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 of Health and from across Government recognize tuberculosis (TB) is the biggest infectious disease killer in the world today. It kills children, women and men – 5000 each day – and leaves no country untouched. The disease disproportionately attacks the poorest, most vulnerable and the marginalized, due to operational, economic and social conditions. Tuberculosis and its drug-resistant forms pose a health security threat. It is central to the Anti-Microbial Resistance (AMR) agenda. It demands an urgent response that includes national, cross-border and global collective action.

With the United Nations Sustainable Development Goals (SDGs) and the WHO End TB Strategy, we have already committed to end the TB epidemic by 2030. We know that universal health coverage, sustainable financing for multisectoral action[1], rapid scale up of innovative approaches and tools, and discovery of new and better tools for prevention, diagnosis and treatment of TB will be fundamental to transform the fight.

We also recognize the urgent need for committing immediate, intensified, innovative and multisectoral actions to rapidly accelerate progress in both research and implementation and to enlisting our heads of state and more global leaders in this response, including through 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 and human-rights based approaches and call upon WHO, other UN organizations and all partners to provide support necessary for success.

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

We commit to:

- *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 and address TB determinants[2].*
- *Fast-tracking universal access to health care through all state and non-state care providers by adopting WHO-recommended TB diagnostics, drugs, technologies and standards of care[3], and ensuring attention to high-risk-groups and vulnerable populations such as migrants, refugees and prisoners.*
- *Addressing MDR-TB as a national public health crisis through an emergency response linked to the AMR agenda.*
- *Eliminating, by 2020, the excess deaths[4] due to TB among people with HIV and achieving synergies in managing TB and noncommunicable diseases.*

We call upon:

- *WHO, other UN agencies and partners to coordinate and provide support at national, regional and global levels to implement commitments in this declaration through policy guidance, technical assistance, surveillance, monitoring and evaluation, and advocacy and resource mobilization.*
- *WHO, the Office of the United Nations High Commissioner on Human Rights and other partners to support the development of a Charter on equitable, ethical and human rights-based response to TB.*
- *WHO, bilateral and multilateral funding agencies and other partners to urgently support countries addressing MDR-TB.*

2) Increased and sustainable financing

We commit to:

- *Working across ministries to mobilize the domestic financing needed to accelerate progress towards universal health coverage and social protection.*
- *Providing domestic financing for national TB budgets in line with suggested 30-60-90 minimum benchmarks for low, lower-middle and upper-middle income countries, respectively.*
- *Identifying and implementing the actions required to eliminate catastrophic costs[5] to patients and their households, including social protection and human rights policies.*

We call upon:

- *Global health financing partners including the Global Fund to fight AIDS, TB and Malaria, bilateral agencies, the World Bank, and regional development banks to pursue and advocate for additional financing including through blended financing[6].*
- *WHO, academic, technical, civil society and other relevant partners to continue 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, addressing regulatory impediments, and enhancing in-country TB research capacity.*
- *Working across ministries, donors, the scientific community and the private sector, to create new mechanisms for funding TB research, establish national research networks, and develop national research plans to expedite action on priority research*

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.*

Multisectoral Accountability Framework

We recognize the need for a multisectoral accountability framework to end TB, which is both political and technical. This framework is critical to creating an enabling operational environment for multisectoral action, fast-tracking priority interventions, monitoring overall progress, and accelerating advocacy at all levels within different sectors, all of which is necessary to achieve committed milestones and the targets to end the TB epidemic.

We recognize that this framework must encompass tracking of progress towards the high-level targets set within the SDGs and established by the World Health Assembly as part of the End TB Strategy, and associated operational indicators and targets defined by WHO. It must also include measurable indicators, timelines and responsibilities for the implementation of commitments and calls in this Declaration. Furthermore, given the intersectoral nature of the response, indicators and targets established within other relevant SDGs need to be monitored to allow a better assessment of progress in countries. A reporting and review process for this framework needs to be defined.

We call upon WHO and partners and commit ourselves to develop this multisectoral accountability framework in advance of the UNGA High-level Meeting on TB in 2018.

Using this multisectoral accountability framework and working with other UN agencies and partners, **we further call upon** WHO**,** to prepare the first annual "Multisectoral 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] Excess deaths due to TB among people with HIV: 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] Blended financing: 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.