

The Regional Committee,

Noting that just over one year remains for the Region to achieve the targets established by the Regional Committee of regionwide coverage by directly observed treatment, short-course (DOTS), an 85% cure rate and 70% case detection rate by the end of 2005;¹

Recognizing that achieving these targets will be a crucial step towards achieving the regional objective of reducing prevalence and mortality of tuberculosis (TB) by half by 2010² and the Millennium Development Goal of a reduction in incidence of TB by 2015;

Concerned that the regional case detection rate of 40% for 2002 is still far below the 70% target for 2005;

Expressing further concern that the limited human resources capacity of Member States may compromise the quality of DOTS implementation, including those activities related to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund);

Acknowledging that strengthening laboratory services, improving access to TB control services by the poor and, where relevant, expanding collaboration between private and public sectors can increase case detection;

Concerned at the increasing impact of multidrug resistance on TB control in some countries in the Region;

Concerned also about increasing rates of TB HIV coinfection in some Member States and the high mortality of TB patients who are coinfecting with HIV;

Welcoming the "3 by 5" Initiative and the opportunity it provides to expand treatment and care for TB patients who are coinfecting with HIV;

Appreciating the contribution that funding from the Global Fund and other partners has made to closing the financial gap for TB control in the Region;

¹ Resolutions WPR/RC50.R4 and WPR/RC51.R4.

² WPR/RC51.R4.

1. URGES Member States:

- (1) to sustain their commitment to expanding essential interventions so that the regional targets for 2005 are achieved and to focus in particular on increasing case detection in countries with a high burden of TB;
- (2) to strengthen human resources capacity for TB control at all levels and to enhance monitoring and supervision in order to improve the quality of DOTS programmes;
- (3) to expand collaboration between TB and HIV/AIDS programmes in order to ensure timely detection and adequate treatment for TB patients coinfecting with HIV;
- (4) to increase case detection by implementing laboratory quality assurance, engaging the private sector in TB control, and developing and piloting innovative approaches to improve access to free diagnosis and treatment services by the poor;
- (5) to strengthen surveillance, including monitoring the performance of the TB programme, TB-HIV coinfection rates and multidrug resistance trends;
- (6) to improve coordination with partners in order to maximize the utilization of funds available for TB control;

2. REQUESTS the Regional Director:

- (1) to work closely with Member States and partner organizations to sustain their commitment to TB control, including increasing financial support and strengthening human resources capacity in Member States;
- (2) to support Member States to accelerate strategies to improve case detection and DOTS coverage, including improving private and public sector collaboration, the quality of laboratory services, and access to TB services by the poor;
- (3) to support Member States to strengthen surveillance so that progress towards regional targets, TB HIV coinfection rates and multidrug resistance trends can be monitored;
- (4) to support Member States to address TB HIV coinfection and multidrug resistance by expanding effective interventions;
- (5) to support Member States on request to prepare Global Fund proposals and to implement approved projects.