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THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT

(SECOND SESSION)

NA.L&P.2018/COMM (001) February 13, 2018

PAPER LAID

Hon. Speaker, I beg to lay the following Paper on the Table of the House, today **Tuesday, February 13, 2018:**

DELEGATION REPORT OF THE FIRST WHO GLOBAL MINISTERIAL CONFERENCE ON ENDING TUBERCULOSIS IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTI-SECTORAL RESPONSE, HELD IN MOSCOW, RUSSIAN FEDERATION FROM 16TH TO 17TH NOVEMBER, 2017.

(THE LEADER OF DELEGATION)

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Noted: CNA to place this before the health Committee to discuss and apprise itself. SNA 16/01/18

THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT- FIRST SESSION

DELEGATION REPORT

THE FIRST WHO GLOBAL MINISTERIAL CONFERENCE ON ENDING TUBERCULOSIS IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE

MOSCOW, RUSSIAN FEDERATION

16TH – 17TH NOVEMBER, 2017

The Directorate of Committee Services,
Clerk's Chambers,
Parliament Buildings,
NAIROBI **NOVEMBER, 2017**

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ABBREVIATIONS

AMR	Antimicrobial Resistance
HIV	Human Immunodeficiency Virus
MDR	Multi-Drug Resistant
SDG	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNGA	United Nations General Assembly
WHO	World Health Organization

1.0 INTRODUCTION

The African Parliamentary Tuberculosis caucus was launched in Durban, South Africa in 2016 and is one of the four regional caucuses comprising the Global TB caucus. Hon. Stephen Mule, MP of Kenya was elected chairman. The caucuses are instrumental in advancing political will in the fight against TB, and formation of in-country caucuses to advance this agenda.

1.2 Delegation

With the departmental Committee on Health yet to be constituted, the Hon. Speaker nominated the following members including the chairman of the African TB caucus attend the conference, based on their background and knowledge on health and the subject matter of TB;

1. Hon. Stephen Mutinda Mule, MP – Chairperson, Africa TB caucus/ Leader of Delegation
2. Hon. Dr. James Murgor, MP
3. Hon. Paul Koinange, MP
4. Hon. Sarah Korere, MP
5. Mr. Victor Weke Imbo- Clerk Assistant / Delegation Secretary

Hon. Paul Koinange, MP and Hon. Sarah Korere, MP were unable to travel due to other commitments.

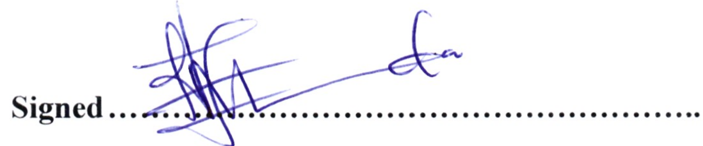
Kenya was also represented by the Ministry of Health, with the Principal Secretary, Mr. Julius Korir leading its delegation.

1.3 Appreciation

In conclusion, the delegation is grateful to the Offices of the Speaker and the Clerk of the National Assembly for facilitating the trip. The delegation views such trips as important in learning of best practice in medical practices and healthcare in general, especially in a fluid medical environment, and furtherance of Kenya's footprint in championing global agenda of the Sustainable Development Goals (SDGs). Resolutions and recommendations herein if adopted and domesticated will go a long way towards eliminating Tuberculosis in the country.

Mr. Speaker, Sir,

Pursuant to Standing Order no. 199(6), it is now my pleasant duty to table the Report of the parliamentary delegation on its attendance of the first WHO Ministerial Conference on ending TB in the sustainable development era, for consideration and adoption by the House.



Signed……………………………………………………..

Hon. Stephen Mule, MP

Chairperson, Africa Parliamentary TB Caucus

2.0 BACKGROUND

2.1 Tuberculosis

Tuberculosis (TB) is an infectious disease usually caused by the bacterium Mycobacterium tuberculosis. It generally affects the lungs but can also affect other parts of the body, and is the leading infectious disease killer worldwide today and one of the top 10 causes of death worldwide. It is spread through the air when infected persons cough, spit, speak or sneeze. The symptoms include fever, night sweating, loss of appetite, weight loss, fatigue and typically incessant coughing.

TB carries with it profound economic and social consequences. WHO's latest collated data in 2015 documents that 10.4 million people fell ill with TB worldwide, while 1.8 million people died from it.

Prevention of TB generally involves screening those at high risk, early detection and treatment of cases and vaccination for infants.

The fight against the disease has been complicated by Multi-Drug Resistant (MDR-TB); WHO's 2015 data captured that 0.5 million people developed MDR-TB. These are people that are resistant to treatment with at least two of the most effective first-line anti-TB medications, isoniazid and rifampin.

2.1 Tuberculosis in Kenya

Kenya is among the 14 high burden TB countries in the world today. These are countries that account for over 80% of all cases worldwide. These 14 countries are rated on the basis of TB infections, TB/HIV infections and prevalence of Multi drug resistant TB.

The disease remains a major cause of mortality in Kenya, and has its greatest toll among the productive age group of 15 to 44 years. In Kenya, the major factor responsible for its high burden is the concurrent HIV epidemic. Moreover, high poverty levels and social deprivation has

led to mushrooming of high density slums, providing fertile ground for its spread. Prison congestion, influx of refugees and limited access to general healthcare services have also conspired for this state of affairs.

TB prevalence in Kenya currently stands at 558 per 100,000 persons, with about 20% of victims having HIV/AIDS as well. Ministry of Health records indicate that about 4,735 people died of TB in Kenya in 2016, indicative of progress towards the fight against the disease.

2.2 Global strategic action

Although 49 million lives have been saved through global efforts since 2000, actions and investments fall far short of those needed to end the TB epidemic. Thus, a high level multisectoral action was envisaged to concert efforts towards combating the disease. It is towards these efforts that the first WHO global ministerial conference was held. It was informed by the need to actualize the 'End TB Strategy' adopted by the World Health Assembly in May 2014. The strategy aims to reduce global TB incidence by 90% before the year 2035, and will be tackled through the following five steps;

- Successfully find and treat at least 10 million people for TB per year by 2022;
- Close the TB funding gap and ensure sufficient and sustainable domestic and donor financing
- Renew global support for TB innovation, including supporting mechanisms to fast track the development and uptake of new drugs, diagnostics, vaccines and interventions for TB
- Ensure all countries adopt and implement WHO standards and guidelines and adopt people-centred models of care
- Commit to a robust, independent accountability mechanism at the Head of State level to monitor progress towards ending TB.

Based on the Sustainable Development Goals (SDG) agenda, WHO developed eight thematic areas for the conference to brainstorm on ways which will provide immediate action in addressing gaps in access to care and the MDR-TB crisis. These thematic areas are discussed in detail later on in this report.

Participants in this high level meeting included Ministers of Health (and other sectors e.g. Finance, Social Development etc.), leaders of UN agencies, other development agencies and regional bodies. It also included Parliamentarians, NGOs, philanthropic foundations, civil society groups, affected people and communities, academic and research institutions and the private sector.

The Conference culminated in the signing of the Moscow Ministerial Declaration on TB, to inform the UN General Assembly High Level meeting on TB in 2018.

2.3 The economic cost of inaction

The Global TB caucus released new research entitled '*Price of a Pandemic Report*' (and is annexed to this report as Annex 2), which outlined the economic cost of global inaction to combat TB. Looked at with the WHO annual report on the state of the TB epidemic, it makes for a powerful statement on the need for urgent political action.

According to this research, in Africa in 2016, 758,630 people died and 2,725,710 people fell ill. Of those that fell ill, 1,372,830 have not been diagnosed or treated, therefore increasing the likelihood of transmission. At the current rate of progress, an estimated 12,707,060 people will die and an estimated 47,626,490 people will fall ill, in the period 2000-2030. The economic impact of this disease in Africa will be USD. 303 Billion by 2030.

The TB epidemic is predicted to cost Kenya USD. 3.69 Billion from 2015 to 2030. It is clear that there is an economic, as well as human imperative to act to end TB.

3.0 TOP OUTCOME AREAS

In the run-up to the conference, policy briefs were developed by the WHO and member states, to inform discussions. There were four outcome areas identified and these fed into the declaration signed by Ministers present. These outcome areas were broken down into eight thematic tracks based on the SDG agenda.

3.1 Universal coverage of TB care and prevention

Under this outcome area, the conference focused on systems reforms, and full uptake of innovative tools, to optimize quality of integrated people-centered care and prevention, and ensure access so that no one is left behind.

This outcome area was dissected by participants under in five thematic tracks in parallel sessions;

i. Respect for equity, ethics and human rights

The End TB Strategy is premised on non-discrimination, equity, participation, ethical values, access to justice and accountability. All these feed into the 'leave no one behind' rallying cry.

Concerns were however raised in application of TB strategies in various countries. Kenya for instance came under sharp focus in its criminalization of TB patients deliberately skipping drugs.

Contemporary phenomena including immigration crises and influx of refugees has brought new challenges in containing and combating TB. These range from the spread of the disease, to unhygienic living standards to denial of healthcare.

ii. Action on MDR-TB as an Anti-Microbial Resistance (AMR) and health security threat

MDR-TB has become the most common and lethal airborne AMR disease worldwide. Affected patients require prolonged treatment with costly, highly toxic, and much less effective second-line medicines. WHO estimated that in 2016 600,000 new TB cases required MDR-TB treatment.

The challenge is compounded by the fact that only 41% of TB patients notified worldwide are even tested for drug resistance, only 22% of those eligible start MDR-TB treatment and only 54% complete the treatment successfully.

Combatting MDR-TB through innovative funding has direct bearing on successfully ending TB.

iii. Stepped up TB/HIV response

HIV is one of the biggest risk factors for the development of TB, while TB is the leading cause of death among people living with HIV. Despite strides in controlling the cross-infections, an estimated one million people living with HIV developed TB in 2016, resulting in 370,000 (36%) deaths. People with HIV on anti-retroviral drugs have a five-fold increased risk of contracting TB.

These realities call for a more integrated approach in handling HIV/TB cross-infections. These include harmonization of research activities, experience sharing, and rapid access to patient centered, integrated and collaborative TB/HIV activities to end preventable deaths.

iv. Synergies across the responses to TB and non-communicable diseases

Low and middle income countries accounted for at least 60% of new TB cases and over 75% of non-communicable diseases death worldwide. Annually, 38 million people die from non-communicable diseases, primarily diabetes, cardiovascular diseases, cancers, and chronic respiratory diseases. Research has found linkages between TB and non-communicable disease risk factors, including tobacco use, alcoholism, obesity etc. Progress against TB therefore depends on advances in non-communicable diseases prevention and integrated care.

v. Monitoring and evaluation of TB in the context of the SDGs.

This includes tracking progress towards SDG and End TB Strategy targets based on high quality data, and using the findings to drive the actions required to end the TB epidemic. The success of this will be based on the availability and use of data from national information systems and surveys. They also include electronic case-based surveillance and national vital registration systems, surveys of costs faced by TB patients and their households, and analysis of trends in SDG indicators that impact TB.

3.2 Ensuring sufficient and sustainable financing

Participants noted that without major advances in financing for universal health coverage (UHC), ending TB will not be feasible, nor will elimination of catastrophic costs for TB affected households.

Sustainable financing will require diversification (from the global fund), especially raising funds from domestic sources, to reduce out-of-pocket expenditures. Therefore Ministers for Health and Finance should advocate for UHC.

3.3 Science, Research and Innovation

The conference noted that the field of TB research has suffered enormous neglect with devastating consequences, TB becoming the leading infectious disease killer in the world.

This outcome area calls for invigorated efforts in research along its full continuum to develop new tools and strategies for improved care, adapted to specific country needs. This will included both global and country level research.

Of key concern under research would be combatting MDR-TB, use of innovative tools, multisectoral approaches and catalytic interventions, taking the opportunity of the global AMR agenda.

3.4 Multisectoral accountability framework

To drive robust, systematic, accelerated and effective actions to end the TB epidemic, accountability of governments and all stakeholders must be reviewed. This will be through monitoring progress towards SDG and End TB Strategy targets and the Moscow declaration commitments.

A number of meetings lined up for TB will be used to echo agreed on commitments. The first UNGA high level meeting on TB in 2018 will provide an opportunity for Heads of States and other leaders to consider a multisectoral accountability framework to end TB. This will be

preceded by the WHO Executive Board in January 2018 and the World Health Assembly in May 2018 will review actions taken by WHO and other stakeholders.

Monitoring, review and action systems at national levels should also be actively pursued to ensure adherence to declarations and timelines. Various stakeholders including Ministries of Health, civil society, NGOs, research institutions among others must concert efforts.

4.0THE MINISTERIAL DECLARATION TO END TB

The conference culminated in Ministers present signing 'The Moscow Declaration to End TB', which is quoted verbatim here below. The declaration is further appended to this report as Annex 1;

Preamble:

We, the Ministers of Health and from across Governments acknowledge that despite concerted efforts, tuberculosis (TB), including its drug-resistant forms, causes more deaths than any other infectious disease worldwide and is a serious threat to global health security.

TB kills more than five thousand children, women and men each day and leaves no country untouched. It is one of the leading killers among people of working age which creates and reinforces a cycle of ill-health and poverty, with potential catastrophic social and economic consequences for families, communities, and countries. While recognizing the higher prevalence of TB among men, women and children are also vulnerable to the consequences of TB due to gender-and age-related social and health inequalities, such as poor health literacy, limited access to health services, stigma and discrimination, and exposure to the infection as carers. Multidrug-resistant TB (MDR-TB) accounts for one-third of all antimicrobial resistance (AMR)-related deaths, making the global AMR agenda central to tackling TB. TB is also the principal cause of death among people living with HIV/AIDS. The global TB targets will not be met without new and more effective tools and innovative approaches for prevention, diagnosis, treatment and care. Persistent funding gaps impede progress towards ending TB.

Although a concern to all people, TB disproportionately afflicts the poorest and the most vulnerable populations. Tobacco smoking, harmful use of alcohol and other substance abuse, air pollution, exposure to silica dust, living with HIV/AIDS, diabetes and malnutrition increase the risk of TB. Stigma and discrimination remain critical barriers to TB care.

We reaffirm our commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development and its Sustainable Development Goals (SDGs), the World Health Organization (WHO) End TB Strategy, and the Stop TB Partnership Global Plan to End TB 2016-2020. We acknowledge that to fundamentally transform the fight against TB, we need to;

(i) address all the determinants of the TB epidemic including through a high-level commitment to, and implementation of, a multisectoral approach;
(ii) achieve rapid progress towards the goal of universal health coverage through health systems strengthening, while also ensuring universal access to quality people-centered TB prevention and care, ensuring that no one is left behind;
(iii) implement measures aimed at minimizing the risk of the development and spread of drug resistance taking into account global efforts to combat AMR;
(iv) secure sufficient and sustainable financing, especially from domestic sources, and mobilize, as needed, additional financing from development banks, development partners and donor agencies;
(v) advance research and development, as well as rapid uptake, of new and more effective tools for diagnosis, treatment, drug regimens, and prevention including vaccination, and ensure that we translate existing and emerging knowledge into concrete action to achieve rapid results;
(vi) actively engage people and communities affected by, and at risk of, TB.

Furthermore, an effective TB response requires a global, regional, cross-border and country specific approach with multisectoral and multi-stakeholder actions, with recognition of: (i) significant differences among and within countries with high, intermediate and low incidence of TB and MDR-TB, (ii) demographic and social trends such as population ageing and urbanization, and (iii) needs of the affected individuals and communities, and the challenges in

reaching and identifying all people with TB and providing them with appropriate care.

We recognize this First WHO Global Ministerial Conference, *Ending TB in the Sustainable Development Era: A Multisectoral Response*, convened by the WHO and the Government of the Russian Federation, as a fundamental milestone towards the United Nations General Assembly (UNGA) High-Level Meeting on TB in 2018. To fulfil the commitments and calls to action in this Declaration, and to achieve the most from the UNGA High-Level Meeting, we need to enlist the full engagement of, and collaboration among, heads of state, UN leadership and other global leaders; technical agencies and academia; private sector and philanthropic foundations; civil society and other relevant partners (such as patients groups, health professionals, social and community workers organizations and funding agencies).

Commitments and calls to action:

We commit ourselves to ending TB, which is a political priority defined in the Agenda 2030 and as a contribution to achieving universal health coverage, within national legislative and policy frameworks, and to implementing the following actions through approaches protecting and promoting equity, ethics, gender equality, and human rights in addressing TB, and based on sound, evidence-based, public health principles. We urge WHO, and call upon other UN organizations and all partners, to provide the support necessary for success:

1) **Advancing the TB response within the SDG agenda**

We commit to:

- *Scaling up TB prevention, diagnosis, treatment and care and working towards the goal of universal health coverage through public and private health care providers to achieve detection of at least 90 per cent of cases and successful treatment of at least 90 per cent of those detected in all countries through the use of rapid diagnostics (including molecular diagnostics), appropriate treatment, patient-centered care and support, applying WHO-recommended standards of care, and harnessing digital health.*

- *Prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and populations in vulnerable situations such as women and children, indigenous people, health care workers, the elderly, migrants, refugees, internally displaced people, prisoners, people living with HIV/AIDS, people who use drugs, miners, urban and rural poor and under-served populations, without which TB elimination will not be possible.*
- *Addressing MDR-TB as a global public health crisis including through a national emergency response in at least all high MDR-TB burden countries, while ensuring that robust systems are sustained in all countries to prevent emergence and spread of drug resistance.*
- *Rapidly scaling up access to patient-centered, integrated TB and HIV services and collaborative activities to end preventable deaths due to TB among people living with HIV/AIDS.*
- *Achieving synergies in managing TB, co-infections and relevant non-communicable diseases, undernutrition, mental health and harmful use of alcohol and other substance abuse, including drug injection.*
- *Working to increase, when relevant, access to new and effective tuberculosis drugs under strict programmatic monitoring and follow-up.*
- *Ensuring, as appropriate, adequate human resources for TB prevention, treatment and care.*
- *Reducing stigma, discrimination and community isolation, and promoting patient-centered care including community-based treatment options, as well as psychosocial and socioeconomic support.*

We call upon:

- *WHO, other UN agencies, the Global Fund to Fight AIDS, TB and Malaria, the Stop TB Partnership, UNITAID, donors and partners, including from the private sector, academia and philanthropic foundations, and civil society to support the implementation of this declaration.*
- *WHO, bilateral and multilateral funding agencies and other partners to urgently support*

high MDR-TB burden countries in their national emergency response.

- *WHO, other UN agencies, bilateral and multilateral funding agencies and technical partners to address MDR-TB as a major threat to public health security by supporting implementation of the Global Action Plan on AMR in all countries, while we reaffirm the political declaration of the high-level meeting of the UN General Assembly on antimicrobial resistance.*

2) Ensuring sufficient and sustainable financing

We commit to:

- *Working with heads of state and across ministries and sectors, as appropriate, to mobilize the domestic financing needed for health systems strengthening with the ultimate goal of reaching universal health coverage, in keeping with national legislative frameworks, and with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.*
- *Developing and implementing, as appropriate, more ambitious, fully-funded national TB policies and strategic plans, including for TB research, that are aligned with national health plans, frameworks and the End TB Strategy and in keeping with national legislative frameworks.*
- *Identifying and implementing, as appropriate, the actions required to address issues that cause catastrophic costs to patients and their households, to ensure social protection measures, while ensuring that actions are in line with human rights obligations.*

We call upon:

- *Global health financing partners including the Global Fund to Fight AIDS, TB and Malaria, the Global Financing Facility, bilateral agencies, the World Bank, and regional development banks to pursue and advocate for additional financing including through blended and/or other forms of innovative financing, with adequate safeguards for ensuring public health impact and attention to key populations.*

- *WHO to continue providing strategic and technical leadership, advice and support to Member States as well as to international institutions.*
- *Academic, technical, civil society, private sector and other relevant partners to continue their efforts to help countries develop and pursue investment cases while supporting health systems strengthening and increased absorption capacity.*

3) Pursuing science, research and innovation

We commit to:

- *Increasing national and/or regional capacity and funding, as needed, to urgently expand multidisciplinary TB research and innovation, as well as applied health research, by establishing and/or strengthening national TB research networks including civil society and community-based mechanisms, considering TB research as a central element of national TB and R&D strategies, expanding existing networks to integrate TB research, and reducing research- and implementation-related regulatory impediments.*
- *Working, when relevant, across ministries, donors, the scientific community and the private sector, academia, and other key stakeholders for the purpose of research: (a) for development and evaluation of (i) rapid point of care diagnostics, (ii) new and more effective drugs, and shorter, high-quality and cost-effective treatment regimens for all forms of TB (including latent TB infection and drug-resistant TB), and (iii) safe and effective TB vaccines by 2025; and (b) on environmental and social determinants of TB and effective interventions strategies.*
- *Improving, as appropriate, the coordination of research efforts nationally and globally, and ensuring that the emerging knowledge is promptly put into action, including by putting in place appropriate policy frameworks and implementing new medical technologies.*
- *Strengthening, as appropriate, surveillance systems, improving data collection and reporting at all levels, utilizing innovative approaches and including surveillance in TB research agendas.*

We call upon:

- *WHO in collaboration with global partners, research organizations, donors, the scientific community and countries to consider developing a Global Strategy for TB Research taking into consideration ongoing and new efforts, such as the TB Research Network stated in the BRICS Leaders Xiamen Declaration.*
- *WHO in collaboration with global health and research partners and countries to make further progress in enhancing cooperation and coordination of TB research and development, considering where possible drawing on existing research networks to integrate TB research, such as the new AMR Research and Development Collaboration Hub proposed in the 2017 G20 Leaders' Declaration, notably to facilitate rapid scale up of innovative approaches and tools for TB prevention, diagnosis, treatment and care.*

4) Developing a Multisectoral Accountability Framework

To end TB by 2030, we will need reliable data to ensure that our collective knowledge is transformed into effective and timely action, both globally and domestically, and that we deliver on the commitments made in this declaration. A new multisectoral accountability framework should enable the review and monitoring of implementation and provide a systematic approach to determine additional actions required to achieve the SDG and End TB Strategy milestones and targets. The accountability framework should build upon evidence, independent analysis and constructive collaboration among all relevant partners, with an emphasis on high-burden countries, and should avoid duplication and increased reporting burden. To maximize impact, a multisectoral accountability framework that is based on approaches protecting and promoting equity, gender equality, human rights and ethics could, according to needs, include:

a) The convening of national inter-ministerial commissions on TB, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral

fora to include actions against TB in consultation with existing entities the goals of which include combatting TB so as to avoid duplication of efforts;

b) Mechanisms for strengthening advocacy at all levels within all relevant sectors;
c) Well-defined reporting, including sex- and age-disaggregated data, and review processes to monitor progress toward clear goals; and
d) Opportunities for active engagement, monitoring, reporting and/or audits by civil society, as well as other key stakeholders.

We commit to:

Supporting the development of a multisectoral accountability framework in advance of the 2018 UNGA High-Level Meeting on TB, to track progress towards the SDG target of ending TB using relevant SDG indicators and the End TB Strategy operational indicators, and applying financing benchmarks set by the Stop TB Partnership Global Plan to Stop TB 2016-2020.

We call upon:

- *WHO, working in close cooperation with the UN Special Envoy on TB, Member States, including, where applicable, regional economic integration organizations, civil society representatives, UN Organizations, the World Bank and other multilateral development banks, UNITAID, the Stop TB Partnership, the Global Fund to Fight AIDS, TB and Malaria, research institutes and other partners, to develop the multisectoral accountability framework for the consideration of the WHO Governing Bodies, while taking into account existing multisectoral and multi-stakeholder frameworks, that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries.*
- *WHO, in collaboration with Member States and key stakeholders, to develop a reporting framework and periodicity for a multisectoral global progress report on TB, subject to independent review.*

Way forward:

We conclude with a commitment to act immediately on this Declaration in coordination with the WHO, and to engage with leaders and all relevant sectors of Government, UN agencies, bilateral and multilateral funding agencies and donors, academia, research organizations, scientific community, civil society and the private sector to prepare for and follow-up on the UNGA High-Level Meeting on Tuberculosis in 2018 in New York.

5.0 AFRICAN UNION'S COMMON POSITION TO THE 2018 UNGA HIGH LEVEL MEETING ON TB

African country member states held a meeting on the sidelines of the conference to chart a common front to cater for the interests of the continent in the upcoming 2018 UNGA meeting on TB. The common position was introduced to ministers and recommendations made for the African Union Commission's incorporation and revision. The final draft would be shared amongst members in due course.

The following were however discussed and deemed as central to the common position;

(i) Reinforcing in-country and global leadership, ownership, integration, governance and management of TB programmes to promote accountability;

(ii) Universal and equitable access to prevention, diagnosis, treatment, care and support;

(iii) Research and development to improve access to affordable and quality assured diagnostics, medicines, commodities and technology;

(iv) Increased domestic funding through innovative financing mechanisms;

(v) Strengthening national data management systems, civil registration and vital statistics at various levels.

6.0 CONCLUSION AND RECOMMENDATIONS FOR KENYA

The conference was enlightening to the delegation, especially hearing from peers, success stories, experts and the devising of common positions. The delegation strongly urges the Ministry of Health to domesticate the declaration for success in the fight against TB. The following are the delegation's broad recommendations;

1. The Ministry of Health should cultivate strong collaboration between various stakeholders, i.e. government, the private sector, civil society organizations, donors and research institutions.

2. Treasury should observe the Abuja declaration of 2001 that called for at least 15% of national budgets to be dedicated to health and sanitation initiatives. It is clear that those countries that have Universal Health Care coverage have low incidence rates of TB, in appreciation of the interlinkages between TB and other health dynamics. This also calls for political commitment from the highest levels in implementing national guidelines on TB management.

3. Out of the 15% recommended allocation for health mentioned above, a minimum cap should be devised by Treasury and the Ministry of Health to be dedicated towards the fight against TB. This is more so in appreciation of the fact that Kenya will stop receiving funding from the Global Fund to Fight AIDS, TB and Malaria come the year 2020 due to its new found status of being a middle income country.

4. The government should maintain proper documentation of all births in the country, with 100% compliance enforced on all infant vaccines. All expectant mothers should be screened for TB as part of their pre-natal examinations. Further to this, research institutions should dedicate efforts towards development of a TB vaccine for adults. The existing vaccine, BCG is devised for infants.

5. Diagnosis of TB in Kenya is currently based on examination of sputum and use of x-rays. These however only identify pulmonary TB, leaving patients of other forms of TB vulnerable. Part of the solution would be to have gene experts at health centre levels in addition to advance forms of diagnosis. To increase scope of reach, health professionals

should be allocated certain quotas or zonal areas to fully screen members of the public throughout the country, for among others, contact tracing.

6. To improve compliance by patients, the Ministry of Health should encourage short course therapies and affordable medication. This will replace the current criminalization of skipping medication by patients, a practice that has been found unethical, ineffective and has been challenged in courts as infringing on human rights.

7. MDR-TB has been a major concern in the fight against TB in Kenya. Research efforts by the Ministry of Health in collaboration with research agencies and institutions to combat this phenomenon must be intensified.

8. An effective fight against TB will be possible if the government takes stock by having proper records. For instance, what data does the country have as regards surveillance of MDR-TB? How many children are immunized at birth and how many are not? What collaborative efforts with various stakeholders are currently present? How many health professionals dedicated to TB are there? It is only through proper database of all TB facts that we can effectively fight the disease.

9. Being a major host of refugees from the region, the government should secure the country's borders by having strong surveillance systems to stop the spread of the disease. This will enable proper management and those cases that exist in these refugee camps. Health and sanitation amenities are also a key concern in these camps. Related to this, other vulnerable groups should also be deliberately targeted. These groups include alcoholics, drug addicts, migrants, minors and even health workers who are exposed.

10. The Ministry of Health should improve on effective monitoring of the disease by creating awareness amongst groups, *chamas*, schools, etc.

Annexures;

Annex 1: The Moscow Declaration to End TB

Annex 2: The Global TB caucus '*Price of a Pandemic Report*'