



Resolution #1

Emergency Response to the MDR-TB Outbreak and Tsunami in the Philippines

The General Assembly,

Expressing grave concern about the recent catastrophic outbreak of multi-drug resistant tuberculosis (MDR- TB) in the Philippines that has been identified since the recent tsunami, and its impact on countries receiving refugees, in particular Malaysia, Indonesia and Brunei,

Recognizing that the tsunami recovery efforts of the Philippines could be limited in light of the fact that the MDR-TB outbreak, particularly the spread of the disease to multiple countries by Filipino refugees who have contracted MDR-TB, is undermining the stability of the region and, unless contained, may lead to instances of social and political tensions and a deterioration of the security climate,

Determining that the unprecedented extent of the TB outbreak in the Philippines constitutes a threat to international peace and security,

Taking note of the measures taken by the Member States of the region, in particular the Philippines, Australia, and Malaysia, in humanitarian response to the tsunami and *recognizing* that the combined need for relief efforts and public health response may exceed the capacity of the government of the Philippines to respond,

Emphasizing the key role of Member States, including through the Global Health Security Agenda¹ where applicable, to provide adequate public health services to detect, prevent, respond to and mitigate outbreaks of major infectious diseases through sustainable, well-functioning and responsive public health mechanisms,

Recalling the International Health Regulations (2005)², which are contributing to global public health security by providing a framework for the coordination of the management of events that may constitute a public health emergency of international concern, and aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats and underscoring the importance of WHO Member States abiding by these commitments,

¹ See Global Health Security Agenda: <https://www.ghsagenda.org/>

² See International Health Regulations (2005): <https://www.who.int/ihr/publications/9789241580496/en/>

Underscoring that the control of outbreaks of major infectious diseases requires urgent action and greater national, regional and international collaboration and, in this regard, stressing the crucial and immediate need for a coordinated international response to the MDR-TB outbreak,

Recalling its resolution [72/268](#) of 4 April 2018, entitled “Scope, modalities, format and organization of the high-level meeting on the fight against tuberculosis”, and *further recalling* its resolution 72/133 of 16 January 2018, entitled “Strengthening of the Coordination of Emergency Humanitarian Assistance of the United Nations”,

Recognizing with particularity that through the adoption of the 2030 Agenda for Sustainable Development³ and its Sustainable Development Goals in September 2015, Heads of State and Government made a bold commitment to ending the tuberculosis epidemic by 2030,

Highlighting the World Health Organization (“WHO”) End TB Strategy, endorsed by the sixty-seventh World Health Assembly, in 2014,⁴

Directing special attention to the *Global Tuberculosis Report 2018*⁵ of the World Health Organization,

Deploring that current global actions and investments fall far short of those needed to end the global tuberculosis epidemic,

Stressing the WHO treatment guidelines for drug-resistant tuberculosis,⁶ and the importance of following the recommended MDR-TB treatment regimen,

Welcoming the intention of the Secretary-General to urge an exceptional and vigorous global response to the MDR-TB outbreak,

1. *Decides* to send a specialized health envoy and United Nations MDR-TB Mission to the Philippines in light of the deteriorating situation in the region in order to provide humanitarian assistance, to establish and reinforce national public health infrastructure to identify and treat the MDR-TB outbreak in the affected areas and to prevent the further spread of MDR-TB to other countries, and to guide the technical, logistical and security aspects of the situation;

2. *Strongly exhorts* the governments of the Philippines and the countries receiving refugees displaced by the tsunami (namely Malaysia, Indonesia and Brunei), to cooperate with the MDR-TB Mission and to accelerate the strengthening or establishment—as needed—of national mechanisms to provide for the rapid diagnosis and isolation of suspected cases of TB infection, treatment measures, credible and transparent public education campaigns, as well as to coordinate the rapid delivery and utilization of international assistance, including health workers and pharmaceutical supplies, as well as to coordinate their efforts to address the transnational dimension of the MDR-TB outbreak, with the support of bilateral partners, multilateral organizations and the private sector;

³ Resolution [70/1](#).

⁴ See World Health Organization, document WHA67/2014/REC/1, resolution 67.1.

⁵ See WHO’s 2018 Global Tuberculosis Report: https://www.who.int/tb/publications/global_report/en/

⁶ See WHO treatment guidelines for drug-resistant tuberculosis (2016 update): <http://apps.who.int/iris/bitstream/handle/10665/250125/9789241549639-eng.pdf;jsessionid=9B3B5BD4C58EA372CB03CCD577C3EA25?sequence=1>

3. *Encourages* the government of the Philippines to continue efforts to resolve the immediate humanitarian needs in response to the tsunami, as well as to provide prioritization to well-functioning and responsive public health mechanisms, and *emphasizes* that the response to the MDR-TB outbreak should include all members of society;

4. *Calls on* Member States, especially of the region, to facilitate the delivery of assistance, including immediate provision of the antibiotics needed to meet the need of the anticipated number of patients requiring the lengthy MDR-TB treatment regimen;

5. *Approves* the Secretary-General's proposed financing budget for the Special Health Envoy and MDR-TB Mission of \$600 Million to provide delivery of such assistance for the period of 1 May 2019 to 31 December 2020. This is inclusive of \$385,500,000 to the United Nations Special Health Envoy and the MDR-TB Mission to address the immediate humanitarian needs in the Philippines, \$150,000,000 to increase the ability of affected Member States to identify and treat MDR-TB, and \$65,000,000 to MDR-TB patients who are heads of households to cover the catastrophic costs associated with the illness such as inability to work and provide for family members;

6. *Determines* to apportion among all Member States the amount of \$600 Million for the period of 1 May 2019 to 31 December 2020 in accordance with the levels updated in the applicable resolutions of this Assembly, taking into account the scale of assessments for 2019 and 2020 as set forth in the applicable Annex of the Report of the Committee on Contributions;

7. *Requires* Member States to enact and enforce national laws and other mechanisms to implement relevant provisions issued under the International Health Regulations (2005)² regarding public health emergencies of international concern (PHEICs)⁷, particularly with respect to the organization, coordination and implementation of national reporting and response activities, including, where and when relevant, in collaboration with international development and humanitarian partners, all by 31 December 2020, and to verify its compliance thereof to the Secretary-General by 31 December 2020;

8. *Instructs* Member States, especially the Philippines and those receiving tsunami refugees from the Philippines, to coordinate amongst themselves to share patient case information as individuals undergoing MDR-TB treatment move between countries to ensure their continuity and completion of the regimen and reduce further drug resistance;

9. *Encourages* the governments of all Member States, in conjunction with their obligations under resolution 72/133, to specifically strengthen the tuberculosis sector of their respective national public health systems to provide ongoing patient-centered care when treating identified cases, and *also encourages* tuberculosis care to include active follow-up of contacts to reduce the incidence of latent infection of MDR-TB, in order to address the current alarming situation in Southeast Asia and to prevent future multinational outbreaks of MDR-TB elsewhere in the world;

⁷ See PHEIC procedures: <https://www.who.int/ihr/procedures/pheic/en/>

10. *Highly recommends* the WHO to continue to strengthen its technical leadership and operational support to governments and partners, monitor TB transmission, assist in identifying existing response needs and partners to meet those needs to facilitate the availability of essential data and hasten the development and implementation of therapies according to best clinical and ethical practices, and *also requires* Member States to provide all necessary support in this regard, including the sharing of data in accordance with applicable law;

11. *Mandates* Member States to provide 2% of their annual health expenditures to the Central Emergency Response Fund via the United Nations Office for the Coordination of Humanitarian Affairs ("OCHA") of the Secretariat⁸ for enhanced global research efforts to improve TB and MDR-TB diagnostics and treatment around the globe, in order to meet the commitment to End TB by reducing the global incidence of TB to <100 per million by 2025;

12. *Resolves* to remain actively seized of the matter.

⁸ See Resolution 72/133: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/72/133