

The Regional Committee,

Concerned that tuberculosis is a major cause of premature death and human suffering in the Western Pacific Region;

Recognizing that tuberculosis is strongly associated with social and economic inequalities;

Recognizing further that the regional burden of tuberculosis is also a major impediment to socioeconomic development, especially in developing countries, where most cases and deaths occur among the poorest and most vulnerable;

Noting that an uninterrupted drug supply has not yet been secured in many of the countries in the Region with a high tuberculosis burden;

Expressing concern that only 44% of the total estimated new smear-positive cases in the Region were detected in 1998;

Expressing further concern at the emergence, and potential for expansion, of multidrug-resistant tuberculosis in the Region;

Acknowledging that the WHO recommended tuberculosis strategy, directly observed treatment, short-course (DOTS), is a very cost-effective health intervention that has already achieved high treatment success rates in the Region;

Acknowledging further that the effective implementation of DOTS programmes can reduce the prevalence and mortality of tuberculosis in the Region by half by 2010;

Welcoming, in response to resolution WPR/RC50.R5, the establishment of the Stop TB special project in collaboration with Member States and the international community;

Welcoming further the holding of the first tuberculosis Technical Advisory Group meeting and the establishment of a Pacific Stop TB Initiative;

1. ENDORSES the 'Regional strategic plan to Stop TB in the Western Pacific', which was finalized at the first meeting of the tuberculosis Technical Advisory Group;

2. URGES Member States:

(1) to develop and implement five year (2001–2005) Stop TB national plans to achieve the regional objective of reducing prevalence and mortality of tuberculosis by half by 2010;

- (2) to increase the case detection rate to 70% of estimated new smear-positive cases by 2005;
- (3) to increase the enrolment rate in DOTS programmes for new detected smear-positive tuberculosis cases to 100% by 2005;
- (4) to establish or strengthen partnerships at the country level through the formation or enhancement of national Interagency Coordinating Committees;
- (5) to strengthen health systems to effectively implement Stop TB national plans;
- (6) to include case detection, DOTS implementation and treatment success rates in the performance indicators for overall health system development;

3. REQUESTS the Regional Director:

- (1) to strengthen technical support to Member States to develop and implement Stop TB national plans within the framework of health system development and the healthy settings approach;
- (2) in partnership with Member States and partner agencies to improve access to antituberculosis drugs, paying particular attention to disadvantaged groups, including people living in poverty;
- (3) to enhance partnerships to support the Stop TB special project in the Region in collaboration with the global Stop TB partners;
- (4) to enhance technical collaboration with Member States to implement surveillance for drug-resistant tuberculosis and to establish regular surveillance of HIV-associated tuberculosis;
- (5) to support Member States, particularly those with a high burden of tuberculosis, to conduct prevalence surveys in order to evaluate progress in tuberculosis control.