



Ministerial Meeting Towards Ending TB in the South-East Asia

15-16 March 2017, New Delhi India

Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030

We, the Ministers of Health and delegates attending the Ministerial Meeting Towards Ending TB in the South-East Asia Region, New Delhi, March 2017,

DRAWING the urgent attention of policy-makers and partners, including civil society, the public and its elected representatives, that notwithstanding the fact that the global community has moved from a tuberculosis control paradigm to a strategy to End TB in the era of the Sustainable Development Goals, tuberculosis consistently remains the leading cause of death among all infectious diseases in the World Health Organization's South-East Asia Region, having claimed nearly 800 000 lives in 2015 alone;

FURTHERMORE NOTING that 4.7 million people in the Region, including adults and children, developed active TB disease in 2015, making TB the largest single cause among infectious diseases of lost productive years in the 15-49 age group; and furthermore that the rates of incidence of TB in the worst-affected countries of the World Health Organization's South-East Asia Region exceed all but those of sub-Saharan African nations where TB epidemics have been fuelled by high rates of HIV;

ACKNOWLEDGING that nearly 200 000 MDR-TB cases as well as other forms of drug-resistant TB emerging each year in the Region is also a matter of huge concern, that if not addressed as a matter of utmost urgency, could add to the growing problem of antimicrobial resistance (AMR) and pose a serious health security threat in the Region;

ALSO NOTING with grave concern the incalculable human, financial and developmental costs of this massive burden of sickness, suffering, and premature mortality, because TB disproportionately affects adults in their most productive, vital years - often when they are supporting children, parents and other dependents - thereby causing huge financial loss and even outright impoverishment of individuals and households, with costly knock-on impacts on communities and whole nations;

MINDFUL OF THE FACT that though TB poses a risk to people of all income groups, particularly in the countries with high disease burden, the highest rates are typically among the poor; and that the risks of developing TB among the poor are heightened by malnutrition, overcrowding, and resource-constrained health services, thus trapping them in a vicious cycle of disease and poverty;

REITERATING that several biosocial factors that contribute to TB are worsening in the Region, including unhealthy, crowded living conditions as the Region experiences record urbanization rates, and rising consumption of tobacco and alcohol, as well as the fact that the rates of several co-morbidities, including HIV, and predisposing factors, particularly under nutrition and diabetes, are also highly prevalent and rising in the Region;

EXPRESSING collective discontent that a disease known so long to humankind continues to take such a devastating toll in our dynamic Region, when we have made great progress in controlling and even reversing numerous other diseases, whether newly emergent such as HIV or ancient such as malaria;

RECOGNIZING that the current progress in the Region towards ending TB is not at par with its aspirations of economic and social development as well as meeting the SDG targets of 2030;

COMMENDING the hard-won progress made against TB in every country of the Region in the past decade, including wider access to life-saving tuberculosis services, high-quality diagnostics and drugs, which has led to increasing numbers of people regaining health and going back to living productive lives and noting that this progress has resulted from domestic political will, vigorous global partnerships, stepped-up investments, and committed efforts to raise rates of case-notification and treatment success;

BELIEVING that because of this momentum we are now at a decisive turning point, wherein, by making an exceptional effort in every country in our Region— particularly in those with the highest rates of tuberculosis — we can end TB by 2030;

REAFFIRMING our commitment to end the TB epidemic by the year 2030, if not earlier, as affirmed in the Sustainable Development Goals;

ACKNOWLEDGING that only with fast-tracked, scaled up, adequately financed implementation of harmonized, multi-sectoral, scientifically-based, country-specific action plans will the Region be able to achieve the goal of ending TB by 2030 or earlier; and

RECOGNIZING that reducing TB deaths by at least 35 per cent and incidence rate by 20 per cent, and elimination of catastrophic costs due to the disease, by 2020 as envisaged in the WHO End TB Strategy and the Regional Strategic Plan 2016- 2020 requires immediate actions with an extreme sense of urgency; and

TAKING COGNIZANCE OF targeted reductions to the extent of 90% in deaths, and 80% in incidence by 2030; and also noting that to reach these targets, the Global Plan to End TB 2016–2020 emphasises that at least 90% of all people who need tuberculosis treatment must be reached, including 90% of people in key populations, and at least 90% treatment success be achieved latest by 2025;

COMMIT OURSELVES THIS DAY to lay the foundations for this period of exceptional action, and take the following essential, high-impact steps to:

LEAD the implementation of the national TB responses in the countries – specifically the high-burden countries -- by an empowered national initiative that reports to the highest levels of government in the Member States, and that includes a multi-sectoral response and is committed to translating policies into time-bound, result-oriented actions at multiple levels of administration, with ownership and access to real-time monitoring,

INCREASE budgetary and human resource allocations by Governments as well as by their global, domestic and other partners so as to ensure that national TB plans that are evidence-informed, fully funded, rationally and effectively used, avoiding wastages,

ENABLE, using innovative communications, the engagement and literacy of communities and individuals with TB and provide the best possible care to each and every person, including migrants, the aged and other high-risk populations, living with any form of TB including drug-resistant TB and TB-HIV co-infections, presenting either to the public or the private sector, including general practitioners, while also expediting introduction and expansion of new tools of diagnosis, treatment and prevention as they become available,


SUPPLEMENT medical care for TB with patient-centred, community-empowering, necessary social and financial protection in a holistic manner through collaborations across and beyond the health sector in every country of the Region, **WORK** jointly with the South-East Asia Region of the World Health Organization and partners to further boost actions in the countries, including forming regional research consortiums, mobilize additional global resources and secure political commitment at the highest levels from the countries through the Ministerial Meeting in Moscow, Russia, in November 2017, and the UN General Assembly Session in 2018, thereby demonstrating regional commitment to end TB, and **SET UP** jointly with the South-East Asia Region of the World Health Organization and partners a Regional Innovation to Implementation (I2I) fund to ensure accelerated sharing of knowledge, including the use of secondary data, intellectual resources and test innovations to reach out and treat all cases;


AND NOTE THAT WITH THESE BREAKTHROUGH COMMITMENTS WE WILL BE WELL ON THE WAY TO ENDING TB.

We call upon all leaders, policy-makers, partners, civil society and the public in the WHO South-East Asia Region and around the world to actively support this Call for Action towards Ending TB.


WORKING TOGETHER, WE CAN AND WILL END TB.

New Delhi, 16 March 2017



H.E. Mr Mohammed Nasim
Minister of Health and Family Welfare
Government of the People's Republic of Bangladesh

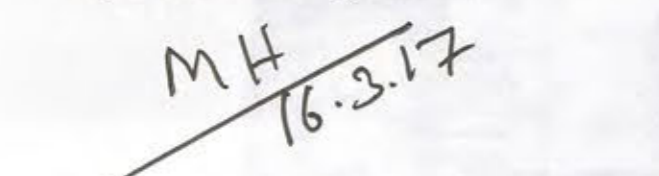

H.E. Lyonpo Tandin Wangchuk
Minister for Health
Royal Government of Bhutan



H.E. Dr Kim Hyong Hun
Vice Minister of Public Health
Democratic People's Republic of Korea

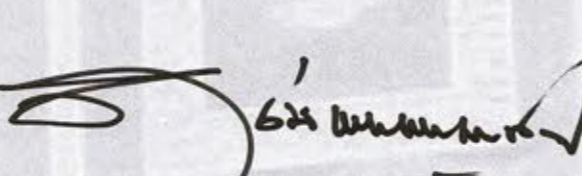

H.E. Shri J. P. Nadda
Minister of Health and Family Welfare
Government of India

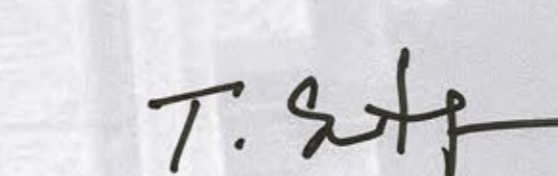

H.E. Prof Nila F Moeloek
Minister of Health
Republic of Indonesia

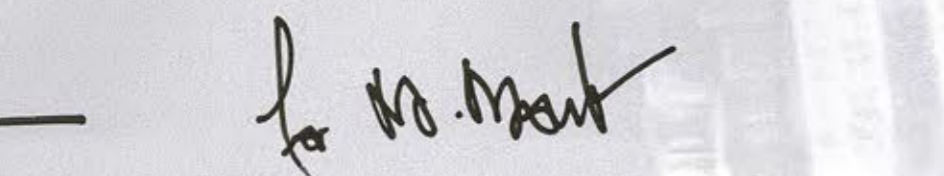

H.E. Mr. Abdulla Nazim Ibrahim
Minister of Health
Republic of Maldives


H.E. Dr Myint Htwe
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The Government of the Republic of the Union of Myanmar


H.E. Mr Tara Man Gurung
State Minister for Health
Federal Democratic Republic of Nepal


H.E. Dr Rajitha Senarathne
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H.E. Dr Thawat Suntarajarn
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Dr Poonam Khetrapal Singh
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