

07 DEC. 2015

ΔΗΛΩΣΗ ΣΥΜΜΕΤΟΧΗΣ ΤΩΝ ΒΟΥΛΕΥΤΩΝ ΣΕ
ΕΚΔΗΛΩΣΕΙΣ ΠΟΥ ΟΡΓΑΝΩΝΟΝΤΑΙ ΑΠΟ ΤΡΙΤΟΥΝUnité
Administration des Députés
ΣΥΜΦΩΝΑ ΜΕ ΤΟ ΑΡΘΡΟ 5 ΠΑΡΑΓΡΑΦΟΣ 3 ΤΟΥ ΠΑΡΑΡΤΗΜΑΤΟΣ Ι ΤΟΥ ΚΑΝΟΝΙΣΜΟΥ ΤΟΥ ΕΥΡΩΠΑΪΚΟΥ
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Επώνυμο:

ΘΕΟΧΑΡΟΥΣ (Theocharous)

Όνομα:

ΕΛΕΝΗ (ELENI)

Ο/Η υπογράφων/υπογράφουσα, δηλώνω υπεύθυνα, σύμφωνα με το άρθρο 5 παράγραφος 3 του κώδικα δεοντολογίας και την απόφαση του Προεδρείου της 15ης Απριλίου 2013, και έχοντας πλήρη επίγνωση του Κανονισμού του Ευρωπαϊκού Κοινοβουλίου, ιδίως δε του Παραρτήματος Ι που περιέχει τον κώδικα δεοντολογίας για τους βουλευτές, ότι, κατόπιν προσκλήσεως και στο πλαίσιο της εκτέλεσης των καθηκόντων μου ως βουλευτή του Ευρωπαϊκού Κοινοβουλίου, παρέστην στην ακόλουθη εκδήλωση που οργανώθηκε από τρίτα μέρη για την οποία τα έξοδα ταξιδιού, ξενοδοχείου ή διαμονής καλύφθηκαν ή καταβλήθηκαν από τα εν λόγω τρίτα μέρη:

Ημερομηνία:

4/12/2015

ΤΑ ΣΤΟΙΧΕΙΑ ΠΟΥ ΠΕΡΙΕΧΟΝΤΑΙ ΣΤΗΝ ΠΑΡΟΥΣΑ ΔΗΛΩΣΗ ΤΕΛΟΥΝ ΥΠΟ ΤΗΝ
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2013.

Η παρούσα δήλωση θα δημοσιευθεί στην ιστοσελίδα του Κοινοβουλίου.

ΑΠΟΣΤΕΛΛΕΤΑΙ ΗΛΕΚΤΡΟΝΙΚΑ ΣΤΗ ΔΙΕΥΘΥΝΣΗ:

Administration-Deputes@europarl.europa.eu

ΤΟ ΥΠΟΓΕΓΡΑΜΜΕΝΟ ΠΡΩΤΟΤΥΠΟ ΑΠΟΣΤΕΛΛΕΤΑΙ ΣΤΗ ΔΙΕΥΘΥΝΣΗ:
ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΟΒΟΥΛΙΟ

Μονάδα Διαχείρισης Θεμάτων Βουλευτών¹

rue Wiertz, 60

PHS 07B019

B - 1047 BRUSSELS

¹ Νομική σημείωση: Η Μονάδα Διαχείρισης Θεμάτων Βουλευτών είναι η υπεύθυνη υπηρεσία επεξεργασίας, κατά την έννοια του Κανονισμού (ΕΚ) αριθ. 45/2001 του Ευρωπαϊκού Κοινοβουλίου και του Συμβουλίου, της 18ης Δεκεμβρίου 2000, σχετικά με την προστασία των φυσικών προσώπων έναντι της επεξεργασίας των δεδομένων προσωπικού χαρακτήρα από τα όργανα και τους οργανισμούς της Κοινότητας και σχετικά με την ελεύθερη κυκλοφορία των δεδομένων αυτών (ΕΕ αριθ. L8, 12.01.2001, σελ. 1) και της απόφασης του Προεδρείου της 22ας Ιουνίου 2005 για τη θέσπιση κανόνων εφαρμογής σχετικών με τον εν λόγω κανονισμό (ΕΕ αριθ. C 308, 6.12.2005, σελ. 1).

ΥΠΟΧΡΕΩΤΙΚΕΣ ΠΛΗΡΟΦΟΡΙΕΣ		
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ΤΡΙΤΟ ΜΕΡΟΣ	Όνομα, ιδιότητα και διεύθυνση του τρίτου που προέβη σε κάλυψη ή επιστροφή των εξόδων του βουλευτή ²	The Global Fund (TB Summit) and ACTION Parliamentary Delegation Ref. person: Mandy Slutsker, Senior Associate, TB & the Global Fund, ACTION Secretariat mslutsker@action.org
ΕΙΔΟΣ ΚΑΛΥΠΤΟΜΕΝΩΝ ΕΞΟΔΩΝ	Εξόδα ταξιδιού:	Ναι Είδος (πχ αεροπορικώς, σιδηροδρομικώς): αεροπορικώς Κατηγορία (πχ οικονομική / διακεκριμένη θέση): διακεκριμένη θέση
	Διανυκτέρευση:	Ναι Όνομα ξενοδοχείου: <u>Westin Cape Town</u> Αριθμός διανυκτερεύσεων ³ : 4
	Εξόδα διαμονής:	εν μέρει (δώστε λεπτομέρειες στο τμήμα παρατηρήσεων, κατωτέρω)
	Ημερομηνίες (και διάρκεια) συμμετοχής του βουλευτή στην εκδήλωση:	28/11/2015-02/12/2015
ΛΕΠΤΟΜΕΡΕΙΕΣ ΓΙΑ ΤΗΝ ΕΚΔΗΛΩΣΗ	Είδος εκδήλωσης (εάν δεν διατίθεται το πρόγραμμα της εκδήλωσης για να επισυναφθεί εδώ, προσθέστε τις σχετικές πληροφορίες στο τμήμα παρατηρήσεων, κατωτέρω):	ΒΑ. ΣΥΝΗΜΜΕΝΟ ΠΡΟΓΡΑΜΜΑ
	Τόπος (χώρα, πόλη):	CAPE TOWN
ΠΡΟΑΙΡΕΤΙΚΕΣ ΠΛΗΡΟΦΟΡΙΕΣ		
ΠΑΡΑΤΗΡΗΣΕΙΣ	ΠΡΟΣΦΕΡΘΗΚΑΝ ΟΡΙΣΜΕΝΑ ΓΕΥΜΑΤΑ ΕΡΓΑΣΙΑΣ	

Full agenda

Saturday 28th November

Time	Title	Notes
N/A	Delegates arrive, transfer from the airport will be provided.	N/A
N/A	Arrive at hotel and check-in. Welcome at hotel from Matt Oliver, Head of Secretariat at the Global TB Caucus.	N/A
7.00pm-9.00pm	Informal buffet dinner, an opportunity to meet fellow delegates.	Location: Westin Hotel

Sunday 29th November

Time	Title	Notes
9.30am	Plenary 1: Where are we in the fight against TB?	Location: Westin Hotel, Vasco da Gama/Bartholomew Diaz Room
	Introduction and Chair: The Rt Hon Nick Herbert MP – welcome to the Global TB Summit.	
	Speaker: Professor Mario Raviglione – Director of the World Health Organization Global TB Programme.	Please dress appropriately for site visits do not wear formal clothes.
10.00am	Briefing on site visits with David Mametja, Head of the National TB Programme in South Africa.	N/A
10.30am	Depart for Site Visits. The group will be separated into two smaller groups to visit: <ul style="list-style-type: none"> • Brooklyn Chest Hospital • Pollsmoor Prison 	Site visits have been organised by the Ministry of Health and an organising committee of South African CSOs.
1.30pm	Return from site visits and lunch	Location: Westin Hotel
1.30pm-3.30pm	Free time and private side meetings	Location: Vasco da

3.30-5.00pm	<p>Plenary 2: The regional TB epidemics</p> <p>Delegates will break into their respective regions (Europe, Africa, the Americas, Asia Pacific) to receive expert briefings on the epidemic in their own regions. Community representatives from each region will also present their experiences.</p> <p>Chairs: Regional representatives</p>	<p>Gama, Robben Island, Sir Francis Drake, Marco Polo</p> <p>Please wear formal clothes, this session will run into the Minister's Gala Reception.</p>
5.00pm-6.00pm	<p>Plenary 3: The role of parliamentarians</p> <p>Speakers:</p> <ul style="list-style-type: none"> • The Rt Hon Nick Herbert MP (UK) – the UK All-Party Parliamentary Group on Global TB. • Hon. Stephen Mule MP (Kenya) – Building parliamentary pressure. • Rep The Hon. Helen Tan MP (Philippines) – Legislative approaches to tackling TB. • Hon. Warren Entsch MP (Australia) – Regional TB Caucuses. <p>Chair: The Rt Hon Nick Herbert MP</p>	<p>This session will include opportunities for delegates to share their own efforts and experiences.</p> <p>Location: Vasco da Gama, Bartholomew Diaz Room, Westin Hotel</p>
6.00pm-8.00pm	<p>Gala Reception hosted by Minister Motsoaledi.</p> <p>Speakers include:</p> <ul style="list-style-type: none"> • Minister Motsoaledi, Health Minister for South Africa and Chairman of the Stop TB Partnership • Lord (Jim) O'Neill, Minister of the UK Treasury, Chairman of the independent Review of Anti-Microbial Resistance. • The Honourable Helen Clark (TBC), Director of the United Nations Development Programme. 	<p>A light dinner will be provided at the reception.</p> <p>Location: The Westin Hotel</p>

Monday 30th November

Time	Title	Notes
8.00am-12.30pm	Site visit 2: All delegates will visit MSF Khayelitsha with ? Kick TB & HIV activation.	Dress in casual clothes
1.00pm-1.45pm	Lunch with National TB Programme Managers from around	Location: Conference Centre.

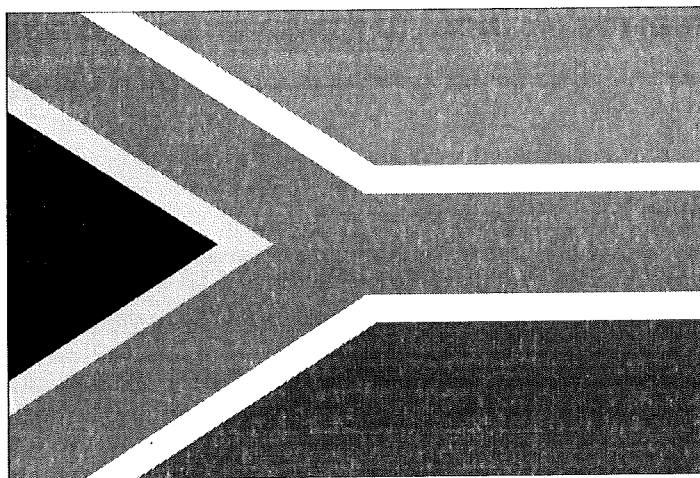
	the world.	
1.45pm-2.00pm	Return to rooms to freshen up and change.	Please change into formal attire.
	<p>Global TB Summit Conference:</p> <p>Introductions (14:30pm-14:50pm):</p> <ul style="list-style-type: none"> Minister Motsoaledi, Health Minister for South Africa Jose Luis Castro, Executive Director of The Union Facilitator - Rt Hon Nick Herbert MP <p>Reflections on site visits (14:50pm-15:15pm)</p> <p>Plenary 4 (15:15pm-16:00pm): The Role of the Global Fund to Fight AIDS, TB and Malaria</p> <ul style="list-style-type: none"> Speakers: Svend Robinson and Eliud Wandwalo Decision point: What group action can the delegates take on the Global Fund. Proposal from Australia. <p>Tea break (15 mins):</p>	
2.30pm-6.00pm	<p>Plenary 5 (16:15pm-17:00pm): The Global Plan to Stop TB.</p> <ul style="list-style-type: none"> Speaker: Dr Lucica Ditiu, Executive Director of the Stop TB Partnership Decision point: How can the Caucus support the Global Plan? <p>Plenary 6 (17:00pm-18:00pm) The Future of the Global TB Caucus</p> <ul style="list-style-type: none"> Speaker: Rt Hon Nick Herbert MP, Co-chairman of the Global TB Caucus <ul style="list-style-type: none"> What next for the Global TB Caucus? Proposal: regional summits and networks. Election of chairs of the Global TB Caucus. Establishment of Secretariat. <p>Final remarks: Minister Motsoaledi, Health Minister for South Africa and co-chairman of the Global TB Caucus.</p>	Location: Conference Centre
6.00pm-8.00pm	Photos and then ACTION cocktail reception.	

Secretariat
1101 15th St, NW, Suite 1200
Washington, DC 20005

ACTION GLOBAL HEALTH
ADVOCACY PARTNERSHIP

2015 Global TB Summit & ACTION Parliamentary Delegation

CAPE TOWN, SOUTH AFRICA
NOVEMBER 28 – DECEMBER 4, 2015



Welcome to South Africa!

Secretariat
1101 15th St, NW, Suite 1200
Washington, DC 20005



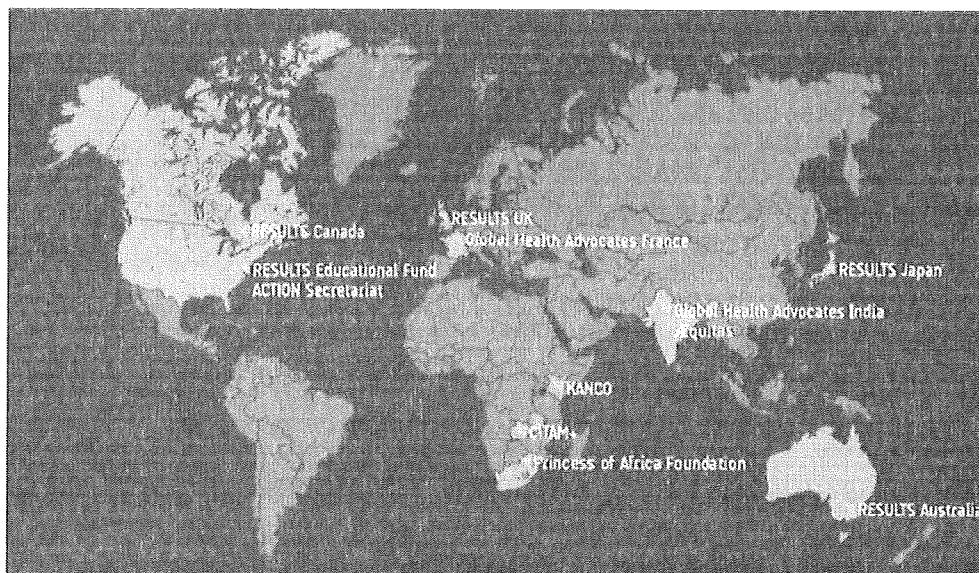
Greetings!

We are thrilled to support you to attend the Global TB Summit and the International Parliamentary delegation. ACTION is a partnership of 11 locally-rooted organizations around the world that advocate for life-saving care for millions of people who are threatened by preventable diseases. We work as equal partners to increase investments and build political support for global health.

Fanny Voitzwinkler of GHA France, an ACTION partner, identified you to attend the Global TB Summit. Please contact us directly if you have any questions or concerns.

Mandy Slutsker
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Fanny Voitzwinkler
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of ACTION or its country partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

LOGISTICS

PACKING LIST

- Business Attire for high-level meetings and opening ceremony of Union Conference
- Business casual (for the majority of meetings and visits)
- Comfortable clothes for travel
- Comfortable shoes for walking
- Sunscreen and sunglasses/hat
- Prescription or over-the-counter medicines, as directed by your physician
- Hand sanitizing gel
- Raincoat
- Day bag (able to carry umbrella, notebook, pens, water, lip balm, and other daytime necessities)
- Business cards
- Camera

VISAS

Visa requirements to enter South Africa depend on nationality. Citizens of Cyprus do not require visas for stay in South Africa lasting less than 30 days. Please ensure your passport does not expire in the next 6 months from the date of arrival and has at least two blank pages. For more information on visa requirements, please follow this link [here](#).

FLIGHT INFORMATION

To Cape Town, South Africa

Airline & Flight Number	Depart	Arrive	Record Locator
Lufthansa 2289	Airport: Brussels Date: Friday, 27 November Departure Time: 4:55PM	Airport: Munich Date: Friday, 27 November Arrival Time: 6:15PM	Booking Reference: 5GW5M7 Click Here to view your reservation on-line and to print a copy for airport check-in
Lufthansa 574	Airport: Munich Date: Friday, 27 November	Airport: Cape Town Date: Saturday, 28 November	



	Departure Time: 7:05PM	Arrival Time: 7:35AM	
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From Cape Town, South Africa

Airline & Flight Number	Depart	Arrive	Record Locator
Lufthansa 575	Airport: Cape Town Date: Saturday, 5 December Departure Time: 9:25AM	Airport: Munich Date: Saturday, 5 December Arrival Time: 7:50PM	Booking Reference: 5GW5M7 Click Here to view your reservation on- line and to print a copy for airport check-in
Lufthansa 2294	Airport: Munich Date: Saturday, 5 December Departure Time: 9:40PM	Airport: Brussels Date: Saturday, 5 December Arrival Time: 11:00PM	

AIRPORT TRANSFERS

ACTION has arranged for your transportation to and from the airport. Upon your arrival at the Cape Town International Airport the driver will wait for you as you exit the customs area with your luggage. S/he will have a sign with your name on it. If you have any problems, or are unable to find your driver, please contact Mike Gathercole at +27 82 940 7737.

For your return trip, you will be picked up at the Westin Cape Town at 6:25 AM on December 5. If you have any additional questions, please contact Mike Gathercole at +27 82 940 7737.

HOTEL

You have a reservation under your name under ACTION's block booking at the Westin Cape Town. It is located at:

Convention Square, Lower Long St
Cape Town City Centre
Cape Town, 8001, South Africa
Tel: +27 21 412 9999

Amenities will include: breakfast, Wi-Fi, fitness center & sauna, spa, and close proximity to shops and restaurants. It is a non-smoking hotel.

EMERGENCY CONTACTS

If there are any changes or interruptions *while travelling to or from Cape Town*, please contact your ACTION representative and Ms. Evi Harmon.

Fanny Voitzwinkler

Head of EU Office, GHA France

Email: fvoitzwinkler@ghadvocates.org

Mobile: +32 (0) 485 35 23 85

Evi Harmon

+1-202-550-1285

eharmon@action.org

For medical attention during your stay, please contact the hotel directly first at +27 21 412 9999. To call the ambulance directly, dial 10177. For the ER 24 Emergency Medical Care, dial 084-124. For any other emergency, including fire, police and ambulance call 107 if calling from Telkom landline, or 112 from mobile phone. Please be sure to let your ACTION representative and Mandy Slutsker know if you are dealing with an emergency situation, or going to the hospital.

Fanny Voitzwinkler

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Mandy Slutsker

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WEATHER

It is summer in Cape Town in December. The summer season is usually hot and sunny with temperatures ranging between 19°C (66°F) and 35°C (95°F).

CURRENCY

The currency in South Africa is Rand (ZAR). The table below shows exchange rates for major currencies as of November 11, 2015.

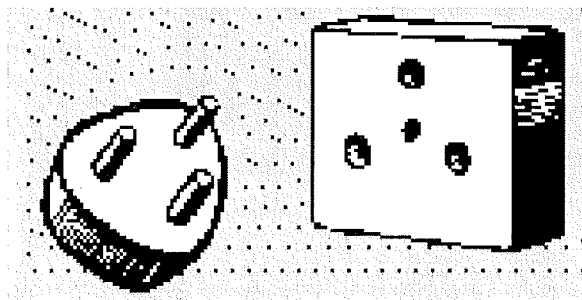
USD/ZAR	EURO/ZAR	GBP/ZAR	AUD/ZAR	CAD/ZAR	ZAR/KRW	ZAR/KES
1 = 14.16	1 = 15.21	1 = 21.56	1 = 10.00	1 = 10.68	1 = 81.61	1 = 7.21

CREDIT/DEBT CARDS

Most restaurants, shops and hotels readily accept international credit cards (VISA, MASTERCARD and AMERICAN EXPRESS). Value added tax, or VAT is included in the price of all items. In addition, there are plenty of ATM machines in Cape Town for quick cash. However, different fees may apply for different cards.

ELECTRICITY

South Africa uses 220/230V. The Type M, or South African, electrical plug has three circular pins. For more information, please visit <http://www.travel-images.com/electric-plugs.html>. This type of socket is unique and may not be included in common universal adapters. Most hotels may have other types of sockets or adapters, but you are encouraged to bring a suitable adapter if needed for personal use.



Plug Type M

SCHEDULE OF EVENTS

Saturday, November 28th	
7:00PM	Informal buffet at the Westin for those who have already arrived. Meet Matt Oliver in Westin hotel foyer to head over to Southern Sun Cullinan for dinner.
Sunday, November 29th	
9:30AM	Global TB Summit Plenary 1 & Site Visit briefings (Westin Hotel, Vasco da Gama/Bartholomew Diaz room). <i>Please dress appropriately for site visits – wear casual clothing.</i>
10:15AM-1:30PM	Global TB Summit Site Visits – Matt Oliver will have told you which site you are visiting.
1:30PM-4:30PM	Lunch & Free time
3:30PM-5:00PM	Plenary 2- Regional Breakouts (Westin Hotel, Vasco da Gama/ Robben Island / Sir Francis Drake/ Marco Polo rooms). <i>Please wear formal clothes, this session will run into the Minister's Gala reception.</i>
5:00PM-6:00PM	Plenary 3- The role of Parliamentarians in TB Response Westin Hotel, Vasco da Gama/Bartholomew Diaz room).
7:00PM	Gala reception hosted by Minister Motsoaledi
Monday, November 30th	
8:00AM-12:30PM	Global TB Summit Site Visit 2. Meet in the Westin Lobby. <i>Wear casual clothing.</i>
1:00PM-2:00PM	Lunch with National TB Programme Managers (Conference Centre)
2:00PM-2:30PM	Return to your room and change into formal attire and return promptly for the next session.
2:30PM-6:00PM	Global TB Summit Conference (Conference Centre)
6:00PM-8:00PM	Photos then ACTION Cocktail Reception (Westin Hotel, On19 restaurant)
Tuesday, December 1st	
8:20AM	Meet in the lobby of the Westin to depart for site visits

9:00AM-12:00PM 12:00PM-1:00 PM	World AIDS Day event at Tygerberg Hospital Meet children who painted a mural dedicated to fighting TB
1:00 PM-3:30PM	Go door-to-door with community health workers from Ma Afrika Tikkun; meet the team working on drug trials for new MDR-TB medicines at TASK Applied Sciences
3:30PM	Return to the Westin to rest and change for dinner.
6:30 PM	Meet in the hotel lobby to head to dinner at a local winery
Wednesday, December 2nd	
9:15 AM	Meet in the Westin lobby to depart for the day
10:00 AM-12:00 PM	Visit the Emavundleni Clinic, speak with XDR-TB survivor Phumeza, learn about clinical trials for TB vaccines, and get a tour of the surrounding area of Khayelitsha.
12:00 – 2:30 PM	Second site visit TBD
5:30 PM	Meet at the Westin lobby to depart for the Convention Centre and take transportation to the Union's 4 th Annual Centennial dinner, which starts at 7:00 PM.
Thursday, December 3rd	
10:00AM – 1:00PM [optional]	Explore Imbizo, the community space at the Union Conference
2:00PM-4:00PM	ACTION-led workshop on advocacy for The Global Fund (The Westin Hotel, conference room TBD)
5:00PM-6:00PM	Imbizo workshop on Parliamentarian engagement
TBD (est. 6:00 PM)	Union Conference Opening Ceremony. <i>Wear business attire.</i>
TBD (est. 8:00 PM)	Union Conference Opening Reception
Friday, December 4th	
6:30 AM [optional]	Meet in the lobby of the Westin to head to St. George's Cathedral
7:15 AM	Mass with Desmond Tutu; opportunity to meet with him afterwards
Saturday, December 5th	
6:25 AM	Airport pick-up in Westin Lobby

BACKGROUND INFORMATION

Despite being preventable and treatable, tuberculosis is now the world's leading infectious killer. In 2014, the ancient airborne disease infected 9.6 million people and killed 1.5 million people – the majority in Asia and Africa.

If untreated, one person with TB can infect 10 to 15 others in the space of a year. The existing vaccine is largely ineffective, and there is no simple test where most people first get care. Drug-resistant strains of the disease continue to spread, far outpacing the development of new drugs. And the treatment for drug-resistant TB can be grueling, with sometimes devastating side effects.

About 2 out of every 5 people with TB are 'missing', meaning they are either undiagnosed or unreported. That's 3.6 million cases of TB where the quality of care – if there was care at all – is simply unknown.¹

Drug-Resistance

Particularly troubling is the rise of multidrug-resistant TB (MDR-TB), a form of TB that does not respond to the two most powerful anti-TB drugs. Ineffective treatment of MDR-TB gives rise to extensively drug-resistant TB, which is extremely difficult to treat. Nearly half a million people developed MDR-TB worldwide in 2014; however, nearly three-quarters of MDR-TB cases are undiagnosed or unreported. Current methods of testing for drug resistance can take between six weeks to four months, and many patients die before the disease can be accurately diagnosed.

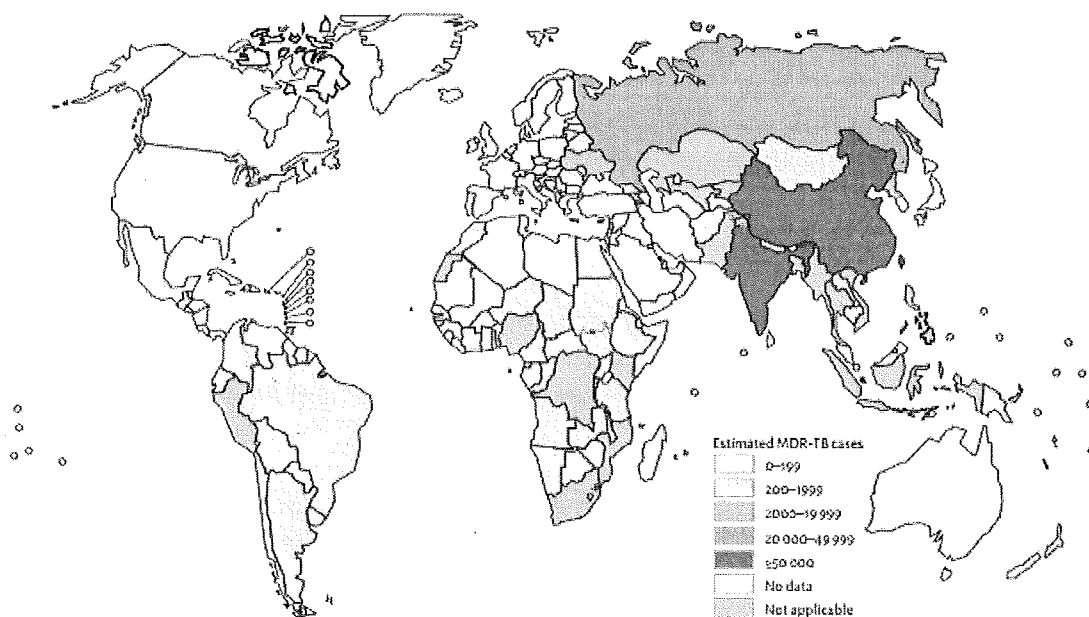
Nonetheless, there has been some positive news in the fight against MDR-TB. A new diagnostic tool, *GeneXpert*, is able to quickly and accurately detect common forms of drug resistance. And two new drugs, Bedaquiline and Delamanid, have been approved to treat MDR-TB. While many people still lack access to the new drugs and diagnostics, this is an important step forward in improving diagnosis and care for people with MDR-TB.

1.WHO Global TB Report 2015



■ FIGURE 4.6

Number of MDR-TB cases estimated to occur among notified pulmonary TB cases, 2014



TB-HIV Co-infection²

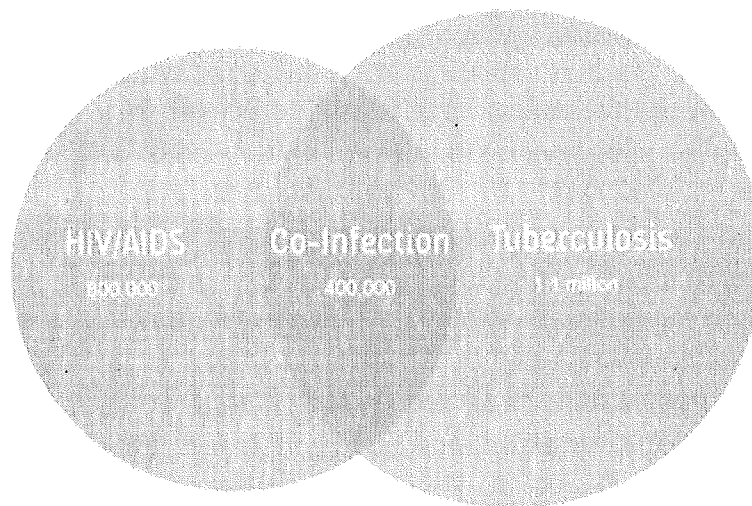
Since 2000, the world has made significant progress in the fight against HIV/AIDS. The rate of new infections has dropped by 40 percent. AIDS-related deaths have fallen by 24 percent. Unfortunately, TB continues to undermine progress in the fight against HIV/AIDS.

TB is the leading killer of people living with HIV/AIDS, causing 1 in 3 HIV-related deaths. Since HIV attacks and weakens the immune system, an HIV-positive person with latent TB is much more likely to develop active TB than someone who is not infected with HIV.

A 2014 report from ACTION showed that joint TB-HIV activities are neglected by HIV programs and overwhelmingly carried out by TB programs, and that global guidelines to address TB-HIV have not been prioritized by affected countries and leading donors such as the World Bank and the UK Department for International Development.

² All data in this section courtesy of the WHO 2015 Global TB Report.

TB is now the world's leading infectious killer



Number of deaths worldwide in 2014,
according to the 2015 WHO Global TB Report

The Global Fund to Fight AIDS, TB and Malaria has been a key driver of progress against TB, providing more than three-quarters (77 percent) of all international donor financing for TB. It has disbursed more than US\$4.7 billion in TB programs in more than 100 countries since 2002. As a result, the number of deaths from TB declined 29 percent between 2000 and 2014 in countries where the Global Fund invests.

On a policy level, the Global Fund has taken measures to improve TB-HIV collaboration by requiring countries with high burdens of co-infection to submit a joint concept note for TB and HIV when applying for grant funding. This has the potential to improve collaboration between National TB and HIV programs and ensure Global Fund proposals better reflect the priority of TB-HIV activities.³

The Global Plan to Stop TB

Linked to the Sustainable Development Goals target of ending TB as an epidemic by 2030,

³ Source: ACTION (2014). From Rhetoric to Reality: An Analysis of the Effort to Scale up TB-HIV.
<<http://www.action.org/documents/FromRhetorictoReality826.pdf>>

the WHO has laid out an ambitious End TB Strategy to achieve this goal. Now, the Stop TB Partnership has launched a Global Plan to End TB, which provides a costed blueprint for ensuring global TB efforts become significantly more ambitious and effective over the first five years of the End TB Strategy.

The plan aims to reach the following targets, called 90-(90)-90:

1. To have 90% of all people with tuberculosis diagnosed and treated
2. As part of part (i), ensure 90% of the most vulnerable populations in all countries are diagnosed and treated. Vulnerable populations include mining communities, children, people living with HIV, injecting drug users, prisoners, homeless people, Indigenous populations and migrants among others. Vulnerable populations exist in all countries, from the poorest to the richest.
3. Ensure 90% of people diagnosed successfully complete treatment with services to ensure adherence and social support.

The plan argues this ambitious scale up will require a US\$ 56 billion investment package. The result? If fully funded and implemented, this ambitious new plan will save 10 million lives, ensure that 30 million people receive treatment, and prevent 45 million people from falling ill. Funding for the plan would be expected to come from domestic sources for high-income countries and BRICS (Brazil, Russia, India, China, and South Africa).

The way forward

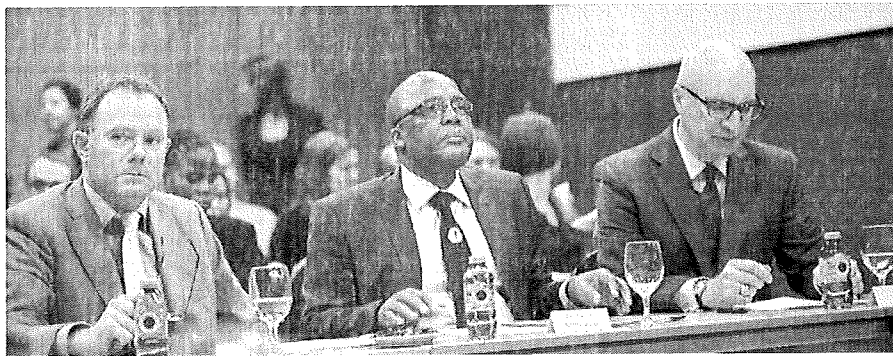
Opportunities to increase funding to fight TB are on the table. The vast majority of TB funding (87%) continues to come from high-burden countries themselves, and leaders from nations like Brazil, Russia, India, China, and South Africa (BRICS) are increasingly turning their attention to TB. However, countries need additional external funding from donors to be ambitious and scale up new tools. Next year, donors will be asked to replenish funding for the Global Fund to Fight AIDS, TB and Malaria, which will channel over three-quarters of total donor resources for TB over the coming years – a critical time in the effort to end TB.

ACTION's role in fight against TB

The ACTION partnership is working with policy makers across ACTION partner countries to build political will to ambitiously fund the fight against TB, particularly through the Global Fund to Fight AIDS, TB and Malaria. ACTION partners influence the adoption of ambitious,

bold targets and strategies in global TB plans, and shape policies in partner countries to ensure the fight against TB is prioritized.

GLOBAL TB SUMMIT



The Global TB Caucus was launched in October 2014 at the inaugural Global TB Summit. The Summit brings together elected parliamentarians from across the world to galvanize political will to tackle tuberculosis. At the Summit, representatives agreed to work together to identify shared priorities for addressing current TB challenges and for pursuing the research and development of new medicines, diagnostics and vaccines needed to eliminate the disease.

The establishment of the Global TB Caucus is just the first step in a more comprehensive plan to build political will on TB. Regional networks have an important role to play. An Asia Pacific TB Caucus was established in August 2015 in Sydney, Australia, and is currently co-chaired by Congresswoman Helen Tan from the Philippines, and the Hon. Warren Entsch MP from Australia. Further regional networks are planned for 2016. Representatives can formalize their commitment to working together for accelerated action and significant investment in the fight against TB by signing the Barcelona Declaration. So far 624 parliamentarians from 99 countries have signed the Barcelona Declaration.

ACTION MP DELEGATION

ACTION is bringing MPs from ACTION partner countries on a delegation following the Global TB Caucus to further explore the impact of TB-HIV on communities and learn more about investments in R&D and the Global fund to Fight AIDS, Tuberculosis and Malaria. MPs will have the opportunity to see how South Africa, a country at the forefront of the response to TB and TB-HIV, is dealing with the epidemic. They will hear from the world's leading experts and have the opportunity to meet people affected by the diseases.

Delegates



**Hon. Stephen Mule
MP**

Kenya

Founding member of
the Global TB Caucus.

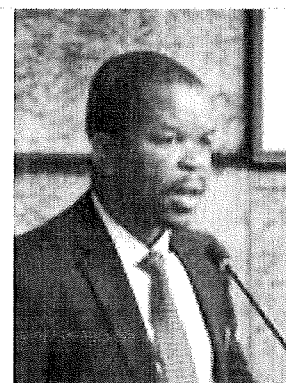
MP for Matungulu
constituency.

**Hon Sydney
Mushanga**

Zambia

Deputy Minister in the
Education Department.

Member for Bwacha
since 2011.



**The Hon. Warren
Entsch MP**

Australia

Co-chair of Asia Pacific
TB Caucus and
founding signatory of
the Barcelona
Declaration.

First elected in 1996 as
MP for Leichhardt

**Dr Eleni Theocharous
MEP**

**European Union -
Cyprus**

Member of the
Committee on Foreign
Affairs.

First elected as MEP in
2009.





Mme Chantal Guittet

France

Secretary of the
Foreign Affairs
Committee.

Founding signatory of
the Barcelona
Declaration.

Mr. Khalid Chaouki

Italy

Previously a
professional journalist
and now MP.

Member of the Foreign
Affairs Committee.



Catherine Barnao

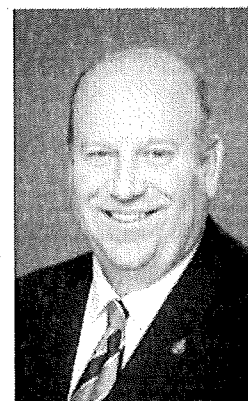
United States

Legislative Assistant
at U.S. House of
Representatives

Dean Allison

Canada

Represented the riding
of Niagara West since
2004. Served as Chair
of Committee on
Foreign Affairs and
Development.



**Rt Hon Nick
Herbert**

United Kingdom

Co-chair of the
APPG on Global TB

Co-chairman of the
Global TB Caucus

Erasmus Palazzotto

Italy

Vice President of the
Committee for Foreign
Affairs for Sicilia





Dr Kim, Yong-Ik

(South Korea)

Former chairperson of
the 4th Committee
(Health, Welfare,
Environment, Labour,
Family and Women)

MP since 2012

Dr Nguyen Van Tien

(Vietnam)

Vice chair of the
Parliamentary
Committee on Social
Affairs

MP since 2006



TB AND HIV IN SOUTH AFRICA

South Africa has more people living with HIV than anywhere else in the world. In 2013, South Africa accounted for 13 percent of global AIDS deaths.⁴ South Africa also has one of the highest TB incidence rates in the world and the highest number of people co-infected with TB and HIV. Two out of three TB patients also have HIV. South Africa's government, and particularly Health Minister Dr. Aaron Motsoaledi, has shown tremendous commitment to combating TB and HIV. Under Minister Motsoaledi's leadership, South Africa has increased domestic financing for TB and HIV programs, covering the majority of the country's TB and HIV expenditures.

These investments, which have been supplemented by further support from international funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR), have resulted in important health gains for the country. With 2 million people on treatment, South Africa has the largest antiretroviral drug program in the world.⁵ As the Vice-Chair of the Stop TB Board and a Co-Chair of the Global TB Caucus, Minister Motsoaledi has exemplified the ambitious 90-90-90 of the Global TB Plan at home in South Africa – proposing to implement a massive screening program among vulnerable populations such as prisoners and those who work in and around mines.⁶

⁴ Source: The Global Fund

⁵ Source: UNAIDS

⁶ <http://www.sowetanlive.co.za/news/2015/02/20/miners-and-prisoners-to-receive-mandatory-tb-screenings-motsoaledi>



Country profile

Capital City:	Pretoria (administrative capital)
Legislative capital:	Cape Town
Judicial capital:	Bloemfontein
President and Head of Government:	Jacob Zuma (since 9 May 2009)
Health Minister:	Dr Aaron Motsoaledi
Area:	1,219,090 sq. km
Population:	53 Million (2015 est.)
Official languages:	IsiZulu 22.7%, IsiXhosa 16%, Afrikaans 13.5%, English 9.6%, Sepedi 9.1%, Setswana 8%, Sesotho 7.6%, Xitsonga 4.5%, other 9%
Religions:	Protestant 36.6%, Catholic 7.1%, Muslim 1.5%, other Christian 36%, other 2.3%, unspecified 1.4%, none 15.1%
Ethnic groups:	Black African 80.2%, white 8.4%, coloured 8.8%, Indian/Asian 2.5% (2014 est.)
GDP per capita (PPP):	\$704.5 billion (2014 est.)
Life expectancy:	Male – 60.83 years; Women – 63.87 years (2015 est.)
Expenditure on health as % of GDP	8.9%
HIV prevalence (ages 15 – 49)	19.1% (est. 2013); approximately 6.8 million
People currently on antiretroviral therapy	290,415
New cases of TB each year	306,000 (2014 est.)
HIV positive TB patients	380,000 (2014 est.); 2 in 3 TB patients also have HIV.
TB cases detected and treated by the Global Fund	339,000 (est. 2015)
Susceptible TB treatment success rate	80%

Data from WHO, Global Fund and World Bank

