ZERO-DRAFT MOSCOW DECLARATION

First WHO Global Ministerial Conference Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response
Moscow, Russian Federation, 16-17 November 2017

MOSCOW DECLARATION

Preamble:

We, Ministers from across the world's Governments, recognize tuberculosis (TB), the world's leading infectious disease killer, to be a global emergency, and commit to making its elimination a political priority. TB kills 1.8 million people a year – 5000 each day – and leaves no country untouched. The disease disproportionately attacks the poorest, most vulnerable and the marginalized, due to operational, political and economic conditions, social inequities, and funding constraints. TB is the principal cause of death among people living with HIV, and one of the leading causes of death worldwide among people of working age, creating and reinforcing a cycle of ill-health and poverty. Consequently, stigma and discrimination remain a crucial barrier to the effective prevention and cure of TB. Without addressing TB, the world will not achieve the targets in the Sustainable Development Goals (SDGs).

As the world's only major airborne drug-resistant disease, TB and its drug-resistant forms pose a global health security threat requiring an international coordinated response. TB is central to the Anti-Microbial Resistance (AMR) agenda, which aims to respond to the worldwide risks posed by bacterial, viral and fungal resistance to currently available medicines, and is responsible for almost one third of all AMR-related deaths. Over the next 35 years, MDR-TB will kill an estimated 75 million people and could cost the global economy $16.7 trillion. A renewed effort to expand Universal Health Coverage (UHC), increase financing for TB programmes and research and development is urgently needed to transform the fight against the disease.

We, Ministers and representatives from across the world's governments, gather today to agree on concrete actions to eliminate TB. Through our endorsement of the SDGs, the WHO End TB Strategy, and the Global Plan to End TB, we have already committed to end the TB epidemic by the year 2030. Today we agree to immediate, intensified, innovative and multisectoral actions to rapidly accelerate progress in research and development, and the implementation of TB prevention, care, and support services. We call on our heads of state and other global leaders to add their support for further commitments at the UN General Assembly (UNGA) High-Level Meeting on TB in 2018.

Commitments and calls to action:

We commit ourselves to implementing the following priority actions through equitable, ethical, human rights-based and community-centred approaches, based on an understanding that all people deserve to receive appropriate prevention or treatment, and call upon all partners, including WHO, Stop TB Partnership, The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), civil society, and other UN organizations to provide support necessary for success.

1) Advancing TB response within universal health coverage, AMR and SDG agendas

We commit to:

- Ensuring that 90 percent of all people with TB are diagnosed and appropriately treated through access to effective treatment and appropriate social support, and with no exposure to catastrophic costs, and that 90 percent successfully complete TB treatment by 2020 - including through the implementation of patient-centered programmes specifically targeting high-risk groups and vulnerable populations such as healthcare workers, migrants, refugees, prisoners, injecting drug-users, children and adolescents.

- Fast-tracking universal access to health care through all state and non-state care providers.

- Ensuring that all policies relating to TB care and prevention are in line with WHO standards and guidelines, and commit to reporting back to WHO on an annual basis on the adoption and implementation of these policies.

- Addressing MDR-TB as a national public health crisis through an emergency response linked to the AMR agenda by increasing access to appropriate treatment, consequently improving cure rates for drug resistant TB to at least 85 percent through appropriate use of new drugs, shorter regimens, and decentralized patient-centred treatment by 2020.

- Mainstreaming MDR-TB within country action plans for AMR and within all other national AMR interventions.

- Eliminating deaths[4] due to TB among people living with HIV and achieving synergies in managing TB and noncommunicable diseases by 2020.

- Upholding our commitments under the health goal of the SDGs, specifically the target to "Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health."

- Setting up, by 2018, a national Inter-Ministerial Commission on TB to be convened by Ministry of Health in partnership with civil society and with the Head of State as the patron, to drive multisectoral action for TB care and prevention, intensify research and product development, and address TB determinants[2].

We call upon:

- WHO, other UN agencies, the Global Fund, and other partners to coordinate and provide support at national, regional and global levels to implement commitments in this declaration through policy guidance, scale-up of diagnosis and treatment, technical assistance, surveillance, monitoring and evaluation, capacity building and training, and advocacy and resource mobilization.

- WHO, the Office of the United Nations High Commissioner on Human Rights, the Global Fund, and other partners to support the development of a Charter on equitable, ethical and human rights-based and community-centred response to TB.

- WHO, other UN agencies, and national governments to include MDR-TB at the heart of all global initiatives dedicated to tackling AMR.

- WHO, the Global Fund, and national, bilateral and multilateral funding agencies and other partners to urgently support countries addressing MDR-TB through increased financial support and investment in human resources, including for healthcare providers and community health workers.

2) Increased and sustainable financing

We commit to:

- Developing and publishing, by the United Nations High Level Meeting on TB in 2018, fully costed national plans for scaling up diagnosis and treatment of TB to ensure that 90 percent of all people with TB are diagnosed and successfully complete treatment, by eliminating catastrophic costs[5] to patients and their

households, including through the provision of social protection and psychosocial support, eliminating limitations and bureaucratic barriers to community-level healthcare service delivery, and in consideration of human rights principles.

- Increasing domestic financing for national TB responses to meet the 30-60-90 minimum benchmarks for low, lower-middle and upper-middle income countries, respectively, while maintaining and improving quality standards.

- Working across ministries and parliaments to mobilize the domestic financing needed to accelerate progress towards Universal Health Coverage and social protection, including sustainable funding mechanisms for research and development.

- Meeting the international funding gap of $2 billion USD for ending TB, including through funding of the Global Fund, and tripling the funding available for research and product development over the next 7 years.

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We call upon:

- Global health financing partners including the Global Fund, bilateral and national agencies, the World Bank, and regional development banks to pursue, provide, and advocate for increased funding including through innovative financing approaches[6].

- The Global Fund, WHO, Stop TB Partnership, academic, technical, civil society and other relevant partners to strengthen efforts to help countries develop and pursue investment cases[7] while supporting increased absorption capacity[8].

3) Scientific research and innovation

We commit to:

- Increasing national investments in financial and human resources for TB research and product development, addressing regulatory impediments, and enhancing in-country TB research and development capacity, including the development of new tools such as diagnostics, drugs, vaccines, and other prevention options, and basic science and operational research to support the rapid scale-up of TB diagnosis, prevention and treatment.

- Implementing policies that enable the fast-track approval and introduction of

new drugs, diagnostics, and vaccines and prevention options, ensuring that innovations reach patients as quickly as possible.

- Working across ministries, donors, the scientific community, civil society, affected communities, and the private sector to create new mechanisms for funding basic and operational TB research and product development, establish national and regional research networks, and develop national research plans to expedite the development and rapid scale-up of innovative approaches and tools for the prevention, diagnosis, and treatment of TB.

We call upon:

- Donors, partners, and the scientific community to establish a Global Coalition for TB Research to promote research, broaden funding sources and optimize research investments based on international consensus and support national efforts to invigorate TB research.
- The G20 nations to establish a permanent work-stream exploring potential mechanisms to overcome market failure in relation to the development of new drugs, diagnostics, and vaccines, particularly for new anti-TB medicines.
- Global partners to devote $1.4 billion USD each year in new resources to TB research and development, with the objective of developing new regimens, diagnostics, vaccines, and other prevention options by 2025.

Multistakeholder Global Accountability Framework on TB

We recognize the need for a multisectoral accountability framework to end TB, which is both political and technical in nature, to track progress toward high-level targets aimed at ending TB. Such a framework must have support from the highest levels of government and is critical to creating an enabling operational environment for multisectoral action, fast-tracking priority interventions, monitoring progress, and accelerating advocacy at all levels within different sectors, all of which is necessary to achieve agreed-upon milestones and the targets to eliminate TB.

We recognize that the multistakeholder and multisectoral efforts needed to deliver powerful TB outcomes through these plans require a new accountability mechanism to bring new and existing stakeholders together around a common accountability framework. The ultimate goal of any accountability framework is to help sustain and increase global progress on ending TB.

Due to the breadth of stakeholders that share in contributing to the task of ending TB,

we acknowledge that a comprehensive accountability mechanism will be stronger when all stakeholders can contribute to its creation, dissemination, and the implementation of its recommendations.

We call upon WHO, Stop TB Partnership, the Global Fund, civil society, affected communities, and technical partners and commit ourselves to develop this multisectoral accountability framework in advance of the UNGA High-level Meeting on TB in 2018, with the goal of establishing an accountability mechanism that will report annually until TB is defeated. Working together, we further call upon the groups mentioned to establish an independent expert group to prepare the first annual “Global Accountability Report on TB” in 2019, and commit ourselves to contribute to its preparation.

[1] Multisectoral action: Preventing TB or minimizing the risk of TB certainly requires not only actions by the health sector (such as achieving universal health coverage and control of communicable and non-communicable diseases that are major risk factors for TB) but also by other development sectors (such as poverty reduction, improved food security, better living and working conditions).

[2] TB determinants: Conditions that favour transmission of TB or make people vulnerable to get TB are called TB determinants. The important social determinants of TB include poverty, undernutrition, and poor living and working conditions. Communicable and non-communicable disease and other conditions that increase individual risk of getting TB are called risk factors. These include HIV/AIDS, diabetes, silicosis, tobacco smoking and harmful use of alcohol.

[3] Standards of care: WHO-recommended standards of TB care and prevention for optimum delivery of TB care and prevention

[4] Individuals with TB are twice as likely to die if they also have HIV. In 2015 33% of people who had HIV and TB died, compared with 15% of those who had only TB.

[5] Catastrophic costs: The catastrophic costs due to TB measure the total economic burden on TB patients and their families. These include: payments for care (e.g. diagnostic and treatment services, and medicines), payments associated with care seeking (e.g. travel costs) and the "opportunity costs" associated with care seeking (e.g. lost income). These are determined by undertaking surveys of TB patients in health facilities.

[6] Innovative financing approaches: Complementary use of grants (such as from the Global Fund or other donors) and non- grant financing from private and/or public sources (such as a World Bank loan) on terms that would make a programme financially sustainable.

[7] Investment case: The Investment Case is a description of the transformation that a country wants to see to meet the targets and milestones towards ending to the TB epidemic, and a prioritized set of investments required to achieve the results.

[8] Absorption capacity: Capacity of a country health system to put significantly increased flow of resources to efficient use, which depends generally on governance, institutional capacity, ownership, and social and political stability.