

Summary report on the

WHO-EM/TUB/262/E

Consultation for priority countries in preparation for the United Nations General Assembly High-Level Meeting on Tuberculosis

Islamabad, Pakistan
3–4 May 2018



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Summary report on the

**Consultation for priority countries in
preparation for the United Nations
General Assembly High-Level
Meeting on Tuberculosis**

Islamabad, Pakistan
3–4 May 2018

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. [Title]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Document WHO-EM/TUB/262/E

Contents

1.	Introduction.....	1
2.	Summary of discussions.....	2
3.	Conclusions.....	6
4.	Recommendations.....	7

1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized a consultative meeting to brief and prepare priority countries for the United Nations General Assembly High-Level Meeting on Tuberculosis (TB) to be held in September 2018. The consultation for was held in Islamabad, Pakistan, from 3 to 4 May 2018. The key focus of the consultation was to encourage the highest level of national leadership and multi-stakeholder participation in the upcoming High-Level Meeting.

The consultation revisited the Moscow Declaration to End TB and recommendations issued at the WHO Global Ministerial Conference on Ending TB in the Sustainable Development era: a multisectoral response, in 2017. In the light of current progress and challenges, participants discussed key actions to reach the goals and targets of the End TB Strategy 2016–2035, in particular those set for the first milestone of 2020. The meeting was attended by high-level officials and delegates from health ministries, communicable disease departments, national TB programmes, Gulf Health Council, United States Agency for International Development (USAID), and representatives from development and bi/multilateral agencies, donors, nongovernmental organizations and partners, from Afghanistan, Morocco, Pakistan and Sudan.

This meeting also introduced the draft multisectoral accountability framework, prepared in response to resolution EB142.R3 adopted by the Executive Board at its 142nd Session in January 2018. The draft accountability framework addresses monitoring, reporting, review and actions needed to accelerate progress to end TB, and will be presented for consideration at the High-Level Meeting.

The specific objectives of the consultative meeting were to:

- provide briefing on progress and challenges in the fight against TB, globally and in the Region;
- discuss and agree with countries on key priority actions to accelerate implementation of the regional and national strategic plans;
- brief countries on the outcome of the Global Ministerial Conference on Ending TB held in November 2017, and develop plans for implementing the Moscow Declaration through a multisectoral approach;
- develop country preparation plans for the United Nations General Assembly High-Level Meeting on TB on 26 September 2018.

Dr Mohammad Ardakani Assai, WHO Representative in Pakistan, delivered the opening message by Dr Jaouad Mahjour, Acting Regional Director for the Eastern Mediterranean. In his message, Dr Mahjour emphasised the scale and impact of the TB epidemic and drug-resistant TB crisis. He urged for an escalated response by all stakeholders to achieve the goals and targets of the End TB Strategy. H.E. Mohammad Bashir Khetrani, Joint Secretary, Ministry of National Health Services, Relations and Coordination, Pakistan, stated the impact of the TB epidemic on health, socioeconomics and overall development, and called for action to address the slow decline in TB incidence and the challenge of 30% missing TB cases in Pakistan. He reiterated the full commitment of the Government of Pakistan to ending the TB epidemic.

2. Summary of discussions

Participants were given an overview of the global and regional TB situation and were briefed on the key aspects of the regional strategic plan 2016–2020. National strategic plans need to be aligned with global and regional strategies in order to meet the targets for ending TB. Innovations to increase case detection, engagement of all relevant

stakeholders and concrete efforts to ensure sustainable domestic financing are also required.

Recently there has been commitment at the highest levels to end TB through G20, G7 and Asia-Pacific Economic Cooperation (APEC) communiques, as well as the WHO Global Ministerial Conference on Ending TB in 2017. Further commitments from heads of state will be sought at the first United Nations General Assembly High-Level Meeting on TB in 2018. WHO, the Stop TB Partnership and the Global Fund launched a joint initiative in 2017 to find and treat missing TB cases. The joint initiative aims to reach at least 40 million people with TB during 2018–2020.

The multisectoral accountability framework for TB aims to ensure effective accountability of governments and stakeholders at global, regional and country levels to accelerate progress to end the TB epidemic. The draft accountability framework is expected to be fully aligned with the End TB Strategy and the 2030 Agenda for Sustainable Development. Following endorsement of the framework at the Seventy-first World Health Assembly in May 2018, WHO will provide coordination and technical support to Member States and partners for adaptation and use of the framework, building upon evidence, independent analysis and constructive collaboration.

The role of the Stop TB Partnership in the United Nations High-Level Meeting was highlighted. Key asks from TB stakeholders and communities, as well as priority actions proposed for heads of state and governments to accelerate progress, were addressed. There is a critical need to double TB investment to US\$ 13 billion annually to reach the targets of the End TB Strategy, and for long-term funding strategies to ensure the sustainability of research progress and pipelines.

Building a strong coalition with civil society and communities is one of the core principles of the End TB Strategy. There is direct linkage of this critical component with universal health coverage and the SDGs. The ENGAGE-TB approach is a mechanism for nationwide integrated community-based TB activities. Close collaboration between national TB programmes, civil society organizations and communities in planning, supervision, monitoring and evaluation will complement and systematize demand-generation efforts for service delivery.

The role and working modalities of the regional Green Light Committee (rGLC) for the Eastern Mediterranean were presented. The rGLC has the advisory committee mandate for management of drug-resistant TB. The Committee includes experts in various related fields and is hosted by the Regional Office. It provides technical guidance and advice, supports implementation of activities and organizes annual monitoring missions. The rGLC also provides technical support for scaling up the Regional TB Laboratory Network, including uptake of new diagnostics for TB and rifampicin-resistant/MDR-TB. Key strategic directions and recommendations on rifampicin-resistant/MDR-TB include: promotion of new diagnostics, drugs and e-surveillance; enforcement of legal frameworks; mitigation measures for complex emergency situations; and ensuring focus on high-priority countries.

A high proportion of missing TB cases may be seeking services from the private sector as for many it is a “preferred sector” due to perceived quality of care and convenience. For example, in Pakistan, the private sector is the first point of health care contact for 70% of people. Currently, TB case notification contribution is 28% from the private sector. Quality of care, enforcement of legislation and top-down approaches are key issues related to private sector engagement. Details of the Zero TB Cities Initiative were shared with participants.

During group work, participants discussed issues faced in adaptation, implementation and achievement of the End TB Strategy's goals and targets, following four thematic areas with specified subtopics:

- universal health coverage: increasing case finding to find missing cases;
- improving monitoring and evaluation, including detection and treatment of MDR-TB;
- multisectoral approach: engagement of other sectors and all stakeholders;
- strengthening TB control in complex emergencies/complex operating environments.

Key conclusions of the group work are given below.

- All Member States are committed to ending the TB epidemic by 2035, following the End TB Strategy's goals, principles, targets and milestones.
- National strategic plans are generally in line with the End TB Strategy; however, revisions are required to incorporate the most recent initiatives/directives coming from the Moscow Declaration.
- No Member State has a multisectoral commission or initiative in place for ending TB. Member States will require technical support for advocacy to establish multisectoral commissions/initiatives and adapt the accountability framework.
- All Member States are pursuing the universal health coverage goals; so far, however, coverage is limited. Most countries report the presence of social protection schemes, but many are incomplete.
- TB is a notifiable disease in only a few countries, where enforcement of regulations remain a challenge.
- Missing TB cases are a major challenge, particularly in high-burden countries. Most national plans include active case-finding

approaches and initiatives; however, expansion and implementation is very limited.

- Coordination with other health programmes and entities, including those that address comorbidities, is currently inadequate.
- Programmatic management of drug-resistant TB is still very limited; introduction of standardized treatment regimens and new second-line anti-TB drugs are in the initial stages.
- Community participation is not in place, or is at initial/limited stages.
- With the exception of a few examples, digital technologies are still not in use in most countries and electronic case-based reporting is not available.
- TB control and treatment in complex emergency situations is not part of national strategic planning.

3. Conclusions

Meeting participants acknowledged that TB control is at a historic juncture and that the forthcoming United Nations General Assembly High-Level Meeting on TB is an unprecedented opportunity, expected to result in an ambitious Political Declaration on TB endorsed by heads of state to strengthen actions and investments for the end TB response.

Ending TB is an integral component of universal health coverage and must be supported with legal frameworks and social protection schemes.

The accountability framework (and its implementation modalities) is an important tool to define who is accountable for what commitments and actions, and how they will be held responsible.

Participants were in consensus to stress the need for a multisectoral approach, under the highest possible level of national patronage, and realization of sustainable domestic funding.

Progress in implementation of the End TB Strategy and achievement of the goals and targets set for the first 2020 milestone are of paramount importance. Reaching and treating missing cases, actions for urgent and rapid expansion of programmatic management of drug-resistant TB, and collaboration with other sectors and comorbidities is essential. Considering the specific context of several countries in the Region, plans for TB control in complex emergency situations should be developed.

4. Recommendations

To Member States

1. In line with the Moscow Declaration, take immediate action for convening a national inter-ministerial, multisectoral commission/initiative on TB, in close partnership with civil society and non-state stakeholders, where appropriate, and with the direct engagement of the head of state.
2. Commit to the Moscow Declaration, in coordination with WHO, and engage with leaders and all relevant sectors of government, United Nations agencies, bilateral and multilateral funding agencies and donors, academia, research organizations, scientific community, civil society and the private sector, to prepare a country delegation for active participation in and follow-up on the United Nations General Assembly High-Level Meeting on TB, to be held on 26 September 2018.
 - Encourage all Member States to participate in the High-Level Meeting, including the multi-stakeholder panels, at the highest possible level (preferably at the head of state/government level).
 - Encourage Member States to include in national delegations representatives such as parliamentarians, mayors and governors of cities/states with high TB burden, representatives of civil

society including nongovernmental organizations, indigenous leadership, community organizations and faith-based organizations, academia, philanthropic foundations, the private sector and networks representing people affected by TB, with due regard to gender equity.

3. Actively advocate with the head of state and concerned ministries and sectors to mobilize and scale up sustainable domestic financing needed for implementation of the End TB Strategy and achievement of targets.
4. Take immediate action to prepare a plan of action for scaling up TB prevention, diagnosis, treatment and care to achieve the first milestone target of the End TB Strategy, which includes:
 - 20% reduction in TB incidence rate and 35% reduction in number of TB deaths by 2020;
 - detection of at least 90% of cases and successful treatment of at least 90% of cases by 2020, compared to 2015;
 - zero TB-affected families facing catastrophic costs due to TB by 2020.
5. Address the critical issue of missing cases through preparation or revision of strategies/approaches and development of action plans for intensified/active case finding; include targets for latent TB infection diagnosis and treatment coverage, contact tracing and screening of high-risk groups in national strategic plans.
6. Considering drug-resistant TB as a public health crisis, declare a urgent national response aiming for universal access to diagnosis, treatment (including new drugs and shorter regimens), support and care services (100% drug susceptibility testing coverage and case detection, and at least 65% treatment success) by 2020; and implement measures to minimize risk of development and spread

of drug resistance, and take proactive part in global/national efforts to combat antimicrobial resistance.

7. Actively engage and collaborate with the private sector, civil society and community to reach and manage TB cases of all types, among all age groups and genders, and in high-risk or vulnerable populations.

To partners, nongovernmental organizations, civil society, communities and donors

1. Actively participate in the High-Level Meeting and consider initiatives in support of the preparatory process, particularly with regard to sharing good practices, challenges and lessons learned from TB-related responses.
2. Support implementation of the Moscow Declaration and actions to reach the immediate (2020) and long-term (2025 and 2030) targets and goals for ending the TB epidemic.
3. Support Member States in their national emergency response to address drug-resistant TB through supporting development and implementation of action plans for accelerated response.

To WHO

1. Continue to provide strategic advice, technical leadership and support to Member States, in close collaboration and consultation with partners and stakeholders, for full implementation of the End TB Strategy.
2. Advocate and provide support for commitments made under the Moscow Declaration and support preparations for the High-Level Meeting.
3. Continue leadership role in partnership development, effective coordination and resource mobilization.

4. Continue to monitor, evaluate and report the progress towards achieving the targets of the End TB Strategy and the SDGs, in line with the accountability framework.
5. Further strengthen human resource capacity at country offices and the Regional Office to ensure the required technical support for development and implementation of the End TB Strategy and SDG targets.
6. Organize, in consultation with Member States and partners, a high-level regional meeting in 2019 on ending TB, to prepare action plans for implementation of commitments made at the United Nations General Assembly High-Level Meeting and to accelerate efforts to reach the first 2020 milestone of the End TB Strategy.
7. Explore the possibility of including “ending TB” on the agenda of the Sixty-sixth session of the Regional Committee for the Eastern Mediterranean in 2019.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int