

Keeping our Promise of Ending TB in the South-East Asia Region on time



Delhi End-TB Summit



Statement of Action made by Member States of the WHO South-East Asia Region at the Delhi End-TB Summit

We, the Ministers of Health and delegates of the eleven Member States of the WHO South-East Asia Region, assembled at the Delhi End-TB Summit, 13–14 March 2018, do hereby

COMMEND the increased attention, investments and efforts directed at tackling the Region's major burden of tuberculosis (TB);

NOTE that the response has strengthened further as a result of the *Delhi Call for Action*, a strategic, action-oriented roadmap initiated by us on 16 March 2017;

YET NOTE WITH CONCERN the evidence from WHO showing that even this stepped-up response falls short of that required to reach critical thresholds for ending tuberculosis as per our shared vision, particularly in Member States with high rates of the disease;

ALSO NOTE that most low-burden countries are yet to establish last mile programmes for the early ending of TB;

STATE OUR FIRM INTENT to implement a response in each of our nations that is demonstrably adequate for ending TB by 2030 and meeting the milestones for 2020 by collectively reaching out to the missing 2 million TB cases and 150 000 multidrug-resistant cases; and therefore,

UNANIMOUSLY COMMIT to actualizing and intensifying essential actions already agreed upon in the *Delhi Call for Action*, and that for the coming year, we shall prioritize the following actions:

“LEAD implementation of the national TB responses in countries — by an empowered national initiative that monitors progress in reaching End-TB targets to the highest levels of government in Member States.”

- The multisectoral and empowered national initiatives in Member States would engage various government departments, the private sector and civil society – including members of the affected community – in monitoring progress and collectively addressing gaps and challenges, reporting to the Office of the Head of Government (e.g. Prime Minister's Office) under the close supervision of the Cabinet of Ministers or inter-ministerial equivalents. A national accountability framework will accordingly be established

“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 are fully funded.”

- Every country must produce an estimate of resource needs and gap analysis in support of End TB targets, with the support of WHO, and mobilize resources in support of full funding. National TB funding must increase accordingly. In the absence of such estimates, countries may use a regional norm suggested by WHO.

“ENABLE 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.”

- Universal access to comprehensive, integrated TB care and prevention services is the litmus test of Member States' efforts to achieve universal health coverage, as committed to in the SDGs. As a strategic shift in approach, the populations and/or areas with high rates or those especially vulnerable or at risk will be prioritized in terms of universal access to comprehensive, integrated TB care and prevention services covering at least 90% of the urban and rural poor, refugees and recent migrants, indigenous populations, incarcerated or institutionalized individuals, tobacco smokers, users of alcohol or illicit drugs, people living with TB/HIV coinfection, immunocompromised persons, children, the elderly, and health-care workers. This would include, but not be limited to, at least 50% of non-NTP providers (including private-for-profit and NGOs) by 2020 and reaching 80% by 2025, accelerated substitution (ultimately 80%) of smear microscopy by WHO endorsed rapid molecular tests, improve treatment completion rates to 95% by 2025, and start at least 80% of all eligible patients on a shorter regimen. Programmes will also define a minimum standard package for universal access, which includes the use of new tools, technologies and drugs as recommended by WHO. This package would be treated as a standard of care in all settings, public and private.

“SUPPLEMENT medical care for TB with social and financial protection in a holistic manner.”

- In both high- and low-incidence Member States, individuals with TB disease should be systematically guaranteed vital socioeconomic support, adapted to country context, for full duration of the treatment and address sequelae, so that the 2020 goal of eliminating catastrophic losses is achieved in the form of: disability support that will compensate for monthly wages or income; direct nutritional support sufficient to ensure good nutrition for patients; and financial support sufficient to cover treatment-related transportation costs for both the patient and a primary supporter depending on country context. Empowerment and engagement of community and civil society representatives in planning, monitoring, organizing and providing for such support will ensure a patient-centred response.

We, the Health Ministers and delegates of the WHO South-East Asia Region, unanimously make these detailed and far-reaching commitments so as to operationalize the roadmap of the *Delhi Call for Action* 2017. By ensuring rapid, concrete and measurable progress on these actions, each and every Member State and partner in the Region will finally bring the ending of TB within reach.

We call upon WHO to urgently provide technical leadership on all these fronts, specifically assisting Member States in establishing a baseline for action areas of this statement and measuring of progress. WHO is an essential partner in facilitating the scale-up of services.

We also take this opportunity to call upon our other partners, here and at the forthcoming UN General Assembly High-Level Meeting in New York, to enhance their support to the Region towards the full implementation of the *Delhi Call for Action*. This should take into account the high burden in the Region, and other regional specificities, including requirements of countries on the verge of ending TB, as well as humanitarian needs at national and subnational levels.

WORKING TOGETHER, WE CAN AND WILL END TB.

New Delhi, 14 March 2018