***‘Ending TB through Multi-sectoral Response is Boosting Economic Growth’***

**Statement of the APEC health working group for the United Nations high-level meeting on tuberculosis convened by the President of the General Assembly**

**“United to end tuberculosis: a global response to a global emergency”**

**Port Moresby, Papua New Guinea, 1-2 March 2018**

**PORT MORESBY STATEMENT**

**Preamble:**

We, the APEC economies, recognize that tuberculosis (TB), including its drug resistant forms, is a serious threat to global health security and a major public health concern across all regions.

TB is one of the top ten causes of death worldwide, the leading infectious disease cause of death and the principal cause of death among people living with HIV. TB is the cause of premature death in more than four-and-a-half thousand children, women and men each day and leaves no country untouched. Global case fatality ratio remains 16% (below 5% in some countries to more than 20% in some high burden countries), though effective treatment of TB is available and free of charge in most countries.

TB places a tremendous economic pressure on the TB affected person, families, communities as well as the regional economy. It affects mainly people of working age which reinforces a cycle of ill-health and poverty. Moreover, a considerable proportion of TB patients and their families face catastrophic economic costs and social consequences which distress the economy. The global tuberculosis burden amounts to US$12 billion annually, with US$1 billion attributed to losses in productivity. Premature deaths create a social burden of loss as well as the loss of income for affected families (estimated to be US$11 billion). Investing in ending TB will ultimately generate social and economic returns as for every US$1 invested US$43 is gained in return *(Source: World Health Organization).*

The burden of TB is still high, affecting all economies in varying degrees. Worldwide, the total amount required for implementation of TB prevention, diagnosis and treatment interventions to reach the END TB Strategy milestones in 2020, is US$ 58 billion for the period 2016-2020, rising from US$ 9.5 billion in 2016 to US$ 14 billion in 2020 *(Source: Global Tuberculosis Report 2017, p. 108).* Nearly 80% of funding for TB programs and service delivery worldwide comes from domestic expenditures from governments themselves.

Two billion people worldwide are infected with latent TB and are at risk of developing TB disease which can be transmitted to others. Each year, more than 10 million people develop TB disease. One-third (3 of 10 million) of the total estimated global TB burden is in APEC economies. There are seven high TB burden APEC economies (Indonesia, China, Papua New Guinea, Philippines, Russia, Thailand, Viet Nam), four high TB-HIV APEC economies (Indonesia, China, Thailand, PNG) and 8 high MDR-TB APEC economies (China, Indonesia, PNG, Peru, Philippines, Russia, Thailand, Viet Nam). Further, there are several low-burden APEC economies where TB is still present who play a role in TB elimination globally.

Drug-resistant TB (DR-TB) remains a major threat and is found in every economy where it has been measured. DR-TB is more difficult and costly to treat than drug-sensitive TB with a much higher treatment failure and case-fatality ratio. DR-TB is the most common and lethal airborne Anti-Microbial Resistance (AMR) disease, making the global AMR agenda central to tackling TB. If left unchecked, recent modelling suggests that DR-TB could cause an additional 75 million deaths and cost the global economy $17 trillion by 2050.

TB is the leading cause of death among people living with HIV (PLHIV), accounting for nearly forty per cent of all deaths among PLHIV in 2016. TB transmission among PLHIV is the second threat for the successful realization of the End TB Strategy and it demands special efforts and activities in all APEC economies (*Source: Global Tuberculosis Report 2017, p. 63).*

The global TB targets will not be met without new and more effective tools and innovative approaches for prevention, diagnosis, treatment and adequate funding. An effective TB response calls for a global, regional, cross-border and economy specific approach with whole of government, public private partnership, multi-sectoral and multi-stakeholder actions including bilateral and multilateral cooperation and coordination and mechanisms for accountability at the national, regional and global level.

**Commitments:**

We, the APEC economies, reaffirm our commitment to end the TB epidemic by 2030 as envisaged in the United Nations Sustainable Development Goals (SDGs), and the WHO End TB Strategy.

We recognize the First WHO Global Ministerial Conference on Ending TB, convened by the World Health Organization and the Government of the Russian Federation in 2017, as a fundamental milestone towards the World Health Assembly and United Nations General Assembly (UNGA) High-Level Meeting on TB this year 2018.

We note with appreciation the Moscow Declaration to End TB. By adopting the Declaration, APEC fully pledges to elevate and sustain the fight against TB at the highest possible political level.

**Calls to action to APEC member economies:**

We, the APEC economies, commit ourselves to ending TB as part of the SDG agenda and making it a political priority. We would like to emphasize the following actions:

**1) Advancing the TB response within universal health coverage, AMR and SDG agendas**

* We urge high TB burden APEC economies to upscale TB prevention, diagnosis, treatment and care and work towards the goal of access to universal health coverage through public and private health care providers to ensure detection of 90 per cent of cases and successful treatment of 90 per cent of those detected.
* All high MDR-TB economies among APEC economies consider MDR-TB as a domestic public health crisis through an emergency response linked to the AMR and health security agendas.
* All high TB-HIV economies among APEC economies scale up access to patient-centred, integrated TB and HIV services to end preventable deaths due to TB among people living with HIV/AIDS.
* All APEC economies reduce stigma, discrimination and community isolation through national frameworks, and promoting patient-centred care including community owned, community-driven and address the social determinants of health as well as psychosocial and socioeconomic support.
* All APEC economies work on an effective, referral system to ensure a continuum of care, prevent discrimination, and development of drug resistance.

**2) Ensuring sufficient and sustainable financing**

* Heads of state and across ministries and sectors of APEC economies to encourage and mobilize diverse sources of domestic financing needed toward the goal of universal health coverage.
* APEC economies to develop ambitious, fully-costed and budgeted domestic TB strategic plans, as needed, that are in keeping with national legislative and policy frameworks and aligned with domestic health plans, recognizing that to fulfil the WHO’s End TB Strategy national context and circumstances will need to be taken into account, including actions required to address issues related to catastrophic costs to patients and their households, to ensure social protection measures, and take into account international human rights agreements including upholding human rights for Indigenous peoples.

**3) Science, research and innovation**

* All high TB burden APEC member economies recognize that TB research and innovations are crucial pillars for reaching the End TB Strategy goals and support strengthening of national and international capacities and funding as needed to urgently expand TB research, by establishing and/or strengthening TB research networks and related project activities.

**Call upon:**

We call upon the UN High Level Meeting to act immediately for realisation of a multi-sectoral approach to end TB;

We call upon the World Health Organization, and its Regional Offices and Country Offices where available, to coordinate and act immediately on implementation of the relevant recommendations of the Moscow Declaration and other aspects of WHA 71.3, along with relevant sectors of Government of APEC economies, UN agencies, other development partners, civil society and the private sector.

**Way forward:**

APEC Health Working Group will present its statement to the high-level meeting on tuberculosis convened by the President of the General Assembly.

APEC Health Working Group during its annual meeting in 2020 will review the progress of TB in APEC member economies.

APEC health working group strongly believes that the WHO Multi-sectoral Accountability Framework for TB, to be developed in consultation with all relevant stakeholders and endorsed through appropriate oversight and governance mechanisms at both the global and national levels, is a bold step on the way to End TB.