FIRST WHO GLOBAL MINISTERIAL CONFERENCE

ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE

16–17 NOVEMBER 2017, MOSCOW, RUSSIAN FEDERATION

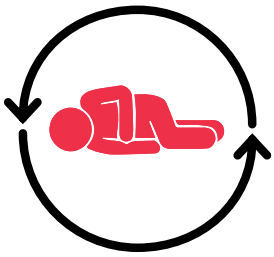
CONFERENCE HIGHLIGHTS

MINISTRY OF HEALTH
OF THE RUSSIAN FEDERATION

World Health Organization

THE CHALLENGE OF ACCELERATING TO END TB

In spite of progress being made towards ending the tuberculosis (TB) epidemic and 53 million lives having been saved between 2000 and 2016, the challenge of this ancient disease remains significant. Tuberculosis (TB) is the leading infectious disease killer and one of the top ten causes of death worldwide. With a timely diagnosis and correct treatment, most people who develop TB disease can be cured. Unfortunately, this is not the case for rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB), which require longer and more costly drug regimens; they present a serious antimicrobial resistance (AMR) threat to global health. The WHO End TB Strategy, adopted by WHO Member States in 2014, set ambitious targets to tackle this deadly disease. Together with the United Nations (UN) Sustainable Development Goals (SDGs), it guides all efforts towards the goal of ending TB by 2030.

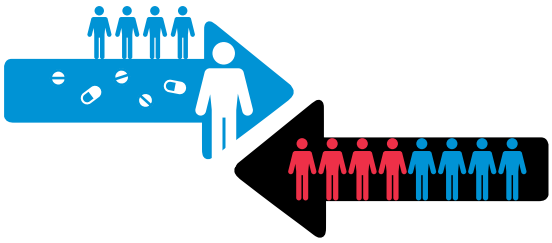


1.7 MILLION PEOPLE DIED FROM TB IN 2016

TB is the main cause of deaths related to antimicrobial resistance and the leading killer of people living with HIV

53 MILLION LIVES SAVED BETWEEN 2000 AND 2016

TB deaths fell by 22% in the same period



ONLY 1 IN 5 PEOPLE NEEDING TREATMENT FOR MULTIDRUG-RESISTANT TB IN 2016 RECEIVED IT

US$ 2 BILLION GAP

US$ 1.2 BILLION GAP

US$ 2.3 BILLION FUNDING GAP FOR TB IMPLEMENTATION GAP OF OVER US$1.2 BILLION PER YEAR FOR TB RESEARCH

CONFERENCE AIMS, GOALS AND OUTCOMES

The First WHO Global Ministerial Conference on *Ending TB in the Sustainable Development Era: A Multisectoral Response* aimed to accelerate implementation of the WHO End TB Strategy, through commitments and calls for immediate action to address gaps in access to care and the MDR-TB crisis. This acceleration is needed in order to reach the End TB targets set by the World Health Assembly, achieve the SDGs, as well as to mobilize national and global commitments, deliverables and accountability. The Ministerial Conference will inform the UN General Assembly (UNGA) High-Level Meeting (HLM) on TB in 2018.

The Conference was timely – TB is a global issue that inflicts a heavy burden on countries not only in terms of health, but across multiple sectors. Therefore a multisectoral approach with a high level of political will is needed to end this disease. Structured around four crosscutting outcome areas and five thematic tracks, the Conference was a powerful platform from which to address the many complex issues linked to TB. Four plenary sessions and ten parallel panels provided a framework for high-level discussions, informed by policy briefs which were developed over months of consultations. The Conference marks an unprecedented period of opportunity to achieve major results towards ending TB. The upcoming UNGA HLM is another clear signal that the time to act is now.

The key outcome of the Conference was the Moscow Declaration to End TB, adopted by almost 120 WHO Member States present in Moscow. The development of the Declaration began in early 2017 and involved partner and Member State consultations, led by the Russian Federation. It addresses the four outcome areas of the Conference and states commitments from Member States, as well as calls for action at global and regional levels on the part of WHO and a wide range of partners.

The present document provides highlights from the Moscow Conference, including summaries of speeches and the main points of discussions. It was attended by 1000 participants, including 79 government ministers and almost 120 partners organizations.

For more information and access to all documents please visit

http://www.who.int/conferences/tb-global-ministerial-conference/en/

CIVIL SOCIETY CONSULTATION

Dr Tedros Adhanom Ghebreyesus, Director-General of WHO met about 100 civil society participants of the WHO Global Ministerial Conference on Ending TB on November 16, 2017. This meeting was his first engagement of the Ministerial Conference also attended by the Minister of Health of the Russian Federation and WHO Regional Directors.

In his welcoming remarks, Dr Tedros stressed his interest and commitment in establishing a regular mechanism of engagement with civil society and TB advocates to work together to end TB with emphasis on universal health coverage (UHC), primary health quality care and advancing research for better tools. Six civil society representatives selected by participants at the meeting (Alexander Chuykov, Blessina Kumar, Zied Mhirsi, Mandy Slutsker, Khairunisa Suleiman, and Ezio Tavora) met the Director-General and senior WHO staff the following day to discuss next steps.

To view the event video, more photos, and for additional information, please visit

http://www.who.int/tb/features_archive/civilsociety_consultation_moscow2017/en/

WELCOME ADDRESSES

Veronika Skvortsova
the Minister of Health of the Russian Federation

The First Global Ministerial Conference will be the consolidating platform for the development and formulation of strategic areas and plans agreed by WHO Member States with a view to eliminating tuberculosis in the near future, both globally and nationally.

Veronika Skvortsova, the Minister of Health of the Russian Federation, highlighted her country's efforts to end tuberculosis: "Average rates of reduction of tuberculosis mortality have exceeded 11% annually since 2011. In 2016 tuberculosis mortality in the Russian Federation fell by more than 15%, and to date in 2017 by 17%. Over the past eight years, TB mortality fell by 66% and TB incidence fell by 36%. Over the past eight years, TB mortality fell by 66% and TB incidence fell by 36%." In line with the national strategy and the national plan of action, every region is putting into effect a regional TB mortality reduction plan. A unified national register of TB patients serves as an important tool for monitoring the epidemic, assessing the quality of care and informing decisions. Nevertheless, important concerns still need to be addressed, in particular multidrug-resistant TB and TB-HIV coinfection. This meeting is attended not just by ministers of health, but by ministers from across government, which demonstrates the real possibilities of a multisectoral approach to address TB. Determination and unity will be critical to achieve the Conference vision and commitments, and work towards the United Nations General Assembly high-level meeting on tuberculosis in 2018.

To read the full speeches and view photos and videos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/

Tedros Adhanom Ghebreyesus
Director-General of the World Health Organization

Moscow is a symbol of progress and hope in the fight against tuberculosis. It is the perfect place to hold this Conference – the Russian Federation has made incredible advances against the epidemic.

Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization, noted that between 2000 and 2016, global efforts to fight TB saved 53 million lives. Such encouraging results should be recognized. But the burden of suffering and death due to this ancient disease remains immense. Like so many diseases, TB strikes the poorest and most marginalized communities the hardest. To truly end TB, all communities must be reached and barriers such as stigma and discrimination must be eliminated. Another priority is multi-drug resistant TB which has been undermining progress in the fight against TB for decades and which poses a major health security risk. The Director-General highlighted the gravity of the problem but also looked to the future: "Last year, more than 10 million people fell ill with TB, and 1.7 million men, women, and children lost their lives. That's three people every minute. In the time it takes me to address you today, tuberculosis will have killed more than 20 people. "Next year's High-Level Meeting on Tuberculosis at the United Nations General Assembly is the opportunity many of us have been waiting for. We may never get another like it. History will be our judge."

Zsuzsanna Jakab
the WHO Regional Director for Europe

As TB is a global health problem, I would like to emphasize that this conference should be considered an excellent platform to explore and expand interregional collaboration to end TB together.

Zsuzsanna Jakab, the WHO Regional Director for Europe, emphasized the successes in decreasing TB rates and mortality in the European Region, the host WHO Region for the Conference. "I am proud to highlight that our region is advancing strongly on reforms to link disease control and health systems resilience, and ensuring people-centred care for better health outcomes". However significant challenges remain: action on MDR-TB must accelerate, while the increasing number of new HIV infections is cause for concern. The Tuberculosis Action Plan for the WHO European Region 2016–2020 strives to address these challenges, in conjunction with strong, resilient health systems and a focus on equity.

Aaron Motsoaledi
the Minister of Health of South Africa

In brief, we are assembled at this Ministerial Conference to ensure that we draw a line in the sand and say no more TB infections and no more TB deaths in our lifetime!

Aaron Motsoaledi, the Minister of Health of South Africa, representing the Stop TB Partnership, the African Union, and the Southern African Health Ministers, recalled the Alma Ata Declaration target of attaining health for all by the year 2000, which was unfortunately not achieved. The Minister insisted that "We must ensure that we do not fail the test set by the Sustainable Development Goals as well as the test that the Declaration from this meeting will set for us". In particular, he noted, it is unacceptable that millions of people ill with TB are not diagnosed and treated but are left to die in silence, often with no dignity.

Timpiyan Leseni
TB survivor

At that point I'd made up my mind – I said bring it on. Because it wasn't me anymore it was my Maasai community.

Timpiyan Leseni, from Kenya, developed abdominal tuberculosis in 2011. Because of difficulties in diagnosing the disease, she underwent two surgeries and dropped to 36 kilograms in bodyweight before getting started on proper treatment. Months of painful TB injections and difficult-to-swallow drugs are not easy to bear – at times, Timpiyan would tell her family "I am ready to die, I can't take any more injections", but thanks to her mother's support she fought on. Now, she wants to help her Maasai community whose staple diet is beef and dairy, which makes them vulnerable to zoonotic TB. Without awareness and support, people will continue to suffer from this epidemic.

Amina J. Mohammed
the United Nations Deputy Secretary-General

I am personally committed to see the end of TB, as my father was taken by this terrible disease.

Amina J. Mohammed, the United Nations Deputy Secretary-General, stated that ending the vicious circle of TB is a priority – the disease hampers development, while poverty and social distress fuel it. Health is at the core of the 2030 Agenda for Sustainable Development and only 13 years now remain to reach its goals. Success will be dependent on the ability to work boldly across sectors and expand beyond TB, ensuring links to the broader global health agenda and the objective of universal health coverage. Antimicrobial resistance, specifically multi-drug resistant TB, must be addressed urgently. None of these themes exist in a vacuum and ambitious action, guided by the core principles of promoting equity, ethics and human rights, is needed to seize the opportunities offered by this Conference, its Declaration and the forthcoming UN General Assembly high-level meeting on TB. "By working together, we can achieve our common vision: an end to TB by 2030." the Deputy Secretary-General concluded.

OPENING KEYNOTE ADDRESS

Vladimir Putin
President,
Russian Federation

Good afternoon, ladies and gentlemen, friends.
I am glad to welcome all of you to Moscow, the capital of Russia and the venue of the first WHO Global Ministerial Conference to End TB.

I would like to thank you all for accepting our invitation to visit Russia and for supporting our initiative on holding an international conference on this serious problem. I am confident that the only way we can stand up against this truly global threat is if we join forces.

Despite the rapid development of diagnostic and treatment methods and progress in pharmaceuticals, TB still poses a major threat to people's health around the world.

Experts cite a horrible figure for the number of affected people: about one third of the global population. This disease claims more lives than any other infectious disease, sparing nobody, including people in prosperous countries with high living and medical standards. The situation is compounded by direct and indirect socioeconomic losses from TB.

Taken together, this is a most serious concern both at the national and international levels. It is not surprising therefore that ending TB is among the Sustainable Development Goals. Global research and the nations' consolidated efforts must be focused on this goal.

The death rate from TB will have been reduced by 95 percent by 2035, and its incidence by 90 percent. A difficult and ambitious task by all accounts, especially for the high burden countries, that is, countries with the highest number of TB cases in a year. Unfortunately, TB is cause for our concern here in Russia too. We are aware of our responsibility and the extreme importance of this matter, and we are concentrating major efforts and resources to resolve it.

To access the original Russian language speech and view more photos and the video, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index1.html

I would like to inform you that reducing mortality from TB is among our state priorities along with reducing mortality from cardiovascular diseases and cancer.

We are implementing a number of programmes to combat this disease and providing stable budget financing for these programmes. We pay much attention to improving diagnostics and treatment, and creating modern vaccines and tests based on biotechnology. In addition, we are improving the system for preventive medical examinations and introducing customised approaches to treating TB based on genetic analysis of the pathogen.

In general, we continue to promote a healthy and active lifestyle and to encourage people to quit bad habits. As you may be aware, smoking is one of the risk factors accounting for more than 20 percent of TB cases worldwide.

Our measures have brought positive results. I think that our experts - your colleagues - will share more about this, expecting to receive useful information from you.

Notably, the death rate from TB in Russia has declined by more than 66 percent, and the incidence rate by 37 percent over the past eight years. During the specified period, the incidence has been decreasing by an average of 1.5 percent internationally, whereas in Russia the rate of decline was 2.8 percent.

However, in order to achieve a radical change in the fight against this disease, of course, new approaches are needed, both at the national and international levels, as well as the joint work of governmental agencies, public and professional organisations.

Another important factor for success will be to step up scientific tuberculosis research and develop effective diagnostic tools, vaccines and medicines, including those aimed at treating resistant forms of tuberculosis. In this regard, I believe that the initiative of the BRICS countries to create a network to study tuberculosis is very important. Specialists are already working on this project.

I would like to emphasise once again: only coordinated and consistent actions will help us achieve a final victory over tuberculosis. I hope that your conference will contribute to strengthening such a global partnership.

I know that the Moscow Declaration will be signed following this meeting. Our Minister of Health, Veronika Skvortsova said that it has been agreed upon in principle. Over 100 countries, international non-governmental organisations, WHO regional offices and independent experts have been involved in drawing it up. I am confident that such wide participation will allow us to make the most effective, coordinated proposals for fighting tuberculosis.

We expect these steps to be supported at the highest level, by the General Assembly of the United Nations, whose high-level meeting next year will focus on the problems of tuberculosis.

In conclusion, I would like to wish you once again fruitful work and express hope that your meeting will contribute to improving the quality of life and protecting the health of people around the world. You are engaged in a very noble task. I sincerely wish you success.

Thank you very much for your attention.

FIRST PLENARY

ENDING THE TB EPIDEMIC: PERSPECTIVES FROM COUNTRIES WITH THE HIGHEST TB AND MDR-TB BURDENS

Some of the largest lower-middle and middle-income countries face the challenge of a high burden of TB. Their efforts to end the epidemic are critical to the global response.

The speakers shared their views on the priorities in combatting TB, from integrating TB care into social development plans and integrating prevention with treatment, to providing government subsidies to lower the financial burden for patients and raising awareness. Engagement in multilateral and global efforts in order to share experiences and lessons learned, was also highlighted.

Taking bold measures, investing in innovative approaches, and accelerating action can all be jointly and effectively addressed through national TB plans. Such plans should be fully funded and focused on early detection, prevention measures, effective treatment, and reaching the unreached. In order to find all people with TB, governments need to support surveillance and sustainability through insurance schemes, family and community health, public-private mix strategies, active case finding, and innovative policies.

Doing things differently is a good way forward – "business as usual will only yield the usual results". Building new primary health care centres and integrating health services under one roof are examples. Devolving national health systems to give more power and autonomy to provinces and municipalities can provide them the means to tackle the epidemic locally, as well as enable the central health ministry to coordinate, regulate and increase advocacy for all diseases, including for TB.

Progress on universal health coverage (UHC) is a goal for all countries, but it is important to underline that UHC on its own is not enough to end TB. Champions from all walks of life are needed to continuously drive efforts on all levels. TB research is a critical component of efforts to end TB – national research centres and institutes can work together, as part of a network, to develop new vaccines, treatments and diagnostics. Talking about TB regularly at the highest political level and promoting all necessary actions to end it are crucial for ensuring success.

MODERATOR: ***Daniel Hawkins****, News Presenter and Correspondent, RT International*

SPEAKERS: ***Li Bin****, Minister in Charge of the National Health and Family Planning Commission, China -* ***Jagat Prakash Nadda****, Minister of Health and Family Welfare, India -* ***Puan Maharani****, Coordinating Minister for Human Development and Culture, Indonesia -* ***Isaac F. Adewole****, Minister of Health, Nigeria -* ***Saira Afzal Tarar****, Minister of State for National Health Services, Regulations and Coordination, Pakistan -* ***Piyasakol Sakolsatayadorn****, Minister of Public Health, Thailand -* ***Antônio Carlos Figueiredo Nardi****, Vice Minister of Health, Brazil -* ***Aaron Motsoaledi****, Minister of Health, South Africa*

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index2.html

SECOND PLENARY

ACCELERATING TO END TB: PERSPECTIVES OF TB SURVIVORS AND CIVIL SOCIETY

"Ears that do not listen to good advice accompany the head when it is chopped off."
–African proverb

TB survivors and patients talked about their experiences having TB and agreed on the difficulties and challenges of beating the disease. Treatment means spending months in a hospital and, especially in the case of MDR-TB, taking toxic drugs with severe side effects. In this context, support from friends and family is essential to help people who suffer from TB pull through.

A positive and supportive environment is vital for good health. A person's life can turn upside down when they fall ill with TB – it is difficult to know what to do or how to cope. Good doctors, but also friends and family, play a role in giving hope and reassurance.

Giving patients a voice and emphasizing the human side of TB is important and it can help leaders and politicians acknowledge TB. TB has been historically understated and underfunded. But times are changing, in part due to the concerted and committed actions of civil society. Getting communities affected by TB involved in national and global efforts is not an easy task. Finding innovative ways to transform policy decisions into concrete actions is key.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index3.html

#StepUpForTB is an example of a civil society campaign which focuses on more efficient use of new and better drugs, in combination with social support and community engagement. A petition, signed by more than 34,000 people, was presented to the Director-General of WHO calling on global health leaders to do more to reach TB patients.

An association called "Conversations" brings attention to social support and conversations within communities as basic ingredients for defeating TB. It reaches out to communities and helps people talk and express themselves about a variety of important and often understated topics. It is a simple but effective initiative to help beat TB.

MODERATOR: ***Julie Gichuru****, TV personality, Kenya*

SPEAKERS: ***Ingrid Schoeman****, MDR-TB survivor, TB Proof, South Africa -* ***Andrey Zapadniy****, TB survivor, Russian Federation -* ***Blessi Kumar****, WHO Civil Society Task Force on TB (CSTF) and Global Coalition of TB Activists (GCTA), India -* ***Jagan Chapagain****, Under Secretary General, Programme and Operations, International Federation of Red Cross and Red Crescent Societies (IFRC) -* ***Nazgul Samieva****, Medical Coordinator, Médecins Sans Frontières (MSF) - Albert Nyathi and Dereck Mpofu, Conversations*

THIRD PLENARY

DRIVING A MULTISECTORAL RESPONSE: A DIALOGUE AMONG LEADERS OF UN, MULTILATERAL AGENCIES AND BODIES

Leaders and experts from the global international system provided multisectoral perspectives on TB. This epidemic must be a part of integrated, first-line health systems if it is to reach every patient, in particular every child. Young children are particularly vulnerable and still face barriers to TB care, ranging from a lack of social protection to undernutrition.

Integration of care is another priority and it is important to be keenly aware of the dangers that antimicrobial resistance poses to global health. Zoonotic TB is one of many examples where animal health is linked to human health and, more generally, to "ecosystem health", therefore integration is critical.

The global goal of eliminating poverty is clearly linked to catastrophic health costs. People and communities will be shielded from such preventable and excessive costs by the achievement of universal health coverage. Reducing the TB burden and reducing human suffering is the bottom line; more must be done to deliver existing effective interventions, and it should be clear what actions are needed to accelerate.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index4.html

Community-led services are a precious aid and asset in efforts to end TB. But they are not just a cheap source of labour – when properly engaged, they can drive progress and action, help address social and structural barriers. All this potential should be harnessed.

TB appears in many economic contexts and dramatically affects many migrants and poor people. The leadership role played by WHO and its achievements in building global health architecture is crucial in this regard. Working together and acting swiftly, in a coherent manner, are necessary elements of the "one health" approach. Frequently, coordination efforts run into difficulties because, in theory, partners want to coordinate, but nobody wants to be coordinated; therefore it is very useful to agree on concrete actions and move forward, for example through international agreements such as the one to stop the illicit trade of tobacco.

MODERATOR: ***James Chau****, WHO Goodwill Ambassador for Sustainable Development Goals and Health*

SPEAKERS: ***Vytenis Andriukaitis****, European Commissioner for Health and Food Safety, European Union -* ***Matthew Stone****, Deputy Director General for International Standards and Science, World Organisation for Animal Health (OIE) -* ***Peter Hansen****, Head of Technical Advice and Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria -* ***Afshan Khan****, Regional Director for Europe and Central Asia, United Nations Children's Fund (UNICEF) -* ***Mark Pearson****, Deputy Director of Employment, Labour and Social Affairs, Organisation for Economic Co-operation and Development (OECD) -* ***David Wilson****, Global Lead, Decision & Delivery Science Program Director, World Bank -* ***Vinay P. Saldanha****, Director, Regional Support Team for Eastern Europe and Central Asia, Joint United Nations Programme on HIV and AIDS (UNAIDS)*

UHC PANEL

UNIVERSAL COVERAGE OF TB CARE AND PREVENTION

In keeping with the Sustainable Development Goals motto "leave no one behind" the Ministerial Panel on Universal Coverage of TB Care and Prevention shared a wide range of interventions and innovations that eight countries across three continents have embarked on or are set to implement to ensure universal access to quality TB care and prevention. Ministers or their deputies admitted that far greater efforts are needed than are currently in place to end the TB epidemic.

Cross cutting themes highlighted by most panellists included: enhanced political commitment; community engagement; and priority attention to vulnerable populations.

Several innovations to help enhance the TB response were also presented. Scaling up access to rapid molecular diagnostics is needed to catch the disease early. Community empowerment and community-based TB care and health systems strengthening were highlighted as effective ways of supporting and strengthening UHC. The only way to end TB is through multisectoral engagement and cooperation between ministries and by adopting an all of government approach. The post-Ebola crisis recovery and extension of health and TB services offer valuable lessons to keep in mind for the future.

Addressing the social determinants of TB is another way of acting across sectors to deal with this cross-cutting issue that goes beyond health. Multilateral forums can be used at country level to draw attention to the fight against TB. Adoption of a national social protection policy and enhanced domestic funding are key steps to ensure access to health for all. The overall goal is clear: working collaboratively with all partners together to achieve universal coverage.

Adopting a national TB law is an example of a clear commitment countries can make towards ending TB. Such a law can provide a legal framework that: mandates TB case notification by all care providers; enables regulated access to TB medicines; ensures quality care for all TB patients regardless of whether they seek care in the public or private sector; and safeguard sustainable financing for a comprehensive TB response.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index6.html

MODERATOR: ***Angelina L. Tan****, Chair, Committee on Health, House of Representatives, Philippines; Member, Executive Committee, Global TB Caucus; Co-Chair, Asia Pacific TB Caucus; Co-Chair, Philippine TB Caucus, Philippines*

PANELLISTS: ***Oly Ilunga Kalenga****, Minister of Health, Democratic Republic of the Congo -* ***Yifru Birihan Mitike****, Minister of Health, Ethiopia -* ***Bernard Haufiku****, Minister of Health and Social Services, Namibia -* ***Zbigniew Król****, Deputy Minister of Health, Poland -* ***Francis N. Kateh****, Deputy Minister for Health Services and Chief Medical Officer, Liberia -* ***Aliona Serbulenco****, Deputy Minister of Health, Labour and Social Protection, Moldova -* ***Tan Vuoch Chheng****, Secretary of State for Health, Cambodia -* ***Wahid Majrooh****, Director of International Relations, Ministry of Public Health, Afghanistan*

EQUITY PANEL

RESPECT FOR EQUITY, ETHICS AND HUMAN RIGHTS

The panel explored the challenges and opportunities in ensuring a TB response based on equity, human rights and ethics.

Working across borders with neighbouring countries to address needs, such as establishing refugee camps, is the way forward. It is important to listen to patients' needs and tools like a patients charter for TB can help in this regard.

Crises can disrupt basic health and TB services; a good step towards restoring them is strengthening and integrating community health services. New resources must be mobilized, but optimizing the use of existing resources is key, as is paying attention to ethics and equity which are easily eroded in emergency situations.

Legal and planning frameworks, such as provided by national TB programmes, coordinating councils for public health, or laws on TB can boost existing initiatives and facilitate work across ministries and other partners to deliver health care and protect the rights of patients. Collaboration with the ministry of interior, for example, can result in better protections for prison inmates in poorly ventilated cells. Enshrining the right to health of all people is an additional step further.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index8.html

The fast-moving world we live in presents new risks of spreading the infection, such as migration, which is why international cooperation is crucial. The SDGs are an opportunity for active involvement in global cooperation. Governments can work closely with WHO on capacity building and introducing clinical protocols.

Action by governments can sometimes harm human rights and create disincentives for people to seek care, as for example by criminally prosecuting patients who do not take their TB drugs. Health policies can take a long time to develop so that by the time they are implemented, they are already outdated. The ideal of UHC still escapes many migrants who cannot access care without documentation.

The ultimate goal is very simple: to diagnose everyone and treat everyone with the same level of care that we would want ourselves or our loved ones to be treated.

MODERATOR: ***Kitty van Weezenbeek****, Executive Director, KNCV Tuberculosis Foundation*

PANELLISTS: ***Ummy A. Mwalimu****, Minister of Health, Community Development, Gender, Elderly and Children, Tanzania -* ***Pierre Somse****, Minister of Health, Public Health and Population, Central African Republic -* ***Talantbek Batyraliev****, Minister of Health, Kyrgyzstan -* ***Scheznarda Seirina Fernández Doumet****, Vice Minister of Social Inclusion, Ecuador -* ***Aziz Abdusattor Odinazoda****, Deputy Minister of Health, Tajikistan -* ***Lucica Ditiu****, Executive Director, Stop TB Partnership -* ***Allan Maleche****, Executive Director, KELIN*

MDR-TB PANEL

ACTION ON MDR-TB AS AN AMR AND HEALTH SECURITY THREAT

The session explored possibilities for increasing political commitment to accelerate action on multidrug resistant-TB (MDR-TB) and to make the most of opportunities. The bottom line is simple: no one wants "to be a person who dies from TB", a risk which is all too real, especially with regard to MDR-TB. Affected communities should not be "just patients", but be actively involved in implementing the solutions.

Adopting innovations and new approaches, such as Xpert MTB-RIF, bedaquiline, delamanid, video-observed therapy and promoting human rights within national TB programmes, is critical for tackling MDR-TB. A key challenge is ensuring that all people with MDR-TB who seek treatment in the private sector are reached with care. Strong links should therefore be established between the private and public sectors, while governments should provide treatment, as well as diagnosis, completely free.

Taking on board new recommendations from WHO and basing national TB strategies on the WHO End TB Strategy was highlighted as good practice. Community involvement is particularly relevant to support patients who go through long treatments, such as those suffering from MDR-TB, and therefore people have to be educated and be engaged. An appropriate response to MDR-TB cannot be developed by one country alone, but requires an effort by the entire international community, such as the Global Health Security Agenda.

MDR-TB is a health security threat and should be a core issue. It is crucial to work multisectorally, in particular with the private sector, to develop and roll out new tools as soon as possible, building strong coalitions of multisectoral partners within and across countries. TB legislation can provide for free, quality care in the private and public sectors and ensure that ending the epidemic is a national priority. Declaring MDR-TB as a health emergency can lead to clear gains on all fronts, at least in the short-term. It can allow more international and national funding to pour in and prompt the creation of high-level multisectoral bodies to oversee activities.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index12.html

MODERATOR: ***John Watson****, Consultant in Public Health Medicine, Public Health England*

PANELLISTS: ***Gracia Violeta Ross Quiroga****, WHO Civil Society Task Force -* ***Valeriy Malashko****, Minister of Healthcare, Belarus -* ***Mohammed Nasim****, Minister of Health and Family Welfare, Bangladesh -* ***Le Quang Cuong****, Vice Minister of Health, Viet Nam -* ***Ganglip Kim****, Deputy Minister of Health and Welfare, Republic of Korea -* ***Irene Koek****, Acting Assistant Administrator, Global Health Bureau, United States Agency for International Development*

TB/HIV PANEL

STEPPED UP TB/HIV RESPONSE

The scale-up of collaborative TB/HIV activities has saved more than 6 million lives since 2004 when the first WHO policy was released. However, TB remains the leading cause of death among people living with HIV. Panellists acknowledged that gaps still persist in ensuring access to integrated diagnosis, prevention, treatment and care of HIV-associated TB.

Roll-out and decentralization of rapid molecular diagnostics, increased access to TB treatment, including for MDR-TB, and one stop shops were highlighted as some of the priority areas. Strong stewardship and joint programming and alignment of synergies in cross-cutting health system components such as health management information systems and human resources were also stressed as key for ensuring integrated TB and HIV services.

Increased access to early anti-retroviral therapy (ART) and the Three I's for TB/HIV (intensified case finding, isoniazid preventive therapy, infection control for TB) were underlinedas an area for strengthening, in addition to integrated health management systems, and increased scale-up of Reach-recruit-test-treat-retain of TB and HIV. Champions of those affected by TB and HIV were also cited as key to an effective response.

Understanding and addressing the causes behind the high mortality from HIV-associated TB was also pointed out as key to reducing excess mortality. Ongoing activities to ensure early case detection of HIV-associated TB and fast track to early treatment, such as roll-out of the latest algorithms, expansion of Xpert MTB/RIF as the first TB diagnostic test, adoption of lateral flow urine lipoarabinomannan assay (LF-LAM) and digital X-ray, and active case finding for TB and HIV in healthcare facilities, need to be supported.

Countries were sometimes slow in their uptake of the Three I's, in particular Isoniazid Preventive Therapy, and the need for increased investment in and involvement of civil society throughout the process to build a strong TB civil society movement was underscored.

Session participants pointed out the importance of colocation of services and the need to overcome the siloed approach to service delivery, highlighting opportunities such as task-shifting and differentiated care. Participants were also reminded of the vulnerability of marginalized populations.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index13.html

MODERATOR: ***Eric Goosby****, UN Special Envoy on TB*

PANELLISTS: ***Marie Greta Roy Clement****, Minister of Public Health and Population, Haiti -* ***Nyapane Edward Kaya****, Minister of Health, Lesotho -* ***Piyasakol Sakolsatayadorn****, Minister of Public Health, Thailand -* ***Alassane Seidou****, Minister of Health, Benin -* ***Lynette Mabote****, Regional Programmes Lead, AIDS and Rights Alliance for Southern Africa (ARASA) -* ***Julius Korir****, Principal Secretary, Ministry of Health, Kenya*

NCDs PANEL 1

SYNERGIES ACROSS RESPONSES TO TB AND NCDs: TOBACCO, MALNUTRITION, ALCOHOL AND DRUG USE

The first part of the panel discussion focused on the synergies between TB and three NCD risk factors: tobacco, malnutrition, and alcohol and drug use.

Digital technology can help TB patients improve the compliance of TB treatment and quit tobacco use. Innovations such as mHealth for TB-tobacco initiatives and the WHO and ITU Be He@lthy Be Mobile Initiative are good examples. Integration across the whole health system is the key for national TB control programmes to be more involved in tobacco control. Integrated actions include brief tobacco interventions as part of routine DOTS treatment, including tobacco use status on TB register cards, tobacco control indicators integrated into TB M&E frameworks, and tobacco cessation as part of training for TB care providers.

Controlling TB through tackling NCDs can be achieved through a variety of ways, such as diabetes screening, improving the use of NCD medications, monitoring their risk factors (tobacco, obesity, sugar consumption, alcohol and drug use), and providing nutrition support to TB patients. Malnutrition and poverty are the key determinants of TB in many countries – support is required to provide food to TB patients on treatment and to empower communities to fight against poverty. Basic nutrition support can be provided as part of TB programmes using a multisectoral approach; it is important to ensure technical assistance and integrated M&E frameworks to make this effort sustainable.

In low-incidence countries, the focus is often on vulnerable populations and projects such as jointly addressing TB and alcoholism through combining medical and social services. Strategies and experiences to address alcoholism and TB comorbidity include: screening and treating alcoholism among TB patients, raising awareness about alcohol use as an obstacle to the SDGs and supporting the implementation of the three best-buy alcohol interventions including raising alcohol taxes.

The panel concluded that effective strategies and recommendations exist for synergistic actions against TB, NCDs and their risk factors, and multisectoral collaboration between different ministries and sectors is the key to success.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index10.html

MODERATOR: ***Knut Lönnroth****, Professor, Department of Public Health Sciences, Karolinska Institute, Sweden*

PANELLISTS: ***Ahmed Emad El Din Rady****, Minister of Health and Population, Egypt -* ***José Luis Castro****, Executive Director, The Union -* ***Rajitha Senaratne****, Minister of Health, Nutrition and Indigenous Medicine, Sri Lanka -* ***Youssoufa Yerima-Mandjo****, Minister of Livestock and Animal Health -* ***Dennis Cherian****, Senior Director, Health, World Vision -* ***Istvan Mikola****, Minister of State for Security Policy and International Cooperation, Ministry of Foreign Affairs and Trade, Hungary -* ***Robert Camara****, National Director for Community Health, Ministry of Health, Guinea -* ***Julien Makaya****, Chief of Cabinet, DIRCAB, Ministry of Health and Population, Congo -* ***Maik Dünnbier****, Director of Strategy and Advocacy, IOGT International*

NCDs PANEL 2

TB AND NCDs: DIABETES, RESPIRATORY DISEASE AND INTEGRATION

The second part of the panel discussion focused on the synergies between TB and NCDs from the perspectives of diabetes, respiratory disease and integration of services.

Support from the Global Fund is coming to an end in many countries and new innovative financing mechanisms will need to be put in place to tackle TB and NCDs. Social impact bonds with external funding were mentioned as one possibility.

The whole population should benefit from health insurance coverage and health promotion, prevention and treatment services. Screening for TB and chronic respiratory disease is being gradually improved by using digital X-ray equipment. Surveillance of TB and NCDs should be documented with improved health information systems.

Globally, 30 % of all people attending primary health care centres present with respiratory symptoms and only 3 in 1000 are actually diagnosed with TB. It is therefore important that these centres are able to identify patients who are at risk for chronic respiratory disease such as COPD or silicosis.

Smoking cessation is an important measure to reduce the risk for developing TB and other chronic diseases due to the use of tobacco. TB patients who have been successfully treated are at risk of developing COPD later on and may suffer from reduced lung function. Member States should create legal and regulatory frameworks to include respiratory disease management in their health care systems.

It is important to implement integrated health services to tackle TB and other comorbidities and diseases. It is also critical to take into account social and environmental determinants and the circumstances in which the population lives. Reducing air pollution and providing smoke-free environments, and improving living standards, hygiene and nutrition are important measures to reduce the risk for TB and other diseases.

Civil society and NGOs have played an important role to raise awareness about TB. The panel concluded that it is important to find a good balance between population-based interventions, such as increasing taxes, and individual care for each affected person.

MODERATOR: ***Knut Lönnroth****, Professor, Department of Public Health Sciences, Karolinska Institute, Sweden*

PANELLISTS: ***Philip Davies****, Permanent Secretary for Health and Medical Services, Fiji -* ***Bounkong Syhavong****, Minister of Health, Lao People's Democratic Republic -* ***Philip Hopewell****, Forum of International Respiratory Societies (FIRS) -* ***Abdulla Nazim Ibrahim****, Minister of Health, Maldives -* ***Pirkko Mattila****, Minister of Social Affairs and Health, Finland -* ***Ibtihal Fadhil****, Board Member, NCD Alliance*

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index15.html

MONITORING & EVALUATION PANEL

MONITORING AND EVALUATION OF PROGRESS

Monitoring and Evaluation is of critical importance to national and global efforts to drive down tuberculosis. We must be able to reliably measure the burden of TB disease, trends over time and whether we are on track to achieve the targets of the Sustainable Development Goals and WHO's End TB Strategy. This is exemplified by a simple question, which could serve as a guideline: "Are we on track?"

To know whether we are on track, two of the key topics of the discussion were case-based electronic surveillance, which is essential to monitor the number of people with TB, and national vital registration with standard coding of causes of death to monitor the number of deaths caused by TB.

Examples of countries represented on the panel that have already or are currently making the transition to electronic case-based surveillance were provided by Bolivia, DPR Korea, Kazakhstan, Mongolia, Myanmar, the Netherlands, Philippines and Zambia. Kazakhstan, the Netherlands and Philippines were also examples of countries with established national vital registration system with standard coding of causes of death. Zambia has a concrete plan to increase the coverage of its sample vital registration system.

The third main topic of discussion was the necessity of engaging with the private sector. To improve the coverage of case notification and reduce levels of under-reporting, the critical role of mandatory notification of cases was emphasized. An excellent example included a recently enacted TB law in the Philippines. The Netherlands explained that the country has had mandatory notification for decades.

Other topics that were discussed included the integrated surveillance of TB and HIV (for example, in Uganda) and drug-resistant TB (for example, in Mongolia and Kazakhstan). Sound and reliable data is crucially important for providing up-to-date assessments of the TB epidemic and of progress in care and prevention, as well as for developing future tools such as the proposed multisectoral accountability framework.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index11.html

MODERATOR: ***Jaap Broekmans****, Chair, WHO Global Task Force on TB Impact Measurement*

PANELLISTS: ***Myint Htwe****, Minister of Health and Sports, Myanmar -* ***Chitalu Chilufya****, Minister of Health, Zambia -* ***William Ndoleriire,*** *Assistant Commissioner, Ministry of Finance, Planning and Economic Development, Uganda -* ***Davaajantsan Sarangerel****, Minister of Health, Mongolia -* ***Yelzhan Birtanov****, Minister of Healthcare, Kazakhstan -* ***Pak Myong Su****, Vice Minister of Health, Democratic People's Republic of Korea -* ***Álvaro Terrazas Peláez****, Vice Minister of Health and Promotion, Bolivia -* ***Jose Miguel de la Rosa****, Undersecretary, National Economic and Development Authority, Philippines -* ***Kitty van Weezenbeek****, Executive Director, KNCV Tuberculosis Foundation*

TB ELIMINATION PANEL

TOWARDS TB ELIMINATION IN LOW-INCIDENCE COUNTRIES

The session discussed specific challenges and opportunities towards TB elimination in low-incidence countries in line with WHO's TB elimination framework.

Strong political commitment is key to successful TB control and a progressive move towards TB elimination. The political commitment needs to be translated into policies to ensure universal access to high-quality TB services for all people. Tireless efforts are needed both for maintaining universal health coverage and specific targeted TB service delivery for the most vulnerable populations.

Each country has a specific set of key populations including indigenous people, ethnic minority groups, migrants and socially vulnerable people. In many low-incidence countries, trends in TB incidence are driven largely by international migration. Low-incidence countries are continuously making efforts to provide migrant-sensitive quality TB services according to the different sociopolitical contexts.

A strong surveillance system is a fundamental tool for effective TB control. This is even more prominent in low-incidence settings with the need for real-time, case-based surveillance to enable a tailored response that meets the needs of key populations. In addition, increasing migration and a threat of drug-resistant TB highlight the roles of cross-country information sharing for effective TB control and response. Supranational surveillance will have increasingly important roles that can be enhanced significantly by applying technological advances such as whole-genome sequencing and digital health platforms.

In this connected world, sustained national TB elimination cannot be achieved without a significant reduction of the burden of TB worldwide. Low-incidence countries have a potential to contribute to regional and global TB control by technical and financial support through international cooperation mechanisms. The panel session provided an opportunity to reaffirm that TB elimination efforts are an integral part of the global move towards ending the TB epidemic. Low-incidence countries have a particular role to play in paving the way for the future.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index14.html

MODERATOR: ***Ibrahim Abubakar****, Director, Institute for Global Health, University College London & Chair, WHO Strategic and Technical Advisory Group for TB (STAG-TB)*

PANELLISTS: ***Tomáš Drucker****, Minister of Health, Slovakia -* ***Francisco Duran Garcia****, Deputy Minister of Public Health, Cuba -* ***Søren Brostrøm****, Director General, Health Authority, Denmark -* ***Howard Njoo****, Deputy Chief Public Health Officer and Vice President, Infectious Disease Prevention and Control Branch, Public Health Agency, Canada -* ***Johan Carlson****, Director-General, Public Health Agency, Sweden -* ***Andrea Ammon****, Director, European Centre for Disease Prevention and Control (ECDC) -* ***Stephanie Williams****, Principal Sector Specialist for Health, Department of Foreign Affairs and Trade, Australia -* ***Susan Maloney****, Global TB Coordinator, Center for Global Health, US Centers for Disease Control and Prevention (CDC)*

FINANCING PANEL

SUFFICIENT AND SUSTAINABLE FINANCING

The session addressed justification and innovative approaches to fully finance the TB response.

As the leading infectious disease today, with a global reach, tuberculosis exacts a huge economic impact, and that impact could worsen given the spread of lethal drug-resistant strains. Tuberculosis prevention and care provides among the most cost-beneficial interventions in global health and development. These messages are critical to eliminate the US$ 3 billion funding gap for TB efforts and TB research combined. Ending the TB epidemic requires sufficient financing for national and local efforts, much increased from levels of financing today in most settings, and financing for global collaboration and public goods, such as surveillance, research and innovations. Increased sustainability of financing means that governments and partners have more confidence and capacity to embark on work needed to achieve end TB targets by 2030. Sufficient and sustainable financing for health, and the TB response, will require improved efficiency in the use of funds today and approaches to "growing the pie". That means also innovation in the way governments – and their public and private, local and international, partners – collaborate.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index7.html

The WHO global TB report and the WHO report outlining a "pricetag" for investing in health overall both document that there is room in all countries, and particularly in middle-income countries to increase their domestic financing for health, and to create new means to focus especially on relieving the grievous burdens of out-of-pocket expenses for the poor, including for persons affected by tuberculosis.

Participants highlighted the steps being taken by countries with great burdens of disease to build on the opportunities offered by more robust health financing schemes, such as national health insurance, working across ministries of finance and ministries of health. Others reflected on the lessons learned from high-income countries which drove down the TB burden through investing in universal health coverage and strong public health capacity, as well as economic development.

Transitioning towards more efficient domestic financing, without hampering the sustainability of their budgets, particularly for TB, goes hand-in-hand with developing innovative strategies and working across the SDGs to implement a multisectoral agenda and build on synergies, as pointed out by multilateral and bilateral agency representatives on the panel.

MODERATOR: ***Hans Kluge****, Director, Division of Health Systems and Public Health, WHO EURO*

PANELLISTS: ***Nick Herbert****, United Kingdom Member of Parliament & Co-Chair, Global TB Caucus -* ***Nila Moeloek****, Minister of Health, Indonesia -* ***Levon Altunyan****, Minister of Health, Armenia -* ***Maksim Yermalovich****, First Deputy Minister of Finance, Belarus -* ***Michiyo Takagi****, State Minister of Health, Labour and Welfare, Japan -* ***Manoj Jhalani****, Additional Secretary and Managing Director National Health Mission (NHM), India -* ***Feng Zhao****, Program Leader, Human Development Programs in Belarus, Moldova and Ukraine, The World Bank -* ***Peter Hansen****, Head of Technical Advice and Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria -* ***Heiko Warnken****, Head of Division, Health, Population Policy and Social Protection, Federal Ministry of Economic Cooperation and Development (BMZ), Germany*

RESEARCH PANEL

SCIENCE, RESEARCH AND INNOVATION

Ministers, funders, civil society and other high-level officials explored the funding, policy and structural requirements to support the urgent research, development and deployment of new innovative tools required to end TB.

Some key catalysts for enhancing innovation in how to conduct and finance Tuberculosis R&D were identified. It is necessary to demonstrate political commitment at country level by setting ambitious targets for research investment. Support for multisectoral collaboration to promote innovation and access to innovation at the country level will be critical. Platforms for community engagement to deliver patient-responsive solutions must be provided.

In order to build an integrated collaborative approach to coordinate resources and actions at global level we should recognize that every country has different but complementary potential to advance TB research at the national level and should try and facilitate essential knowledge exchange between countries which have similar needs. More channels, networks and resources to advance TB R&D are critical; particularly useful are: the AMR hub (of which TB is a key component) for the advancement of north to south and south to south transfer of knowledge and technologies critical for the development, evaluation and adoption of new tools; and the BRICS TB research network formally launched at the Conference, for collaboratively conducting and funding advancements in TB R&D.

In view of the current state of affairs of TB R&D, the panel agreed that urgent and increased investments for TB research are critical and Member States should join forces to realize these goals during the High-Level Meeting on TB at the United Nations General Assembly in 2018.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index9.html

MODERATOR: ***Glenda Gray****, CEO and President, South African Medical Research Council (SAMRC)*

OPENING ADDRESS: ***Anthony Fauci****, Director, National Institute of Allergy and Infectious Diseases (NIAID) , National, Institutes of Health (NIH).*

PANELLISTS: ***Vytenis Andriukaitis****, European Commissioner for Health and Food Safety, European Union -* ***Jagat Prakash Nadda****, Minister of Health and Family Welfare, India -* ***Tatiana Yakovleva****, Deputy Minister of Health, Russian Federation -* ***Tina Gifty Naa Ayeley Mensah****, Deputy Minister of Health, Ghana -* ***Erica Lessem****, Deputy Executive Director, TB Project, Treatment Action Group (TAG) Statements by TB Product*

DEVELOPMENT PARTNERSHIPS: ***Catharina Boehme****, CEO, Foundation for Innovative New Diagnostics -* ***Melvin Spigelman****, President and CEO, TB Alliance -* ***Jacqueline Shea****, CEO, Aeras -* ***Nick Drager****, Executive Director, Tuberculosis Vaccine Initiative*

FOURTH PLENARY

TOWARDS THE 2018 UN GENERAL ASSEMBLY HIGH-LEVEL MEETING ON TB, AND DEVELOPING A MULTISECTORAL ACCOUNTABILITY FRAMEWORK

The World Health Organization, through its regional leadership, offered a joint vision of the challenges and the future of ending TB, reinforced by a United Nations statement.

A multisectoral accountability framework would enable all ministries and stakeholders to share the responsibility of addressing the TB epidemic.

Many parts of the world have made significant progress in the fight against TB and there is reason for optimism. However, the important question remains of how best to support countries and work with them to implement the End TB Strategy. The impressive attendance at the Conference was a very good sign and demonstrated an encouraging level of solidarity. But it also pointed to important challenges that remain. Poverty and inequity, which increase the risk of TB, are still widespread and strong integrated health systems are needed.

Political commitment must translate into increased financial resources – domestic and external – especially to support those countries graduating from Global Fund support. It is not enough to walk to end TB – it is necessary to leap forward. A key lesson learned is working together and sharing experiences, from the results of innovation to implementing universal health coverage. In some countries, it is already possible to add TB to the disease elimination agenda.

To view the session video and photos, please visit

http://www.who.int/tb/ministerial_conference_proceedings/en/index16.html

Early detection and treatment of TB and multidrug resistant-TB (MDR-TB) should be a priority and will require efficiently organized screening. Discrepancies between reported cases and missing cases of TB is still a problem, especially since new data revealed even more cases are missing than previously estimated. Substantial MDR-TB hot spots, transmission within communities and catastrophic costs are the other significant challenges that need urgent addressing.

"Many think of TB as a disease of the past, but the contrary is true – urgent action is needed to address this challenge and end TB by 2030." The United Nations committed to addressing TB at the highest-level and confirmed that the United Nations General Assembly High-Level Meeting (UNGA HLM) on TB in 2018 would present a critical opportunity to deliver results. Building a bridge between the Moscow Conference and the UNGA HLM on TB will unlock huge potential and is symbolic of the partnership across the UN system. Conference participants have called on WHO to play its part and the Organization will keep its end of the bargain.

MODERATOR: ***Ren Minghui****, WHO Assistant Director-General for Communicable Diseases*

SPEAKERS: ***Veronika Skvortsova****, Minister of Health, Russian Federation -* ***Tedros Adhanom Ghebreyesus****, Director-General, WHO -* ***Matshidiso Rebecca Moeti****, WHO Regional Director for Africa -* ***Carissa F. Etienne****, WHO Regional Director for the Americas/ Pan American Sanitary Bureau -* ***Zsuzsanna Jakab****, WHO Regional Director for Europe -* ***Swarup Kumar Sarkar****, Director, Department of Communicable Diseases, WHO Regional Office for South-East Asia -* ***Rana Hajjeh****, Director, Division of Communicable Disease Control, WHO Regional Office for the Eastern Mediterranean -* ***Mark Jacobs****, Director, Division of Communicable Diseases, WHO Regional Office for the Western Pacific*

CLOSING CEREMONY AND ADOPTION OF THE MOSCOW DECLARATION TO END TB

To view the session video and photos, please visit

www.who.int/tb/ministerial_conference_proceedings/en/index16.html

The Moscow Conference closing ceremony featured a symbolic exchange of End TB flags for camomile flowers by all participants. The flowers were made out of paper by children in hospitals. The camomile flower symbolizes the fight against tuberculosis and is associated with Anti-Tuberculosis Day in the Russian Federation.

Veronika Skvortsova, Minister of Health of the Russian Federation, announced that the Moscow Declaration to End TB was adopted by acclamation by the Member States. She thanked all participants for their tremendous work done and expressed her acknowledgement to the World Health Organization and its leader, Dr Tedros Adhanom Ghebreyesus, for his leadership and cooperation. The final moments of the Moscow Conference were a demonstration of unity to end TB and of the will of participants to become champions against TB.

THE MOSCOW DECLARATION TO END TB WAS ADOPTED BY ACCLAMATION ON 17 NOVEMBER 2017

MOSCOW DECLARATION TO END TB

PREAMBLE

We, the Ministers of Health and from across Governments acknowledge that despite concerted efforts, tuberculosis (TB), including its drug-resistant forms, causes more deaths than any other infectious disease worldwide[a] and is a serious threat to global health security.

TB kills more than five thousand children, women and men each day and leaves no country untouched.[a] It is one of the leading killers among people of working age which creates and reinforces a cycle of ill-health and poverty, with potential catastrophic social and economic consequences for families, communities, and countries. While recognizing the higher prevalence of TB among men, women and children are also vulnerable to the consequences of TB due to gender- and age-related social and health inequalities, such as poor health literacy, limited access to health services, stigma and discrimination, and exposure to the infection as carers. Multidrug-resistant TB (MDR-TB) accounts for one-third of all antimicrobial resistance (AMR)-related deaths, making the global AMR agenda central to tackling TB. TB is also the principal cause of death among people living with HIV/AIDS. The global TB targets will not be met without new and more effective tools and innovative approaches for prevention, diagnosis, treatment and care. Persistent funding gaps impede progress towards ending TB.

Although a concern to all people, TB disproportionately afflicts the poorest and the most vulnerable populations. Tobacco smoking, harmful use of alcohol and other substance abuse, air pollution, exposure to silica dust, living with HIV/AIDS, diabetes and malnutrition increase the risk of TB. Stigma and discrimination remain critical barriers to TB care.

We reaffirm our commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development and its Sustainable Development Goals (SDGs), the World Health Organization (WHO) End TB Strategy, and the Stop TB Partnership Global Plan to End TB 2016-2020. We acknowledge that to fundamentally transform the fight against TB, we need to:

- **(i)** address all the determinants[b] of the TB epidemic including through a high-level commitment to, and implementation of, a multisectoral approach;[c]
- **(ii)** achieve rapid progress towards the goal of universal health coverage through health systems strengthening, while also ensuring universal access to quality people-centred TB prevention and care, ensuring that no one is left behind;
- **(iii)** implement measures aimed at minimizing the risk of the development and spread of drug resistance taking into account global efforts to combat AMR;
- **(iv)** secure sufficient and sustainable financing, especially from domestic sources, and mobilize, as needed, additional financing from development banks, development partners and donor agencies;
- **(v)** advance research and development, as well as rapid uptake, of new and more effective tools for diagnosis, treatment, drug regimens, and prevention including vaccination, and ensure that we translate existing and emerging knowledge into concrete action to achieve rapid results;
- **(vi)** actively engage people and communities affected by, and at risk of, TB.

Furthermore, an effective TB response requires a global, regional, cross-border and country specific approach with multisectoral and multi-stakeholder actions, with recognition of: (i) significant differences among and within countries with high, intermediate and low incidence of TB and MDR-TB, (ii) demographic and social trends such as population ageing and urbanization, and (iii) needs of the affected individuals and communities, and the challenges in reaching and identifying all people with TB and providing them with appropriate care.

We recognize this First WHO Global Ministerial Conference, *Ending TB in the Sustainable Development Era*: A *Multisectoral Response*, convened by the WHO and the Government of the Russian Federation, as a fundamental milestone towards the United Nations General Assembly (UNGA) High-Level Meeting on TB in 2018. To fulfil the commitments and calls to action in this Declaration, and to achieve the most from the UNGA High-Level Meeting, we need to enlist the full engagement of, and collaboration among, heads of state, UN leadership and other global leaders; technical agencies and academia; private sector and philanthropic foundations; civil society and other relevant partners (such as patients groups, health professionals, social and community workers organizations and funding agencies).

COMMITMENTS AND CALLS TO ACTION

We commit ourselves to ending TB, which is a political priority defined in the Agenda 2030 and as a contribution to achieving universal health coverage, within national legislative and policy frameworks, and to implementing the following actions through approaches protecting and promoting equity, ethics, gender equality, and human rights in addressing TB, and based on sound, evidence-based, public health principles. We urge WHO, and call upon other UN organizations and all partners, to provide the support necessary for success:

1) ADVANCING THE TB RESPONSE WITHIN THE SDG AGENDA

WE COMMIT TO

- ✓ *Scaling up TB prevention, diagnosis, treatment and care and working towards the goal of universal health coverage through public and private health care providers to achieve detection of at least 90 per cent of cases and successful treatment of at least 90 per cent of those detected[d] in all countries through the use of rapid diagnostics (including molecular diagnostics), appropriate treatment, patient-centred care and support, applying WHO-recommended standards of care[e], and harnessing digital health[f].*
- ✓ *Prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and populations in vulnerable situations such as women and children, indigenous peoples, health care workers, the elderly, migrants, refugees, internally displaced people, prisoners, people living with HIV/AIDS, people who use drugs, miners, urban and rural poor and under-served populations, without which TB elimination will not be possible.*
- ✓ *Addressing MDR-TB as a global public health crisis including through a national emergency response in at least all high MDR-TB burden countries, while ensuring that robust systems are sustained in all countries to prevent emergence and spread of drug resistance.*
- ✓ *Rapidly scaling up access to patient-centred, integrated TB and HIV services and collaborative activities to end preventable deaths due to TB among people living with HIV/AIDS.[g] [h]*
- ✓ *Achieving synergies in managing TB, co-infections and relevant noncommunicable diseases, undernutrition, mental health and harmful use of alcohol and other substance abuse, including drug injection.*
- ✓ *Working to increase, when relevant, access to new and effective tuberculosis drugs under strict programmatic monitoring and follow-up.*
- ✓ *Ensuring, as appropriate, adequate human resources for TB prevention, treatment and care.*
- ✓ *Reducing stigma, discrimination and community isolation, and promoting patient-centred care including community-based treatment options, as well as psychosocial and socioeconomic support.*

WE CALL UPON

- ✓ *WHO, other UN agencies, the Global Fund to Fight AIDS, TB and Malaria, the Stop TB Partnership, UNITAID, donors and partners, including from the private sector, academia and philanthropic foundations, and civil society to support the implementation of this Declaration.*
- ✓ *WHO, bilateral and multilateral funding agencies and other partners to urgently support high MDR-TB burden countries in their national emergency response.*
- ✓ *WHO, other UN agencies, bilateral and multilateral funding agencies and technical partners to address MDR-TB as a major threat to public health security[i] by supporting implementation of the Global Action Plan on AMR in all countries, while we reaffirm the political declaration of the high-level meeting of the UN General Assembly on antimicrobial resistance.[i]*

2) ENSURING SUFFICIENT AND SUSTAINABLE FINANCING

WE COMMIT TO

- ✓ *Working with heads of state and across ministries and sectors, as appropriate, to mobilize the domestic financing needed for health systems strengthening with the ultimate goal of reaching universal health coverage, in keeping with national legislative frameworks, and with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.*[k]
- ✓ *Developing and implementing, as appropriate, more ambitious, fully-funded national TB policies and strategic plans, including for TB research, that are aligned with national health plans, frameworks and the End TB Strategy and in keeping with national legislative frameworks.*
- ✓ *Identifying and implementing, as appropriate, the actions required to address issues that cause catastrophic costs*[l] *to patients and their households, to ensure social protection measures, while ensuring that actions are in line with human rights obligations.*

WE CALL UPON

- ✓ *Global health financing partners including the Global Fund to Fight AIDS, TB and Malaria, the Global Financing Facility, bilateral agencies, the World Bank, and regional development banks to pursue and advocate for additional financing including through blended*[m] *and/or other forms of innovative financing, with adequate safeguards for ensuring public health impact and attention to key populations.*
- ✓ *WHO to continue providing strategic and technical leadership, advice and support to Member States as well as to international institutions.*
- ✓ *Academic, technical, civil society, private sector and other relevant partners to continue their efforts to help countries develop and pursue investment cases*[n] *while supporting health systems strengthening and increased absorption capacity.*[o]

3) PURSUING SCIENCE, RESEARCH AND INNOVATION

WE COMMIT TO

- ✓ *Increasing national and/or regional capacity and funding, as needed, to urgently expand multidisciplinary TB research and innovation, as well as applied health research, by establishing and/or strengthening national TB research networks including civil society and community-based mechanisms, considering TB research as a central element of national TB and R&D strategies, expanding existing networks to integrate TB research, and reducing research- and implementation-related regulatory impediments.*
- ✓ *Working, when relevant, across ministries, donors, the scientific community and the private sector, academia, and other key stakeholders for the purpose of research: (a) for development and evaluation of (i) rapid point of care diagnostics, (ii) new and more effective drugs, and shorter, high-quality and cost-effective treatment regimens for all forms of TB (including latent TB infection and drug-resistant TB), and (iii) safe and effective TB vaccines by 2025; and (b) on environmental and social determinants of TB and effective interventions strategies.*
- ✓ *Improving, as appropriate, the coordination of research efforts nationally and globally, and ensuring that the emerging knowledge is promptly put into action, including by putting in place appropriate policy frameworks and implementing new medical technologies.*
- ✓ *Strengthening, as appropriate, surveillance systems, improving data collection and reporting at all levels, utilising innovative approaches and including surveillance in TB research agendas.*

WE CALL UPON

- ✓ *WHO in collaboration with global partners, research organizations, donors, the scientific community and countries to consider developing a Global Strategy for TB Research taking into consideration ongoing and new efforts, such as the TB Research Network stated in the BRICS Leaders Xiamen Declaration.*
- ✓ *WHO in collaboration with global health and research partners and countries to make further progress in enhancing cooperation and coordination of TB research and development, considering where possible drawing on existing research networks to integrate TB research, such as the new AMR Research and Development Collaboration Hub proposed in the 2017 G20 Leaders' Declaration, notably to facilitate rapid scale up of innovative approaches and tools for TB prevention, diagnosis, treatment and care.*

4) DEVELOPING A MULTISECTORAL ACCOUNTABILITY FRAMEWORK

To end TB by 2030, we will need reliable data to ensure that our collective knowledge is transformed into effective and timely action, both globally and domestically, and that we deliver on the commitments made in this Declaration. A new multisectoral accountability framework should enable the review and monitoring of implementation and provide a systematic approach to determine additional actions required to achieve the SDG and End TB Strategy milestones and targets. The accountability framework should build upon evidence, independent analysis and constructive collaboration among all relevant partners, with an emphasis on high-burden countries, and should avoid duplication and increased reporting burden. To maximize impact, a multisectoral accountability framework that is based on approaches protecting and promoting equity, gender equality, human rights and ethics could, according to needs, include:

a) The convening of national inter-ministerial commissions on TB, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral fora to include actions against TB in consultation with existing entities the goals of which include combatting TB so as to avoid duplication of efforts;

b) Mechanisms for strengthening advocacy at all levels within all relevant sectors;

c) Well-defined reporting, including sex- and age-disaggregated data, and review processes to monitor progress toward clear goals; and

d) Opportunities for active engagement, monitoring, reporting and/or audits by civil society, as well as other key stakeholders.

WE COMMIT TO

- ✓ *Supporting the development of a multisectoral accountability framework in advance of the 2018 UNGA High-Level Meeting on TB, to track progress towards the SDG target of ending TB using relevant SDG indicators and the End TB Strategy operational indicators, and applying financing benchmarks set by the Stop TB Partnership Global Plan to Stop TB 2016-2020.*

WE CALL UPON

- ✓ *WHO, working in close cooperation with the UN Special Envoy on TB, Member States, including, where applicable, regional economic integration organizations, civil society representatives, UN Organizations, the World Bank and other multilateral development banks, UNITAID, the Stop TB Partnership, the Global Fund to Fight AIDS, TB and Malaria, research institutes and other partners, to develop the multisectoral accountability framework for the consideration of the WHO Governing Bodies, while taking into account existing multisectoral and multi-stakeholder frameworks, that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries.*
- ✓ *WHO, in collaboration with Member States and key stakeholders, to develop a reporting framework and periodicity for a multisectoral global progress report on TB, subject to independent review.*

WAY FORWARD

We conclude with a commitment to act immediately on this Declaration in coordination with the WHO, and to engage with leaders and all relevant sectors of Government, UN agencies, bilateral and multilateral funding agencies and donors, academia, research organizations, scientific community, civil society and the private sector to prepare for and follow-up on the UNGA High-Level Meeting on Tuberculosis in 2018 in New York.

Explanatory Notes

[a] Please see the 2016 WHO Global TB Report: http://apps.who.int/medicinedocs/en/d/Js23098en/

[b] TB determinants and/or risk factors: 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, and poor living and working conditions. Communicable and noncommunicable disease and other conditions that increase individual risk of getting TB are called risk factors. These include HIV/AIDS and other conditions that weaken the immune system, diabetes, silicosis, tobacco smoking, undernutrition, harmful use of alcohol and other substance abuse.

[c] Multisectoral approach: 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 noncommunicable 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).

[d] As recommended in the WHO guidance on implementing the End TB Strategy: http://www.who.int/tb/publications/2015/end_tb_essential.pdf?ua=1.

[e] Standards of care: WHO-recommended standards for optimum delivery of TB care and prevention, presented in the *Compendium of WHO guidelines and associated standards: ensuring optimum delivery of the cascade of care for patients with TB.*

[f] Please see the document, *WHO Digital health for the End TB Strategy - an agenda for action* http://www.who.int/tb/publications/digitalhealth-TB-agenda/en/.

[g] Eliminating preventable deaths among people living with HIV: This is in line with the target of reducing TB-related deaths among people living with HIV by 75 per cent by 2020, adopted by the UN General Assembly in the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

[h] Please see the document, *WHO policy on collaborative TB/HIV activities* http://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/.

[i] As stated in *WHA Resolution 62.15* from 2009: "Concerned that the highest levels of multidrug-resistance reported in WHO's fourth global report on anti-tuberculosis drug resistance – an estimated half a million multidrug-resistant cases occurring globally, including 50 000 cases of extensively drug-resistant tuberculosis – pose a threat to global public health security" http://apps.who.int/gb/ebwha/pdf_files/WHA62-REC1/WHA62_REC1-en-P2.pdf.

[j] Please see the documents *WHO Global Action Plan on AMR* http://www.who.int/antimicrobial-resistance/global-action-plan/en/ (adopted by the 68th WHA http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R7-en.pdf?ua=1), and the *Political declaration of the high-level meeting of the UN General Assembly on AMR* http://www.un.org/pga/71/wp-content/uploads/sites/40/2016/09/DGACM_GAEAD_ESCAB-AMR-Draft-Political-Declaration-1616108E.pdf.

[k] Please see the document, *Addis Ababa Action Agenda of the Third International Conference on Financing for Development* http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf

[l] Catastrophic costs: The costs due to TB measure the total economic burden on TB patients and their families and are considered catastrophic when they threaten the livelihood of patients and their families. These costs 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.

[m] 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.

[n] 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 the TB epidemic, and a prioritized set of investments required to achieve the results.

[o] Absorption capacity: Capacity of a country health system to put a significantly increased flow of resources to efficient use, which depends generally on governance, institutional capacity, ownership, and social and political stability.

Statements on the Moscow Declaration to End TB were made by Canada, South Africa, and the United States of America. Please find them at the following link: *http://www.who.int/tb/Statement_on_the_Declaration_EndTB/en/*

SIDE EVENTS

- A pre-event was organized on 14 and 15 November 2017 by the All-Russian scientific-practical conference of phthisiologists with international participation, titled "An interdisciplinary approach to solve the problem of tuberculosis".
- Ministerial Luncheon on "Public-Private Collaboration to End TB", sponsored by Lilly Global Health Partnership
- "The 3P Project", sponsored by Médecins sans frontières, the Stop TB Partnership, and the Union
- "The urgent need for new TB vaccines to end the epidemic", sponsored by Aeras and the Tuberculosis Vaccine Initiative
- "Meeting for African parliamentarians in Moscow", sponsored by the African Union
- "Ending TB by 2035: Our Promise to Our People", sponsored by the Ministry of Health & Family Welfare of the Government of India and the Global Coalition Against TB
- "Meeting of ministers of the South-East Asian region and partners", sponsored by the World Health Organization South-East Asia Regional Office

THE ROAD AHEAD

The outcomes of the First WHO Global Ministerial Conference Ending TB in the Sustainable Development Era: A Multisectoral Response will help set the course towards the ambitious goal of ending TB by 2030. Through the Moscow Declaration to End TB, the Conference participants' commitments and calls to action will inform future discussions and decisions.

WHO, with the collective voice of its Member States, is committed to implementing the Moscow Declaration and taking concrete steps to strengthen the global response to TB. As requested in the Moscow Declaration, the Secretariat, working together with partners, is developing a multisectoral accountability framework to accelerate progress to end TB by 2030. Strengthening health systems, urgently addressing multidrug-resistant TB as a major threat to public health security, continuing to provide strategic and technical leadership, working towards sufficient and sustainable financing, and developing a global strategy for tuberculosis research and innovation are also among the priority actions for WHO on the road ahead.

The momentum and political will gained in Moscow have already contributed to high-level events and commitments around the world, such as the End TB Summit 2018 in New Delhi, India. The meeting was attended by Prime Minister Narendra Modi and resulted in a Statement of Action from 11 Ministers of Health from the WHO South-East Asia Region.

On 26 September 2018, Heads of State will come together at the first-ever United Nations (UN) General Assembly high-level meeting on TB. It will be convened by the President of the General Assembly under the theme "United to end tuberculosis: an urgent global response to a global epidemic". TB will be in the highest political spotlight for the first time, closely following this successful Conference. WHO is providing support to the United Nations Secretary-General and the General Assembly in the preparation of the high-level meeting.

AGENDA – DAY 1 – THURSDAY, 16 NOVEMBER 2017

08:00-10:30

> **REGISTRATION OF PARTICIPANTS** (WELCOME REFRESHMENTS) — Foyer, Crowne Plaza Hotel, Entrance 1

9:00-10:30

> **MINISTERIAL BREAKFAST** (BY INVITATION ONLY) — Continental Hall, Crowne Plaza Hotel, Entrance 1, 1st floor

10:45-12:00

> **WELCOME AND FIRST HIGH-LEVEL PLENARY I** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

Welcome addresses by the Minister of Health, Russian Federation, the Director-General, World Health Organization, the WHO Regional Director for Europe, Minister of Health, South Africa/Chair of the Stop TB Partnership, and a TB patient representative

Plenary session on Ending the TB epidemic: Perspectives from countries with the highest TB and MDR-TB burdens (part I) followed by welcome address of UN Deputy Secretary-General

12:00 - 12.45 > **BREAK**

13:00

> **KEYNOTE ADDRESS** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

Leadership, Russian Federation

> **FIRST HIGH-LEVEL PLENARY II** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

14:30-15:30

> **LUNCHEON FOR ALL PARTICIPANTS** — Valdai and Seliger Halls, WTC Congress Center, Entrance 4, 1st floor

> **MINISTERIAL LUNCHEON** (BY INVITATION ONLY) — Continental Hall, Crowne Plaza Hotel, Entrance 1, 1st floor

15:45-16:45

> **SECOND HIGH-LEVEL PLENARY** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

Accelerating to End TB: Perspectives of TB survivors and civil society

16:45-17:45

> **THIRD HIGH-LEVEL PLENARY** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

Driving a Multisectoral Response:
A dialogue among leaders of UN, multilateral agencies and bodies

19:00-22:00

At 18:15, buses will begin shuttling participants from the Conference venue to the boats where the dinner will take place.

> **GALA DINNER HOSTED BY THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION** — Hosted by the Ministry of Health of the Russian Federation, the dinner will take place during a cruise on the Moskva River

AGENDA – DAY 2 – FRIDAY, 17 NOVEMBER 2017

08:00-09:30

> Partner side-events sponsored by: Aeras and TBVI; the African Union; MSF, the Stop TB Partnership and the Union; and the Ministry of Health and Family Welfare, India, and GCAT, held at the World Trade Center — WTC Congress Center

09:45-11:15

> **PARALLEL MINISTERIAL PANELS**

> Universal coverage of TB care and prevention	> Sufficient and sustainable financing	> Respect for equity, ethics and human rights	> Science, research and innovation	> Synergies across the responses to TB and noncommunicable diseases Malnutrition, tobacco, alcohol and drug use
Amphitheatre, WTC Congress Center, Entrance 4, 2nd floor	Ladoga Hall, WTC Office Tower, Entrance 7, 4th floor	Press Hall, WTC Congress Center, Entrance 4, 2nd floor	Congress Hall, WTC Congress Center, Entrance 4, 2nd floor	Enisei and Amur Hall, WTC Office Tower, Entrance 7, 2nd floor

11:30-13:00

> **PARALLEL MINISTERIAL PANELS**

> Monitoring and evaluation of progress	> Action on MDR-TB as an AMR & health security threat	> Stepped up TB/HIV response	> Towards TB elimination in low-incidence countries	> Synergies across the responses to TB and noncommunicable diseases Diabetes, chronic respiratory disease, and integrated services
Amphitheatre, WTC Congress Center, Entrance 4, 2nd floor	Congress Hall, WTC Congress Center, Entrance 4, 2nd floor	Press Hall, WTC Congress Center, Entrance 4, 2nd floor	Enisei and Amur Hall, WTC Office Tower, Entrance 7, 2nd floor	Ladoga Hall, WTC Office Tower, Entrance 7, 4th floor

13:00-14:45

> **LUNCHEON FOR ALL PARTICIPANTS** — Valdai and Seliger Halls, WTC Congress Center, Entrance 4, 1st floor

> **MINISTERIAL LUNCHEON** (BY INVITATION ONLY) — Continental Hall, Crowne Plaza Hotel, Entrance 1, 1st floor

14:45-15:30

> **FOURTH HIGH-LEVEL PLENARY** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

Towards the 2018 UN General Assembly High-Level Meeting on TB, and developing a Multisectoral Accountability Framework

15:30-16:15

> **ADOPTION OF THE MINISTERIAL DECLARATION AND CLOSING** — Congress Hall, WTC Congress Center, Entrance 4, 2nd floor

16:15-16:45 > HIGH-LEVEL GROUP PHOTO
16:45-17:45 > PRESS CONFERENCE

16:15-20:00

> **REFRESHMENTS**
> **SOCIAL EVENTS** (FURTHER INFORMATION TO FOLLOW)






BELARUS





THAILAND




END TB
FIRST WHO GLOBAL MINISTERIAL CONFERENCE
ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA:
A MULTISECTORAL RESPONSE
16–17 NOVEMBER 2017, MOSCOW, RUSSIAN FEDERATION
World Health Organization
WE WILL END

MEMBER STATE DELEGATIONS

1. Afghanistan
2. Albania
3. Angola
4. Argentina
5. Armenia
6. Australia
7. Austria
8. Azerbaijan
9. Bahrain
10. Bangladesh
11. Belarus
12. Benin
13. Bhutan
14. Bolivia
15. Botswana
16. Brazil
17. Bulgaria
18. Burkina Faso
19. Burundi
20. Cambodia
21. Canada
22. Central African Republic
23. Chad
24. China
25. Colombia
26. Congo
27. Costa Rica
28. Croatia
29. Cuba
30. Czech Republic
31. Democratic People's Republic of Korea
32. Democratic Republic of the Congo
33. Denmark
34. Djibouti
35. Dominican Republic
36. Ecuador
37. Egypt
38. Estonia
39. Ethiopia
40. Fiji
41. Finland
42. France
43. Gambia
44. Germany
45. Ghana
46. Greece
47. Haiti
48. Hungary
49. India
50. Indonesia
51. Iran
52. Iraq
53. Israel
54. Italy
55. Japan
56. Kazakhstan
57. Kenya
58. Kuwait
59. Kyrgyzstan
60. Lao People's Democratic Republic
61. Latvia
62. Lebanon
63. Lesotho
64. Liberia
65. Libya
66. Lithuania
67. Luxembourg
68. Madagascar
69. Maldives
70. Mauritania
71. Mongolia
72. Montenegro
73. Mozambique
74. Myanmar
75. Namibia
76. Nepal
77. Netherlands
78. Niger
79. Nigeria
80. Norway
81. Oman
82. Pakistan
83. Peru
84. Philippines
85. Poland
86. Portugal
87. Qatar
88. Republic of Korea
89. Republic of Moldova
90. Republic of Serbia
91. Romania
92. Russian Federation
93. Saudi Arabia
94. Slovakia
95. Slovenia
96. South Africa
97. South Sudan
98. Spain
99. Sri Lanka
100. Swaziland
101. Sweden
102. Switzerland
103. Syrian Arab Republic
104. Tajikistan
105. Thailand
106. Togo
107. Turkmenistan
108. Tuvalu
109. Uganda
110. United Arab Emirates
111. United Kingdom
112. United Republic of Tanzania
113. United States of America
114. Uzbekistan
115. Viet Nam
116. Zambia
117. Zimbabwe
118. *Holy See, Vatican observer*

PARTNER ORGANIZATION DELEGATIONS

1. ILO
2. IOM
3. UNAIDS
4. UNDP
5. UNICEF
6. UNITAID
7. UNOSG
8. UNRWA
9. World Bank Group
10. AFRICAN UNION
11. EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC)
12. EUROPEAN UNION
13. NORTHERN DIMENSION PARTNERSHIP IN PUBLIC HEALTH AND SOCIAL WELLBEING
14. ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)
15. SOUTH AMERICAN INSTITUTE OF GOVERNMENT IN HEALTH (ISAGS/UNASUR)
16. WORLD ORGANISATION FOR ANIMAL HEALTH (OIE)
17. OFFICE OF THE UN SPECIAL ENVOY ON TB
18. AERAS
19. AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA (ARASA)
20. AIDS HEALTHCARE FOUNDATION
21. AMERICAN THORACIC SOCIETY
22. ANDEAN HEALTH FOUNDATION
23. APOLLO HOSPITALS
24. THE AURUM INSTITUTE
25. BECTON DICKINSON
26. CARITAS INTERNATIONALIS
27. CENTRAL TB RESEARCH INSTITUTE (CTRI), MOSCOW
28. CEPHEID
29. CONVERSATIONS
30. ECOLE POLYTECHNIQUE FÉDÉRALE DE LAUSANNE
31. EIKEN CHEMICAL CO LTD
32. ELI LILLY AND COMPANY
33. ESSENTIALMED FOUNDATION
34. EUROPEAN & DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP (EDCTP)
35. EUROPEAN RESPIRATORY SOCIETY (ERS)
36. EUROPEAN SOCIETY OF MYCOBACTERIOLOGY
37. FEDERAL RESEARCH CENTER 'FUNDAMENTALS OF BIOCHEMISTRY', RUSSIAN ACADEMY OF SCIENCES
38. FILHA
39. FIND
40. FIOCRUZ
41. FONDATION MÉRIEUX
42. FONDAZIONE CENTRO SAN RAFFAELE
43. GLOBAL COALITION AGAINST TUBERCULOSIS
44. THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
45. GLOBAL HEALTH STRATEGIES
46. GLOBAL TASK FORCE ON TB IMPACT MEASUREMENT
47. GLOBAL TB CAUCUS
48. THE GRADUATE INSTITUTE OF INTERNATIONAL AND DEVELOPMENT STUDIES
49. HETERO LABS LTD
50. INFECTIOUS DISEASES SOCIETY OF AMERICA (IDSA)
51. INTERACTIVE RESEARCH AND DEVELOPMENT
52. INTERNATIONAL AIDS SOCIETY
53. INTERNATIONAL COMMUNICABLE DISEASES INTENSIVE CARE ASSOCIATION (INCURE)
54. INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH
55. INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)
56. INTERNATIONAL COUNCIL OF NURSES
57. INTERNATIONAL FEDERATION OF MEDICAL STUDENTS´ ASSOCIATIONS
58. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES (IFRC)
59. INTERNATIONAL TUBERCULOSIS RESEARCH CENTER, REPUBLIC OF KOREA
60. INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION)
61. IOGT INTERNATIONAL
62. JAPAN ANTI-TUBERCULOSIS ASSOCIATION (JATA)
63. JOHNSON & JOHNSON
64. JSC GENERIUM
65. JSC PHARMASYNTEZ
66. KAROLINSKA INSTITUTET
67. KENYA LEGAL & ETHICAL ISSUES NETWORK ON HIV & AIDS
68. KFW DEVELOPMENT BANK
69. KNCV TUBERCULOSIS FOUNDATION
70. KOCH MECHNIKOV FORUM
71. KOREAN INSTITUE OF TUBERCULOSIS
72. LHL INTERNATIONAL TUBERCULOSIS FOUNDATION (LHL INTERNATIONAL)
73. LUPIN LTD
74. MACLEODS PHARMACEUTICALS LTD
75. MAIN MEDICAL DEPARTMENT, MINISTRY OF HEALTH, AZERBAIJAN
76. MANAGEMENT SCIENCES FOR HEALTH (MSH)
77. MAYO CLINIC
78. MCGILL UNIVERSITY
79. MÉDECINS SANS FRONTIÈRES (MSF)
80. MYLAN PHARMACEUTICAL PVT LTD
81. NATIONAL INSTITUTE FOR INFECTIOUS DISAESES LAZZARO SPALLANZANI
82. NATIONAL INSTITUTE FOR PUBLIC HEALTH AND THE ENVIRONMENT (RIVM)
83. NCD ALLIANCE
84. NEXT2PEOPLE
85. NIPRO CORPORATION
86. NOVOSIBIRSK TUBERCULOSIS RESEARCH INSTITUTE, MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION
87. ORASURE TECHNOLOGIES, INC.
88. OREGON HEALTH & SCIENCES UNIVERSITY
89. OTSUKA NOVEL PRODUCTS GMBH
90. PARTNERS IN HEALTH
91. PATH
92. PHARMSTANDARD JSC
93. PROJECT HOPE
94. QIAGEN
95. REDE BRASILEIRA DE PESQUISA EM TUBERCULOSE (REDE-TB)
96. THE REPUBLICAN RESEARCH AND PRACTICAL CENTRE FOR PULMONOLOGY AND TB, MINSK
97. RESULTS EDUCATIONAL FUND
98. RESULTS JAPAN
99. RESULTS UK
100. RT NEWS
101. RUSSIAN SOCIETY OF PHTHISIOLOGISTS
102. SANOFI SA
103. SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (SAMRC)
104. STOP TB PARTNERSHIP
105. STOP TB PARTNERSHIP, PAKISTAN
106. STOP TB PARTNERSHIP WORKING GROUP ON NEW TB VACCINES
107. TB ALLIANCE
108. TB PROOF
109. TBPEOPLE
110. TREATMENT ACTION GROUP
111. TUBERCULOSIS VACCINE INITIATIVE (TBVI)
112. UNIVERSITY COLLEGE OF LONDON INSTITUTE FOR GLOBAL HEALTH
113. UNIVERSITY OF BRESCIA
114. UNIVERSITY OF CALIFORNIA SAN FRANCISCO (UCSF)
115. UNIVERSITY OF CAPE TOWN
116. UNIVERSITY RESEARCH CO. LLC
117. WHO CIVIL SOCIETY TASK FORCE ON TB
118. WORLD VISION
119. ZAMBART/LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

WE WILL #ENDTB

For more information, please visit the Ministerial Conference website
http://www.who.int/conferences/tb-global-ministerial-conference/en/