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July 21, 2017

Intergovernmental Working Group on Moscow TB Declaration  
World Health Organization  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

Dear Intergovernmental Working Group,

The Infectious Diseases Society of America commends your efforts to foster robust political support for ending the global tuberculosis epidemic by developing the draft Moscow Declaration for the WHO Global Ministerial Conference on Ending Tuberculosis in advance of the November meeting. We commit to serving as a resource to the Intergovernmental Working Group as you move forward in developing a strong Declaration that will have impact.

IDSAs represents more than 11,000 physicians and scientists devoted to patient care, prevention, public health, education, and research in the area of infectious diseases. Our members not only care for patients with or at risk of serious infections, but are often also on the front lines of responses to public health emergencies. Our members lead global tuberculosis, HIV, global health security and other research and response programs dealing with emerging infectious threats. They are leaders in tuberculosis research, developing and evaluating diagnostics, vaccines, and drug regimens to prevent and treat tuberculosis. IDSAs members also implement patient-centered approaches to prevent and treat both drug-susceptible and drug-resistant tuberculosis. IDSAs has long advocated to the U.S. government for robust funding for U.S.-led global tuberculosis research and program responses, including the U.S. contribution to the Global Fund to Fight AIDS, TB and Malaria. IDSAs has developed TB related briefing materials aimed at U.S. policymakers and hosted U.S. congressional staff on trips to African countries to see U.S. funded research and programs on the ground in TB endemic countries.

IDSAs supports the three key pillars of the draft declaration calling for health coverage and other policy actions addressing co-morbidities and TB risk factors, increased and sustained financing for tuberculosis services, and scientific research and innovation. We believe implementation of key priority actions outlined under these headings is essential for achieving epidemic control and ending tuberculosis as a global public health crisis by 2030.

IDSAs is pleased to see the draft declaration include a commitment to addressing multidrug-resistant tuberculosis as a public health and global security crisis through an emergency response linked to the antimicrobial resistance agenda. We urge the Intergovernmental Working Group to acknowledge in the Declaration that tuberculosis is the world's only major airborne drug-resistant disease and is a critical component of

the global antimicrobial resistance challenge, killing over 250,000 of an estimated 700,000 people who die from antimicrobial resistant infections every year, according to Lord Jim O'Neill's 2016 report on antimicrobial resistance. The same report includes an estimation that by 2050, one-fourth of an estimated 10 million deaths associated with antimicrobial resistance will be from multi-drug resistant tuberculosis, costing the global economy \$17 trillion. Currently only half of MDR-TB patients successfully complete treatment. The Declaration should include a commitment to increase access to appropriate treatment and to improve cure rates through implementation of shorter regimens, appropriate use of new drugs, and decentralized patient treatment.

A commitment to expanding affordable diagnosis and treatment and prevention access should be central to the Declaration. We urge that the Declaration commit to achieving the Stop TB Partnership's 90-90-90 target, with its goals of reaching 90 percent of all people with TB with diagnosis and appropriate treatment, 90 percent of vulnerable, underserved and at-risk populations with TB services, and 90 percent of people diagnosed with TB successfully treated through affordable treatment services, adherence to correct and complete treatment, and social support. Prioritization of achieving the 90-90-90 goals should also include a guarantee of financial risk protection, since elimination of the TB epidemic will never be achieved as long as patients incur catastrophic costs in seeking care and treatment.

Along with committing to the 90-90-90 goals, IDSA supports the draft declaration's call for ensuring adherence to the World Health Organization standards and guidelines on TB diagnosis, care and treatment, which would ensure a commitment to providing the latest and most effective diagnostics and quality-assured drugs and community-centered care, among other best practices.

The Declaration should also include a commitment to adhering to WHO guidelines on HIV and TB coinfection. TB continues to be the principal cause of death among people infected with HIV, killing more than 400,000 people infected with HIV every year. Individuals co-infected with HIV and TB must receive antiretroviral therapy as early as possible and the services necessary to adhere to treatment, in addition to receiving high-quality TB treatment or TB preventive therapy. IDSA supports the draft declaration's commitment to eliminating preventable deaths due to TB among persons with HIV by 2020.

The lack of adequate domestic and donor financing has compromised efforts to expand quality TB programming and improve the tools available to prevent, diagnose and treat drug-susceptible and drug resistant tuberculosis. The draft declaration appropriately acknowledges these critical funding gaps and embraces budget benchmarks for TB budgets in low, lower-middle and upper-income countries and calls on global health financing partners including the Global Fund to Fight AIDS, TB and Malaria and the World Bank to support countries in expanding coverage and eliminating costs for patients.

IDSA is pleased to see a commitment to tuberculosis innovation in the Declaration, and believes this must include basic research and operational science as well as research and development on vaccines, drugs, and diagnostics. We still have much to learn about the pathogenesis of the disease, and effective program models that provide TB services to populations at high risk for tuberculosis, from persons living with HIV and diabetes to incarcerated and migrant individuals. Development of efficient, cost-effective models of care would be extremely useful to the global community. The Declaration should also reflect a commitment to rapidly scale-up the use of new products after development, especially in regions where tuberculosis is endemic. This effort will require collaborations among WHO, highly affected countries, industry partners and donors.

IDSA applauds the initial effort to develop a Declaration that will serve as a call to action for national governments to take the necessary steps to end the TB epidemic by 2030.

Sincerely,

A handwritten signature in cursive script that reads "Bill Powderly". The signature is written in a light grey or blue ink.

William G. Powderly, MD, FIDSA  
President, IDSA