosis prevention and control that incorporates the internationally agreed tuberculosis control strategy (DOTS strategy) and represents a significant expansion in the scale and scope of tuberculosis-control activities;

Welcoming the Partnership’s Global Plan to Stop TB 2006–2015, which sets out the activities oriented towards implementing the Stop TB strategy and achieving the international targets for tuberculosis control for 2015;

Aware of the need to increase the scope, scale and speed of research needed to achieve the international targets for tuberculosis control for 2015 and the goal of eliminating tuberculosis as a global public-health problem by 2050;

Concerned that delays in implementing the Global Plan will result in increasing numbers of tuberculosis cases and deaths, including those due to multidrug-resistant (and extensively drug-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;

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<sup>1</sup> Document A60/13.

Recognizing the importance of the situation and the trends of multidrug-resistant and extensively drug-resistant tuberculosis as barriers to the achievement of the Global Plan's objectives by 2015, and the need for an increased number of Member States participating in the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance and for the required additional resources to accomplish its task;

Recalling that resolution WHA58.14 encouraged Member States to fulfil their commitments to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Welcoming the contribution to the mobilization of resources for development by voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the International Drug Purchase Facility (UNITAID), the International Finance Facility for Immunisation and the commitment to launch a pilot project within the advance market commitments initiatives,

1. URGES all Member States:

(1) to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB 2006–2015, in the context of overall health development plans, in collaboration with other programmes (including those on HIV/AIDS, child health and strengthening of health systems), and through national Stop TB partnerships where appropriate, with the aim of:

(a) accelerating progress towards the international targets for tuberculosis control for 2015 through full and rapid implementation of the Stop TB strategy with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;

(b) accelerating improvement of health-information systems, both in general and for tuberculosis in particular, in order to serve the assessment of national programme performance;

(c) ensuring high-quality implementation of the DOTS strategy by tuberculosis programmes as the first and foremost step in full implementation of the Stop TB strategy;

(d) controlling the emergence and transmission of multi-drug-resistant tuberculosis, including extensively drug-resistant tuberculosis, by ensuring the high-quality implementation of the DOTS strategy and by prompt implementation of infection-control precautions;

(e) if affected, immediately addressing extensively drug-resistant tuberculosis and HIV-related tuberculosis as part of the overall Stop TB strategy, as the highest health priorities;

(f) enhancing laboratory capacity in order to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, where resources are available, and promote access to quality-assured sputum smear microscopy;

- (g) increasing access to quality-assured second-line medicines at affordable prices through the Stop TB Partnership's Green Light Committee;
  - (h) accelerating collaborative interventions against HIV infection and tuberculosis;
  - (i) fully involving the private sector in national tuberculosis control programmes;
- (2) to use all possible financing mechanisms in order to fulfil the commitments made in resolution WHA58.14, including that to ensure sustainable domestic and external financing, thereby filling the funding gaps identified in the Global Plan to Stop TB 2006–2015;
- (3) to declare, where appropriate, tuberculosis as an emergency and to allocate additional resources in order to strengthen activities aimed at stopping the spread of extensively drug-resistant tuberculosis;
2. REQUESTS the Director-General:
- (1) to intensify support provided to Member States in expanding implementation of the Stop TB strategy by developing capacity and improving the performance of national tuberculosis-control programmes, particularly the quality of DOTS activities, and by implementing infection-control precautions within the broad context of strengthening health systems in order to achieve the international targets for 2015;
  - (2) to continue to provide support for the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance by increasing the number of Member States in the network in order to inform the Global Plan to Stop TB 2006–2015 through determination of the extent and trend of multidrug-resistant and extensively drug-resistant tuberculosis;
  - (3) to strengthen urgently WHO's support to countries affected by multidrug-resistant tuberculosis and especially extensively drug-resistant tuberculosis, and to countries highly affected by HIV-related tuberculosis;
  - (4) to enhance WHO's leadership within the Stop TB Partnership in its coordination of efforts to implement the Global Plan to Stop TB 2006–2015 and to facilitate long-term commitment to sustainable financing of the Global Plan through improved mechanisms for increased funding;
  - (5) to strengthen mechanisms to review and monitor estimates of impact of control activities on the tuberculosis burden, including incidence, prevalence and mortality with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;
  - (6) to support Member States in developing laboratory capacity to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, to develop consensus guidelines for rapid drug-susceptibility test methods and appropriate measures for laboratory strengthening, and to mobilize funding;
  - (7) to enhance WHO's role in tuberculosis research in order to promote the applied research necessary to reach the international targets for tuberculosis control for 2015 and the basic research necessary to achieve the goal of eliminating tuberculosis by 2050; and to increase global support for those areas of tuberculosis research that are currently underresourced,

especially enhancing research and development of new diagnostics, drugs and vaccines and the relevance of nutrition to, and its interaction with, tuberculosis;

(8) to report to the Sixty-third World Health Assembly through the Executive Board on:

(a) progress in implementation of the Global Plan to Stop TB 2006–2015, including mobilization of resources from domestic and external sources for its implementation;

(b) progress made in achieving the international targets for tuberculosis control by 2015, using the “proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)” (Millennium Development Goal indicator 24) as a measure of the performance of national programmes, and tuberculosis incidence and “prevalence and death rates associated with tuberculosis” (Millennium Development Goal indicator 23) as a measure of the impact of control on the tuberculosis epidemic.

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