



**MINISTRY OF HEALTH
OF THE RUSSIAN FEDERATION**



**World Health
Organization**



**FIRST WHO GLOBAL MINISTERIAL CONFERENCE
ENDING TUBERCULOSIS
IN THE SUSTAINABLE
DEVELOPMENT ERA:
A MULTISECTORAL RESPONSE**

**16 - 17 NOVEMBER 2017,
MOSCOW, RUSSIAN FEDERATION**

**OVERVIEW PRESENTATION
FOR PARTNERS**





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CONFERENCE VISION

The WHO Global Ministerial Conference “**Ending TB in the Sustainable Development Era: A Multisectoral Response**” aims to accelerate country implementation of the WHO End TB Strategy in order to reach the End TB targets set by the World Health Assembly and the United Nations (UN) Sustainable Development Goals (SDGs). The Ministerial Conference will inform the UN General Assembly High-Level Meeting on TB in 2018.

Tuberculosis is the leading infectious diseases killer worldwide today. It carries profound economic and social consequences. The public health crisis on multi-drug resistant TB (MDR-TB) continues. Although 49 million lives have been saved through global efforts since 2000, actions and investments fall far short of those needed to end TB epidemic. High-level multisectoral action is needed.

KEY TB FACTS

Source: WHO Global TB Report 2016



**1.8 MILLION
TB DEATHS**
INCLUDING 0.4 MILLION
TB DEATHS AMONG
PEOPLE WITH HIV*

**TB was one of the top ten
causes of death worldwide**

TB was responsible for more
deaths than HIV and malaria



**MDR-TB crisis with gaps
in detection and treatment**

Only 1 in 5 needing MDR-TB
treatment were enrolled on it



**US\$ 2
BILLION
GAP**

**Funding shortfall for
TB implementation**

Gap of over US\$1 billion
per year for TB research



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EXPECTED OUTCOMES WITH MULTISECTORAL ACCOUNTABILITY

Leading up to the United Nations General Assembly High-Level Meeting on TB in 2018, Ministerial commitment to:



1. UNIVERSAL COVERAGE OF TB CARE AND PREVENTION

Systems reforms, and full uptake of innovative tools, to optimize quality of integrated people-centred care and prevention, and ensure access so that *no one is left behind*.



2. SUSTAINABLE FINANCING FOR UHC, SOCIAL PROTECTION AND DEVELOPMENT

Sustainable financing, especially from domestic sources, to enable access to care and prevention embedded in comprehensive health and social systems that alleviate the risk factors and consequences of disease.



3. RESPECT FOR EQUITY, ETHICS AND HUMAN RIGHTS

An equitable and human right-based response that prioritizes people affected by poverty, disease, stigma and marginalization, including global action on the plight of migrants, and on the special risks faced by other vulnerable groups such as prisoners.



4. SCIENTIFIC RESEARCH AND INNOVATION

Increased and targeted financing and intensified capacity-building to foster rapid achievements in scientific research and innovation.



5. MONITORING AND EVALUATION OF PROGRESS

Tracking progress towards SDG Target 3.3 and other SDG targets that impact the TB epidemic, and establishment or strengthening of digital systems to collect, store and analyse large volumes of disaggregated data.



6. ACTION ON AMR, HEALTH SECURITY AND MDR-TB

Addressing MDR-TB as an emergency and threat to health security, including within the global antimicrobial resistance (AMR) agenda.



7. STEPPED-UP TB/HIV RESPONSE

Integrated care for all people affected by TB and HIV, with a special focus on eliminating TB deaths among people living with HIV.



8. SYNERGIES ACROSS THE RESPONSES TO TB AND NONCOMMUNICABLE DISEASES

Synergistic and joint actions against TB and noncommunicable diseases and their risk factors.



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MEMBER STATES INVITED:

**MINISTERIAL DELEGATIONS FROM ALL 194 WHO MEMBER STATES ARE INVITED
40 HIGH-TB AND MDR-TB BURDEN COUNTRIES WILL BE SUPPORTED BY WHO WITH
FINANCING PROVIDED BY THE RUSSIAN FEDERATION:**

Ministers of Health and Ministers from other sectors (e.g. finance, social development, justice, labour)

AFR

Angola
Central African Republic
Congo
DR Congo
Ethiopia
Kenya
Lesotho
Liberia
Mozambique
Namibia
Nigeria
Sierra Leone
South Africa
UR Tanzania
Zambia
Zimbabwe

EUR

Azerbaijan
Belarus
Kazakhstan
Kyrgyzstan
Republic of Moldova
Russian Federation
Tajikistan
Ukraine
Uzbekistan

SEAR

Bangladesh
DPR Korea
India
Indonesia
Myanmar
Thailand

WPR

Cambodia
China
Philippines
Viet Nam
Papua New Guinea

AMR

Brazil
Peru

EMR

Pakistan
Somalia

* WHO regional offices will support participants of other countries based on their priorities and resources. Countries that will be supported by regions include: Bolivia, Colombia, Maldives, Mexico, Mongolia, Lao PDR, Sri Lanka and Timor Leste.



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PARTNERS INVITED

- UN organizations
- Multilateral agencies
- Bilateral agencies
- International development agencies
- Regional bodies
- Partnerships
- Nongovernmental organizations; faith-based organizations; civil society representatives; affected people and communities
- Professional societies
- Academic and research institutions
- Philanthropic foundations
- Private sector entities

*Bilateral discussions and consultations are underway with partners
Meeting of Partner Advisory Group during the World Health Assembly in 2017*



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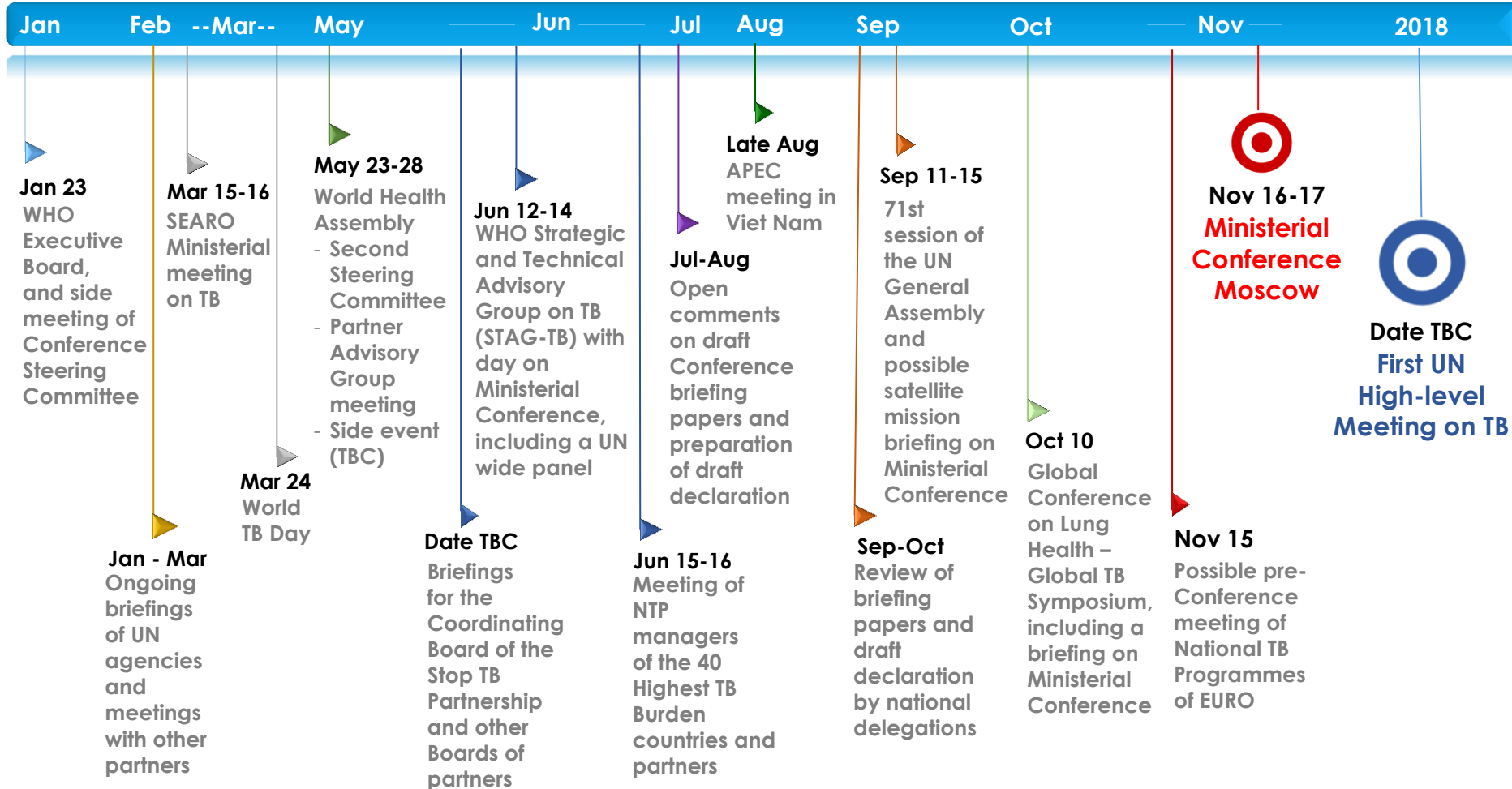
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PROVISIONAL ROADMAP

2017

2018





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DECISION BY THE UN GENERAL ASSEMBLY FOR A HIGH-LEVEL MEETING ON TB IN 2018

UNITED NATIONS GENERAL ASSEMBLY RESOLUTION A/RES/71/159 - 15 DECEMBER 2016

Global health and foreign policy: Health Employment and Economic Growth

The General Assembly, (...)

21. *Takes note* of the initiative to hold, in Moscow in November 2017, a global ministerial conference on the fight against tuberculosis in the context of public health and the Sustainable Development Goals;

22. *Decides* to hold a high-level meeting in 2018 on the fight against tuberculosis, and requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard;

(...)



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CONFERENCE PREPARATION ORGANIGRAMME

Leadership of WHO and the Ministry of Health of the Russian Federation, with high-level representatives of high-TB (and MDR-TB) burden countries: Brazil, India, China, South Africa, Indonesia, Pakistan, and Belarus.

**HIGH-LEVEL
STEERING COMMITTEE**

**WHO CONFERENCE
SECRETARIAT**

Focal points from the WHO Global TB Programme, WHO Cluster on noncommunicable diseases

**ORGANIZING
COMMITTEE**

Inputs from partners

**PARTNER
ADVISORY GROUP**

Representatives from WHO, Ministry of Health of the Russian Federation, supported by consultants

**Technical and
policy taskforce**

**Administration
and Logistics
taskforce**

**Communications
and advocacy
taskforce**

**Russia Local
Organizing
Committee**

THANK YOU!



END TB

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