



**World Health
Organization**

Regional Office for South-East Asia



**CALL FOR
ACTION**

MINISTERIAL MEETING

Towards Ending **TB in the South-East Asia**

15-16 March 2017, New Delhi





MINISTERIAL MEETING

Towards Ending **TB in the South-East Asia**

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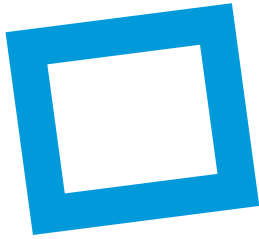
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EXECUTIVE SUMMARY

The two-day ministerial meeting held in Delhi was essentially aimed at raising the pitch on TB and garnering political commitment to end TB by 2030. From the above perspective the meeting was a resounding success considering that nine of the 11 SEA Region health ministers attended the meeting promising to end TB with renewed momentum. Two countries had high level government representation. One of the core agendas of the meeting was framing the 'Call for Action' declaration and endorsing it by Member States. The 'Call for Action' declaration was signed by all SEA Region countries in an exemplary show of unity to 'bend the curve' and end TB.

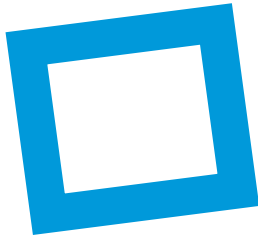
The first day of the meeting essentially discussed threadbare the magnitude of TB in the Region, challenges faced and the approach that each country needed to take to end TB by 2030. "It's not just rhetoric, we have to make a difference on the ground," as the session Chair, Dr. Soumya Swaminathan, Director General, Indian Council of Medical Research put it. "Each country will have to do a detailed planning. We are here to brainstorm," she said. Dr. Swaminathan was of the view that the Region had the human and scientific resources to carry out innovation; the important thing was to find the funding.

Dr. Swarup Sarkar, Director Communicable Diseases, WHO-SEARO elaborated on the Region's disproportionately heavy TB burden saying the response needed to be "proportionate" to the magnitude. While the Region accounts for a quarter of the world's population, it accounts for nearly half its TB burden. He further said that going by the current rate of decline in TB incidence and mortality, none of the countries in the Region, including the low burden ones, could reach the 2030 End TB targets. Emphasizing on the need for innovation and operationalization of new tools, he called for more domestic and multilateral funding for research. "To end TB we have to have a high political commitment," he added.

A 'Modelling and Costing' presentation by Dr. Nimalan Arinaminpathy, of the Imperial College, London elaborated on 'quantifying costs' and measuring the 'epidemiological impact' of interventions. Generating animated discussion and detailed scrutiny at the meeting, the paper also calculated resource gaps for each of the 11 countries. The meeting, attended by several heads of funding agencies, also offered opportunities for gaining the perspective of donors and the limitations on funding. Giving perspectives of *Community and Civil Society*, Ms. Blessina Kumar described the current approach to TB as being too "medicalised" and "top-down". She said empowering communities and patients was key to make the End TB strategy a reality. There was also a demand for making lifesaving TB drugs such as Bedaquiline or Delamanid more easily available to patients.

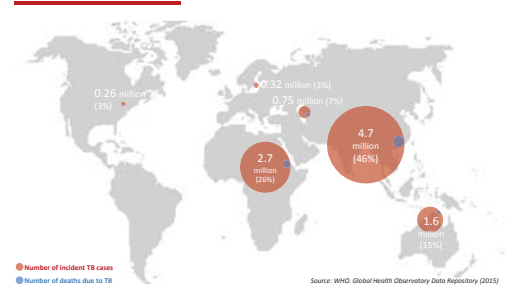
Among highlights of the meeting was a declaration by India that it would end TB by 2025 five years ahead of the timeline. Maldives announced it will launch campaigns for TB free islands and atolls, expanding it to whole country over the next 10 years. Sri Lanka and Thailand both announced their aim of reducing TB incidence to almost 50% over the next four years. Myanmar's Minister for Health and Sports, H.E Dr Myint Htwe said that he would present the 'Call for Action' to his Cabinet colleagues and it would be incorporated into implementation of the country's TB Control programme. Responding to the enthusiasm shown by Member Countries of the Region, the WHO-SEARO Regional Director declared TB as the eighth "flagship" programme of her office - 'Accelerating efforts to End TB by 2030'.

The Regional meeting was a build up to the global Health Minister's meeting to be held in Moscow in November 2017 and the Heads of States meeting on TB at the UN General Assembly in 2018. Thanking the ministers and dignitaries for their dedication and commitment, the WHO Regional Director for South-East Asia, Dr Poonam Khetrpal Singh concluded, "The success of this consultation reflects your commitment to bend the curve and end the TB epidemic by 2030."



DISCUSSIONS

Regional distribution of TB cases



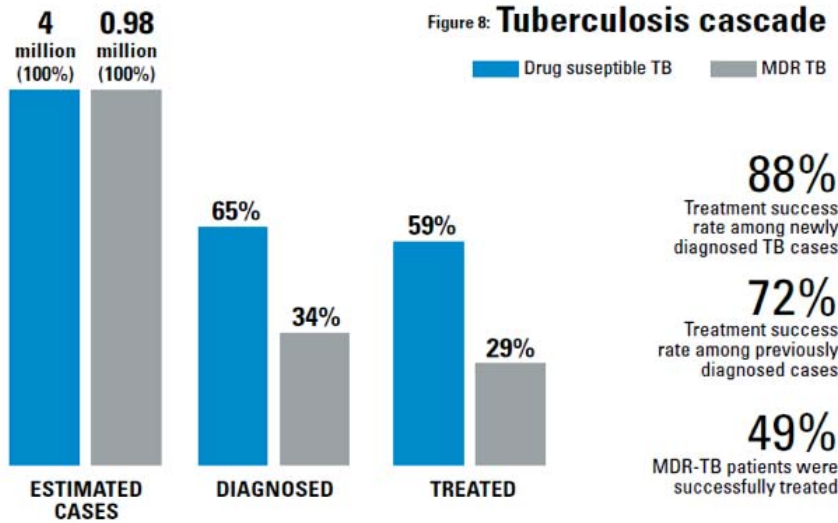
Discussions leading to the pledges by health ministers and the final signing of ‘Call to action’ were largely focused on the TB epidemic facing the Region as a whole and that of individual countries. Bangladesh, for instance, said that while its active case finding approach through community volunteers had been very successful, it still had to cover the entire country. Bhutan expressed concern over its rising MDR TB cases and the difficulty of reaching out to far flung patients because of its rugged mountainous terrain. The Representative from DPR Korea hoped that the Delhi meeting would provide a decisive turning point in mobilizing global resources to end TB in the country.

The central discussions mainly veered around three tracks as mentioned below.

SCIENTIFIC/TECHNICAL TRACK

The discussion brought to attention the Region's disproportionately large burden – while it accounts for a quarter of the world population it hosts nearly half the global TB burden – and called for a matching response.

Tuberculosis Cascade



SOURCE: TUBERCULOSIS CONTROL IN THE SOUTH-EAST ASIA REGION ANNUAL REPORT 2016, WORLD HEALTH ORGANIZATION, 2016

It was argued that at the current rate of decline in TB incidence none of the countries in the Region could meet the 2030 target of ending TB. For that to happen it was felt that countries and the Region as a whole would have to invest substantially in research and innovation. In his presentation, reviewed by 16 national and international peers, Dr Swarup Sarkar made the point that preven-



Dr. Nimalan Arinaminpathy, Imperial College, London



Dr. Soumya Swaminathan, Director General, Indian Council of Medical Research

tion will be the key strategy to meet the ‘End TB’ goals.

The presentation on ‘Modelling and Costing’ by Dr Nimalan Arinaminpathy of the Imperial College, London elaborated on ‘quantifying costs and epidemiological impact’ and how interventions could shape transmission. The paper also gave examples of specific interventions that could strengthen, accelerate response and prevent TB from spreading. There was also a consensus on greater involvement of the private sector providers into NTPs.

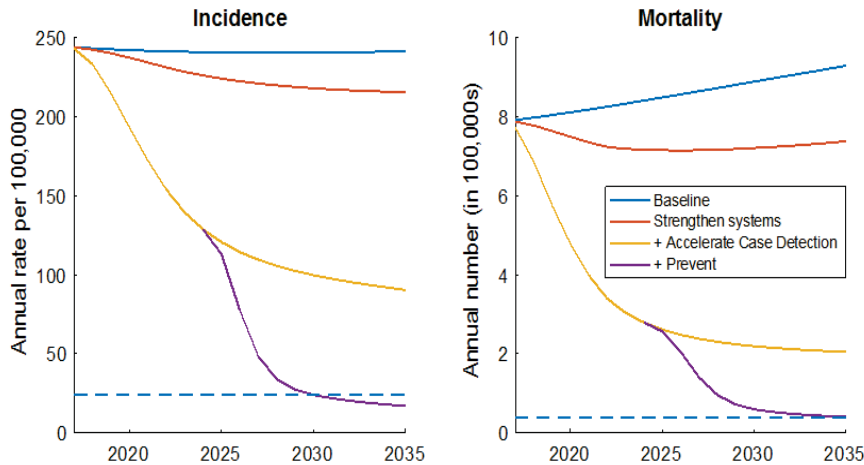
The chair, Dr. Soumya Swaminathan drew attention to the fact of several vaccine trials that were taking place. But these, she said, would take considerable time before they can be tested on patients. She also called for reducing the time lag between diagnosis and treatment and shorter treatment regimes. Currently two vaccines were at the stage II b trial while one was at the stage III trial.

LEADERSHIP TRACK

The discussion on leadership called for a high level of political commitment so that TB could be placed on top of the health agenda. In a sense the entire meeting was closely attached to the issue of a missionary “AIDS-like” political commitment to TB. It was felt that without political leadership the funding needed to drive research and innovation and implementation in each country would not be possible. Dr. Lucica Ditiu, Executive Director, Stop TB Partnership drew attention to the fact that NTP managers should have easy access to their health ministers if the commitment to end TB has to move forward. Mark White, USAID Director in India applauded the country’s leadership role, saying, “Every advancement made by India is a breakthrough for the world.” He was applauding in particular the work of Dr Soumya Swaminathan.

The culmination of the leadership track was that leaders from each of the 11 countries present

Action needed – Strengthen, Reach-out, Prevent



We will ultimately need preventive measures to meet the End TB goals

entering crowded places and spreading the infection.

Nepal’s State Minister for Health Mr Tara Man Gurung said that the country’s TB Act would make testing of suspected TB patients mandatory in the country. He also informed the house of the country’s first TB hospital being under construction.

Dr Thawat Suntarajarn, Thailand’s Vice Minister for Public Health said that there was a “high level of political support for TB treatment and research” in the country. He also said there was good engagement among various departments in the Ministry of Public Health.

made a passionate vow to battle TB on a war footing before they signed the Call for Action. Dr Kim Hyong Hun, Vice Minister of Public Health, Democratic People’s Republic of Korea said, “Ending TB is a top priority in our country... and we have the infrastructure to tackle it...The Meeting agenda is in line with our thinking.”

Dr Myint Htwe, Myanmar’s Minister for Health and Sports said that the meeting was timely and would have a positive bearing on the country’s national programme. He spoke of increasing “TB literacy” especially among people from poor vulnerable sections. He also spoke of the need to control TB patients from en-

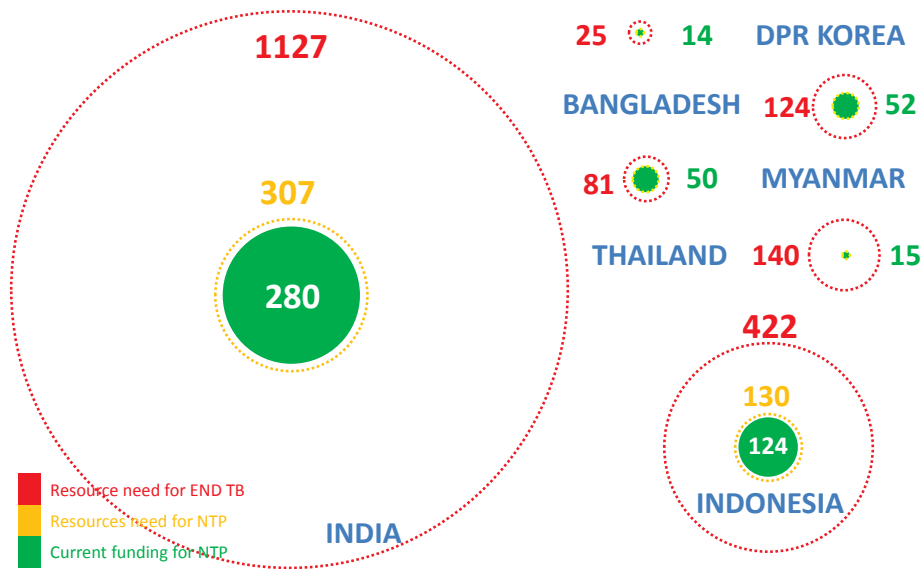


India’s health minister J.P. Nadda flanked by Dr Ren Minghui Assistant Director-General, WHO HQ and Regional Director WHO SEARO Dr Poonam Khetrapal Singh

RESOURCE TRACK

Resource, it was repeatedly emphasized, was absolutely critical for research and innovation to optimise existing knowledge and practices. Repeated calls were made for greater spending on innovation if the 2030 targets were to be achieved. Currently the shortfall in funding was four times the requirement – USD 562 million was available against a requirement of USD1.9 billion.

End TB: Resource Gap (US\$ million per year)



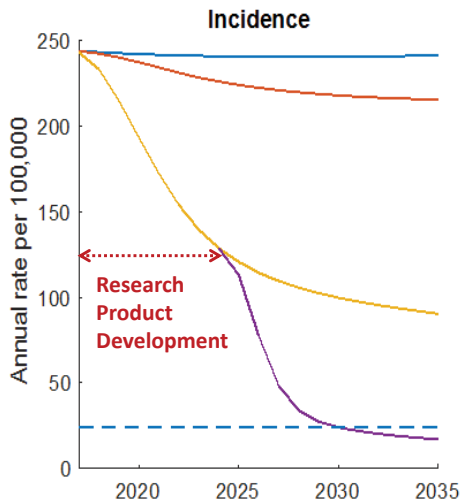
In per capita terms, India, for instance, needed to invest USD 0.9 to meet its requirement of USD 1.1 billion. The paper on 'Modelling and Costing' also gave a detailed breakup of costs estimated and exact returns on money invested in strengthening and accelerating case detection. It also gave a breakup of resource gaps in each of the eleven SEA region countries.

THE 'I TO I' FUND

To achieve the End TB goals in the Region the setting up of an '**Innovation to Implementation**' or 'I -2- I' Fund was also mooted at the meeting. The proposed **Fund's** goal will be to drive the development and subsequent programmatic adoption of high-impact, proven interventions and approaches for comprehensive epidemic control, suited to the specific needs of the 11 countries in the Region.

The **Fund's strategy** will be to seed innovation by supporting learning sites; rapidly evaluate and validate promising interventions and approaches; and up-scale them.

It was proposed that the Fund would be steered and catalysed by the WHO South-East Asia Regional Office. It would be guided by an inclusive, hands-on advisory board drawn from civil society, committed legislators, bilateral and multilateral donors, foundations and 'public-private' partnerships, technical and scientific institutions and experts. Efforts supported by the Fund would provide reports both to the Fund and to the respective country's Ministry of Health.



- Invest now for research products to be ready by 2025
- A 5 year delay in investing in Research and development could result in additional 8 million TB cases and 1.4 million TB deaths by 2030*

*<https://www.finddx.org/wp-content/uploads/2016/04/Factsheet-TB-2pg-advocates-13Apr2016.pdf>

Funding agencies mainly said there was a squeeze on funding and countries should look for tie-ups with corporate houses and look for other innovative ways to secure funding. There was also unanimity asking for evidence based funding. It is easier to fund something that has proven to work. Dr. Mark Dybul, Executive Director, the Global Fund highlighted the need to effectively spend available funds as well as having ambitious future plans that are evidence – supported. Countries in the Region, he said, had over USD 300 million unspent funds which would adversely impact future allocation and disbursements. Mr Timothy Grant Evans of the World Bank spoke on the “cost of inaction” on TB, pegging it at a whopping \$3.3 trillion. “By tackling TB you diminish that cost,” he said. Calling for “smart” financing backed by efficiency and credibility, he said that bridging the financing gap will need tapping both the public and private sector. Many speakers spoke on the need for not wasting time on making investments.



Dr Lucica Ditiu of the Stop TB Partnership; Timothy Grant Evans, World Bank; and Dr Mark Dybul of the The Global Fund with India's Health Minister J.P Nadda (back to camera) and Regional Director (extreme left).



CALL FOR ACTION

DELHI CALL FOR ACTION TO **END TB** IN THE SOUTH-EAST ASIA REGION BY 2030

We, the Ministers of Health and delegates attending the Ministerial Meeting Towards Ending TB in the South-East Asia Region, March 2017.

Draw the attention of policy-makers, partners and the public to the fact that tuberculosis is consistently the leading cause of death among all infectious diseases in the South-East Asia Region claiming nearly 800,000 lives in 2015 alone,

Note that 4.7 million people in the Region – mainly adults – suffered from active TB disease in 2015, making TB the largest single cause among infectious diseases of lost productive years in the 15–49 age group; and furthermore that the rates of incidence of TB in the worst-affected SEA Region countries exceed all but those of sub-Saharan African nations where TB epidemics have been fuelled by high rates of HIV. Nearly 200,000 MDR-TB cases emerging each year in the Region is matter of huge concern. If it is not addressed as a matter of urgency, MDR-TB could aggravate the problem of anti-microbial resistance (AMR) and become a serious health security threat in the Region.,

Also note with grave concern the incalculable human, financial and developmental costs of this massive burden of sickness, suffering, and premature mortality, because TB disproportionately affects adults in their most productive, vital years – often when they are supporting children, parents and other dependents – thereby causing huge financial loss and even outright impoverishment of individuals and households, with costly knock-on impacts on communities and whole nations,

Mindful of the fact that though TB poses a risk to people of all income classes, particularly in the countries

with high disease burden, the highest rates are typically among the poor; and that the risks of developing TB among the poor are heightened by malnutrition, overcrowding, and poor health services, thus trapping them in a vicious cycle of disease and poverty.

Reiterate that several biosocial factors that contribute to TB are worsening in the Region, including unhealthy, crowded living conditions as the Region experiences record urbanization rates, and rising consumption of tobacco and alcohol, as well as the fact that the rates of several co-morbidities and predisposing factors, particularly under-nutrition and diabetes, are also highly prevalent and rising in the Region.

Expressing our collective discontent that a disease known so long to humankind continues to take such a devastating toll in our dynamic Region, when we have made great progress in controlling and even reversing numerous other diseases, whether newly emergent such as HIV or ancient such as malaria.

Recognising that current progress in TB control is not at par to meet the economic and social development aspirations of the Region as well as the SDG targets.

Commending the hard-won progress made against TB in every country of the Region in the past decade including wider access to life-saving tuberculosis services, high-quality diagnostics and drugs, which has led to increasing numbers of people regaining health and going back to live productive lives. This progress has resulted from domestic political will, vigorous global partnerships, stepped-up investments, and committed efforts to raise rates of case-notification and treatment success.



Believing that because of this momentum we are now at a decisive turning point, wherein, by making an exceptional effort in every country in our Region – particularly in those with the highest rates of tuberculosis – we can end TB by 2030,

Reaffirming our commitment to end the TB epidemic by the year 2030 if not earlier, as affirmed in the Sustainable Development Goals.

Acknowledging that only with fast-tracked, scaled-up, adequately financed implementation of multi-sectoral, scientifically-based, country-specific roadmaps will the Region be able to achieve the goal of ending TB by 2030 or earlier.

Recognizing that the milestones for these roadmaps are presented in the WHO End-TB Strategy and the Regional Strategic Plan, that call for 90% reduction in tuberculosis deaths, 80% reduction in tuberculosis incidence by 2030 and elimination of catastrophic costs due to TB for the patients and affected families; and that to reach these targets, the Global Plan to End TB 2016–2020 emphasises that at least 90% of all people who need tuberculosis treatment must be reached, including 90% of people in key populations, and at least 90% treatment success be achieved by 2025, Commit ourselves this day to lay the foundations for this period of exceptional action, and take the following essential, high-impact steps:

Lead the implementation of the national TB response in the Region's high-burden countries, by an empowered body reporting to the highest levels of Government; Increase budgetary allocations by

Governments as well as by their global and domestic partners so as to ensure that national TB plans are fully funded;

Provide the best possible care to each and every person with any form of TB including drug-resistant TB, presenting either to the public or the private sector while expediting introduction and expansion of new tools of diagnosis, treatment and prevention as they become available;

Supplement medical care for TB with necessary social and financial protection through collaborations across and beyond the health sector in every country of the region;

Jointly work to further boost actions in the countries, mobilize additional global resources and secure political commitment at the highest levels from the countries through the Ministerial Meeting in Moscow, Russia, in November 2017 and UN General Assembly Session in 2018, thereby demonstrating regional commitment to end TB; and Jointly set up a Regional Innovation to Implementation (I 2 I) fund to ensure accelerated sharing of knowledge, intellectual resources and test innovations to reach out and treat all cases.

With these breakthrough commitments we will be well on the way to ending TB.

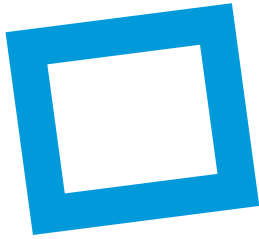
We call upon all leaders, policy-makers, partners and the public in the South-East Asia Region and around the world to actively support this Call for Action towards Ending TB.

WORKING TOGETHER, WE CAN AND WILL END TB.

New Delhi, 16 March 2017



The WHO-SEARO TB Annual Report 2017 'Bending the curve - ending TB' was launched on 16 March 2017.



PLEDGES

KEY ASKS IN THE CALL FOR ACTION

- **Empowered Body:** to lead the implementation and report to the highest levels of Government
- **Ensure full funding:** Increase budgetary allocations by Governments as well as by their global and domestic partners (US\$ 0.9 per capita per year)
- **Diagnosis and treatment:** best possible care
- **Socio-economic support** for TB patients (lost ≈ US\$ 3 billion per year)
- Jointly set up a Regional **Innovation to Implementation (I 2 I) fund** to
 - ensure accelerated sharing of knowledge
 - intellectual resources
 - test innovations to reach out and treat all cases
- Jointly work to **mobilize global resources**
 - Ministerial Meeting in Moscow, Russia, in November 2017
 - UN General Assembly Session in 2018

Each of the 11 countries made a pledge before signing the 'Call for action' declaration, underlining their individual commitment to end TB by 2030. Some, like India, went a step further saying it would end TB by 2025. The pledges would hopefully serve as a reminder to SEA Region countries to keep up the momentum on ending TB.

"Our government stands committed to ending TB in the country. We will accord high priority to TB control and make sure that necessary resources are available. We will work jointly with WHO and partners to achieve the ambitious End TB targets. We understand that by reaching End TB targets we will save 1.2 million precious lives and prevent about 5 million TB cases. This will result in averting more than 26 million DALYs. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled."



H.E. Mr Mohammed Nasim
Minister of Health and Family Welfare
BANGLADESH



H.E. Lyonpo Tandin Wangchuk

Minister for Health
BHUTAN

"TB is a public health problem in our country. Our Government is making all possible efforts for ending TB including reaching out to TB patients in difficult areas. We understand that by reaching End TB targets we will save several hundred precious lives and prevent about 15 000 TB cases. This will result in averting about 46 000 DALYs. For a small nation that is a big gain both in humanitarian terms as well as productivity. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. We look forward to support from WHO and partners to achieve our ambitious goals."

"The health of our people is priority for the national government. To attain the highest level of health, we are committed to ending TB. We understand that by reaching End TB targets we will save two hundred thousand precious lives and prevent about 1.7 million TB cases. This will result in averting about 4.6 million DALYs. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. We are thankful to our current partners including WHO, UNICEF and Global Fund, and look forward to enhanced support from partners to achieve our ambitious goals."



H.E. Dr Kim Hyong Hun

Vice Minister of Public Health
DPR KOREA



H.E. Shri J. P. Nadda

Minister of Health and Family Welfare
INDIA

"Our government has already issued a call for ending TB by 2025, well before the global goals. We have demonstrated our political commitment and will towards this goal with a missionary zeal. We understand that by reaching End TB targets we will save 7.5 million precious lives and prevent about 35 million TB cases. This will result in averting more than 150 million DALYs. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. Achievement of the goals will need innovations as well as new implementation ideas. The government of India is also committed to supporting countries of the Region in their fight against TB."

"TB is an important target of Indonesia's Mid-term National Development Plan (RPJMN) 2015 – 2019 and a Presidential priority. TB is part of minimum services standards as stipulated in the Government decree. We will reach out to all TB patients including drug resistant cases and those co-infected with HIV through existing as well as innovative service delivery mechanisms. We understand that by reaching End TB targets we will save nearly 2 million precious lives and prevent about 13 million TB cases. This will result in averting about 43 million DALYs.

We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. Our partners have been supportive in our mission and we hope for a continued fruitful association."



Dr H. Mohamad Subuh, Director General

Disease Prevention and Control
Ministry of Health
INDONESIA

"The Government of Maldives stands with all countries in the Region on this 'Call for Action' to end TB. In recent years Maldives has eliminated malaria, filaria and has made other significant gains in the health sector including universal health insurance. My Government is committed to ending TB in the island nation by 2030 (country to decide). We understand that by reaching End TB targets by 2035 we will save several hundred precious lives and prevent about 2 500 TB cases. This will result in averting about 7 000 DALYs. For a small nation that is a big gain both in humanitarian and productivity terms.

Our Government will make available all resources for this end game. Priority will be on strengthening existing systems including laboratory expansion, improving diagnostics and strong treatment cascade. The TB programme will focus on contact tracing, intensified case finding and preventive therapy. With support from partners we will launch campaigns for TB free islands and atolls and expand it to whole country in the next 10 years."



H.E. Dr Aishath Rameela

Minister of State for Health
MALDIVES



H.E. Dr Myint Htwe

Minister for Health and Sports
MYANMAR

"The government of Myanmar has demonstrated its political leadership by engaging partners and mobilizing unprecedented resources for TB control in the country. Moving forward, the government will provide further support commensurate to the needs of ending TB. We understand that by reaching End TB targets by 2035 we will save more than 450 000 precious lives and prevent about 2.4 million TB cases. This will result in averting about 10 million DALYs. With the 'Call for Action' given today we will ensure that commitments made are fulfilled."

"Nepal maintains a high treatment success rate among all TB cases. Our programme performance has been exemplary. However, we need to do much more to achieve the End TB milestones and targets. We understand that by reaching End TB targets we will save more than 85 000 precious lives and prevent about 550 000 TB cases. This will result in averting about 2 million DALYs. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. We will further strengthen our health systems, human resource capacity and reach out to all TB cases even in the most difficult areas with highest possible standards of care."



H.E. Mr Tara Man Gurung

State Minister for Health
NEPAL

"Sri Lanka has a relatively low burden of TB but that is no reason for complacency. Rather we will work even harder to achieve the goals of End TB. Our government is committed to provide all needed resources to defeat TB in the country. We boast of a robust primary health system that will be harnessed to the fullest possible extent for TB control in the country. We understand that by reaching End TB targets we will save more than 15 000 precious lives and prevent about 160 000 TB cases. This will result in averting more than 385,000 DALYs. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled. We will start with learning sites for testing innovations that would lead to bold policy updates that result in bending the TB curve."



H.E. Dr Rajitha Senarathne

Minister of Health, Nutrition and Indigenous Medicine
SRI LANKA



H.E. Dr Thawat Suntarajarn

Vice Minister for Public Health
THAILAND

"Thailand has achieved almost universal health coverage. Our National Strategic Plan is ambitious and aligned to the End TB strategy vision. We aim to reduce TB incidence to almost 50% over next four years. We will achieve this through robust strategies and a meticulous plan backed by adequate resources. We understand that by reaching End TB targets we will save nearly 200 000 precious lives and prevent about 1.3 million TB cases. This will result in averting more than 4 million DALYs.

We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled."

"Timor-Leste has achieved high treatment success rate among TB cases and we are committed to improve even further quality of services. Our government is making multi-pronged efforts in this direction. We are grateful to our partners and donors. We understand that by reaching End TB targets we will save 27 000 precious lives and prevent more than 90 000 TB cases. This will result in averting about 600 000 DALYs. For a small nation that is a big gain both in humanitarian terms as well as productivity. We stand with the 'Call for Action' given today and will ensure that commitments made are fulfilled."



Dr Merita Monteiro

Head, Communicable Diseases
Ministry of Health
TIMOR-LESTE

"I sense a keen awareness that we are at the beginning of TB's end; that we are now in a position to accelerate gains and turn the page on TB's long and awful menace. I reiterate WHO's staunchest support for your efforts. As our Call for Action emphasizes, 'Working together, we can and will end TB.'"



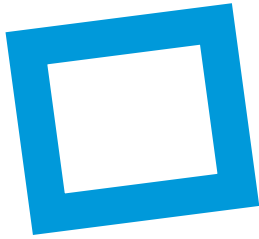
Dr Poonam Khetrpal Singh

Regional Director
WHO-SEARO



ANNEXURES

1. Address of Regional Director
2. Agenda
3. List of participants



REGIONAL DIRECTOR'S OPENING ADDRESS

Distinguished Ministers,
distinguished representatives,
distinguished colleagues,

It is a pleasure to address this most important meeting.

We are gathered today to explore how we can further 'bend the curve' and end TB in the South-East Asia Region – a goal of critical importance.

I fully appreciate the range of public health issues we face. In this real world – battered by old as well as new threats – each country has numerous health priorities. But my plea to you is that we make ending TB a central priority in our Region for the coming decade, particularly in the six to eight countries with high rates of TB.

Reaching our goal of ending TB is paramount for health and development across the Region.

I know many of you are already convinced of this. The evidence is clear. Indeed, it has come into sharper focus with the national population-based TB surveys that so many countries in the Region have recently invested in.

We now know that more than half the Region's countries have some of the world's highest TB burdens, and that rates of new TB cases in several of them exceed all but those in sub-Saharan Africa.

We now know that among infectious diseases TB is the Region's leading cause of death and lost productive years in the crucial 15-49 year age group. The toll is most severe on men.

We know that in four of the Region's countries TB is among the top two

causes of mortality and lost working years in the productive age group, outstripping every non-infectious condition but ischemic heart disease.

We know that TB – like HIV – disproportionately affects adults in their most productive, vital years, causing catastrophic expenses and financial losses, and even outright impoverishment of individuals and households, with massive aggregate costs to national economies.

Distinguished ladies and gentlemen,

This enormous, unconscionable suffering is the fundamental reason why ending TB must be a central priority for the coming decade, both in highly affected countries and the Region as a whole.

Importantly, countries with low TB burdens have already shown what is needed.

First and foremost, the full commitment and determination of political leaders, beginning with ministers of health, so that TB is handled as a key national health and development issue.

Second, adequate financing for national TB efforts, so that comprehensive programmes can be scaled up to achieve universal access, and can reach each and every individual at risk.

Third, the application of best practices in taking comprehensive TB treatment and prevention programmes to universal scale, at the same time as improving quality and making them genuinely 'people-centered'.

Fourth, the rapid adoption of advances in diagnostics and medicines, so that opportunities to accelerate progress are seized.

And last, but crucially, the political determination to tackle poverty, malnutrition, substandard health care services, poor living conditions and other socio-economic factors that fuel TB and cripple effective treatment. Within this, the need for cash support to non-affluent patients being treated with TB cannot be over-emphasized.

Indeed, there is no doubt that TB can be ended in each of the Region's countries by embarking on an urgent and extraordinary response matched by corresponding investments in TB programmes. Our technical team will detail the best roadmaps for this Region in their presentations, with a special focus on how we can strengthen systems to support TB spending, and how we can reappraise TB funding requirements.

So that WHO can fully support your efforts in this last crucial stretch, over and above the support already provided by the Regional office and the Stop-TB programme, WHO South-East Asia is now supporting and advocating for funding of three areas: aiding fast-track implementation, supporting innovation, and translating innovation to implementation. These funds will prove instrumental to the success of our joint mission.

I take this opportunity to note the fruitful deliberations you have already had this morning, and the important topics already discussed, including

- (i) the scientific modelling already performed, which demonstrates how our strategies can accelerate progress,
- (ii) the need to address research gaps and integrate cutting-edge innovations

with national programmes. I am told there was a lot of interest from delegates and partners on this subject.

I also hear that discussions on the Call for Action were held, and that feedback from country delegations have been incorporated. I encourage further input, if any, to ensure the document truly represents your commitment.

Excellencies, ladies and gentlemen,

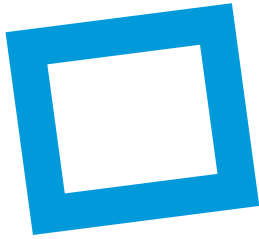
Many of us have dedicated decades to public health. Decades in which we've seen several big breakthroughs in our field; breakthroughs that benefited millions of children and adults alike. But if we can look back a decade from now and see that we helped bring TB to an end it will be an achievement of immense pride. By meeting the Region's End TB goals we will have prevented nearly nine million deaths and more than 50 million infections.

We have the power to make this happen.

I wish this meeting success and hope that it is remembered as a historic one – a landmark event in the Region's efforts towards ending TB, which seems a real possibility; an achievable goal rather than an optimistic slogan, and a turning point produced by your dedicated and far-sighted leadership.

Today and for the coming decade, let us make the battle against TB a central priority. Together we can – and must – end TB.

Thank you.



AGENDA

DAY 1: WEDNESDAY, 15 MARCH 2017

Session 1: Science Track

- 09:00 – 10:30
- Purpose and agenda for two days of the meeting –
Dr Arun Thapa, Director, Programme Management, WHO
 - Introductory remarks by *Dr Ren Minghui, Assistant Director-General, HTM, WHO/HQ*
 - Presentations on 'WHO, Imperial College and ICMR : Study on fast track interventions towards Ending TB'
 - TB epidemic trajectory
– *Dr Swarup Sarkar, WHO/SEARO*
 - Modelling and costing –
Dr Nimalan Arinaminpathy, Imperial College
 - Need for innovation and translation- *Dr Soumya Swaminathan, Secretary (DHR)*
 - Discussions
- 11:00 – 12:30 Deliberations on the draft 'Call for Action to End TB in the WHO South-East Asia Region'
- 12:30 – 14:00 Lunch hosted by Regional Director

Session 2: Leadership track

- 14:00 – 14:10 Address by *Regional Director, WHO South-East Asia*
- 14:10 – 14:20 Introduction of the Delegates by *Director, Programme Management, WHO SEARO*
- 14:20 – 14:30 Nomination of Chair and Co-Chair by the *Regional Director, WHO*
- 14:30 – 14:40 Address by *Assistant Director-General, HTM, WHO/HQ*
- 14:40 – 15:00 Summary from Scientific Session - WHO, Imperial College and ICMR: *Study on fast-tracking interventions to end TB* by *Dr Swarup Sarkar, Director, Dept.*

	<i>of Communicable Diseases, WHO/SEARO</i>
15:00 – 15:15	Perspectives of <i>Community and Civil Society</i>
15:15 – 16:15	Statements by <i>Hon'ble Ministers</i> and Head of Country delegates
16:15 – 16:45	Remarks by <i>Partner Agencies</i>
16:45 – 17:15	Finalization of the ' <i>Call for Action to End TB in the WHO South-East Asia Region</i> '

Session 3: Resources Track

17.30 – 19.00	Introduction to the <i>Regional Funding Initiative; scope and mechanism</i>
19.30 onwards	Reception hosted by Regional Director, WHO South-East Asia Region

DAY 2: THURSDAY, 16 MARCH 2017

Session 4: Commitments Session

11.00 – 11.10	Lighting of the ceremonial lamp
11.10 – 11.20	Ministerial Photograph
11.20 – 11.35	Presentation by <i>Regional Director, WHO South-East Asia</i>
11.35 – 12.15	Commitment statements by Hon'ble Ministers and Head of Country delegates and signing of the ' <i>Call for Action to End TB in the WHO South-East Asia Region</i> '
12.15 – 12.45	Remarks by partner agencies
12.45 – 12.50	Release of SEAR Annual TB Report - 2017
12.50 – 13.00	Concluding remarks by the <i>Regional Director, WHO South-East Asia</i>
13.00 onwards	Lunch hosted by Hon'ble Minister of Health and Family Welfare, Government of India



LIST OF PARTICIPANTS

BANGLADESH

1. **H.E. Mr Mohammed Nasim**
Minister of Health and Family Welfare
Government of the People's Republic of Bangladesh
Dhaka
2. **Dr Sarder Abul Kalam**
Additional Secretary
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh
Dhaka
3. **Dr A.K.M. Mohiul Islam**
Additional Secretary
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh
Dhaka

BHUTAN

4. H.E. Lyonpo Tandin Wangchuk
Minister for Health
Royal Government of Bhutan
Thimphu
5. Mr Phurpa Tenzin
Program Officer
National TB Control Program
Department of Public Health
Ministry of Health
Royal Government of Bhutan
Thimphu

DPR KOREA

6. H.E. Dr Kim Hyong Hun
Vice Minister of Public Health
Democratic People's Republic of Korea
Pyongyang
7. Dr Kim Chol Su
Official
Department of External Affairs
Ministry of Public Health
Democratic People's Republic of Korea
Pyongyang

INDIA

8. H.E. Shri J. P. Nadda
Minister of Health and Family Welfare
Government of India
New Delhi
9. Shri C.K. Mishra
Secretary (Health and Family Welfare)
Ministry of Health and Family Welfare
Government of India

NEW DELHI

10. Dr Soumya Swaminathan
Secretary
Department of Health Research and
Director General (ICMR)
Ministry of Health and Family Welfare
Government of India
New Delhi
11. Dr Jagdish Prasad
Director General Health Services
Ministry of Health and Family Welfare
Government of India
New Delhi

INDONESIA

12. Dr H. Mohamad Subuh
Director General
Disease Prevention and Control
Ministry of Health
Republic of Indonesia
Jakarta
13. Dr Asik
Head
Sub-directorate of Tuberculosis
Directorate of Communicable Disease
Prevention and Control
Ministry of Health
Republic of Indonesia
Jakarta
14. Dr Mohammad Elvinoreza Hutagalung
Head
Bureau of International Cooperation
Ministry of Health
Republic of Indonesia
Jakarta

MALDIVES

15. H.E. Dr Aishath Rameela
Minister of State for Health
Republic of Maldives
Male

MYANMAR

16. H.E. Dr Myint Htwe
Union Minister for Health and Sports
The Government of the Republic of the
Union of Myanmar
Naypyitaw
17. Dr Kyaw Zin Thant
Director-General
Department of Medical Research
Ministry of Health and Sports
Naypyitaw
18. Dr Thandar Lwin
Director - Disease Control
Department of Public Health
Ministry of Health and Sports
Naypyitaw
19. Dr Si Thu Aung
Deputy Director (TB)
Department of Public Health
Ministry of Health and Sports
Naypyitaw

NEPAL

20. H.E. Mr Tara Man Gurung
State Minister for Health
Federal Democratic Republic of Nepal
Kathmandu
21. Mr Bhogendra Raj Dotel
Chief, Policy, Planning and International
Cooperation Division
Ministry of Health
Federal Democratic Republic of Nepal
Kathmandu
22. Dr Sharat Verma
Director
National TB Control
Federal Democratic Republic of Nepal
Kathmandu

SRI LANKA

23. H.E. Dr Rajitha Senarathne
Minister of Health, Nutrition and
Indigenous Medicine
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo
24. Dr R. R. M. L.R. Siyambalagoda
Additional Secretary (Medical Services)
Ministry of Health, Nutrition and
Indigenous Medicine
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo

25. Dr N.C. Pallewatte
Consultant Community Physician
National Programme of Tuberculosis
and Chest Diseases
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo
26. Dr Subasinghe
Advisor to the Minister
Ministry of Health, Nutrition and
Indigenous Medicine
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo

THAILAND

27. H.E. Dr Thawat Suntarajarn
Vice Minister for Public Health
Royal Thai Government
Nonthaburi
28. Dr Phalin Kramolwat
Director
Bureau of Tuberculosis
Ministry of Public Health
Royal Thai Government
Nonthaburi
29. Dr Sombat Thanprasertsuk
Senior Expert in Preventive Medicine
Department of Disease Control
Ministry of Public Health
Royal Thai Government
Nonthaburi

TIMOR-LESTE

30. Dr Merita Monteiro
Head of Communicable Diseases
Department
National Directorate of Public Health
Ministry of Health
Democratic Republic of Timor-Leste
Dili

RUSSIAN FEDERATION

31. Dr Teresa Kasaeva
Deputy Director
Department of Health Care and Health
Resort
Ministry of Health
Russian Federation
32. Dr Eduard Salakhov
Deputy Director
Department of International Cooperation
and Public Affairs
Ministry of Health
Russian Federation

PARTNERS

33. Dr Mark Dybul
Executive Director
The Global Fund
Geneva, Switzerland

34. Mr Timothy Grant Evans
Senior Director
Health, Nutrition and Population
The World Bank
USA
Email: tgevens@worldbank.org
35. Dr Jorge Coarasa
Senior Health Specialist
World Bank
New Delhi, India
Email: jcoarasa@worldbank.org
36. Ms Amy Piatek
Senior Tuberculosis Technical Advisor
Global Health Bureau, USAID
Washington, USA
Email: apiatek@usaid.gov
37. Dr Lucica Ditiu
Executive Director
Stop TB Partnership
Geneva, Switzerland
Email: lucicad@stoptb.org
38. Dr Suvanand Sahu
Deputy Executive Director
Stop TB Partnership
Geneva, Switzerland
Email: sahus@stoptb.org
39. Dr Kitty van Weezenbeek
Executive Director
KNCV Tuberculosis Foundation
The Hague, Netherlands
Email : kitty.vanweezenbeek@kncvtbc.org
40. Dr Anindya Chatterjee
Regional Director
International Development Research Centre
Asia Regional Office
New Delhi
Email: a chatterjee@idrc.ca
41. Dr Kayla Laserson
CDC India Director
Centers for Disease Control and Prevention
New Delhi, India
42. Mr Mark White
Mission Director
USAID
New Delhi
43. Dr Xerses Sidhwa
Director, Health Office
US Agency for International Development
New Delhi
Email : xsidhwa@usaid.gov
44. Dr Reuben Swamickan
Advisor TB and Infectious Disease
USAID, New Delhi
Email: rswamickan@usaid.gov
45. Dr Alex Stephens
Health Policy Officer
DFAT, Australia
Email : alex.j.stephens@dfat.gov.au
46. Dr Nel Druce
Senior Health Adviser
Inclusive Growth and Investments Team
Department for International Development
British High Commission
New Delhi
Email : n-druce@dfid.gov.uk
47. Ms Tanya Shanti Spisbah
First Secretary
Trade and Economic
Australian High Commission
Chanakyapuri, New Delhi
Email: Tanya.spisbah@dfat.gov.au
48. Mr Pradeep Kakkattil
Director
Programme Partnerships, Innovation and Fundraising Department
UNAIDS
Geneva, Switzerland
Email: kakkattil@unaids.org
49. Dr Alasdair Reid
Senior Adviser TB and HIV Treatment
UNAIDS
Geneva, Switzerland
Email: reida@unaids.org
50. Ms Janet Ginnard
Head of Strategy
Executive Director
UNITAID
Vernier, Switzerland
Email: ginnardj@unitaid.who.int
51. Dr Puneet Dewan
Bill and Melinda Gates Foundation
New Delhi
puneet.dewan@gatesfoundation.org
52. Dr Jamhoih Tonsing
Regional Director
The UNION South-East Asia Office
International Union Against TB and Lung Disease (The UNION)
New Delhi
Email: JTonsing@theunion.org
53. Ms Kavita Ayyagari
Project Director (Challenge TB)
The UNION South-East Asia Office
International Union Against TB and Lung Disease (The UNION)
New Delhi
54. Dr Md Islam Akramul
Director, TB and Malaria Control
BRAC
Mohakhali, Dhaka
Email : akramul_i@yahoo.com
55. Dr Nimalan Arinaminpathy
Senior Lecture
Department of Infectious Disease Epidemiology
Imperial College London
London, UK
Email : nim.pathy@imperial.ac.uk
56. Mr Harish Krishna Swami
Health of Strategy
Tata Trust
Mumbai

57. Mr Lakshman Siva Subramanian
Head of Nutrition Services
Tata Trust
Mumbai
58. Dr Sanjay Sarin
Head, FIND India and Access
(Asia Pacific)
New Delhi, India
59. Ms Shobha Mishra Ghosh
Senior Director
Federation of Indian Chambers of
Commerce and Industry
New Delhi, India
60. Ms Radharani Thakuria
Project Assistant
International Organization of Migration
New Delhi
61. Ms Rigveda Kadam
Senior Manager
CHAI India
New Delhi
62. Mr Sandip Mandal
PHFI
New Delhi

PARTICIPANTS FROM GOVERNMENT OF INDIA

63. Dr Arun Kumar Panda
Additional Secretary and MD (NHM)
Ministry of Health and Family Welfare
Government of India, New Delhi
64. Shri Sanjeeva Kumar,
Additional Secretary (Health)
Ministry of Health and Family Welfare
Government of India, New Delhi
65. Shri Arun Kumar Jha
Economic Adviser
Ministry of Health and Family Welfare
Government of India
66. Mr Amal Pushp
Director, International Health
Ministry of Health and Family Welfare
Government of India, New Delhi
67. Mr Rajeev Sadanandan
Additional Chief Secretary
Government of Kerala
68. Dr Sunil Khaparde
Deputy Director General (TB)
Directorate General Health Services
Nirman Bhawan
New Delhi
69. Dr Virendra Singh Salhotra
Additional DDG
Central TB Division
Nirman Bhavan, New Delhi
70. Dr Devesh Gupta
Additional DDG TB
Central TB Division
Nirman Bhavan, New Delhi

71. Dr Raghuram Rao
DADG (RR)
Central TB Division
Nirman Bhavan
New Delhi

SPECIAL INVITEES

72. Mr Alok Mukhopadhyay
Chairman, Advisory Committee
Voluntary Health Association of India
New Delhi, India
73. Mr Deepak Gupta
Former Additional Secretary
Ministry of health and Family Welfare
Government of India
New Delhi, India
74. Prof K Srinath Reddy
President
Public Health Foundation of India
New Delhi
75. Ms Anjali Nayyar
Executive Vice President
Global Health Strategies
New Delhi
76. Ms Blessina Kumar
Chair-Global Coalition of TB Activists
Mehrauli, New Delhi
77. Dr Sugata Mukhopadhyay
Technical Advisor, Global Fund TB
Project
Civil Society Consortium of India
New Delhi
78. Dr Prahlad Kumar
Director
National Tuberculosis Institute
Bangalore
79. Dr Rohit Sarin
Director
National Institute of TB and Respiratory
Diseases
Sri Aurobindo Marg, New Delhi
80. Prof Rita Sood
Head of Department
Department of Internal Medicine
All India Institute of Medical Sciences
New Delhi
81. Dr Srikanth Tripathy
Director
National Institute for Research in
Tuberculosis
Chennai
82. Dr Ashwini Khanna
State TB Officer, Delhi
83. Dr D Behera
Professor
Postgraduate Institute of Medical
Education and Research
Chandigarh
84. Prof Ramesh Bhat
Professor
Indian Institute of Management
Ahmedabad
Email : rbhat@iima.ac.in

- 85. Dr Sarabjit Chadha
Deputy Regional Director
The Union, New Delhi
- 86. Dr Indrani Gupta
Professor and Head of the Health Policy
Research
Institute of Economic Growth
New Delhi
- 87. Mr Ashim Choudhury
Communications Consultant
New Delhi

WHO SECRETARIAT

WHO/HQ

- 88. Dr Ren Minghui
Assistant Director-General
HIV/AIDS, Tuberculosis, Malaria and
Neglected Tropical Diseases
WHO HQ
- 89. Dr Mukund W Uplekar
Medical Officer
HTM/GTB
WHO HQ

WHO/COUNTRY OFFICES

- 90. Dr Hendrik Jan Bekedam
WHO Representative to India
- 91. Dr Jihane F. Tawilab
WHO Representative to Indonesia
- 92. Dr Jacob Kumaresan
WHO Representative to Sri Lanka
- 93. Dr Arvind Mathur
WHO Representative to Maldives
- 94. Dr Prakin Suchaxaya
Coordinator
WHO Country Office - India
- 95. Dr Nicole Simone Seguy
Team Leader
Communicable Diseases
WHO Country Office - India
- 96. Dr Sundari Mase
Medical Officer – Tuberculosis
WHO Country Office - India
- 97. Dr Achuthan Nair Sreenivas
National Professional Officer
WHO Country Office - India
- 98. Dr Malik Parmar
National Professional Officer
WHO Country Office - India
- 99. Dr Ranjani Ramachandran
National Professional Officer
WHO Country Office - India

- 100. Dr Mohammed Akhtar
Medical Officer – TB
WHO Country Office -Indonesia
- 101. Dr Ikushi Onozaki
Medical Officer
WHO Country Office - Myanmar
- 102. Dr Mukta Sharma
Medical Officer – HIV/TB/Hepatitis
WHO Country Office -Thailand

WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA

- 103. Dr Arun Thapa
Director, Programme Management
- 104. Dr Pem Namgyal
Director
Department of Family Health, Gender and
Life Course
- 105. Dr Thaksaphon Thamarangsi
Director
Department of Non-Communicable
Diseases and Environmental Health
- 106. Dr Roderico Ofrin
Director
Department of Health Security and
Emergency Response
- 107. Dr Swarup Kumar Sarkar
Director
Department of Communicable Diseases
- 108. Dr Lin Aung
Coordinator
Department of Communicable Diseases
- 109. Dr Eva Maria Christophel
Regional Advisor
Malaria
- 110. Dr Md Khurshid Alam Hyder
Regional Advisor
Tuberculosis
Email : hyderk@who.int
- 111. Dr Partha Pratim Mandal
Medical Officer
Tuberculosis
- 112. Dr Vineet Bhatia
Technical Officer Tuberculosis
- 113. Mr Paramjeet Singh
National Professional Officer
Department of Communicable Disease
- 114. Ms Anita Saxena
Executive Assistant
Tuberculosis
- 115. Ms Naina Sethi
Team Assistant
Tuberculosis



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Regional Office for South-East Asia