KEEPING THE PLEDGE

Second Stop TB Partners' Forum
24–26 March 2004
New Delhi, India

KEEPING THE PLEDGE

to Stop TB

WE MANDATE THE STOP TB PARTNERSHIP SECRETARIAT TO REPORT ANNUALLY TO THE FORUM ON THE PROGRESS IN ACHIEVING OUR AGREED OBJECTIVES.

PARTICIPATING COUNTRIES AND ORGANIZATIONS IN THE SECOND STOP TB PARTNERS’ FORUM INCLUDE:

Academy For Educational Development; Aeras Global TB Vaccine Foundation; Afghanistan; American Lung Association (ALA); American Red Cross; American Thoracic Society (ATS); Asia Society; Astrazeneca Plc; Bangladesh Rural Advancement Committee (BRAC); Bangladesh; BBC World Service Trust; BHP Billiton; Brazil; Byword Editorial Consultants; Canada; Care India, Epidemiology and Emerging Diseases; Centers for Disease Control and Prevention (CDC); Center for Molecular Microbiology and Infection (CMMI), Imperial College of Science; Child Survival Collaborations and Resource Group (CORE); City TB Control Society (CTCS); Confederation of Indian Industry (CII); Council of the Baltic Sea States; Cuba; Damien Foundation; DANIDA; Darby Communications; Doctors Of The World; Eastern African National Networks of Aids Service Organizations (EANNASO); Eli Lilly and Company; Faith Orphanage Foundation; Foundation for Innovative New Diagnostics (FIND); Freedom Foundation; Gay Men’s Health Crisis; Germany; Global Alliance for TB Drug Development; Gorgas Tuberculosis Initiative at the University of Alabama at Birmingham; Health & Development Networks (HDN); Identity, Merge and Action (AIM); India HIV/AIDS Alliance; India Network of Positive People – INP+; India; Indian Consul of Medical Research; Indian Railways Public Health Association; Institute of Lung Diseases and Tuberculosis Clinical Centre of Serbia; Instituto de Salud, MSC “Cristoforis Deneke” (ISDEN); International Federation of Medical Students’ Associations (IFMSA); International Federation of Red Cross and Red Crescent Societies (IFRC); International Labour Office (ILO); International Organization for Migration (IOM); International Pediatric Association (IPA); International Union Against Tuberculosis and Lung Disease (IUATLD); Iranian Charity Foundation for Tuberculosis and Lung Disease; J. Watumull Global Hospital & Research Centre; Japan Anti-Tuberculosis Association (JATA); Japan; John Snow, Inc.; Johns Hopkins Bloomberg School of Public Health, CCP, Health Communication Partnership; Kenya; Kingdom of Cambodia; KNCV Royal Netherlands Tuberculosis Association; Liberty Institute; Liverpool School of Tropical Medicine, Equi-TB Knowledge Programme; Lupin Limited; Macleods Pharmaceuticals Limited; Maldives; Management Sciences for Health (MSH); Massive Effort Campaign Against AIDS, TB and Malaria; Médecins Sans Frontières (MSF); Media to End Poverty and Social Injustice; Morrocco; Mozambique; MVJ, Medical College & Research Hospital; Myanmar; National Institute for Public Health & the Environment; National Institute of Pharmaceutical Education and Research; National Research Institute of Tuberculosis and Lung Disease (NRITLD); National Tuberculosis Institute; Naz Foundation (India) Trust; Netherlands; New Delhi TB Centre; New Jersey Medical School National Tuberculosis Center; Nigeria; Nigerian Institute of Medical Research; Norwegian Association of Heart and Lung Patients (LHL); Novartis India Limited; Novartis institute for Tropical Diseases; Oneworld.net; Open Society Institute (OSI); Pakistan; PANOS; Partners in Health; People’s Republic of China; Peru; Philippines; Project Hope; Reliance Industries Ltd.; Republic of Indonesia; République Démocratique du Congo; Results Canada; Results UK; Russian Federation; Sandoz GMBH (a Novartis company); Sandoz Private Ltd. (a Novartis company); Sarada Society for Care and Counselling of AIDS (SSCCA); Society for the Prevention & Eradication of TB in Nigeria (SPETBN); South Africa; Strategic Mediaworks; Strides Arcolab Limited; Svizera Labs PVT. Ltd.; Swami Vivekananda Integrated Rural Health Centre; Swiss Tropical Institute; Tamir Welfare Organization; Target Tuberculosis UK; Tata Consultancy Services; TB Alert India; TBTV.ORG; Terma Foundation; Thailand; The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); The Global Network of People Living with HIV/AIDS (GPP+) Central Secretariat; The Naz Foundation Trust; The Nelson Mandela Foundation; The Research Institute of Tuberculosis (RIT); Tianjin Tuberculosis Institute; Tuberculosis Research Centre, Chennai; Tunisia; Uganda; UK Coalition of People Living with HIV and AIDS (UKC); UNAIDS; UNDP/IAPSO, Copenhagen; United Kingdom; United Nations Children’s Fund (UNICEF); United Republic of Tanzania; USA; Viet Nam; Voxiva India; World Bank; World Economic Forum (WEF); World Health Organization (WHO); WHO Regional Office for Africa; WHO Regional Office for Europe; WHO Regional Office for the Eastern Mediterranean; WHO Regional Office for South-East Asia; WHO Regional Office for the Western Pacific; WHO/Stop TB Partnership Secretariat; World Vision India; Zimbabwe.
The Second TB Partners’ Forum,

Involving ministerial representatives from high-burden countries (HBCs) that together comprise 80% of the global tuberculosis (TB) burden, heads of agencies and representatives of Stop TB Partners meeting in New Delhi, India;

Recognizing that TB is a “killer with a cure” that develops into a public health emergency affecting 9.3 million people each year and also kills 2 million; that in every 3 people in the world is infected with TB, an insidious disease that spreads through the air, infecting many more women than men in their reproductive years than maternal mortality; and that TB remains a blight on individuals, families, communities, countries, undermining productivity and societal well-being;

Recalling that sense of urgency, need and high-level dedication with which participants endorsed the pioneering Amsterdam Declaration in March 2000 and the subsequent World Health Assembly Resolution in May 2000;

Realizing that we have only 20 more months in which to meet the global TB control targets set for December 2005 by World Health Assembly Resolution 44 in May 2000;

We, the delegates to the Second TB Partners’ Forum affirm our solemn commitment to pursue with all haste the following consensus objectives:

- intensifying our efforts to attain the global TB control targets; reaching 70% of all people with infection and successfully treating 85% of those detected – over the coming 20 months;
- accelerating action to expand DOTS coverage, especially to those countries and populations that need it most;
- expanding our outreach to include key new partners, such as private practitioners, nongovernmental organizations (NGOs), the medical and scientific community, and ultimately all of civil society, not just those directly affected now;
- mobilizing more resources, both in cash and in kind, to facilitate our push towards the 2005 targets and beyond those towards the Millennium Development Goals of reducing TB prevalence and mortality by half by 2015.

The Second TB Partners’ Forum Participants hereby issue the following statement:

I. WE ARE HEARTENED TO NOTE THAT THE GLOBAL PARTNERSHIP TO STOP TB IS WORKING EFFECTIVELY

Since 1998, the Stop TB Initiative, subsequently known as the Partnership, has established itself swiftly, made remarkable progress and has been lauded as a model for international public health intervention. It has been driving force towards achieving the global TB control targets;

The Global Drug Facility, one of the most effective facets of the Partnership, has recorded unprecedented successes, expanding access to high-quality TB drugs through grants and direct procurement at reduced prices;

The Global Plan to Stop TB continues to provide a sound management plan and framework for action;

The DOTS Expansion Working Group achieved the geographical DOTS coverage of 37% in 2002 and continues to use political champions and new financial resources; a sub-working group has been established to address the special situation of TB in children;

The TB/HIV Working Group helped to develop interim policy recommendations for collaborative TB/HIV activities;

The Working Group for DOTS-Plus MDR-TB has reduced such drug prices by 95% and approved almost 5000 patients in 14 sites through the Green Light Committee;

The Working Group for New TB Diagnostics is facilitating the development and approval of an increasing number of promising new diagnostic tests and developing approaches for these tests to be within the framework of the global control program;

The Working Group on TB Drug Development is coordinating the investigations of promising new compounds for tuberculosis;

The Working Group for new TB Vaccines is facilitating the development and evaluation of several candidate vaccines, two of which are in Phase I trials.

II. DESPITE SIGNIFICANT STRIDES MADE SINCE 2001, PROGRESS COULD BE REVISED WITHOUT RAPID ACTION

Every day, more than 5000 people are dying of TB; each minute, more than 150 people are being newly infected with TB; 5–10% of them are children, left untreated, will die of TB. In total, more than 4000 people are dying of TB each day.

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III. THERE IS AN URGENT NEED TO ACCELERATE DOTS EXPANSION, PREVENTION AND MANAGEMENT OF HIV/AIDS AND MDR-TB THROUGH PARTNERSHIP BUILDING AND TO INVEST IN NEW TOOLS – DIAGNOSTICS, TB DRUGS AND VACCINES

We, national governments and other Stop TB partners – acknowledging historically unprecedented resources, pledge to build on progress to date and fulfill our commitments made in Amsterdam and Washington, by achieving the following objectives over the remaining 20 months until December 2005.

- The international community must infuse a greater sense of urgency into the TB movement and support national campaigns aimed at achieving global targets, through:
- supporting the implementation of the Global Plan to Stop TB, putting the recommendations of the 2nd Ad Hoc Committee on the TB epidemic into action, actively implementing the ISAC initiative, and:
- advocating the urgency to reach the targets during the next months in international gatherings, including the World Health Assembly, Stop TB Partners’ Forum, AIDS conferences, WHO regional committees, International Union conferences;
- stepping up efforts to overcome regional-specific TB control barriers (regional Stop TB partnerships) such as HIV, MDR-TB, poor medical private practitioner sector performance, etc. by widening the Partnership’s focus, i.e. incorporating NGO activities into the national medium-term development plans; and participating actively in Inter-Agency Coordinating Committees, and Country Coordinating Mechanisms;
- developing the next phase of the Global Plan after 2005 towards the Millennium Development Goals (2015) to be endorsed by the international community;
- collaborating intensively with the HIV/AIDS community by speeding up efforts for the provision of voluntary counselling and testing, and for comprehensive treatment and care programmes;
- supporting research and development that is essential to accelerate the development of new therapies, diagnostic and preventive tools;
- countries must infuse a greater sense of urgency and intensify efforts at implementing plans to achieve global targets quickly;
- revitalizing political commitment by moving TB up their national health agenda, especially in outlying provincial areas and decentralized regions; they can create Stop TB partnerships at all levels;
- adopting more inclusive and multistakeholder-based decision-making processes as reflections of building trust partnerships for fight TB;
- ensuring diagnosis and treatment of known TB cases according to DOTS standards and continue recruiting patients for treatment through public health monitoring and surveillance;
- increasing the resources dedicated to TB control plans in countries as well as to international TB Stop TB initiatives;
- advocating appropriate allocation of resources to TB control through the Global Fund for TB, such as Poverty Reduction Strategy Papers and Sector-Wide Approach approaches;
- strengthening monitoring and evaluation tools for TB programmes and taking prompt effective actions to address problems and overcome constraints;
- the donor community must mobilize resources and harmonize approaches for efficient resource flow in order to make a difference and reach the 2005 targets through:
- increasing the resources dedicated to TB control plans in countries as well as to international TB Stop TB initiatives;
- adopting appropriate allocation of resources to TB control through the Global Fund for TB, such as Poverty Reduction Strategy Papers and Sector-Wide Approach approaches as well as general health systems support;
- the private business sector expanding its involvement through investment in the development of new tools, as well as through corporate social responsibility complementing TB plans;
- the medical and scientific community continuing to invest in harnessing science, including new diagnostics, TB drugs and vaccines, and TB/HIV drugs; and:
- civil society expanding its participation, building a greater sense of social commitment to the TB movement;
- advocates, communicators, NGO networks and media should play a bigger role at global, regional, and national levels in order to increase awareness and mobilize society and resources for better TB control, through:
- intensive and sustained media campaigns including press activities with a broad network of key journalists; new reports of on press-relevant TB issues;
- involving visible spokespersons and champions to widely broadcast the Stop TB messages;
- communications and social mobilisation sustainable plans as part of the national increasing case-detection efforts, ensuring bottom-up demand creation;
- support for strategic communication and information networks and forums on TB and HIV/AIDS;
- the people suffering from TB need a stronger voice within the global movement to Stop TB and should be welcomed and supported by countries and organizations so they can actively and appropriately participate in Stop TB efforts at all levels. TB patients deserve a universal care standard;
- all stakeholders should do their utmost to accelerate efforts to meet the 2005 TB control targets.