

South-East Asia Regional Technical Working Group Meeting on Tuberculosis

Report of the sixth meeting
Malé, Republic of Maldives, 12–13 April 2016



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South-East Asia Regional Technical Working Group Meeting on Tuberculosis

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Acronyms

AMR	antimicrobial resistance
DR-TB	drug-resistant TB
IPT	isoniazid preventive therapy
MDC	millennium development goal
MDR-TB	multidrug-resistant TB
NGOs	nongovernmental organizations
NTP	National TB Control Programme
PMDT	programmatic management of DR-TB
STAG-TB	Global Strategic and Advisory Group on TB
SEA	South-East Asia
SEARO	WHO Regional Office for South-East Asia
SEAR TWG	SEA Regional Technical Working Group
TB	tuberculosis
WHO	World Health Organization
XDR-TB	extensively drug-resistant TB

1. Introduction

Tuberculosis (TB) remains one of the major public health concerns in the South-East Asia (SEA) Region of the World Health Organization (WHO). In 2014, an estimated four million people became ill with tuberculosis in the SEA Region; 340 000 of those were among children. Over half a million people died from the disease.

The Region continues to carry about 41% of the global burden of tuberculosis. Six of the 11 Member States in the Region are among the 30 high-TB-burden countries, with India alone accounting for 23% of the world's incident cases.

The burden of TB in the SEA Region includes an estimated 99 000 cases of multidrug-resistant TB (MDR-TB) in 2014, out of which only 33 264 cases were confirmed as Rifampicin-resistant or multidrug-resistant TB and only 28 536 patients with MDR-TB were registered for treatment in the Region, which represented only 34% and 29% respectively among the estimated MDR-TB cases.

In 2014, a total of only 2.6 million cases of all forms of TB were notified leaving an estimated 1.4 million cases missed (not notified or not diagnosed and notified). The notification in 2013 was 2.3 million. The increase in 2014 was mostly due to 29% increase in notification in India, which followed the introduction of a policy of mandatory notification in May 2012. More than half of the people with HIV are unaware of their status. Those who test, do so late when they have symptoms and their immune systems are already compromised. Only 36% of the people living with HIV in the Region are on treatment. In the SEA Region, the TB treatment success rate has continued to be more than 88% since June 2009.

While progress continues to be made, national TB control programmes still face a number of challenges that relate to uncertainties regarding sustainable financial and operational resources, limited technical and management capacity, weak procurement and supply management

mechanisms, and national laboratory networks. These uncertainties, in turn, are slowing the planned expansion of early and enhanced case detection and interventions for TB–HIV and drug-resistant TB (DR-TB). Though collaboration with other sectors is steadily increasing, the provision of care by all health-care providers is not sufficiently linked to national programmes to make an impact at the national level. Low community awareness and utilization of services hamper the uptake of services. It is increasingly becoming recognized that attention needs to be paid to address the social, economic and behavioural determinants that impact TB, if national efforts to combat TB are to succeed in the longer term.

Meetings of the National TB Control Programme (NTP) Managers have been held annually in the Region. These meetings have, in a steadfast manner, provided a strategic forum for exchange of information on existing and new, innovative approaches being applied in countries, for discussions on technical issues, and to follow up on actions taken on the recommendations of previous meetings. This has resulted in valuable advice for developing policies, strategies and plans for implementation of TB control interventions in Member countries in the coming year. Currently this meeting is held annually. The last meeting was held jointly with partners in October 2015.

Several technical and policy-level meetings have been held in the past two years and several guidelines relating to various aspects of TB control have been updated particularly during 2014 and 2015 through extensive consultations within all three levels of WHO, namely headquarters, Regional and Country, and with technical partners. The most significant of those is the Regional Strategic Plan 2016–2020. This work has been undertaken in response to the endorsement of the “End TB Strategy” during the Sixty-seventh World Health Assembly in May 2014 and various consultative processes in the Region.

During the deliberations at the meeting of the Regional National TB Programme Managers held in October 2015, it was felt that further guidance was required from the South-East Asia Regional Technical Working Group on TB on these newer strategic directions.

WHO Regional Office for South-East Asia (SEARO) established the SEA Regional Technical Working Group (SEAR TWG) on TB in 2000. The Group is composed of technical experts within and outside the Region. The meetings are held biannually and were held in 2004, 2006, 2010, 2012

and 2014. The guidance provided by the Working Group through these deliberations in the past has contributed significantly to successfully deploying appropriate strategies and interventions for TB control in countries of the Region. It was, therefore, proposed to organize a meeting of experts of the SEAR TWG on TB, primarily to review progress made based on the recommendations in the meeting in 2014, and to discuss implications and application of the “End TB Strategy” through the Regional Strategic Plan 2016–2020.

2. Opening session

The Minister of Health of the Republic of Maldives, Her Excellency Ms Iruthisham Adam and Dr Arvind Mathur, the World Health Organization Representative (WR) to Maldives, opened the meeting. Their opening addresses are found in Annexes 1 and 2, respectively.

In his remarks, Dr Giuliano Gargioni, from WHO headquarters, noted that this meeting of the SEAR-TWG takes place at the time of a turning point in the history of TB control for two major reasons:

- (1) Member States of the World Health Assembly for the first time have committed to end the TB epidemic with a view that such end is in sight;
- (2) moving from a “focused” to a “systematic” approach with biomedical, public health and socioeconomic interventions.

As a result, new skills will be required in countries; technical skills to adapt and implement all components of the End TB strategy, and capacity to dialogue to engage political authorities and strengthen government stewardship.

The real issue, considering the scope of the strategy, is not whether it is too ambitious but whether it is addressing more adequately people’s needs. If we consider that, Member States and WHO are facing a huge, but also very fascinating challenge.

Dr Md Khurshid Alam Hyder, Regional Adviser for TB, WHO Regional Office for South-East Asia, presented the objectives of the meeting:

The general objective was to provide guidance on the implementation of the “End TB Strategy” for TB care and control interventions in countries of the Region.

The specific objectives were to:

- review progress and identify challenges and constraints in implementing activities based on recommendations of the 2014 TWG meeting in countries of the Region;
- review and discuss the Regional Strategic Plan 2016–2020;
- provide guidance on adopting and applying the revised WHO policies and guidelines for more comprehensively addressing in the specific context of countries in the Region;
- provide technical guidance on identification of specific need of technical support from WHO and other partners in relation with the activities proposed for the 2016–2017 biennium in countries of the Region.

The programme of the meeting is provided in Annex 3 and the list of participants in Annex 4.

Each technical session began with an introductory presentation by a WHO staff member. The presentations were followed by an open discussion for each session, and conclusions and recommendations were made by TWG-TB members. Recommendations were summarized and discussed on the second day of the meeting. The draft report was circulated to all TB TWG members and revised based on feedbacks.

3. Role of the SEAR TWG-TB and election of chairperson

The main role of the SEAR-TWG-TB includes:

- provide independent review and expert technical input to the WHO South-East Asia Region’s TB care and prevention with the objective of facilitating and accelerating “The End TB Strategy”;
- provide clear guidance to the WHO Secretariat on new policies, strategies and interventions for Member States in the Region;

- provide further guidance on adopting and applying the revised WHO guidelines in the Region, including need for technical assistance.

The specific roles of the SEAR-TWG-TB are to:

- provide a forum for technical discussion and advise in the field of TB care and prevention throughout the WHO SEA Region in line with “The End TB Strategy”;
- provide support and guidance to Member States in reviewing, adapting, implementing and monitoring the End TB Strategy;
- review the status of TB care and prevention in the Member States of the WHO South-East Asia Region;
- make technical recommendations that will help strengthen regional and national efforts to implement policies and strategies for TB control, including M/XDR-TB and TB/HIV co-infection in line with health systems strengthening and help to monitor progress towards set targets;
- provide support on the implementation of the Regional Strategic Plan 2016–2020 and technical advice and recommendations on the development/updating National Plans in line with “The End TB Strategy”;
- promote support for adequate and comprehensive surveillance for TB care and prevention including drug-resistance surveillance;
- promote understanding and support for the programme targets among technical institutions, professional associations and bilateral/multilateral and private agencies;
- recommend on operational research for TB care and prevention as well as for new TB diagnostics, drugs and vaccines;
- propose mechanisms for coordination among international partners to ensure that adequate technical and financial support for TB care and prevention is obtained.

The TWG-TB members nominated Dr Lee Reichman as the chairperson of the group for the period 2016–2018.

4. Global and regional overview of TB

4.1 Global overview of TB: progress and challenges in TB control and new policies

In 2014, an estimated 9.6 million people became ill with TB (1 million children, 3.2 million women and 5.4 million men). An estimated 1.5 million people with TB died, including deaths attributed to HIV/TB. An estimated 1.2 million people had HIV-associated TB and 480 000 were estimated as having multidrug-resistant TB. The South–East Asia Region carries 41% of the TB burden with 17% in the Western Pacific Region and 28% in the African Region. Of the estimated cases, 23% are in India with 10% each in Indonesia and China and 5% each in Nigeria and Pakistan.

Incidence peaked at 10.2 million in 2004. The rate has been falling at an average of 1.5% per year since 2000 to reach 9.6 million in 2014. In 2002, the total mortality peaked at 2.1 million deaths with a 47% reduction in the mortality rate since 1990, reaching 1.5 million deaths in 2014.

MDR-TB remains a public health crisis:

- 480 000 estimated cases
- 123 000 patients reported with MDR-TB
- 111 000 people with MDR-TB started on treatment with second line anti-TB medicines
- 50% of MDR-TB patients globally had a successful treatment outcome
- Three out of the 27 high-MDR-TB countries achieved a treatment success rate of $\geq 75\%$.

Following this, the challenges and six priorities for action have been identified as:

- ensure diagnosis and quality care for the “missed” cases (3.6 million)
- address MDR-TB as a crisis
- accelerate response to TB/HIV

- increase financing to close resource gaps – Critical funding gaps can compromise efforts to save lives
- address TB within universal health coverage, social protection and poverty agendas – vulnerable and hard-to-reach groups are most affected
- intensify research and ensure rapid uptake of innovations.

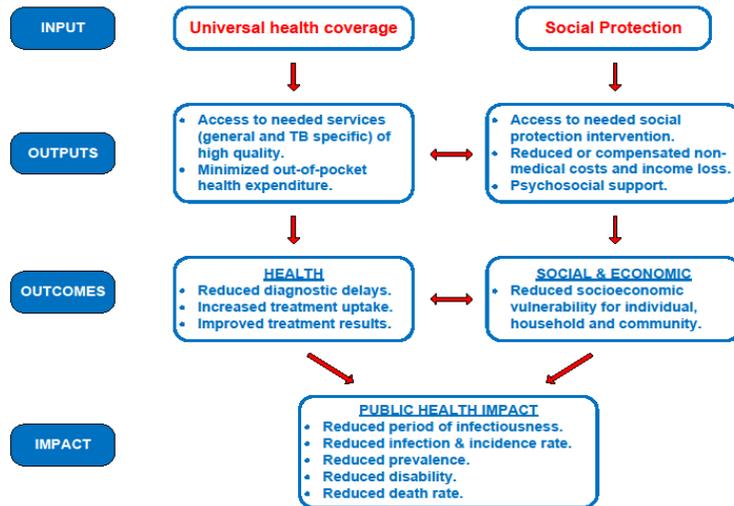
Reaching the “missed” cases early is crucial: 10 countries account for 75% (2.7 million) of the estimated “missed” cases globally. Indonesia and India alone account for 1.2 million “missed” people.

The financial burden of disease for TB patients is often considerable. Catastrophic total costs due to TB is defined as the sum of total indirect and direct costs exceeding a given threshold (e.g. 20%) of the household’s annual income. A systematic review of the financial burden for tuberculosis patients in low- and middle-income countries shows that up to 50% of annual income lost is due to TB-related costs. These consist of the following:

- out-of-pocket payments for TB diagnosis and treatment made by TB patient’s households, net of any reimbursements (addressed by universal health coverage);
- payments related to the use of TB health services, such as payments for transportation, accommodation or food net of any reimbursements to the individual who made the payments (i.e. guardian or patient) (addressed by social protection schemes);
- income losses incurred by both the TB patient and any accompanying household member, net of any welfare payment (addressed by social protection schemes).

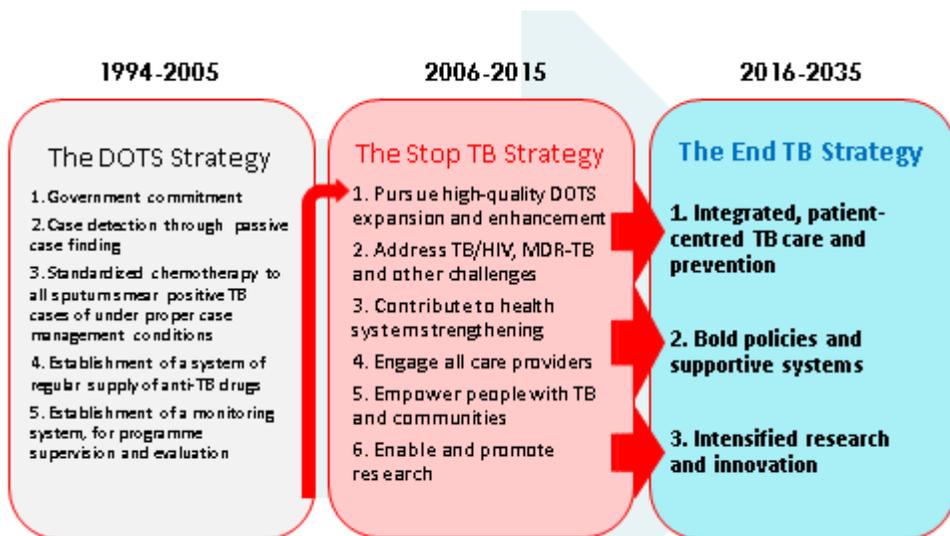
The interrelationship between universal health coverage, social protection, TB outcomes and public health and social impact is illustrated in Figure 1 below. Addressing social challenges is a precondition to achieve epidemiological targets.

Figure 1: Interrelationship between universal health coverage, social protection, TB outcomes and public health and social impact



In response to the challenges of the TB epidemic, the global TB strategies have evolved as illustrated in Figure 2 below:

Figure 2: Evolution of global TB strategies



The End TB strategy is illustrated in Table 1 below:

Table 1: *The End TB Strategy*

VISION	A WORLD FREE OF TUBERCULOSIS – zero deaths, disease and suffering due to tuberculosis			
GOAL	END THE GLOBAL TUBERCULOSIS EPIDEMIC			
INDICATORS	MILESTONES		TARGETS	
	2020	2025	2030*	2035
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%
Reduction in TB incidence rate compared with 2015 (%)	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)	90% (<10/100 000)
TB-affected families facing catastrophic costs due to TB (%)	0	0	0	0
PRINCIPLES				
<ol style="list-style-type: none"> 1. Government stewardship and accountability with monitoring and evaluation 2. Strong coalition with civil society organizations and communities 3. Protection and promotion of human rights, ethics and equity 4. Adaptation of the strategy and targets at the country level with global collaboration 				
PILLARS AND COMPONENTS				
<ol style="list-style-type: none"> 1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION <ol style="list-style-type: none"> A. Early diagnosis of tuberculosis, including universal drug-susceptibility testing and systematic screening of contacts and high-risk groups B. Treatment of all people with tuberculosis, including drug-resistant tuberculosis and patient support C. Collaborative tuberculosis/HIV activities and management of comorbidities D. Preventive treatment of persons at high risk, and vaccination against tuberculosis 				
<ol style="list-style-type: none"> 2. BOLD POLICIES AND SUPPORTIVE SYSTEMS <ol style="list-style-type: none"> A. Political commitment with adequate resources for tuberculosis care and prevention B. Engagement of communities, civil society organizations, and public and private care providers C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control D. Social protection, poverty alleviation and actions on other determinants of tuberculosis 				
<ol style="list-style-type: none"> 3. INTENSIFIED RESEARCH AND INNOVATION <ol style="list-style-type: none"> A. Discovery, development and rapid uptake of new tools, interventions and strategies B. Research to optimize implementation and impact, and promote innovations 				

* Targets for the United Nations “Sustainable Development Goals” under formulation

The presentation was summarized as follows:

- During the Millennium Development Goal (MDG) era, the TB response saved 43 million lives.
- However, TB is alongside HIV, the top infectious killer with 1.5 million deaths per year.
- The SDGs now call to “end the TB epidemic” in an equitable way by 2030.
- The new End TB strategy and targets have been approved by all Member States.
- The three pillars and four principles need now to be adopted and adapted in all settings: optimize and modernize care, enforce bold policies, and invest in research.
- Intensified efforts and greater resources are necessary, and SDGs are an opportunity for all.

4.2 Regional overview of TB: progress and challenges in TB care and prevention

The SEA Region has made considerable gains in the fight against TB. The Region has achieved the 2015 Millennium Development Goal of halting and reversing TB incidence. The Stop TB Partnership’s target of halving the TB mortality rate and the target of halving TB prevalence (as compared with the 1990 level) have also been reached.

While the achievements in TB control in the SEA Region over the past two decades are substantial, they are far from enough to ensure necessary progress towards the target of elimination of TB by 2035. Analyses of constraints to regional TB control bring forward major persisting barriers. These include:

(1) **Overreliance on donor funding**

There is an insufficient resource mobilization and even in countries with a smaller funding gap, the funding from international donors is considerable. National governments meet an average of 41% of current budgets for NTPs. However, variation between countries is considerable.

(2) **More than 40% of the estimated incident cases in the Region are either not detected and not treated or detected by private or public services but not notified to the ministries of health**

- delayed diagnosis and treatment of persons with TB, including children;
 - unregulated and growing private sector; many public and private health providers remain delinked from national tuberculosis control efforts, and there is insufficient involvement of big hospitals (public and private), lung clinics and other specialized facilities seeing people with respiratory symptoms;
- insufficient progress in scaling up programmatic management of DR-TB (PMDT);
- insufficient progress in scaling up TB-HIV collaborative activities;
- inadequate laboratory capacity;
- insufficient strategies to address populations at risk, including targeted screening/active case finding.

(3) **Persisting weaknesses in the health systems**

- weak health systems:
 - limited access to quality health services;
 - overstretched and weak performance of health services, not only related to services for people with TB, but limiting access to high-quality tuberculosis care;
 - poor governance and weak accountability mechanisms;
 - serious shortages of well-trained, motivated and supported health workers and unfair distribution of them within and across countries; and lack of knowledge or capability in many key areas such as quality assurance.
- insufficient data collection, quality and use of data at all levels;
- limited linkages required across social sectors to address poverty, undernutrition and risk factors that adversely

influence people's vulnerability to tuberculosis, and the health outcomes of people with tuberculosis;

- limited programme management capacity with limited involvement of NTPs in decision-making related to the health sector reform processes while NTPs are affected by changes made.

(4) **Insufficient co-management of noncommunicable diseases and tuberculosis comorbidities**

- Risk factors of tuberculosis such as diabetes, tobacco-smoking, silicosis, alcohol and drug misuse, and undernutrition hamper tuberculosis control, especially in low- and middle-income countries.

(5) **Insufficient regulatory systems and mechanisms**

- Absence of universal health coverage aggravates the economic burden on the poor. This hardship is compounded by a lack of social protection mechanisms to address associated income loss and non-medical costs.
- Weak regulatory mechanisms essential to ensure effective infection control, rational use of tuberculosis diagnostics and medicines, mandatory disease notification, functioning vital registration systems, and protection of the legal rights of people with tuberculosis.

(6) **Insufficient long-term strategies to address the underlying determinants**

- Specifically, effective tuberculosis prevention will require actions resulting in poverty reduction, improved nutrition, and better living and working conditions as well as strategies to mitigate the impact of migration; ageing populations that are risk factors for tuberculosis.

Actions required include:

- bolder policies and fast-track strategies for TB care and prevention addressing all forms of TB;
- monitoring programme at the highest level (Presidential or Prime Ministerial Committee);

- universal health coverage and innovative service delivery mechanisms;
- robust involvement of all stakeholders – the private sector, nongovernmental organizations (NGOs), community workers;
- more accurate disease burden estimates through various modelling exercises;
- resource mobilization from domestic and international sources.

5. Technical sessions with conclusions and recommendations

5.1 Review of progress on implementation of the recommendations made by the SEAR TB TWG during its meeting in 2014

This session provided an overview of the progress on implementation of the recommendations made by the SEAR TB TWG during its meeting in 2014. Key remaining issues that were identified in the analysis include:

- Drug supply chain lead time and capacity in drug supply, stock management and adequate monitoring of anti-TB medicines remain some of the key challenges.
- Despite newer strategies in place, still more than 1 million TB cases in the Region are “missed”. Current efforts towards universal health coverage, tackling social determinants of TB poverty reduction and additional efforts within and beyond the health sectors are still inadequate.
- PPM scale-up interventions are not adequate particularly in engaging the unorganized and unregulated private practitioners.
- Capacity and resource constraints in scaling up the management of TB in children still remain an issue.

The TWG discussion focused on the challenges in identifying persons sick with TB but not diagnosed, with particular emphasis on importance of community involvement and the role and involvement of the private sector.

Experiences from Bangladesh, Nepal, Myanmar, India, Afghanistan and the Philippines were presented.

The TWG:

- **Recognizes** the considerable challenges in involving private health-care providers in a comprehensive, holistic and sustainable manner as well as the need for country-specific assessments and strategies;
- **Recognizes** that many of the issues surrounding the “missing TB cases” in the Region are persisting challenges that are complex to address in a comprehensive manner and that strategies and interventions to address them need to be multisectoral, multidisciplinary and content-specific;
- **Recognizes** the important role of the civil society and communities in providing support to both increased case detection, particularly in vulnerable populations as well as improved treatment outcomes;
- **Is concerned** about the huge continuing investment needed to orient all private practitioners on strategies and interventions to control and prevent TB based on NTP policies and guidelines;
- **Is concerned** about the overreliance of TB control programmes on external funding and the challenges in considerably increasing domestic financial resources and sustainability;
- **Is concerned** about the challenges involved in strengthening TB control services in urban settings and hard-to-reach areas and vulnerable populations (prison, workplace, boarding schools) – government services as well as private providers;
- **Acknowledges** that increased research is needed to tailor health service provision in the context of huge differences in health-seeking behaviours among different population groups, particularly in hard-to-reach areas.

The TWG recommends that:

- (1) SEARO conducts a review of experiences in the Region in investing in and engaging the private health sector and the role

of public-private partnerships and draws conclusions on best practices in the Region.

- (2) SEARO conducts a review of current strategies to address TB control in urban settings to identify successful – and not so successful attempts – to improve TB control in urban settings in the Region.
- (3) SEARO conducts a review of the status of updating the TB component in curricula of basic training institutions for health workers as well as experiences from other regions on developing sustainable strategies for orientation of medical doctors.
- (4) SEARO provides support to Member States in developing the research agenda on health-seeking behaviours particularly in hard-to-reach areas and key high-risk populations (urban and rural) to develop tailored strategies to increase access and contribute to identifying and diagnosing the “missing cases” of TB.
- (5) SEARO organizes a high-level meeting focusing on increasing domestic funding to reach the End TB targets in a sustainable manner.

5.2 Review of recommendations of the Global Strategic and Advisory Group on TB (STAG-TB) in 2015

The session provided an overview of recommendations of the Global Strategic and Advisory Group on TB made during its meeting in 2015. The request from WHO to the STAG-TB 2015 included the following:

- provide guidance on implementing the End TB Strategy and related efforts in promotion and supporting adaptation;
- methods for reporting on the 2015 TB targets and formulation of updated high TB-burden country lists;
- the policy, programmatic and funding implications of recent TB prevalence surveys.

The meeting also aimed to provide updates to STAG-TB members on:

- overall status of response to the MDR-TB crisis;

- advances of WHO and partners in supporting effective prevention and care of childhood TB;
- work of WHO regional offices in supporting adaptation and planning for implementation of the End TB Strategy; and
- important complementary efforts of The Global Fund to Fight AIDS, TB and Malaria in developing its next strategy.

A brief summary of issues discussed by the STAG-TB includes:

- Rolling out of the End TB Strategy:
 - adoption and adaptation to different settings and regions;
 - guidance through the WHO “Essentials of implementing the End-TB Strategy”;
 - work with pathfinders;
 - ensure that national strategic plans (e.g. in The Global Fund concept notes) share the bold vision.
- Patient-centred approach requires respect of all vulnerable people and especially children. The response to childhood TB is crucial.
- The new era requires further strengthening of measurement and re-estimation of high-burden countries.
- Prevalence surveys show power of data to understand disease burden and study implications for policies, e.g. case-detection approaches.
- To facilitate care, surveillance, programmatic implementation and learning, e-Health is an innovation offering huge potential.
- Research to end TB (Pillar 3) demands intensification along the continuum and stronger commitment by governments through national strategies, networking and investment.
- TB/HIV response needs to be intensified to eliminate TB deaths among people living with HIV: rolling out of a new WHO joint approach.

- MDR-TB is a crisis as Antimicrobial Resistance (AMR) is a health security issue besides a major killer. Filling the gap between diagnosis and treatment is crucial for a proper response.

The TWG discussions focused on identifying revised WHO policies and guidelines that are essential to the Region to make major progress towards the End TB targets but not yet well adapted and adopted, identification of key obstacles in member countries to adopting and adapting revised policies and guidelines, and key steps and actions that member countries need to take to overcome the identified obstacles.

The TWG:

- **Recognizes** that the End TB policy framework and targets represent a paradigm shift in TB control, from “halting TB” to “ending TB” and ultimately eliminating it. It places at the centre all people vulnerable to or affected by TB, and calls for a rapid introduction of innovations such as new tools, policies and systems.
- **Recognizes** that the developments of universal health coverage and social protection schemes as well as multisectoral approaches (“all of society” approaches not just “all of government”) are fundamental to ensure access to high-quality services without incurring catastrophic costs to patients (which often is a disincentive to seeking care for the most disadvantaged populations).
- **Recognizes** that key policies and strategies such as those related to active case finding, contact screening, improving access in hard-to-reach areas, engaging the private sector, introduction of new drugs, mandatory notification of TB cases, as well as Isoniazid Preventive Therapy (IPT), need further adaption and development to enable major progress towards the End TB targets and answer the specific country challenges.
- **Recognizes** the need for adaptation of the End TB strategy at the country level and the urgent revision of technical and operational guidelines as well as subsequent capacity-building to facilitate efficient and effective implementation.

- **Recognizes** that one key obstacle to both allocation of sources and implementation capacity is the overall weakness of the political commitment at all levels (including local governments).
- **Recognizes** that while innovation and changes in policies and procedures are essential, changes at implementation levels are sometimes complex; managers face challenges and constraints in expanding services and changes in current practices.
- Is **concerned** about the fragile funding situation and the lack of financial sustainability.
- **Acknowledges** that advocacy within and outside of the health sector has not been effective and needs strengthening.
- **Acknowledges** that to make major progress, a comprehensive tailored and multisectoral approach is needed to update and revise national strategic plans to address persisting issues and challenges in TB control and ensure efficiency and effectiveness.

The TWG recommends that:

- (1) SEARO, in collaboration with the United Nations Special Envoy on TB, organizes a multisectoral high-level consultation to ensure a broad multisectoral and political commitment and approaches to reaching the End TB targets.
- (2) SEARO ensures that the progress towards the End TB targets are reported back to the Regional Committee every three years (as appropriate) and is a key point on the agenda for the Regional Committee in 2020.
- (3) SEARO further strengthens efforts to provide support to Member States in developing the overall universal health coverage and social protection schemes, ensuring that TB patients like other patients affected with other chronic illnesses or disabilities are protected from experiencing catastrophic costs.
- (4) SEARO work with WHO headquarters, country offices (WCOs) and implementing partners, including patient communities and civil society to provide continuing technical support to Member States in updating and revising national strategic plans to further

adopt and adapt new policies and recommendations (see also session 1).

- (5) SEARO work with headquarters, country offices and implementing partners, including patient communities and civil society to provide continuing technical support to Member States to revise and update national guidelines and manuals (see also session 1).
- (6) SEARO work with technical and financial partners and WHO collaborating centres to further develop and provide capacity-building activities on key aspects of programme management, leadership and communication skills.
- (7) SEARO ensures the discussion on increasing domestic funding to reach the End TB targets in a sustainable manner in the Regional Committee meeting.
- (8) SEARO, WCOs and partners to provide support to national advocacy efforts to broaden the support for implementation of the End TB strategy.

5.3 The Regional Strategic Plan 2016–2020: how do we move forward to reach the End TB targets in a comprehensive manner?

The session provided an overview of the Regional Strategic Plan to End TB in the Region 2016–2020.

The TWG discussions on how do we ensure high-level commitment to the End TB targets; how do we ensure the broad multidepartment and multisectoral involvement and commitment; how do we make TB everybody's business; how do we close the resource gaps, and which are the new strategies and interventions that should be accelerated to make major progress towards the regional targets to end TB?

The TWG:

- **Recognizes** that it is imperative for the adaptation of the Regional Strategic Plan to End TB in the SEAR 2016–2020 to have a comprehensive mapping of the TB situation in the

country including the health service delivery system such as public and private; universal health coverage; and social protection schemes and research.

- **Acknowledges** that the TB agenda can greatly benefit from lessons learned from other disease control interventions, e.g. polio and HIV/AIDS, in the area of high-level advocacy and commitments.
- **Recognizes** the essential role of a high-level body for advocacy, resource mobilization and multisectoral involvement. The high-level body should have a political and managerial membership, and be supported by the relevant technical professionals. While it is not possible to use the same blueprint for creating such a high-level body in all countries, a strategic approach is possible and this approach can be broken down into key steps. For example:
 - One such step is to assess whether a similar high-level and politically influential entity is already existing, e.g. the AIDS commission in some countries play a similar role; in view of the health and socioeconomic implications of the TB epidemic, TB could be added to the agenda of such an existing entity.
 - It is unlikely that a new and exclusively TB-focused entity will be created (in most countries). Instead, an existing or new body could be re-oriented to take up the universal health coverage and social protection agenda, specifically populations like TB patients that need prioritization. TB would in this case effectively play the role of a pathfinder towards a health and social reform.
 - As NTPs do not usually have such convening power, it is essential to motivate and engage the highest possible official within the Ministry of Health to advocate for such reform and facilitate (broker) a dialogue with other ministers and sectors of the society.
 - If the platform for such dialogue will be established, this will represent a powerful driving force (and perhaps the very inception) sustaining the creation of the high-level body mentioned above.

- **Recognizes** that engagement of Members of Parliament at the national level and local levels is essential in broadening the political commitment and engagement of the local constituency.
- **Acknowledges** that the End TB targets in itself a powerful advocacy tool, including the target of zero deaths and zero catastrophic costs.
- **Recognizes** that in order to address the resource gaps, it is imperative to improve the domestic funding and that the involvement of the corporate sector, private foundations, celebrity persons through special fundraising events, and local (district and subdistrict) businessmen represent underutilized opportunities.
- **Recognizes** that SEARO and Country Office (WR) have a unique position to contribute to the regional high-level advocacy and follow-up of the resolutions in the World Health Assembly through access to health ministers and other high-level officials.
- **Is concerned** that the curricula of pre-service training of medical doctors, nurses and other health professionals involved in TB control are still not updated to reflect the current NTP policies and strategies, including the End TB strategy, which is creating considerable challenges to involve all health-care providers.

The TWG recommends that:

- (1) SEARO, WCO and technical partners provide support to member countries to conduct comprehensive mapping of the TB situation in the country, including an assessment of possibilities to broaden the multisectoral constituency for advocacy and fundraising and expanding partnerships.
- (2) SEARO organizes a multisectoral high-level consultation, including key parliamentarians from member countries to ensure a broad multisectoral commitment and approaches to reaching the End TB targets (see also session 2).
- (3) SEARO through the WCO and WHO representatives strengthens the ongoing dialogue with ministers of health and other high-level officials to raise the high-level commitment to the End TB targets.

- (4) SEARO conducts and reviews the status of updating the TB component in curricula of pre-service and specialized medical training institutions for health workers as well as experiences from other regions, and organizes a regional consultation on strengthening the teaching of TB in pre-service training institutions of health workers (see also session 1).

5.4 Technical support for the 2016–2017 activities for TB control in the Region

The session provided an overview of the components of the National Strategic Plan with a special focus on the technical assistance plan. The TWG discussion focused on identifying the key issues/technical support areas where technical support is essential to scale up activities in countries and what the WHO Regional Office can do to technically support countries in scaling up interventions to make major progress towards the End TB Strategy.

The TWG:

- **Recognizes** the need for continued WHO technical support to countries, and the availability of the Technical Assistance Roster, which is constantly being updated.
- Is **concerned** with the increased needs of technical assistance as well as need for capacity-building of the existing experts on the roster for a new skill sets (e.g. related to UHC, social protection and measurement) appropriate to technical assistance needs in view of scaling up activities in line with the End TB Strategy.

The TWG recommends that:

- (1) SEARO provide training on new skill sets for technical experts from the Region.
- (2) SEARO coordinate the technical support at the regional level in coordination with the countries and WHO headquarters.
- (3) SEARO and WCO encourage countries to plan for their technical assistance needs for at least two years and secure funding where possible for easy coordination and planning by all partners and countries.

Annex 1

Address by Honourable Minister of Health, Ms Iruthisham Adam

WHO Country Representative to Maldives, Dr Arvind Mathur, Excellencies, Colleagues of UN Agencies, Distinguished Delegates, Ladies and Gentlemen,

Good morning to all of you.

It is a pleasure to be here today at the Meeting of the South-East Asia Regional Technical Working Group on TB.

I would like to extend a warm welcome to you all to Maldives and to this meeting, and hope your stay at Maldives is comfortable.

Ladies and gentlemen, despite advances in treatment and diagnosis, TB remains one of the top infectious causes of mortality globally. The South-East Asia Region suffers disproportionately from this disease, with 40% of the global burden seen in this Region.

New threats such as multidrug-resistant TB (MDR-TB), and the even more dangerous XDR-TB has emerged in the Region, which needs a sustained response.

However, I am happy to note that this Region, with the leadership of Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia, has determined to work for elimination of TB in the Region.

Although this seems a lofty goal, I believe that this is achievable, as this Region has managed to achieve the MDG targets for TB. So we need to continue and accelerate this momentum gained for MDGs, in order to achieve elimination.

Although TB is relatively lower burden in Maldives compared with most of the countries in the Region, our aim is to achieve elimination of TB before the 2030 target. My government, and my team in the health sector, is committed to reach this goal.

With this year's TB Day theme of 'unite to end TB' in mind, we also have garnered support and assistance from non-health partners, stakeholders in local industries in the civil society, youth groups to work towards the target.

Maldives have done an excellent work to diagnose and for treatment of TB patients since past and have achieved commendable results. Compared with other countries from this Region the number of patients with TB has decreased. No doubt this is achieved with the dedicated work by a lot of people. A proof of this would be that SAARC TB and HIV Centre recognized the excellent work done by Ms Shameema Hussain from Maldives, for her dedicated work done in the field of prevention and treatment of TB in the Maldives.

In most recent works done in this field in Maldives, let me highlight a TB case finding and treatment training of trainers training, which was held in March to atoll focal points, where 34 participants had participated. We hope that this training would strengthen the early diagnosis and timely treatment of TB.

Also, with the commemoration of TB day, clinical practitioners were engaged with the TB national programme in social media chats, to raise awareness and thus the collaboration of health-care providers for better compliance of the national programme guidelines.

We are also happy to work with our partners WHO and other member countries of the Region so that our collective vision of a TB-free Region is realized. I hope that technical meetings such as these, and the various stakeholder discussions and dialogue will identify our regional and country-specific needs and find ways to address them.

World TB Day was marked not only as a public awareness and advocacy event, but rather as a forum for networking to enforce and initiate future collaborations and partnerships with national organizations.

At this note, I would like to also thank WHO Country Representative to Maldives, Dr Arvind Mathur, for his cooperation and assistance provided to the Ministry of Health at all times. I am confident that our ONE HEALTH TEAM both Ministry of Health, WHO and the private sector will work together to implement my Government's manifesto goals on health sector.

I hope for a fruitful two days of discussions for the team here, and despite the work you will inevitably be doing, I hope you will find some time to enjoy the beauty of our Country.

Thank you.

Annex 2

Opening speech by Dr Arvind Mathur, WHO Representative to Maldives

Her Excellency, Ms Iruthisham Adam, Honorable Minister of Health,
Honorable State and Deputy ministers of health,

Ms Khadeeja Samad Abdullah, Permanent Secretary,

Dr Sheeza Ali; DGHS,

Dr Md Khurshid Alam Hyder, Regional Advisor- TB, SEARO,

Dr Lungten Wangchuk, Technical Officer- SEARO,

Dr Giuliano Gargioni, Medical Officer, HQ,

Experts participating in the Regional Technical Working Group

Colleagues from different country offices

Distinguished ladies and gentlemen,

Assalaam-aalai-kum and a very good morning to all!

At the very outset, let me express my sincere gratitude to the Minister of Health (MOH), Her Excellency, Ms Iruthisham Adam, for accepting our request and invitation to grace the opening of the SEAR Technical Working Group Meeting, which is organized by SEARO in Male'.

Excellency, though to some it may be repetitive but I must mention it for the benefit of august audience that your presence is again an indication of your unwavering support to issues of public health concern such as TB and also a reflection of commitment for Maldives quest to be a Zero TB country in near future.

Though a few days have passed but the observance of the World TB Day by MOH is distinctly vivid in my mind where true to theme of “Unite to End TB”; we have several partners and collaborators- UN, Bilateral, NGOs/ Civil society, Academia and community organizations coming together to reaffirm their commitments for ending TB in Maldives.

Excellency, ladies and gentlemen,

I also take the opportunity to thank our Regional Director, Dr Poonam Khetrpal Singh, who graciously allowed organization of the SEAR TB Working Group Meeting in Maldives.

To me the meeting is timely and strategic as it is held in Maldives soon after the International Meeting towards Ending TB with focus on fast-tracking access to quality diagnosis and treatment.

Also this is an opportunity for Maldives to have some specific take home messages in line with the Regional Director’s Regional Campaign against tuberculosis through “End TB Strategy”, which aims to reduce TB deaths by 95% and cut new cases by 90% by 2030. This will create a “region free of TB with zero death, disease and suffering.”

This is so very pertinent and relevant as we ushered into the Sustainable Development Era era where the new ‘END TB Strategy’ demands bolder approaches and strategies with quality services, intense monitoring with active community participation and importantly through sustained financing.

Given the role of SEAR TB Working Group in reviewing progress and reflect on challenges in the region; it would also deliberate on new policies, strategies and interventions to guide the member countries in their quest to End TB.

Excellency, Ladies and Gentlemen,

Reflecting on the regional strategy and looking at the steady progress in Maldives, it seems Maldives is well prepared to embrace the ambitious target and with enhanced collaborative efforts, close monitoring and surveillance and wider partnerships; Maldives should be able to strive

achieving the distinction of having “Zero TB” much ahead of the global target.

It surely is easier said than done given the myriad of challenges as we need resilient health system to be able to address the issues including that of MDR-TB, well trained health workforce to ensure quality services and coverage and above all commitment to make the funds available for all of these.

It goes without saying that such an initiative would be successful when we have the contributions from all stakeholders- the private sector, civil society, academia and importantly families and patients themselves.

I therefore, surely feel that organization of the SEAR Technical Working Group Meeting in Maldives would prove to strategically beneficial and advantageous to us.

On behalf of my Regional Director and as her and DG’s Representative; I remain committed to facilitate all the technical support needed for this area and as a credible partner; will continuously work with the Ministry at all levels from policy to operations.

“Enme haa bey-fulhunnah shukuriyya”

Vassalaam-alai-kum

Annex 3

Agenda

- (1) Opening session
- (2) Objectives of the meeting
- (3) Role of the TWG and election of the Chair of the newly selected SEAR TB TWG
- (4) Global overview of TB: progress and challenges in TB control – new policies
- (5) Regional overview of TB: progress and challenges in TB care and prevention
- (6) Review progress on recommendations of SEAR TB-TWG 2014
- (7) Review of recommendations of the WHO Strategic and Technical Advisory Group for tuberculosis (STAG-TB)
- (8) The Regional Strategic Plan 2016–2020: how do we move forward to reach the End TB targets in a comprehensive manner?
- (9) Technical support for the 2016–2017 activities for TB control in the Region
- (10) Conclusions, recommendations and closing session

Annex 4

List of participants

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The South-East Asia Regional TB Technical Working Group (TWG) provides guidance to the WHO Secretariat on appropriate strategies and interventions for TB care and prevention in countries of the Region.

The sixth TWG meeting reviewed progress and identified challenges and constraints in implementing activities, based on recommendations of the TWG meeting in 2014, in countries of the Region. It also discussed the new End TB Strategy and the Regional Strategic Plan 2016–2020 to provide guidance on applying revised WHO policies and guidelines for a more comprehensive approach that addresses specific needs of Member States.



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