



**All Against Tuberculosis
WHO European Ministerial Forum**

Berlin, 22 October 2007

**EUR/07/5061622/5
74415
22 October 2007
ORIGINAL: ENGLISH**

The Berlin Declaration on Tuberculosis

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, **note with concern** that tuberculosis (TB) has re-emerged as an increasing threat to health security in the WHO European Region.

- In 2005, there were 445 000 new cases of TB and 66 000 TB-related deaths in the Region.
- There are high TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Throughout the Region, the presence of TB is often related to social and economic factors and migration.
- Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).
- No new diagnostics, drugs or vaccines have been developed over the past several decades.
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.
- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.
- TB does not respect borders.

2. We **note** that, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

- The Region has a high proportion of unfavourable treatment outcomes resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate evidence-based treatment strategies needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Focused action is needed to tackle MDR/XDR-TB and TB/HIV coinfection.
- Prevention, including infection control, is a factor of continued importance in TB control, especially among vulnerable groups.
- Timely collection, transmission, validation and analysis of quality TB surveillance data are essential for proper TB control and elimination interventions.



WORLD HEALTH ORGANIZATION . REGIONAL OFFICE FOR EUROPE
Schersfigsvej 8, DK-2100 Copenhagen Ø, Denmark . Telephone: +45 37 17 17 17 . Fax: +45 39 17 18 18
Electronic mail: postmaster@euro.who.int . World Wide Web address: <http://www.euro.who.int>



3. We **recognize** that:

- many countries have national plans for TB control;
- a plan has been adopted to stop TB in the high-priority countries of the WHO European Region over the period 2007–2015 and a European Union action plan on TB is currently being developed;
- Member States in the WHO European Region can contribute considerably in skills and finance to the development of new tools for TB diagnosis, treatment and vaccination;
- national and international funding and support for TB activities in the European Region have grown;
- the previous United Nations Secretary-General appointed Dr Jorge Sampaio, former President of Portugal, as his Special Envoy to Stop TB;
- the Stop TB Partnership for Europe and central Asia has been launched with substantial support from the Stop TB Partnership.

4. We **note with concern** the gaps to be bridged in order to fully implement the Stop TB Strategy for effective TB control and **agree** on the following priorities:

- universal access to the Stop TB Strategy should be promoted by strengthening the health sector and involving the full spectrum of health care providers, private and public, civilian and penitentiary, all of whom should follow the International Standards for Tuberculosis Care and promote the Patients' Charter;
- civil society and affected communities should be considered as essential partners in and integrated into TB control;
- the shortfall in funds, as identified in the Global Plan to Stop TB 2006–2015, should be met through increased, properly prioritized, sustained and targeted local, national and international funding;
- TB control should be given high priority within national development plans presented for external financing;
- better use should be made of currently available effective tools, and new diagnostics, drugs and vaccines should be developed through basic research and product development, including by public-private partnerships, private industry and national research institutes;
- TB should be integrated into HIV treatment and care programmes, as the two diseases together represent a deadly combination that is more destructive than either disease alone;
- special efforts should be made to ensure that highly vulnerable documented and undocumented migrant and other populations have access to adequate culture-sensitive services providing quality care for TB;
- greater partnership and coordination across the health, penitentiary and social services sectors should be promoted, as well as inter-country collaboration.

5. We therefore **commit ourselves** to responding urgently to the current situation.

(i) We will **strengthen**:

- political will;
- the public health and social services systems;
- commitment from the full range of care providers;

- human resource capacity that is adequate in both quality and quantity for effective TB care;
 - the evidence base for TB policy and practices through enhanced TB surveillance and monitoring;
 - collaboration between TB and HIV programmes;
 - collaboration with the private sector;
 - coordination at national and international levels;
 - civil society involvement.
- (ii) We will **adopt** the Stop TB Strategy in all its components, thereby:
- ensuring the expansion and enhancement of high-quality implementation of the directly observed treatment, short course (DOTS) approach;
 - addressing MDR-TB, XDR-TB, HIV-related TB and other challenges, particularly in high-risk populations;
 - integrating TB care delivery with general health services and reinforcing activities aimed at strengthening health systems;
 - securing commitment from all care providers;
 - empowering people with TB and their communities, and removing stigma;
 - allowing and promoting research into and the development of new diagnostics, drugs and vaccines, as well as programme-based operational research.
- (iii) We will **endeavour** to secure sustainable financing by:
- implementing the resolutions on TB prevention and control adopted by the World Health Assembly in 2005 and 2007;¹
 - in collaboration with the G8 countries, supporting the Global Plan to Stop TB 2006–2015;
 - attracting funding from appropriate multilateral mechanisms at the global and European levels, such as the Global Fund to fight AIDS, Tuberculosis and Malaria, UNITAID, the Bill and Melinda Gates Foundation, and other intergovernmental and philanthropic organizations, as well as bilateral mechanisms.
- (iv) We will **channel** such financing towards:
- ensuring the implementation of regional and national plans to stop TB, including the WHO plan to stop TB in the high-priority countries of the WHO European Region;
 - addressing the funding gap between the total resources available and the resources needed to control TB, as well as accelerating the development of new diagnostics, drugs and vaccines, with the aim of achieving the 2015 target related to TB within the Millennium Development goals.

6. We **commit** ourselves to closely monitoring and evaluating the implementation of the actions outlined in this Declaration, and call upon the WHO Regional Office for Europe, in partnership with the European Union and other relevant regional institutions and organizations, to establish adequate fora and mechanisms, involving civil society, communities and the private sector, among others, to assess progress at regional level every second year, starting in 2009.

¹ World Health Assembly resolutions WHA58.14 on sustainable financing for tuberculosis prevention and control and WHA60.19 on tuberculosis control: progress and long-term planning.