

Report of the first meeting of the Strategic and Technical Advisory Group for TB in the WHO South-East Asia Region

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Contents

	<i>Page</i>
Message from the Regional Director	v
1. Background.....	1
2. Objectives of the Meeting	1
2.1 Main objective.....	1
2.2 Specific objectives	1
3. Opening session	2
4. Technical session.....	3
5. Initiatives in the Region – progress and challenges	4
6. Draft Regional Strategic Plan for ending TB in SEA Region, 2021–2025	6
7. Discussions on the RSP over Days 1 and 2.....	7

Annexes

1. Programme	12
2. List of participants	14

Message from the Regional Director

I extend a very warm welcome to all participants at this inaugural meeting of the South-East Asia Regional Strategic and Technical Advisory Group (STAG) on TB. I have convened this STAG at a critical moment in the regional and global battle against two infectious lung diseases:

First, COVID-19. We are not yet half way through this year, and yet the world has already reported more COVID-19 deaths than it did in the whole of 2020. Both globally and in the Region, the situation remains volatile, even as some countries globally return to normal. We must continue to sustain and scale up response efforts, aggressively deploying all tools at our disposal.

Second, tuberculosis. As you know, momentum to end TB, which kills 1.5 million people annually, has in recent years accelerated, and is reflected globally in the Moscow Declaration, the UN Political Declaration, and the global End TB Strategy. It is reflected regionally in the Delhi Call for Action, the Delhi End-TB Summit, and the addition in 2017 of an eighth Regional Flagship Priority Programme – to accelerate efforts to end TB by 2030.

I take this opportunity to commend national TB programme managers and staff, as well as hundreds of WHO TB personnel, for the tremendous support they continue to provide to the COVID-19 response, including in planning, logistic forecasting, contact-tracing, and vaccination preparation.

WHO will continue to support all countries in the Region to strengthen the COVID-19 response, while also maintaining essential health services, including to find, test and treat TB.

The Region has in recent years made sustained and significant progress against TB, for which I commend Member States and TB stakeholders. Since 2015 the Region has increased treatment coverage by more than 30% and raised case-notification from 2.6 million to 3.6 million.

Before the pandemic, Bangladesh, Myanmar and Thailand were on track to achieve the first End TB milestone on reducing TB mortality by 35%. Myanmar was also on track to have reduced the TB incidence rate by at least 20%.

Amid the COVID-19 response, India has launched a “Jan Andolan”, or people’s movement, to achieve a “TB-Mukt Bharat”.

Indonesia continues to implement its Presidential Initiative on TB and is committed to significantly increase domestic financing to achieve the End-TB targets.

For as long as the pandemic persists, TB programmes in the Region and beyond will face immense and ongoing challenges, which threaten to slow or even reverse our hard-fought gains. Preliminary data suggest a decrease in TB case-notification in the Region in 2020 ranging from 20–40% in some high-TB burden countries.

Undernutrition is one of the key drivers of TB globally, and in 2019 accounted for 989 000 new cases in the Region. This is likely to be exacerbated by the social and economic impact of the pandemic, which globally has pushed more than 115 million people into extreme poverty.

Community outreach activities for early case finding and administration of preventive therapy have in most countries slowed, impacting contact investigations, treatment follow-up and administration of preventive treatment among at-risk groups.

Diagnosis and treatment of drug-resistant TB has also suffered a setback, risking further transmission and amplification of resistance. The Region already accounts for more than one third of the global burden of rifampicin and multidrug-resistant TB, and we must not allow that to increase.

As we embark on this inaugural STAG meeting, we must remain clear-eyed and resolute: TB programmes are operating in extraordinary circumstances. I urge you to, therefore, provide recommended updates to the Regional Strategic Plan that reflect those circumstances, but which also go beyond them, covering anticipated and long-term needs.

Today, I have three messages, covering three principles, which I urge you to incorporate into your deliberations, and which must guide the Region's approach in the weeks, months and years to come.

First, we must be inclusive. TB patients continue to face massive out-of-pocket costs, which are even more untenable amid ongoing or emerging gaps in social and economic support. Mainstreaming social protection for TB-affected patients and their families and delivering services and strategies that are person-centred, rights-based and free of stigma and discrimination, is essential to achieve the End TB target of zero catastrophic costs.

Second, we must be innovative. Newer rapid diagnostics and treatment regimens for TB preventive therapy and drug-resistant TB hold great potential. They must be harnessed and applied to maximum effect. Digital technologies such as electronic medication monitors and teleconsultation could advance treatment adherence, strengthening care models that are tailored to each person's needs.

Third, we must be multisectoral. Both the Moscow Declaration and UN Political Declaration highlight the need for countries and partners to address all determinants of the TB epidemic, for which multisectoral action is required. High-level mechanisms are particularly effective in driving such action, and have thus far been implemented in Bhutan, India, Indonesia, Sri Lanka and Timor-Leste. In all countries, and across all sectors, stakeholders must continue to be empowered to achieve our time-bound targets and goals.

And let us be candid: achieving those targets and goals will be difficult – almost impossible – unless TB programmes are provided sufficient and reliable resources that enable them to comprehensively address both social and medical dimensions of the problem.

Even before the pandemic, the Region had an annual funding gap of nearly US\$ 1

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