

**WHA58.14 Sustainable financing for tuberculosis prevention and control**

The Fifty-eighth World Health Assembly,

Having considered the report on sustainable financing for tuberculosis prevention and control;<sup>i24</sup>

Aware of the need to diminish the global burden of tuberculosis and thereby lower this barrier to socioeconomic development;

Noting with concern the increasing number of cases of multidrug-resistant tuberculosis, and worsening morbidity and mortality among HIV-positive tuberculosis patients, especially in the African Region;

Welcoming the progress made towards achieving the global tuberculosis-control targets for 2005 following the establishment, in response to resolution WHA51.13, of the Stop Tuberculosis Initiative;<sup>ii25</sup>

Noting the need to strengthen health systems development for the successful delivery of tuberculosis-control activities;

Stressing the importance of engagement of the full range of health providers in delivering the international standard of tuberculosis care in line with the strategy of directly observed treatment, short-course (DOTS);

Concerned that lack of commitment to sustained financing for tuberculosis control will impede the sound long-term planning necessary to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Encouraging the development of a global plan for the period 2006-2015, which will address the need for sustained financing in order to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration,

1. ENCOURAGES all Member States:

(1) to estimate the total resources required for prevention and control of tuberculosis, including HIV-related tuberculosis and multidrug-resistant tuberculosis, in the medium term, and the resources available from domestic and international sources in order to identify the funding gap;

(2) to fulfil the commitments made in endorsing resolution WHA53.1 and hence the Amsterdam Declaration to Stop Tuberculosis, including their commitment to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

(3) to strengthen integration between financial, operational and social partners by setting up national Stop TB partnerships in each country and to ensure that such

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partnerships at country level provide a vehicle to support the implementation of long-term plans for expansion of DOTS through national interagency coordination committees;

(4) to ensure that all tuberculosis patients have access to the universal standard of care based on proper diagnosis, treatment and reporting consistent with the DOTS strategy by promoting both supply and demand;

(5) to strengthen prevention of, and social mobilization against, tuberculosis;

(6) to set up collaboration between tuberculosis and HIV programmes, in order to address more effectively the dual tuberculosis/HIV epidemic;

(7) to integrate the prevention and control of tuberculosis in the mainstream of their health development plans;

### 2. REQUESTS the Director-General:

(1) to intensify support to Member States in developing capacity and improving the performance of national tuberculosis-control programmes within the broad context of strengthening health systems in order:

(a) to accelerate progress towards reaching the global target of detecting 70% of new infectious cases and successfully treating 85% of those detected, and to report to the Health Assembly in 2007 on the progress made by the end of 2005;

(b) to sustain achievement of that target in order to reach the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

(2) to strengthen cooperation with Member States with a view to improving collaboration between tuberculosis programmes and HIV programmes, in order:

(a) to implement the expanded strategy to control HIV-related tuberculosis;

(b) to enhance HIV/AIDS programmes, including delivery of antiretroviral treatment for patients with tuberculosis who are also infected with HIV;

(3) to implement and strengthen strategies for the effective control of, and management of persons with, drug-resistant tuberculosis;

(4) to take the lead in cooperation with national health authorities in working with partners to devise, strengthen and support mechanisms to facilitate sustainable financing of tuberculosis control;

(5) to enhance WHO's support to the Stop TB Partnership in its efforts to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration and provide regular

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reports on the progress made to achieve the goals;

(6) to recommend, at the high-level plenary meeting on the outcome of the Millennium Summit of the United Nations General Assembly to review progress in fulfilment of commitments contained in the United Nations Millennium Declaration, that tuberculosis should be specifically mentioned in Goal 6 and Target 8, instead of being included among other diseases;

(7) to promote research and development for new control tools as part of the global plan to stop tuberculosis.

(Ninth plenary meeting, 25 May 2005 –  
Committee A, fifth report)

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<sup>i24</sup> Document A58/7.

<sup>ii25</sup> Now known as the Stop TB Partnership.