

## Members of the 2nd *ad hoc* Committee on the TB epidemic

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### the barriers



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**Breaking through**

## The 2nd *ad hoc* Committee on the TB epidemic

The 2nd *ad hoc* Committee was convened under the auspices of the DOTS Expansion Working Group (one of six working groups under the Global Partnership to Stop TB). The committee met in Montreux, Switzerland, 18-19 September 2003 to review progress in global TB control, analyse constraints and make recommendations to speed up progress towards achieving the global targets for TB control.

### Global targets for TB control

#### World Health Assembly 2005 targets

To detect 70% of smear-positive cases.  
To treat successfully 85% of all such cases.

#### G8 Okinawa 2010 targets

To reduce TB deaths and prevalence of the disease by 50% by 2010

#### Millennium Development Goals 2015 targets

Goal 6, Target 8: to have halted by 2015, and begun to reverse, the incidence of priority communicable diseases, including TB (see Millennium Development Goals indicators 23 and 24)

### TB control, health and poverty reduction

Progress in TB control can contribute to improved health and poverty reduction, and depends on actions that are beyond the specifics of TB control. Thus the Committee views TB control as an integral part of the broad strategy for improving health and reducing poverty. **This implies that for further progress in TB control, the TB constituency must reach out to the broader constituency of governments and agencies committed to accelerating health improvement and poverty reduction. This broader constituency must also support TB control as part of its contribution to achieving the MDGs.**

## Recommendations of the Committee to the Stop TB Partnership

### 1. Consolidate, sustain and advance achievements

The Stop TB Partnership has made enormous progress in the short time since its launch in 2001. Successful initiatives under the Partnership include the global TB drug facility, the Green Light Committee (of the DOTS-Plus Working Group) and the Partnership's collaboration with the Global Fund to fight AIDS,

TB and Malaria. The Stop TB Partnership should capitalize on the initial success of these initiatives in advocating for the support necessary to strengthen its contribution to achieving global TB control targets, in support of progress towards the MDGs and poverty alleviation.

### 2. Enhance political commitment

The Stop TB Partnership should explore complementary "top-down" (i.e. led by policy- and decision-makers) and "bottom-up" (i.e. community-led) approaches to consolidate and raise the position of TB on the development agenda.

### 3. Address the health workforce crisis

The Stop TB Partnership should collaborate with national governments and international bodies to promote the development of policies aimed at a) removing administrative barriers to creating and filling posts and b) promoting terms and conditions of service in the health sector that are attractive to employees. Such policies should cover career opportunities, ongoing training, work conditions, incentive schemes and effective prevention and health care services for the health workers themselves.

### 4. Strengthen health systems, particularly primary care delivery

The Stop TB Partnership should promote collaboration among National TB Programme managers, health policy and decision-makers and those implementing health system reform to ensure that TB control programmes contribute to and build upon broader approaches to health system strengthening and link with other public health interventions.

### 5. Accelerate the response to the TB/HIV emergency

The Stop TB Partnership and HIV/AIDS partnerships, e.g. those linked to the WHO HIV/AIDS Department and to the joint UN programme on HIV/AIDS (UNAIDS), should urgently step up collaboration to deliver the strategy of expanded scope to control HIV-related TB. Collaboration between TB and HIV/AIDS partnerships should involve the identification of areas of mutual benefit and reflect their comparative advantages.

### 6. Mobilize communities and the corporate sector

The Stop TB Partnership should intensify efforts to engage the widest possible range of stakeholders within the health sector and other sectors at global, regional and national levels, to contribute to TB control activities, e.g. civil society groups, employers, representatives of groups of TB patients and HIV activists, the broad HIV/AIDS constituency, the education sector and key multilateral organizations, e.g. the International Labour Organization (ILO).

### 7. Invest in research and development to shape the future

The Stop TB Partnership should ensure the framework in which the working groups promoting the development of new tools can interact effectively with the DOTS Expansion Working Group and the other two implementation working groups (DOTS-Plus and TB/HIV), in order to align the opportunities provided by the research community with the needs of TB control service providers.