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Meeting of Partners on Tropical Diseases Targeted for Elimination/Eradication

*Report of the Meeting
Bangalore, India, 17-18 November 2005*



**World Health
Organization**

*Regional Office for South-East Asia
New Delhi*

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1. INTRODUCTION

1.1. Background

Around 1 billion people in the developing world suffer from tropical diseases, which are poverty-related, affecting the poor, most vulnerable and marginalized groups. WHO's South-East Asia Region accounts for the highest burden of these diseases. In terms of numbers, though they kill fewer people they cause disabilities and deformities on a large scale, resulting in heavy economic burden and loss of livelihood.

Though we have cost-effective interventions to tackle these diseases, they have been generally 'neglected'. This has been largely due to inadequate policy support, insufficient resource allocations, non-priority accorded in research and development and ineffective implementation of available interventions, in coverage as well as quality.

In order to create awareness and draw attention of health policy makers, national and international development agencies, nongovernmental organizations and the private sector, the WHO Regional Office for South-East Asia organized a Meeting of Partners in Bangalore-India on 17-18 November 2005. It was decided to discuss five tropical diseases at this meeting – leprosy, lymphatic filariasis, leishmaniasis (kala-azar), soil transmitted helminthiasis and yaws.

The list of participants and the programme are at Annex 1 and Annex 2 respectively.

1.2 Objectives of the Meeting

- (1) To review the current situation and strategies on tropical diseases such as leprosy, lymphatic filariasis, kala-azar and yaws;
- (2) To identify and discuss the role of partners in joint efforts towards elimination/eradication of targeted tropical diseases.

2. SESSION-1 – INAUGURATION

2.1 Inaugural Address by the Regional Director

Dr Jai P. Narain, Director, Department of Communicable Diseases welcomed the participants and read out the address of the Regional Director, Dr Samlee Plianbangchang.

In his address, Dr Samlee stated that each year, the South-East Asia Region accounts for more than 70% of new leprosy cases, nearly 50% of the clinical cases of filariasis, 20% of kala-azar and a good proportion of yaws in the world. Each of these diseases is amenable to safe, simple and cost-effective interventions which are operationally feasible to implement. The countries also have the required infrastructure and human resources to deliver the interventions. Therefore, these diseases can be eliminated or eradicated, provided adequate resources are available.

Dr Samlee highlighted some of the important partnerships between WHO and other agencies in tackling these diseases such as the free supply of anti-leprosy drugs by Novartis Foundation, free supply of albendazole for LF by GlaxoSmithKline and the substantial funding to WHO given by the Nippon and Sasakawa Foundations of Japan.

Dr Samlee proposed three Action Points as a follow-up of the meeting. First, the development of a joint Information, Education and Communication package. Second, advocacy with national governments, donors and all stakeholders and, third, inclusion of these diseases in the respective agendas of each of the agencies represented.

In conclusion, Dr Samlee stated, "Let me reiterate that with political will and adequate resources, these neglected tropical diseases can be eliminated or eradicated within a reasonable period of time. Such an outcome could have substantial economic benefits, leading to poverty reduction and achievement of the Millennium Development Goals".

2.2 Keynote address by Professor David Molyneux

Professor David Molyneux, LF Support Centre, Liverpool School of Tropical Medicine, delivered the keynote address. He emphasized that 13 neglected diseases account for 20% of the deaths due to infectious diseases and 24%

of the Disability Adjusted Life Years (DALYs) world-wide. He pointed out that the combined burden of the five diseases under discussion at the meeting was the highest in the South-East Asia Region and the burden associated with infection was much greater than visible.

He further stated that these diseases predominantly affected the poor and the marginalized population groups and contributed to the cycle of poverty, affected productivity and economic development. They received a fraction of the attention and funding available for diseases like HIV/AIDS, TB or malaria in spite of cheap and cost-effective interventions.

Professor Molyneux highlighted that with limited resources, a rapid and dramatic decline of these diseases could be achieved within a short time-frame, with positive impact on poverty reduction. The interventions could be easily integrated to enhance cost-effectiveness, operating efficiency, and sustainability and that effective tackling of the neglected tropical diseases would reduce human suffering and disabilities, and make a difference in a world of health inequality. Professor Molyneux urged the participants to include these tropical diseases in their agenda and provide the necessary support to the endemic countries.

2.3. Nomination of Chairperson and Rapporteurs

Dr Jai P. Narain nominated the following as the Chairpersons and Rapporteurs.

Chairpersons

Day-1 – Prof. Dato C.P. Ramachandran, Chair, WHO Technical Advisory Group on Elimination of Lymphatic Filariasis

Day-2 – Dr Lorenzo Savioli, Director, Control of Neglected Tropical Diseases (NTD), WHO, Headquarters, Geneva

Rapporteurs

Dr E.A. Padmasiri, and Ms Clare Creo from WHO/SEARO and Dr Gautam Biswas from WHO/HQ

3. SESSION-2 – TECHNICAL PRESENTATIONS

3.1 Overview of the Leprosy Situation – Dr S.K. Noordeen, Chair, Regional Technical Advisory Group, WHO South-East Asia Region

In his presentation, Dr Noordeen stated that the strategy for elimination of leprosy as a public health problem based on the resolution of the World Health Assembly in 1991 had been highly successful. The time-frame though for elimination at the country level had to be reset in a few countries, from 2000 to 2005.

By the end of 2004, only nine countries of the original 122 endemic countries had yet to achieve the elimination goal. The list of nine countries included Nepal and India; however, the list did not include small countries with <1 million population. In the South- East Asia Region, this included Timor-Leste.

India, the country with the highest burden of leprosy, was expected to achieve the goal by the end of 2005 or in early 2006; Nepal and Timor-Leste would need an additional 1 or 2 years to attain the goal.

He highlighted the fact that the leprosy prevalence in South-East Asia Region had declined from 4.6/10,000 population in 1996 to 1.13/10,000 as of March 2005; and the New Case detection rate had declined from a peak of 47.76/100,000 in 1998 to 17.94/100,000 as of March 2005. Dramatic declines were seen in India in both prevalence and new case detections during the last three years. The remarkable success was made possible by (a) Strong political commitment generated through the World Health Assembly resolution (b) Enhanced interest in the scientific, professional, NGO and donor community; (c) The potent tool of Multi-drug therapy (MDT) and the free supply of MDT to all endemic countries since 1995; (d) Working towards a clear goal and attempting to reach identified targets; and (e) Increased orientation towards a public health and community approach by both governmental and non-governmental agencies.

Dr Noordeen stressed the fact that elimination of leprosy as a public health problem did not mean the end of leprosy. New cases will continue to occur, albeit in smaller numbers and there will be areas or pockets within countries with high prevalence. Therefore, it was important to sustain quality leprosy services and adequately address the remaining

challenges in order to consolidate the gains made and further reduce the burden of leprosy. The political commitment and the required resources needed to be sustained.

3.2 Overview of the Lymphatic Filariasis Situation – Professor Mahroof Ismail, Chair, South-East Asia Regional Technical Advisory Group for LF Elimination

In his presentation, Professor Ismail stated that 700 million people in nine countries of South-East Asia were at risk of LF infection. SEAR accounted for 64% of the global population at risk and 50% of the 120 million persons globally estimated with clinical manifestations of LF.

He said that LF elimination received a boost with the World Health Assembly resolution in 1997, calling for elimination of LF by 2020, defined as a Microfilaraemia rate of <1%. The main strategies are (a) Mass Drug Administration(MDA) with 2 drugs-DEC+albendazole for the entire eligible population once a year for 5-6 consecutive years and (b) Prevention and alleviation of disability. As of 2005, 82.5 million people in the nine endemic countries of South-East Asia had received MDA 2-drug regimen. In addition, another 320 million people in India received DEC alone (this strategy is not recommended by WHO).

The scale-up of MDA and other LF related activities like mapping, disability alleviation and vector control had been adversely affected due to resource constraints at the global, regional and national levels. The progress made so far in spite of the constraints was impressive. This was mainly due to the political will and a number of partnerships. The main partner was GlaxoSmithKline which was supplying free albendazole tablets to all the countries implementing the 2-drug regimen. This free donation was pledged until 2020.

It was pointed out that areas implementing MDA had already shown a significant decline in mf rates. The 2-drug regimen had the added advantage of effective de-worming which had beneficial effects on the physical and cognitive growth of children.

Professor Ismail urged the partners to provide the required resources to this neglected disease and urged WHO to increase technical support at the regional and country level.

3.3. Overview of Leishmaniasis (Kala-azar) Situation – Dr C.P. Thakur, Emeritus Professor, Patna Medical College and Former Union Health Minister of India

In his presentation, Dr Thakur pointed out that Kala-azar was a focalized vector-borne disease endemic in contiguous areas of three countries in South-East Asia - Bangladesh, India and Nepal. About 147 million people living in 34 of the 64 districts of Bangladesh, 48 of the 600 districts of India and 12 of the 75 districts of Nepal were at risk of infection, with an estimated 100,000 annual cases. In India, 90% of the cases were reported from Bihar state. Co-infection of visceral leishmaniasis with HIV and TB was reported.

The control strategy included active case detection, treatment of both Visceral and post kala-azar dermal leishmaniasis (PKDL) and vector control. The primary treatment was intra-muscular injection of Sodium Antimony Gluconate (SAG) which had efficacy levels of around 50% or intravenous infusions of Amphotericin-B, which was expensive. In addition, injectibles were operationally difficult. The new oral drug, 'Miltefosine' was promising and was being recommended by WHO. The main reservoirs of infection were PKDL cases which generally remained undetected and untreated.

Dr Thakur highlighted the fact that elimination of kala-azar, defined as prevalence below 1 case/10,000 population was technically feasible through a combination of early case detection, prompt and proper treatment with miltefosine, and selective vector control. This would require strong political will, capacity building, community education, monitoring/evaluation and strong public-private partnership. The Memorandum of Understanding (MoU) jointly signed by Bangladesh, India and Nepal was a milestone in the cause of kala-azar elimination. It was time to follow-up on the MoU and implement an effective elimination programme.

Dr Thakur requested WHO and other partners to assist the three endemic countries in achieving the goal of elimination of kala-azar by 2020.

3.4 Overview of the Yaws Situation – Dr A.C. Dhariwal, NICD-India

In his presentation, Dr Dhariwal informed that yaws was a non-venereal treponemal disease transmitted by direct skin contact, primarily affecting

the skin, bones and cartilage and predominantly affecting the poor and marginalized communities. "Yaws begins where the road ends" he said.

Yaws is endemic in three countries in South-East Asia – India, Indonesia and Timor-Leste. Indonesia accounted for >80% of the annual cases reported, followed by Timor-Leste. India recorded 46 cases in 2003 and no cases in 2004 and 2005.

Dr Dhariwal stressed that yaws was amenable to eradication because the disease is localized, there is no extra-human reservoir and a cost-effective intervention in the form of a single injection of long-acting penicillin was available and was operationally feasible. It was pointed out that, globally WHO and UNICEF had jointly launched large-scale campaigns in the early 1950s and by the early 1970s the yaws burden was reduced dramatically. Thereafter, the campaigns were discontinued and yaws was integrated into the general health services with minimum resources. Thus, yaws remained or resurfaced in many areas.

In India, the programme was upgraded as an eradication programme in 1997 which was extended to 49 endemic districts of 10 states. This brought about a decline from 3,571 cases in 1996 to 46 cases in 2003 and no cases reported thereafter. India is aiming at elimination of yaws defined as cessation of yaws transmission i.e. nil reporting of early infectious case by 2007 and eradication of yaws defined as no sero-positivity to RPR/VDRL in under-5 children, after achieving nil reporting of early infectious cases for three years. India has taken a lead in yaws eradication. If similar effective programmes are launched in Indonesia and Timor-Leste, it would be possible to eradicate yaws from the Region by 2010.

Dr Dhariwal appealed to the partners to support the goal of eradication of yaws from the Region.

4. SESSION-3 – STATEMENTS BY PARTNERS

The representatives of all the partner agencies as well as the representatives of the seven Member States of SEAR made statements or brief presentations. The common features of the statements were:

- All expressed interest in the neglected tropical diseases and agreed on the need for greater attention to tackling the diseases;

- There was need for updated information on the diseases and greater dissemination of the magnitude, challenges and opportunities;
- The neglected tropical diseases should receive greater priority and policy support from Member States and included in the Area of Work of bilateral/multilateral agencies, NGOs and the private sector.

The salient points of the country presentations were:

- There is political commitment for tackling tropical diseases in all countries but additional resources and technical guidance were needed;
- All countries have adequate health infrastructure and manpower to implement elimination/eradication programmes, if additional resources for critical activities and free supply of drugs are provided.

5. SESSION-4 – SPECIAL PRESENTATIONS

5.1 Role of Industry in Health - Ranjit Shahani, President, Organisation of Pharmaceutical Producers of India (OPPI) & Vice-Chair, Novartis India

In his presentation, Mr Shahani informed that OPPI has over 70 members, and three fundamental beliefs – adherence to TRIPS, ethical sales promotion and adherence to international standards. Mr Shahani's presentation focused on how pharmaceutical producers were working to support efforts to deliver improvements in health outcomes.

He stated that serious disease burden threatened the poor, even though effective medical tools were available. There were a small number of diseases which affected the poor where increased research and development was needed. The healthcare system should deliver maximum improvement in health outcomes given the available resources. The real issue of concern was access to medicines and not the cost of medicines. Poverty and ill health were a vicious circle. Though there had been some

success stories in India, such as the decrease in malaria cases, many challenges remained, such as neglected diseases.

Mr Shahani emphasized that neglected tropical diseases were an added challenge for pharmaceutical companies, because there were few incentives for private sector research. However, the reality was that most diseases that disproportionately affected low income countries could be treated with medicines from the WHO essential medicines list. The biggest challenge was getting the interventions to the people who needed them. It was possible to unlock the barriers that impeded research and development for neglected diseases via partnerships.

He voiced concern about the significant challenges ahead, particularly the need for mobilization of additional financial resources for drug research and development, and to ensure that drugs reached beneficiaries. Further, the process of developing new drugs needed to be streamlined to reduce research and development costs. Efforts were needed to accelerate capacity building in developing countries to facilitate late stage clinical trials. There were areas of concern with regard to the patents bill (India) as well he pointed out. Balancing intellectual property rights, innovation and public health gains would be the key to addressing these challenges.

In conclusion, Mr Shahani said, “With a conducive environment and policy support, corporations can play a constructive role in fighting neglected diseases”.

5.2 Human Rights and Health – Dr Gita Sen, Sir Ratan Tata Chair Professor , Centre for Public Policy, Indian Institute of Management, Bangalore

In her presentation, Dr Gita Sen outlined the main types of discrimination which led to different experience of diseases and highlighted the fact that neglected tropical diseases were almost exclusively experienced by the poor and powerless. Hence, a human rights approach to health was recommended.

It was important to complement biomedical and public health approaches with the examination of the socioeconomic and political conditions that critically affected how diseases were experienced by

different groups. Diseases affected different socioeconomic groups differently, and these differences were a consequence of both poverty and ethnic, caste and gender-based discrimination.

She pointed out that the main contours of discrimination affecting health were access and control of resources, social institutions and norms, roles and responsibilities in family, community and society and subjective identity. A human rights approach to health should encompass five perspectives - community participation, reducing stigma and discrimination, encouraging research and development, promoting integrated health systems which respond to local priorities and monitoring and accountability.

In the discussion that followed, Dr Sen cited research which showed that the cost of drugs had increased in certain areas and was a barrier to access.

5.3 Integrated Approach to Delivery of Interventions – Dr Lorenzo Savioli, Director, Department of Control of Neglected Tropical Diseases, WHO/HQ

In his presentation, Dr Savioli highlighted the fact that de-worming of school-age children to reduce and control intestinal helminthic infections like roundworm, hookworm and whipworm was one of the most cost-effective interventions, with a huge impact on physical and cognitive growth of children, and improved nutrition in pregnant women. He said that de-worming campaigns could be easily combined with Mass Drug Administration (MDA) for lymphatic filariasis or with other activities like insecticide-treated bednet distribution for malaria or immunization campaigns. He informed that WHO was negotiating with Johnson & Johnson for free or subsidized supply of mebendazole tablets for de-worming programmes.

6. CONCLUSIONS AND RECOMMENDATIONS – THE BANGALORE DECLARATION

The conclusions and recommendations of the meeting were thoroughly discussed by the participants and translated into the **Bangalore Declaration** as follows:

THE BANGALORE DECLARATION
on elimination/eradication of neglected tropical diseases from
WHO South-East Asia Region**

We, the participants of the Meeting of Partners on Tropical Diseases targeted for Elimination/Eradication held in Bangalore on 17-18 November 2005,

Recognize the context and timeliness of the initiative taken by the WHO Regional Office for South-East Asia in convening this important meeting and acknowledge that considerable progress has been achieved towards the elimination and intensive control of neglected tropical diseases globally as well as in the Member States of the South-East Asia Region. These successes have been achieved through the implementation of effective strategies and tools by national governments, by committed partners, NGOs and civil society alliances, and the availability of donated or subsidized drugs.

The participants:

Conveying our appreciation to the Regional Director, World Health Organization, South- East Asia Region for taking the initiative to organize the meeting of partners on tropical diseases targeted for elimination;

Taking into consideration the World Health Assembly resolutions pertaining to control or elimination of diseases like leprosy, lymphatic filariasis, soil transmitted helminthiasis, and the global strategies promoted by WHO, and the fact that the control/elimination of these diseases has been successful in many countries;

Recognizing that diseases like lymphatic filariasis, leishmaniasis, soil transmitted helminthic infections, kala-azar, yaws and even leprosy have been generally neglected in terms of policy support, resources, research and implementation of cost-effective interventions;

Noting that these diseases are poverty related and affect vulnerable groups like children, women and the most marginalized populations, and

* Adopted at Meeting of Partners on Tropical Diseases targeted for Elimination/ Eradication, Bangalore, India, 17-18 November 2005

that health costs in poorer communities are a primary driver of continued and chronic poverty;

Noting further that these diseases can cause disability and death and those affected are exposed to stigma and discrimination, leading to social and economic consequences;

Noting that the effective control and elimination of these diseases would have a positive impact on control of HIV/AIDS, Tuberculosis and Malaria;

Concerned that among the six WHO Regions, South-East Asia accounts for the highest burden of these diseases;

Considering that effective tools and operationally feasible interventions are available, and that these interventions can be implemented even in resource-poor settings and that Member States are committed to eliminate the targeted diseases;

Convinced that the intensive control and elimination of these diseases would have a quick and dramatic impact on poverty reduction and achievement of the Millennium Development Goals,

1. ENDORSE and RECOMMEND the following strategies and directions in support of control and/or elimination of these diseases :

- (1) Advocate with national governments, national and international agencies involved in health, nongovernmental organizations, and the private sector to assist and support initiatives and activities related to intensive control and elimination of these diseases;
- (2) Request the national governments and national/international agencies to accord high priority to these diseases and include them in their national development plans, in order to provide the required policy support and mobilize and allocate adequate resources;
- (3) Encourage the participating agencies to collaborate with national governments, the World Health Organization and other interested parties in activities related to these diseases;
- (4) Consider including the diseases in the areas of work of the participating agencies;

- (5) Promote awareness and information on the diseases and available treatments, including issues related to health and human rights;
- (6) Incorporate and integrate the principle of the Right to Health into policies, programmes and projects in order to ensure meaningful, sustainable and equitable attainment of health standards by all sections of the population, particularly those living in poverty;
- (7) Encourage research contributing to refinement of elimination strategies and to the development of new, safer and more effective therapeutics for these diseases, and disseminate the information that these diseases may qualify for “orphan” drug financial incentives by regulatory authorities; and
- (8) Form an informal regional partners’ forum in support of the neglected tropical diseases; and

2. REQUEST WHO

- (1) To include Neglected Tropical Diseases in the agenda of the WHO South-East Asia Regional Committee in 2006, to ensure political commitment and policy support to the neglected tropical diseases and,
- (2) To continue to provide leadership and technical assistance to the Member States and facilitate the coordination of the partners’ forum and actively follow-up on the BANGALORE DECLARATION on intensive control/elimination of neglected tropical diseases.

7. PRE-MEETING ‘PRESS CONFERENCE’

A pre-meeting press conference was organized on 16 November 2005 in Bangalore. The organization of the press conference was contracted to the well-known PR agency – Rediffusion-Dentsu Young & Rubicam Private Ltd. The aim of the press conference was to provide information on the neglected tropical diseases to the media and, through the media, to the general public, including sensitization of key groups like policy makers, community leaders, NGOs and the private sector.

The press conference was addressed by Dr Jai Narain, Director, Department of Communicable Diseases, WHO/SEARO, Dr Lorenzo Savioli, Director Control of Neglected Tropical Diseases, WHO/HQ, Dr Derek Lobo, Regional Adviser, Leprosy & other Priority Diseases, WHO/SEARO and Professor David Molyneux, the keynote speaker.

The conference was a big success with 50 representatives from 41 agencies from both the print and electronic media participating. The meeting as well as the cause of neglected tropical diseases received wide publicity in the English and vernacular language press and electronic media in Bangalore and in some major cities like Mumbai and Kolkata. It also received national television coverage through Doordarshan.

The **list of media participants** attending the press conference is provided in Annex 3.

8. VALEDICTORY SESSION

Dr Jai P. Narain chaired the valedictory session and thanked all the participants for making the effort to join the meeting and for their active inputs. He stated that the outcome of the meeting was beyond the expectations of WHO in view of the firm commitment expressed by many partners in support of the neglected tropical diseases, particularly those targeted for elimination/eradication, the commitment for specific support from a few agencies and the wide media publicity received. He thanked the two Chairpersons – Prof. Dato C.P.Ramachandran and Dr Lorenzo Savioli for ably and efficiently conducting the proceedings and also those who organized the meeting and the rapporteurs.

Dr Narain concluded the meeting by assuring the participants that WHO will continue to take the lead role in promoting the cause of the neglected tropical diseases. He requested the partners to join WHO and the national governments in working towards intensified control and elimination/eradication of these diseases.

Annex 1

LIST OF PARTICIPANTS

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Ms Vanaja Sundaresan
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** Unable to attend but was represented by
Dr A.C. Dhariwal, Joint Director & Head of
Department, Department of Parasitic Diseases,
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Annex 2

PROGRAMME

Thursday, 17 November 2005

- 08.30-09.30 hrs Registration
- 09.30-10.30 hrs **Session 1.0 Inauguration**
- Welcome and address - Dr Jai P. Narain, Director, Department of Communicable Diseases, SEARO
 - Keynote Address: **Neglected Tropical Diseases – The Challenges and Opportunities** - Professor David Molyneux, LF Support Centre, Liverpool School of Tropical Medicine, UK
 - Introduction of Participants and Announcements – Dr Derek Lobo, Regional Adviser, Leprosy & other Priority Diseases, SEARO
- 11.00-13.00 hrs **Chair:** Prof. Dato C.P. Ramachandran, Chair, WHO Technical Advisory Group for Elimination of Lymphatic Filariasis
- Session 1.1 Tropical Diseases targeted for Elimination/ Eradication in South-East Asia Region: Current Situation and Plans**
- Leprosy
 - Dr S.K. Noordeen, Chair, Regional Technical Advisory Group (RTAG) for Leprosy Elimination
 - Lymphatic Filariasis
 - Prof Mahroof Ismail, Chair, South-East Asia Regional Programme Review Group (RPRG) for Elimination of Lymphatic Filariasis
 - Leishmaniasis (Kala-azar)
 - Dr C.P. Thakur, Chairman, Kala-azar Research Centre, Patna, India and Member, Regional Technical Advisory Group (RTAG) for Kala-azar Elimination
 - Yaws
 - Dr A.C. Dhariwal, Deputy Director, National Institute of Communicable Diseases, New Delhi, India
- 14.00-15.00 hrs **Session 1.2 Statements from Participating Agencies**
- 15.30-16.30 hrs **Session 1.2** - continued

Friday, 18 November 2005

Chair: Dr Lorenzo Savioli, Director, Department of Control of Neglected Tropical Diseases (NTD), WHO/HQ, Geneva

09.00-10.00 hrs

Session 2.0 Role of Corporate sector in Health

- Mr Ranjit Shahani, Vice-Chairman & Managing Director, Novartis-India & President, Organization of Pharmaceutical Producers of India

10.30-11.00 hrs

Session 2.1 Human Rights and Health

- Ms Gita Sen, Sir Ratan Tata Chair Professor & Chairperson, Centre for Public Policy, Indian Institute of Management, Bangalore

11.00-11.30 hrs

Session 2.2 Integrated Approach to Delivery of Interventions

- Dr Lorenzo Savioli, Director, Department of Control of Neglected Tropical Diseases (NTD), WHO/HQ, Geneva

11.30-12.30 hrs

Session 2.3 Future Plans

- Roles for Partner Agencies and Consensus on Strategic Partnerships for Leprosy, Lymphatic Filariasis, Kala-azar and Yaws

12.30-13.30 hrs

Session 2.4 Finalization of Conclusion and Recommendations - Bangalore Declaration

13.30-14.00 hrs

Session 2.5 Concluding Session

Annex 3

LIST OF MEDIA AGENCIES REPRESENTED

Asian News International (ANI)	KPN
Andhra Jyothi	Siraj Daily
Jaibheema	Bangalore News Photo
United News of India (UNI)	Udayavani
Navbharat	Dakshin Bharat
New India Express	Deccan Herald
Economic Times	Mathrubhumi
Press Trust of India (PTI)	Hosadigantha
Ushe Kiran	Punjab Kesari
Dina Malar	Pharma Biz
Fortune India	Kannada Prabha
Siti Channel	India Infoline
The Hindu	Suryodaya
Enadu Television Network (ETV)	Samyukta Karnataka
Vijay Karnataka	Deshabhimani
Doordarshan (DD) News	Daily Salar
Vijay Times	UNI Vaartha
Times of India	Rediff.com
Eenadu	
Shaam se Shaam Tak	
Kerala Kaumudi	
Suryodaya	
Udaya TV	
Media Syndicate	
Hindu Business Line	