



Bali Declaration on the Looming TB-Diabetes Co-Epidemic

Whereas an estimated two billion people, or one third of all people worldwide, live with a tuberculosis (TB) infection, of whom 9.6 million people develop active TB disease annually,

Whereas TB is the leading cause of death worldwide due to a single infectious pathogen, responsible for 1.5 million human deaths in 2014,

Whereas 95 percent of human TB deaths occur in low- and middle-income countries,

Whereas diabetes mellitus, a noncommunicable disease, is escalating worldwide already affecting 387 million people and projected to affect 592 million people by 2035,

Whereas, 80 percent of people with diabetes live in low- and middle-income countries,

Whereas more than half of people with diabetes are unaware of their condition as they have never been tested, and 84% of all undiagnosed cases live in low and middle income countries,

Whereas six of the ten countries projected to have the highest numbers of people living with diabetes by 2035—China, India, Brazil, Indonesia, Pakistan and The Russian Federation—are described by the World Health Organization as high-TB-burden countries,

Whereas people with diabetes are two-to-three times more likely to develop TB when compared to people without diabetes,

Whereas the excess vulnerability to TB disease in people with diabetes is mainly related to altered immune response to TB infection as a consequence of high blood sugar due to undiagnosed or poorly controlled diabetes,

Whereas diabetes mellitus alters the presentation of TB, leading to worse TB treatment outcomes, including death and an increased risk of TB relapse,

Whereas the rise of diabetes mellitus in countries with high TB burdens threatens to undermine years of progress against TB,

Whereas, prevention, early diagnosis and management of diabetes and tuberculosis promises to reduce the disease burden and morbidity of both diseases,

Whereas escalating diabetes-tuberculosis comorbidity involves the interplay of two great global diseases, requiring coordination between two areas of healthcare systems and public health programmes that have historically operated with little coordination,

Whereas the World Health Organization and the International Union Against Tuberculosis and Lung Disease in 2011 produced the Collaborative Framework for Care and Control of Tuberculosis and Diabetes,

Whereas pilot studies in China and India (two countries with highest numbers of diabetes-related TB cases) have tested and shown the feasibility of bidirectional screening and applying the collaborative framework,

We, the undersigned, as leaders and representatives of public health agencies and research institutions, governments, affected communities, civil society and industry partners, **HEREBY DECLARE:**

That tuberculosis and diabetes represent two of the greatest global health challenges of our time, and their convergence globally represents a looming co-epidemic,

That this looming co-epidemic threatens progress against TB,

That, based on what we have learned from past co-epidemics, particularly TB-HIV, we must act early and decisively to avoid large numbers of avoidable deaths,

That we resolve to addressing these obstacles and thus enhancing further the health, financial protection, and quality of life of all those affected.

And to this effect, we **HEREBY AGREE:**

To undertake action in our various capacities to support efforts to address the looming TB-diabetes co-epidemic as a public health priority,

To accelerate the implementation of the Collaborative Framework for Care and Control of Tuberculosis and Diabetes, produced jointly by the World Health Organization and the International Union Against Tuberculosis and Lung Disease, including by pursuing supportive policy actions and mobilizing resources,

To advance policies on bidirectional screening in line with the Collaborative Framework,

To support training and capacity development to enable prevention, early diagnosis, and treatment of both conditions at the primary health care level,

To support efforts to increase public awareness about both conditions and their interaction, their individual and common risk factors, and actions for prevention,

To improve access to continuous, uninterrupted treatment for both conditions at affordable costs,

To support a robust research agenda that fuels both the discovery of new tools to address the TB-diabetes co-epidemic and operational research to improve collaboration and efficacy in existing programs,

To eliminate the stigma surrounding TB that dissuades people from seeking prevention, treatment and care,

To advocate on behalf of swift, decisive action against TB-diabetes in relevant state, national and international forums.

Signed on 3 November, 2015, in Bali, Indonesia

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